

Barriers to Transportation and Well-being in King County: An exploration of how subsidized public transportation could eliminate barriers to transportation and increase opportunities for improved well-being

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Abstract

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Barriers to transportation directly and indirectly influence individual and population health and well-being. One major barrier to transportation is the cost. King County Metro has created a fully subsidized public transit card, referred to as the “subsidized annual pass”, for qualified individuals to eliminate that barrier. This project examined the eligibility criteria and the administration of the program (for the purposes of this project, administration includes where customers can access the program and how it is promoted) to identify areas where these two could be changed to expand access to the program for those populations who are currently underserved or unserved by the existing criteria. This exploratory qualitative study utilized a

survey and interviews, conducted with King County Metro's organizational partners, to identify populations that are unserved or underserved by the current program, and potential changes that could help King County better serve them. The project findings support the growing literature on the relationship between transportation and poverty, transportation and race, and transportation and well-being. People earning low incomes, who were experiencing homelessness, reentering communities from the carceral system, do not have legal immigration status and were Black, Indigenous and other people of color, were most likely to be identified as in need of subsidized access to public transportation. This project provides recommendations on how to improve access to the subsidized annual pass, including three expansions: interagency collaboration, enrolling partners for the card, and eligibility criteria.

Acknowledgments

I acknowledge the land I study and work on today is the traditional home of the Duwamish, Tulalip, Muckleshoot, and Suquamish Tribal Nations. Without them I would not have access to this working, teaching, and learning environment. I take the opportunity to thank the original caretakers of this land who are still here.

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Positionality Statement

As a white, cisgender, heterosexual, American who identifies as male, I acknowledge and confront the privilege that I hold and that I wield. As all of these things and as someone who has the privilege to earn not one, but three master's degrees, I understand that this further enriches my position of privilege. I have worked consistently throughout this project to face and deconstruct my positionality, engage in dialogue with others on how my positionality could and can affect the structure my research, my questions, and how I interpret my findings. I acknowledge that my process is not perfect and that it is filtered through the lens of my privilege, however, I feel that I have done my utmost to mitigate and overcome it.

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Glossary

There are several terms that are unique to this project and are explained where they occur. There are also terms that are specific to the discipline from which they derive. Some terms that are of particular importance are defined here:

- health care access: “access refers to the availability of adequate health services and the ease and timeliness with which people can use those services”¹
- healthcare: “services that people receive to prevent and treat illness, including but not limited to medical care, dental care, vision care, nursing, pharmacy services, physical therapy and nutrition”²
- housing insecure: “an umbrella term that encompasses several dimensions of housing problems people may experience, including affordability, safety, quality, insecurity, and loss of housing.”³
- transportation access: the relative ease of and opportunities for accessing transport⁴
- underserved: Those populations that satisfy the current eligibility criteria but are not signed up for the pass. These are people who may earn at or below 80% of the federal poverty level, qualify for one of the six DSHS cash assistance programs, however, are not enrolled in one these DSHS programs and are not registered for the subsidized annual pass.
- underemployed: “having less than full-time, regular, or adequate employment”.⁵
- unserved: Those populations that do not satisfy the current eligibility criteria of the subsidized annual pass. These are people who may earn at or below 80% of the federal poverty level, however, are ineligible for one of the six DSHS cash assistance programs.

List of Abbreviations

- ABD: Aged, Blind, or Disabled program
- BIPOC: Black and Indigenous People of Color
- DSHS: Washington State Department of Social and Health Services
- EMAPS: Economic Services Administration Management Accountability and Performance Statistics
- FPL: Federal Poverty Level
- HEN: Housing and Essential Needs program
- HHS: United States Department of Health and Human Services
- LMI: Low-to-Moderate Income
- MPH: Master of Public Health
- MUP: Master of Urban Planning
- ORCA: One Regional Card for All
- PWA: Pregnant Women Assistance program
- RCA: Refugee Cash Assistance program

- RRF: Regional Reduced Fare Permit
- SEU: United Kingdom's Social Exclusion Unit
- SNAP: Washington Supplemental Nutrition Assistance Program or Basic Food
- SSI: Supplemental Security Income
- TANF/SFA: Temporary Assistance for Needy Families program or State Funded Assistance
- WHO: World Health Organization

Chapter 1. Introduction

Transportation is an essential component of modern life. It directly influences how we move ourselves in space, meet our needs and responsibilities, seize opportunities, and simply live our lives. Many Americans' mobility depends upon public transportation, in particular those who are lower wage earners and people of color. According to data from a 2015 Pew Research Center study on public transportation use among adults in the United States, "Americans who are lower-income, Black or Hispanic, immigrants or under 50 are especially likely to use public transportation on a regular basis".⁶ Multiple factors contribute to this increased likelihood of use of public transportation, such as lower rates of access to an automobile and greater dependence upon public transportation to commute to jobs.⁷⁻¹⁰ Transportation's connection to many facets of life, like employment, socializing, and access to health care, its intersectional nature, makes it so important. Yet despite its importance, access to transportation is unequal. In the United States, access depends upon political, economic and social systems, and these interact with individual factors such as income, immigration status, gender and physical ability. These are amplified by structural factors such as racism, which "play a major role in creating and perpetuating cumulative disadvantage that restricts access to transportation and contributes to worse health outcomes".²

Nationally, lower wage earners and the unemployed, which are disproportionately represented by Black and Hispanic or Latino Americans, make up a greater share of public transportation users.^{6,9,10} This relationship is reflected by demographic data in King County, where 7.0% of the population is Black or African American and 9.9% Hispanic or Latino, with both groups experiencing lower levels of education compared to white and Asian residents, higher rates of unemployment, and the highest rates of poverty in the county.^{11,12} These conditions make access

to public transportation critically important, in enabling people to seek employment, further their education and surmount the systemic inequities they are beset by. During this time of the COVID-19 pandemic, these needs, nor the pressures of these inequities, do not appear to diminish.

Access to a form of reliable and affordable transportation is key in securing several needs, and many accomplish this through personal vehicle ownership. However, others rely upon public transportation to meet these needs. Prior to the COVID-19 pandemic, roughly 14.6% of commuters in King County relied upon public transportation.¹³ US Bureau of Labor Statistics data from 2018-2019 shows that transportation is the second largest household expenditure among people in the greater Seattle area, second only behind housing, and coming in ahead of food and healthcare.¹⁴ A study of the effects of COVID-19 on travel behavior in King County found from January 2020 through August 2020, use of public transportation declined less among those who lived in neighborhoods with comparatively lower educational attainment and among those who utilized reduced-fare transit products than among those who lived in neighborhoods with higher levels of educational attainment and those who traveled on regular fares.¹⁵ Those who were able to transition to an at-home or virtual workplace saw a greater decline in their usage of public transit relative to those who could not make such a transition, and as the economy in King County begins to open more broadly, those higher wage earners who transitioned to working at home are more likely to continue this pattern, however, those with lower-incomes are projected to use public transportation more regularly.¹⁵

Public transportation in the Puget Sound area is provided through a collaborative relationship between a number of transit authorities, including King County Metro, Kitsap Transit, Sound Transit, Everett Transit, Pierce Transit, Community Transit and Washington State Ferries. These

authorities work in concert to create the network of public bus, rail, ferry transportation and non-fixed route transportation for people who are not serviced by these options, for example, paratransit, on-demand services, and so forth. In June 2009, the ORCA card was released, and this marked a major shift in fare collection and transit accessibility, with riders capable of using a single card to travel on seven different transit authorities. This success has led to further regional public transit innovation with products that address the transit needs of those who have limited financial resources, fixed incomes and mobility impairments.¹⁶⁻¹⁸ These include reduced fare products for those qualify such as:

- ORCA LIFT Card
 - individuals must earn less than twice the federal poverty level as determined by the US Department of a Health and Human Services
 - card holders can save up to 50% on their fares with participating transit agencies
 - City of Seattle (Monorail and Streetcar), Community Transit, Everett Transit, King County Metro, Kitsap Transit, Sound Transit
 - administered in partnership with Public Health – Seattle & King County¹⁹
- ORCA Youth Card
 - individuals must be between 6-18 years of age
 - card holders pay a \$1.50 transferable fare (within 2 hours) with participating transit agencies
 - City of Seattle (Monorail and Streetcar), Community Transit, Everett Transit, King County Metro, Kitsap Transit, Sound Transit²⁰
- Regional Reduced Fare Permit (RRFP)
 - individuals can be older than 65 years of age, living with a qualifying disability, or Medicare card holder
 - card holders pay a reduced fare with participating transit agencies
 - City of Seattle (South Lake Union Streetcar), Community Transit, Everett Transit, Intercity Transit, Jefferson Transit, King County Metro, Kitsap Transit, Mason Transit, Pierce Transit, Sound Transit, Washington State Ferries²¹

Additional subsidized fare programs include:

- Human Service Bus Ticket Program
 - eligible human service agencies apply for discounted single-ride paper bus tickets on King County Metro and Sound Transit
 - tickets are provided to persons who are experiencing homelessness and/or are low-income, for their essential trips

- tickets are allocated by the King County Department of Community & Human Services, through an annual request for proposals ²²
- Subsidized annual pass, on an ORCA LIFT card
 - implemented in October of 2020 by King County Metro
 - eligibility is based on three factors: 1. residency (King, Pierce, and Snohomish Counties), 2. income (less than 80% of the federal poverty level as determined by the US Department of a Health and Human Services), 3. Enrollment in a qualifying benefit program (currently defined as one of six state cash benefit programs). Expansions to eligibility criteria are expected as early as 2022
 - individuals can currently enroll in this program through one of three partner agencies in King, Pierce, and Snohomish Counties (with expansions to other agencies as early as 2022), and after eligibility is confirmed and enrollment is complete, King County Metro will load an annual pass on the client’s ORCA LIFT card.
 - the pass is good for unlimited rides on City of Seattle, King County Metro and Sound Transit operated services, and is renewable after a year, if eligibility requirements are still met²³

Additionally, there are other subsidized fare-based products offered in King County that King County Metro sells to different institutions who provide them to their employees, students, among others. For example, the U-PASS for University of Washington students and eligible employees.

1.1 Research Questions

My project centers on the subsidized annual pass. King County Metro and Sound Transit initiated the subsidized annual pass in October 2020, as a soft launch, with three eligibility criteria: 1) income at or below the 80% federal poverty level, 2) current enrollment in a participating benefit program, 3) residence in King, Pierce or Snohomish County. For the launch of the subsidized annual pass, the second criterion was limited to a set of six DSHS case assistance programs with income eligibility at or below the 80% federal poverty level so eligible customers automatically qualify, and enrolling agencies were identified as DSHS, Public Health – Seattle King County, and Catholic Community Services. Eligibility criteria and enrolling

agencies were established to take advantage of existing infrastructure to ensure that the program could launch on an accelerated timeframe. Moreover, enrollment partners were chosen as these agencies were willing to co-develop the program with King County Metro and take on the functions of verifying eligibility, enrollment, and issuing the actual passes at launch, and without financial reimbursement. The soft launch stage was planned so that Metro and these partners could co-develop procedures, determine roles, and calculate the level of resources and support that may be needed for future enrollment partners.

Under the existing criteria 107,000 people in the region are currently eligible and approximately to date 5,000 have enrolled.²⁴ King County Metro and Sound Transit have identified two gaps that exist with the existing program, eligibility and enrollment. The *eligibility gap* is where an individual earns 80% of the federal poverty level, or less, but is not enrolled in one the six DSHS cash assistance programs. This gap could be narrowed by expanding the presently eligible assistance programs. The *enrollment gap* describes those who are currently eligible but are not enrolled. Here, increasing the number of access points could address this gap. King County Metro and Sound Transit are interested in identifying two things: 1) priorities for expanding eligible criteria for potential expansions to additional benefit programs for 2022, 2) how access points could be expanded with the same eligibility criteria.²³ To these ends, two primary and two supporting study questions guided this project.

R1. How can the eligibility criteria of the subsidized annual pass be changed to provide improved access to transportation services to those most in need?

Supporting question: Which populations are identified by community service and advocacy organizations as most in need?

R2. How can the administration of the subsidized annual pass be changed to provide improved access to transportation services to those who are underserved by its current operations?

Supporting question: Which populations are identified by community service and advocacy organizations as underserved?

This report focused on determining unserved and underserved populations in King County and will be used by King County Metro and Sound Transit as they consider expansions in 2022.

Chapter 2. Literature Review

2.1 Background

This literature review serves as a foundation for my MUP/MPH thesis, *Barriers to Transportation and Improved Health Outcomes: Exploring how the goals of transit and public health authorities can reinforce one another*. The project provides recommendations on how King County Metro and Sound Transit can expand the subsidized annual pass to include underserved populations that are not currently eligible or are eligible and not signed up for the program. The project aimed to identify opportunities for interagency cooperation between public health and transportation agencies to address social determinants of health in King County's most marginalized populations. This literature review describes theory and evidence that transportation barriers can influence individual and population health and well-being.

2.2 Introduction

Barriers to transportation in society can operate on multiple levels, from financial to physical, and these barriers to transportation can have direct or indirect influences on health and well-being.^{25,26} This section reviews the growing literature on barriers to transportation and its effects on social inclusion, social, economic and educational opportunities, and access to health care and its implications for health outcomes. These are all considered using the Social Determinants of Health framework.

2.3 Social Determinants of Health

The World Health Organization (WHO) defines social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”.²⁷ These conditions are economic, social, racialized, gendered and systemic, and they all impact the health of individuals and entire populations.

Where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”²⁸ The WHO states that “health and illness follow a social gradient: the lower the socioeconomic position, the worse the health” and that when there is “little affordable housing, few local amenities, and irregular affordable public transport...[this] does little to promote good health for all.”²⁷ While the social determinants of health influence health in all populations, they are most clearly felt by those who have low incomes and Black, indigenous or other people of color. These appear consistently throughout the studied literature. Access to reliable, efficient, and affordable transportation is key for many in society to feel included, further their educational attainment, access economic opportunities, and maintain their health and well-being.

2.4 Social Inclusion

In 2001, the UK government’s Social Exclusion Unit (SEU) was tasked with creating a report on the barriers to social inclusion experienced by people living in the UK. Its report, *Making the Connections: Final Report on Transport and Social Exclusion*, illustrated that “transport problems can be a significant barrier to social inclusion” and that approximately 50% of 16-18-year-olds within the UK said that they had difficulties paying for transportation to get to places of education and that, of those surveyed, two times as many people cited a lack of access to transportation as a barrier to seeing friends.²⁹ The report goes on to explain that barriers to transportation not only impact people’s access to jobs, but also to education and training, with “six per cent of all 16–24-year-olds turn[ing] down training or further education opportunities because of problems with transport”.²⁹

About ten years after the SEU’s study, researcher Karen Lucas conducted a follow-up study and determined that

“transport disadvantage and social disadvantage interact directly and indirectly to cause transport poverty. This in turn leads to inaccessibility to essential goods and services, as well as ‘lock-out’ from planning and decision-making processes, which can result in social exclusion outcomes and further social and transport inequalities will then ensue”.³⁰

People with the highest barriers to transportation tend to be those with the lowest socioeconomic status, regardless of their age, thus we can see an additional component of the negative feedback loop described by Lucas.^{25,26}

2.4.1 People Living with Disabilities

This “lock-out”, as Lucas called it, is also experienced by those living with disabilities, for whom barriers to transportation can have manifold impacts. Research has shown that a dearth of accessible transportation “reduce[s] a person’s ability or interest in pursuing further education, which, in turn, prevents gains in employment among this population”.^{31,32} Some of the problems referred to in this research are environmental. Notwithstanding, a study by Bezyak and colleagues reported that “a majority of respondents experienced at least occasional difficulties socialising or participating in recreational activities” due to barriers to transportation.³¹ Furthermore, among those living with a disability, the impacts of these barriers were felt most acutely by female respondents and Hispanic individuals; even more so by those at the intersection of these identities”.³¹

The National Council on Disability has explained that, despite an individual’s desire or willingness to “socialize, enjoy recreational or spiritual activities,” they cannot fulfill these social, recreational and spiritual wishes, often due to inadequate transportation.³³

2.5 Access to Social, Economic and Educational Opportunities

The relationship between transportation access and economic opportunity is well studied. A study by Woodcock and Aldred showed that transportation systems built around personal or private car ownership increase distances between opportunities (e.g., employment, schools,

healthcare facilities) and opportunity seekers. Moreover, it facilitates and leads to greater social stratification and divides. All of which can have economic consequences. Transportation systems built around the car allow for roads to be longer, which serves the car owner, but can create greater distances for public transportation and riders to span. Additionally, this system design, which often adds more roads or lanes to accommodate drivers, creates and intensifies congestion, which can slow public transportation systems and increase operating costs, which in turn, decreases ridership and creates greater opportunity barriers for those who cannot afford a personal car, further illustrating the disproportionate impact of barriers to transportation on those with lower socioeconomic status.³⁴

Public transportation also serves as a mechanism for creating better access to jobs, and for maintaining lower rates of unemployment.³⁵⁻³⁷ A natural experiment by Tyndall, on the impact of Hurricane Sandy on New York's public transportation demonstrated that service disruptions increased unemployment for those who used public transportation to get to work. For example, prior to the hurricane, total unemployment in the study area neighborhoods along the Brooklyn R Train had been declining from 9.8% to 8.0% from 2010 to 2012, yet during the five months of the service disruptions following the storm, unemployment grew from 8.0% to 8.4%. Thus, during the period of disruption to public transportation services, those who lived in proximity to the R Train, experienced a 1.4 percentage point increase in unemployment, compared to neighborhoods who did not see service disruptions. In fact, for those without access to a private vehicle, the increase in the unemployment rate was 2.2 percentage points, and the most dramatically affected, was the Hispanic population of the study area, seeing a 3.4 percentage point increase in the unemployment rate.³⁸

2.5.1 People Living with Disabilities

Research by Lubin and Deka on the impact of transportation on employment for job-seeking among those living with a disability found that transportation was an important factor in their job seeking, job attainment, and ability to maintain a job. These researchers observed that transportation, particularly access to public transportation, was essential at increasing access to employment for those living with a disability. The Lubin and Deka study revealed that “76% of all participants strongly believed that transportation was important for their job search” and that “25% mentioned leaving a job and 40% mentioned refusing a job offer because of travel difficulties”.³⁹ Lubin and Deka’s study further showed that when access to public transportation increases, so does its use by job-seeking individuals living with a disability, “the proportion of respondents using the bus for all trip purposes increases from 20% to 39% [and] for rail the proportion increases from 12% to 32%”.³⁹

2.5.2 People with Low Income

As aforementioned, studies show that barriers to reliable transportation greatly impact individuals and families with low incomes. This impact can be acutely felt by people experiencing homelessness, who some studies have shown can depend upon public transportation for up to 31% of their daily trips, with over 50% reporting that they use public transportation at least once a day.⁴⁰ These trips are reportedly used to visit friends and family, seek entertainment, and to pursue employment opportunities.⁴⁰ Further studies have shown that individuals who are low-to-moderate income (LMI) tend to live in areas with fewer employment opportunities when compared to those living in non-low-to-moderate income areas, thus, these individuals must travel to find and commute to employment. Among LMI populations, private car ownership is less common, creating a need for other reliable and affordable transportation

options.⁴¹ Work by Fletcher and colleagues, analyzing factors that could influence the likelihood of employment among low-income rural families, revealed that “[a]mong barriers to employment, welfare recipients consistently identify transportation as a serious problem”.²⁶ The results showed that increased access to reliable transportation granted the greatest increase in the likelihood of employment among the studied factors, that is to say when compared to the impact of earning a high school diploma or improved health.²⁶

2.6 Access to Healthcare and Its Implications for Health Outcomes

When discussing barriers to transportation and its potential results, it is important to include how these barriers can negatively affect or decrease access to healthcare. Moreover, how this decrease in access to healthcare can lead to poorer health outcomes, thus making transportation a social determinant of health. In 2017, barriers to transportation resulted in approximately 5.8 million individuals (not including data from patients receiving treatment by the Indian Health Service nor within 12-months of the study) delaying medical care.⁴² According to work by Wallace and colleagues, these individuals were more likely to be older, poorer, less educated, female, and from an ethnic minority group.⁴³ Individuals carrying the highest burden of disease also faced the greatest burden of transportation barriers.⁴⁴ Studies looking at the impact of delayed care to population and individual health show that those who miss medical appointments experience adverse health outcomes.^{42,45-49} Research by Wolfe and colleagues using data from the National Health Interview Survey, found that these include “complications of chronic illness, increased hospital readmissions, and disrupted continuity of care.” In the case of those living with diabetes, for example, inability to meet regular appointments can result in “complications, including retinopathy (the leading cause of blindness), neuropathy, kidney damage, cardiovascular disease, stroke, peripheral vascular disease, amputations, infections, diabetic coma, and even death”.⁴⁶

These disruptions do not only affect treatment attainment, but also compromise a patient's opportunities to access diagnostic testing that could provide early detection of disease.^{42,50,51} Further, once a patient is diagnosed, they may have to fill a prescription to treat their condition, however, studies show that transportation barriers affect access to pharmacies and, in turn, impact medication fills and refills and adherence to medicine regimes.^{42,52-54} Adherence to a medication regime can be an essential preventative health measure for some patients, and failure to adhere has been shown to increase the risk of adverse health outcomes.⁵⁵ For instance, in patients at risk of chronic heart failure, not taking medications as they are prescribed, which includes missing doses, can lead to death.⁵⁶⁻⁵⁸ A study by Locatelli and colleagues, showed that around 100 million people in the US have a chronic medical condition and that medical management of these conditions can require frequent healthcare visits.⁵⁹ Research by Giambruno and colleagues and Branch and colleagues has shown that barriers to transportation can negatively impact access to healthcare for anywhere from 3% to 67% of those seeking care.^{60,61}

In analyzing transportation barriers for child caregivers, a study by Flores and colleagues indicated that 21% of caregivers reported transportation barriers as the primary reason that they had not brought a child to a medical visit.⁶² When convenient, reliable and affordable transportation options are unavailable, caregivers are less able to bring children to dental appointments and are less likely to do so, "caregivers reported difficulties using public transportation to reach quality providers during convenient hours".⁶³ Research by Kelly and colleagues demonstrated that caregivers must arrange work schedules around transportation options, which impacts both income, and economic stability, but also impacts the accessibility of dental and medical appointments. Studies have shown these delays can lead to untreated medical conditions, worsening conditions and longer hospital stays when care is received, and potentially

worse health outcomes.^{64,65} As aforementioned, populations with lower incomes and communities of color are the greatest share of public transportation users. For these populations to make multiple visits or appointments for medical or dental care, this could impact the caregiver's employment security or job status. Loss of employment or a decrease in income could further exacerbate access to health care, delayed care, and in turn adverse health outcomes.

A focus group study of caregivers in North Carolina by Lannon and colleagues found that respondents cited difficulties in the scheduling of transportation, the cost of transportation, the location of bus stops in respect to clinic location, and the challenges in traveling with multiple, young children on public transportation as being major barriers to scheduling and maintaining appointments for children in their care.²⁵ In two separate studies of inner-city children, one by Crain and colleagues and another by Flores and colleagues, roughly a quarter of their respondents cited transportation barriers as their reason for not taking a child in for necessary healthcare.^{62,66} Among migrant farm workers, a study by Weathers and colleagues, 80 % cited lack of transportation as the primary reason for the last episode that their child faced an unmet medical need".⁴⁴ For individuals with limited economic resources, transportation can be a barrier to these visits, maintaining appropriate care, getting to the pharmacy to pick-up their medication, and negatively impact health outcomes.⁵⁹

The growing literature on barriers to transportation and its effects on social inclusion, social, economic, and educational opportunities, and access to health care and its implications for health outcomes, illustrate that when barriers exist, the influences can be deleterious. Populations that earn low incomes, experience homelessness, are living with disabilities and are Black, Indigenous and other people of color experience the greatest barriers to transportation. Moreover, these populations carry the greatest health burdens due to these social determinants of health,

exacerbated by barriers to transportation. The research shows that public transportation serves an important role for these populations and that facilitating access to public transportation could have a positive influence on health and well-being.

Chapter 3. Methodology

This exploratory qualitative study attempted to determine how the eligibility criteria and program administration for the subsidized annual pass program can be expanded to ensure access to those who are most in need. The selection of a qualitative approach came from the desire to learn from King County Metro's community and governmental partners who they believe to be most in need of fully subsidized transportation and how the subsidized annual pass product could best serve those populations. This study does not claim a particular methodological viewpoint but attempts to understand the viewpoints of participants.⁶⁷

3.1 Limitations

I encountered limitations to the planning and implementation of my project, limitations that required that I make changes and ensure that they be addressed not only here in this section, but also in my recommendations for further research in chapter 5 section 2. The limitations to my project implementation, analysis outcomes and recommendations include:

Data Accessibility

The initial design for this project was to analyze both quantitative and qualitative data. The quantitative data were intended to provide a picture of which demographics were underrepresented in the enrolling populations and the reasons applicants for enrollment in DSHS cash assistance program were denied. These data could have assisted in determining both who is underserved and unserved, and to what degree. Further, these data could have provided clarity on which determinants of eligibility are disproportionately represented in applicant denials. DSHS Economic Services Administration Management and Accountability Performance Statistics data were requested during the initial months of the project, however, were unavailable until late April of 2021. This was unfortunately not enough time to perform a proper analysis of the data,

and this will be further addressed in Chapter 5 section 3 *Further Research*. Therefore, the project primarily used qualitative methods, and was conducted during the 2020-21 academic year.

Access to Enrolling Agencies

Due to COVID-19 workplace restrictions, enrolling agency availability in physical locations was limited. For instance, DSHS public benefit specialists moved to a telework format. This change required a central routing of all statewide calls into DSHS offices, with calls not being regionally allocated. This meant that public benefit specialists that had focused on performing eligibility determinations and enrollments for individuals living in, for example Spokane County, were now fielding calls from across the entire state. According DSHS staff interviewed for this project, this state-wide model does not allow for the nuanced and detailed understanding of enrollment opportunities and processes for the subsidized annual pass. Thus, it is possible that individuals who do qualify for the subsidized annual pass and live in King, Pierce or Snohomish County are not being informed about the subsidized annual pass when speaking with DSHS representatives and would not be able to enroll. Such conditions artificially suppress the enrollment through DSHS and obscure the true number and cause of some population's underserved status.

Study sample

Both survey recipients and interview participants came primarily from a group of subsidized annual pass stakeholder organizations. Some interviews were arranged via recommendation by a previous interviewee, which, in one instance led to a deepening of my understanding around those who are reentering communities from the carceral system, and how they are currently underserved by the existing administering of the subsidized annual pass program. While this was an advantageous result, it demonstrates that with perhaps more time, more referrals could have been made, thus broadening the participant sample and enriching the findings. Moreover, only

48% of organizations who received the survey completed it. Despite extending the response window from two weeks to four, three separate email reminders, and an introductory email from my site-supervisor, I was unable to achieve a completion rate of greater than 50%. It is unclear why 52% of organizations did not respond, and what perspectives they might have on barriers to transportation, the eligibility criteria of the subsidized annual pass and its administration. Perhaps the views of these organizations are divergent from those who participated. Greater participation from stakeholder organizations could have revealed a greater diversity of perspectives, populations in need of access to fare free public transportation and recommendations for changes to the current subsidized annual pass program.

Additionally, no subsidized annual pass enrollees were interviewed or surveyed for this project. Neither were any individuals that survey respondents, or interview participants, described as populations that were most in need, unserved or underserved a part of this project. The lack of input from such individuals could have influenced the findings, conclusions and recommendations of this project.

Lack of Previous Research

While reviewing the existing literature on the link between health, well-being and transportation, it was clear that there were no studies on exemplar or comparator subsidized public transportation programs. Studies of subsidized transportation were limited to small-scale and short-term subsidization programs for specific hospitals and specific patients. This meant that I was unable to draw lessons from studies on the work of other transit authorities or draw upon an evidentiary standard on the influences of fully subsidized public transportation on health and well-being, develop preliminary theories on underserved and unserved populations, and to potentially incorporate best practices for programs such as these into my recommendations.

Positionality

This project required that I engage in reflexive practices to confront my positionality and to combat its overt influence on the creation and completion of this work. I am a white cis male, in graduate school, that maintains other positions of privilege. I use public transit as my main form of transportation; however, ultimately, I do not have to depend upon it, nor have I ever truly experienced barriers to it, barriers that research has shown could have influenced my overall well-being. Lacking the perspective of those who the subsidized annual pass aims to serve created a large positionality deficit in my work. I administered a survey and conducted interviews that relied upon the perspectives of those working for service, policy, and advocacy organizations. The survey input and interview conversations centered on trying to learn, second hand, about barriers to transportation for those populations that participant organizations identified as most in need. I do not intend to impugn the accuracy or sincerity of the observations made, but my lack of experience working with the populations that participants described created barriers to my analysis and understanding. I addressed these by following up my interviews with email conversations to clarify and further explore points made by interviewees. Moreover, I asked interviewees to consider and relate to concepts that were brought up by other interviewees, naturally without providing personally identifying information. I also advise King County Metro, Sound Transit, and collaborating transit authorities to conduct further surveys, interviews and focus groups with the users and intended populations of the subsidized annual pass program. I understand that my process was not perfect, however, throughout my project I attempted to confront and assess my positionality and ensure that my analysis and conclusions were focused through the lenses of justice and equity.

3.2 Scope

This project was conducted in partnership with King County Metro. Initial potential participants in the surveys and interviews were selected from a list of 29 program stakeholders. These were community and governmental organizations some of which had partnered with King County Metro in 2019 to develop the subsidized annual pass, while others provide services to those populations that the program intends to serve, are an enrolling partner, and those who have expressed interest in being part of the program as it develops. My site-supervisor sent an initial introductory email to me and my project. However, four emails were returned as undeliverable. See **Appendix 1** for a final list of invited study participants. Potential participants were invited to complete the survey and communicate their interest in participating in an interview. While the subsidized annual pass covers fares throughout King, Pierce and Snohomish counties, this project focused on interviewing and surveying stakeholder organizations that operate in King County.

This project did not constitute “research” as defined by the University of Washington’s Human Subjects Research division.⁶⁸ While the capstone project was a planned and systematic investigation and evaluation of a public benefit program and service, the project objectives and deliverables do not aim to produce generalizable knowledge. Moreover, existing data for human subjects were either previously summarized and non-identifiable or is de-identified individual data that is only presented in summary manner. No individual-identifiable information is being released, reported and all participation in this project was voluntary. The Human Subjects Research Determination worksheet was completed in consultation with the academic advisers and site supervisor.

3.3 Data Definitions and Collection Procedures

Data were collected through semi-structured interviews and surveys. The surveys contained fixed and open-ended response options. Survey recipients and interview subjects were initially identified through a collaborative process with my project site-supervisors, who are King County Metro employees. Table 3.1 lists the organizations that participated in this project and the way they participated. Eleven separate organizations did not complete a survey, participate in an interview or communicate via email. This included a community college, immigrant services providers, disability service providers and advocacy organizations, and other human services providers. Multiple attempts were made, through emails, to secure participation, however, these eleven organizations did not respond to email requests nor complete the survey. Ultimately, 15 out of 25 potentially eligible organizations (60%) participated in at least one of the three described data collection methods.

Table 3.1 Participant Organizations and Mode of Data Collection

Organization	Number of participating individuals		
	Interview	Survey	Email
City of Seattle Aging and Disability Services	0	1	1
Casa Latina	0	2	0
Catholic Community Services	1	0	1
Department of Social and Health Services	7	0	3
Hopelink Mobility Management	0	1	1
International Rescue Committee	0	0	1
King County Housing Authority	0	1	1
King County Jail Health	1	1	1
Public Health – Seattle King County	2	1	2
Plymouth Housing Group	0	1	0
Seattle – King County Coalition on Homelessness	0	1	0

Seattle Municipal Court	0	0	1
Transit Riders Union	0	1	0
Urban League of Metropolitan Seattle	0	1	1
World Relief Seattle	1	1	1
TOTAL	12	12	14

3.3.1 Interviews

The initial four interviews were conducted with the subsidized annual pass enrollment partners: DSHS (two separate interviews), Catholic Community Services and Public Health – Seattle King County representatives. Representatives from these organizations were chosen for their ability to speak authoritatively on both the eligibility criteria and the current administration of the subsidized annual pass (i.e., promotion of the product and enrollment). My project site-supervisor introduced me to the interview subjects via an email that briefly outlined my project and the purpose of the interviews. I followed this introductory email with a further explanation of my project and began scheduling the interviews.

Additional interviewees were identified in one of two ways. By direct referral from a prior interviewee or by indication on the survey that they were willing to be interviewed. Four interviews (seven interviewees) were the product of a direct referral, and two interviews were the product of the survey. Survey responses that demonstrated a willingness to participate in an interview (11 out of 12) and a clear connection with my research questions (6 out of 12), prompted a follow-up email request for an interview. All survey respondents that I contacted agreed to an interview, however, two of them were from the same organization, Casa Latina. Thus, only one representative continued email communication with me, after initial email contact. Unfortunately, I was only able to interview two out of the five potential interviewees, due to scheduling incompatibilities. I was able to communicate with the three potential

interviewees with scheduling conflicts via email, receiving answers to my planned interview questions. See **Appendix 2** for a sample interview. I used email correspondence with nine out of the twelve interviewees to gather further details and clarification on their initial responses.

The interviews were conducted at an agreed upon time through the online meeting platform, Zoom. Each meeting was preceded by an email invitation, which outlined the project's goal, the purpose of the interview, how the interview would be conducted, and general expectations for duration and questions. Participants were asked if they would agree to be recorded for the interview, as the Zoom platform can generate audio transcriptions of each meeting, and when paired with the audio recording, post-interview analysis was expected to be much more accurate and efficient. Interview questions were developed in advance of the interviews with the assistance of my project site-supervisors.

The questions were specific to each interviewee's organization and role within it and were aimed at learning how the interviewee's organization interacts with the subsidized annual pass, those enrolled and potential users of the subsidized annual pass. The questions were intended to help me determine: 1) which population(s) the interviewee believed were unserved by the existing eligibility criteria, 2) which population(s) the interviewee believed were underserved by the current administration of the subsidized annual pass program, and 3) ways that the subsidized annual pass's eligibility criteria and administration could be expanded to better serve those populations the interviewee identified as underserved or unserved.

3.3.2 Surveys

Survey recipients were a set of stakeholder organizations some of which had partnered with King County Metro in 2019 to develop the subsidized annual pass, while others provide services to those populations that the program intends to serve, are an enrolling partner, and those who have

expressed interest in being part of the program as it develops. The 22 identified stakeholder organizations were emailed, with an introduction provided by my site-supervisor, which briefly outlined my project and the purpose of the survey. I followed this introductory email with a further explanation of my project, instructions on how to complete the survey, the closing date of the survey, and a link to the survey. The survey was initially open for 16 days however was later extended for a total of 30 days, to allow for as many responses as possible. I sent four email reminders to organizations that did not complete the survey. It is unclear why some organizations chose not to participate. Eventually 11 organizations out of 22 (50%) responded to the survey.

The survey consisted of closed (fixed) and opened ended response style questions, administered via Google Forms, which is a secure web-based survey administration software program.⁶⁹ The survey questions are shown in **Appendix 3**. Questions focused on learning about the area and population that each responding organization serves, the transportation needs of the population(s) the respondent's organization serves or advocates on the behalf of, and the approximate percentage of the population served by the organization that is estimated as eligible for the subsidized annual pass. This included questions to learn about the language(s) services are provided in, the general demographic and socio-economic make-up of the population served, and open-ended response opportunities to learn what the responding organizations would like to share about the subsidized annual pass and the populations that the organizations serve.

The survey was built and administered using the Google Forms online application. This tool was chosen for its ease of use and adaptability, its automatic compiling of closed-ended question responses, its ability to generate data visualizations, and its ability to create a comprehensive spreadsheet of questions and responses. Survey questions were developed under the guidance of my project site supervisors.

3.4 Data Analysis

This project aimed to answer the following questions:

R1. How can the eligibility criteria of the subsidized annual pass be changed to provide improved access to transportation services to those most in need?

Supporting question: Which populations are identified by community service and advocacy organizations as most in need?

R2. How can the administration of the subsidized annual pass be changed to provide improved access to transportation services to those who are underserved by its current operations?

Supporting question: Which populations are identified by community service and advocacy organizations as underserved?

Data analysis distinguished between unserved, underserved and most in need populations.

- “Unserved” populations do not satisfy the current eligibility criteria
- “Underserved” populations satisfy the current eligibility criteria but are not signed up for the pass.
- “most in need” populations were determined by analysis of survey and interview responses to identify populations that respondents described as needing public transportation the most, would benefit most from access to fully subsidized transportation, and/or are being left out.

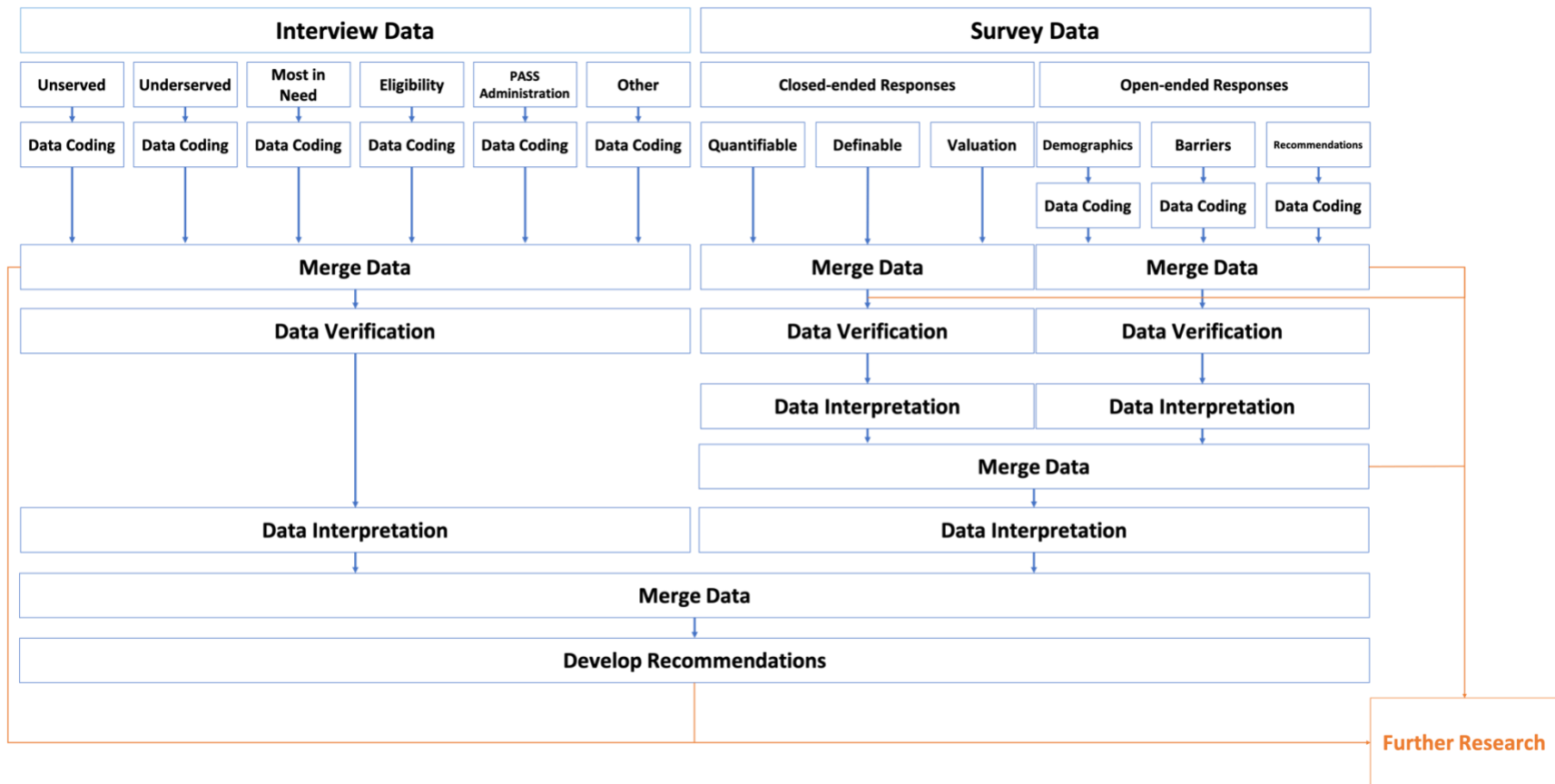
To determine how or which eligibility criteria could be expanded to meet the needs of those who are “unserved”, survey and interview responses were analyzed for references to conflicts between specific criterion and population characteristics.

To determine who was “underserved”, the survey and interview responses were analyzed to identify those populations that respondents described as enrolled in DSHS cash assistance programs but not registered for the subsidized annual pass, or those who were otherwise eligible but not enrolled in DSHS cash assistance programs.

To determine how administration of the program could be adapted to better serve those populations that are currently “underserved”, the survey and interview responses were analyzed for references and descriptions of service provision models that would benefit those populations that could be described as “underserved”.

The analysis process included multiple data management steps, such as data organization, coding, category analysis, description, comparison, interpretation, and presentation. Data verification and reliability confirmation occurred throughout the process. Figure 3.1 illustrates the process.

Figure 3.1 Data Analysis Process



3.4.1 Survey Data

Analysis of survey respondent data consisted of establishing:

- 1) a list of the regions the organization operates in,
- 2) the organizational type as a service provider, advocacy organization, or power building organization,
- 3) a list of languages the organization provides services or operates in,
- 4) a list of the greatest barriers to transportation for those the organization serves,
- 5) whether the respondent's organization participates in the Human Bus Services Ticket program¹,
- 6) an estimate of the percentage of the population served that earns 80% or below of the Federal Poverty Level,
- 7) a list of the demographic characteristics of the populations served,
- 8) an estimate of the percentage of the population served that is eligible for the subsidized annual pass,
- 9) an estimate of the number of people per week that the organization discusses the subsidized annual pass and refers for the subsidized annual pass,
- 10) a list of the reasons why these organizations believe people within the population they serve are ineligible for the subsidized annual pass,
- 11) a list of information that the respondent believed was important to share on the subsidized annual pass. Closed-ended (fixed) question responses generated data visualizations to facilitate ease of comparison.

Survey responses were automatically populated Google Forms into a Google Spreadsheet and then transferred into a Microsoft Excel document that also contained interview response data.

Responses that were either unclear or motivated further inquiry, were followed up via a direct email to the respondent. Emails restated the question, the response, and asked for either clarifying information or an elaboration on the response of interest. Answers to these questions were entered into the Microsoft Excel document alongside the original responses.

¹ The Human Bus Services Ticket Program is a subsidized bus ticket program, where approved human service agencies (that serve people who are experiencing homeless or have low incomes) can purchase bus tickets from King County Metro at 10% of the value of the ticket, with King County Metro responsible for the remaining 90%, and distribute these tickets to those whom they serve. There is an overlap of the eligibility requirements for the Human Bus Services Ticket Program and the subsidized annual pass, thus this question was selected to help identify population characteristics for that align with the subsidized annual pass's eligibility criteria among a population that may not currently be enrolled in the pass.

Open-ended responses were reviewed and coded for their alignment with one of three pre-determined categories (i.e., determined “a priori” before data coding and analysis): demographics, barriers, recommendations. See Table 3.2 for a listing of each open-ended category and its definition.

Table 3.2 Open-ended Response in Three Pre-determined Categories

Category	Definition
Demographics	A response that describes or refers to the human characteristics (e.g., age, race, etc.) of the population that the organization serves.
Barriers	A response that describes or refers to things that impede or block access to transportation for the population that the organization serves.
Recommendations	A response that describes ways in which the eligibility criteria of the subsidized annual pass could be changed to improve access to the pass for those that are currently ineligible. When a response describes was in the administration of the subsidized annual pass could be changed to improve access to the subsidized annual pass for those who are eligible, but currently underserved.

Closed-ended responses were reviewed and coded for their alignment with one of three pre-determined categories: quantifiable, definable, valuation. See Table 3.3 for a listing of each closed-ended category and its definition.

Table 3.3 Closed-Ended (fixed) Response in Three Pre-determined Categories

Category	Definition
Quantifiable	When a response indicates, via an integer or percentage, the number of or quantity of the item or thing in question.
Definable	When a response determines or describes the essential qualities or meaning of an organization’s function and services.
Valuation	When a response judges the worth of access to public transportation for the population that the organization serves.

3.4.2 Interview Data

I began the interview data analysis by downloading both the Zoom audio recording and transcript for each interview. I then transferred the text into a Microsoft Word document. I read the text while listening to the audio recording of the interview, correcting errors in the transcription along the way. This review allowed for the transcript to be corrected and for a refamiliarizing with the interview content.

Next, I reviewed the interview, annotated, and coded it for one of five pre-determined categories: unserved, underserved, most in need, eligibility, or subsidized annual pass administration. Topics that interviewees stressed as important, yet were not one of the five categories, were coded as “other”. See Table 3.4 for a listing of each interview question category and its definition.

Table 3.4 Interview Question Categories (Pre-determined)

Category	Definition
unserved	When respondents described or referred to populations that do not satisfy the current eligibility criteria of the subsidized annual pass. These are people who may earn at or below 80% of the federal poverty level, however, are ineligible for one of the six DSHS cash assistance programs.
underserved	When respondents described or referred to populations that satisfy the current eligibility criteria but are not signed up for the pass. These are people who may earn at or below 80% of the federal poverty level, qualify for one of the six DSHS cash assistance programs, however, are not enrolled in one these DSHS programs and are not registered for the subsidized annual pass.
most in need	When respondents described or referred to populations they believed would benefit most from access to the subsidized annual pass.
eligibility	When respondents described or referred to current eligibility criteria/criterion of the subsidized annual pass or potential new criteria/criterion for the subsidized annual pass.
subsidized annual pass administration	When respondents described or referred to how the subsidized annual pass is administered, e.g., promotion of the pass, enrollment partnerships, etc.

I merged the coded text from each interview in a Microsoft Excel document and analyzed the codes for opportunities for refinement. For instance, multiple interviewees described the challenges that individuals without access to a cellphone experienced in contacting DSHS to sign up for cash assistance, this was originally coded as “cellphone”. Interviewees also observed the difficulties that not having access to the internet posed in learning about DSHS benefit programming, this was originally coded as “internet”. All of the codes and supporting text were reviewed to ensure that they accurately reflected the information shared by each interviewee, to eliminate redundancy and to consolidate strongly related codes. This was accomplished by listening to each interview’s audio and reviewing the accompanying transcript. Areas where I was unsure or where the audio was unclear, I emailed the interviewee for clarification. After this information was reviewed, clarified and analyzed, I consolidated codes that were redundant or closely related. Thus, the “cellphone” and “internet” codes became “technology”. I refined my original list of 16 codes down to 12 final codes, through this process.

I then sorted the refined list of codes for their applicability to the pre-determined categories, where I found that some codes were applicable to multiple categories. For example, the “DSHS” code occurred in descriptions of those populations identified as “unserved”, “underserved” and “most in need”, as well as when interviewees discussed subsidized annual pass “eligibility” and its “administration”. This sorting process allowed me to create a list of the number of times each code occurred in a category, as well as the number of categories a code associated with overall. Some codes had fewer associations across all categories yet occurred multiple times within a category. I interpreted this as an apparent measure of that code’s relevance to the associated category. For instance, DSHS was the most frequently discussed or mentioned code in the “eligibility” category. This, along with the aid of the related text from the interview, lead me to

conclude that this code was central to understanding the question of eligibility and the recommendations made regarding it.

The sorting of the codes created a network or web of association between codes and categories, with, as aforementioned, codes applying to multiple categories. The number of categories that a code associated with helped me determine the apparent relevance of that code for answering my research questions and thus my recommendations. If a code did not occur in the interview as part of a conversation around one of the five categories aimed at answering the research questions, it was sorted under the “other” category. This sorting did not indicate that the code had no association with the other categories, but that the code had been discussed in a manner that was not consistent or did not align with the meaning of the five named categories. Therefore, once I had assigned codes to categories, I evaluated these and the supporting text from the interviews for their applicability towards answering the primary questions. These were then assessed for their ability to expand subsidized annual pass service to the greatest number of currently eligible people and feasibility for expanding subsidized annual pass service to the greatest number of currently ineligible people.

Text that answered the supporting research questions, was sorted into a separate sheet that was used to provide descriptive information on populations that could potentially be better served by the adoption of identified recommendations. Text that was coded as “other” was evaluated for applicability to final recommendations or as candidates for further research.

Chapter 4. Findings & Analysis

4.1 Survey Data

Survey data was collected over the course of 30 days, with **12 surveys completed out of 23** distributed. However, two of the completed surveys were filled out by separate representatives of the same organization, thus **11 organizations out of 23** participated (48% organizational participation). All surveys asked whether respondents would be willing to complete an interview with me, and 11 of the respondents indicated “Yes”, that they were interested. I was unable to determine the reason for the incomplete surveys or for the one respondent who was unwilling to participate in an interview. All respondents provided their email address for the sake of follow-up questions, and four respondents provided clarification and further details through email correspondence.

4.2 Survey Data Findings and Analysis

The following describes the summary findings for each category. Each question was designed to gather information on the respondent’s organization and the population that it serves, with specific attention paid to knowledge of the subsidized annual pass and population transportation needs. See Table 4.1 for a listing of the categories used in the survey. A closing summary of the findings can be found in Section 4.2.1.

Table 4.1 Survey Categories
(pre-determined)

Quantifiable
Definable
Valuation
Demographics
Recommendations
Barriers
Other

Quantifiable

Survey responses to the question “Does your organization provide bus tickets through the Human Services Bus Ticket Program?” showed that 7 out of 11 organizations **provide bus tickets** to the population it serves via the Human Service Bus Ticket program. The others did not report this. This demonstrates that more than half of respondent organizations provide services to those who are either experiencing homeless, have low incomes, or both.

When asked how many people per week requested bus tickets, 4 of the 7 organizations that participate in the Human Service Bus Ticket program stated they distribute between 10-20 bus tickets per week. One respondent, Casa Latina, reported handing out approximately 200 bus tickets per week. Additionally, some respondents clarified that they often run out of the tickets and could easily distribute more tickets per week. This finding could indicate that access to a subsidized transportation option is a consistent and recurring need and that receiving the subsidized annual pass could reduce the burden of repeatedly seeking these tickets. Thus, providing the user with a more reliable form of access to public transportation. Such reliability allows for users to appropriately plan to meet their needs and fulfill their responsibilities.

When asked “What percentage of the population that your organization serves would you say earns 80% of federal poverty level or less?”, 7 out of 11 organizations stated that between **60-100% of the populations that they serve** earn 80% of the FPL or less. Of the remaining four organizations, two indicated that **50-55%** earn 80% of the FPL or less, and two indicated that **10-40%** earn 80% of the FPL or less. This finding illustrates that a majority of organizational clients meet the income eligibility criterion of the subsidized annual pass.

When asked, “What percentage of the population your organization serves would you say is eligible for the subsidized annual pass?”, 7 out of 11 organizations stated that between **60-100%**

of the population that they serve is eligible for the subsidized annual pass. The remaining four organizations stated that between **10-40% are eligible**. This finding illustrates how most respondent organizations provide services to populations that would qualify for the subsidized annual pass, and when considered along with responses to questions on income and use of the Human Service Bus Ticket program, indicates a potentially sizable amount of people who are eligible for the subsidized annual pass, yet not enrolled. Thus, these people appear to be underserved by the current iteration of the pass, and changes could be made to how the subsidized annual pass is administered to better reach these people.

When asked, “About how many people per week, among the population your organization serves, ask about the subsidized annual pass?”, 5 out of 11 organizations stated that they speak with **between 1-10 people per week** about the subsidized annual pass. The remainder reported not speaking with people regarding the subsidized annual pass. This suggests a potential change in the administering, i.e., promotion, of the subsidized annual pass, could increase conversation about the program. It is worth noting that, according to representatives at King County Metro, the subsidized annual pass has not been, and is currently not being, promoted widely to the public. However, it is anticipated that promotion will increase after the soft-launch period of the subsidized annual pass.

When asked, “About how many people per week do you refer for the subsidized annual pass that are eligible?”, 7 out of 11 organizations stated that they refer between **0-5 people per week** for the subsidized annual pass. One respondent, Casa Latina, responded that it refers **approximately 90 people per week** for the subsidized annual pass. Thus, Casa Latina may have referred approximately 2,000 individuals for the subsidized annual pass since its release. Casa Latina also stated that between 80-90% of the population that they serve are eligible for the subsidized

annual pass. With approximately 5,000 individuals currently enrolled for the subsidized annual pass, it is possible that Casa Latina referrals could make up roughly one-third of current subsidized annual pass holders. That is, of course, assuming that Casa Latina’s estimations of the number of individuals referred, and the percentage of those being eligible, are accurate.

When asked, “About how many people per week do you talk to that would benefit from the subsidized annual pass, but are ineligible?”, survey respondents demonstrated a large variability in the number of individuals that the respondent speaks to on a weekly basis that would benefit from the subsidized annual pass. The **median number being 3**. However, one respondent, King County Housing Authority, indicated that they speak with **approximately 1,000 people per week**, that would benefit from access to the subsidized annual pass. King County Housing Authority provides bridge services for those with lower incomes who are seeking housing (e.g., Section 8 Housing Choice Vouchers, Moving to Work programs, and so forth), and indicated that **70-80% of the population they serve** is eligible for the subsidized annual pass, and that **90-100% of the population they serve** earns 80% of the FPL or less.

Definable

When asked, “What geographic areas does the population you serve live in?”, survey respondent organizations indicated the following:

Table 4.2 Geographic Area of the Populations that Respondent Organizations Serve

Geographic Area	# of Respondent Organizations
Seattle	9
North King County (i.e., Shoreline, Bothell, Kenmore, etc.)	8
South King County (i.e., Auburn, Burien, Des Moines, Enumclaw, Federal Way, Kent, etc.)	9

East King County (i.e., Bellevue, Kirkland, Redmond, Issaquah, North Bend, etc.)	7
Pierce County	2
Snohomish County	4
Statewide and/or counties other than the above listed	2

Responses illustrate that the majority of respondents operate in King County, which could provide a base of additional enrollment and promotional partners. Moreover, if the subsidized annual pass program goes on to include service opportunities in Kitsap County (a county where the ORCA LIFT program operates), there are opportunities for collaboration with organizations that could provide insight into those populations within the county that could benefit from the subsidized annual pass.

Respondents defined their organizations as existing in multiple spaces or occupying more than one role, with the majority stating their organization had more than one focus. Most respondents identified their organization as either a **service provider** (n=7) and/or **advocacy organization** (n=6). Service providers are uniquely positioned to assess both the needs of the client population and the effectiveness of their programming. Such a perspective is highly valuable for understanding the barriers to transportation, the level of need for reliable and subsidized transportation of their community, and how to communicate with them on the subsidized annual pass. This is essential for the successful provision of and potential expansion of the subsidized annual pass. Those organizations that identify as advocacy agencies play a role in the political environment of the Puget Sound. This allows them to bring the needs of their communities to the public’s attention, and the attention of politicians. Since it was by a political mandate that the subsidized annual pass was created, the attention of politicians is already focused on the matter,

thus, these advocacy organizations can leverage the experiences of their clients in their conversations with and lobbying of politicians for an expansion of the subsidized annual pass.

All 19 of the possible languages that respondent organizations could operate in, were selected.

See **Appendix 3** for a copy of the survey which includes the survey options for the languages that an organization operates in. Additional languages, such as French, Hmong, Pashto, Lingala, and Swahili, were also provided as operating languages of respondent organizations. The variety of languages that these stakeholder organizations operate in, indicates the need for subsidized annual pass informational materials to match this variety.

Valuation

All 11 responding organizations stated that transportation was **essential** for the population that they serve. When this finding is analyzed along with the findings from the **Demographics** and **Quantifiable** codes, we see that these organizations are providing services to those that research has shown has the greatest reliance on public transportation. These findings reinforce both the essential role of public transportation and those populations depending upon it.

Demographics

The responses of those who provided demographic information relating to “age”, demonstrated that **populations served are adults**, however, with some variability in their stage of adulthood.

The general range in ages was 18-65 years of age. When survey respondents indicated the “race or ethnicity” of the population that they serve (n=7), 100% of these responses showed that the population was **either primarily or included Black, Indigenous or other people of color**.

Survey respondents that identified the “gender”ⁱⁱ of the population they serve, stated that **50%**

ⁱⁱ Gender is listed as indicated by respondent, thus based upon respondent definition of gender.

were **all genders**, **33% males** served, and **17% females** served. I did not ask any questions regarding “disability”, however, 5 survey respondents indicated that the population they serve is **living with a disability**ⁱⁱⁱ. Further, 42% of respondents indicated that the population they serve are either currently experiencing **homelessness** or have experienced homelessness in the past, with one respondent clarifying that the majority of the population their organization serves experience **chronic homelessness**. When discussing employment, 33% of respondents stated that the population they serve is either **under or unemployed**. Lastly, 42% of respondents indicated that the population they serve are **immigrants**, with 60% of these responses showing that people either had **refugee** or **asylee status**.

Barriers

When asked, “What would you say are the greatest barriers to transportation for the population your organization serves?”, respondents identified the **cost of transit** and **insufficient income** as the greatest barriers to transit. There are four barriers to transit described that could also be barriers to enrolling, accessing or using the subsidized annual pass. These barriers are:

- lack of a cellphone
- limited access to reliable cellular or internet service
- no permanent or mailing address
- lack of transit related information in people’s native language

The **lack of a cellphone** and **limited access to reliable cellular and internet service**, were described as barriers in four separate interviews. These were identified as significant barriers to enrollment for the subsidized annual pass, as these challenges prevented individuals from completing the required DSHS interviews for the six benefit programs. During the pandemic, these interviews are conducted by telephone, thus limits to these technological resources

ⁱⁱⁱ Disability is a complex term to define, and the survey did not attempt to define the term, as it was not featured in any of the questions. The survey respondents included the term in responses, however, without defining it.

ostensibly prevents people from completing the requisite interviews to determine eligibility and then enroll in DSHS cash assistance programs. Thus, if they cannot complete the interviews, they cannot enroll in DSHS programming and, in turn, cannot sign up for the subsidized annual pass.

When asked, “What are the major reasons for people’s ineligibility?”, respondents identified a variety of reasons for the population ineligibility for the subsidized annual pass. These included:

- not meeting income or personal resource requirements
- not being enrolled in a DSHS cash benefit program
- enrollment in a different government benefit program that precludes simultaneous enrollment in a DSHS cash benefit program

The City of Seattle Aging and Disability Services representative indicated that the greatest barrier to eligibility for the subsidized annual pass was that individuals were receiving services from an agency other than DSHS. This is similar to the aforementioned barrier, not being enrolled in one of the six DSHS cash benefit programs, however, in this case it was stated that older individuals living with disabilities are often eligible for programs such as ABD, however they receive services from a different agency. Specifically, they shared that older individuals, and those living with disabilities, were accessing services from places like the Filipino Community Center, Eritrean Association of Greater Seattle, senior meal programs, and senior centers, like Community Living Connections. Therefore, if they are eligible, but not receiving services from DSHS, it is possible that they are underserved by the current eligibility requirements of the subsidized annual pass.

Recommendations

Respondents identified several ways that both eligibility for the subsidized annual pass and administration of program could be adapted to meet the transportation needs of the populations they serve, and more.

Eligibility Expansion

Respondents indicated that they believe eligibility needs to expand to include those who are enrolled in the federal Health and Human Services Matching Grant Program, as these individuals are not allowed to simultaneously enroll in RCA or TANF and therefore do not qualify for the subsidized annual pass. Additionally, respondents stated that eligibility could expand to cover those adults over 65 who may qualify for the RRF; however, the remaining cost of transit is still a barrier. This appears to be a potential misunderstanding of the eligibility criteria of the subsidized annual pass. Individuals 65 years of age and older can sign up for the subsidized annual pass, if they qualify, which can be loaded directly onto their existing RRF card, if they have one. This possible misunderstanding presents an opportunity for information on the eligibility criteria for the subsidized annual pass to be clarified or more effectively disseminated among those organizations that provide services to clients who are 65 years of age and older.

Language

Respondents believe that program information needs to be made available in more languages, so that service providers can discuss the program and distribute information to those interested. Moreover, enrolling organization representatives need to be able to communicate in more languages. That is to say, when an individual contacts an enrolling agency, individuals would benefit from the representative or a colleague speaking the potential client's native language. Lastly, people should be able to see themselves in the marketing materials. For example, online or in-print materials about the subsidized annual pass should feature images of individuals that reflect the diversity of King County.

Enrollment Partnerships

Respondents believe that there needs to be an expansion in enrollment partnerships to a broader array of organizations. This recommendation also often paired with the recommendation on

eligibility expansion, in that some respondents would like to see enrolling organizations be allowed to conduct eligibility determinations, somewhat like how current enrolling partners for the ORCA LIFT product can conduct income eligibility determinations independently.

Other

Three survey questions contained an option to indicate “other” and provide further details to explicate that selection. All responses were analyzed and then sorted to fit with the applicable code. For example, the additional geographic areas that survey respondents indicated their organizations operate in, were included in the Definable code.

4.2.1 Summary of Findings

All respondents described public transportation as highly to essential the populations they served, with the most common barrier to public transportation being the cost. Organizations advocate and provide services for population that, by and large, earn 80% or below of FPL. Respondents identified and described the diverse populations they serve, with some commonalities, most people served are BIPOC, underemployed, and housing insecure. Further, respondents indicated that the populations they serve are, for the most part, not asking about the subsidized annual pass, and, as such, these organizations are not making referrals. The reason given most frequently for the lack inquiry about the subsidized annual pass, was that people are unaware it exists. When respondents described the reasons for ineligibility among the population they serve, the main reason is not being enrolled in one of the six DSHS cash benefit programs. Lastly, the majority of respondents stated that the subsidized annual pass and eliminating barriers to transportation, more broadly, is essential, and that eligibility needs to be expanded.

4.3 Interview Data

Nine interviews were conducted during the project. The first three interviews served multiple purposes. First, these interviews helped determine the basic functional parameters of the subsidized annual pass, and how the enrollment partners fulfilled their roles. This was essential for gaining a more detailed understanding of how the subsidized annual pass works. Second, these interviews assisted in establishing the categories for research in later interviews and the surveys. See Table 4.3 for a listing of pre-determined interview categories. Third, these interviews provided information that addressed the primary and supporting research questions.

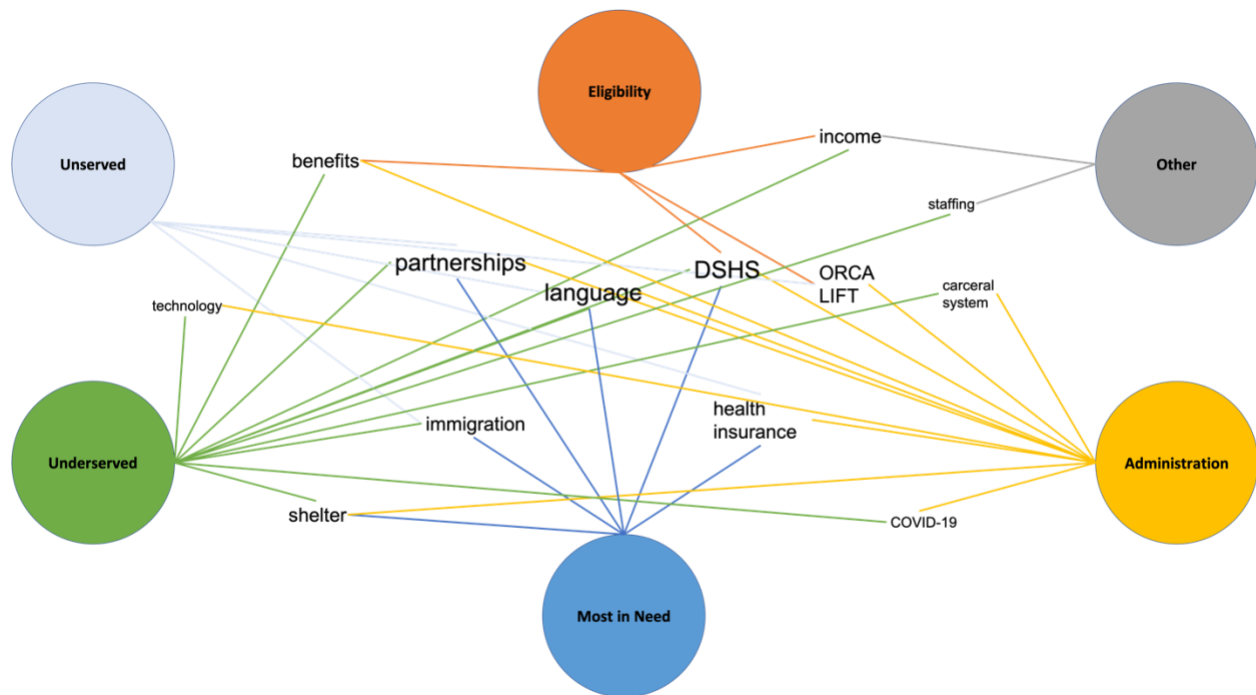
<u>Eligibility</u>
<u>Most in Need</u>
<u>Subsidized Annual Pass Administration</u>
<u>Underserved</u>
<u>Unserved</u>
<u>Other</u>

The interviews were coded for 16 unique codes that aligned with the six interview categories. Codes were evaluated for their ability to address the primary and/or supporting research questions. This resulted in a final coding list of 12 unique codes. For a complete list of codes, their definitions, and corresponding categories, see **Appendix 1**.

The categories of **underserved** and **subsidized annual pass administration** had the highest levels of code association. This means that these two categories had the greatest number of codes relevant to those categories, and that these were the categories that were most related or relevant to the interviewee's responses. I created a visual depiction of the association or relationship between codes and categories to facilitate my analysis. The greater the number of lines extending from a category, the greater the number of codes associated with it. Additionally, the greater the

number of categories a code is associated with, the larger its font. What this analysis showed was that the **underserved** and **subsidized annual pass administration** categories held the key to answering my research questions. I determined that these two categories, and their associated codes, illustrated how the gaps of the subsidized annual pass were showing up, and further how my recommendations could address them. Figure 4.1 illustrates a mapping of the code associations with the six categories.

Figure 4.1 Mapping of Associations Between Interview Categories and Codes



To further illustrate this point, see Figures 4.2 and 4.3. In Figure 4.2, I have isolated the category **underserved**, and what we see here is that 11 different codes were discussed by interviewees in the context of a broader discussion of those who are underserved by the current subsidized annual pass program. For instance, when interviewees discussed underserved populations, the codes of **shelter** and **carceral system** illuminated how populations that utilize shelter services and are transitioning out of the carceral system broadly qualify for the subsidized annual pass,

that is to say they are documented residents of King County, earn 80% of less of the FPL and would likely qualify for one of the six DSHS cash assistance programs. Moreover, the DSHS code was frequently discussed (higher frequency indicated by its larger text size) in relation to how those who signed up for a cash assistance program, prior to October 2020, were likely uniformed about their eligibility for the subsidized annual pass and moreover, how the current teleworking format of DSHS was directly limiting or suppressing the number of DSHS client that were being informed of the subsidized annual pass.

Figure 4.2 “Underserved” Category and Code Association

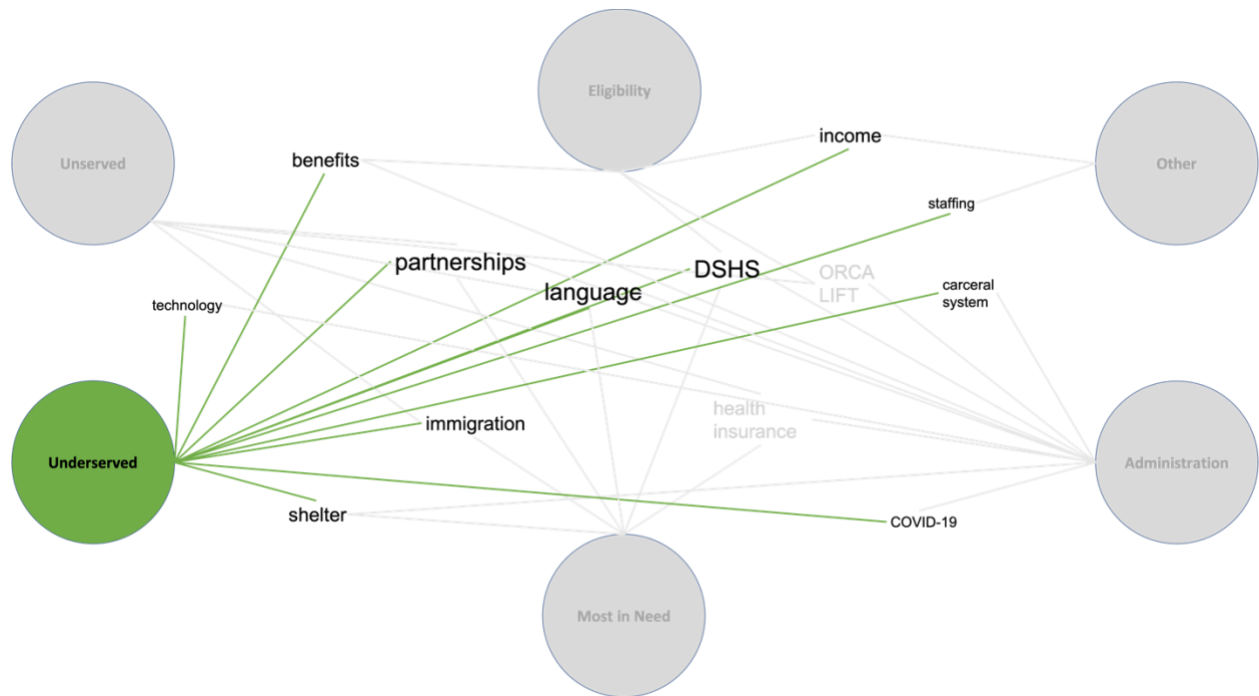
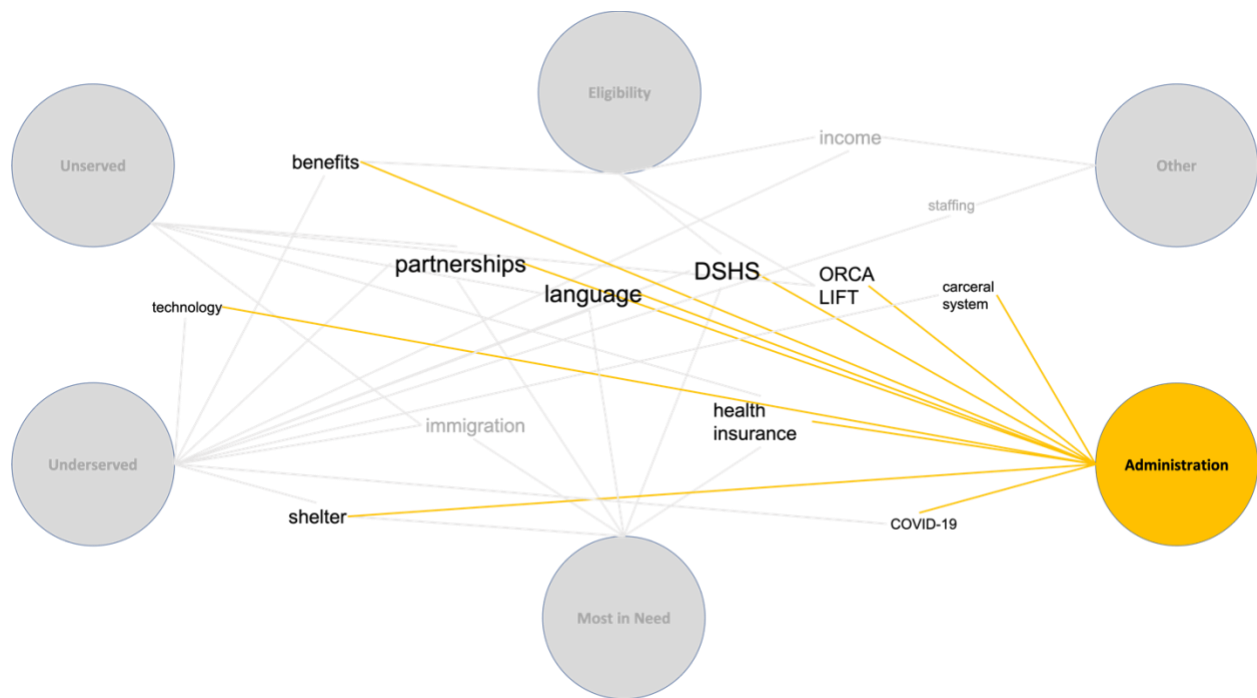


Figure 4.3 shows the codes that are associated with the category **subsidized annual pass administration**. When I isolated these relationships, my analysis demonstrated the ways that interviewees described the gaps in the administration of the program. Further analyzing the supporting text from the interviews provided helpful context and detail that allowed me to see

how, for example, the code **partnerships** was a focus of interviewees. Participant organizations frequently explained how the limited number of enrolling partner organizations was contributing to the enrollment gap for the program. Several interviewees represented organizations that are partner organizations for the ORCA LIFT program and stated how they believed they would be able to extend their partnership to include the subsidized annual pass, and thus better serve their communities. However, it was unclear whether the organizations were fully aware of what it would require taking on such additional responsibilities.

Figure 4.3 “Subsidized Annual Pass Administration” Category and Code Association



As aforementioned, the size of the text in the above figures correlates with the frequency of its association, that is to say, the greater the number of associations, the larger the text size. The codes for **Department of Social and Health Services**, **Language** and **Partnerships** had the highest levels of association. The greater the number of associations a code had, revealed to me the relevance of that code to the overall understanding of what interviewees viewed as factors

that were current concerns and candidates for change with the subsidized annual pass program. I chose to rank the codes by association assist with my analysis of the code’s relevance. Table 4.4 illustrates a ranking of codes by the frequency of their associations with the given categories.

Table 4.4 Interview Code Ranking^{iv}

Code	# Of Associations
DSHS	4
Partnerships	4
Language	4
Benefits	3
Health Insurance	3
Immigration	3
Income	3
ORCA LIFT	3
Shelter	3
Carceral System	2
COVID-19	2
Staffing	2
Technology	2

4.4 Data Analysis

Interview transcripts were coded for the six pre-determined categories, with all interviews yielding results that justified the selection of these categories.

The following is a category-by-category exploration of the findings from my interviews.

Categories are listed in alphabetical order, with the **Other** category last, as it is a collection of the anomalous data points and not a clear discrete category.

^{iv} Table 4.4 lists the final list of 12 codes, drawn from the original 16. Codes were evaluated for relationships, redundancy and applicability to answer my research questions. Thus, codes that demonstrated an obvious relationship were combined, as was the case with those that were redundant (i.e., semantic differences in naming), and codes that did not address the research questions were eliminated.

Eligibility

Interviewees stated that **if eligibility were to change, they would like to see more flexibility in how income can be verified**. This is a finding that intersects with the Subsidized Annual Pass Administration category, as the method of income verification is a function of how the program is currently administered. However, it was also described as a matter of eligibility, with interviewees drawing parallels to how income is verified for the ORCA LIFT card. For agencies who are authorized to enroll people for the ORCA LIFT card, they can accept individual's pay stubs, letters verifying employment and income from an employer, and can also conduct their own verification process. This independent verification procedure was cited as being a way that income could be verified for the subsidized annual pass, thus need, and not need to depend upon DSHS cash assistance enrollment as an additional criterion.

However, DSHS cash assistance programs already have an income eligibility criterion set at 80% of FPL, which makes the applicant automatically qualified for the subsidized annual pass. This was one of the reasons why DSHS cash assistance enrollment was chosen as an eligibility criterion for the program, along with feedback from stakeholder groups about not adding responsibilities for enrolling partners, such as verifying applicant income. Thus, if interviewee organizations wish to have additional methods for verifying income, it may require that these organizations take on the extra responsibility of verifying applicant income themselves.

Interviewees explained that **individuals who are part of the US Health and Human Services Matching Grant program should also be eligible for the subsidized annual pass**. Currently those who are enrolled in the Matching Grant program, who are typically asylees and refugees, cannot also enroll for DSHS cash assistance. Thus, eliminating the possibility of signing up for

the subsidized annual pass, which interviews stated was a massive blow to the mobility and opportunity seeking of those on the Matching Grant program.

Lastly, interviewees stated that **expanding eligibility to include those who are enrolled for DSHS Basic Food benefits is advisable**. The DSHS cash assistance programs all have a residency requirement as an eligibility criterion, however, the Basic Food program, or SNAP, does not have such a requirement. Not all interviewees indicated if this expansion should utilize the income threshold of the Basic Food program, or if it should remain at 80% of the FPL. If eligibility were to expand to include the Basic Food program, and its income threshold of 200% of FPL, this would result in larger potentially eligible population for the subsidized annual pass program than if the 80% of FPL income threshold were maintained. Moreover, if the subsidized annual pass program's income threshold were maintained, it would require additional income verification by enrolling partners. It is necessary to consider that while King County Metro has the goal of eliminating barriers to transportation for all people in the region, it had to weigh factors of access, cost, safety and service when making its initial decision on eligibility criteria. Thus, it was not possible for it to begin with Washington State Basic Food enrollment, which is less restrictive than DSHS cash assistance program, as part of its eligibility criteria.

Most in Need

Interviewees all agree that income is the best measure of eligibility, and in keeping with this finding, **those with the lowest income were described as those most in need**. This finding supports the research on the link between the use of public transportation and poverty, and how populations earning low and extremely low incomes can struggle to afford even reduced fare transit options.³⁴⁻³⁷

Subsidized Annual Pass Administration

Interviewees consistently highlighted that **eligibility does not necessarily need to expand or change** as much as **administration, such as enrollment and communication, of the product needs to expand**. This includes expanding the number of agencies and community partners that can determine eligibility and enroll qualified individuals who would qualify under existing eligibility criteria; for example: shelters, coordinated discharge staff at jails, and other community organizations.

Improving outreach and promotion of the subsidized annual pass in target languages for communities that do not speak English or Spanish, was indicated as essential for addressing equitable participation in the subsidized annual pass program.

Interviewees **discussed the limited number of languages that the information on the subsidized annual pass is available in**. Representatives from King County Metro indicated that the initial release of the subsidized annual pass was not planned to include the distribution of product information available in a multitude of languages, as the program required a staged approach that allowed for enrolling partners and King County Metro to effectively meet the response of the public and address complications as they arose. This is particularly important to keep in mind, as the subsidized annual pass is a brand-new product and approach to public transportation that, at the time of its release according to research, had no peer programs to compare to or learn from.

Underserved

Findings revealed that there were two underserved populations, as defined by interviewees, **those who are reentering communities from the carceral system and those experiencing homelessness**.

Interviewees from multiple organizations explained that individuals reentering communities from the carceral system appear to be an underserved population. Interviews highlighted that those individuals in transition do not have incomes, are US citizens and will often qualify for one of the DSHS cash assistance programs, thus, could additionally qualify for the subsidized annual pass. However, even though individuals in transition receive information regarding DSHS benefit programs, they do not receive information on the subsidized annual pass. Moreover, not all individuals in transition meet with someone to discuss their benefit options, such as King County Jail Health's Coordinated Discharge professionals or DSHS's Public Benefits Specialists. One interviewee from King County Jail Health explained that their organization can only meet with approximately 6% of all individuals reentering communities from the carceral system. Thus, roughly 94% of those reentering communities do not have conversations with someone capable of explaining benefit options to them as they are leaving the carceral system. Interviewees explained that some of those individuals who do not meet with a Coordinated Discharge professional or Public Benefits Specialist (exact numbers were unavailable), will connect with a human services organization or some other community-based organization, that might be able to explain potential benefits.

Those experiencing homelessness were described by interviewees as a population that are currently underserved and should be prioritized. As discussed in chapter 2 section 5.2 of this report, research has demonstrated that those experiencing homelessness depend upon public transportation for up to 31% of their daily trips, with over 50% reporting that they use public transportation at least once a day.⁴⁰ However, interviewees shared that they believe that during the initial months of the program, those experiencing homelessness are enrolling in the program in perhaps smaller numbers than other populations. Interviewees explained that those

experiencing homelessness are often an itinerant population, traveling throughout the day to seek out services, and would greatly benefit from subsidized transportation.

There are shared barriers to enrollment for DSHS cash assistance, and thus barriers to enrollment for the subsidized annual pass, for both those reentering communities from the carceral system and those experiencing homelessness. One is **access to a cellphone** and its attendant requirements, such as charging and cellular service. Interviewees highlighted the autonomy and utility of having a cellphone for both populations, but also the barriers to acquiring one and the resulting challenges of not having one. During the COVID-19 pandemic, services, such as those of DSHS, have moved completely to phone operated systems. This requires potential clients to call the DSHS offices to determine their eligibility and to enroll for benefit programs. Interviewees discussed that some of those reentering communities from the carceral system that work with King County Jail Health and the Seattle Municipal Court will receive assistance enrolling for health insurance upon exiting from the carceral facility, however, this does not extend to assistance with DSHS programming. Thus, this population must find reliable access to a telephone in order to begin the eligibility determination and enrollment process. King County Jail Health representatives stated that a recent study they performed, showed that approximately 71% of those who reentered communities from the carceral system do not have access to a cellphone. The barrier appears to be no less for those who are experiencing homelessness. Interviewees explained that it can be difficult for this population to acquire and maintain a cellphone. Additionally, access to a reliable charging site is not easy to find. If both barriers are overcome, interviewees stated that there is still the cost of cellular service.

A second shared barrier is **access to a reliable mailing address**. While representatives from the Economic Services Administration at DSHS explained that those without a mailing address can use the Compass Housing Alliance’s offices at 77 S Washington St in Seattle, this is not a viable option for all of those who lack access to a mailing address. The Compass Housing Alliance can only offer temporary assistance with a mailing address, and it still requires that an individual be able to get to this location to receive their mail. This requires access to transportation or being in proximity to the facility, both of which are not certain.

Unserved

Findings from interviews shows that those who do not have documented status in the US^v were frequently described as unserved by the current subsidized annual pass. This is due to its current eligibility requirements, which include enrollment in one of the six DSHS cash assistance programs. These programs all require that an applicant have documented status within the US. Therefore, those who are in King County, and do not have documented status, are ineligible for DSHS cash assistance and the subsidized annual pass.

Other

There were a few areas of consideration that did not fall within the scope of the other categories and would warrant further research. One was **staffing**. This category was referenced by representatives of DSHS, Catholic Community Services, and King County Jail Health. More than one interviewee explained how staffing impacts the ability of their organization to engage the public in conversations around the subsidized annual pass, and to also perform some of the eligibility and enrollment responsibilities. While this is a description of how

^v “Documented status” refers to immigrants to the United States and entered with the status of refugee, asylee, Amerasian, Cuban-Haitian entrant, certified victim of trafficking and their eligible family members, and special immigrant visa holders. See the Washington State Office of Refugee and Immigrant Assistance website for further details.

the subsidized annual pass is administered, it is not considered a fault in design per say, however, a lack of existing resources.

Additionally, the deleterious impact of the current **COVID-19 pandemic** was described in various ways. For instance, due to the pandemic the DSHS enrollment officers have all transitioned to the work from home format, which does not allow officers to field calls from specific regions. All of the approximately 2000 enrollment representatives field calls from across the entire state, thus under current conditions, it is not feasible for them to identify whether an individual is in King County, in addition to their general eligibility for DSHS administered benefit programs. As one interviewee noted, due to the pandemic and its impact on DSHS work practices, DSHS call center staff are stretched to their limits.

Chapter 5. Discussion

Research has shown that barriers to transportation in society can operate on multiple levels, from financial to physical, and that these barriers to transportation can have direct or indirect influences on health and well-being.^{25,26} My research into these influences started with looking at social determinants of health, which the World Health Organization defines as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”.²⁷ These conditions are economic, social, racialized, gendered and systemic.

While the Social determinants of health are applicable to all populations, they are most clearly felt by those who have low incomes and Black, indigenous or other people of color. These appear consistently throughout the studied literature. Access to reliable, efficient and affordable transportation is key for many in society to feel included, further their educational attainment, access economic opportunities, and maintain their health and well-being.

This project’s findings support those of the existing literature on who experiences barriers to transportation, who relies upon public transportation, and who could benefit most. My findings show that public transportation is essential for those who have very low to no incomes, and that these populations were consistently described as being recent immigrants and members of the BIPOC community. These are populations that research demonstrates experience “transport disadvantage and social disadvantage [which] interact directly and indirectly to cause transport poverty. This in turn leads to inaccessibility to essential goods and services, as well as ‘lock-out’ from planning and decision-making processes, which can result in social exclusion outcomes and further social and transport inequalities”.³⁰

My survey responses and interviews additionally showed that those who are experiencing homelessness are among those that are described as most in need of access to fare free transportation, that they could benefit from this access to reach services and medical appointments. The research resonates with this finding, for barriers to transportation have been shown to negatively affect or decrease access to healthcare. Moreover, how this decrease in access to healthcare can lead to poorer health outcomes, thus making transportation a social determinant of health.²⁷ Those who are experiencing homeless, and particularly those who are BIPOC, are individuals carrying the highest burden of disease, and face the greatest burden of transportation barriers.⁴⁴ Studies looking at the impact of delayed care to population and individual health show that those who miss medical appointments experience adverse health outcomes.^{42,45-49}

My findings do not appear to conflict with the existing research on the influence of access to transportation on social inclusion, access to economic opportunities and access to health care. With additional time and resources, further research could provide additional information for the decision-making process on the next iteration of the subsidized annual pass program.

5.1 Further Research

Limited access to quantitative data for DSHS cash assistance program enrollment and denial for enrollment, along with the lack of access to people with direct experience with the subsidized annual pass or those described as underserved and unserved, present opportunities for further research.

Analyze DSHS Enrolment Data

DSHS Economic Services Administration Management and Accountability Performance

Statistics enrollment data for cash assistance programs can provide demographics of clients,

including area of residence, which can be analyzed against US Census data for the region to identify gaps in enrollment. This knowledge could contribute to targeted responses in the form of outreach through community organizations that provide services for those identified populations, moreover, trainings for DSHS public benefit specialists on the subsidized annual pass and how to effectively engage applicants/clients on their eligibility for the subsidized annual pass and what it could provide. This data could also assist in identifying those who were enrolled prior to the release of the subsidized annual pass, thus, may not have been informed about their eligibility for the program. Some DSHS cash assistance programs have case managers, such as TANF, RCA and ABD, however PWA, SSI and HEN do not.⁷⁰ Further research into enrollment data could help inform strategies for these case managers to communicate with clients about the subsidized annual pass, and strategies for communicating with DSHS cash assistance clients who do not have a case manager.

Analyze DSHS Denials by Reason Data

Economic Services Administration Management and Accountability Performance Statistics Data on the reasons for denying applications for DSHS cash assistance programs could be examined to identify the major reasons for denial and how these reasons align with King County Metro, DSHS and other stakeholder organizations' capacities to intervene. For example, a cursory analysis of the data reveals that the TANF/SFA program has the highest monthly average for denials, among cash assistance programs, and within these denials, "voluntary withdrawal" and "Failed to appear for application appointment" are the most prevalent.⁷¹ Further analysis and collaborative research with DSHS and stakeholder organizations could lead to a clearer understanding for the withdrawals and failures to appear for appointments, and the potential for a systematic response.

Engage with Underserved and Unserved Populations

This project focused on the experience and perspectives of those who work with advocacy, policy and service-based organizations, however, there was no interaction with actual users of the subsidized annual pass nor those populations that project participants described as underserved or unserved. Future research could enlist the assistance of those organizations to create and distribute surveys to the populations that they serve. Moreover, this could extend to conducting focus groups and interviews with members of these populations. Such work could provide a wealth of detailed experiential knowledge on the role of transportation in their lives, barriers to transportation, and the effects of the current eligibility criteria and administration of the subsidized annual pass on these populations ability to access public transportation.

Chapter 6. Conclusion & Recommendations

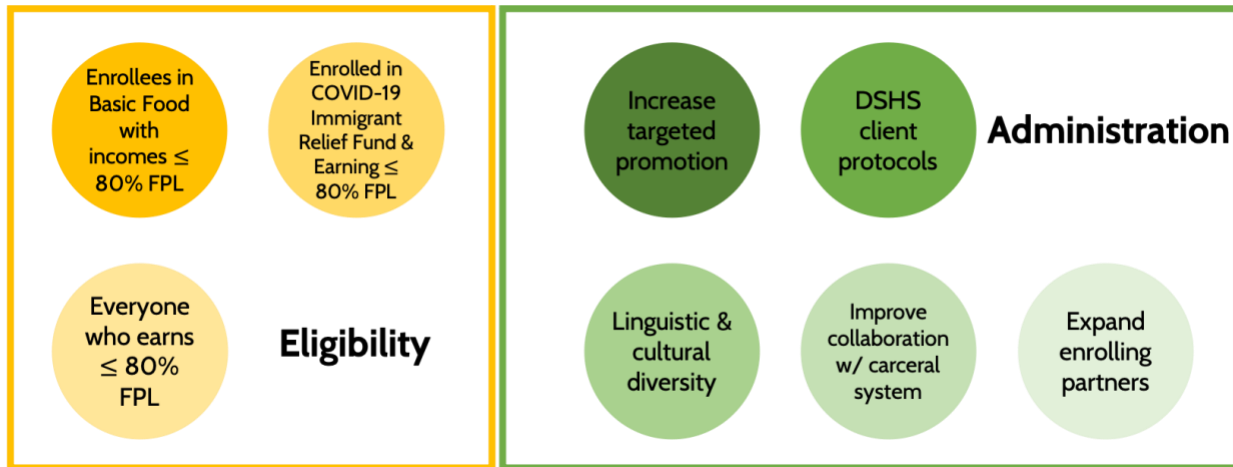
6.1 Conclusions

Public transportation can be an absolute necessity for these populations, yet one major barrier is cost.^{10,35} This project was established in cooperation with King County Metro to examine the current eligibility criteria and administering of this product to determine: 1) How can the eligibility criteria of the subsidized annual pass be changed to provide improved access to transportation services to those most in need? and, 2) How can the administration of the subsidized annual pass be changed to provide improved access to transportation services to those who are underserved by its current operations?

My project demonstrates that survey and interview participants believe the eligibility criteria and administering of the current iteration of the subsidized annual pass could be adapted to increase access to fare free public transportation for populations who need it most. These changes could help to broaden access and uptake for those who are currently unserved or underserved by the existing eligibility criteria and administering of the subsidized annual pass. Such increases in access to subsidized transportation might improve economic opportunities for those who are unemployed or underemployed, provide greater opportunities for populations experiencing homelessness to reach the services they need and maintain those essential connections with family and friends, and it might improve the ability of unemployed and underemployed persons to get to their and their children's medical appointments. Put more succinctly, increasing access to subsidized transportation is one way that the Social Determinant of Health that is transportation can be addressed and contribute to the improvement of the health and well-being for so many in the region.

6.2 Recommendations


The following recommendations provide guidance for King County Metro and Sound Transit on how both the eligibility criteria and the administration of the subsidized annual pass could be adjusted to increase access to the subsidized annual pass for populations that this project identified as currently unserved and underserved.



Eligibility

Survey respondents and interview participants all agreed that the income eligibility criterion was most likely the best option to target those who could benefit most from subsidized access to public transportation. However, tying eligibility for the subsidized annual pass to enrollment in a DSHS cash assistance program was seen as a barrier primarily for those who are living undocumented in King County, those who are refugees and asylees in King County, and those who do not meet the DSHS cash assistance program criteria (exceed resource threshold, which includes assets like savings, are single, do not have a disability). These populations are currently all unserved (or underserved in the case of refugees and asylees) by the existing eligibility criteria for the subsidized annual pass, and this can be addressed by:

Expand eligibility to those enrolled in Washington State Basic Food Program



Enrollees in
Basic Food
with incomes
≤ 80% FPL

Tying eligibility for the subsidized annual pass to enrollment in one of six DSHS cash assistance programs, was repeatedly described as a barrier for those living as undocumented in King County and refugees and asylees who are recipients of HHS Matching Grant program assistance. Therefore, one option to overcome this barrier is to expand eligibility to include enrollment in the Washington State Basic Food program.

According to the Pew Research Center, approximately 23% of the immigrant population in Washington state is unauthorized, which is about 240,000 people (Department of Homeland Security estimates 290,000).^{72,73} The American Community Survey 5-year population estimates for 2019 place the percentage of foreign born living in King County, which includes those living as unauthorized, at 23% or approximately 518,000 people. If the state level percentage of unauthorized immigrants applies to King County as well, 23%, this would mean there are approximately 119,000 unauthorized immigrants living in King County.^{73,74} Thus, there could be over 100,000 individuals living in King County who are ineligible for the subsidized annual pass based upon the citizenship or immigration status requirements of the DSHS cash assistance programs. Some studies have shown that immigrants, overall, tend to use public transportation more than the general population as they establish employment and housing.^{75,76} Moreover, that unauthorized immigrants contributed roughly \$367.9 million in state and local taxes in 2018.⁷⁷ Therefore, this population both relies upon public transportation and contributes to local and state economies.

To assist this population in meeting its transportation needs, the subsidized annual pass could expand its eligibility criteria to include enrollment in the Washington State Basic Food program. The Basic Food program does not include a residency requirement that is as strict as the DSHS

cash assistance programs^{vi}, which is the primary reason for the ineligibility of unauthorized immigrants for the DSHS cash assistance programs. Therefore, expanding the eligibility criteria to include enrollment in the Basic Food program might improve this population's ability to qualify for and enroll in the subsidized annual pass. However, consideration must be given to the fact that there are different income requirements for the DSHS cash programs and the Basic Food program, thus additional income verification would be required. I propose that the income eligibility requirement of 80% FPL or less be maintained, even if eligibility expands to include those enrolled in the DSHS Basic Food program. I believe that this proposed expansion could have significant financial implications for the subsidized annual pass program, thus maintaining the 80% of FPL income threshold could moderate these implications until further decisions on eligibility expansion could be made. Overall, this recommendation requires an analysis of its costs, its benefits, and a determination of its feasibility.

The HHS Matching Grant program provides resettlement assistance to refugees or asylees in the United States through a public/private partnership. Grant recipient organizations verify eligibility and distribute cash assistance, to those who qualify, for 100 to 180 days, following which, they are no longer eligible for the program. These 100 to 180 periods begins as soon as the applicant receives refugee or asylee status. During this time, they may not access cash assistance programs. This requires that refugees and asylees choose between the DSHS administered RCA program or the HHS Matching Grant program. According to interviewees, refugees and asylees tend to apply for the HHS Matching Grant program due to its time limitations and more robust

^{vi} The DSHS Basic Food program does have residency requirements for applicants, thus expanding the subsidized annual pass's eligibility requirements to include those enrolled in the Basic Food program would not be able to improve access for all immigrant populations without documentation. Additional consideration could be given to expand eligibility to include not only enrollment in the DSHS Basic Food program, but also those who are enrolled in the Washington State Food Assistance Program, which has more expansive residency requirements for applicants.

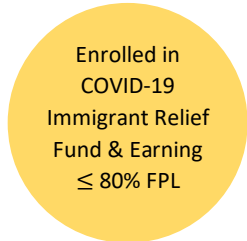
assistance. However, enrolling in the program precludes them from DSHS cash assistance, which precludes them from the subsidized annual pass. Thus, agencies such as World Relief Seattle and International Rescue Committee, which are HHS Matching Grant recipients, assist these populations with the Human Services Bus tickets, in an attempt to meet their transportation needs.

Barring a rewriting of the eligibility criteria for this federally administered and funded program, refugees and asylees will be ineligible for the subsidized annual pass until they are no longer a recipient of HHS Matching Grant funds. However, this could be overcome by expanding the eligibility criteria to include those enrolled in the DSHS Basic Food program. Refugees and asylees who receive HHS Matching Grant funds are not blocked from receiving SNAP benefits, or Basic Food in Washington. Thus, for those who qualify for Basic Food, they could also potentially qualify for the subsidized annual pass. According to representatives from World Relief Seattle and the International Rescue Committee, if found eligible, this could result in approximately 400 to 600 adults a year receiving the subsidized annual pass.

Expand eligibility to those enrolled in the Washington COVID-19 Immigrant Relief Fund

The Washington COVID-19 Immigrant Relief Fund is for immigrants who “aren’t eligible for federal financial relief or unemployment insurance”.⁷⁸ The

state grants monies to approved fund applicants who distribute funds to those that meet program income and residency requirements. Income eligibility is set at 250% of FPL or below, and residency can be verified by things such as a student identification card and a letter of attestation from a representative of the applicant’s place of worship. There is no citizenship or immigration status requirement, as there is with the DSHS cash assistance programs. According



to the fund’s website, approximately 60,000 grants^{vii} were made available through the most recent round of funding.⁷⁸ King County Metro and Sound Transit could partner with fund recipient organizations to explore the possibility of these organizations promoting the subsidized annual pass, identifying eligible individuals under the income criterion of the subsidized annual pass (80% of FPL), performing enrollment, and distributing the card.

In an interview with a representative of the Washington COVID-19 Immigrant Relief fund, it was indicated that for the privacy and security of recipients, names are not made available to the state. The state receives tabulations of funds dispersed and deidentified codes for each recipient. The legal implications of such an expansion would need to be examined. For example, whether enrollment that is anonymous to King County Metro and Sound Transit is legal.^{viii} See **Appendix 1** for a list of Washington COVID-19 Immigrant Relief Fund partner organizations operating in the Puget Sound region.

Change eligibility to only those who earn 80% of FPL or less

All interview participants agreed that income was the best way to determine eligibility for the subsidized annual pass, and that 80% of FPL or below is very low-income, thus a measure or indication of need.



However, participants unequivocally stated that more of those who are unserved by the current eligibility criteria could gain greater access by changing eligibility to one criterion, those earning 80% of FPL or less. As the research has shown, poverty is a social determinant of health, and those in poverty tend to depend upon public transportation to meet their everyday needs. Thus, if the subsidized annual pass is intended to address this determinant by eliminating the barrier of

^{vii} Grants are divided among individual recipients and family unit recipients. Plus, this figure is a state-wide total.

^{viii} In interviews a possible system was described where the subsidized annual pass is attached to a unique anonymized code for the recipient and the partner organization acts as the distributor of the card.

cost for those who cannot bear it, aligning eligibility solely with income could be one way of doing this.

American Community Survey 5-year estimates from 2018, place the number of individuals earning 80% of FPL in King County at 149,971.⁷⁹ Even though this was a universal recommendation from participants, it is necessary to examine such a change for its estimated population impact and its resource implications. This means examining how many people would actually become newly eligible, and how much would such an increase cost. Since the subsidized annual pass program is not administered solely by one agency, the cost is not borne by one agency, nor are the decisions made by one agency. Thus, a series of strategic meetings would likely need to occur to determine roles and responsibilities, financial and otherwise, for all stakeholder organizations and particularly for the collaborating transit authorities.

Eligibility Expansion Conclusion

Expanding the subsidized annual pass's eligibility criteria to just an income threshold, to those receiving the Washington COVID-19 Immigrant Relief fund, or to include enrollment in the Basic Food program could increase the eligible population by over 100,000 people, which would be a massive financial and human resource investment, with an estimated 1 full-time staff needed per 3000 enrollees, this investment may not be feasible, thus there are potential adjustments to the administration of the subsidized annual pass that could be considered in tandem.

Administration

The most consistent observation among both survey respondents and interviewees was that changes to the administration of the subsidized annual pass was the best method for increasing access among those who were identified and described as currently underserved. Administration means the enrollment and promotion of the subsidized annual pass program.

Leverage stakeholder relationships to increase targeted promotion

Project participants indicated that if the subsidized annual pass is to get those most in need and address the enrollment gap, there should be targeted promotion through organizations that are a part of these communities. The current program stakeholders could assist King County Metro and Sound Transit with further promotion of the subsidized annual pass. This could include holding online “open houses” (for example with Zoom) where King County Metro Reduced Fare team members collaborate with stakeholders to promote and discuss the pass with community members. As vaccinations increase and public interactions become safer and appropriate, in-person pop-up events can also be held to share information on the subsidized annual pass. These events could include inexpensive promotional gifts, materials in multiple languages (created through the transcreation process), and the capacity to either connect interested individuals with DSHS or help them to enroll at the event.



Strengthen and enrich DSHS protocols for working with potential subsidized annual pass clients

Project findings showed that among the biggest reasons for the denial of DSHS cash assistance, is not attending a follow-up meeting. As was discussed earlier, this could be due to a lack of reliable access to a cellphone or telephone. Thus, one potential response to address this gap in enrollment, is to perform targeted outreach to those who complete the initial meeting with DSHS for cash assistance program enrollment, but do not make the follow-up interview. Additionally, when the subsidized annual pass rolled out in October of 2020, there were already a number of people enrolled in DSHS cash benefit programming that did not receive information regarding the subsidized annual pass. To address this, those who are enrolled in a DSHS cash assistance program and that signed up



priority to the release of the subsidized annual pass, could be contacted with information on their eligibility for the subsidized annual pass and assisted with enrollment. For those who are enrolled in a program that does not have a case manager, they need to be contacted prior to the standard 12-month check-in date.

Produce program materials that represent the linguistic and cultural diversity of King County

Project survey respondents and interviewees highlighted the diverse language needs of those who they described as most in need of subsidized access to public transportation, and the number of languages that were indicated as operating languages for survey question six, reinforce this point. Representatives from King County Metro have explained that subsidized annual pass program materials are being prepared in multiple languages to address the linguistic diversity of the region. Thus, this recommendation is more of a reinforcement of the importance of consulting with stakeholder organizations on the process of creating promotional materials to tackle the potential enrollment gap that might exist due to informational materials. I strongly recommend that King County Metro and its partner organizations utilize the transcreation method for creating program materials. Transcreation is not translation. Transcreation works directly with the communities that materials are intended for, by employing community members with language and cultural fluency to create unique and authentic materials. Transcreated materials can reflect the linguistic and cultural diversity of potential card recipients, utilizing imagery that shows how people can enroll and use the subsidized annual pass. This would not be merely a process for creating informational materials, but a furthering of King County's commitment to equity in practice.



Expand enrolling partners

Project participants consistently explained that the current reach of the subsidized annual pass program was limited by the number of enrolling agencies. Most participants identified the list of ORCA LIFT partner agencies, see Table 6.1, as starting point for expanding the number of enrolling agencies. These agencies have access to the ORCA LIFT system which may allow them to begin the eligibility determination process, and if they discover that the potential client is not currently enrolled in a DSHS cash benefit program, perhaps these agencies could connect the applicant with a DSHS public benefit specialist and assist with the application process.



Table 6.1 ORCA LIFT Partner Agencies

Catholic Community Services	Gay City
Global to Local	International Rescue Committee
ICHS	Fare Start
Within Reach	REWA
World Relief Seattle	Trac and Associates
HealthPoint	Community Health Care
Neighborcare	

Additionally, to help expand access to those who are experiencing homelessness or housing insecurity, King County Metro could consider expanding its enrollment to regional shelters. Operating from the principles of the King County Equity and Social Justice strategic plan, and acting on upstream factors, such as access to resources, requires identifying those populations that are most heavily experiencing the deleterious effects of society’s injustices and inequities. King County Metro and Sound Transit could consider offering the subsidized annual pass to those populations through community partners and organizations that provide services and are in relationship with these populations. This could mean expanding the enrolling partners to only a limited set of organizations that provide services to those populations that are most in need. The

results of my project show that population to be BIPOC who are experiencing homelessness. As was indicated in chapter 2 section 5.2 and supported by my findings, many of those who are experiencing homelessness depend upon public transportation, do not have access to a reliable fixed address and have limited access to a cellphone/telephone or other digital technology. Moreover, this can be a difficult population for marketing or promotion of the subsidized annual pass program to reach. Thus, I recommend that shelter agencies be part of a conversation on determining the feasibility and necessary resources to include these agencies as enrolling partners. This could include establishing procedures for eligibility determination, enrollment and how cards would be distributed and replaced.

King County Metro and its operating partners could also discuss options for collaboration on enrollment with the King County Housing Authority. This collaboration could initially look at how information on the subsidized annual pass could be distributed to those participating in the Section 8 Housing Choice Voucher or Moving to Work programs. Additionally, parties could evaluate the feasibility of King County Housing Authority handling eligibility determinations and enrollment. This additional work could require additional staff; thus, conversations could address the cost of additional staffing.

Organizations such as Sound Mental Health and Valley Behavioral Health, could also become enrolling partners to reach those individuals who are reentering communities from the carceral system and have a mental health diagnosis. Other methods for increasing access to the subsidized annual pass for those reentering communities from the carceral system follow.

Improve collaboration with King County Jail Health and Seattle Municipal Court

Improve
collaboration
w/ carceral
system

Those who are reentering communities from the carceral system were identified in this project's findings as an underserved population. Surveys, interviews and email correspondence with representatives from DSHS, King County Jail Health and Seattle Municipal Court revealed that as individuals exit the carceral system they undergo a discharge process. This process includes a list of items that the carceral facility and the individual reentering the community must review and complete for the process to conclude. This currently includes informing individuals of their potential eligibility for DSHS services. Moreover, for those who are identified as living with a substance use disorder or mental health diagnosis, they are connected with a King County Jail Health representative, by phone, to discuss enrollment for health insurance. Those individuals who speak with a King County Jail Health representative, which is approximately 4-6% of roughly 1,400 individuals per month, are informed of the subsidized annual pass and the process to attain it.⁸⁰ However, currently those reentering communities from the carceral system that are not living with a substance use disorder or have a mental health diagnosis, are not automatically connected with a King County Jail Health representative, nor informed about the subsidized annual pass.^{81,82} DSHS representatives from the Economic Services Administration stated that public benefit specialist who interact with those reentering communities from the carceral system were not fully informed about the subsidized annual pass.

These conditions present an opportunity for greater collaboration with these agencies, such as:

- work with King County Jail Health Coordinated Discharge program to ensure the reentry process includes connecting individuals with DSHS public benefit specialists and sharing information with them about the subsidized annual pass.

- for those who do not interact with King County Jail Health, information, such as a flyer, could be given to all of those leaving the carceral system.
- explore the potential for a part-time or full-time position dedicated to working with those reentering communities, who do not speak with King County Jail Health, to connect with DSHS and assist with cash benefit program and subsidized annual pass enrollment.
- collaborate with King County IT to explore the potential for an automatic mailer or alert on the availability of the subsidized annual pass and how to enroll sent to those who are reentering communities from the carceral system.
 - explore the potential for the subsidized annual pass to be suspended while an individual is incarcerated and automatically reactivated when they exit.
- work with Seattle Municipal Court to include information on the subsidized annual pass on its Community Resource Center list of resources for those reentering communities from the carceral system.
 - Seattle Municipal Court representatives indicated that it could distribute information on the subsidized annual pass and discuss it with individuals leaving the carceral system.
- inform or train DSHS public benefit specialists, who work with the carceral system, on the subsidized annual pass.

I developed this set of recommendations to provide guidance for King County Metro and Sound Transit on how both the eligibility criteria and the administration of the subsidized annual pass could be adjusted to increase access for populations that this project identified as currently unserved and underserved. I focused my recommendations on what I imagined could expand

access to the greatest number of people. However, a complete financial and legal analysis is required to determine ultimate feasibility.

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80. Campbell E. Personal correspondence. May 6, 2021.
81. Seattle Municipal Court Representative. Personal correspondence. May 14, 2021.

82. Washington State DSHS ESA. Personal correspondence. May 22, 2021.

Appendix 1: Tables

Organizations Invited to Participate in Study

Alliance of People with disAbilities
Arc of King County
Byrd Barr Place
Casa Latina
Catholic Community Services
Washington Department of Social and Health Services
El Centro de la Raza
Highline College
Hopelink
Jail Health (Public Health - Seattle & King County)
King County Housing Authority
Muslim Housing Services
Neighborhood House
One America
Open Doors for Multicultural Families
Plymouth Housing
Public Health – Seattle King County
Refugee Women's Alliance
Seattle-King County Coalition on Homelessness
Snoqualmie Valley Transportation
Transit Riders Union
Transportation Choices Coalition
Urban League of Metropolitan Seattle
Valley Cities Behavioral Health
World Relief

Washington COVID-19 Immigrant Relief Fund Partner Organizations in the Puget Sound Region

Organization Name	Address	Region	Languages	Contact Phone/Email
Centro Cultural Mexicano	7945 Gilman St Redmond, WA 98052	King Snohomish	Spanish	425-896-7067
Community Café Collaborative		Central WA Eastern WA Western WA	Spanish, Mandarin, Vietnamese, Korean, Hindi, Somali, Samoan, Russian	360-870-7106
Community Health Worker Coalition for Migrants and Refugees	24315 89th PL W, Edmonds, WA 98026	Statewide	Spanish, Tagalog, Trique, Nahuatl, Purepecha, Mam, Q'anjob'al	425-678-8011 301-367-2894
Congolese Integration Network	19500 International Blvd Suite 103 SeaTac, WA 98188	South Seattle	French, Lingala, Swahili, Tshiluba, Bembe	206-887-2375 240-437-2843
Consejo Counseling and Referral	3808 S. Angeline St. Seattle, WA 98118	King Pierce Thurston Mason	Spanish	206-461-4880
Dominican Association of Washington State	1423 10th Ave, Suite 11 Seattle, WA 98122	King Pierce Snohomish Island County	English, Spanish, Chinese-Mandarin, Somali, Tagalog-Filipino, Turkish	206-567-1189 Ext 809 (English) Ext 829 (Español) Info@dominicanwashingtonstate.org www.dominicanwashingtonstate.org

Entre Hermanos	1621 S. Jackson St. Suite 202 Seattle, WA 98144	King	Spanish, K'iche, Mixtec, Zapotec	206-274-5731
Eritrean Community Connections	21905 55th Ave W Mountlake Terrace, WA 98043	Statewide	Tigrigna, Amharic	425-276-1849
India Association of Western WA		King Snohomish Pierce	Hindi, Punjabi, Telugu, Malayalam, Urdu, Marathi, Tamil	253-234-9989
International Centre For Multicultural Counseling and Family Resources	12345 Lake City Way NE, #265 Seattle, WA 98125	King Snohomish	English, Yoruba, Pidgin, Igbo	206-235-0782
Korean Community Services Center	22727 Hwy 99 #212 Edmonds, WA 98026	King Snohomish Pierce	Korean	425-776-2400
Muslim Community & Neighborhood Association		King Snohomish Pierce Thurston	Somali, Arabic, Urdu, Dari, Bengali	
Para los Niños de Highline	15220 6th Ave Burien, WA 98166	South King	Spanish, Purepecha, Mixteco	206-241-7900
Sea Mar Community Health Center	1516 S. 11th St. Tacoma, WA 98405	Statewide	Spanish, Russian	855-289-4503
WA State Coalition of African Community Leaders	10048-28th Ave SW Seattle, WA 98146	King Snohomish Pierce Vancouver	Somali, Mandinka, Amharic, Mandingo, Sousou, Moore,	Communityleaderswa@gmail.com

		Yakima	Luganda, Luo, Chichewa, Wolof, Kuku, Kikiyu, Tigrinya, Kiswahili, Kisii, Liberian English	
West African Community Council	6322 44th Ave S, Seattle, WA 98118	Statewide	Somali, French, Wolof, Bambara, Soninke, Moore	206-349-0892
White Center Community Development Association	605 SW 108th St, Seattle, WA 98146	South King	Spanish, Vietnamese , Somali, Khmer	206-694-1080

Interview Codebook

Categories	Code	Definition
Eligibility, Subsidized Annual Pass Administration, Underserved	Benefits	When the interviewee mentions, refers to or describes benefit programming other than DSHS programming and its role in the lives of the populations that an organization serves.
Subsidized Annual Pass Administration, Underserved	Carceral System	When the interviewee mentions, refers to or describes the carceral system.
Subsidized Annual Pass Administration, Underserved	COVID-19	When the interviewee mentions, refers to or describes the impacts of COVID-19 on the lives of the population that the organization serves or its provision of services.
Eligibility, Most in Need, Subsidized Annual Pass Administration, Underserved	DSHS	When the interviewee mentions, refers to or describes DSHS programming and services, e.g., cash assistance, Basic Food, eligibility screening, enrollment, etc.
Most in Need, Subsidized Annual Pass Administration, Unserved	Health Insurance	When the interviewee mentions, refers to or describes health insurance, i.e., enrollment, its roll in people's lives, etc.
Most in Need, Underserved, Unserved	Immigration	When the interviewee mentions, refers to or describes individual or population immigration status.
Most in Need, Other, Underserved,	Income	When the interviewee mentions, refers to or describes individual or population income.
Most in Need, Subsidized Annual Pass Administration, Underserved, Unserved	Language	When the interviewee mentions, refers to or describes the role of language in the community, the services that an organization provides or as part of the subsidized annual pass.
Eligibility, Subsidized Annual Pass Administration, Underserved	ORCA LIFT	When the interviewee mentions, refers to or describes the ORCA LIFT program.

Most in Need, Subsidized Annual Pass Administration, Underserved, Unserved	Partnerships	When the interviewee mentions, refers to or describes existing or potential partnerships with King County Metro.
Most, in Need, Subsidized Annual Pass Administration, Underserved	Shelter	When the interviewee mentions, refers to or describes shelters, shelter services and the populations that utilize these facilities and services.
Other, Underserved	Staffing	When the interviewee mentions, refers to or describes matters regarding staffing, e.g., number of staffing.
Subsidized Annual Pass Administration, Underserved	Technology	When the interviewee mentions, refers to or describes technology and its role in lives of the populations that the organization serves, e.g., cellphone, internet, etc.

Appendix 2: Sample Interview Form

Interviewee: NAME & Organization

Date:

Time:

Introductory Script

How are you today? Thank you so much for taking the time to speak with me today. As you know, I am working with Maria and Lindsey at Metro for my capstone project, which is to help Metro prioritize a potential expansion to the eligibility criteria and/or the administration of the subsidized annual pass. This interview should be between 30 and 45 minutes.

And just to reconfirm, you are fine with this interview being recorded? YES NO

Great, thank you again. Before we start, do you have any questions for me?

1. Could you please describe your role at NAME OF ORGANIZATION?
2. How do you interact with clients?
3. Would you be able to tell me what percentage of your clients earn 80% of the FPL or less?
4. Could you describe how you and your agency handle referrals for the subsidized annual pass?
5. What percentage of clients would you say are ineligible for the subsidized annual pass? Eligible?
6. What would you say is or are the major reasons for their ineligibility?
7. Which populations would you prioritize to receive the subsidized annual pass?
8. If you could decide how to get people enrolled for the subsidized annual pass, including things like eligibility determination, how would you do it? OR How would you expand eligibility?
9. What questions do you think I should be asking?
10. What other organizations do you think I should talk to?

Appendix 3: Survey

Human service agency insights about eligibility for subsidized annual pass

Thank you for your participation in this survey! As I mentioned in my email, I am a UW graduate student working in collaboration with King County Metro. Your feedback through survey will help inform the recommendations that I will make to Metro about potential expansions to the eligibility criteria for the subsidized annual pass program. Metro identified you as a key stakeholder and someone who may be able to provide insight to the community who could be served with an expansion.

Participation in this survey is optional and all data from this survey will be stored on a secure encrypted server.

The survey is open through April 9 and should take approximately 20 minutes. Additionally, I am planning to conduct a handful of follow up interviews to dig deeper into the information shared via the survey. If you are interested in participating in a follow up interview, there's a spot on the survey to let me know.

If you have any questions on this survey or my capstone project, feel free to email me, Jason R. Walsh, at n-jwalsh@kingcounty.gov

Thank you so much for your time and participation.

* Required

1. 1. What is the name of your organization? *

2. 2. What is your name?

3. 3. Could you please provide your email, in the event there is a need for follow-up questions or interview?

Your organization
and the population
that it serves.

Questions 1-8 ask you to provide information that will help me
understand the organization that you are a part of and the population
that it serves.

4. 4. What geographic areas does the population you serve live in? (Select all that apply) *

Check all that apply.

- Seattle
- North King County (i.e., Shoreline, Bothell, Kenmore, etc.)
- South King County (i.e., Auburn, Burien, Des Moines, Enumclaw, Federal Way, Kent, etc.)
- East King County (i.e., Bellevue, Kirkland, Redmond, Issaquah, North Bend, etc.)
- Pierce County
- Snohomish County
- Other (please describe)

5. If you chose "Other", please describe here.

6. 5. How would you characterize your organization's focus? (Select all that apply) *

Check all that apply.

- Service Provider
- Advocacy Organization
- Power Building Organization
- Other (please describe)

7. If you chose "Other", please describe here.

8. 6. Which languages are spoken by the population your organization serves?
(Select all that apply) *

Check all that apply.

- Amharic
- Arabic
- Cambodian
- Chinese
- Dari
- English
- Farsi
- Hindi
- Korean
- Laotian
- Punjabi
- Russian
- Samoan
- Somali
- Spanish
- Tagalog
- Tigrinya
- Ukrainian
- Vietnamese
- Other (please describe)

9. If you chose "Other", please describe here.

10. 7. What would you say are the greatest barriers to transportation for the population your organization serves? *

11. 8. How important would you say public transportation is to the population your organization serves? *

Mark only one oval.

	1	2	3	4	5	
Not Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Essential

Questions on transportation needs and the Human Services Bus Ticket program.

As you may know, Metro offers a human services bus ticket program, where agencies purchase paper tickets at a discount for their clients. I am interested in learning about your participation in the bus ticket program in order to understand more about the transportation needs of the population that your organization serves.

12. 9. Does your organization provide bus tickets through the Human Services Bus Ticket Program? *

Mark only one oval.

- Yes
 No
 Unsure

13. 10. About how many people per week ask for bus tickets? (please indicate using just a number)

Questions
on the
subsidized
annual
pass and
eligibility.

The subsidized annual pass was developed to serve people at or below 80% of the federal poverty level. Currently, eligibility is limited to enrollment in one of six state cash-assistance benefit programs, with income qualifications at that level. Metro aims to propose expansions that would serve more people with incomes at or below 80% of the federal poverty level. This project is intended to help Metro prioritize that expansion, by determining who is and who is not served through the current eligibility criteria. In this section, I am looking for your feedback about who this program could be expanded to serve.

14. 11. What percentage of the population that your organization serves would you say earns 80% of federal poverty level or less? *

Mark only one oval.

- 0-10%
- 10-20%
- 20-30%
- 30-40%
- 40-50%
- 50-60%
- 60-70%
- 70-80%
- 80-90%
- 90-100%

2020 poverty guidelines for Washington

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For families/households with more than 8 persons, add \$4,480 for each additional person.	

15. 12. How would you describe those who earn 80% of federal poverty level or less, in terms of age, race(s)/ethnicity(s), gender identity, disability, country of origin, housing status, employment status, and immigration status? *

Residents of King, Pierce, and Snohomish counties who are at or below 80% of the federal poverty level and are enrolled in one of six state benefit programs can obtain a subsidized annual pass valid for travel on King County Metro and Sound Transit services. Currently, the six benefit programs are:

- Temporary Assistance for Needy Families (TANF)/State Family Assistance (SFA)
- Refugee Cash Assistance (RCA)
- Aged, Blind, or Disabled Cash Assistance (ABD)
- Pregnant Women Assistance (PWA) Not to be confused with WIC or Pregnancy Medical
- Supplemental Security Income (SSI) Not to be confused with Social Security Income or SSDI
- Housing & Essential Needs (HEN) Not to be confused with housing assistance such as HUD

16. 13. What percentage of the population your organization serves would you say is eligible for the subsidized annual pass? *

Mark only one oval.

- 0-10%
- 10-20%
- 20-30%
- 30-40%
- 40-50%
- 50-60%
- 60-70%
- 70-80%
- 80-90%
- 90-100%

17. 14. About how many people per week, among the population your organization serves, ask about the subsidized annual pass? (please indicate using just a number) *

18. 15. About how many people per week do you refer for the subsidized annual pass that are eligible? (please indicate using just a number) *

19. 16. About how many people per week do you talk to that would benefit from the subsidized annual pass, but are ineligible? (please indicate using just a number) *

20. 17. What are the major reasons for people's ineligibility? *

Further information and opportunity for follow-up.

Thank you for completing this survey, and please indicate below if you would be willing to have a follow-up conversation.

21. 18. Is there any additional information that you would like to share?

22. 19. Would you be willing to speak further about your perspectives on potential expansion? *

Mark only one oval.

Yes

No

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