

Technical Memo: Transit's Role in Supporting Equity during the COVID-19 Pandemic and Beyond

PREPARED IN SUPPORT OF THE:

VIRGINIA TRANSIT CRISIS RESPONSE + RECOVERY HANDBOOK



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About this Memo

This memo was developed as part of the DRPT Virginia Transit Crisis Response + Recovery Handbook project. The Virginia Transit Crisis Response + Recovery Handbook is one component of DRPT's COVID 19 Transit Recovery Toolkit, whose development was funded by the Federal Transit Administration's (FTA) [COVID-19 Research Demonstration Grant Program](#) to support strategies that address the operational challenges that agencies faced during the pandemic.

The full handbook can be found at: TransitVA.org

This technical memo focuses specifically on the role transit plays in supporting equity in society, both in general and particularly in times of crisis such as the COVID-19 pandemic. However, the theme of equity is woven throughout the Virginia Transit Crisis Response + Recovery Handbook to reflect the fact that nearly all decisions made by transit service providers have implications for equity and should therefore always take equity and the needs of vulnerable populations into account.

Please refer to the Handbook for a more detailed and interested discussion on how equitable operations and policies can benefit Virginia transit agencies.

1 Transit's Role in Enhancing Equity, Including in Times of Crisis

Throughout the COVID-19 public health crisis, while many non-essential services were scaled back, most transit agencies continued to function as essential service providers. As a vital conduit for getting frontline workers to their jobs, and vulnerable populations to critical destinations, the pandemic reinforced the understanding that transit plays a foundational role in keeping essential services like healthcare facilities, grocery stores, and shipping centers running.

Several larger urban transit agencies in Virginia—who serve a higher percentage of the essential workforce relative to the entire workforce—saw much more modest declines in ridership throughout the pandemic compared to their smaller, rural counterparts. For example, the Greater Richmond Transit Company (GRTC), for which a majority (54 percent) of the ridership reports combined household incomes of less than \$25,000, saw a systemwide decline of less than 10 percent in fixed-route ridership, with ridership on some routes actually growing during the pandemic.¹ By contrast, agencies serving a higher portion of Virginia commuters such as VRE saw far more dramatic declines in ridership due to the pandemic, as typical pre-pandemic VRE riders were more likely to either be able to work from home or use personal vehicles for travel to reduce their contact with others. Agencies and services used by a larger portion of “white collar” commuters, by and large, have yet to see ridership resembling pre-pandemic levels.

Research has long pointed to the fact that the average transit user is more likely, compared to the general population, to be: between the ages of 25 and 54, a person of color, employed, have little to no college education, have less access to a personal or household vehicle, and have a household income of less than \$50,000 a year.² This profile matches the reported socioeconomic profile of the average frontline worker, as detailed in 2020 reports by the Center for Economic and Policy Research (CEPR) and the U.S. Bureau of Labor Statistics.^{3,4} This fact is certainly one contributing factor to people of color disproportionately suffering more negative health and economic outcomes as a result of the pandemic.⁵ Frontline workers had to be in person at their jobs daily, resulting in increased risk exposure relative to that faced by more affluent or “office” workers.

As these realities indicate, particularly during times of crisis, transit agency leaders and managers should (and often do) seek to make decisions with an “equity lens” in mind. This means making changes to routes, services, and schedules that go further than just improving their bottom line but also developing and promoting equity within the communities they serve.

“Frontline transit workers who must leave their homes for each shift—especially vehicle operators—are more likely than non-frontline workers to be people of color or to come from low-income households.”

—TransitCenter report

¹ As reported by GRTC representative in Task 2 State of Transit Interviews.

² APTA, [Who Rides Public Transportation Report](#).

³ CEPR, [A Basic Demographic Profile of Workers in Frontline Industries](#).

⁴ U.S. Bureau of Labor Statistics, [Demographics, Earnings, and Family Characteristics of Workers in Sectors Initially Affected by COVID-19 Shutdowns](#).

⁵ Wiley Public Health Emergency Collection, [Racial Disparities in COVID-19 Mortality Among Essential Workers in the United States](#).

2 Equity-Related Practices and Policy Decisions Implemented

Every decision a transit service provider makes has potential implications for equity in the community it serves. Equity can be distributional, reflecting where and to whom service is available, as well as who is affected by system burdens such as vehicle noise and air pollution. It can also relate to the transit planning practice in terms of whether various perspectives in the community are represented in planning and decision-making processes. The COVID-19 pandemic has coincided with a renewed focus in American society on the topics of equity and justice. While racial injustice has a large portion of media and public attention⁶ during this time, the economic impacts of the pandemic on already-vulnerable populations and the needs of essential workers, women, people with low incomes, people with disabilities, and the elderly are also increasingly on the minds of many Americans.

This section provides information about practices employed by transit service providers to support equity in their communities. This includes policies and practices to enhance equity that include zero-fare policies, protecting the transit dependent and those with disabilities, hazard pay and sick leave for workers, mobile vaccine clinics for staff and communities, rides to vaccination centers and more. These examples, together, demonstrate the importance of partnering with local organizations to understand and meet the needs of riders, considering equity and the needs of vulnerable populations in decision-making.

2.1 Equity-Related Practice Examples

2.1.1 Zero-Fare Policies

The pandemic propelled the ongoing discussion about zero-fare transit service forward as agencies implemented zero-fare policies during the public health crisis. National associations such as CTAA [recommended](#) that its members forgo fare collection and fare enforcement for the duration of the pandemic,⁷ and most agencies across the country went zero fare in March 2020.⁸ Not charging fares enabled operators and passengers to better adhere to social distancing guidelines, as it limited interactions between them and removed the need to handle cash, which can lead to contact with high-touch surfaces. Further, providing temporary financial relief in the form of zero-fare transit had a positive impact on equity for those riders that still needed transit to commute and complete essential trips; in many cases such riders were those with no alternative means of transportation.



For some agencies, the pandemic was an unplanned opportunity to pilot zero-fare transit. In Virginia, 33 of 42 public transportation providers had gone zero fare by the end of March 2020 according to DRPT.⁹ Several providers across the country have piloted or implemented zero-fare transit service over the last couple of decades. In 2012, Transit Cooperative Research Program (TCRP) Synthesis 140 provided an overview of zero-fare transit systems and the cost and ridership impacts associated with a move towards providing such

⁶ The New York Times, [Black Lives Matter May Be the Largest Movement in U.S. History](#).

⁷ CTAA, [CTAA Recommended COVID-19 Safety Protocols](#).

⁸ Mass Transit, [Systems Drop Fare Collection to Further Enhance COVID-19 Mitigation Measures](#).

⁹ Virginia Mercury, [Fare or No Fare? Transit Agencies Face Tough Choices Amid COVID-19 Budget Crunch](#).

service.¹⁰ More recently, another [TCRP study](#) was initiated with the goal of developing a framework to evaluate going zero fare.¹¹ There are several key factors that agencies considered during the decision-making process. These are financial, safety, ridership, and equity impacts, each described in further detail below.

Financial Impacts of Zero-Fare Policies

A major consideration for many agencies was the financial impact of foregoing fares, especially for agencies that rely on fares as a major source of revenue. At the same time they were considering going zero fare, many agencies were also confronted with new expenses to obtain PPE, build driver barriers, and conduct enhanced cleaning procedures, which would need to be paid before beginning to charge fares again.¹² However, there are also costs associated with collecting fares as shown in **Figure** . It is important to draw a distinction between the short- and long-term impacts of zero-fare service. Agencies that temporarily suspended fare collection in response to the pandemic did not immediately need to cancel existing fare processing contracts on vendors, nor would they have experienced any significant savings on the cost of fareboxes. Agencies that pursue a longer-term zero-fare approach can expect cost savings across all categories in **Figure Error! Reference source not found.**

For agencies with a smaller portion of their budget being shaped by fare revenues, there is a point at which collecting fares is not as financially as impactful. For Bluefield, Virginia’s Graham Transit, for example, the impact of not collecting fares was the \$8,000 in 25-cent fares it collected in 2019, which was not a significant part of the agency’s \$800,000 budget.¹³ Agencies may also compare their net fare revenues (fare revenues with total costs associated with fare collection removed) with their overall budget to better understand the impact of providing zero-fare service.

Figure 2: Costs of Fare Collection

| Fareboxes | Handling Cash | Account-based Systems | Fare Enforcement |
|---|---|---|--|
| <ul style="list-style-type: none"> • Installation • Maintenance • Upgrades | <ul style="list-style-type: none"> • Operators accept payment, which may impact travel time • Require further processing, security, and transport | <ul style="list-style-type: none"> • Require additional setup and infrastructure | <ul style="list-style-type: none"> • Costs money to enforce fare policies |

Safety and Ridership Impacts of Going Zero Fare

The safety impact of zero-fare service was another important consideration for agencies. With social distancing guidelines in place, agencies needed to monitor and evaluate whether zero-fare service would encourage ridership in transit vehicles to the point that it would be difficult to maintain social distancing. One overarching strategy to address potential crowding was communicating, at least at the beginning of the pandemic, that transit should only be used for essential trips and developing essential trips-only policies. As described in more detail below, many agencies developed essential trip guidelines, encouraging people to defer non-essential transit trips, in particular during the early parts of the pandemic when stay-at-home and state of emergency

¹⁰ TCRP Synthesis 101, [Implementation and Outcomes of Fare-Free Transit Systems](#).

¹¹ TCRP J-11/Task 39, [Evaluation Framework for Fare-free Public Transportation \(In Progress\)](#).

¹² Virginia Mercury, [Fare or No Fare? Transit Agencies Face Tough Choices Amid COVID-19 Budget Crunch](#).

¹³ Virginia Mercury, [Should Virginia Bus Systems Go Fare Free Forever?](#).

orders were put in place. Despite running similar messaging, a rider survey conducted by WMATA early in the pandemic indicated that 49 percent of Metrobus riders continued to ride.¹⁴ This suggests that travelers still needed to travel regardless of stay-at-home orders and essential travel messaging, as they may not have had other travel modes at their disposal.

Equity Impacts of Zero-Fare Policies

Based on what agencies learned about their ridership during the pandemic, the bus was a critical mode of transportation, particularly for essential workers that continued riding throughout the public health crisis, who were more likely to be low-income and non-White individuals compared to the general population. While heavy rail ridership decreased by around 90 percent in the early stage of the pandemic, bus ridership was at around 66 percent of baseline.¹⁵ By the fourth quarter of 2020, bus ridership for systems of all sizes across the U.S. had lost 45 percent of total ridership year over the year, compared to 61 percent for heavy rail; 66 percent for commuter rail; and 54 percent for light rail.¹⁶ Compared to rail riders, bus riders are also more likely to be low-income and work in sectors where remote work is not possible, such as healthcare and retail,¹⁷ and people of color are more likely to be essential workers.¹⁸ Moving forward, many agencies will need to determine whether fare-related changes made during the pandemic—or perhaps other fare-related changes designed with the intent of increasing equity—will be feasible in the long-term.

2.1.2 Policy Decisions to Protect the Transit-Dependent

As the healthcare experts increasingly understood the high transmissibility of COVID-19 particles through the air and mask guidelines and mandates were rolled out across the state, being around or near groups of people quickly became an unwelcome proposition for many people. Yet, there were still large groups of riders who relied on those services for daily life, getting to work, school, grocery stores and other essential destinations.

Smaller or more rural transit systems across Virginia, where the primary offering is demand response service or paratransit, including Bay Transit and RADAR Transit among others, faced difficult decisions about how to best provide their services to those groups who truly depended on them while still maintaining CDC guidelines and keeping their drivers safe. Both services have a ridership that tends to be more elderly and more likely to have a disability—in addition to being heavily dependent on transit—making them also more likely to have negative outcomes from COVID-19.¹⁹ CTAA outlined a policy for handling this challenge, which involved limiting travel to only essential trips, including:²⁰

- Employment trips for front-line healthcare workers.
- Employment trips for first responders.
- Employment trips to individuals working in groceries and pharmacies, as well as in restaurants.
- Trips to purchase food and medicine.
- Non-emergency medical trips.

The CTAA also recommended keeping demand response trips to only one passenger at a time, which lessened the chances of transmitting the virus to the operator and other riders. Agencies like the Capital Metropolitan Authority (Cap Metro) in Austin, Texas and the Regional Transportation Commission (RTC) in Southern Nevada,

¹⁴ WMATA, [Board Action/Information Summary](#).

¹⁵ ENO Center for Transportation, [COVID's Differing Impact on Transit Ridership](#).

¹⁶ APTA, [Public Transit Ridership Report, Fourth Quarter 2020](#).

¹⁷ Washington Post, [Amid the Pandemic, Public Transit is Highlighting Inequalities in Cities](#).

¹⁸ Economic Policy Institute, [Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—Racism and Economic Inequality](#).

¹⁹ CDC, [COVID-19 Risks and Vaccine Information for Older Adults](#).

²⁰ CTAA, [CTAA Recommended COVID-19 Safety Protocols](#).

re-tasked idle paratransit vehicles to deliver food to seniors and those with disabilities to satisfy the same purposes that these residents might otherwise have used transit to accomplish.²¹ The result was a win-win for operators, who remained both employed and less potentially exposed to the virus, and riders who did not have to make trips to carry out basic functions such as accessing food.

When it came to protecting the transit-dependent on fixed-route services, agencies like Jacksonville Transit in North Carolina intentionally researched and added new routes aimed at servicing areas with populations known to have mobility challenges and connecting them with critical resources such as employment and education sites, grocery stores and healthcare services.²² Others, like Maryland MTA, working with a third-party contractor, identified specific locations in the Baltimore area, like schools, churches and government buildings that could serve, in effect, as park-and-ride locations for shuttle pick-ups.²³ The goal of this was to give essential workers like those at nearby Greater Baltimore Medical Center more transportation options for getting to and from the frontlines of the COVID-19 pandemic.

2.1.3 Agencies as Employers: Enhancing Equity for Workers

In addition to enhancing equity in communities by serving riders, transit service providers have a role in enhancing equity in policies and decisions they make related to their workforces. [An April 2020 report by TransitCenter](#) found that “frontline transit workers who must leave their homes for each shift – especially vehicle operators – are more likely than non-frontline workers to be people of color or to come from low-income households.”²⁴ The publication found that, among frontline workers at transit agencies, 18 percent have low incomes, whereas only 10 percent of non-frontline transit agency workers have low incomes. In addition, non-white individuals make up 47 percent of frontline transit agency workers but only 38 percent of the non-frontline portion of the agencies’ workforces. It therefore follows that transit agencies’ lack of safety preparedness had disproportionately negative impacts on lower income workers and workers of color who were required to be present to perform their jobs in person.

Agencies took various steps to address this inequity and protect the health, safety, and job security of workers. In the Roanoke Valley, RADAR Transit responded in May of 2020 by offering staff an extra \$2.00 per hour of hazard pay and removed the cap on the 20 hours of additional pay for those that worked at or near overtime hours.²⁵ Systems operating around college or university campuses, such as the Harrisonburg Department of Public Transportation (HDPT), faced a different issue, which was a total absence of demand given universities shifting to all-virtual learning environments. Despite James Madison University having limited in-person operations, HDPT continued to issue paychecks for part-time staff through May of 2020, when graduation ceremonies would have taken place.²⁶

Many agencies encouraged workers who tested positive or were potentially exposed to COVID-19 to stay home and facilitated this by providing more generous sick pay, and implemented temperature checks before shifts. The Chicago Transit Authority (CTA), which traditionally negotiated employee provisions in collective bargaining agreements with union-represented employees, voluntarily expanded its sick pay coverage and access to health care services through their designated services provider to all employees.²⁷ This expansion included

²¹ Mass Transit, [Transit Agencies Help Deliver Food to Riders at Risk During Pandemic](#).

²² Jacksonville Daily News, [Jacksonville: All Transit Routes Free, New Route Added](#).

²³ Transdev, [COVID-19 Crisis: Transdev Partners with Baltimore MTA to Get Essential Hospital Employees to Work](#).

²⁴ TransitCenter, [Protecting Transit Workers is a Matter of Racial Justice](#).

²⁵ As reported by RADAR Transit representative in Task 2 Interviews.

²⁶ As reported by Harrisonburg Department of Transportation representative in Task 2 Interviews.

²⁷ CTA, [Letter to Elected Officials and Community Leaders](#).

access to telehealth services, ensuring workers who contracted COVID-19 could safely access health care services from their homes without fear of going without pay when they were unable to work.

Later in the pandemic, many agencies sought to get their operators and staff early access to vaccine doses. TriMet in Portland, Oregon advocated publicly with the Governor's office and state health officials for direct shipments of COVID-19 vaccine doses so it could set up mobile vaccination clinics for staff and operators, making it easy for the agency to receive and administer doses to operators on-site instead of trying to schedule appointments at other locations around their shifts.²⁸

Challenges Recruiting and Retaining Operators

Finding enough vehicle operators to provide the desired level of service has been a significant challenge for many service providers throughout the U.S. for many years. The COVID-19 pandemic further exacerbated the issue, with many operators contracting COVID-19, being quarantined due to potential COVID-19 exposure, or resigning or calling out sick due to concerns for their own safety. All of these risks—in addition to the pre-existing challenges of being an operator due to factors such as irregular hours, the stress of driving in heavy traffic, concerns for their own safety, conflicts with passengers, and lack of regular access to restrooms—combined with pandemic-related issues such as lack of childcare resulted in operators leaving the field in even greater numbers.

The root, pre-pandemic causes of the operator shortage include widespread availability of higher paying jobs to workers like bus operators with a commercial driver's license (CDL), the amount of time it takes to become trained, inability of applicants to pass a background check and/or comply with strict rules related to the use of recreational marijuana. The difficulties associated with being a newer operator at a transit agency, such as receiving undesirable shifts due to lack of seniority, also lead new hires to leave after a short time. During the pandemic, the ability for new operators to obtain CDLs also exacerbated the issue.

A June 2021 webinar offered by the Virginia Transit Association (VTA) resulted in a robust discussion about the ways service providers can combat these challenges. While more competitive compensation is always a factor, there were several other strategies that agencies have employed to try to retain workers. Many of these are based on the principle that culture and management can have a significant impact on attracting and retaining operators. Strategies to enhance the quality of culture and management suggested by participants included:

- Conducting exit interviews to identify the causes of operators leaving their positions, and then seeking to address those causes.
- Making conditions better for new employees, who often receive less compensation but work more challenging shifts, leading to poor retention.
- Investing time in developing personal relationships between managers and operators so operators are more comfortable communicating their concerns and managers have more opportunities to address them before operators leave their positions.

2.1.4 Enhancing Equity by Serving the Community

Agencies around the country stepped up to support equity in their communities in a variety of ways, many utilizing the incidental use provision permitted by FTA grant programs. This allowed transit providers to use idle

²⁸ Mass Transit, [OR: TriMet's Call for Mass COVID-19 Vaccine Clinic Went Unheard for Weeks, But State Now Will Deliver](#).

assets like buses, vans, transit stations and garages for non-transit purposes to provide community services. For example, in Columbus, Ohio, the Central Ohio Transit Authority (COTA) partnered with Columbus City Schools and the Central Ohio YMCA to provide Wi-Fi hotspots to school children. COTA parked transit vehicles at the YMCA, allowing children access to the Wi-Fi. In Austin, Texas, Cap Metro partnered with a local school district to provide Wi-Fi hotspots for students in specific neighborhoods with the greatest need. The agency also worked with the City of Austin's housing authority and schools to deliver laptops and hot spots directly to students.²⁹ Many smaller agencies around the country, even as they were cutting back or ceasing fixed route operations, continued to operate services for dialysis patients and others in urgent need of medical trips, including with volunteer drivers. Additionally, agencies worked with community organizations like Meals on Wheels and local food pantries to ensure meals were delivered.³⁰ Other agencies, like HRT in Virginia, simply re-instated vital commuter service routes, like the Elizabeth River ferry connecting Portsmouth and Norfolk, even as the pandemic surged in September of 2020.³¹

2.1.5 Considering the Needs of Riders with Disabilities

Both operators and people with disabilities were at higher risk of experiencing negative consequences of COVID-19. In a November 2020 [white paper](#), Abigail Cochran of the Department of City and Regional Planning at the University of North Carolina-Chapel Hill outlined three key barriers to including people with disabilities in the pandemic response:³²

Inequities in access to public health messaging.

Measures such as physical distancing and self-isolation potentially disrupting service provision for people who rely on assistance for food, medication, and personal care delivery.

A disproportionate risk of severe disease resulting from infection and issues accessing health care during the pandemic.

Effective communications practices were critical for addressing the first barrier. To combat the second and third, CTAA recommended that agencies would need to provide the top-level PPE, including masks, face shields, gloves for drivers responsible for securing wheelchairs and passengers using the wheelchairs for the duration of their trip.³³ Agencies like Go Raleigh installed a new type of mobility securement system throughout its fleet, the first of its kind to be installed in a transit agency in North Carolina. The QUANTUM device, which is a fully automatic rear-facing system that allows passengers in wheelchairs to secure themselves on the bus with a push of a button, eliminated the need for direct physical assistance from drivers, thereby reducing the chances of spreading viruses like COVID-19.³⁴

²⁹ DOT-FTA, [DOT-FTA HUD-PIH Partnership for COVID-19 Recovery Fact Sheet](#).

³⁰ Mass Transit, [Transit agencies help deliver food to riders at risk during pandemic](#).

³¹ As reported by HRT representative in Task 2 interviews.

³² Transportation Research Interdisciplinary Perspectives, [Impacts of COVID-19 on access to transportation for people with disabilities](#).

³³ CTAA, [CTAA Recommended COVID-19 Safety Protocols](#).

³⁴ Go Raleigh, [New Technology Improves Bus-Riding Experience for Mobility Passengers](#).

3 Responsive Service Adjustments that Consider Equity

With the outbreak of the pandemic and the implementation of stay-at-home and emergency orders, many if not most transit agencies initially responded by making service cuts or other service adjustments. In making these adjustments, agencies needed to consider a variety of factors, including:

- Safety considerations, such as:
 - The speed at which PPE could be obtained.
 - Operating additional “shadow” services to reduce crowding on busy routes.
 - Reducing services that are not as essential to reduce risks to operators.
- Considerations of ridership patterns and operational productivity (i.e., not operating routes with minimal ridership).
- Uncertainties related to the availability of additional funding to address revenue shortfalls.
- Equity impacts of service changes specifically on the most transit-dependent riders.
- Aligning service provision based on operator shortages (due to virus exposure, call-outs,^{35,36,37} or resignations).
- A desire to keep operators employed and compensated.

Despite ridership being one of the easiest indicators for transit leaders and managers to track and an important consideration in making service changes, adjusting service solely based on ridership often does not result in an equitable transit system, particularly during a crisis. Maximizing ridership emphasizes productivity, focusing service along high frequency corridor routes that align with the built form of an area. Yet many vulnerable populations may not live, or be able to live, near higher capacity bus routes, so reducing service primarily to high ridership corridors or routes can risk reducing access to some essential destinations like grocery stores, hospitals, and testing services. Agencies developed methodologies to evaluate ridership and demand during the pandemic with an equity lens. For example, the Los Angeles County Metropolitan Transportation Authority (LA Metro) developed a rapid equity assessment (see box below).³⁸

LA Metro Rapid Equity Assessment

In response to the pandemic's disproportionate impact on Black, Lantinx, and low-income communities, LA Metro developed a rapid equity assessment tool. The agency's COVID-19 Response Task Force used the tool when identifying and recommending potential actions that Metro could take to respond to the pandemic. The tool leads the task force to consider the following questions:³⁹

- Will the decision being made impact any equity groups?
- Could this present an equity opportunity?
- Who will benefit or be burdened by this decision? Will the benefits be accessible regardless of ability?

³⁵ CBS Los Angeles, [Metro Bus Drivers Overworked As Employees Call Out Sick With COVID, Other Illnesses](#).

³⁶ NBC Connecticut, [50 CTtransit Bus Drivers Call Out Sick in New Haven Area](#).

³⁷ Oregon Live, [TriMet Bus Drivers Call in Sick by the Dozen, Union Cites Frustration Over Coronavirus Response](#).

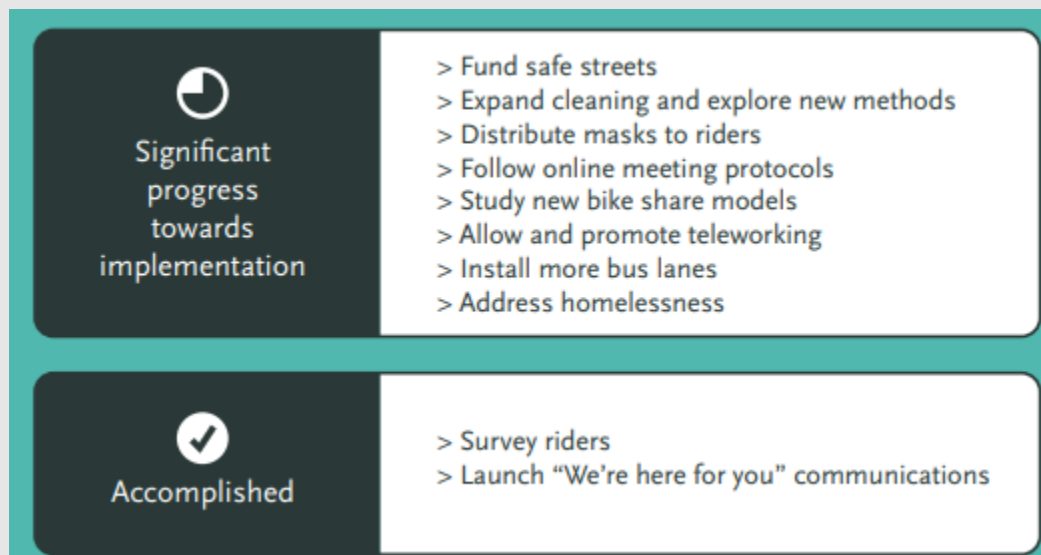
³⁸ LA Metro, [Rapid Equity Assessment](#).

³⁹ LA Metro, [Rapid Equity Assessment](#).

- How will the decision prioritize the needs of historically marginalized communities and others most likely impacted by the COVID-19 crisis?
- What are strategies to mitigate any potential negative consequences of this decision?
- Summarize any changes made to the decision due to the utilization of the rapid equity assessment.

The task force released its [final report](#) in February 2021, and each action taken since April 2020 or recommended for the future (a selection of which are shown in **Figure 1**), was analyzed to identify the equity impacts based on the results from the rapid equity assessment tool. Not only did LA Metro's tool inform decision-making, but it was also used to enhance transparency in its decision-making process.⁴⁰ The report also includes findings from research on a variety of pandemic-related best practices, strategies, considerations.

Figure 1: Goals Listed in LA Metro's Recovery Task Force Final Report



In addition, as discussed above, many agencies had already been experiencing labor shortages for operators, as truck, bus, and school bus operators. When existing labor shortages combined with operator call-outs, agencies made additional, temporary service adjustments to align service provision with available staff. LA Metro, for example, was among many agencies who needed to cancel some trips completely due to insufficient staffing.⁴¹ Operators and staff at many agencies across the country fell ill and, in some instances, died, from COVID-19.⁴² It is very likely that agencies will need to continue to plan for how to implement short-term service changes based on fluctuating staffing, even regardless of the trajectory of the pandemic recovery period.

3.1 Fixed-Route Bus

Throughout the pandemic, there remained a need to facilitate social distancing on fixed-route buses while limiting the need for full buses to skip stops, which can be very disruptive for riders' travel. To the extent agencies needed to cut service due to budget or operator shortfalls, most sought to do so in a thoughtful way

⁴⁰ LA Metro, [A Path Forward](#).

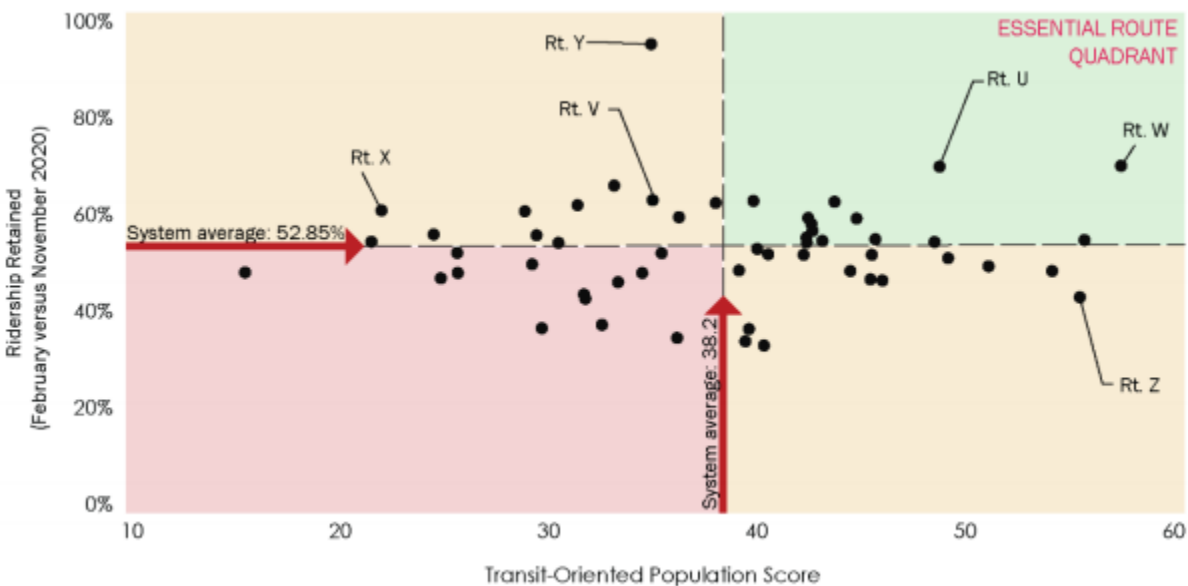
⁴¹ LA Metro, [Metro Experiencing Staff Shortages and Canceled Trips Due to Regional Surge in COVID-19 Cases](#).

⁴² Washington Post, [Transit Workers are Paying a Heavy Price During the Pandemic](#).

that would minimize the negative impact for most riders. This section provides three case examples of such practices.

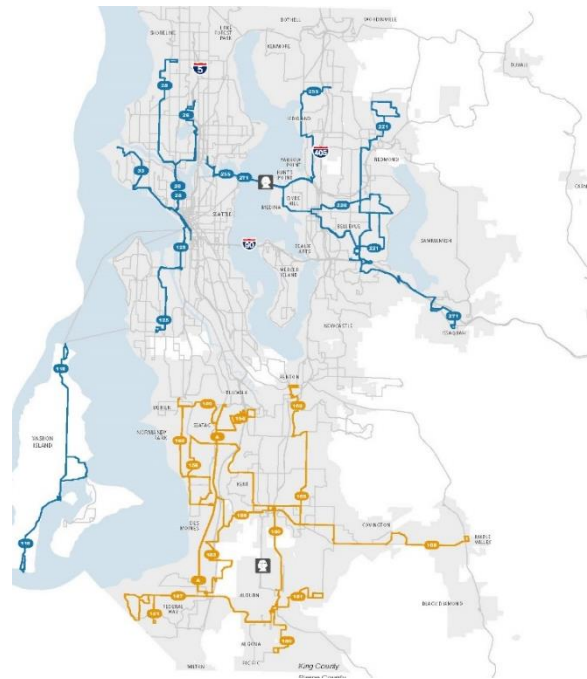
The Jacksonville Transit Authority (JTA) in Florida conducted an analysis to identify the “essentialness” of its services when it began revising its network. The JTA defined essentialness as a function of ridership retention during the COVID-19 pandemic as well as transit-oriented populations (low-income, youth, seniors, people with disabilities) served. This methodology calculated “route essentialness” using a composite score of multiple route-level demographic fields plotted against change in route-level ridership between 2019 and 2020. Essentialness was one input that was considered as routes were changed, and was incorporated into the JTA’s first round of changes, implemented in September 2021. **Figure 2** is a conceptual graphic showing how the scores of an essentialness evaluation could be visualized.

Figure 2: Example of Prioritization



King County Metro developed passenger limits on buses based on public health guidance and instituted flexible, “extra” service that would allow for additional runs on routes that were at capacity due to social distancing guidelines.⁴³ Routes that reached capacity disproportionately served low-income and minority areas as classified in the agency’s Service Guidelines. For these areas, the agency ran extra service to serve passengers “full” buses were not able to pick up. This service added over 24 buses that completed 100 daily vehicle trips.⁴⁴ Throughout the pandemic, the agency monitored ridership to provide service in areas where the demand had not decreased as much as in others (**Figure 4**). In its September 2020 service changes, the agency also planned for ramp up and ramp down scenarios that could be implemented quickly if King County faced increased challenges related to operator availability.⁴⁵ The agency prioritized “equity considerations including service in areas with higher proportions of low-income people, people of color, people with disabilities, people with limited English proficiency, and immigrant and refugee populations” in developing these service changes.⁴⁶

Figure 3: King County Metro Routes with Top 10 percent of Highest Ridership Loss (Blue) and Bottom 10 Percent of Lowest Ridership Loss (Orange).



In early April 2020, San Francisco Municipal Transportation Agency (SFMTA or “Muni”) cut fixed-route bus service from 89 routes to 17 routes. The 17 routes were selected based on transit travel patterns observed during the city’s shelter-in-place order, connections to medical facilities, and Muni’s existing Equity Strategy.⁴⁷ The [Muni Service Equity Strategy](#) targets service in neighborhoods with high percentages of households with low incomes and people of color (**Figure 5Error! Reference source not found.**).⁴⁸ The agency then adjusted routes to ensure that all residents lived within one mile of Muni service. After adjusting the service changes based on crowding data, customer and operator feedback, citywide coverage, and equity strategy routes, Muni found that its Temporary Service Plan did not result in a disparate impact or disproportionate burden on Title VI-protected populations.⁴⁹

Figure 4: Muni Service Equity Strategy Eight Equity Neighborhoods



⁴³ King County Metro, [COVID-19 Response and Recovery Report](#).

⁴⁴ Metro Matters, [Metro Plans September Service Change Amid Budget Challenges](#).

⁴⁵ King County Metro, [COVID-19 Response and Recovery Report](#).

⁴⁶ King County Metro, [Service Change](#).

⁴⁷ TransitCenter, [How Transit Agencies Are Reallocating Service to Prioritize Public Health and Social Equity](#).

⁴⁸ SFMTA, [Muni Service Equity Strategy](#).

⁴⁹ SFMTA, [Title VI Service Equity Analysis: COVID-19 Temporary Service Plan](#).

3.2 Commuter Bus

Commuter bus providers faced many of the same service-related decisions as for fixed-route buses, and many of the same considerations discussed above applied to the evaluation of commuter bus service changes with an equity lens. In the case of commuter buses, because ridership dropped much more significantly, in many cases, more significant service cuts were warranted. Because commuter bus trips involve longer periods of time on-board the vehicle, masking, distancing, and proper ventilation were even more important due to increased risk of spread in enclosed spaces. In Virginia, Loudoun County Transit limited capacity to 50 percent, loaded passengers through the rear door, mandated face masks, and temporarily suspended fares on all local and commuter bus routes.⁵⁰

3.3 Demand Response/Paratransit

Because of the very nature of demand response service, it is generally easier for providers to adjust the amount of service they offer to the level of demand for trips from riders. Making informed demand response service adjustments during the COVID-19 pandemic therefore required more focus on: considering which riders still needed service and for what trip purposes; identifying ways to meet the purposes of those trips while minimizing risk (including precluding the need for the trip); and identifying and implementing controls—both engineering and administrative—to reduce risk exposure for passengers and operators alike (i.e., barriers and ventilation measures and policies like single passenger transport, particularly for longer trips).

Most demand response and paratransit providers shifted their service to focus on providing essential trips for riders, particularly in the early months of the pandemic. King County Metro launched Transportation for Pandemic Response (TPR), a paratransit service specifically for transporting COVID-19 patients. The accessible service used King County paratransit vehicles outfitted with a barrier that separated the driver's cabin to transport positive or suspected COVID-19 patients.⁵¹ Dallas Area Rapid Transit (DART) launched a grocery pickup and delivery service for paratransit customers. The free service was specifically for people with disabilities unable to use DART buses or trains.⁵²

While many agencies had started piloting on-demand transit—demand response transit with app-based bookings, also sometimes called “microtransit”—prior to the pandemic, some shifted or adjusted these plans to provide equitable service in response to COVID-19. In January 2019, LA Metro launched a partnership with Via to provide on-demand service to three Metro stations.⁵³ The program was designed as a first/last mile solution to make transit more accessible to everyone. In response to the pandemic, LA Metro pivoted have the program provide end-to-end service, rather than only to transit stations, which allowed riders to access essential services such as grocery stores and medical centers.⁵⁴ According to data analyzed by GreenBiz, demand for this service for people making under \$40,000 dropped to about 60 percent of its pre-COVID peak, which was a relatively smaller drop than among higher income riders. Demand for this income group quickly recovered and achieved 140 percent of its pre-COVID peak in June 2020, suggesting that the shift to end-to-end service fulfilled a need for riders who still needed reliable transit during this period.⁵⁵

⁵⁰ Loudoun County, [Commuter Bus](#).

⁵¹ King County, [Transportation for Pandemic Response](#).

⁵² WFAA, [DART Launches New Grocery Delivery Service for Paratransit Riders](#).

⁵³ LA Metro, [LA Metro Launches Partnership with Via to Provide On-Demand Service to Three Busy Transit Stations](#).

⁵⁴ LA Metro, [Metro's Mobility-On-Demand Service Now Running Point-to-Point Trips Within Service Zones](#).

⁵⁵ GreenBiz, [Data Proves That On-Demand Transit is Essential for Equity](#).

3.4 Human Service Providers

Human service providers serve the needs of individuals with transportation disadvantages, including older adults, people with disabilities, and/or low-income populations.⁵⁶ These providers may offer a suite of transportation options to qualified riders, including dial-a-ride, bus tokens, or taxi vouchers. Some transit agencies work in tandem with Departments of Health or other community organizations. Human service providers pivoted in a similar fashion to demand response and paratransit by aiding with food and medicine. Mid-Coast Public Transportation in Maine, for example, engaged with community partners to establish services for entire families – helping transport parents to jobs and children to school and transporting homework and materials between schools and students.⁵⁷

3.5 Carpool/Vanpool/Shared Vehicles

Carpooling, vanpooling, and ridesharing, due to their nature of involving multiple people in a confined space (a vehicle), involved an inherent risk to all people in the vehicle during the pandemic, and also saw more precipitous declines in ridership compared to other transit modes. Jurisdictions across the country released guidance for safe shared vehicle use during the pandemic. The State of Massachusetts, for example, produced informative flyers and videos in 14 languages to share safety practices (Figure 6).⁵⁸ For carpools and vanpools, the CDC recommended that people seek to ensure, as much as possible, that only the same (ideally small) groups of people (combinations of drivers and riders, in some cases) traveled in the same vehicle together.⁵⁹

3.6 Rail

While most if not all rail providers implemented CDC recommendations such as mask mandates and sanitizing cars, they also faced the need to implement service cuts due to steep ridership declines. In Washington, DC, the most modest WMATA rail ridership declines were in predominantly Black and Hispanic communities. Before the pandemic, 28 percent of weekday rail rides started during the 8:00 a.m. or 5:00 p.m. hour, while in March 2021, only 16 percent of rides started during the same hours, indicating that more frontline and transit-dependent riders, relative to the pre-pandemic ridership overall, make their trips in non-peak hours. In February 2021, WMATA decreased train frequency during peak travel time to shorten waits at other times to reflect the fact that demand had flattened during peak travel time and became more evenly spread throughout the day.⁶⁰ This trend may continue depending on employer flexibility in the post-COVID period and potential long-term or permanent work from home programs.⁶¹

Figure 5: Massachusetts Shared Vehicle Flyer



⁵⁶ FTA, [What is Human Service Transportation?](#).

⁵⁷ National Center for Mobility Management, [Current Pandemic Creates Opportunities for Transit and Human Services Partnerships](#).

⁵⁸ State of Massachusetts, [Carpooling Safely During COVID-19 – Flyers and Videos](#).

⁵⁹ CDC, [Carpooling](#).

⁶⁰ The Washington Post, [The Pandemic Changed the Workday. But Will Transit Riders Return?](#).

⁶¹ TransitCenter, [A Transit Agenda for the COVID-19 Emergency](#).

As communities tackle recovery from the pandemic and build future resilience, transit agencies will be vital partners in ensuring an equitable economic recovery by continuing to intentionally focus services on reaching traditionally underserved business corridors that have been severely impacted by the pandemic.