

Phase 1 Participant Training and Stakeholder Education Plan

Heart of Iowa Regional Transit Agency ITS4US Deployment Project

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16. Abstract The Heart of Iowa Regional Transit Agency (HIRTA) is one of the 5 awardees for Phase 1 of the Complete Trip – ITS4US contract for its proposed concept “ Health Connector for the Most Vulnerable: An Inclusive Mobility Experience from Beginning to End ” (Health Connector) by the United States Department of Transportation (USDOT). Per the goals of the program, the Health Connector project is focused on improving transportation access to healthcare for underserved groups in Dallas County, IA. The Heart of Iowa Regional Transit Agency (HIRTA) site team plans to engage diverse groups of participants in the deployment and use of the Health Connector, including six targeted population cohorts (persons with disabilities, low income, rural, older adults, veterans, and persons with limited English proficiency). Other participant groups include Dallas County Health Navigators and other healthcare provider personnel, transportation operating personnel at HIRTA, technology personnel at HIRTA, and other stakeholders in the community being served. Training will be made available to all these participants, coordinated with other project plans, schedules and activities, and will be assessed, albeit informally. Target audiences of Dallas County, Iowa can depend on a user-friendly and accessible experience when booking a trip, during the trip and completing the trip.					
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1 Introduction

1.1 Document Purpose

This Participant Training and Stakeholder Education Plan (PTSEP) has several critical purposes. The plan:

1. Identifies the various groups and subgroups of key participants, anticipated for Health Connector, including users (i.e., Travelers) of Health Connector, staff users directly involved with arranging, providing, or monitoring the transportation of Health Connector Travelers, and family members, caregivers, and other third parties with direct, active interests in Health Connector Travelers' transportation.
2. Estimates these groups' numbers, defines their roles in the project, and explains how they are selected for inclusion.
3. Outlines the training that will be provided to Health Connector Travelers and explains how training will be assessed and evaluated.

1.2 Project Overview

The Heart of Iowa Regional Transit Agency (HIRTA) is one of the 5 awardees for Phase 1 of the Complete Trip – ITS4US contract for its proposed concept ***“Health Connector for the Most Vulnerable: An Inclusive Mobility Experience from Beginning to End”*** (Health Connector) by the United States Department of Transportation (USDOT).

Health Connector is an innovative concept to address bottlenecks associated with healthcare access for HIRTA communities. Some of these challenges are the key reasons behind missed appointments or unacceptable levels of preventive or as-needed healthcare in the HIRTA service area. For this deployment, the HIRTA team plans to implement a scalable and replicable solution that enables inclusive access to non-emergency medical transportation for all underserved populations and their caregivers by resolving access barriers through advanced technologies. This solution will allow Dallas County residents without access to transportation who may be seeking a medical appointment to explore their transportation alternatives and book both medical and transportation appointments at the same time. Further, this solution will include information and wayfinding services to guide them at every step of their trip.

The referenced underserved populations' mobility needs vary based on the individual. This deployment will provide enhanced access to healthcare options for “all travelers” in Dallas County with a specific focus on underserved communities, including persons with disabilities, low income, rural, older adults, veterans, and persons with limited English proficiency (LEP). In addition to addressing mobility needs, the proposed deployment will recognize the net impact that access to health services have on patient health care outcomes as well as both the financial and health

outcomes from the perspective of the health care community/Dallas County Health Department (DCHD).

Figure 1 provides an overview of the Health Connector concept.

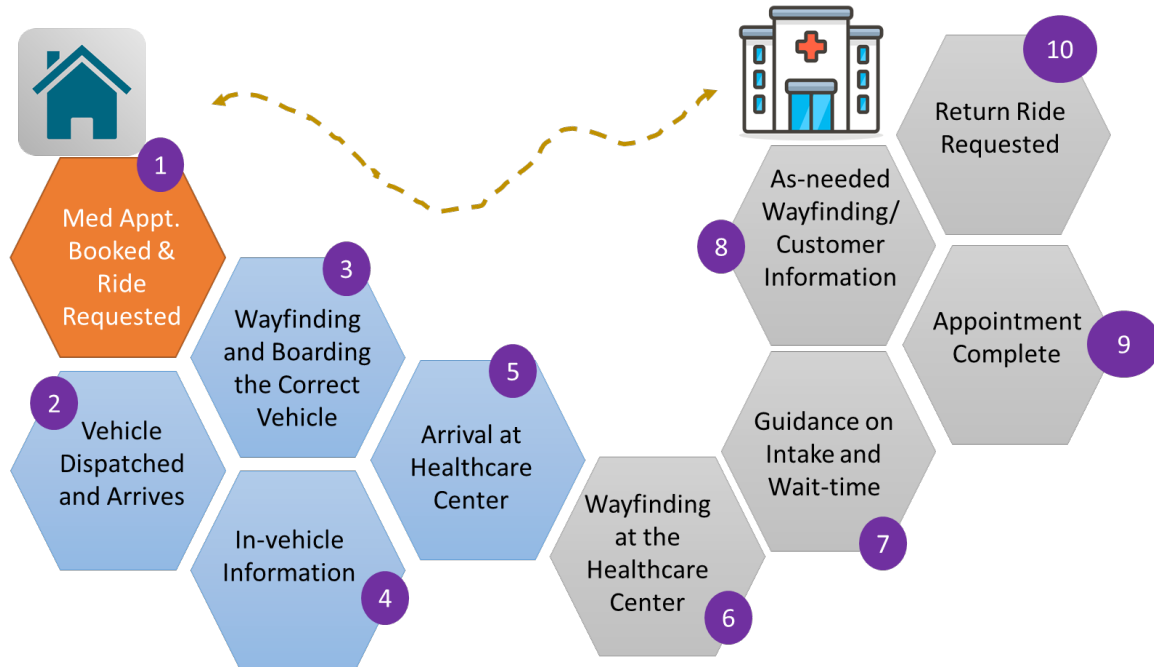


Figure 1. Overview of Health Connector System Concept (Source: HIRTA team)

2 Identification of Participants and Necessary Training

Health Connector builds on existing mechanisms HIRTA customers use to arrange, complete, and pay for their transportation. While ‘customer’ is commonly used by transit agencies and ‘patient’ or ‘consumer’ by healthcare facilities, for this project, ‘Traveler’ will be used to identify individuals who are the intended end users of Health Connector.

Health Connector Travelers and other stakeholders will receive training and orientation modelled on HIRTA’s existing practices, adapted to address those features unique to Health Connector. Since Health Connector Travelers are drawn from the same demographics as HIRTA’s other services, this adaptation of training and orientation is appropriate to meeting customer needs. In addition, since Health Connector will be operated by HIRTA, this adaptive approach will assure consistency and reliability of HIRTA staff performance during Health Connector’s operation.

There are several key users and other stakeholders whose uses of Health Connector, and whose training needs associated with these uses, must be taken into account. These include:

- Dallas County Travelers seeking and receiving transportation to and from medical services, who fall into one or more of Health Connector’s six target populations:
 - residents over the age of 60 (“older adults”),
 - residents of households with income below the federal poverty line (“low- or no-income households”),
 - veterans receiving health care services or benefits from the U.S. Department of Veterans Affairs (“veterans”),
 - residents for whom English is not their primary language (“Limited English Proficiency, or LEP, populations”),
 - residents with disabilities, and
 - residents who live outside the Census-defined Des Moines urbanized area (“rural residents”),
- family members and caregivers for these Travelers,
- Health Navigators, discharge nurses, and other medical provider personnel assisting Travelers, and other professionals who may need to arrange or monitor Traveler trips,
- transportation agency personnel including drivers, dispatchers, and administrative or managerial staff,

- IT personnel and other technology deployment and support staff at HIRTA, other service providers, and their technology vendors, and
- other core stakeholders as indicated in the project's stakeholder registry, such as some agency board members, local officials, advocates, and community leaders, et al.

As detailed later in this document, the training provided to these various users will vary, based on how they will interact with Health Connector.

2.1 Participant Group 1 – Health Connector Travelers

The primary participant group will be Travelers using Health Connector for their non-emergency medical transportation in Dallas County. These individuals will use Health Connector to arrange trips to and from their healthcare providers through app-based, web-based, or telephone-based interactions with HIRTA and the systems that Health Connector includes. They will be responsible for using Health Connector for their complete trips, which means they will need to know how to activate and use its unique features, such as off-vehicle wayfinding at the beginning and end of their trip segments, in addition to knowing how to request a trip, how to monitor the status of a scheduled trip, how to cancel or modify a scheduled trip, and how to experience the trip itself, including boarding, fare payment, receiving or requesting passenger assistance, riding the bus safely, and alighting from the vehicle when arriving at the bus stop or destination. These users may need to know how to distinguish Health Connector services and features from other aspects of HIRTA services. Since Health Connector Travelers will be recruited from among Dallas County residents not already using HIRTA but who fall into one of the six key population groups, their training will have to include and expand upon the introductory orientation, assessment, and travel training that HIRTA makes available to all its new passengers.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.1 Subgroup 1A – Older Adults

If Health Connector usage follows the patterns set through other rural and outer-suburban transportation services, adults over the age of 60 will form a significant share of Travelers. Older adults using Health Connector cannot be assumed to have transit familiarity, even if they are non-drivers, so their training must address the basics of understanding and using door-to-door public transit services. Technological capacity and literacy vary tremendously among older adults; Health Connector training must address savvy users of smart phones and other technology, as well as older adults who lack access to technology or lack the ability to use technology. Training for older adults' use of Health Connector will also address situations in which family members or caregivers will be involved in the Travelers' Health Connector use, whether to arrange transportation or monitor the status of transportation being provided to Travelers under their care or in their family.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.2 Subgroup 1B – Persons from Low- or No-Income Households

To the extent that any Health Connector Travelers subgroup depends on actionable, consistent training, this is reflected in the cohort of Travelers from low- or no-income households. Some of these users will need to learn how to integrate Health Connector services with the Medicaid-funded non-emergency medical transportation that is arranged via Access2Care. Some may need to know how to access Health Connector functions and services if they have limited wireless or web access. Some low- or no-income Travelers may lack personal vehicles and will need to be trained on how to incorporate Health Connector into a full spectrum of transportation services they receive from HIRTA or other providers. Real and perceived issues of costs associated with Health Connector, including how to address the needs of unbanked and no-income users, will be a critical element of training for this subgroup.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.3 Subgroup 1C – Veterans

To the extent that Dallas County veterans will be seeking to use Health Connector as a means for arranging and receiving transportation to and from their medical services, their needs and responsibilities vis-a-vis Health Connector will not be that different from any other Traveler. However, since the VA medical system is largely a “closed box,” minimally integrated with non-VA services or providers, having its own medical staff and system and its own transportation options, it is unlikely that many of this subgroup of potential Travelers will be using Health Connector. However, outreach, engagement, and training approaches to suit veterans must be considered with specialized attention, as documented elsewhere in this plan and other project documents.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.4 Subgroup 1D – Persons with Limited English Proficiency

Of all the targeted populations in this project, it is possible that Health Connector may lead to the greatest gains in improved health outcomes among those Travelers whose primary language is not English. These individuals will benefit from Health Connector’s multilingual capabilities, whether in-app, on-line, or via telephone, and they stand to have the greatest possible benefits from Health Connector’s off-vehicle wayfinding and navigation features.

These potential gains will be realized only through effective outreach and training. Training must be linguistically accessible across multiple languages. Currently Spanish is the dominant non-English language used in Dallas County, with a wide number of other languages each being spoken by very small numbers of individuals with limited English proficiency. As a result, training will need to be designed that is accessible to Spanish speakers and that assures linguistic accessibility for persons with limited English proficiency whose primary language is not Spanish.

The ranges of literacy, technological proficiency, cultural attitudes, and experiences among these non-English speakers must be factored into the design of Health Connector, so that no one is “left behind” with worsening health outcomes or worsening healthcare access simply because language barriers kept them from using Health Connector to arrange their medical transportation.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.5 Subgroup 1E – Persons with Disabilities

For Travelers with disabilities, there are several responsibilities to consider. HIRTA is experienced in both providing accessible transportation services and accessible training for passengers with disabilities. Therefore, much of how to design and provide this training for Travelers with disabilities can be modeled on HIRTA's existing training for its first-time users with disabilities. The wayfinding and navigation component of Health Connector must provide accessible navigation instructions for Health Connector users with disabilities and must provide wayfinding along accessible routes or pathways for Connector users with wheelchairs or other mobility aids.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.1.6 Subgroup 1F – Rural Residents

Travelers who live in rural Dallas County, but who do not also fall within any of the preceding user subgroups, must be trained on how to engage with Health Connector if they have no, or inadequate, wireless and/or internet access, and there may be instances where would-be Travelers in rural areas need to understand their responsibilities and reasonable service expectations if they are beginning and/or ending their trip(s) where there is little to no evidence of standard street addresses. They must be trained about responsibilities and options when seeking status updates on their Health Connector services in places that are wireless/internet dead zones. As is the case with all Health Connector Travelers, individuals in this subgroup need to be offered generalized training in the understanding and use of rural transit, since Phases 2 and 3 of Health Connector are targeted to individuals not already using HIRTA's transit services.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.2 Participant Group 2 – Family Members & Caregivers

Family members and other caregivers for Travelers will interact with Health Connector in a number of ways. In many cases, these individuals will want or need to know enough about the Connector to know how – or whether – it is used by their family member, resident, or patient. These family members and caregivers will need to know how much information – theirs or the Traveler's – is needed in order to access and use the service. They will need to know how to check the status of Health Connector trips. It is likely that many of these family members and caregivers will use Health Connector to arrange medical transportation on behalf of the end user. It is also likely that few, if any, Travelers' family members or caregivers will be familiar with rural transit in general or HIRTA in particular, so their training must be clear about how transportation services are provided and what they can reasonably expect about the service and level of assistance provided to Travelers.

Primary role/responsibility: recipient of training, assistance, outreach and engagement

2.3 Participant Group 3 – Third-Party Health Connector Users

In addition to family members and in-home or community-based caregivers, other third parties will engage with Health Connector in a variety of ways. Among these are Health Navigators (at Dallas County Health Department) and discharge nurses, social workers, case managers, and other personnel in medical facilities, social services organizations, residential facilities, etc., all of whom may need the ability to arrange and monitor the provision of Health Connector transportation services for their patients or customers. In addition, these individuals will need to know enough about Health Connector to be able to explain, train, and troubleshoot aspects of Health Connector for their patients or customers.

Primary roles/responsibilities: (1) recipient of training, assistance, outreach and engagement; (2) provider of limited training and assistance to end users.

2.3.1 Subgroup 3A – Health Navigators

Dallas County Health Department (DCHD) has a small group of Health Navigators who help DCHD's patients receive quality, appropriate healthcare. This may mean helping patients navigate a confusing tangle of healthcare bureaucratic functions, insurer requirements, follow-up medical procedures and appointments, etc., as well as transportation to healthcare, all of which can be challenging for patients and their families or caregivers to manage on their own, even with the aid of technology. The DCHD Health Navigators may find they have several roles and responsibilities introduced through Health Connector, including finding ways to “plug in” some DCHD patients and customers into using Health Connector, educating, and troubleshooting new Travelers', family members', and caregivers' use of Health Connector, and sometimes using Health Connector directly to arrange medical transportation for DCHD patients (new Travelers).

Primary roles/responsibilities: (1) recipient of training, assistance, outreach and engagement; (2) provider of limited training and assistance to end users.

2.3.2 Subgroup 3B – Medical Provider Personnel

Aside from Dallas County Health Department, staff at other hospitals and medical facilities will have a number of reasons for engaging with Health Connector, and a number of roles they may find themselves performing. Chief among these will be arranging rides home (possibly with en-route stops at pharmacies or other necessary locations) for individuals who have completed a doctor's visit or other healthcare appointment. These healthcare workers will need to know how to use Health Connector, including ways to introduce some of their patients to using Health Connector, educating and troubleshooting Travelers', family members', and caregivers' use of Health Connector, and sometimes using Health Connector directly to arrange medical transportation for patients. Since many of these medical personnel may lack familiarity with rural transit in general or HIRTA in particular, their training must be clear about how transportation services are provided and what they can reasonably expect about the service and level of assistance provided to Travelers.

Some healthcare personnel, including physicians, and staff whose roles do not require direct arrangement of transportation for Travelers, will benefit from general information and outreach on Health Connector, consistent with what is provided to other stakeholders in section 2.6 below.

Primary roles/responsibilities: (1) recipient of training, assistance, outreach and engagement; (2) advising end users on the Connector's operation and connecting these users to training and orientation resources.

2.4 Participant Group 4 – Transportation Providers

Since HIRTA (along with other medical transportation providers in Dallas County, at least in principle) is the linchpin for deploying Health Connector and making it work successfully for Travelers and other stakeholders, effective engagement with, and training of, transportation provider staff is of central importance to this project.

Since many Travelers will likely have disabilities, personnel associated with this deployment must, per the USDOT ADA regulations at 49 CFR 37.173 be “trained to proficiency, as appropriate to their duties, so that they operate vehicles and equipment safely and properly assist and treat individuals with disabilities who use the service in a respectful and courteous way, with appropriate attention to the difference among individuals with disabilities.” HIRTA maintains full compliance with the ADA in its current services; that same level of compliance will be extended to its design and operation of Health Connector.

2.4.1 Subgroup 4A – Drivers

HIRTA's drivers assigned to providing Health Connector services will need to be trained in how Health Connector works, how it differs from other HIRTA services, and how its unique features (such as multilingual capacity and off-vehicle wayfinding) are provided and used by Travelers. The vehicles, operating policies and procedures, scheduling and dispatching technologies, and nature of passenger assistance are expected to be substantially the same for Health Connector and HIRTA's other services, but as distinguishing features arise, drivers will require training on aspects unique to Health Connector. Because drivers often are the sole point of in-person interface between passengers and the transportation system, there will be times when drivers will provide guidance, information, troubleshooting, or assistance to Travelers.

Primary roles/responsibilities: (1) recipient of training on core Health Connector functions; (2) provider of limited training and assistance to end users.

2.4.2 Subgroup 4B – Dispatchers, Call Center Personnel, and Other Front-Line Operating Staff

HIRTA's dispatchers, call center personnel, and other front-line operating staff assigned to provide Health Connector services will be trained in how Health Connector works, how it differs from other HIRTA services, and how its unique features (such as multilingual capacity, off-vehicle wayfinding and empowerment of third parties to arrange, modify, and monitor trips) are provided and used by Travelers. The technology guiding Health Connector's operations, along with the vehicles, operating policies and procedures, scheduling and dispatching practices, and nature of passenger assistance, are expected to be substantially the same for Health Connector and

HIRTA's other services; as distinguishing features arise, this group of personnel will require training on aspects unique to Health Connector.

Primary roles/responsibilities: (1) recipient of training on core Health Connector functions; (2) provider of limited training and assistance to end users.

2.4.3 Subgroup 4C – Travel Trainers

In contrast to HIRTA's other operational staff, it is possible the travel trainers may become involved in direct training of Travelers around their use of Health Connector. Unlike other aspects of travel training, though, Health Connector training will be relatively informal, largely geared around identifying when Health Connector is an appropriate component of a Traveler's transit activities, and helping the Traveler recognize how to navigate the pertinent app, website, or telephone contact. In particular, travel trainers will need to know how to train Travelers on accessing Health Connector's wayfinding features and multilingual capabilities, and they will need to know about the use of Health Connector features to empower third parties – such as family members, caregivers, medical facility personnel or social services or care facility personnel – in arranging, modifying, and monitoring Travelers' Health Connector transportation.

Primary role/responsibility: provider of ad hoc training on core Health Connector functions and features, as appropriate to individual users' circumstances.

2.4.4 Subgroup 4D – Administrative & Managerial Staff

For the most part, HIRTA's management team is responsible for maintaining overall awareness and oversight on the functioning of Health Connector, including outreach to, and engagement with, core stakeholders both within and external to the HIRTA operation. However, one vector of oversight for which the involved engagement of HIRTA management is critical is to determine the nature of formal and informal participant training that will be necessary under Phase 2. In particular, HIRTA's management is responsible for seeing that training is designed and carried out as appropriate to each of the participant groups defined in this section.

Primary role/responsibility: determine specific training approaches and strategies to be used with respect to each of Health Connector participant groups defined in this section.

2.5 Participant Group 5 – Technology Personnel

The technological core of Health Connector is an integration of existing “off the shelf” mobility-on-demand transit software, “off the shelf” wayfinding software, and “off the shelf” multilingual capabilities, leveraging the full functionality of these software platforms to provide a Complete Trip experience for Travelers, to enable same-day arrangement and modification of Travelers' trips, and to empower third parties (such as family members, caregivers, and medical facility personnel) to arrange, modify, and monitor Travelers' trips. Therefore, IT staff at HIRTA and the vendors whose products are being integrated to create Health Connector, will be trained on technical features behind the integration and on how HIRTA and Travelers will use the integrated product. This will include vendor personnel supporting: HIRTA's transit reservation, scheduling, and dispatching software; successor or third-party software vendors supporting HIRTA's current

or evolved transit operations; and the wayfinding software that will be integrated into Health Connector. During Phase 2, it is possible that Health Connector will develop interfaces with the state of Iowa's Medicaid non-emergency medical transportation broker and the patient scheduling components of Dallas County and Des Moines area hospitals' electronic health record systems, in which case these vendor and technology personnel will be included in this participant group.

2.5.1 Subgroup 5A – Transit Agency Technology Staff

Technology staff at HIRTA will be central to this training strategy. They will guide the development of in-app and on-line help screens, will ensure technological accessibility for all Travelers, including people who are blind and low-vision, will work to maintain ongoing consistency between the public-facing technology components of Health Connector and HIRTA's other apps and sites, and will establish communication and feedback protocols so that problems, confusion, or misunderstandings related to Health Connector technology are quickly and effectively resolved.

Primary role/responsibility: design and monitor on-line help screens, ensure ongoing technological accessibility, maintain consistency with other HIRTA sites and apps, design and carry out systems for resolving user problems, confusion or misunderstanding among all of Health Connector participant groups defined in this section.

2.5.2 Subgroup 5B – Technology Developer/Vendor Staff

Key to the effective training, assistance, outreach, and engagement with Travelers and other stakeholders is the design of underlying technologies by developers and vendors, and the guidance these partners provide to HIRTA and other participating entities in Health Connector. The technology must be designed to ensure accessible, intuitive use by Travelers, and the developer must convey information concerning content, use, and function to HIRTA and other partners, so that they may provide training, information, outreach, and engagement.

Primary role/responsibility: verify user and system requirements, support effective integration across participating platforms, develop and provide reliable training, information and guidance to HIRTA and other key partners in Health Connector's operation.

2.6 Participant Group 6 – Other Core Stakeholders

Other core stakeholders are identified in the stakeholder registry. They are primarily federal, state, and local officials whose duties or responsibilities intersect with the deployment and operation of Health Connector, or else who are affiliated with local entities with identified interest in Health Connector, even if not directly involved with Travelers' use of Health Connector, such as local support and advocacy networks and local information and referral services. These stakeholders will need orientation and ongoing general information about the nature and scope of Health Connector, but they probably will not need any specific training on how to use it.

3 Participant Eligibility, Recruitment, Selection, and Retention

3.1 Eligibility

For Phases 2 and 3 of this project, participants will be residents of Dallas County, Iowa, already receiving medical services from healthcare providers in Dallas County or the Des Moines metropolitan area, but who are not current users of HIRTA. As explained in this project's Human Use Approval Summary document (Publication FHWA-JPO-21-897), these participants must be at least 18 years of age, and they will have to give voluntary consent to participate in the Health Connector project.

3.1.1 Participant Group 1 – Health Connector Travelers

As the following data indicate, the ultimate universe of potential Health Connector Travelers in Dallas County numbers in the tens of thousands of individuals. However, HIRTA's current active registered customer base in Dallas County numbers 146 people, only 65 of whom used HIRTA in the 2020 calendar year. In Phase 2, the project team plans to engage approximately 50 persons for initial participation. It is important to note the following user subgroups are not exclusive and have significant overlaps. To illustrate that point, the majority of HIRTA's current customers in Dallas County are rural residents over the age of 60 who have disabilities.

3.1.1.1 Subgroup 1A – Older Adults

According to Census Bureau estimates, there were 15,579 persons age 60 or more residing in Dallas County in 2019. Because Aging Resources for Central Iowa uses their Older Americans Act "Title III-B" funds to help underwrite transportation services that HIRTA provides to persons over the age of 60, that is how "older adults" are defined in this project and in HIRTA's current operations. Most of these older adults do not currently use HIRTA to access their healthcare. However, the majority of HIRTA's users from Dallas County are over the age of 60.

- **Dallas County population age 60 or more: 15,579**
- **Current HIRTA users in Dallas County age 60 or more: 54**
- **Target number of Health Connector Travelers age 60 or more: 40**

3.1.1.2 Subgroup 1B – Persons from Low- or No-Income Households

According to Census Bureau estimates for 2019, there were 3,463 residents of Dallas County living in households with income at or below the federal poverty line. Most of these individuals do not currently use HIRTA to access their medical care.

- **Dallas County population living in poverty-income households: 3,463**
- **Current HIRTA users in Dallas County living in poverty-income households: 7**
- **Target number of Health Connector Travelers living in poverty-income households: 10**

3.1.1.3 Subgroup 1C – Veterans

According to the Census Bureau estimates for 2019, the population of Dallas County included 3,661 veterans. None of these individuals currently use HIRTA.

- **Dallas County veteran population: 3,661**
- **Current Dallas County veterans using HIRTA: none**
- **Target number of Health Connector Travelers who are veterans: 10**

3.1.1.4 Subgroup 1D – Persons with Limited English Proficiency

According to Census Bureau estimates for 2019, the population of Dallas County included 2,399 persons who identified themselves as speakers of languages other than English and who indicated they did not speak English well. Few, if any, of these individuals currently use HIRTA .

- **Dallas County residents with LEP status: 2,399**
- **Current Dallas County residents with LEP status known to use HIRTA: none**
- **Target number of Health Connector Travelers with LEP status: 20**

3.1.1.5 Subgroup 1E – Persons with Disabilities

According to Census Bureau estimates for 2019, the population of Dallas County included 6,441 persons who identified themselves as having a disability. Many of these individuals do not currently use HIRTA to access their healthcare. Although HIRTA's mission and its operation is to provide public transit for all persons in its seven-county service area, regardless of disability, fully 100 percent of its current riders in Dallas County are individuals with disabilities, and 65 percent of current HIRTA customers in Dallas County use wheelchairs or have disabilities for which a ramp or lift-equipped vehicle is necessary.

- **Dallas County residents with disabilities: 6,441**
- **Current Dallas County residents with disabilities using HIRTA: 65**
- **Target number of Health Connector Travelers with disabilities: 40**

3.1.1.6 Subgroup 1F – Rural Residents

Definitive classification of population and places as urban or rural happens only in conjunction with the Census Bureau's decennial population counts. In other words, urban or rural residence is

not included in the American Community Survey, nor in any other Census Bureau program. In the 2010 population census, Dallas County's total population was 66,135, of whom 35,109 people (53 percent of the county's population) lived within the Des Moines urbanized area, and 31,026 residents of Dallas County (47 percent of the county's population) lived outside the urbanized area, and thus are considered "rural" residents for the purposes of most Federal Transit Administration (FTA) and Federal Highway Administration (FHWA) programs. The county's population increased more than 50 percent between 2010 and 2020, to a total population in the 2020 census of 99,678 persons. Urban-rural determinations have not yet been made by the Census Bureau. These determinations may be published during Phases 2 and 3 of the project. In the meantime, the project team will operate under the assumption that most of the population increase has been experienced in the urbanized portions of Dallas County, which encompasses the Dallas County portions of the cities of Clive, Urbandale, Waukee, and West Des Moines.

- **Share of Dallas County residents living in non-urbanized areas (2010): 47%**
- **Current Dallas County rural residents using HIRTA: 41 (63%)**
- **Target number of Health Connector Travelers living in rural areas: 35**

3.1.2 Participant Group 2 – Family Members & Caregivers

The project team recognizes that family members and other caregivers for Travelers will be interacting with Health Connector in a number of ways, and we will include them in training, assistance, outreach, and engagement. For instance, we expect that if Travelers experience difficulty with the app or website, or if there is disruption or confusion as to the status of their transportation, it is likely that a family member or caregiver will want or need to intervene on behalf of, or out of concern for, the Traveler. Some Travelers will need or want to be accompanied by family members or caregivers, whether to provide physical or emotional assistance, to serve as translators for persons with limited English proficiency, or for other reasons. HIRTA does not collect data on current use of family members or caregivers involved with customer's transportation, so it is difficult to set a target for participation rates among this group. The project team anticipates between 40 and 50 family members and/or caregivers for Travelers will engage with Phase 2 of the project, whether to accompany Travelers, help make Travelers' arrangements via Health Connector, or simply to monitor the status of Travelers' service with Health Connector.

3.1.3 Participant Group 3 – Third-Party Health Connector Users

Dallas County Health Department Health Navigators and other healthcare personnel interacting with Travelers will be among the most actively engaged participants, other than the Travelers themselves. They will enter the participant pool by virtue of their occupations and workplaces, and they will need training regarding assistance, outreach, and engagement in Health Connector.

3.1.3.1 Subgroup 3A – Health Navigators

As described in section 2.3.1, Dallas County Health Department (DCHD) has a small group of Health Navigators, currently fewer than 10, all of whom are considered to be in this subgroup.

3.1.3.2 Subgroup 3B – Medical Provider Personnel

As described in section 2.3.2, staff at hospitals and medical facilities outside of the Dallas County Health Department will be engaged with the Health Connector Project. Ideally, these individuals can coordinate the scheduling of healthcare services to best fit Travelers' transportation availability. Seamless coordination of transportation and patient management scheduling technologies is a longer-term goal, the fulfillment of which will be predicated on negotiating interfaces with proprietary, HIPAA-compliant electronic health records systems and the ability of healthcare facilities to adjust the patient discharge procedures used by their front-line staff. Nonetheless, a central feature of Health Connector in Phases 2 and 3 will be to assure that healthcare personnel are successful at facilitating Travelers' complete trips, using Health Connector. The number of these healthcare engagements will be identified through continued outreach by the project team with discharge and case management staff at Broadlawns Medical Center, the Unity Point hospitals in Des Moines, Mercy One's healthcare facilities in Des Moines, the Des Moines VA Medical Center, and other major healthcare destinations identified by Health Connector Travelers. The project team anticipates around 20 healthcare workers will become active participants in Health Connector during phase 2.

3.1.4 Participant Group 4 – Transportation Providers

The project team anticipates that between 20 and 30 personnel at HIRTA (and any other transportation providers that engage with the Connector during Phase 2) will find themselves in this group, including the following subgroups:

3.1.4.1 Subgroup 4A – Drivers

Up to ten of HIRTA's drivers (and those of other transportation providers) may be assigned to provide Health Connector services as their primary function.

3.1.4.2 Subgroup 4B – Dispatchers, Call Takers and Other Front-Line Operating Staff

HIRTA's five dispatchers, two call-takers, and other front-line operating staff (and those of other transportation providers) will provide Health Connector services in coordination with HIRTA's other operations.

3.1.4.3 Subgroup 4C – Travel Trainers

HIRTA's Mobility and Outreach Coordinator, and any travel trainers hired to work with him, will be involved in direct training and assessment of Travelers around their use of Health Connector.

3.1.4.4 Subgroup 4D – Administrative & Managerial Staff

All of HIRTA's nine-person management team will participate in Health Connector, including outreach to, and engagement with, core stakeholders within and external to the HIRTA operation.

3.1.5 Participant Group 5 – Technology Personnel

The number of participants in this group will be fluid, as it includes not only HIRTA IT staff but also staff from vendors whose software products will be integrated to create Health Connector. Nonetheless, their roles in establishing and enabling effective use, training, assistance, outreach,

and engagement with Health Connector among the other identified participant groups are critical to overall project success. They are broken down into two distinct subgroups:

3.1.5.1 Subgroup 5A – Transit Agency Technology Staff

The two- or three-person technology staff at HIRTA, who will guide the development of in-app and on-line help screens, will ensure technological accessibility for all Health Connector’s Travelers and other participant groups, will work to maintain ongoing consistency between the public-facing technology components of Health Connector and HIRTA’s other apps and sites, and will establish communication and feedback protocols so that problems, confusion, or misunderstandings related to Health Connector technology are quickly and effectively resolved.

3.1.5.2 Subgroup 5B – Technology Developer/Vendor Staff

Developers directly engaged with designing and deploying Health Connector fall into this subgroup, as do the vendors and developers of any third-party technologies in place at HIRTA or its partners whose products must compatibly interface with Health Connector. This subgroup will include representation from both the mobility-on-demand software vendor and the wayfinding software vendor, but the numbers of individuals from these vendors who will be ongoing participants in Health Connector is yet to be determined.

3.1.6 Participant Group 6 – Other Core Stakeholders

As described in section 2.6, other core stakeholders are identified in the stakeholder registry. Based on the current registry, there are 38 core stakeholders not included in the enumeration of Participant groups 1 through 5.

3.2 Recruitment and Selection

The purpose of Health Connector is to develop and test a strategy for improving healthcare outcomes for residents of Dallas County, Iowa, through an integration of existing “off the shelf” mobility-on-demand transit software, “off the shelf” wayfinding software, and “off the shelf” multilingual capabilities, leveraging the full functionality of these software platforms to provide a Complete Trip experience for Travelers, to enable same-day arrangement and modification of Travelers’ trips, and to empower third parties (such as family members, caregivers and medical facility personnel) to arrange, modify, and monitor Travelers’ trips.

In determining the apparent results and outcomes associated with Health Connector, four primary research questions will be explored. They are:

1. How did Health Connector improve mobility for Dallas County residents in terms of their access to healthcare?
2. Which deployed strategies, services, and/or components of Health Connector contributed most significantly to Health Connector’s positive outcomes?
3. In general, what was the degree to which the benefits of Health Connector accrued to Dallas County’s (a) residents over the age of 60, (b) residents of households with income

below the federal poverty line, (c) veterans receiving health care services or benefits from the U.S. Department of Veterans Affairs, (d) residents for whom English is not their primary language, (e) residents with disabilities, and (f) residents who live outside the Census-defined Des Moines urbanized area?

4. More specifically, to what extent did use of Health Connector reduce the number of missed medical appointments for Dallas County's (a) residents over the age of 60, (b) residents of households with income below the federal poverty line, (c) veterans receiving health care services or benefits from the U.S. Department of Veterans Affairs, (d) residents for whom English is not their primary language, (e) residents with disabilities, and (f) residents who live outside the Census-defined Des Moines urbanized area?

As detailed in the Human Use Approval Summary for this project, those research questions will be investigated through an examination of performance data generated by Health Connector's technology, and through surveys of Health Connector Travelers and a comparable control group of existing HIRTA customers.

In advance of Phase 3 of this project, individuals will be recruited to participate in Health Connector. A comparable cohort of current HIRTA customers in Dallas County will be recruited to participate as a "control group" to help evaluate Health Connector outcomes. Trusted third parties in Dallas County will assist in the recruitment of participants and may participate as project stakeholders. These trusted third parties will be identified and engaged in Phase 2 of the project, and they are likely to include public sector or nonprofit entities serving older adults, public sector or nonprofit entities providing services or assistance to low-income families, local veterans service organizations, entities providing services to Spanish-speaking populations, immigrants, and refugees, and public sector or nonprofit entities providing advocacy and services for adults with disabilities in Dallas County.

The research subjects whose data and survey responses will be used to assess the four research questions identified above will be drawn from up to 100 percent of these participant groups:

- Health Connector Travelers (Participant Group 1)
- Family members and caregivers of Health Connector Travelers (Participant Group 2)
- HIRTA customers in control group (surveyed for research purposes, but not trained on Health Connector)

Other cohorts will be centrally involved with designing, operating, and promoting Health Connector and must be trained accordingly, but they are not themselves research subjects for this project. Those cohorts consist of:

- Third-party Health Connector users (Participant Group 3)
- Transportation provider personnel (Participant Group 4)
- Technology personnel (Participant Group 5)
- Other core stakeholders (Participant Group 6)

Prospective Health Connector Travelers will be identified by working through trusted third parties actively working with the six target user groups. As project stakeholders, these third-party entities will be oriented to the goals, priorities, and planned implementation of Health Connector, and they will be asked to reach out to and identify potential participants from among their customer base or constituency. Once identified, selection of these participants for Health Connector will be made through the project's principal investigator and her staff at Iowa State University's Institute of Transportation (InTrans), who will: confirm individuals' and caregivers' or family members' agreement to participate in Health Connector, ask for these persons' Informed Consent (without which an individual cannot participate in the Health Connector project during the Phase 3 period), and gather some initial data about each selected individual. IRB review and permissive determination is needed before these recruitment and selection steps can take place.

Once the initial cohort of approximately 50 Health Connector Travelers is enlisted, HIRTA will randomly select a comparable number of its current users in Dallas County to serve as a control group for research purposes. These individuals' names and contact information will be forwarded to the InTrans team, who will seek their Informed Consent and initial data, also in accordance with IRB review and determination.

Initial information expected to be gathered from all selected persons for both Health Connector Travelers and the HIRTA control group is likely to be as described below. The specific sequence and phraseology of these items will be refined with the support of InTrans and the Iowa State University Center for Survey Statistics and Methodology (CSSM). This early involvement by InTrans and CSSM will help assure consistency between Health Connector data systems and the survey work to be conducted by InTrans and will assure designed conformity and compliance with research design as approved by the ISU Institutional Review Board.

- Participant's name and phone number
- Is participant a resident of Dallas County (Y/N)? (If no, then the individual will not participate)
- Does the participant live in either the city of Clive, Urbandale, Waukee, or West Des Moines? (Y/N) (Residents of those municipalities are within the Des Moines urbanized area, while residents of all other portions of Dallas County are rural residents, according to Census Bureau determinations.)
- Is participant over the age of 60 (Y/N)?
- Is participant under the age of 18 (Y/N)? (If yes, then the individual will not participate)
- Is the participant's annual household income (a) less than \$13,000, (b) between \$13,000 and \$30,000, or (c) more than \$30,000?
- How many persons, including both children and adults, live in the participant's household? (This and the previous question will help determine whether a participant is living in a household with income below the federal poverty line.)

- Is the participant a veteran receiving healthcare from the Department of Veterans Affairs (Y/N)?
- Does the participant speak English as their primary language (Y/N)? (If not, the research team will ask if the participant prefers to rely upon another language for their participation in the Health Connector service and in the associated survey activity and will have to provide the most seamlessly possible transition to the participant's non-English language of choice.)
- Does the participant have a disability (Y/N)? (This asks only for self-reported disability status; all HIRTA services, including those of Health Connector, are demand-response public transportation services already operated in full compliance with the Americans with Disabilities Act, which means the research activity is not used to examine whether reasonable accommodation is being provided to individuals on the basis of disability. Therefore, the research team does not need, and should not be asking about, any information on persons' specific disability status or accommodations.)
- Does the participant have one or more adult family members or caregivers who will be involved in their use of Health Connector (Y/N)? (If so, then the family member or caregiver is identified, asked for their informed consent to participate in the research aspect of the study, and asked if they concur with the above information provided by the prospective Health Connector participant.)

3.2.1 Participant Group 1 – Health Connector Travelers

As stated earlier, approximately 50 prospective Health Connector Travelers will be identified, through the engagement and assistance of trusted third parties. The different user subgroups each have potential entities or networks through which prospective participants can be identified, as listed in the examples below.

- Subgroup 1A – Older Adults – can be enlisted through Aging Resources of Central Iowa (already on stakeholder registry), county-level aging service organizations, or local AARP.
- Subgroup 1B – Persons from Low- or No-Income Households – can be enlisted through New Opportunities (already on stakeholder registry) or other entities providing assistance or support to low-income households.
- Subgroup 1C – Veterans – can be enlisted through Dallas County Office of Veterans Affairs (already on stakeholder registry), Des Moines VA Medical Center, or local veterans service organizations.
- Subgroup 1D – Persons with Limited English Proficiency – can be enlisted through Iowa Bureau of Refugee Services (already on stakeholder registry) or community-based organizations serving populations with primary languages other than English.
- Subgroup 1E – Persons with Disabilities – can be enlisted through Disability Rights Iowa and/or Iowa State Developmental Disabilities Council (both already on stakeholder registry) or through community-based organizations serving or advocating for individuals with disabilities.

- Subgroup 1F – Rural Residents – can be enlisted through Dallas County Health Department, Dallas County Hospital, and/or cities of Perry and Adel (all of which already are on stakeholder registry) or other local governments, social services, or community organizations serving persons living in the rural portions of Dallas County.

3.2.2 Participant Group 2 – Family Members & Caregivers

Members of this participant group are identified during the course of considering prospective Health Connector Travelers, as explained previously. Prospective Travelers who indicate they have one or more adult family members or caregivers who will be involved in their use of Health Connector will create an opportunity for the family member or caregiver to be identified, asked for their informed consent to participate in the research aspect of the study, and asked if they concur with the prospective Health Connector Traveler's statements regarding potential participation.

3.2.3 Participant Group 3 – Third-Party Health Connector Users

These individuals are selected based on their occupations leading directly to engagement with and use of Health Connector. Although involved in aspects of Health Connector, and having their organizations supply some quantitative, systems-based data used to inform the project's internal evaluations, members of this group will not be research subjects.

- Subgroup 3A – Health Navigators

Dallas County Health Department (DCHD) Health Navigators.

- Subgroup 3B – Medical Provider Personnel

Personnel at medical offices and facilities used by HIRTA Health Connector Travelers.

3.2.4 Participant Group 4 – Transportation Providers

Staff at HIRTA (along with other medical transportation providers in Dallas County, at least in principle) working on or with Health Connector will participate in Health Connector, insofar as their organizational role is to provide the transportation to and from healthcare services for Travelers. Members of Group 4, including the following subgroups, will not be research subjects:

- Subgroup 4A – Drivers
- Subgroup 4B – Dispatchers, Call-Takers, and Other Front-Line operating Staff
- Subgroup 4C – Travel Trainers
- Subgroup 4D – Administrative & Managerial Staff

3.2.5 Participant Group 5 – Technology Personnel

Members of this group will be engaged in work related to Health Connector to the degree and for the duration as required because of their professional responsibilities, whether as HIRTA

employees or as vendor or contractor personnel, but their association with this project is limited to the terms of their employment or contractual relationships.

- Subgroup 5A – Transit Agency Technology Staff
- Subgroup 5B – Technology Developer/Vendor Staff

3.2.6 Participant Group 6 – Other Core Stakeholders

Other core stakeholders are identified in the stakeholder registry. By virtue of their requested inclusion on the stakeholder registry, organizations (and their designated points of contact) will be members of this group for the duration of Phases 2 and 3 of the Health Connector project.

3.3 Retention

Retention of Travelers will be a matter of attention and concern in this project. Most other identified participant groups are included by virtue of their organizational roles and employment, and thus retention within other participant groups is less likely to be an issue.

3.3.1 Participant Group 1 – Health Connector Travelers

During the course of Phases 2 and 3, any sudden changes in Travelers' use of Health Connector will be reviewed, probably with some level of contact with the Travelers. Those Travelers who have started, then stopped, using Health Connector will be asked an (optionally anonymous) "exit interview" question along the lines of "Why did you stop using this service?" If their stated reason is something that can be remediated through some quick training, technological assistance, or other intervention, that will be offered. If an inactive Traveler's reason(s) for no longer using Health Connector are for some other cause, such as completion of a course of medical treatment or relocation of either the individual or their healthcare provider, that will be catalogued and included for discussion in ISU's evaluation of the project.

The above process will be used to address risks of non-retention among all the target subgroups:

- Subgroup 1A – Older Adults
- Subgroup 1B – Persons from Low- or No-Income Households
- Subgroup 1C – Veterans
- Subgroup 1D – Persons with Limited English Proficiency
- Subgroup 1E – Persons with Disabilities
- Subgroup 1F – Rural Residents

If a member of the Health Connector Traveler group leaves the project, whatever the reason, project staff will endeavor to enlist a demographically comparable new participant, following the steps described in section 3.2, above.

Ongoing participation in the project by Health Connector Travelers will be tracked and verified through InTrans' annual surveys and annual renewal of Travelers' Informed Consent (and the renewal of informed consent by family members and/or caregivers, as indicated).

3.3.2 Participant Group 2 – Family Members & Caregivers

The same approach to retention of Health Connector Travelers discussed above will apply equally to retention of family members and caregivers within this participant group.

3.3.3 Participant Group 3 – Third-Party Health Connector Users

There is likely to be job turnover and shifts of professional responsibilities or priorities among the individuals in this group. As people or their positions change, it will be the responsibility of HIRTA and other Health Connector project staff to identify, engage with, orient, and train successor individuals on Health Connector and its operations. This approach applies to:

- Subgroup 3A – Health Navigators
- Subgroup 3B – Medical Provider Personnel

3.3.4 Participant Group 4 – Transportation Providers

As HIRTA personnel change, whether through staff losses, staff additions, or changes in staff members' duties, there will be an ongoing need to identify, orient, train, and deploy individuals in this group whose duties have some focus on Health Connector and its operations. This consideration applies to:

- Subgroup 4A – Drivers
- Subgroup 4B – Dispatchers, Call-Takers and Other Front-Line Operating Staff
- Subgroup 4C – Travel Trainers
- Subgroup 4D – Administrative & Managerial Staff

3.3.5 Participant Group 5 – Technology Personnel

These individuals are engaged with Health Connector on account of their occupation and/or business relationships with the arrangement and provision of medical transportation to Travelers. Corporate and professional continuity of engagement with Health Connector is critical, which means that successors to departing technology personnel will need to be designated by the pertinent agency, vendor, or other contractor, whether for:

- Subgroup 5A – Transit Agency Technology Staff
- Subgroup 5B – Technology Developer/Vendor Staff

3.3.6 Participant Group 6 – Other Core Stakeholders

Other core stakeholders are identified in the stakeholder registry. They primarily are federal, state and local officials whose duties or responsibilities intersect with the deployment and operation of the Health Connector, or else are affiliated with local entities, such as social service organizations, with identified interest in the Connector, even if not directly involved with participants' use of Health Connector. As stakeholders or their named points of contact change over time, successors will need to be identified, and new persons in the stakeholder registry will need to receive applicable overviews and orientations.

4 Training Methodology

In its routine operations, HIRTA carries out an ongoing program of orienting and training new users of its transit services. While not a mandatory requirement for new users, HIRTA has found that they can assure safe and efficient service provision and customer satisfaction by providing basic on-line and in-person overviews to help familiarize individuals with how the service operates and how customers may arrange trips and safely use HIRTA's transit services to reach their destinations. HIRTA offers, but does not require, on-line tutorials to guide users through the use of its current "Amble" smartphone app, which customers can use to arrange their transportation. HIRTA also provides individualized travel training and on-board orientation to help make sure that new users are demonstrating proficiency and familiarity with how to use HIRTA to get to their destination. This same combination of presentations, on-line tutorials, and individualized instruction will be used to train participants in Health Connector. Most of that training will be almost identical for both Health Connector Travelers and for HIRTA's other customers, but details of this training will be tailored to incorporate Health Connector's unique features.

4.1 Participant Group 1 – Health Connector Travelers

In general, training goals, objectives, topics, and methodologies will be the same for all Health Connector Travelers, no matter their subgroup. Areas of focus may vary somewhat; for example, some Travelers with disabilities may seek and benefit from more training on Health Connector's disability-related accessibility features and policies, or some Travelers with limited English proficiency may seek and benefit from more training around Health Connector's linguistic accessibility features, and it is possible that some older or low-income Health Connector Travelers may want less emphasis on app use in Health Connector, focusing more on traditional telephone-based approaches for their interactions with Health Connector. For all passenger subgroups participating in Health Connector, though, HIRTA will have the same fundamental training goal: to ensure the Traveler's safe and maximally independent use of Health Connector.

This goal remains consistent for all Health Connector Travelers, whether they are (a) residents over the age of 60 ("older adults"), (b) residents of households with income below the federal poverty line ("low- or no-income households"), (c) veterans receiving health care services or benefits from the U.S. Department of Veterans Affairs ("veterans"), (d) residents for whom English is not their primary language ("Limited English Proficiency [LEP] populations"), (e) residents with disabilities, and (f) residents who live outside the Census-defined Des Moines urbanized area ("rural residents").

4.1.1 Training Objectives

- Objective 1: Traveler will demonstrate their ability to request and arrange transportation on Health Connector.
- Objective 2: Traveler will demonstrate their ability to cancel or modify trips they have arranged on Health Connector.

- Objective 3: Traveler will demonstrate their ability to check and monitor status of their scheduled Health Connector trips, including both real-time checks out of concern for delays, detours, or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.
- Objective 4: Traveler will demonstrate their ability to board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practices, and policies.
- Objective 5: Traveler will demonstrate their ability to access and use Health Connector's wayfinding services at unfamiliar medical destinations.
- Objective 6: If Traveler has limited English proficiency, they will demonstrate their ability to use their non-English language of proficiency to access Health Connector's information and services.

4.1.2 Key Content Areas/Training Topics

For all the above objectives, the content begins with a brief overview of Health Connector and the services it provides. This orientation and general familiarization then leads to interactive presentation and practice in use of Health Connector and its features. Real-time observation and assessment of Travelers' understanding and mastery of the objectives may lead to continuing, more intensive travel training for some Travelers.

4.1.3 Training Format and Materials to be Used

Following the format HIRTA uses for training customers of its other transportation services, the primary format of training for new Health Connector Travelers will be individualized or small group sessions, conducted in person by HIRTA's Mobility and Outreach Coordinator, augmented by videos and on-line tutorials to help reinforce knowledge and skills that will help assure safe, satisfactory, and successful use of Health Connector. Print materials are kept limited, as the objectives of this training focus on actual use of Health Connector, the success of which should not depend on Travelers' reading skills, English language proficiency, or disability status. Print materials are kept to a minimum and are used primarily as reference materials Travelers may use following the training. Print materials, videos, and online information are all available in Section 508-compliant accessible digital formats and will be available in languages used by Health Connector Travelers. Video content will include voiceover and captioning to help assure its accessibility to persons with disabilities. Alternative formats of all content, regardless of medium, will be provided upon request as a reasonable accommodation to Travelers with disabilities.

In addition, the app and website will have popup help screens, also accessible and multi-lingual, that will guide Travelers over any critical stumbling blocks they have encountered in their use of the app or website.

4.2 Participant Group 2 – Family Members & Caregivers

In many ways, this participant group is likely to need and seek the same manner and content of training as Travelers described above. This commonality of training is especially true for those family members and caregivers who arrange transportation for Travelers, or who may be accompanying Travelers on their Health Connector journeys. For most Health Connector Travelers, it is likely that training for this participant group will be delivered concurrently, or coordinated with, the training for the Traveler, as discussed in Section 4.1, above.

4.2.1 Training Objectives

- Objective 1: The participant will demonstrate their understanding of how to request and arrange transportation on Health Connector.
- Objective 2: The participant will demonstrate their understanding of how to cancel or modify trips they have arranged on Health Connector.
- Objective 3: The participant will demonstrate their understanding of how to check and monitor status of their scheduled Health Connector trips, including both real-time checks out of concern for delays, detours or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.
- Objective 4: The participant will demonstrate their understanding of how to board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practices, and policies.
- Objective 5: The participant will demonstrate their understanding of how to access and use Health Connector's wayfinding services at unfamiliar medical destinations.
- Objective 6: If a participant has limited English proficiency, they will demonstrate their understanding of how to use their non-English language of proficiency to access Health Connector's information and services.

4.2.2 Key Content Areas/Training Topics

For all the above objectives, the content begins with a brief overview of Health Connector and the services it provides. This orientation and general familiarization then leads to interactive presentation and practice in use of Health Connector and its features. Real-time observation and assessment of participants' understanding and mastery of the objectives may lead to continuing, more intensive travel training for some users.

4.2.3 Training Format and Materials to be Used

The training format and materials used for this group will be the same as for Travelers, as described in 4.1.3, but with a focus on this group ('participants') instead of Travelers themselves. Following the format HIRTA uses for training customers of its other transportation services, the

primary format of training for new Health Connector participants will be individualized or small group sessions, conducted in person by HIRTA's Mobility and Outreach Coordinator, augmented by videos and on-line tutorials to help reinforce knowledge and skills that will help assure safe, satisfactory, and successful use of Health Connector. Print materials are kept limited, as the objectives of this training focus on actual use of Health Connector, the success of which should not depend on participants' reading skills, English language proficiency, or disability status. Print materials are kept to a minimum and are used primarily as reference materials participants may use following the training. Print materials, videos, and online information are all available in Section 508-compliant accessible digital formats and will be available in languages used by Health Connector participants, and video content will include voiceover and captioning to help assure its accessibility to persons with disabilities. Alternative formats of all content, regardless of medium, will be provided upon request as a reasonable accommodation to participants with disabilities.

In addition, the app and website will have popup help screens, also accessible and multi-lingual, that will guide participants over any critical stumbling blocks they've encountered in their use of the app or website.

4.3 Participant Group 3 – Third-Party Health Connector Users

In many respects, training for these individuals require is substantially similar to what is provided to Health Connector Travelers and their family members and caregivers. The primary differences are that these third-party personnel, including Dallas County's Health Navigators and personnel at healthcare facilities, need to know about the on-board details of riding with Health Connector, but they are not likely to need travel training or other on-board training experiences.

4.3.1 Training Objectives

- Objective 1: The participant will demonstrate their understanding of how to request and arrange transportation on Health Connector.
- Objective 2: The participant will demonstrate their understanding of how to cancel or modify trips that have been arranged on Health Connector.
- Objective 3: The participant will demonstrate their understanding of how to check and monitor status of scheduled Health Connector trips, including both real-time checks out of concern for delays, detours or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.
- Objective 4: The participant will demonstrate their understanding of how Travelers will board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practices, and policies.
- Objective 5: The participant will demonstrate their understanding of how Travelers may access and use Health Connector's wayfinding services at unfamiliar medical destinations.

- Objective 6: The participant will demonstrate their understanding of how Travelers may use their non-English language of proficiency to access Health Connector's information and services.

4.3.2 Key Content Areas/Training Topics

For all the above objectives, the content begins with a brief overview of Health Connector and the services it provides. This orientation and general familiarization then leads to interactive presentation and practice in use of the Connector and its features. For this participant group, their training and orientation is likely to include simulated practice in their facilities with accessing and using Health Connector systems to address the objectives listed above.

4.3.3 Training Format and Materials to be Used

Following the format HIRTA uses for training customers of its other transportation services, the primary format of training for these Health Connector participants will be individualized or small group sessions, conducted in person by HIRTA's Mobility and Outreach Coordinator, augmented by videos and on-line tutorials to help reinforce knowledge and skills that will help assure safe, satisfactory, and successful use of Health Connector. For this participant group, most, if not all, their training will occur in their own place of work, as the critical element of training success is determined by participants' abilities to incorporate Health Connector into their ongoing practices and routines. Alternative formats of all content, regardless of medium, will be provided upon request as a reasonable accommodation to participants with disabilities.

In addition, the app and website will have popup help screens, also accessible and multi-lingual, that will guide participants over any critical stumbling blocks they've encountered in their use of the app or website.

4.4 Participant Group 4 – Transportation Providers

The training needs are a bit different for this group. HIRTA personnel already are trained in the essential elements of providing transportation, including transportation for persons such as the target passenger groups of Health Connector. For this project, these transportation provider personnel largely need to know how Health Connector is different from other HIRTA services, both from a participant perspective and in terms of internal operating policies and procedures.

4.4.1 Training Objectives

- Objective 1: The participant will demonstrate their understanding of who uses Health Connector and how Health Connector differs from other HIRTA services in its scope and operations.
- Objective 2: The participant will demonstrate their understanding of how third parties, including family members, Travelers' other caregivers, Health Navigators and healthcare facility personnel, are using Health Connector.

- Objective 3: The participant will demonstrate their ability to advise or assist Travelers in understanding and using features unique to Health Connector, such as wayfinding, alternative language services, same-day arrangement or modification of trips, and use of the app and website to allow for arranging, modifying, and monitoring of scheduled trips.
- Objective 4: The participant will demonstrate their understanding of, and ability to follow, operating policies and procedures unique to Health Connector, to the extent these may differ from HIRTA's systemwide operating policies and procedures.

4.4.2 Key Content Areas/Training Topics

For this participant group, the content areas focus on the unique features of Health Connector, as differentiated from HIRTA's other services. Content will include a brief overview of Health Connector and the services it provides, emphasizing the fact that Health Connector Travelers are not current users of HIRTA. In addition to a tailored version of how HIRTA trains its staff to understand and assist new Travelers, this training will walk through the passenger-facing aspects of Health Connector and its features and will culminate in detailed training around understanding and following Health Connector policies and procedures that may differ from HIRTA's systemwide operating policies and procedures.

4.4.3 Training Format and Materials to be Used

Training for this participant group will be aligned and integrated with other internal training HIRTA provides for its operating personnel. This will include short written materials, both to communicate policies and to provide brief overviews of Health Connector, which will be reinforced through classroom-style training, consistent with HIRTA's other staff training formats. Participants will be introduced to, and encouraged to view, Health Connector's app and website, including videos and tutorials that are on these platforms. These participants will learn about the accessibility features of Health Connector's services, systems and information. The extent to which HIRTA's operating personnel require training and training materials to be presented in accessible formats is likely to be more limited than is anticipated for other participant groups; nonetheless, these materials will be provided in accessible formats to HIRTA operating employees with disabilities for which this accessibility of formats is a reasonable accommodation.

4.5 Participant Group 5 – Technology Personnel

HIRTA's information technology staff will require unique training on Health Connector. For this participant group, the training needs to “get under the hood” and focus on how Health Connector's technology works and how to maintain the usability, reliability, and accessibility of its user-facing features for all the above participant groups (i.e., for Travelers, their family members and caregivers, Health Navigators and medical personnel, and HIRTA's own operating personnel). Training for this small group will be succinct and will include technical documentation on how the components of Health Connector's technology are integrated with one another and with HIRTA's other technology systems.

4.5.1 Training Objectives

- Objective 1: The participant will demonstrate their understanding of the purpose, scope, operation, and integration of Health Connector's technology components, including its mobility-on-demand, wayfinding, and linguistic accessibility components.
- Objective 2: The participant will demonstrate their ability to troubleshoot and remediate issues that may arise in the operation and integration of Health Connector's components or their integration with HIRTA's other technology systems.
- Objective 3: The participant will demonstrate their ability to advise or assist Travelers and other participants who may be experiencing difficulties in understanding and using features unique to Health Connector, such as wayfinding, alternative language services, same-day arrangement or modification of trips, and use of the app and website to allow for arranging, modifying, and monitoring of scheduled trips.
- Objective 4: The participant will demonstrate their understanding of the protocols and procedures to follow if problems arise that seem to require outside technical support from HIRTA's contracted tech support services provider or from engagement with the vendors or developers of Health Connector platform and its integrated components.

4.5.2 Key Content Areas/Training Topics

For this participant group, the content will focus on the technical details of Health Connector, its components and their integration, how this integrated platform is deployed and used, and how to address, repair, and resolve issues that may arise within Health Connector's platform.

4.5.3 Training Format and Materials to be Used

Training for this participant group will include short written materials and supporting technical documentation, both to communicate policies and to provide brief overviews of Health Connector, which will be reinforced through personalized training, consistent with HIRTA's other IT staff training formats. Participants will be introduced to, and encouraged to view, Health Connector's app and website, including videos and tutorials that are on these platforms. These participants will learn about the accessibility features of Health Connector's services, systems, and information. They will be exposed in greater detail to the inner workings of Health Connector's components and shown how integration of these components is manifested. There will be exercises and practices to simulate the provision of technical support to HIRTA staff and Health Connector Travelers and other participants. The extent to which HIRTA's IT personnel require training and training materials to be presented in accessible formats is likely to be more limited than is anticipated for other participant groups; nonetheless, these materials will be provided in accessible formats to HIRTA IT employees with disabilities for which this accessibility of formats is a reasonable accommodation.

4.6 Participant Group 6 – Other Core Stakeholders

For the most part, other stakeholders in Health Connector project, such as local and state officials, community leaders and advocates, social service agency personnel, and others who care about, but are not directly involved in, the Connector's operation, are not likely to require detailed training. They will, however, benefit from learning about Health Connector's presence, goals, and how it is serving their community, clientele, or constituency.

4.6.1 Training Objectives

- Objective 1: The participant will receive a general overview of the nature, purpose, and operation of Health Connector, including how it addresses medical transportation needs in their community or for their clientele.
- Objective 2: The participant will learn about Health Connector's performance measures and how its outcomes are being measured and reported.
- Objective 3: The participant will learn how (or whether) persons with medical transportation needs within their community, clientele, or constituency may be able to use Health Connector.

4.6.2 Key Content Areas/Training Topics

For all the above objectives, the content focuses on providing an overview of Health Connector and the services it provides, and then responding to questions, ideas, perceived issues, and information requests from the stakeholders who make up this participant group.

4.6.3 Training Format and Materials to be Used

To a large degree, the training for this participant group will use the same, or substantially similar, formats and materials as are being developed and deployed under Health Connector's Outreach Plan. Primary formats will be presentations to stakeholders and stakeholder groups, or one-on-one information meetings, in some cases. Materials will be, or will be drawn from, print and online media materials developed in accordance with the Outreach Plan. Print materials, videos, and online information are all available in Section 508-compliant accessible digital formats and will be available in languages used by Health Connector participants, and video content will include voiceover and captioning to help assure its accessibility to persons with disabilities. Alternative formats of all content, regardless of medium, will be provided upon request as a reasonable accommodation to participants with disabilities.

5 Training Assessment

5.1 Knowledge Assessments After Training

5.1.1 Participant Group 1 – Health Connector Travelers

At the conclusion of training, knowledge is assessed by having Travelers demonstrate their ability to request and arrange transportation on Health Connector, to cancel or modify trips they have arranged on Health Connector, and to check and monitor status of their scheduled Health Connector trips, including both real-time checks out of concern for delays, detours, or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.

Health Connector Travelers with Limited English Proficiency will demonstrate their ability to use their non-English language of proficiency to access Health Connector's information and services.

During their initial use of Health Connector, Travelers will be accompanied by the HIRTA Mobility and Outreach Coordinator or a HIRTA travel trainer, who will assess and ascertain Travelers' ability to board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practices, and policies, and their ability to access and use Health Connector's wayfinding services at unfamiliar medical destinations.

5.1.2 Participant Group 2 – Family Members & Caregivers

At the conclusion of training, knowledge is assessed by having participants demonstrate their understanding of how to request and arrange transportation on Health Connector, how to cancel or modify trips they have arranged on Health Connector, and how to check and monitor status of their scheduled Health Connector trips, including both real-time checks out of concern for delays, detours, or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.

Family members or caregivers of Health Connector Travelers with Limited English Proficiency will demonstrate their ability to use their non-English language of proficiency to access Health Connector's information and services.

During their initial use of Health Connector, family members or caregivers who regularly need to accompany a Traveler to their destination will be accompanied by the HIRTA Mobility and Outreach Coordinator or a HIRTA travel trainer, who will assess and ascertain participants' ability to board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practices, and policies, and their ability to access and use Health Connector's wayfinding services at unfamiliar medical destinations

5.1.3 Participant Group 3 – Third-Party Health Connector Users

At the conclusion of training, knowledge is assessed by having participants demonstrate their understanding of how to request and arrange transportation on Health Connector, how to cancel or modify trips they have arranged on Health Connector, and how to check and monitor status of their scheduled Health Connector trips, including both real-time checks out of concern for delays, detours, or disruptions and checks of future trips, such as to be aware of schedules and schedule adjustments.

Also at the conclusion of training, knowledge is assessed by having participants demonstrate their understanding how Travelers are to board, ride, and alight Health Connector vehicles safely and in accordance with HIRTA's transit operating policies and procedures, including deriving safe and appropriate benefit from HIRTA's accessibility-related features, practice, and policies, how to access and use Health Connector's wayfinding services at unfamiliar medical destinations, and how Travelers with limited English proficiency may use their non-English language of proficiency to access Health Connector's information and services.

5.1.4 Participant Group 4 – Transportation Providers

At the conclusion of training, knowledge is assessed by having participants demonstrate their understanding of who uses Health Connector, how Health Connector differs from other HIRTA services in its scope and operations, how third parties, including family members, Travelers' other caregivers, Health Navigators, and healthcare facility personnel, are using Health Connector, and they will demonstrate their understanding of, and ability to follow, operating policies and procedures unique to Health Connector, to the extent these may differ from HIRTA's systemwide operating policies and procedures.

These participants also are assessed in their ability to advise or assist Travelers in understanding and using features unique to Health Connector, such as wayfinding, alternative language services, same-day arrangement or modification of trips, and use of the app and website to allow for arranging, modifying and monitoring of scheduled trips.

5.1.5 Participant Group 5 – Technology Personnel

For this participant group, knowledge is assessed by having participants demonstrate their understanding of the purpose, scope, operation and integration of Health Connector's technology components, including its mobility-on-demand, wayfinding, and linguistic accessibility components, their ability to troubleshoot and remediate issues that may arise in the operation and integration of Health Connector's components or their integration with HIRTA's other technology systems, and their ability to advise or assist Travelers and other participants who may be experiencing difficulties in understanding and using features unique to Health Connector, such as wayfinding, alternative language services, same-day arrangement or modification of trips, and use of the app and website to allow for arranging, modifying, and monitoring of scheduled trips. Participants also will be assessed in their understanding of the protocols and procedures to follow if problems arise that seem to require outside technical support from HIRTA's contracted tech support services provider or from engagement with the vendors or developers of Health Connector platform and its integrated components.

5.1.6 Participant Group 6 – Other Core Stakeholders

For this participant group, the purpose of training is to provide general information. Specific assessment of knowledge they may have gained or mastered is not anticipated.

5.2 Participant Feedback

The most valuable feedback from participant training is the direct observation of satisfactory performance of the skills being trained and observed use of concepts and knowledge that have been imparted. To support transferability of lessons, however, more structured Participant Feedback will be collected to support this project.

A benefit of smaller, more individualized operations such as those of HIRTA in general and Health Connector in particular is that quick and actionable feedback from training participants can be readily gained, such as detailed below for all the identified participant groups.

5.2.1 Participant Group 1 – Health Connector Travelers

HIRTA's Mobility and Outreach Coordinator or a HIRTA travel trainer will accompany every new Traveler on their initial rides with Health Connector, answering questions or concerns, correcting travel behavior, and providing additional real-time training if needed. Thirty days later, the Mobility and Outreach Coordinator will make direct contact with the Traveler, either in person or via telephone, asking about the participant's experience using Health Connector, and any questions or problems they may have had, and how they found (or did not find) their training to be helpful. A standard set of questions will be used for this follow-up. Notes from these contacts will be kept on file and reviewed on a monthly basis to determine what adjustments need to be made for future training and whether Travelers need any corrective or follow-up training.

5.2.2 Participant Group 2 – Family Members & Caregivers

Thirty days after the training was provided, the HIRTA Mobility and Outreach Coordinator will make direct contact with the individual, either in person or via telephone, asking about their experience using Health Connector, and any questions or problems they may have had, and how they found (or did not find) their training to be helpful. A standard set of questions will be used for this follow-up. Notes from these contacts will be kept on file and reviewed on a monthly basis to determine what adjustments need to be made for future training and whether individuals need any corrective or follow-up training.

5.2.3 Participant Group 3 – Third-Party Health Connector Users

Thirty days after the training was provided, the HIRTA Mobility and Outreach Coordinator will make direct contact with the individual, either in person or via telephone, asking about their experience using Health Connector, and any questions or problems they may have had, and how they found (or did not find) their training to be helpful. A standard set of questions will be used for this follow-up. Notes from these contacts will be kept on file and reviewed on a monthly basis to determine what adjustments need to be made for future training and whether individuals need any corrective or follow-up training.

5.2.4 Participant Group 4 – Transportation Providers

HIRTA's Operations Management staff is responsible for post-training follow-up. Feedback is likely to be informal but will be shared with Health Connector project staff.

5.2.5 Participant Group 5 – Technology Personnel

For this participant group, which includes only one or two individuals, feedback is likely to be informal but will be solicited and sustained by Health Connector project staff.

5.2.6 Participant Group 6 – Other Core Stakeholders

Feedback from this participant group dovetails with outreach and ongoing stakeholder engagement. From a training angle, though, there will be follow-up contact by Health Connector project staff within thirty days of any stakeholder presentation or training session, at which time informal feedback will be solicited, and any items for further (or corrective) action will be identified.

6 Planning and Coordination of Training Activities

Participant training and stakeholder education activities carried out under this plan will be scheduled in coordination with the project's Outreach Plan and as part of the project management plan developed at the beginning of Phase 2. Because the overall number of participants will be small, much of this scheduling and coordination will be flexible, based on participants' own needs and schedules as they engage with Health Connector. HIRTA team is considering the following as participant training and stakeholder education activities are being planned and coordinated.

6.1 Participant Group 1 – Health Connector Travelers

Training for this participant group is, in some respects, a culmination of the participant recruitment and selection process described earlier. Training is offered after engagement of Travelers and prior to their first use of Health Connector. Therefore, most of this training will be offered in the initial month or two of Phase 3. However, it is possible that additional Travelers begin using Health Connector while Phase 3 is underway, in which case additional training will be offered.

6.2 Participant Group 2 – Family Members & Caregivers

Similar to what is stated above, training for this participant group is also associated with participant recruitment and selection process described earlier. Training is offered after engagement of participants and prior to Travelers' first use of Health Connector. Therefore, most of this training will be offered in the initial month or two of Phase 3. However, it is possible that additional Travelers begin using Health Connector while Phase 3 is underway, in which case additional training will be offered.

6.3 Participant Group 3 – Third-Party Health Connector Users

As with training of Travelers and their family members and caregivers, training for this participant group is planned primarily for initial month or two of Phase 3. However, it is possible that additional healthcare personnel will seek to engage with Health Connector as a result of ongoing outreach activities while Phase 3 is underway, in which case additional training will be offered.

6.4 Participant Group 4 – Transportation Providers

Training for this participant group will be planned and developed in close coordination with ongoing training activities HIRTA conducts for its operating personnel. Elements of this training

will begin during Phase 2, as HIRTA personnel need to be trained to proficiency prior to any transportation services being provided to Health Connector Travelers.

6.5 Participant Group 5 – Technology Personnel

In contrast to training for other participants, training for this participant group will be informal. Because these participants' knowledge and skills are essential to the successful ongoing implementation of Health Connector, their training will take place in Phase 2 of the project.

6.6 Participant Group 6 – Other Core Stakeholders

Training for this participant group is planned, coordinated, and held in conjunction with the schedules, priorities, and activities outlined in the project's Outreach Plan.

As a final note, all currently anticipated participant feedback is planned to be gathered informally, albeit with some internal notes arising from the solicitation of feedback from Health Connector Travelers, family members, and caregivers. All training is optional, and no formal assessments are made to qualify individuals for their use of Health Connector. Therefore, current activities under this plan do not call for any surveys or formal assessments of human subjects. However, this plan's activities will be included in project descriptions as part of annual submissions the Iowa State University IRB in its consideration for review and approval.

Appendix A. Acronyms and Glossary

Access2Care

A transportation broker for State of Iowa Medicaid program that performs booking and scheduling and works with service providers such as HIRTA for successful delivery of Medicaid-eligible trips.

ADA – Americans with Disabilities Act

Refers to the civil rights legislation passed and signed into law in 1990 to prevent discrimination against people with disabilities.

API – Application Programming Interface

Software middleware that allows two devices or applications to exchange data with each other.

APN – Access Point Name

A communication gateway for enabling cellular data communications over a carrier network. Public or private APN configurations are used depending on data security needs.

AWS – Amazon Web Service

A commercial cloud-based hosting service provided by Amazon.

BAA – Broad Agency Announcement

A procurement instrument used by USDOT.

Billing

Refers to the process of invoicing third-party funding sources (e.g., Medicaid) after a successful delivery of a trip. Billing is typically done on a monthly basis.

CHNA – Community Health Needs Assessment

Refers to the Community Health Needs Assessment Report developed by Dallas County in 2019.

CCB – Change Control Board

A body of subject matter experts tasked to manage change control process for work products, schedule or other relevant matters related to a project or program.

CDL – Concept Development Lead

Key project team member tasked with leading Phase 1 concept development activities.

CO – Contract Officer

The CO will serve as the USDOT point of contact for any concerns related to the contracts.

COR – Contract Office Representative

The Contract Office Representative will serve as the USDOT representative for this project and is responsible for coordination and review of the proposer’s work.

Cost Allocation

Refers to the process of associating a funding source that should be billed for a trip in a shared ride scenario when riders covered by separate funding sources share the vehicle for their trips and trip purposes at the same time.

CSV – Comma Separated Value

A common text-based file format that is supported by many platforms and programs.

CT – Census Tract

A geographic region defined for the purpose of collecting census data.

CTAA – Community Transportation Association of America

One of the project Partners who will lead stakeholder engagement on this project.

DCHD – Dallas County Health Department

One of the project Partners who will lead integration with health care services.

DR – Demand Response

Refers to a service that is not run on a fixed route or a schedule (e.g., dial-a-ride, vanpool etc.). This requires making trip booking by contacting the service provider (e.g., HIRTA). However, DR is different than an ADA Paratransit service which is provided as a complement to a fixed route and is governed by specific requirements provided in 49 CFR- Part F. HIRTA operates only DR Service in Dallas County and all discussion in this document is related to DR Service.

Dispatching

Refers to an operations management function which involves assigning vehicle, tracking fleet location, managing schedule adherence, managing trip manifests and other operational functions.

DMP – Data Management Plan

The Data Management Plan is Task 3 of Phase 1 and will describe the approach for data collection, processing, storage and utilization.

DOT – Department of Transportation

U.S. Department of Transportation
Office of the Assistant Secretary for Research and Technology
Intelligent Transportation System Joint Program Office

The government department responsible for transportation. In this report, this generally refers to either the State of Iowa's DOT or the United States DOT referred to as Iowa DOT and USDOT, respectively.

EDI – Electronic Data Interchange

In this context, refers to the electronic data interchange (EDI) format messages developed by HIPAA following American National Standards Institute (ANSI) X12 standard for electronic data exchange and are used to communicate with third-party health care provider systems (e.g., Medicaid).

EHR – Electronic Healthcare Record

Refers to the healthcare information management system used by hospitals for patients' healthcare-related appointments, transactions, and records management.

FHIR – Fast Healthcare Interoperability Record

A standard developed to describe and exchange health records in electronic format.

FHWA – Federal Highway Administration

A USDOT agency in-charge of highway transportation.

FTA – Federal Transit Administration

A USDOT agency in-charge of public transportation.

GTFS – General Transit Feeds Specification

GTFS is a standard to provide static public transportation schedule information. The standard has been expanded to include real-time passenger information (GTFS-real-time), flexible services (GTFS-flex) and accessible routing within stations (GTFS-pathways).

HIPAA – Health Insurance Portability and Accountability Act of 1996

Provides guidelines for data protection of sensitive patient health information.

HIRTA – Heart of Iowa Regional Transit Agency

Rural, regional public transit agency in central Iowa. HIRTA will serve as Proposer/Applicant for the Complete Trip - ITS4US project.

HL7 – Health Level Seven International

A not-for-profit, standards developing organization focused on electronic health information.

HN – Health Navigator

Refers to services provided by Dallas County Health Department to Dallas County residents in identifying resources as necessary for improving social determinants of health.

HUA – Human Use Approval Summary

A deliverable in Phase 1 for Task 8 that outlines the process to be used for human subject participation in the program for research and evaluation purposes.

HTTPS – Hyper Text Markup Language Secure

A protocol for accessing data/information over internet using Transport Layer Security (TLS)/ Secure Socket Layer (SSL).

ICTDP – Integrated Complete Trip Deployment Plan

The Integrated Complete Trip Deployment Plan is a deliverable of Task 13 under Phase 1.

I&R – Information and Referral

Refers to public and private entities that help their customers in identifying resources for health and human services and other needs.

IPFP – Institution, Partnership, and Financial Plan

The Institution, Partnership and Financial Plan is a deliverable of Task 10 under Phase 1.

IRB – Institutional Review Board

An institutional body that reviews and approves research methods to ensure ethical standards are followed, particularly when involving human subjects.

ISU – Iowa State University

Iowa State University is a public research university with multiple campuses in the State of Iowa and will be engaged as the research and evaluation partner in Phases 2 and 3.

IVR – Interactive Voice Response

A technology that allows humans relying on phone systems to interact with computer programs using natural voice or alphanumeric input using phone keys. This is an alternative used to provide services to populations that may not have access to web-based devices.

IP – Internet Protocol

A network layer protocol for enabling data exchange over Internet.

JSON – Java Script Object Notation

Open standard and human readable data format for storing and transmitting electronic data.

KPI – Key Performance Indicators

Represents primary metrics used to assess the success of a project or operations.

LEP – Limited English Proficiency

Refers to individuals who have a limited ability to read, speak, write, or understand English.

LTE – Long Term Evaluation

A telecommunication standard for wireless communications using mobile devices, also referred as 4th generation wireless.

MOD – Mobility-on-demand

A USDOT program that intends to support the develop of an ecosystem that provides safe, reliable and sustainable solution for all. MOD includes both trips made by Travelers or Trip replacements (e.g., courier network services (CNS) such as food delivery).

MPM – Mobility Performance Metrics

MPM is a program being led by the FTA to develop performance measures that focus on new mobility modes (e.g., micromobility, TNC).

NDSP – Non-Dedicated Service Provider

NDSP refers to operators providing service under contract (e.g., taxis) to an agency (e.g., HIRTA).

NEMT – Non-emergency Medical Transportation

The provision of transportation to patients for medical appointments, lab visits, and other routine care. Generally, used in the context of Medicaid service only.

NOFO – Notice of Funding Opportunity

Formal announcement of availability of funding by US federal agencies for one of the financial assistance programs.

PII – Personally Identifiable Information

Refers to any data that can distinguish an individual, either alone or when linked with other available data.

PML – Program Management Lead

HIRTA project team member in-charge of managing all project and program management activities.

Provider

Provider in this context mainly refers to an entity performing service delivery for requested trips, sometimes also referred as service provider. the HIRTA team have also used healthcare partners as providers in some cases but referred as 'healthcare providers.'

REL – Research and Evaluation Lead

HIRTA team member responsible for managing the research and evaluation as part of Phase 3 and guiding the concept development and deployment activities as part of Phase 1 and 2.

Reservation

Refers to the act of booking a trip based on a request from a customer. Reservation is available to only to registered customers.

REST – Representational State Transfer

A popular protocol to enable data exchange over the Internet using web APIs. HTTP/HTTPS is used for communication protocol and data in HTML, JSON, XML or other formats may be used for exchange.

SAE – Society of Automobile Engineers

Professional standards development organization, primarily focused on aerospace, automotive, and commercial vehicles (e.g., trucking).

Scheduling

Refers to the process of identifying driver and vehicle resources and their runs/shifts for a given workday. Scheduling is typically performed for all requests received until 24 hours in advance. Booking within 24-hour notice and on-demand is offered but not encouraged due to limited system capacity and resources.

SDL – Systems Development Lead

HIRTA team member responsible for all systems engineering aspects of the project.

SEL – Stakeholder Engagement Lead

HIRTA team member responsible for stakeholder engagement focused activities.

SFTP – Secure File Transfer Protocol

Protocol used to securely transfer file between networked devices.

SEMP – System Engineering Management Plan

A System Engineering Management Plan describes how systems engineering process of planning, design, and deployment is applied to a project.

SHP – Shape File Format

Common spatial data format developed and regulated by Esri.

SMP – Safety Management Plan

A Safety Management Plan describes the steps to be taken to ensure the safety of the project stakeholders and beneficiaries.

Smart Device

Refers to smartphone, smartwatch and similar personal devices that may be internet enabled and are equipped with sensors.

TAG – Transportation Advisory Group

The TAG is a diverse group of community stakeholders and business representatives interested in the advancement and improvement of public transportation in the HIRTA service area.

TAZ – Traffic Analysis Zone

A geographical unit used to conduct traffic /transportation analysis, constructed using census block information.

TCP – Transmission Controls Protocol

A transport layer protocol that is focused on assured delivery of data packets over an IP network.

TDS – Transactional Data Standard

Open data standard for exchanging transactional data (booking, payment, service coordination) between different systems or system components. Available in TCRP Report 210 - Development of Transactional Data Specifications for Demand-Responsive Transportation (<http://www.trb.org/Main/Blurbs/180593.aspx>)

TMS – Transportation Management System

All systems and tools to be used by HIRTA for managing day-to-day delivery of transportation services. This will be provided by various products offered by Uber Technologies.

TNC – Transportation Network Company

Encompasses a group of companies that provide on-demand Ridehailing services.

UUID – Universal Unique Identifier

Encrypted label used for assigning a unique ID to a field in a computer system, network or program.

UDP – User Datagram Protocol

A transport layer protocol that uses connectionless datagrams for applications that need time-sensitive data transmission but do not require assured delivery

Wayfinding

Refers to the tools and technologies that assist in orientation, locating objects, and step-by-step navigation to destinations in outdoor and indoor environments using visual markers, sensors or physical signage.

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