

Performance Measurement Summary Memo

Heart of Iowa Regional Transit Agency ITS4US Deployment Project

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Section 1. Introduction

Section 1.1. Document Purpose

This report covers the Phase 3 "Operate and Evaluate" period, providing a final assessment of the deployment's impact on mobility, accessibility, and safety for underserved populations.

Section 1.2. Project Background

The Heart of Iowa Regional Transit Agency (HIRTA) provides 300,000 customer rides and operates 95,000 hours (2019 estimates; pre-pandemic) along with 1.3 million miles of service within the seven-county region encircling the Des Moines urban area. HIRTA provides demand response services to customers for all trips booked from 24 hours to up to 14 days in advance. If capacity is available, HIRTA also provides trips to meet same-day requests. At the start of Phase 1, HIRTA also acted as a service provider for the State of Iowa Medicaid broker, Access2Care, which was later acquired by Medical Transportation Management (MTM), now known as MTM Health. HIRTA remains a transportation provider under MTM. For consistency with other project documents and historical references, this report refers to the organization as MTM throughout.

Health Connector is an innovative solution that addresses various bottlenecks associated with transportation access to healthcare for HIRTA communities. Some of these challenges are key reasons behind missed appointments or the unacceptable level of preventive or as-needed healthcare in the HIRTA service area. The project has deployed emerging and innovative technologies and services through an inclusive customer-focused design process to engage stakeholders to address the related non-emergency medical transportation (NEMT) needs of underserved populations and their caregivers. The solution utilizes emerging technologies to enable the customer to schedule and manage medical appointments and transportation services through a smart device (e.g., smartphone) or equally effective alternate method. Further, the application provides context-sensitive wayfinding and customer information to enhance end-to-end experience and guide customers through their trip. This solution leverages preexisting demand response service management technologies at HIRTA and brings other advancements as well. Any additional capacity needs will be fulfilled by seamless integration with Transportation Network Companies (TNCs), taxis and other third-party service providers.

This deployment provides enhanced transportation access to healthcare options for all Travelers in Dallas County. In addition to addressing mobility needs, the proposed deployment recognizes the net impact that access to healthcare services has on patient healthcare outcomes as well as both the financial and health outcomes from the perspective of the healthcare 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)

There are five main goals for the Health Connector Concept, which include:

- Improved health outcomes through increased access to medical transportation for Dallas County residents
- Self-reliance and spontaneity for underserved groups
- Efficient transportation management capabilities for medical transportation services
- Financial sustainability of medical transportation programs
- Safe medical transportation services

Section 1.3. System Overview

This section outlines the individual subsystems that make up Health Connector, each designed to support the program's focus on the complete trip experience for non-emergency medical transportation. For core functions such as ride booking, management, and dispatch, Health Connector utilizes the same vendor platform as HIRTA's standard transportation service. This shared infrastructure allows HIRTA to optimize scheduling and vehicle utilization across its full-service offerings while still distinguishing Health Connector rides and riders within the system, enabling the program to be operated, tracked, and evaluated as a distinct subservice. Beyond this shared platform, several additional subsystems have been procured, developed, or modified specifically to meet Health Connector's unique goals and are not part of HIRTA's standard service offering. The evaluations and performance results presented in this memo are specific to the technologies deployed, developed, or modified in support of Health Connector, rather than to HIRTA's broader transportation operations. The systems and interfaces involved in the context of Health Connector can be defined as follows:

- **Traveler-end Subsystem:** includes the tools and technologies (phone/interactive voice response (IVR), mobile/smart devices, web-based tools) used by Travelers seeking transportation services for their healthcare appointments as part of their pre-trip, during trip, on arrival, and return trip activities. This includes both a mobility-on-demand (MOD) application for planning, booking, and payment, as well as a wayfinding application for more detailed guidance within care facilities.

This application, provided by Via, also provides real-time status of trips on demand and through push notification services and allows Travelers to discover options and plans trips. Mobile/smart devices can be used as part of the Traveler-end subsystem but were not a part of this procurement.

- **Transportation Management Subsystem (TMS):** TMS refers to any systems related to the operational backend functions involved in service delivery. Under this project, the following two

transportation management subsystems are commonly referenced. Below provides a definition of each system.

- **MOD TMS (also referred to as “VOC” (Via Operations Center)):** Provided by Via and includes the technologies used to assist customer care and operations staff with Traveler registration, eligibility management, reservations, scheduling, dispatching, billing, and administration activities.
- **HIRTA TMS:** The HIRTA TMS includes the MOD TMS and functions that support Health Connector from outside of the MOD platform such as the call center software. The HIRTA TMS will also host interfaces (middleware) being developed by the HIRTA team and has been made freely, publicly available on GitHub under a permissive license to support interfacing with State of Iowa Medicaid transportation broker(s) and the Electronic Health Record (EHR) system.
- **Vehicle Subsystem:** refers to the technologies deployed on vehicles to support driver-end functions for driver-dispatch communications, manifest management, support just-in-time dispatching, turn-by-turn navigation and outdoor wayfinding (e.g., to locate Travelers at the time of pickup), on-board information and fare payments. On all HIRTA-owned vehicles, drivers use tablets running the driver app. On other vehicles, drivers may use the driver app on their tablet or their phone.
- **Wayfinding Subsystem:** refers to the technologies and infrastructure used to provide outdoor wayfinding, indoor positioning, orientation, and navigation on request to Travelers. It also assists with translation functionality. NaviLens provides a commercially available wayfinding system that is used for this deployment.
- **External Systems:** These systems, external to Health Connector, have been identified for close coordination among HIRTA and partners for providing efficient transportation services for medical trips or for collecting data for performance measurement needs.
 - **Medicaid Transportation Broker:** refers to the State of Iowa Medicaid broker. At the start of Phase 2, Access2Care’s system was used for booking and managing Medicaid trips. HIRTA was one of the providers used by Access2Care. In October 2024, Access2Care was acquired by MTM, which is now acting as the new Medicaid Broker. HIRTA remains a provider to the State of Iowa Medicaid broker (now MTM). Medicaid trips will continue to be booked by the Medicaid Broker when requested by Travelers. The system is designed such that Medicaid trips will be ingested in the HIRTA system when assigned to HIRTA. At that point, a Traveler using Medicaid benefits will be able to use Health Connector Traveler tools. Currently, integration with MTM has not begun due to limitations outside the control of the HIRTA team, however, infrastructure for this integration has been developed.
 - **Health Navigator- and Healthcare-end Subsystem:** refers to the limited access MOD platform that is available to health navigators and healthcare customer care staff to request trips, modify trip requests, and check on trip status on behalf of Travelers. Additionally, health navigators and the health administrator at the Dallas County Health Department (DCHD) use a Microsoft Access-based information and referral (I&R) product

to track the status of referral activities and for coordination with Dallas County residents' health navigation/social care services.

- **EHR/Medical Record Subsystem:** refers to the systems used by partner hospitals and clinics for booking medical appointments and maintaining their appointments, including discharge and any subsequent referral activities. Participating Healthcare partners currently use different EHR services. The following bullet points outline participating healthcare partners and the EHR systems they currently employ. Health Connector has developed a new interface with the following partner EHR systems:

- Dallas County Hospital – Currently using Veradigm EHR, transitioning to Epic EHR

Health Connector is actively working to expand to additional partners over, including:

- McFarland Clinic – Epic EHR, Epic EHR provides a publicly available Application Programming Interface (API)
 - Other regional clinics – Veradigm EHR

- **Eligibility Management System:** refers to the system that manages traveler registration and funding eligibility. Travelers register for Health Connector directly through HIRTA by completing a registration form hosted on HIRTA's Health Connector website. Funding eligibility is designated and managed with Via's system.

- **Other:** Additional relevant details for the system to be deployed are as follows:

- **Supporting systems:** These are existing systems and are not part of the Health Connector project. However, the TMS exchanges data with these systems or HIRTA staff may interact with these systems for certain operational functions, as needed. Specifically, this refers to the phone system, payroll, driver or vehicle information management, vehicle maintenance management, customer service management, safety event reporting, and other systems and processes for data collection and reporting.

Figure 2 provides a generic system context diagram for HIRTA Health Connector.

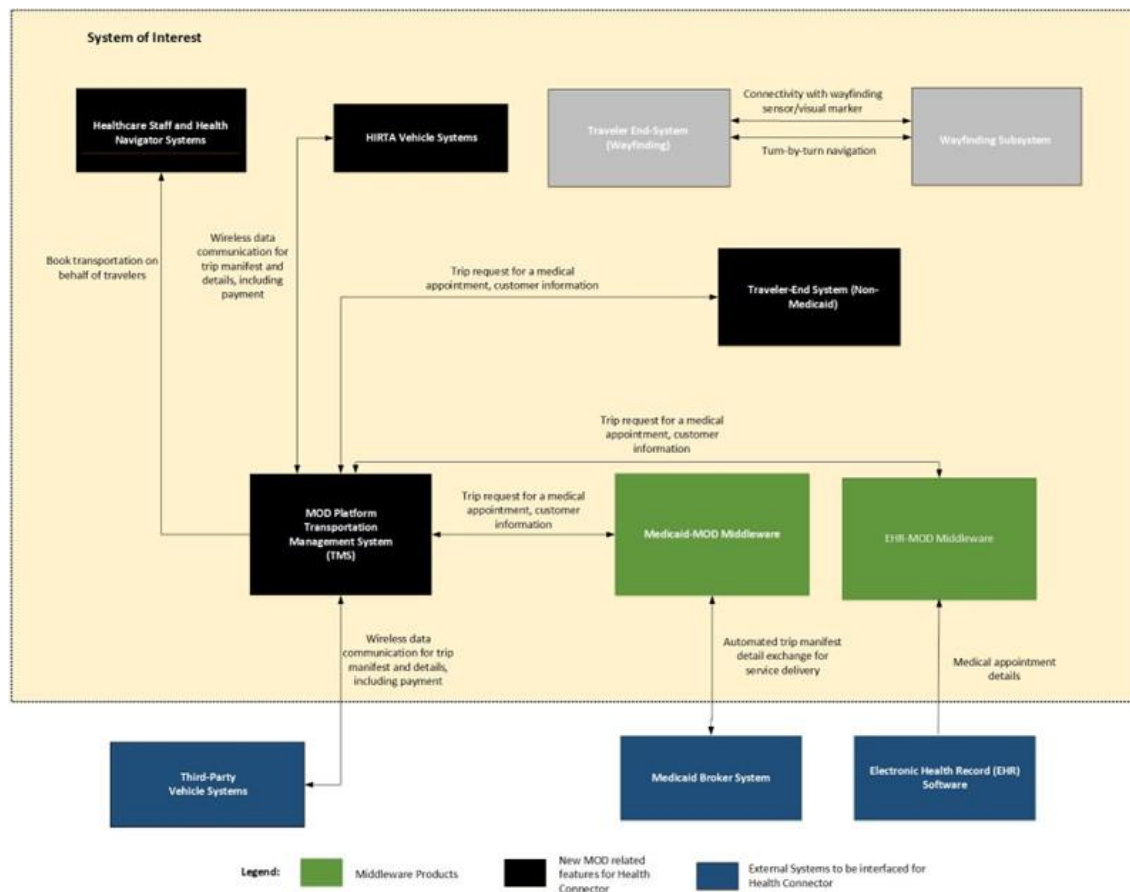


Figure 2. Generic System Concept Diagram (Source: HIRTA Team)

Section 2. Project Status and Goals Update

Section 2.1. Current Project Status

After the successful design, development, testing, and acceptance in Phase 2, Health Connector system began full operations and maintenance in Phase 3, starting in September 2024. Since, the system has been: 1) closely monitored for its performance; and 2) evaluated to measure the outcome of the project. The project is currently in Phase 3 operations undergoing evaluation. The evaluation period is scheduled to conclude in July 2026.

Shifts in Operating Environment Since the Start of Deployment

Several notable shifts in the operating environment occurred over the course of the Health Connector Phase 3 deployment that influenced both system design and evaluation methodology. Most significantly, the acquisition of Access2Care, the original State of Iowa Medicaid broker and a key integration partner, by MTM rendered the planned MOD-Medicaid middleware integration unfeasible, as MTM's data architecture differed from Access2Care's in ways that precluded the API-based automation originally designed to streamline Medicaid booking and billing for HIRTA. This transition, which was entirely outside the project team's control, had downstream effects on PM-19 (PM-19 Increased Cost Efficiency) and the broader cost efficiency objectives tied to Goal G4 (Financial Sustainability of Medical Transportation Programs). For additional information on the performance measures and goals associated with this project, please refer to the Performance Measurement and Evaluation Support Plan (PMESP).

Looking ahead, conversations have begun with McFarland Clinic in Story County regarding the potential integration of a Health Connector EHR middleware component within their Epic platform, which would represent a meaningful expansion of the system's healthcare partner integration capabilities and a step toward the embedded clinical workflow functionality identified as a priority in the project's lessons learned. On the data side, a revised Institutional Review Board (IRB) protocol was submitted and approved in April 2025, expanding the eligible rider population to include not only **self-enrolled riders**, those who independently initiated enrollment in Health Connector, but also **agency-enrolled riders**, defined as existing HIRTA riders whose trips were eligible for Health Connector but who had not self-initiated enrollment and were enrolled into the system by HIRTA. This change meaningfully increased the volume of data available for performance measure calculation; however, retroactive application of this expanded definition to pre-approval months revealed that not all required data fields were consistently available for historic records. As a result, the evaluation period start date for several performance measures was adjusted to reflect the point at which complete and consistently structured data became available, which is noted where applicable throughout this report.

Section 2.2. Site-Specific Needs Driving Development of Goals

As discussed in the Concept of Operations (ConOps), residents in Dallas County often experience challenges accessing medical care due to a lack of transportation, including information and services. In fact, according to a 2014 National Leadership Academy for the Public's Health (NLAPH) survey of Dallas County residents (see Figure 3), approximately 39% of respondents (out of a total of 144 Dallas County respondents) cited missing at least one healthcare appointment due to lack of available transportation options. Further, it is noteworthy that approximately 70% of total respondents relied on either HIRTA or family/friends for their transportation needs.



Figure 3. Excerpt of Survey Response from 2014 NLAPH Survey of Dallas County Residents (Source: DCHD)

Further challenges, as faced by the Dallas County residents, and identified during stakeholder discussions, are discussed in detail in the ConOps [3]. Health Connector is intended to utilize advanced technologies for planning, booking, payment of transportation, as well as information and wayfinding services.

A primary objective of the ITS4US Deployment Program is to demonstrate, quantify, and evaluate the impact of advanced technologies, strategies, and applications toward addressing Travelers' challenges to planning and executing a complete trip. Accordingly, the Health Connector project is focused on evaluating the measurable impact of increased access to medical transportation on the health of Dallas County residents.

Overall, based on stakeholder discussions, the unmet needs can be summarized as follows:

- **Lack of awareness about available transportation options:** One of the major factors limiting access to transportation is Travelers having limited information about options beyond personal (or

arranged via family/friends) transportation for medical trips. Health Connector provides a platform that allows customers to explore the availability of HIRTA and its partner vehicles through a “trip planning/discovery” feature within Health Connector.

- **Lack of integrated booking and trip management experience:** The planned Health Connector deployment concept addresses a longstanding need to integrate transportation and healthcare scheduling, management, and day-of services monitoring functions for the ultimate “one stop” experience for all Travelers for their mobility needs, with a specific focus on underserved populations. This solution helps Dallas County residents who are not able to make their medical appointments due to a lack of access to transportation by providing a platform to explore options, schedule rides, and manage trips according to their preferred schedules.
- **Challenges in meeting the needs of all community members:** The key challenges relevant to transportation access to healthcare services in the context of HIRTA services are as follows:
 - Return trip is a major issue for all groups, since the end time of appointments cannot be accurately determined ahead of time. HIRTA tries to accommodate customers’ requests for same-day service, particularly for return trips, but due to limited driver/vehicle and financial resources, it is not possible to address the needs of all customers. Some customers prefer not to share a vehicle with other riders, which places additional demands on transportation resources and reduces overall system capacity by requiring single-passenger trips.
 - DCHD health navigators spend a lot of time and resources, often arranging multi-party calls, given the lack of access to consolidated information (funding eligibility, transportation availability, healthcare service availability) from a single tool. While most underserved groups are affected due to this limitation, persons with Limited English Proficiency (LEP) need the most assistance and are severely impacted.
 - HIRTA currently offers services in Dallas County from 7 AM to 4 PM Monday through Friday system-wide, which does not meet the needs of many Travelers who may be interested in using HIRTA vehicles but are unable to use HIRTA to make their appointments. HIRTA plans to provide services through third-party service providers for Travelers’ after-hours needs.
 - Some people are not aware of HIRTA, while others do not use HIRTA services because of the associated fees (e.g., \$5.00 one way).
 - Most of the customers that Iowa Health and Human Services (HHS) works with are enrolled in Medicaid or Medicare. Also, many elderly individuals receive Supplementary Security Income (SSI) and Medicaid, which covers a portion of the transportation costs. However, Medicaid has very strict eligibility requirements for transportation services, and if a trip does not qualify for coverage, the associated cost can become a barrier that prevents the customer from making the trip. When customers are not eligible for Medicaid, HIRTA coordinates with funding partners and health navigators to determine if other funding sources are available for healthcare trips.
 - Older adults have identified a lack of comfort with the use of smart devices as a major barrier and have expressed a preference for devices with larger fonts specifically designed for older adults (e.g., Grand Pad). However, those devices have limited functions. Applications to be used by older adults must have the ability to adjust user experience by utilizing accessibility functions either available in the operating system or supplemented by built-in advanced capabilities within the application. Also, extensive training is required so older adults are self-

reliant in using the capabilities offered by the Health Connector solution. To increase usability for populations that are not tech-savvy, the system has been designed as simple as possible and with larger fonts. In addition, the team has continued and plans to continue to take user feedback into account even after the app's rollout to ensure the design remains user-friendly and addresses the needs of all users.

- Persons with disabilities often have limited mobility options when booking transportation, due to the lack of accessible vehicles or vehicles that can accommodate mobility needs such as walkers, oxygen tanks, service animals, and other assistive devices. All HIRTA vehicles are accessible, but commercial vehicles (e.g., taxis or TNCs) provide a limited fleet of accessible vehicles.
- Third-party drivers need to understand how to assist persons with disabilities should they need assistance when using the Health Connector. HIRTA should work with third-party providers to ensure they receive appropriate training and understand the needs of these individuals.
- Even at smaller facilities, wayfinding can be a challenge. Customers may have their first appointment on one side of a facility and a second appointment on another side, but they may not remember to share this information when booking a trip. As a result, drivers typically need to coordinate with dispatchers to find the exact pick-up location.
- Customer experience during initial trips is critical. If a customer has a long wait or services are not available when needed for an appointment, customers are likely to prefer other transportation options. Most trips are on time, but when there are delays, that specific experience may prevent customers from using the service again.
- The customer's ability to pay for trips is a major barrier. While HIRTA services are offered at a fixed low fare for customers that are covered by external funding sources, many low-income customers may still not be eligible for those services, due to the income criteria established by those programs (e.g., Medicaid). Also, low-income populations may rely on cash if they do not use banking and financial institutions.
- Persons with LEP may prefer to have someone accompany them for medical appointments so they can receive assistance. They may not use the tools and services available (e.g., translation service) as they may not feel comfortable.
- Helping customers get where they need to go can create an additional cost to hospitals at times. While hospitals may have affiliated social workers and health navigators who help customers find transportation services, the process of registering and booking trips creates an administrative burden due to a largely manual process. Also, healthcare providers have only limited funds available to help customers who may not have funds to pay for services arranged. One healthcare provider mentioned that coordination for follow-up care can be a time-intensive process for healthcare professionals. Tasks may include coordinating the time and availability for the patients and the provider, educating the patient on their options, and communicating with the provider.
- Healthcare customer coordinators currently rely on manual methods (e.g., phone calls, emails, in-person coordination, spreadsheets) to assist customers who may be looking for transportation services. They would prefer electronic capabilities as conceived within Health Connector, particularly real-time information on transportation services.

- Many customers live in rural areas where broadband access is lacking, unreliable, or insufficient. Also, the expense of data plans may limit the ability of low-income populations to use applications that may require extensive data bandwidth (e.g., feature-rich map interface).
- **Limited capabilities with current transportation modes:** Apart from HIRTA vehicles, there are limited modes that can meet the needs of underserved groups related to visual, hearing and learning disabilities, language barriers, and other limitations. The project deployment has been universally designed to meet the needs of all Dallas County's population, including persons with disabilities, low income individuals, rural residents, older adults, veterans, and persons with limited English proficiency. As needs vary by individual, underserved citizens may qualify for one or more of these subgroups (i.e., the person may be an older adult who lives in a rural area, is a veteran, and has a disability).
- **Limited wayfinding capabilities:** Another missing link in medical transportation has been wayfinding, both for locating the vehicle on arrival and wayfinding/navigating to the correct destination inside a facility upon arrival. The Health Connector solution provides a seamless outdoor and indoor wayfinding experience within the same application.
- **Same day reservation and service capacity issues:** HIRTA typically does not provide same day reservations. Uncertainty with return trips may often generate a need for same day booking or modifications, creating capacity challenges in meeting customer demand. The HIRTA team will continue to research means to augment capacity through a seamless integration with taxi, TNC, and other non-dedicated service providers (NDSPs) as demand calls for. Please note that these services are expensive and will have to be subsidized so the Traveler's share is comparable to the use of other HIRTA services. HIRTA will be invoiced by NDSPs monthly for trips successfully performed.
- **Limited coordination among different organizations:** This deployment seeks to further integrate the operations and services provided by HIRTA, DCHD, and the Dallas County healthcare community by providing them access to the transportation booking and real-time service information tools to maximize outcomes for the community and reduce the level of manual coordination by phone calls and emails. This integration includes access to a system that allows healthcare staff to monitor patient appointments and transportation bookings in a single platform. While the system does not track appointments missed due to lack of transportation, access to these tools also allows healthcare staff to monitor patients' transportation status for medical appointment bookings. With the ability to also book transportation directly within the same platform, the deployment seeks to reduce the number of missed medical appointments directly due to lack of transportation access.
- **Data sharing and reporting:** Currently, healthcare providers, DCHD, and HIRTA do not have any ability to share data or report on booking and delivery of medical trips. HIRTA has those trips captured within their transportation management system (TMS) provided by Via, but there is not enough data to analyze health outcomes of those trips. Health Connector allows tracking of medical and transportation appointment related data (e.g., appointment date, time, and location by a customer identifier) by healthcare partners so that DCHD, HIRTA, community partners, funding entities, and government partner agencies can monitor the impact of improved transportation access while protecting the privacy of individuals requesting trips. All data collection and sharing is conducted per the approved process from the Institutional Review Board (IRB) at the Iowa State University (ISU) as documented in the Phase 3 Data Management Plan.

Section 2.3. Site-Specific Goals

Figure 4 provides a list of ITS4US program goals that primarily focus on identifying needs and challenges for populations so appropriate tools can be identified for enhanced mobility. Also, a key goal is to measure the outcomes of the deployed applications/systems. Further, a key goal of the program is to identify solutions that are scalable and replicable so similar solutions/systems can be deployed nationwide in other communities.

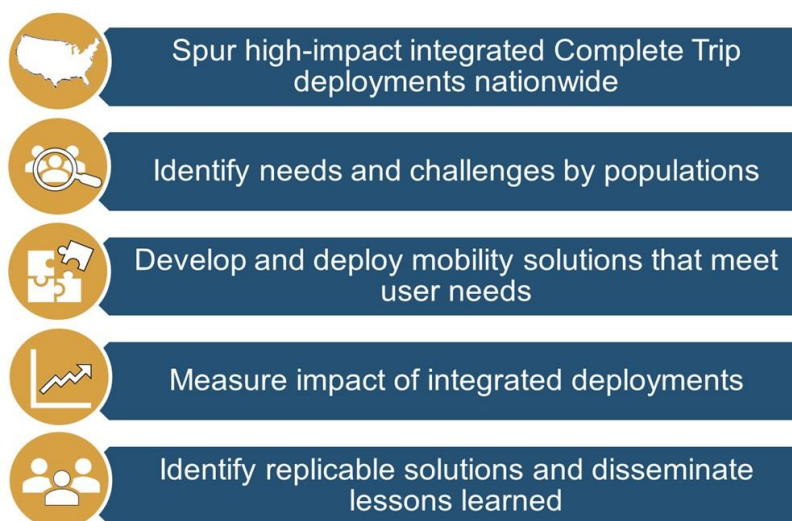


Figure 4. ITS4US Project Goals (Source: USDOT)

Health Connector's five site-specific goals were developed in direct response to the transportation access challenges identified through the project's Concept of Operations (ConOps) process, reflecting the needs of underserved populations in rural Dallas County, Iowa. Each goal is described below alongside its alignment with the five anticipated program outcomes and the key short- and long-term impacts the project intended to influence.

Goal 1: Improved Health Outcomes Through Increased Access to Medical Transportation for Dallas County Residents

Reduction in the number of no-shows for medical appointments due to increased access to transportation will help Dallas County residents, particularly underserved populations, make their appointments in a timely manner. This increased access to medical services will result in measurable positive health outcomes.

Objectives:

- G1O1: Reduced number of no-shows for medical appointments with availability of increased access to transportation options in Dallas County.
- G1O2: Increased access to follow-up care options through availability of transportation services.
- G1O3: Tracking of measurable positive impacts of transportation access on healthcare outcomes for Dallas County residents.

Alignment with Anticipated Program Outcomes:

- **Safety:** By reducing missed appointments and ensuring timely access to medical care, G1 contributes to the health and physical safety of riders who depend on transportation to manage chronic or acute medical conditions.
- **Accessibility:** G1 directly targets improved access to healthcare services for populations who lack reliable private transportation, addressing a critical gap in access to medical services in a rural county.
- **Traveler Mobility:** Reducing no-shows and increasing access to follow-up care reflects improved end-to-end mobility for riders navigating a complex medical transportation landscape with limited alternatives.
- **User Satisfaction:** Riders who can consistently reach their appointments on time and access follow-up care are more likely to experience and report a positive service experience, directly influencing satisfaction outcomes.
- **System Efficiency:** Tracking health outcomes and appointment adherence (G1O3) supports data-driven program management and helps funding agencies and healthcare providers evaluate the return on investment of subsidized transportation services.

Key Impacts:

- *Short-term:* Reduction in appointment no-show rates attributable to transportation barriers; increased trip completion rates for medical appointments.
- *Long-term:* Measurable improvement in health outcomes for Dallas County residents, particularly those with chronic conditions requiring regular care, and reduced strain on healthcare providers and emergency services resulting from deferred or missed care.

Goal 2: Self-Reliance and Spontaneity for Underserved Groups

Health Connector will provide tools to access safe, affordable, and reliable transportation services and relevant information and wayfinding as and when needed by underserved groups.

Objectives:

- G2O1: Access to safe transportation services for underserved groups through the availability of secure and reliable tools and services for planning, booking, payment, and customer information.
- G2O2: Ability to safely assist underserved travelers in locating vehicles and/or facilities at destinations through the availability of secure and reliable outdoor and indoor wayfinding tools.
- G2O3: Availability of safe and reliable transportation services when needed by underserved groups for their medical appointments, return trip, and follow-up care.

Alignment with Anticipated Program Outcomes:

- **Safety:** G2 promotes safety by equipping travelers with reliable real-time information on vehicle status, trip details, and wayfinding, reducing uncertainty and vulnerability for riders navigating unfamiliar environments.

- **Accessibility:** This goal is centrally focused on accessibility, ensuring that underserved groups — including those with limited mobility, language barriers, or limited technology experience — have equitable access to the tools and services needed to plan and complete trips independently.
- **Traveler Mobility:** By enabling on-demand trip booking and providing wayfinding support at both origin and destination, G2 expands the effective mobility of underserved travelers beyond what was previously available to them.
- **User Satisfaction:** Empowering riders with self-service tools, timely information, and wayfinding support directly addresses the autonomy and confidence that contribute to a positive rider experience.
- **System Efficiency:** Traveler-facing tools that support independent trip planning and booking reduce the administrative burden on call center staff and coordinators, contributing to more efficient service delivery overall.

Key Impacts:

- *Short-term:* Increased use of self-service booking and wayfinding tools by underserved riders; improved rider confidence and independence in navigating the Health Connector system.
- *Long-term:* Greater self-reliance among underserved populations in accessing healthcare and other essential services, reduced dependency on intermediary staff for trip coordination, and expanded equitable access to transportation across Dallas County.

Goal 3: Efficient Transportation Management Capabilities for Medical Transportation Services

HIRTA and its partners, including Dallas County Health Department (DCDH), healthcare providers, and funding agencies will have access to tools and services for coordinating booking, management, completion, billing, and payments for medical transportation in Dallas County requested by travelers.

Objectives:

- G3O1: Ability to manage transportation services from multiple service providers from a centralized Health Connector system, along with enabling as-needed transportation capacity at all times.
- G3O2: Ability to provide reliable transportation for requested trips using tools and procedures as necessary.
- G3O3: Provision of affordable transportation through coordination with funding entities for subsidizing transportation for the underserved.
- G3O4: Reduction in time needed by involved staff and HIRTA partners in trip coordination through the implementation of automation.

Alignment with Anticipated Program Outcomes:

- **Safety:** Centralized management and reliable trip fulfillment (G3O1, G3O2) reduce the risk of service gaps that could leave vulnerable riders stranded or without access to critical care.

- **Accessibility:** Coordinating affordable transportation through funding subsidies (G3O3) ensures that cost does not become a barrier to access for underserved populations.
- **Traveler Mobility:** A centralized, multi-provider management system increases the overall capacity and flexibility of the transportation network, expanding the range of trips that can be reliably fulfilled.
- **User Satisfaction:** Reliable, well-coordinated service delivery underpins rider trust and satisfaction, as riders who experience consistent, on-time service are more likely to continue using and recommending the system.
- **System Efficiency:** G3 is most directly aligned with system efficiency, targeting automation of coordination tasks (G3O4), centralized multi-provider management (G3O1), and streamlined billing and payment processes as core operational outcomes.

Key Impacts:

- *Short-term:* Reduced staff time spent on manual trip coordination; improved inter-agency communication and booking accuracy across HIRTA and partner organizations.
- *Long-term:* A scalable, automated transportation management infrastructure capable of sustaining and expanding medical transportation services in Dallas County without proportional increases in administrative overhead.

Goal 4: Financial Sustainability of Medical Transportation Programs

Availability of tools to efficiently coordinate booking and manage delivery of transportation services through optimal use of resources will help in cost reduction of medical transportation and will help with maintaining long-term sustainability of funding programs.

Objectives:

- G4O1: Ability to analyze the total cost of delivering medical transportation services for HIRTA and partners through the availability of tools to track cost and revenue measures along with applicable subsidies.
- G4O2: Reduction in resources spent in delivering and administering trips funded by various programs through implementation of processes.

Alignment with Anticipated Program Outcomes:

- **Safety:** Financial sustainability ensures the continuity of transportation services, preventing service gaps that could leave vulnerable riders without access to safe medical transportation.
- **Accessibility:** Maintaining long-term program funding is essential to preserving affordable, subsidized transportation access for underserved populations who cannot sustain out-of-pocket costs.

- **Traveler Mobility:** A financially sustainable system is better positioned to maintain and expand service coverage, preserving and growing the mobility options available to Dallas County residents.
- **User Satisfaction:** Riders benefit from a stable, well-funded service that can maintain quality, reliability, and affordability over time without service reductions or fare increases.
- **System Efficiency:** G4 is most directly aligned with system efficiency, focusing on cost tracking tools (G4O1) and process-driven reductions in resource expenditure (G4O2) as the primary mechanisms for achieving financial sustainability.

Key Impacts:

- *Short-term:* Improved visibility into the total cost of trip delivery across funding programs; initial reductions in administrative resource expenditure through process automation.
- *Long-term:* A financially sustainable medical transportation model that can serve as a replicable framework for rural transit agencies seeking to coordinate multi-funder healthcare transportation programs efficiently and cost-effectively.

Goal 5: Safe Medical Transportation Services

Availability of advanced tools to provide trip information and wayfinding services, customized per the needs of underserved groups, will help provide safe transportation options to travelers who may lack those.

Objectives:

- G5O1: Enhanced perceived safety through timely and reliable delivery of required information on vehicle and trip status.
- G5O2: The mitigation of risks related to accidents, incidents, injuries, and severe consequences associated with trips to medical facilities, outdoor/indoor wayfinding, and return trips through the implementation of required safety measures.

Alignment with Anticipated Program Outcomes:

- **Safety:** G5 is most directly aligned with the safety outcome, targeting both perceived and objective safety through real-time trip status information and risk mitigation measures across the full trip experience.
- **Accessibility:** Customized safety tools and wayfinding services designed for underserved groups ensure that safety enhancements are equitably distributed and responsive to the specific vulnerabilities of the populations served.
- **Traveler Mobility:** Increased perceived safety and reduced risk of trip-related incidents encourages greater willingness among underserved populations to use the system, effectively expanding their mobility options.

- **User Satisfaction:** Riders who feel safe and informed throughout their trip — from booking through arrival — are more likely to report high satisfaction and continue using the service.
- **System Efficiency:** Proactive safety measures and reliable information delivery reduce the likelihood of incidents, complaints, and service disruptions that would otherwise consume operational resources and staff time.

Key Impacts:

- *Short-term:* Improved rider-reported perceptions of safety; reduced incidence of trip-related safety concerns through implementation of real-time vehicle tracking and status notification tools.
- *Long-term:* A demonstrably safer medical transportation experience for underserved populations in Dallas County, with reduced risk of harm across all trip stages and a replicable safety framework applicable to similar rural transit deployments.

Section 3. Data Collection Methodology

This section describes the various methodologies for data collection employed throughout Phase 3 of the Health Connector deployment.

Section 3.1. Operational Data

Operational data is collected and managed through HIRTA's MOD platform. On a monthly basis, the HIRTA team extracted anonymized ride data which was aggregated for performance measure calculations. This data was used for monthly updates to Performance Measurement Dashboard. For the purposes of this Memo, this data has been used to develop time-series analyses of Health Connector performance metrics. Examples of data that were collected and used to calculate performance measures include (but is not limited to):

- Rider ID
- Driver ID
- Vehicle ID
- Request Time
- Requested Pickup Time
- Pickup Location Arrival Time
- Destination Lat/Long
- Destination Address
- Dropoff Time

Section 3.2. Rider Registration Survey

The Health Connector [registration form](#) includes questions that are intended to collect baseline data on Health Connector riders, including the number of missed medical appointments in the past 6 months and self-identification of belonging to an underserved group. This survey was originally planned as the primary means of collecting this baseline data. However, limited registrations were received during the first 6 months of Health Connector service, limiting the availability of this baseline data. The Health Connector team submitted an updated IRB in March 2025, which allowed HIRTA to automatically register existing HIRTA riders taking eligible trips into Health Connector (designated as agency-enrolled riders). This increased the number of Health Connector riders and availability of operational data, however, baseline data planned through the registration survey remains limited. As such, the HIRTA team has employed additional surveying measures as discussed below.

Section 3.3. In-App Survey

A survey was also deployed directly through the rider application. Riders were asked for consent when downloading the application to their personal devices. The survey was configured to appear at the

conclusion of Health Connector trips with a series of randomized questions related to the performance measures. Upon completion of a rider's first Health Connector trip, and approximately 6 months after they started using the application, the application presents the rider with a survey that include a question related to the number of times the rider missed medical appointments due to lack of transportation in the past 6 months. The in-app survey questions and related performance measures can be found in Appendix B. While the survey remains live, riders are not required to answer the survey questions and no responses have been recorded as of June 2026.

Section 3.4. Rider Intercept Survey

With lacking registration baseline data and in-app survey responses, the Health Connector team developed an additional intercept survey administered to riders on-board HIRTA vehicles. The surveying was conducted in two rounds, with the first round completed in December 2025 and second round completed in May 2026. These dates were selected when Health Connector riders were known to be on board HIRTA vehicles, in order to maximize the number of eligible respondents available. The survey was administered on paper, with assistance available to riders if needed. The first round of surveying yielded 15 responses from riders and the second round yielded an additional 8 responses, for a total of 23 respondents.

While these responses provide valuable insight into rider experiences, the findings should be interpreted with the population context in mind. Health Connector has approximately 200 registered riders, including both agency-enrolled and self-enrolled, however, a meaningful share of registered riders took very few trips while other riders are frequent repeat users. Because the intercept survey was administered on days with confirmed Health Connector riders onboard, the respondent pool is likely skewed toward more active riders. As a result, the survey findings may be more representative of riders who regularly use the service than of the broader registered rider population, which includes those with limited or no trip activity. Survey questions are available in Appendix B.

Section 3.5. Focus Groups

The HIRTA team has received IRB approval to host a focus group to gather additional rider and community feedback related to Health Connector. The intention of this focus group is to supplement data that was gathered through the various types of surveying conducted throughout the performance evaluation period. A specific focus will be on gathering additional data related to missed medical appointments and the reasons behind these missed appointments. This focus group will also be used to gather general feedback on the HIRTA community's awareness of Health Connector, and their understanding and comfortability in using its associated technologies. The focus group guide can be found in Appendix B. Recruiting for the focus group is currently underway. The goal is to hold the focus group by the end of July 2026, with summary reports available in August 2026.

Section 4. Performance Measurement Results

The Health Connector project was initially conceived around five foundational program themes established by the ITS4US program: Safety, Accessibility, Traveler Mobility, User Satisfaction, and System Efficiency. These broad themes provided the conceptual framework for envisioning a technology-enabled non-emergency medical transportation solution tailored to the needs of underserved populations in rural Dallas County, Iowa. As the project team developed a deeper understanding of the local service context, including the specific challenges faced by HIRTA, its partner agencies, and the riders they serve, these overarching themes were refined into the five more targeted project goals discussed in the Section 2.3 that better captured the intended outcomes of the Health Connector deployment. The original themes remain clearly embedded within the evolved goal structure: Safety is directly reflected in G5's focus on safe transportation services and risk mitigation; Accessibility underpins G1 and G2's emphasis on reducing barriers to medical appointments and promoting self-reliance for underserved groups; Traveler Mobility is addressed through G2 and G3's objectives around reliable, on-demand trip fulfillment and coordinated multi-provider service management; User Satisfaction is woven throughout G1 and G2's focus on meeting the transportation needs of riders in a responsive and dependable manner; and System Efficiency is the central focus of G3 and G4, which target operational coordination, automation, cost management, and long-term financial sustainability. By grounding the project-specific goals in these original themes, Health Connector ensured alignment with the broader ITS4US program vision while developing a more precise and actionable evaluation framework suited to the realities of rural medical transportation delivery.

This section presents a consolidated summary of outcomes across the performance measures (PMs) defined in the Health Connector Performance Measurement and Evaluation Support Plan (PMESP). These measures were developed to assess the extent to which the Health Connector deployment has achieved its intended goals across reliability, accessibility, efficiency, safety, and financial sustainability. The five overarching project goals, improved health outcomes (G1), self-reliance for underserved groups (G2), efficient transportation management (G3), financial sustainability (G4), and safe transportation services (G5), collectively frame the anticipated impact of the deployment and provide the basis against which PM outcomes are evaluated.

The performance measures summarized in this section span the current deployment period from September 2024 through March 2026 and will be updated upon conclusion of the Phase 3 evaluation period ending in August 2026. Where data collection was consistent and complete, results are reported with reference to established targets and observed trends. In cases where data limitations, methodological constraints, or operational circumstances affected the reliability or completeness of a given measure, those challenges are transparently described so that the Independent Evaluation (IE) team can appropriately contextualize findings when assessing overall project effectiveness. The table below maps each performance measure to the five project outcome areas identified by the IE team, with the primary outcome most directly addressed by each measure highlighted, followed by the individual PM summaries.

The table below maps each performance measure to the five project goals, as defined by the Health Connector team, with the primary outcome most directly addressed by each measure underlined, followed by the individual PM summaries.

Table 1. Project Performance Measures Alignment with Anticipated Program Outcomes

Performance Measure ID & Name	Improved Health Outcomes (G1)	Self-Reliance for Underserved Groups (G2)	Efficient Transportation Management (G3)	Financial Sustainability (G4)	Safe Transportation Services (G5)
<i>PM-1: Ability to dynamically reassign vehicles to address service disruption</i>			<u>X</u>		
<i>PM-2: Availability of transportation alternatives</i>	X	<u>X</u>			
<i>PM-3: Trips unfulfilled due to system unreliability</i>			<u>X</u>		
<i>PM-4: Estimated Time of Arrival (ETA) prediction accuracy</i>			<u>X</u>		
<i>PM-5: On-time performance</i>			<u>X</u>		
<i>PM-6: On-board travel time prediction accuracy</i>		<u>X</u>			
<i>PM-8: Reliability of the system in assisting with non-vehicle component of a complete trip</i>		<u>X</u>			
<i>PM-9: Traveler perception of privacy</i>		<u>X</u>			
<i>PM-11: System ability to meet accessibility needs of Travelers</i>		<u>X</u>			
<i>PM-12: Self-reliance</i>		<u>X</u>			

Performance Measure ID & Name	Improved Health Outcomes (G1)	Self-Reliance for Underserved Groups (G2)	Efficient Transportation Management (G3)	Financial Sustainability (G4)	Safe Transportation Services (G5)
PM-14: Complaints and customer satisfaction		<u>X</u>			X
PM-15: System productivity			<u>X</u>		
PM-16: Added capacity from third-party providers			<u>X</u>		
PM-19: Increased cost efficiency				<u>X</u>	
PM-20: Improved coordination among HIRTA, healthcare providers, health navigators			<u>X</u>		
PM-21: Delivery of safe healthcare transportation					<u>X</u>
PM-22: Reduction in medical appointment deferment due to lack of transportation	<u>X</u>				
PM-23: Savings due to reduction in the number of missed medical appointments	X			<u>X</u>	

PM-1: Ability to dynamically reassign vehicles to address service disruption

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will Health Connector enhance service reliability by reassigning disrupted healthcare trips in an efficient manner?
- **Metric Description:** Refers to the capability of the system to dynamically reassign a healthcare trip to an alternative vehicle in the event the originally scheduled trip was disrupted due to vehicle/driver issue, so a Traveler is not left stranded or is not delayed for an appointment. It is measured as:
 - Percentage of instances a Traveler was picked up within a targeted threshold (includes Traveler wait time and boarding time in number of minutes) in the event of a service disruption.
- **Target:**
 - Traveler is picked up by a replacement vehicle within 10 minutes of delay 95% of time when trip is reassigned.
- **Methodology**
 - Service disruption (can be manual or automatic) data is provided monthly by HIRTA. Once a service disruption occurs, metric is percent of time rider was picked up within stated window.
 - Data were extracted monthly from the HIRTA Transportation Management System (VOC) website. Two preset datafiles were used: *Ride_Requests* and *OTP_Rides_Table*. A description of the metrics used in PM-1 are described below.
 - Identify and only count trips where a service disruption occurred
 - “Request Status” = “Completed” OR “No Show” AND
 - “Service Interruption” = TRUE AND
 - “Cancellation Time” = NULL THEN
 - “Pick-up Time” = “Original Pick-up Time” offered (and accepted) – “Actual Pick-up Time)
- **Mobility Performance Metrics (MPM) Categories:** Core (impact stage), trip (trip stage), reliability (category).

Summary Statistics for PM-1:

Over the approximately 21-month monitoring period from September 2024 through May 2026, HIRTA recorded four months with service disruptions, while the remaining 17 months experienced no disruptions and therefore no Health Connector trips were impacted. Of the four disruption events, three were

attributable to winter weather conditions and one to a technology infrastructure failure (Amazon Web Services (AWS) internet outage). A summary of the service disruptions is provided in Table 2.

Evaluating performance against the established 95% target, that a replacement vehicle picks up a displaced traveler within 10 minutes, is substantially limited by the low frequency of disruptions and the difficulty in isolating Health Connector-specific trip impacts. The one instance where a clear Health Connector trip impact could be confirmed and measured (March 2025) resulted in a 0% pickup rate, as a dialysis rider's trip was not fulfilled due to weather-related service restrictions. In contrast, the October 2025 AWS outage demonstrated effective manual system management by HIRTA staff, with all affected trips completed, yielding a 100% performance rate for that event. The February 2026 winter storm and May 2026 weather event causing downed phones produced multiple service disruptions system-wide, but the inability to isolate which specific trips were impacted precluded a reliable performance calculation. In

These results highlight a key data collection challenge: because most disruptions in this service area manifest as broad, weather-driven, system-wide events rather than discrete vehicle or driver failures, attributing impacts specifically to Health Connector trips, and measuring subsequent reassignment response times, is operationally difficult.

Despite limited measurable data points, the overall picture suggests that the Health Connector system and HIRTA operations are relatively resilient, with the flexibility to shift to manual management when technology failures occur. However, expanding the data collection framework to better capture trip-level disruption impacts, particularly during weather events, will be essential for drawing meaningful conclusions about dynamic reassignment efficiency as service continues.

Table 2: Service Disruptions and Response

Year	Month	Service Disruptions	Trips Impacted	Pick-ups within 10 Min	Notes
2024	Sep	0	0	NA	
2024	Oct	0	0	NA	
2024	Nov	0	0	NA	
2024	Dec	0	0	NA	
2025	Jan	0	0	NA	
2025	Feb	0	0	NA	
2025	March	1	1	0%	3/5 - service limited to in-town due to weather, impacted dialysis rider
2025	April	0	0	NA	
2025	May	0	0	NA	
2025	June	0	0	NA	
2025	July	0	0	NA	
2025	Aug	0	0	NA	
2025	Sep	0	0	NA	
2025	Oct	1	1	100%	10/20 - AWS outage affected system, but trips completed manually
2025	Nov	0	0	NA	

Year	Month	Service Disruptions	Trips Impacted	Pick-ups within 10 Min	Notes
2025	Dec	0	0	NA	
2026	Jan	0	0		
2026	Feb	1	Multiple	0%	2/20 - multiple services limited/canceled due to inclement weather
2026	March	1	0	NA	3/16 - limited service due to inclement weather. No Health Connector trips impacted
2026	April	0	NA	NA	
2026	May	1	Multiple	NA	HIRTA phones down 5/19-5/21 due to storm damage. Limited communications. Rider app remained functional.

PM-2: Availability of transportation alternatives

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Self-reliance for Underserved Groups
- **Secondary Outcome Area:** G1 – Improved Health Outcomes
- **Evaluation Question:** Will Health Connector promote self-reliance for underserved groups by providing reliable access to preferred alternatives for healthcare transportation?
- **Metric Description:** Refers to the capability of the system to provide availability of travel alternatives for a given origin and destination and given pick-up and drop-off time when requested by Travelers. It is measured as:
 - Percentage of survey respondents that select “Yes” in response to the survey question, “Did the ride options for today’s trip meet your needs?” presented as part of the on-board vehicle survey.
- **Target:**
 - 90% of survey respondents indicated that the options presented met their travel needs.
- **Survey Method:** Survey data related to this performance metric is collected via intercept survey of Health Connector rider administered by a member of the ISU Survey Team onboard a HIRTA/Health Connector vehicle. Riders were asked the following:
 - Did the ride option for today’s trip meet your needs?
 - 1 = Yes

- 2 = No
- 9 = Missing
- **MPM Categories:** Core (impact stage), pre-trip (trip stage), reliability (category).

Summary Statistics for PM-2:

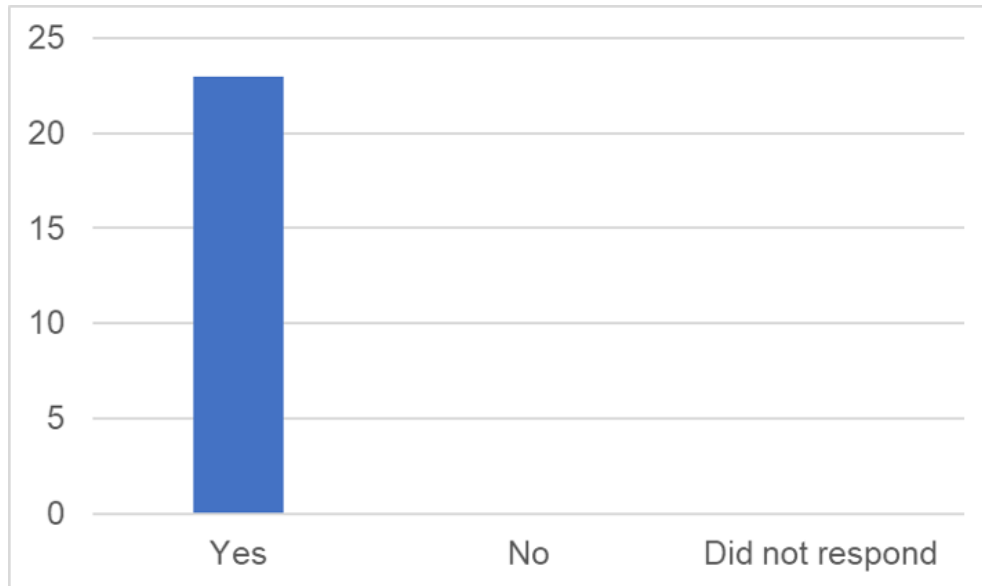


Figure 5. PM-2 Summary Results: If Rider Options Met Rider Needs (Source: HIRTA Team)

Results from the two intercept survey rounds indicate strong early performance on PM-2, with all intercepted riders (100%) responding "Yes" when asked whether the ride options offered for their trip met their needs. This exceeds the established target of 90%, suggesting that Health Connector is effectively providing accessible, need-responsive transportation options for its riders at this stage of deployment.

These findings speak directly to the project's accessibility goals: by offering tailored ride options to underserved populations, including those relying on the service for healthcare-related travel, Health Connector demonstrates effectiveness in promoting self-reliance and reducing transportation barriers for individuals who may lack viable alternatives. The ability to match riders with suitable options for their specific origin, destination, and timing needs is a foundational requirement for meaningful access to healthcare, and the 100% satisfaction rate on this dimension is an encouraging signal.

It should be noted, however, that the current sample size of 23 riders is small, and results should be interpreted with caution. The intercept survey methodology, while appropriate for capturing in-trip experience, may introduce self-selection bias, as riders who decline to participate or are unavailable for intercept are not represented. If HIRTA chooses to conduct additional surveying rounds after Phase 3, results will provide a more robust and reliable basis for evaluating whether this performance level is sustained. Ongoing attention to sample size, non-response patterns, and potential variability across trip types and rider demographics will be important for ensuring the credibility of PM-2 findings over time.

PM-3: Trips unfulfilled due to system unreliability

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will Health Connector fulfill most trips and maintain system reliability through improved transportation management capabilities?
- **Metric Description:** Refers to the system's ability to monitor capacity and reliability to ensure that the requested trips are not denied, and if trips were booked, then the number of missed trips are minimized by providing a reliable service. A missed trip event occurs when a driver arrives after the pick-up window has passed. The metrics include the following:
 - Number of trips returning a 'seat unavailable' or other error as a percentage of all trips requested.
- **Target:**
 - Less than 10% of requests returned as "seat unavailable" or "other error" within one session.
- **MPM Categories:** Core (Impact stage), trip (trip stage), reliability (category).
- **Methodology:**
 - Data were extracted monthly from the "*Ride_Requests*" table in the Health Connector TMS (VOC). The calculation used is described below:
 - "Seat Unavailable" = Number of times "Seat Unavailable" message was displayed for a booking request (multiple instances of "Seat Unavailable" within the same session are not counted)
 - Total trip rows includes trip requests that had the following statuses: cancelled, no-show, seat unavailable, and completed
 - Reliability = (Count of "Seat Unavailable") / (Count of total trip rows)

Summary Statistics for PM-3:

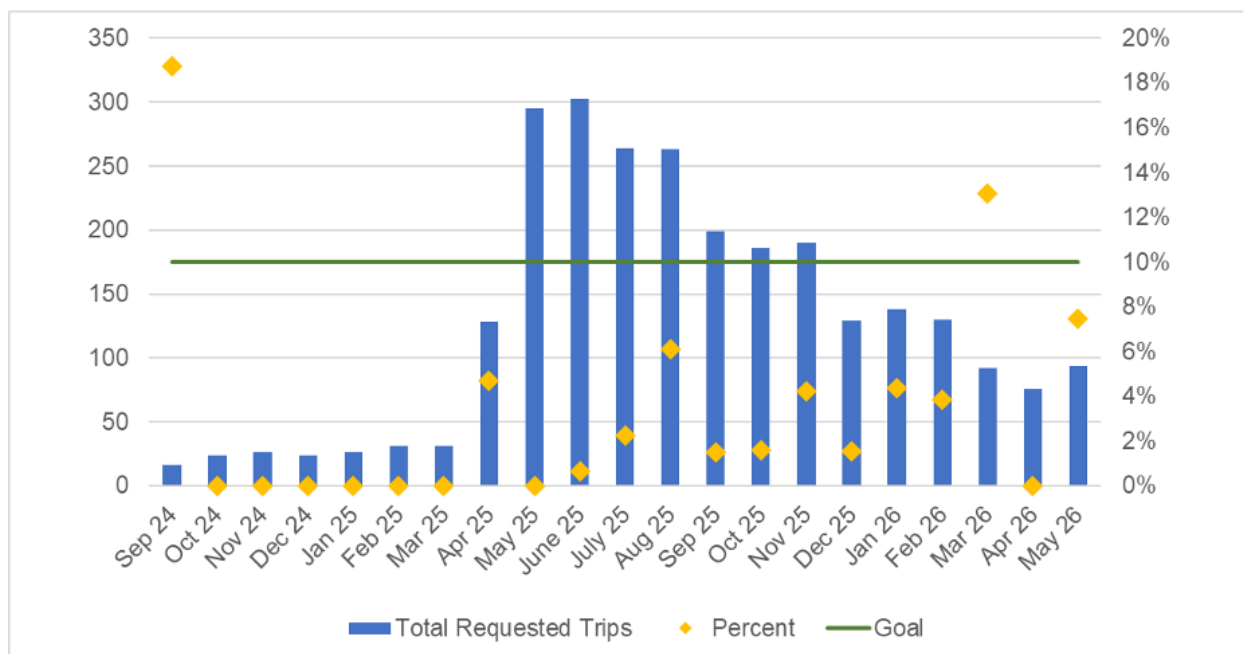


Figure 6. Requests Returned as "Seat Unavailable" (Source: HIRTA Team)

PM-3 tracks the percentage of trip requests returned as "Seat Unavailable" within a single session, with a target of fewer than 10% of requests resulting in such outcomes. This metric serves as a direct indicator of system capacity management and scheduling reliability, a high rate of unfulfilled requests would suggest the system is failing to match traveler demand with available vehicle capacity, undermining Health Connector's core service promise.

Figure 6 shows the total trips requested and the percentage of trips that were returned as "Seat Unavailable." Across the monitoring period to date, performance generally met the established 10% target, with two notable exceptions, September 2024 and March 2026, both of which exceeded the threshold. September 2024 represents the earliest months of system deployment, when scheduling optimization, vehicle capacity calibration, and operational workflows were still being refined; elevated "Seat Unavailable" rates during this period are not unexpected and likely reflect early-stage system adjustments rather than a sustained reliability concern. The March 2026 exceedance warrants closer attention, as it occurs later in the deployment period when the system would be expected to operate more consistently. This coincides with the winter storm disruption noted in PM-1, suggesting that weather-driven demand surges or capacity constraints may have contributed to elevated unavailability rates during that period.

Overall, the fact that the majority of monitored months remained within the 10% target is a positive indicator of system reliability and capacity management. Note that the session-based counting methodology, which consolidates multiple "Seat Unavailable" instances within a session into a single event, may impact the apparent rate if a rider were to make multiple failed requests within a session.

Continued monitoring, particularly during high-demand periods and weather events, will be important for determining whether the March 2026 exceedance represents an isolated occurrence or an emerging pattern requiring operational intervention.

PM-4: Estimated Time of Arrival (ETA) prediction accuracy

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will Health Connector help in delivering reliable services by calculating ETA predictions accurately and reliably?
- **Metric Description:** Refers to the capability of the system to calculate ETA accurately and reliably for all trips. It is measured as:
 - Accuracy in number of minutes/seconds for the delta between the proposed pickup window and actual arrival time for pickups.
- **Target:**
 - ETA accuracy target measured for Traveler pickups as whether the actual time of arrival or drop off is within +/-1 min error, 95% of time when a ride is 0-5 minutes away (calculated as aggregation across all pickups, average will be measured).
 - **Clarification:** Metric is percent of time rider is picked up within window; no metric exists to indicate trip is 5 min away
- **Methodology**
 - Data were extracted monthly from the HIRTA TMS (VOC). Two preset data files were used: “*Ride_Requests*” and “*OTP_Rides_Table*”. PM-4 was calculated by determining the number of rides which were outside the offered pickup window. Riders are given a 20-minute window in which the ride vehicle will arrive. This metric calculates the number of trips where the driver arrives within 10 minutes, more than 10 to 20 minutes, and more than 20 minutes outside the offered window. “Time Outside Window” is calculated by subtracting the time from the field “*Vehicle Arrival*” (*Ride_Requests*) from the time in “*End Window*” (*OTP_Rides_Table*). A negative value is time beyond the window. Times are sorted and aggregated by:
 - Count of those ≤ 10 min
 - This includes any trip where ride arrived within window
 - Count of those > 10 min to 20 min
 - This includes any trip where ride arrived > 10 to 20 minutes outside of window

- Count of those > 20 min
 - This includes any trip where ride arrived > 20 minutes outside of window
- The “Average Difference Pickup Time” is also the calculated average across all values calculated for “Time Outside Window.” A negative value means the vehicle arrived after the end of the start window.
- **MPM Categories:** Core (impact stage), trip (trip stage), reliability (category).

Summary Statistics for PM-4:

PM-4 evaluates the reliability of Health Connector's scheduling system by measuring how consistently vehicle arrivals fall within 10 minutes of the end of pickup window offered to riders at the time of booking. The target specifies that riders should be picked up within 10 minutes of the estimated arrival time 95% of the time when a ride is 0-5 minutes away, operationalized here as the percentage of trips where the vehicle arrives within the stated pickup window or no more than 10 minutes beyond it.

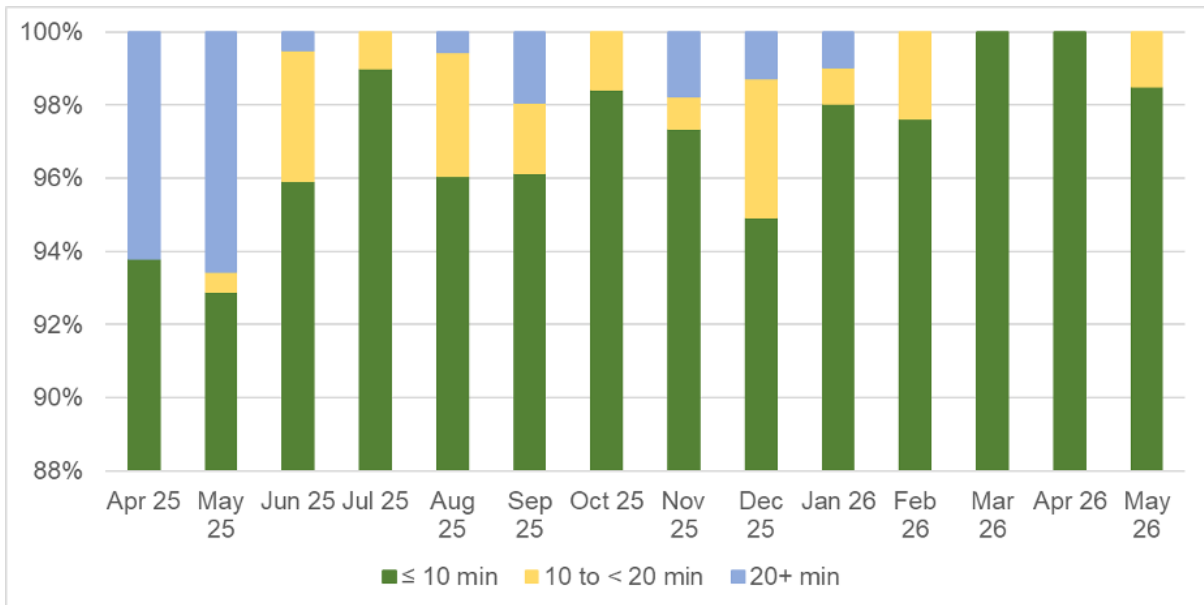


Figure 7. PM-4: Percentage Breakdown of Difference in Pickup Time from Arrival Window (Source: HIRTA Team)

Figure 7 shows the percent of trips arriving before the window end or within 10 minutes after the end of the window increased over time. Average vehicle arrival time in relation to the end of the stated pickup window is shown in Figure 8. The end time of the pickup window is used to measure against when a vehicle arrival for pickup would be considered “on time” versus “late.” For this deployment, the HIRTA team defined within 10 minutes of the end of the stated pickup window as the target to meet for ETA prediction. As discussed in the calculation methodology, positive values for average difference pickup time indicate the number of minutes a vehicle arrives before the end of the pickup window. Negative values indicate the number of minutes a vehicle arrives after the end of the pickup window. Data are shown for April 2025 and onward. As noted, in April of 2025, HIRTA was able to include data for “Agency-Enrolled” riders. However, some retroactive data for these riders was not available and as a result, some PM-4 metrics could not be calculated consistently for months prior to and after April. Therefore, data are only shown for April 2025 and later. While this limits the ability to assess performance during the initial deployment phase, the April 2025 forward dataset provides a meaningful window into system maturation and scheduling performance over time.

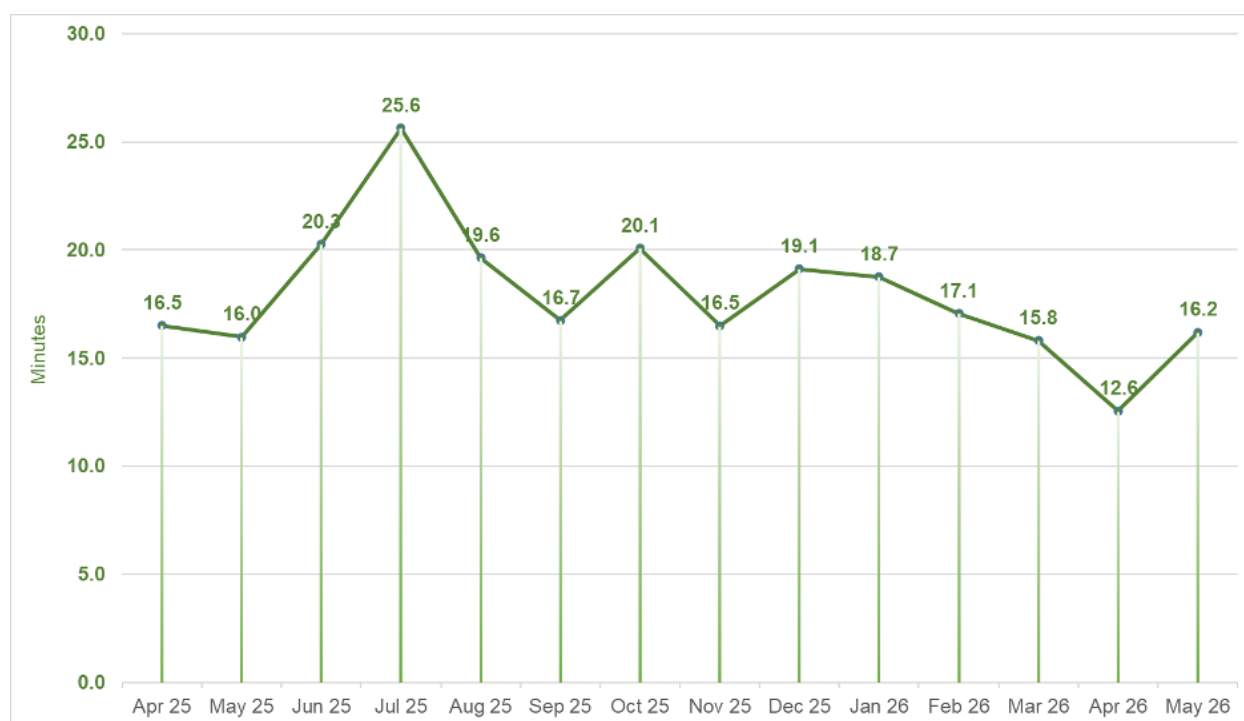


Figure 8. PM-4: Average Arrival Time Before End of Arrival Window (Minutes) (Source: HIRTA Team)

Results indicate a mostly positive trajectory across the monitoring period. The percentage of trips where the vehicle arrived before the window end or within 10 minutes after it increased over time, suggesting that scheduling accuracy and driver adherence to offered pickup windows has continued to improve. This trend is further supported by Figure 8, which shows that on average, drivers arrived 12 to 25 minutes before the stated end of the pickup window across the monitored months indicating that in practice, vehicles are arriving well ahead of the window deadline rather than at or near its close. A consistently positive average arrival differential is a strong indicator of operational reliability and suggests the system is conservative in its scheduling estimates, which benefits riders by reducing the risk of missed or delayed

pickups. These findings reflect positively on Health Connector's capacity to deliver predictable, reliable service which is a particularly critical factor for riders traveling to time-sensitive healthcare appointments.

PM-5: On-time performance

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will Health Connector help in delivering services on time in a reliable manner?
- **Metric Description:** Refers to the capability of the system to be on time for pick-up events. It is measured as:
 - Percentage of times pick-up events occur within +/- 10-minute window.
 - During the intercept survey, riders were also asked the following:
 - How close to the estimated pick-up time you were told during booking did your ride arrive today?
 - Within 5 minutes
 - Within 10 minutes
 - More than 10 minutes
- **Target:**
 - Vehicle arrives within 10 minutes of last planned pickup time 90% of the time.
- **Methodology**
 - Subtract *Vehicle Arrival at Pickup Time* from *Last Planned Pickup Time*
 - A negative value means the vehicle arrived before the last planned pickup time.
 - Count of those ≤ 10 minutes, including any arrivals within the pickup window
 - Count of those > 10 minutes to 20 minutes, including any arrivals 10 to 20 minutes outside of the pickup window
 - Count of those > 20 minutes, including any arrivals over 20 minutes outside the pickup window
 - Average Difference Pickup Time = average of all pickup times

- **MPM Categories:** Core (impact stage), trip (trip stage), reliability (category).

Summary Statistics for PM-5:

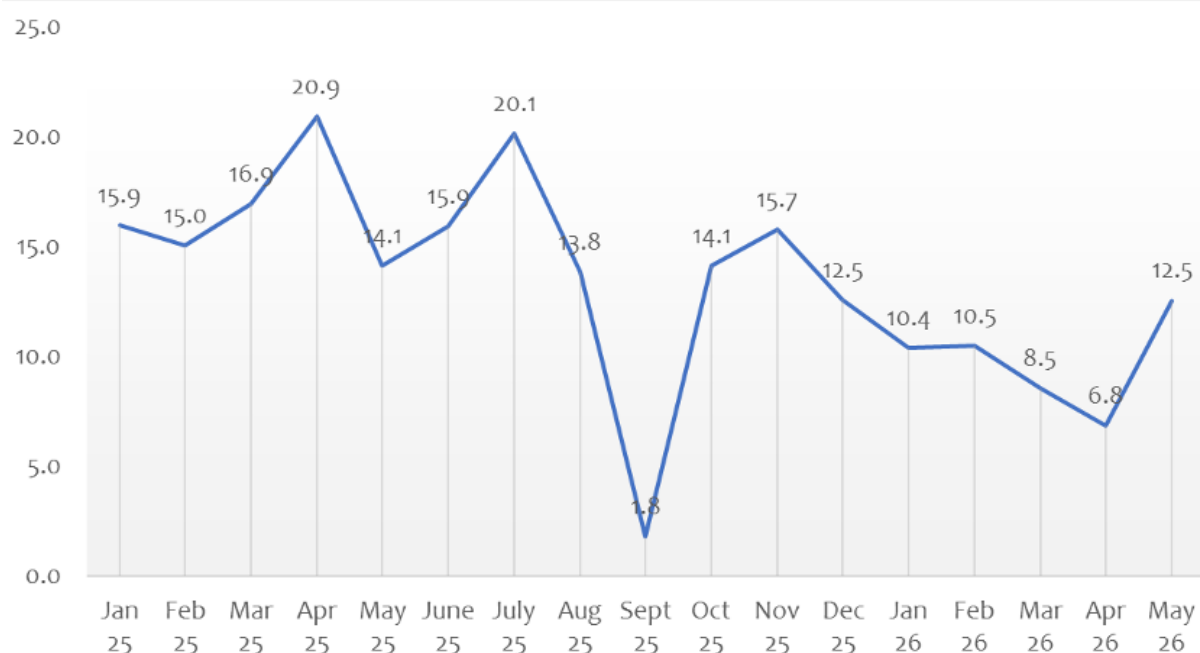


Figure 9. PM-5 Average Difference Between Vehicle Arrival and Last Planned Pickup Time (Source: HIRTA Team)

Performance data for PM-5 demonstrates strong and consistent on-time pickup results across the monitored period. Vehicle arrival in relation to the last planned pickup time is shown in Figure 9. This varies from PM-4, which uses the end of the pickup window offered to a rider at the time of booking. For this metric, the last planned pickup time, which is reported to a rider closer to their actual scheduled ride, is used to determine pickup accuracy based on updated ride details. Data are shown for January 2025 and onward. As noted earlier, data extracted after the fact for “Agency-Enrolled” riders for August to December 2024 did not have consistent data fields so this metric could not be calculated for prior periods. As a result, data can only be shown for January 2025 and later. Positive values indicate the vehicle arrived before the last planned pick-up time.

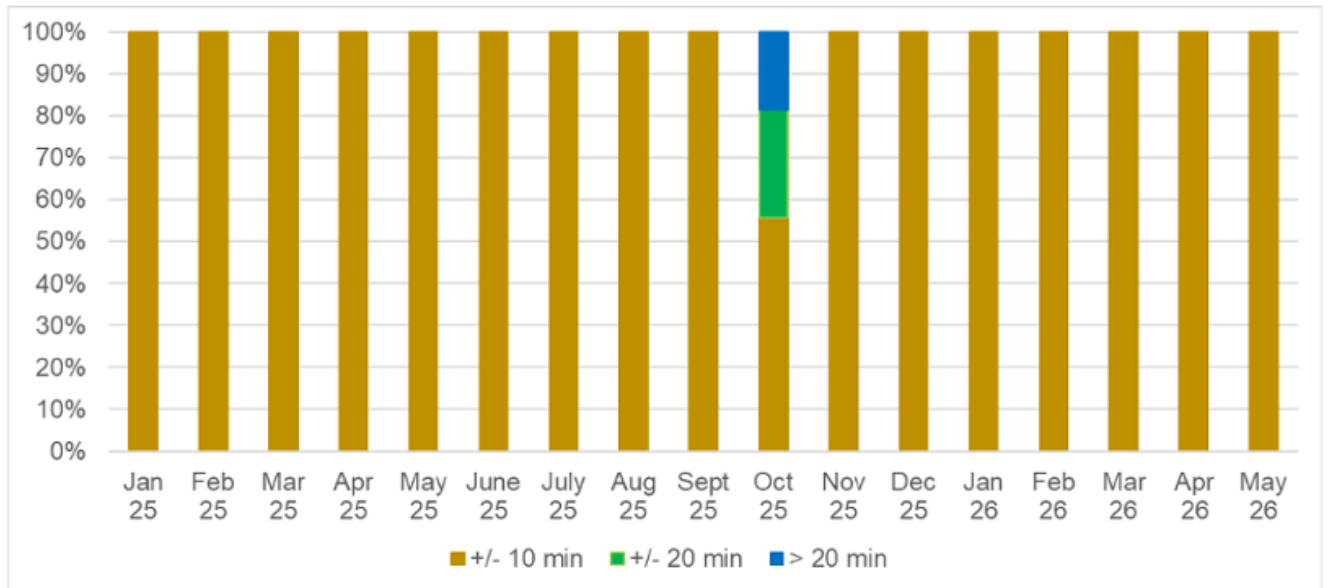


Figure 10. Percent of Vehicles That Arrived Before Last Stated Pickup Time (Source: HIRTA Team)

Figure 10 shows the percentage of vehicles that arrived before or within 10 minutes of the last planned pickup time, which is reported to riders before their driver arrives. The first category includes vehicles that arrive 10 minutes or less after the last planned pickup time or arrived before the stated pickup time. The next category was vehicles that arrived more than 10 minutes after to 20 minutes after the last planned pickup time. The last category includes vehicles that arrive more than 20 minutes after the last planned pickup. As noted, trips were fulfilled within the 10-minute window after the last planned pickup time, well exceeding the established target of 90%.

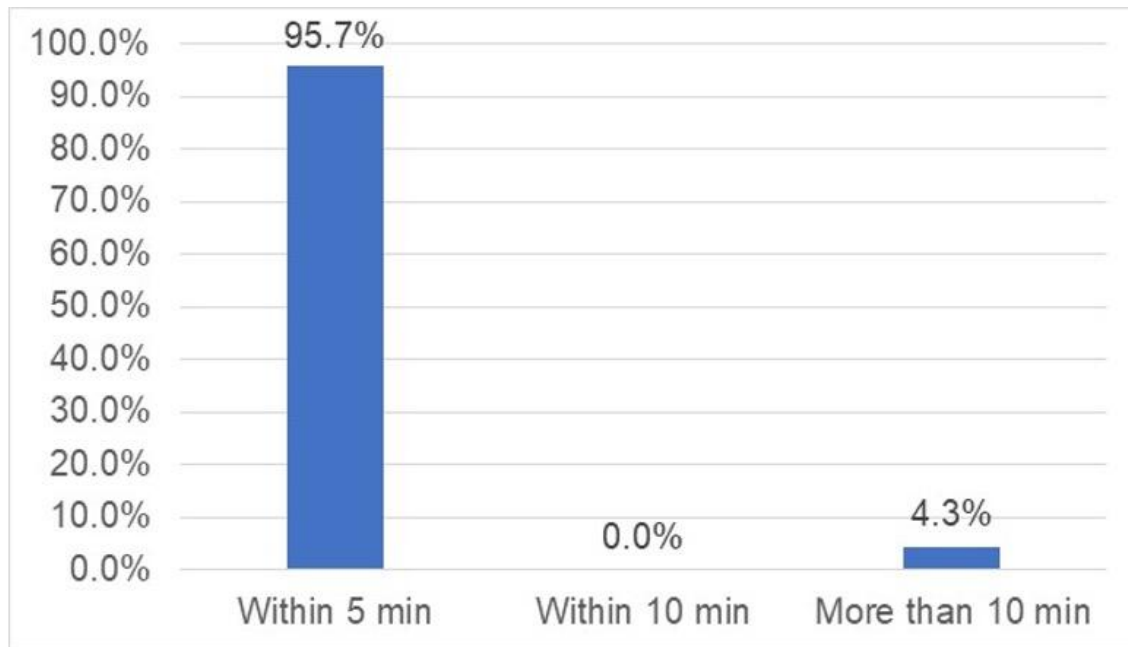


Figure 11. How Close Survey Respondents Indicated They Had Been Picked Up in Relation to the Stated Pickup Time (Source: HIRTA Team)

Responses from the rider intercept survey are shown in Figure 11. As noted, more than 95% of riders surveyed (n = 23) indicated their ride had arrived within 5 minutes of when they had been told the ride would arrive. Less than 5% noted the ride arrived more than 10 minutes after what they had been told. As shown, most riders self-reported being picked up within the 10-minute window.

These results directly support Goal G3, Efficient Transportation Management Capabilities for Medical Transportation Services, and in particular objectives G3O1 and G3O2, which target the ability to manage transportation services from a centralized system and provide reliable transportation for requested trips. Sustained on-time performance at or near 100% demonstrates that the Health Connector platform is successfully translating centralized scheduling and dispatch capabilities into dependable, service delivery. The consistency of this performance across the deployment further suggests that operational workflows, driver coordination, and system-generated scheduling are functioning as an integrated and efficient system, a foundational requirement for the long-term viability of a coordinated medical transportation program serving riders with time-sensitive healthcare needs.

PM-6: On-board travel time prediction accuracy

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Evaluation Question:** Will Health Connector help in calculating on-board (in-vehicle) travel time for a trip accurately and reliably at the time of scheduling?

- **Metric Description:** Refers to the capability of the system to accurately predict the on-board travel time at the time of scheduling. It is measured as:
 - On-board travel time accuracy in number of minutes and seconds.
- **Target:**
 - Actual trip duration is within 10 minutes of estimated trip duration 90% of the time.
- **Methodology**
 - *Change in Trip Duration* is calculated by subtracting the *Last Planned Trip Duration* from the actual *Ride Duration*.
 - Negative values indicate the actual trip duration (in minutes) was shorter than the estimated trip duration.
- **MPM Categories:** Core (impact stage), post-trip (trip stage), time (category).

Summary Statistics:

Performance data for PM-6 reflects strong and consistent accuracy in the system's ability to predict on-board travel time at the point of scheduling. The target for this measure requires that actual trip duration fall within 10 minutes of the estimated trip duration 90% of the time. Data shown from August 2024 through December 2024 is representative of trips taken by "self-enrolled" riders only. From December 2024 through March 2025, HIRTA began enrolling eligible HIRTA riders to Health Connector ("agency-enrolled"). However, these "agency-enrolled" riders could not be included in data until April 2025, upon IRB approval. Due to inconsistencies in historic data extraction between January 2025 and March 2025 for agency-enrolled and self-enrolled riders, this period has been omitted from reporting results. From April 2025 onward, results include both agency-enrolled and self-enrolled riders.

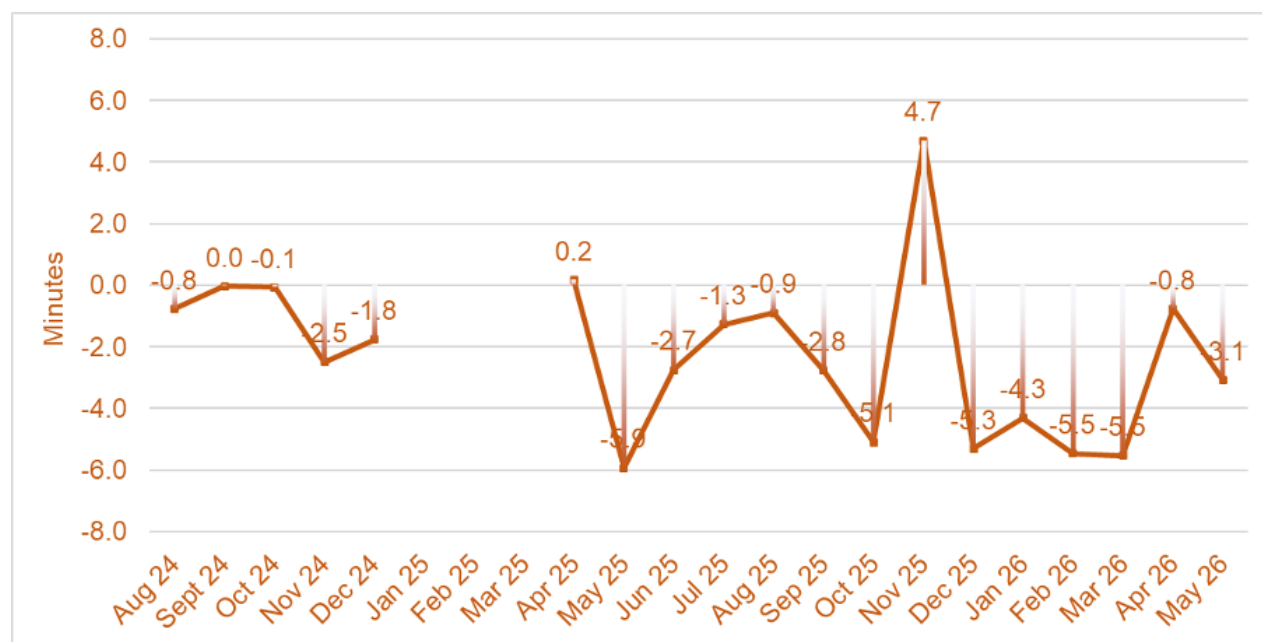


Figure 12. Deviation in Estimated Trip Duration Compared to Actual Trip Duration (Source: HIRTA Team)

Figure 12 shows average difference in estimated ride duration by month. As noted, the actual trip duration was shorter than expected for most months except April 2025 and November 2025. The negative values indicate that actual trip durations were, on average, slightly shorter than the system's estimates, though in all cases the magnitude of that difference remained well within the acceptable 10-minute window. This consistent pattern suggests a modest but stable tendency for the system to slightly overestimate travel time, which may warrant minor scheduling calibration over time but does not represent a meaningful service concern given current performance levels.

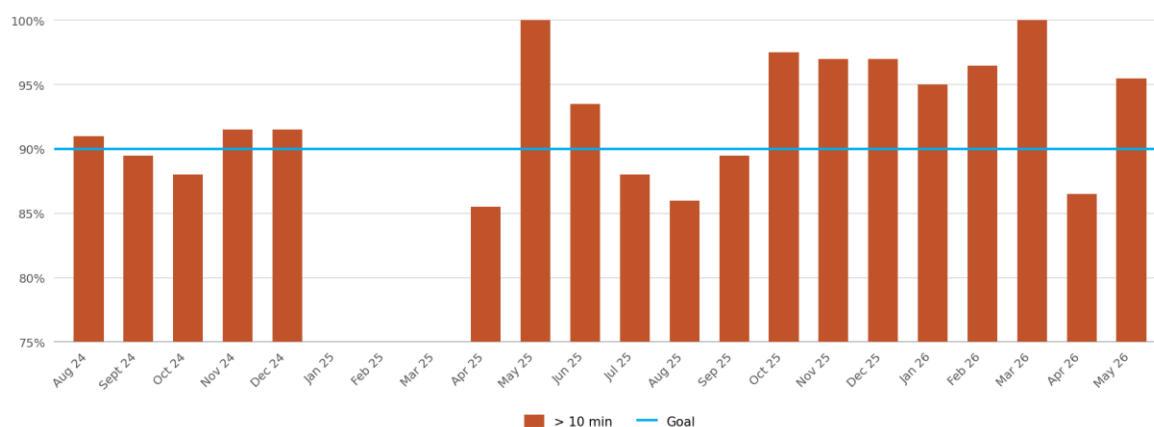


Figure 13. Percent of Actual Trip Duration within 10 Minutes of Estimated Duration (Source: HIRTA Team)

Figure 13 shows the percentage of time the actual trip duration was less than 10 minutes longer than the estimated duration. The goal was to achieve this metric 90% of the time. As noted, the goal was achieved for 12 months and not achieved for 7 months.

These results directly support Goal G2, Self-Reliance and Spontaneity for Underserved Groups, and in particular objectives G2O1 and G2O3, which emphasize the availability of reliable, predictable transportation services and the tools riders need to plan and complete their trips with confidence. When the system accurately communicates how long a trip will take at the time of booking, riders, particularly those managing time-sensitive medical appointments, return trips, or follow-up care, can make informed decisions about their travel without uncertainty or anxiety about whether they will arrive on time. Accurate travel time prediction supports the self-reliance that G2 targets: a rider who trusts that the information they receive is reliable is meaningfully more empowered than one who must account for unpredictable variance. The sustained close-to or above-target performance on PM-6 across the period of performance suggests that Health Connector is delivering on this promise consistently.

PM-8: Reliability of the system in assisting with non-vehicle component of a complete trip

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Evaluation Question:** Will Health Connector provide wayfinding tools to increase Traveler ability to self-navigate to/from a pick-up or a drop-off location?
- **Metric Description:** Measures Travelers' awareness of and their ability to use direction-finding/wayfinding options before and after the vehicle component of their trip. It is measured as:
 - Percentage of survey respondents that select "Yes" in response to the survey question, "Are you aware of the direction-finding option in the Health Connector App?" presented as part of the on-board vehicle survey. In this context the "Health Connector App" refers to the NaviLens wayfinding application. "Health Connector App" was used intentionally in the survey for riders who may not have been aware that there were multiple applications, or the specific names of these applications.
 - Percentage of survey respondents that indicate they have used the direction-finding options in the Health Connector App and selected "The directions were difficult to use" when presented the on-board vehicle survey.
- **Target:**
 - 80% or more of survey respondents indicate that they are aware of the direction-finding option through Health Connector.
 - Less than 20% of survey respondents indicate that they found the direction-finding option difficult to use.
- **Survey Method:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle.

- **MPM Categories:** Core (impact stage), trip (trip stage), time (category).

Summary Statistics:

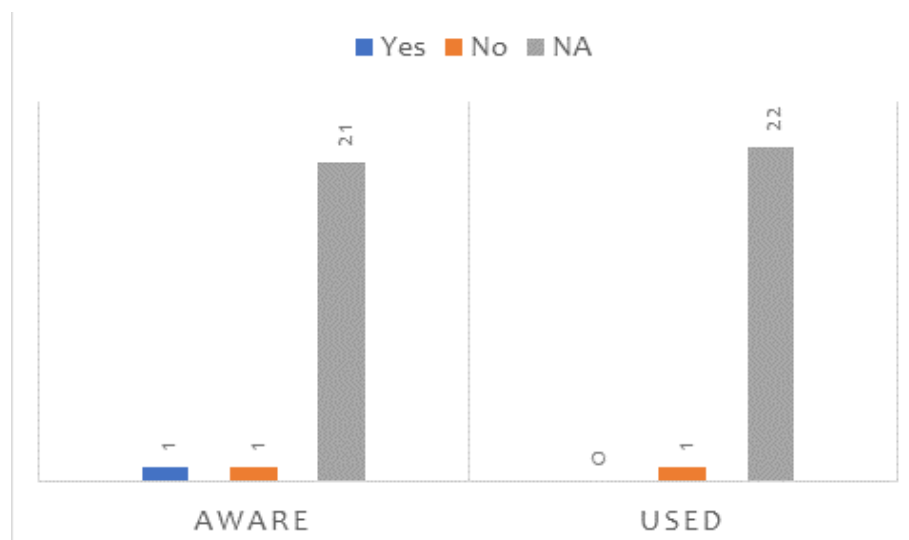


Figure 14. Riders' Awareness of Wayfinding Options (Source: HIRTA Team)

Figure 14 shows responses to the question about whether riders were aware of the wayfinding option. As noted only one person was aware of the wayfinding option. Figure 14 also shows responses for whether riders had used the wayfinding option. No respondents noted having used the wayfinding option.

Figure 15 shows responses to the survey question about how easy riders found the wayfinding directions

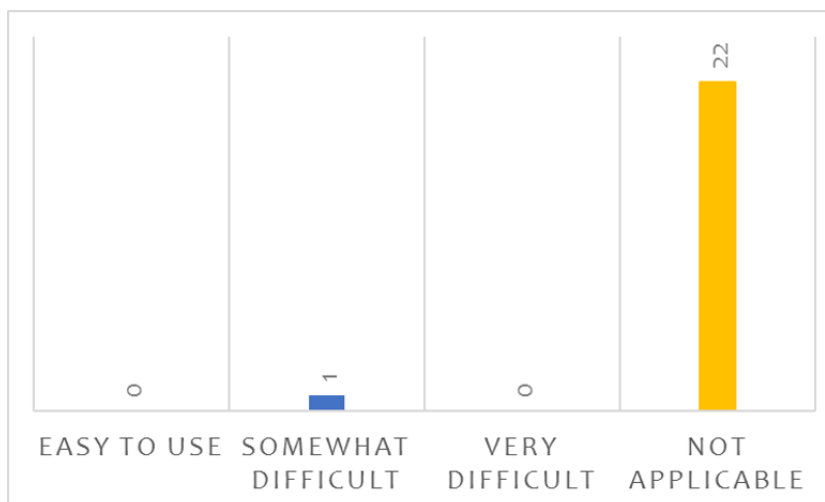


Figure 15. Riders Perception of Wayfinding Directions (Source: HIRTA Team)

to follow. Only one participant was aware of the wayfinding option, so only one response was noted, and their response was that the wayfinding directions were somewhat difficult to use. The rest of the respondents were unaware of the availability of wayfinding directions and therefore had not utilized them.

Results from the first round of on-board intercept surveys indicate that awareness of the Health Connector app's wayfinding and direction-finding feature remains very limited among current riders. Only one of 23 surveyed riders indicated awareness of the wayfinding option. Of the 23 respondents, 22 selected "not applicable" for both the awareness and usage questions, suggesting that much of the current rider base has not been exposed to or engaged with this feature. The single rider who had used the wayfinding directions rated them as "somewhat difficult to use," with no respondents rating the feature as easy to use or very difficult.

These results fall short of the established targets of 80% awareness and fewer than 20% of users finding the directions difficult, though the extremely small number of engaged users, just one per question, means the results are not yet statistically meaningful as a performance assessment. The more substantive finding is the near-universal lack of awareness among the surveyed riders, which could point to a gap in feature promotion and rider education rather than a usability failure of the tool itself.

These findings are directly relevant to Goal G2, Self-Reliance and Spontaneity for Underserved Groups, and specifically to objective G2O2, which targets the ability to safely assist underserved travelers in locating vehicles and facilities at destinations through reliable wayfinding tools. A wayfinding feature that riders are unaware of cannot contribute to the self-reliance and navigational independence that G2 envisions. For underserved populations who may be navigating unfamiliar healthcare facilities or managing complex multi-stop trips without personal support networks, accessible and well-promoted wayfinding tools represent a meaningful potential benefit, one that the current data suggest has not yet been realized. Targeted outreach to increase rider awareness of the feature, combined with usability improvements informed by rider feedback, will be important steps toward achieving the G2O2 objectives in subsequent deployment phases.

PM-9: Traveler perception of privacy

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Evaluation Question:** Do Travelers feel confident that their information is protected when using Health Connector?
- **Description:** Measures Traveler's opinion on using the Health Connector service and how their location-specific data are handled by the system in terms of privacy. This is a qualitative measure and will be calculated based on survey input. It is measured as:
 - Percentage of survey respondents that select "I have concerns about sharing my personal information in the Health Connector App" in response to the on-board vehicle survey question, "Why haven't you used the Health Connector app for transportation to medical appointments?"
 - Percentage of survey respondents that select "Not concerned" in response to the on-board vehicle survey question, "The new Health Connector app uses your location to find transportation options and provide directions. How concerned are you about the app's use of your device's location?"
- **Target:**

- Less than 10% of survey respondents indicate that they have not used Health Connector due to concerns about sharing personal information.
 - 90% of survey respondents indicate “not concerned” about Health Connector using their location data.
- **Survey Method:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle.
- **MPM Categories:** Core (impact stage), post-trip (trip stage), safety (category).

Summary Statistics:

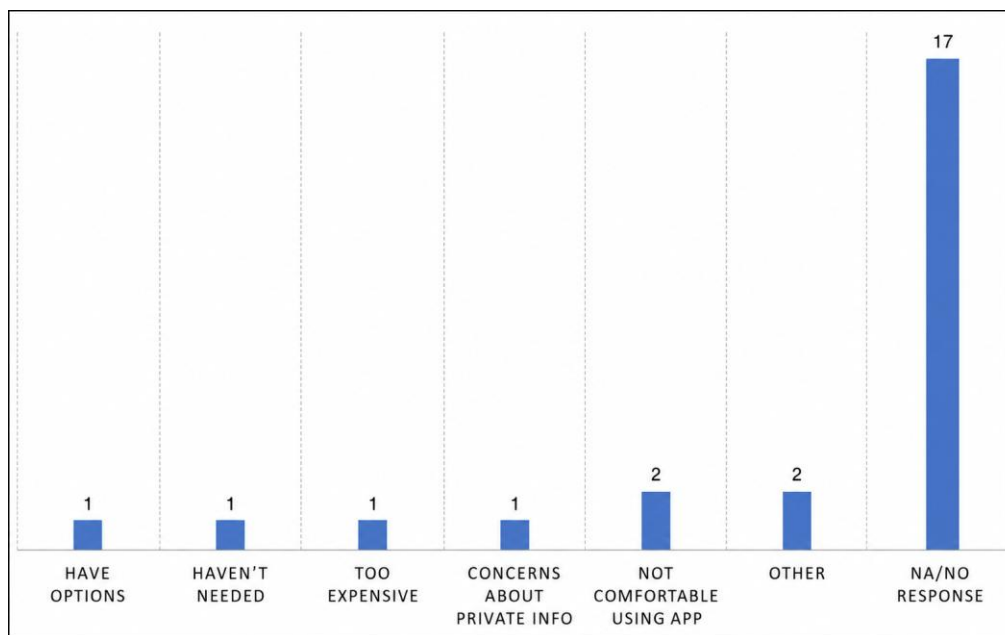


Figure 16. Why Riders Had Not Used Health Connector for Medical Transportation (Source: HIRTA Team)

Rider responses to why they had not used the Health Connector App are summarized in Figure 16. Of respondents, only one rider indicated they had not used the Health Connector app because of concerns related to privacy. Many Health Connector riders book their transportation outside of the Health Connector app (via phone, etc.). Riders who responded “Not Applicable” may not be using the application for reasons not listed or had booked via means outside the application and were unaware that their trip was included as a Health Connector trip.

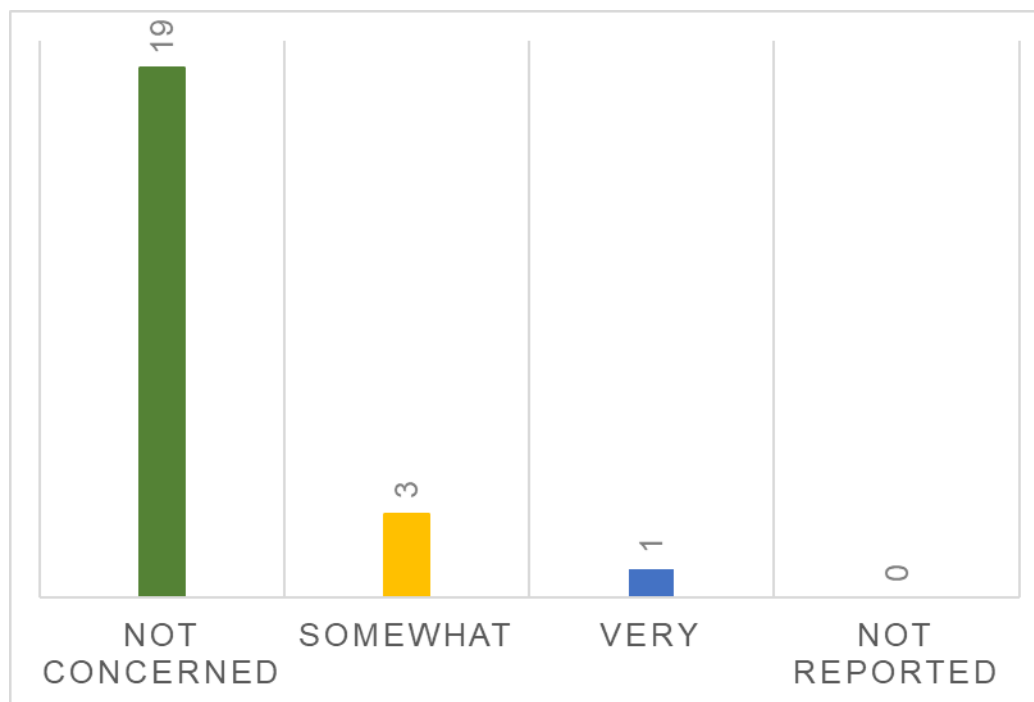


Figure 17. Riders Concern With Wayfinding Use of Location (Source: HIRTA Team)

On the question of location data comfort, Figure 17 shows that 19 of 23 riders (83%) indicated they were not concerned about the Health Connector app's use of their device location data, narrowly approaching but not yet reaching the 90% target. Two riders indicated they were somewhat concerned, and one did not respond. No riders selected "very concerned," suggesting that where concerns do exist, they are mild rather than deeply held.

These results align positively with Goal G2, Self-Reliance and Spontaneity for Underserved Groups, and specifically with objective G2O1, which calls for access to safe transportation services through secure and reliable tools that underserved riders can trust with their personal information. For a population that may have heightened sensitivity around data privacy, particularly in the context of healthcare-adjacent services where location data intersects with sensitive medical trip information, the limited number of strong privacy concerns is an encouraging indicator that Health Connector's data handling approach is not creating a significant barrier to adoption or use. The four riders expressing concern represent a small but notable segment worth monitoring, and clear, accessible communication about how location data is used and protected may help move those riders toward greater confidence as the service matures.

PM-11: System ability to meet accessibility needs of Travelers

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Evaluation Question:** Do Travelers feel confident that the system and services are accessible?

- **Metric Description:** Refers to Traveler input on the system's ability to accommodate their personal needs and preferences (e.g., limited English proficiency, disabilities, access to transportation in rural areas) with capabilities provided. This is a qualitative measure and will be calculated based on survey input. It is measured as:
 - Percentage of survey respondents that indicate they were able to book their trip on their own in response to the on-board vehicle survey question, "Were you able to book today's trip on your own?"
 - Percentage of survey respondents that select "No" in response to the on-board vehicle survey question, "Have you ever been denied a trip or were not able to use Health Connector transportation for a medical appointment?"
- **Target:**
 - 90% of survey respondents had no difficulty using the Health Connector.
 - 90% of survey respondents have not been denied a trip due to accessibility barriers.
- **Survey Method:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle.
- **MPM Categories:** Core (impact stage), trip (trip stage), customer satisfaction (category).

Summary Statistics:

Figure 18 summarizes responses about how well riders perceived their ability to book their trip on their own. As shown, 20 out of 23 riders indicated that they were able to book their trip on their own for the day they were surveyed. These results point to a positive rider experience in booking their Health Connector trip, however, riders were not asked to specify the method with which they booked their trip (phone, rider application, etc.).

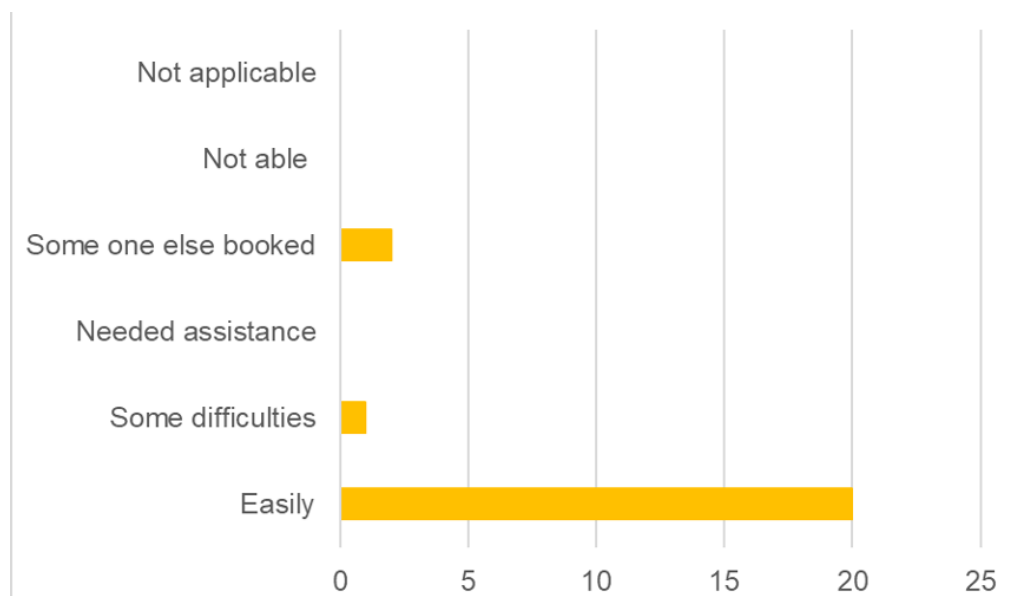


Figure 18. PM-11 How Well Riders Were Able to Book Trip (Source: HIRTA Team)

These results provide an encouraging picture of the Health Connector system's ability to accommodate rider needs and support accessible trip booking. Regarding ease of trip booking, Figure 18 shows that 20 of 23 riders (80%) were able to book their trip easily, approaching but not yet reaching the 90% target. Two riders indicated they had someone else book their trip, and one rider experienced some difficulties. No riders selected "not able," "needed assistance," or "not applicable," suggesting that most surveyed riders were ultimately able to engage with the booking process in some capacity. The need for assistance among a subset of riders is not unexpected given the demographics of the service population, which may include older adults or individuals with limited technology experience, and points to the value of maintaining accessible support channels alongside the self-service booking tools.

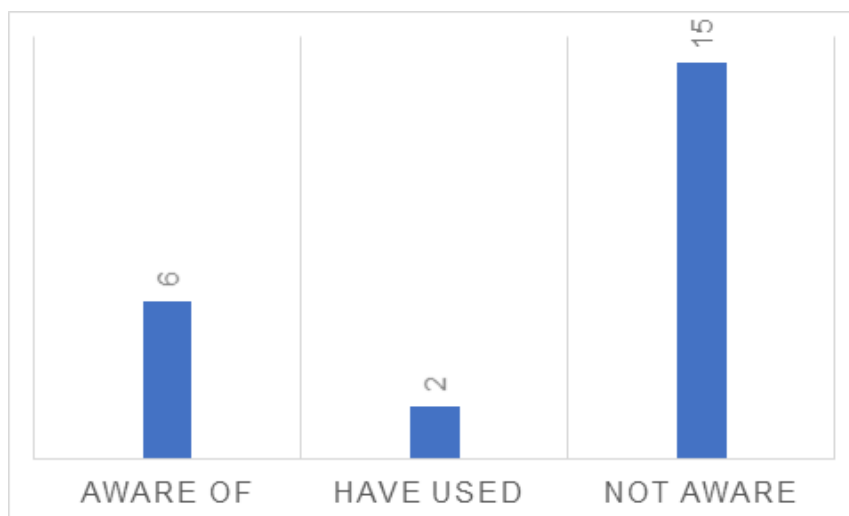


Figure 19. Rider Awareness of the Health Connector App (Source: HIRTA Team)

Figure 19 presents rider awareness of the Health Connector rider application. Of the 23 respondents, 15 indicated they were not aware of the app, 6 were aware of it, and only 2 had used it. This pattern of low app awareness is consistent with findings from PM-9 and warrants contextual interpretation: many Health Connector riders may be booking their trips through alternative channels, such as phone booking or the online web application, rather than through the dedicated mobile application. Travelers were not asked to specify the method used to book their trip. The availability of multiple booking pathways is an intentional accessibility feature of the system, ensuring that riders without smartphones or with limited app comfort are not excluded from service access. As such, low app awareness does not necessarily reflect a failure in system accessibility but rather that the service is being accessed through other available means. For any future Health Connector surveys or future deployments looking to evaluate a similar metric, further clarification on how travelers that responded “Not Aware” booked their trip could be helpful for understanding the most common methods for booking or why riders may not be using the app.

These findings connect directly to Goal G2, Self-Reliance and Spontaneity for Underserved Groups, and to objective G2O1, which emphasizes access to safe transportation services through secure and reliable tools for planning and booking trips. Many riders completing bookings without significant difficulty suggests the system is functioning accessibly for most current users. However, the proportion requiring assistance and the limited app awareness both signal opportunities to strengthen outreach, simplify the booking experience, and ensure that riders are aware of all available tools and support options.

PM-12: Self-reliance

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Evaluation Question:** Will Health Connector provide Travelers freedom of movement while accommodating their needs and preferences, so they are able to complete trips on their own?

- **Metric Description:** Refers to a Traveler's overall experience of how their personal preferences were accommodated, if they perceived bias in making their own travel arrangements, and if transportation access made it possible to access the care on their own or with limited assistance from another person. This is a qualitative measure and will be based on survey input. It is measured as:
 - Percentage of respondents that select “It makes it harder” in response to the on-board vehicle survey question, “How has Health Connector impacted your ability to get to medical trips on your own?”
 - Percentage of survey respondents that select “It’s been easy to book” or “I’ve needed some assistance to book” in response to the on-board vehicle survey question, “What has been your experience with booking a trip through the Health Connector app?”

While we explored defining a metric to calculate a comprehensive measurement of perceived quality of life as related to freedom of movement, there is a limited research literature basis for measuring self-reliance in form of “dignity” for transportation. Therefore, the measurement is limited to availability of tools that make Travelers able to manage transportation on their own.

- **Target:**
 - Less than 10% of survey respondents indicate that Health Connector has made their ability to take medical trips on their own harder.
 - 90% of survey respondents found it easy or just needed some assistance to book a trip through Health Connector.
- **Survey Method:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle.
- **MPM Categories:** Core (impact stage), post- trip (trip stage), customer satisfaction (category).

Summary Statistics:

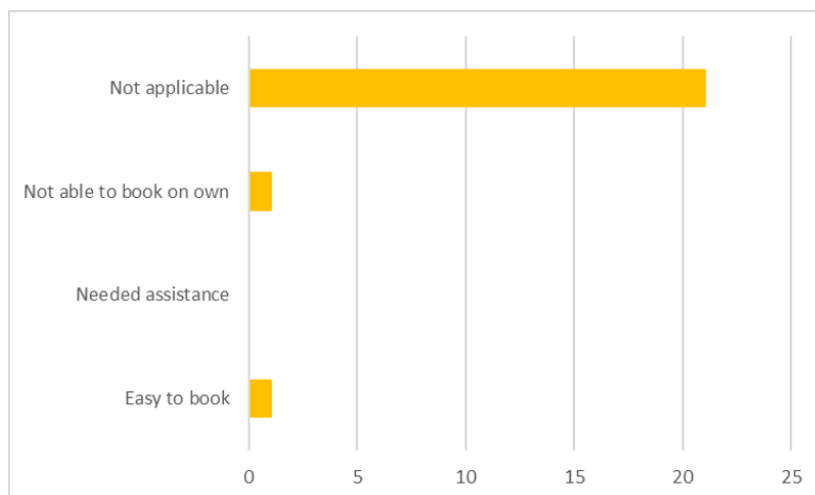


Figure 20. Rider Experience Booking via the Health Connector App (Source: HIRTA Team)

Figure 20 summarizes response about how riders' experience booking a trip through the Health Connector app. As noted, the majority selected not applicable. These findings are consistent with the results of PM-11, which indicated that the majority of surveyed riders were not aware of the rider application. One respondent noted it was easy to book. The high rate of not applicable responses is best understood in the context of the broader service model: many riders book through phone or online portal rather than the mobile app, and for those riders the app-specific booking questions are inapplicable. Only one rider reported being unable to book on their own and none reported needing assistance with the app.

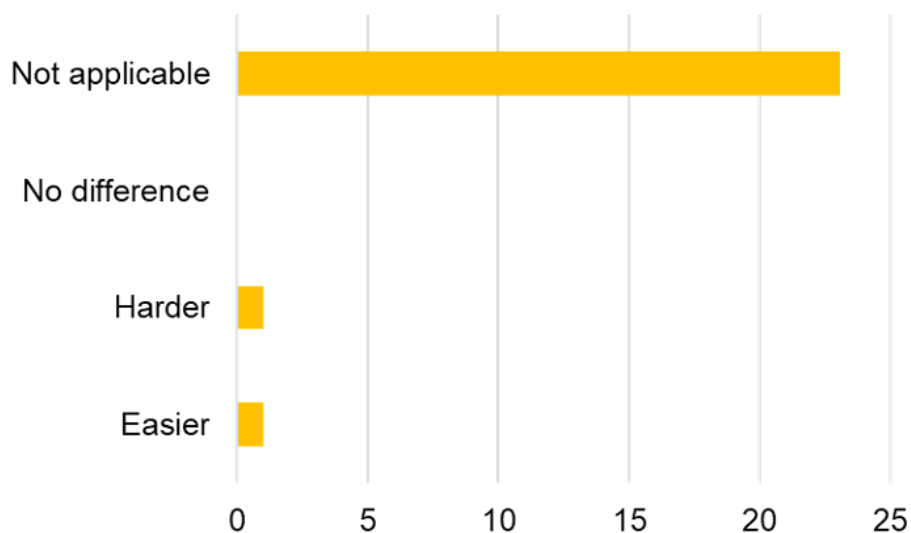


Figure 21. Rider Experience Getting to Health Appointments Using Health Connector App (Source: HIRTA Team)

Figure 21 shows responses of rider experience using Health Connector has to get to medical appointments. To keep the survey as simple as possible for riders, the question did not specify or ask for clarification on which component of Health Connector helped riders with getting to a medical appointment. As such, respondents could be referring to the booking features, wayfinding system, or a combination of various components. Future surveying conducted by HIRTA or other similar deployments could benefit from gathering more specific details on the individual components. As shown, the majority of responses were “Not applicable” with the one respondent reporting that Health Connector has made it easier to get to medical appointments. Critically, only one respondent indicated that Health Connector has made getting to medical appointments harder, meaning the less-than-10% target has been met within the context of the survey respondents.

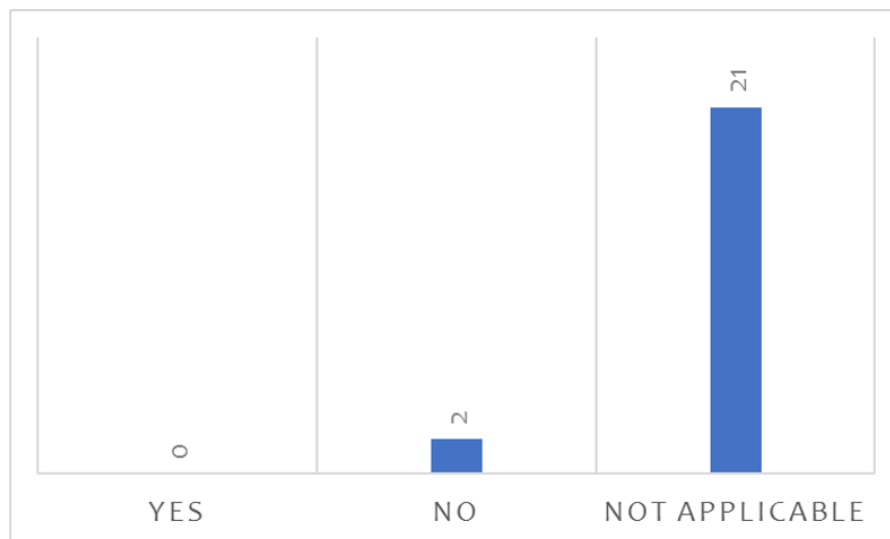


Figure 22. Whether Rider Has Been Denied a Trip (Source: HIRTA Team)

Figure 22 shows responses to the question about whether riders had been denied a trip. As shown, most responses were also not applicable. Two riders responded they had not been denied a trip. A follow up survey question asked about why they had been denied a trip, however, since none of the riders responded having been denied a trip, the only responses were not applicable.

These results provide limited but directionally positive early data on the degree to which Health Connector is supporting rider self-reliance in managing medical transportation. The predominance of "not applicable" responses across all three figures reflects the fact that the majority of current riders are accessing Health Connector services through channels other than the mobile app, consistent with the app awareness patterns documented in PM-11, rather than indicating disengagement or negative experiences with the service.

Taken together, these results connect directly to Goal G2, Self-Reliance and Spontaneity for Underserved Groups, and to objectives G2O1 and G2O3, which emphasize the availability of reliable, accessible tools and services that enable underserved travelers to manage their own transportation to medical appointments with limited dependence on others. While the small number of app-engaged respondents limits the depth of insight available from this first survey round, the absence of any negative self-reliance indicators, including no reported trip denials, no reports of Health Connector making trips harder, and no reports of being unable to book, is a meaningful baseline finding. As ridership grows and app adoption increases, subsequent survey rounds will provide a richer dataset from which to evaluate the full self-reliance impact of the deployment. The Health Connector app will continue to display in-app survey questions to riders booking directly through the app beyond Phase 3. Additionally, HIRTA conducts

annual surveying of its riders and could look to include questions from the on-board Health Connector survey in future rounds of its annual survey. This section will be updated upon completion of data collection and aggregation.

PM-14: Complaints and customer satisfaction

Details of the measures are as follows:

- **Primary Outcome Area:** G2 – Self-reliance for Underserved Groups
- **Secondary Outcome Area:** G3 – Safe Transportation Services
- **Evaluation Question:** Will the system help in reducing complaints related to a medical trip and increase Traveler satisfaction with delivery of service for healthcare trips?
- **Metric Description:**
 - Refers to the reduction in the number of valid complaints recorded by HIRTA and satisfaction with driver/HIRTA related to medical transportation needs. It is measured as follows:
 - Reduction in the number of complaints from the baseline measure or achieve a target number of complaints per month.
- **Target:**
 - Up to 25% reduction in the number of valid complaints during evaluation period or achieve a target of no more than 5 valid complaints per month.
- **Methodology:** Complaint data is collected by means of phone, email and driver reports. Health Connector complaints are any complaint filed which relates to a Health Connector trip.
- **MPM Categories:** Core (impact stage), trip (trip stage), customer satisfaction (category).

Summary Statistics:

PM-14 tracks the volume of customer complaints recorded by HIRTA over the deployment period, with a target of either a 25% reduction from baseline or no more than 5 valid complaints per month. Data are presented for overall HIRTA complaints and those specifically attributable to Health Connector riders, providing a layered view of service quality across the broader transit system and the medical

transportation subservice.

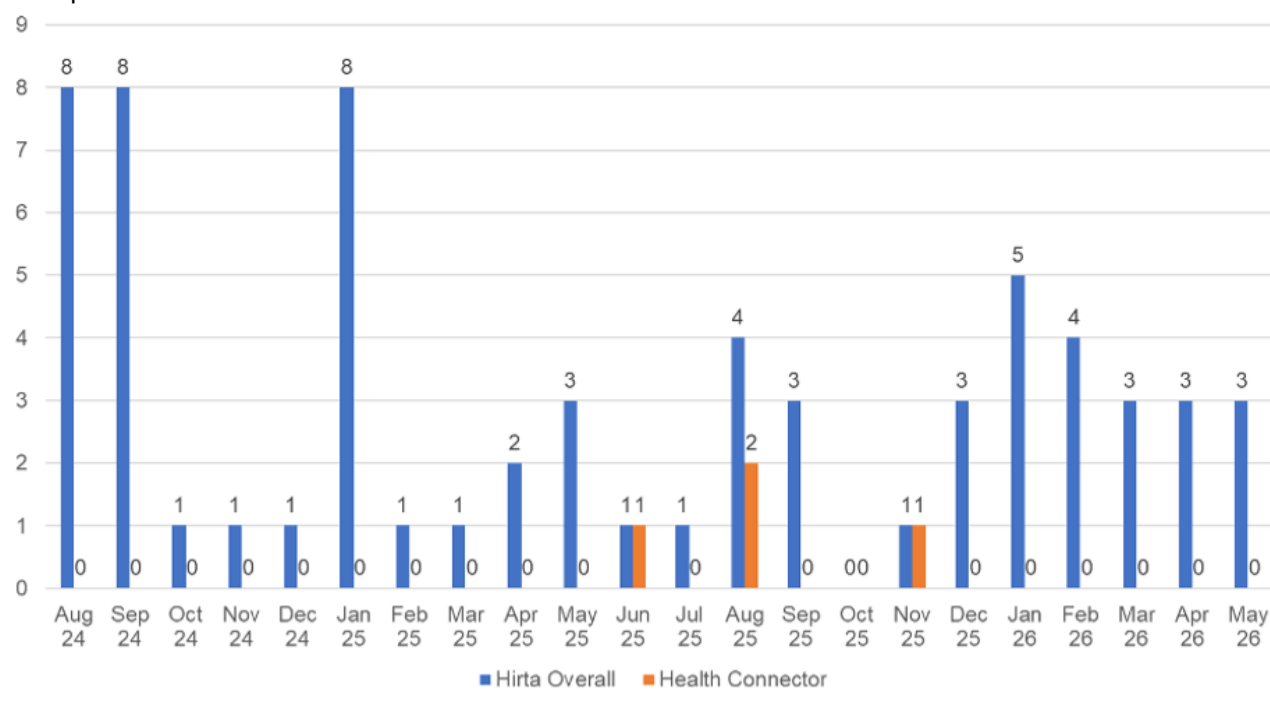


Figure 23. Complaints by Month (Source: HIRTA Team)

Figure 23 shows the monthly complaints for both HIRTA in general and Health Connector. Given the lack of Health Connector complaints at the beginning of the evaluation period, a baseline for reduction comparison was not available. Therefore, the HIRTA team's performance measurement is focused on the target of less than 5 Health Connector complaints per month. Complaints are collected by HIRTA through phone calls or emails received from riders that contain complaints and through driver reports. Complaints received that directly relate to an eligible Health Connector ride are included as Health Connector complaints. All other complaints for rides that are not eligible Health Connector trips are included as HIRTA complaints. Complaints are inclusive of all booking methods (rider application, phone call, web app) and booking method is not evaluated as part of this metric.

As shown in Figure 23 overall HIRTA complaints fluctuated across the monitoring period, ranging from a low of 0 in some months to a high of 8 in August 2024, September 2024, and January 2025. Other months they ranged from 0 to 5.

Health Connector-specific complaints remained at zero for the vast majority of the monitoring period. The only months in which any Health Connector complaints were recorded were June 2025 (1), August 2025 (2), and November 2025 (1), all single digit counts that fall well within acceptable bounds. The near zero complaints across the service period are a strong indicator of sustained service quality and rider satisfaction during the most recent phase of deployment.

These results speak directly to Goal G2, Self-Reliance and Spontaneity for Underserved Groups, as the primary aligned goal, and specifically to objectives G2O1 and G2O3, which center on providing travelers with access to secure, reliable, and satisfying transportation services for their medical appointments and related trips. A near-zero complaint rate for Health Connector riders indicates that the service is not only

functionally reliable but is meeting rider expectations in a manner that generates minimal friction or dissatisfaction. For underserved populations who may have limited alternatives and heightened vulnerability to service failures, a consistently low complaint rate reflects meaningful progress toward the self-reliance and confidence in the system that G2 targets.

The results also support Goal G5, Safe Medical Transportation Services, and objective G5O1 in particular, which emphasizes enhanced perceived safety through timely and reliable service delivery. Customer complaints in a medical transportation context frequently arise from experiences that erode rider trust and perceived safety, late arrivals, missed trips, or poor driver interactions. The sustained absence of Health Connector-specific complaints over the deployment period suggests that riders are experiencing the service as safe, dependable, and responsive to their needs, reinforcing the broader safety and quality assurance objectives that G5 establishes for the deployment.

PM-15: System productivity

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will the system enhance productivity as evidenced by increasing number of medical trips per hour each month?
- **Description:** Refers to the number of healthcare trips delivered by the service/system per hour. Measured as total Health Connector trips served per month divided by monthly hours of operation. Productivity can vary 2-4 trips/hour in the industry depending on various factors.
- **Target:**
 - Achieve a target of 3 trips/hour
- **MPM Categories:** Tier 1 (impact stage), trip (trip stage), customer satisfaction (category).

Summary Statistics:

PM-15 measures the operational productivity of the Health Connector service, expressed as the number of completed healthcare trips delivered per hour of system operation each month. The industry benchmark for this type of service typically ranges from 2 to 4 trips per hour depending on service area geography, trip density, and scheduling complexity, and the project has established a target of 3 trips per hour.

Table 3. PM-15: System Productivity (Trips/Hr) by Month

Month	Trips	Operation Hrs/Month	Trips/Hr
Sept 24	350	192.9	1.81

Month	Trips	Operation Hrs/Month	Trips/Hr
Oct 24	325	199.3	1.63
Nov 24	284	192.9	1.47
Dec 24	252	199.3	1.26
Jan 25	270	199.3	1.35
Feb 25	269	180.0	1.49
Mar 25	286	199.3	1.44
Apr 25	114	192.9	0.59
May 25	164	199.3	0.82
Jun 25	201	192.9	1.04
Jul 25	212	199.3	1.06
Aug 25	181	199.3	0.91
Sep 25	158	192.9	0.82
Oct 25	135	199.3	0.68
Nov 25	120	192.9	0.62
Dec 25	86	199.3	0.43
Jan 26	102	199.3	0.51
Feb 26	86	180.0	0.48
Mar 26	93	199.3	0.47
Apr 26	43	192.9	0.22
May 26	68	199.3	0.34

As shown in Table 3 Health Connector productivity, measured by number of trips and trips/hour, decreased overall throughout the course of the deployment. It is important to contextualize this result within the realities of rural transit service delivery. Health Connector operates in Dallas County, Iowa, a largely rural service area where trip origins and destinations are geographically dispersed, travel

distances between stops are longer, and the rider base remains in an active growth phase. These structural factors inherently constrain trips-per-hour productivity relative to benchmarks derived from more densely populated or more mature service environments. The 3 trips per hour target, while appropriate as an aspirational benchmark, may not be fully achievable in the near term given current ridership levels and the geographic characteristics of the service area. The gradual stabilization of trip volumes in recent months, while below peak levels, may also reflect seasonal patterns or the maturation of an initial enrollment surge rather than a sustained downward trend. The HIRTA team has also noted a change in ridership that could contribute to the reduction in total trips completed. After IRB approval for agency-enrolled riders to be included in Health Connector data, Health Connector was serving three individual dialysis patients taking round trips to dialysis clinics 3 times per week. Unfortunately, in October 2025, this number was reduced to 1 and by February 2026 to 0. This is believed to have contributed to the decline in overall Health Connector rides. While HIRTA believes that a target of 3 trips per hour is feasible operationally, lower demand than anticipated has limited the ability to achieve this target. Given the results throughout the evaluation period, a target of 1 trip per hour may be more reasonable for the current Health Connector ridership.

These results connect directly to Goal G3, Efficient Transportation Management Capabilities for Medical Transportation Services, and most specifically to objectives G3O1 and G3O4, which target centralized multi-provider service management and the reduction of staff time and resources through automation. While current productivity rates fall short of the established target, the system's ability to consistently schedule, dispatch, and complete trips through a centralized platform represents meaningful operational progress. As ridership grows through continued outreach and streamlined enrollment, and as scheduling optimization matures, trips-per-hour productivity is expected to improve. Monitoring this metric over time will be essential for determining whether operational adjustments, expanded service hours, or targeted demand-generation strategies are needed to move the system toward its productivity goals and demonstrate the efficiency gains that G3 envisions.

PM-16: Added capacity from third-party providers

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will Health Connector demonstrate efficient transportation management capabilities to provide as-needed capacity by assigning trips to third-party providers when needed?
- **Metric Description:** This performance measure refers to the capability of the system to automatically assign trips to a third-party service provider when HIRTA does not have the capacity to provide those trips.
- **Target:**
 - At least 10 Health Connector trips provided by third-party vehicles per month.
- **MPM Categories:** Tier 1 (impact stage), trip (trip stage), capacity (category).

Summary Statistics:

PM-16 measures the system's capability to automatically assign trips to third-party service providers when HIRTA does not have sufficient capacity to fulfill them independently, with a target of at least 10 Health Connector trips completed by third-party vehicles per month. This measure was originally developed with the intent of integrating Health Connector with external transportation providers, such as Uber, Lyft, Assisted Rides, or similar on-demand platforms. This integration was intended to help fulfill two needs identified by the HIRTA team: to provide supplemental capacity during demand overflow periods and to extend service availability beyond HIRTA's standard operating hours (as demand requires). While these needs are not directly related to one another, integration with third-party service providers could address both. If HIRTA is unable to fulfill Health Connector trip requests due to lack of capacity during normal service hours, these rides could be automatically dispatched to third-party providers. Similarly, if HIRTA were to receive Health Connector trip requests after service hours, these trips could be dispatched to third-party providers to assist riders in accessing medical care during off-peak hours. Over the course of Phase 3, HIRTA has continually monitored demand to identify instances where Health Connector (during standard HIRTA operating hours) could not meet this demand. At no point in the deployment thus far has demand exceeded HIRTA's operating capacity, limiting the need to deploy the third-party integration.

Table 4. PM-16: Added Capacity from 3rd Party Providers

Response	Trips
Sep 24	0
Oct 24	0
Nov 24	0
Dec 24	0
Jan 25	0
Feb 25	0
Mar 25	0
Apr 25	0
May 25	0
June 25	0
July 25	0
Aug 25	0
Sept 25	0
Oct 25	0
Nov 25	0
Dec 25	2
Jan 26	0
Feb 26	0
Mar 26	0

Response	Trips
Apr 26	0
May 26	0

As shown in Table 4, third-party trip activity was minimal across the monitoring period. With the exception of a single month in December 2025, which recorded 2 trips completed by volunteer drivers, third-party trip counts remained at an average of zero throughout the deployment.

Performance against the 10-trip-per-month target was not achieved during any month of the deployment period. However, this outcome should be interpreted in its proper operational context rather than as an indicator of system failure. As discussed in PM-15, Health Connector ridership and overall trip volumes have remained at levels that do not yet generate the demand overflow conditions that would necessitate third-party provider engagement. The trips recorded in December 2025 were fulfilled by volunteer drivers rather than integrated commercial providers, reflecting an ad-hoc rather than systematic response to supplemental capacity needs.

Critically, the absence of third-party trip activity is not a reflection of a system design shortcoming but rather a consequence of deployment-stage ridership levels. The third-party integration architecture envisioned in the original design, including automated assignment to commercial providers for overflow and after-hours demand, remains a highly relevant and viable capability for future deployment phases. Should ridership grow to the point where HIRTA's in-house capacity is regularly tested, the activation of third-party provider integrations would represent a natural and scalable next step. This measure therefore serves less as an indicator of current performance and more as a benchmark for future system expansion, and the target of 10 third-party trips per month should be revisited in the context of a more mature ridership base.

These results connect to Goal G3, Efficient Transportation Management Capabilities for Medical Transportation Services, and specifically to objective G3O1, which targets the ability to manage transportation services from multiple providers through a centralized Health Connector system and enable as-needed capacity at all times. While the current deployment has not yet required activation of this capability, the groundwork laid during Phase 3 positions the system to incorporate third-party providers efficiently as demand warrants, consistent with the long-term vision of a flexible, multi-provider medical transportation network for Dallas County.

PM-19: Increased cost efficiency

Details of the measures are as follows:

- **Primary Outcome Area:** G4 – Financial Sustainability
- **Evaluation Question:** Will the system demonstrate efficient transportation management by reducing the cost of medical transportation on HIRTA?
- **Metric Description:** Evaluates the cost of delivering a healthcare trip and measured by reductions in administrative and staff cost for taking calls, making reservations, performing

scheduling, dispatching and other administrative functions related to medical transportation. It is measured as:

- Reduction in call volume, and therefore associated administrative costs, after the launch of HIRTA's IVR system
- **Target:** Improved cost savings of 10% from decreased call volume.
- **MPM Categories:** Tier 1 (impact stage), post-trip (trip stage), effectiveness/ efficiency/ cost (category).

PM-19 was designed to evaluate whether Health Connector could demonstrate measurable reductions in the administrative costs associated with medical trip coordination for HIRTA, with a target of achieving 10% cost savings through reduced staff time and resources spent on booking, scheduling, dispatching, and billing functions. The evolution of this measure across the deployment period reflects the broader operational challenges encountered during Phase 3 and offers important context for understanding both what was accomplished and what remains as an opportunity for future deployment phases.

Original Intent and Revised Approach

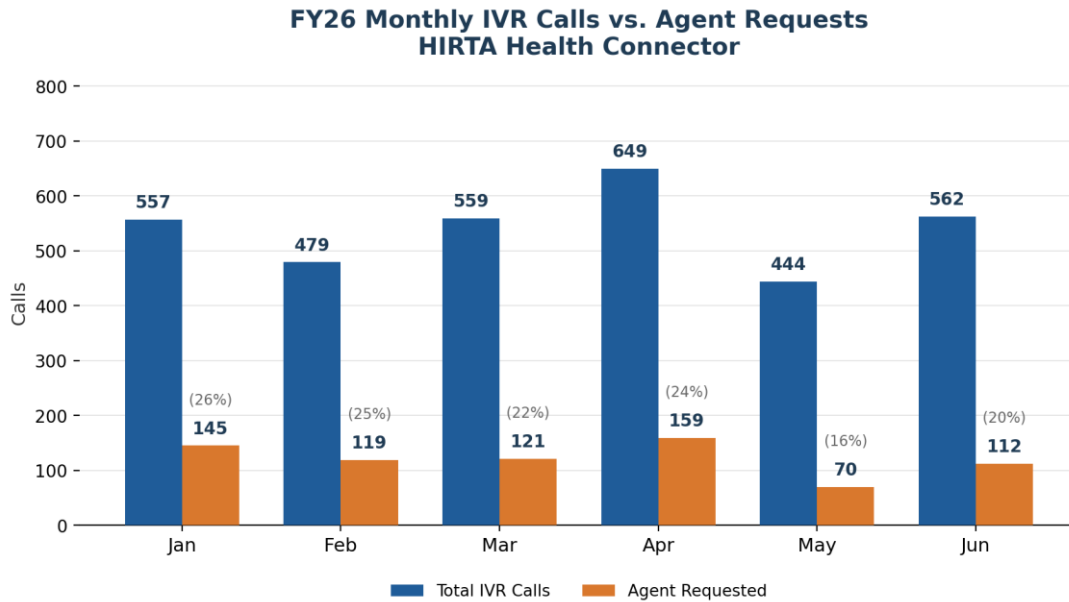
The original formulation of PM-19 centered on the planned MOD-Medicaid middleware integration, which was designed to automate the booking and billing workflow for Medicaid rides managed through Access2Care and provided by HIRTA. At the outset of deployment, HIRTA staff were manually processing Medicaid ride bookings and billing, a time-intensive administrative burden that the middleware was intended to substantially reduce by building automated data exchange between the Access2Care and Via APIs. As detailed in the project's lessons learned, the acquisition of Access2Care by MTM rendered the planned API integration unfeasible, as MTM's data architecture differed sufficiently from Access2Care's. As a result, the middleware product could not be completed as originally designed. HIRTA's Medicaid booking and billing process remains manual, and no administrative cost savings attributable to this component of the original system design have been realized.

In response to this development, PM-19 was revised during Phase 3 to instead evaluate cost efficiency gains associated with HIRTA's implementation of an Interactive Voice Response (IVR) system, which enables riders who call HIRTA to book trips through an automated phone service rather than requiring live staff engagement. This pivot represented a pragmatic reorientation of the cost efficiency measure toward a system capability that was actively deployed and generating operational data.

Summary Statistics

HIRTA has observed a meaningful reduction in overall call volume to dispatch and customer service staff following the launch of the IVR system in January 2026 indicating that the automated service is successfully deflecting a portion of inbound calls that would otherwise require direct staff handling. This represents a genuine operational efficiency gain for HIRTA as an organization. However, a significant data limitation has constrained the ability to quantify this impact specifically for Health Connector and Dallas County: the IVR system's current reporting infrastructure does not allow HIRTA to disaggregate call volume or cost savings by county or service type. As a result, while system-wide efficiency improvements are evident, it is not possible at this time to isolate the portion of those savings attributable specifically to the Health Connector deployment in Dallas County, nor to calculate whether the 10% cost reduction target has been met for medical trip coordination specifically.

Figure 24 shows a comparison of the total incoming calls to HIRTA's IVR system for January through June for 2024-2026. Since launch, the IVR system has picked up an average of 541 calls from January 2026 through June 2026, with no more than 26% of those calls requiring forwarding to a HIRTA agent.



(%) = Agent Requested as a share of that month's total IVR calls.
Source: HIRTA Health Connector Call Comparison Tracker, FY26.

Figure 24. IVR calls by month (Source: HIRTA team)

Table 5 shows a breakdown of the total queue calls, IVR calls, and IVR calls requiring agent assistance. As shown, the IVR system has been able to contain (resolve an incoming call without agent assistance) between approximately 8-10% of incoming calls to HIRTA agents each month. This includes calls in which riders are both checking the status of a booked trip or cancelling a trip. The reduction in queue volume requiring agent assistance for tasks that can now be handled by the IVR system represents meaningful time, and associated cost, savings for HIRTA staff.

Table 5. IVR Containment

Month	IVR Calls	Agent Requested	Resolved w/o Agent	Total Queue Calls	% Of Total Calls Contained
Jan	557	145	412	4,732	8.7%
Feb	479	119	360	4,166	8.6%
Mar	559	121	438	4,695	9.3%

Month	IVR Calls	Agent Requested	Resolved w/o Agent	Total Queue Calls	% Of Total Calls Contained
Apr	649	159	490	4,807	10.2%
May	444	70	374	3,819	9.8%
Jun	562	112	450	4,624	9.7%

Despite the measurement limitations encountered, PM-19 speaks directly to Goal G4, Financial Sustainability of Medical Transportation Programs, and its core objectives of analyzing the total cost of service delivery (G4O1) and reducing resources spent administering trips across funding programs (G4O2). The challenges encountered with this measure, first through the loss of the Medicaid middleware integration and subsequently through the inability to disaggregate IVR data by county, illustrate precisely the kind of data infrastructure and partnership dependencies that G4 identifies as central to long-term financial sustainability. Realizing the cost efficiency gains envisioned under G4 will require both the technical capability to automate administrative workflows and the reporting granularity to measure those gains at the program level.

The IVR implementation nevertheless represents meaningful progress toward G4's objectives. A system that successfully reduces inbound call volume across HIRTA's service area is generating real cost savings, even if those savings cannot yet be precisely attributed to the Health Connector component. As reporting capabilities mature and IVR data disaggregation by county or service type becomes available, HIRTA will be better positioned to quantify the direct contribution of Health Connector to administrative cost reduction, and to make the evidence-based case for continued investment in automation and system integration that G4's long-term sustainability vision requires.

PM-20: Improved coordination among HIRTA, healthcare providers, health navigators

Details of the measures are as follows:

- **Primary Outcome Area:** G3 – Efficient Transportation Management
- **Evaluation Question:** Will the system demonstrate efficiency by coordinating trips among HIRTA and its partners in a short period of time?
- **Metric Description:** Refers to the ability of the system to automate tasks so the number of person-minutes spent in coordinating a trip by HIRTA and partners are minimized. Healthcare partners and health navigators will have access to the same trip booking and dispatching software as HIRTA dispatchers and will be able to register Travelers and book or modify trips, as authorized. Data will be collected through a survey of healthcare partners and will include questions such as:
 - How many patients on average do you assist in a month with transportation?

- How long on average do you spend assisting a patient, who is not using Health Connector, obtain a ride?
- How long on average do you spend assisting a patient using Health Connector to obtain a ride?
- **Target:**
 - 20% reduction in the amount of time staff spend assisting patients with transportation using Health Connector.
- **MPM Categories:** Tier 1 (impact stage), post-trip (trip stage), effectiveness/ efficiency/ cost (category).

Summary Statistics

PM-20 evaluates whether Health Connector has reduced the time that HIRTA staff and healthcare partners spend coordinating transportation for patients, targeting a 20% reduction in staff-assisted trip coordination time compared to baseline. This measure reflects one of the core operational promises of the Health Connector platform: that by providing healthcare partners and health navigators with direct access to the same trip booking and dispatching tools available to HIRTA dispatchers, the system would reduce the back-and-forth communication and manual coordination steps that previously consumed staff time on both sides of the healthcare-transportation interface.

Data Collection Status

Baseline data were collected at the onset of the deployment through a survey administered to healthcare partner organizations; however, only two individuals provided responses. The survey is available in Appendix B. These responses captured self-reported estimates of the average time spent per patient assisting with transportation prior to Health Connector's operational launch. The limited number of respondents significantly constrains the representativeness of the baseline and ability to measure meaningful change over time.

Follow-up survey data reflecting healthcare staff experience after Health Connector has been in full operation have not yet been collected. Qualitative discussions with healthcare staff suggest that while the trip booking and coordination tools were made available to partner organizations, there is limited evidence that the tools have been actively adopted for routine coordination workflows.

The HIRTA team plans to host a discussion with staff at Dallas County Hospital in mid-July, during which staff will be asked about time savings in helping with transportation coordination as a result of Health Connector. However, given that only two individuals responded to the original baseline survey, the data available for this measure are unlikely to support any calculation that is statistically representative of broader impacts. As a result, PM-20 will not yield a quantitative determination of whether the 20% reduction target was met.

While tool adoption among healthcare partners remained limited during the Phase 3 deployment period, it is expected that continued engagement, trainings, and iterative improvement of the tools could support greater uptake over time. Familiarity with new technology platforms often develops gradually, particularly in healthcare settings where staff capacity is constrained and workflow changes require sustained reinforcement. Targeted training opportunities, simplified onboarding materials, and ongoing technical

support may lower the barriers that prevented more active use of Health Connector's coordination tools during this deployment. As staff become more comfortable with the platform and as the tools are refined based on partner feedback, adoption is likely to grow and with it, the potential for measurable time savings in patient transportation coordination. Future deployments that build in structured training milestones and regular check-ins with healthcare partner staff may be better positioned to realize the efficiency gains that PM-20 was designed to capture

PM-21: Delivery of safe healthcare transportation

Details of the measures are as follows:

- **Primary Outcome Area:** G5 – Safe Transportation Services
- **Evaluation Question:** Will Health Connector help provide safe transportation?
- **Metric Description:** Refers to the number of safety events recorded by the system. Measured as:
 - Number of incidents recorded per month.
- **Target:** Fewer than 10 incidents per month.
- **MPM Categories:** Tier 1 (impact stage), post-trip (trip stage), safety (category).

Summary Statistics

PM-21 tracks the number of safety incidents recorded by the Health Connector system each month, with a target of fewer than 10 incidents per month. This measure serves as a direct indicator of the physical safety of the transportation service as experienced by riders and operators across the deployment period. HIRTA uses a broad definition for “safety incident” or “safety event” which is defined as “any accident, incident, or occurrence.” These events are tracked by HIRTA separately and are collected through customer and driver reports. Events reported directly related to Health Connector trips are reported below.

Table 6. PM-21: Monthly Safety Events

Month	Safety Events
Sep-24	0
Oct-24	0
Nov-24	0
Dec-24	0
Jan-25	0
Feb-25	0
Mar-25	0
Apr-25	0
May-25	0

Month	Safety Events
Jun-25	0
Jul-25	0
Aug-25	0
Sep-25	0
Oct-25	0
Nov-25	0
Dec-25	0
Jan-26	0
Feb-26	0
Mar-26	0
Apr-26	0
May-26	0

As shown in Table 6, incident counts remained zero throughout the monitoring period, with no safety incidents recorded across the full Phase 3 deployment. This consistent record indicates that Health Connector trips are being delivered in a reliably safe manner and that the introduction of the associated technologies has not introduced safety risks for riders.

These results align directly and strongly with Goal G5, Safe Medical Transportation Services, and both of its core objectives. G5O1 calls for enhanced perceived safety through timely and reliable delivery of vehicle and trip status information, while G5O2 targets the mitigation of risks related to accidents, incidents, injuries, and severe consequences associated with trips to medical facilities and return travel. A deployment-wide incident count of zero represents compelling evidence that Health Connector is delivering on the safety promise that G5 establishes as a program outcome.

For populations in a rural service area who may have previously relied on informal, unmonitored, or less structured transportation arrangements to reach medical appointments, the consistently safe service record demonstrated by PM-21 is particularly meaningful. It demonstrates that Health Connector has provided a structured, accountable service environment in which rider safety is demonstrably maintained across the full deployment period. Continued monitoring of this measure as ridership grows and trip volumes increase will remain important for sustaining this performance level over time.

PM-22: Reduction in medical appointment deferment due to lack of transportation

Details of the measures are as follows:

- **Primary Outcome Area:** G1 – Improved Health Outcomes

- **Evaluation Question:** Will capabilities available through Health Connector reduce medical appointments missed (meaning the patient did not arrive or did not timely reschedule) due to lack of access to transportation services for Dallas County Residents?
- **Description:** Refers to the ability of the system to help reduce the number of missed medical appointments caused due to lack of access to transportation. This is a qualitative measure and will be based on survey input. It will be measured as:
 - Percentage of survey respondents that select “Once” or “Twice or more” in response to the on-board vehicle survey question, “How many times in the last 6 months have you missed a medical appointment because you did not have transportation?”
- **Target:**
 - No more than 10% of survey respondents who have had a medical appointment in the past 6 months have missed this due to lack of transportation.
- **Survey Methodology:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle. The on-board survey will be used to determine missed medical appointments for Health Connector riders. Supplemental baseline data of non-Health Connector users missing medical appointments will be collected during a focus group, hosted by the ISU Survey Team.
- **MPM Categories:** Tier 2 (impact stage), pre-trip (trip stage), mobility (category).

Summary Statistics:

PM-22 evaluates whether Health Connector has contributed to a reduction in missed medical appointments caused by lack of access to transportation, targeting a rate of no more than 10% of survey respondents reporting a missed appointment for transportation-related reasons in the prior six months.

Regional data from the 2021 Polk County Regional Planning Council Community Health Needs Assessment (CHNA) provides useful population-level context for this measure. At the time of that survey, 4.6% of Dallas County residents reported that transportation had hindered a doctor visit in the past year, compared to 15.1% in Polk County and 1.1% in Warren County. Additionally, 35.7% of Dallas County residents reported difficulty accessing healthcare in the past year. These figures offer a pre-deployment reference point for the scale of transportation-related healthcare access barriers in the Health Connector service area and help contextualize the population need that the program was designed to address.

This measure relies on two complementary data sources: the rider intercept surveys administered onboard HIRTA vehicles and a focus group of HIRTA and Health Connector users. During both the survey and the focus group, respondents would be asked how many medical appointments they had missed in the past 6 months due to lack of transportation.

The focus group, which will capture missed appointment data from individuals not currently using Health Connector, is planned for July 2026 and is central to establishing the comparison baseline necessary to evaluate this measure directly. A summary report is expected by August 12, 2026, with initial data available by August 5, 2026. Until those data are collected and analyzed, it is not possible to calculate a

complete or representative value for PM-22 or to determine whether performance meets the established target. Results will be incorporated into final reporting once the focus group summary is available.

PM-23: Savings due to reduction in the number of missed medical appointments

Details of the measures are as follows:

- **Primary Outcome Area:** G4 - Financial Sustainability
- **Secondary Outcome Area:** G1 – Improved Health Outcomes
- **Evaluation Question:** Will the system result in financial savings for healthcare partners with the reduction in the number of missed medical appointments?
- **Metric Description:** Refers to the financial savings due to reduced number of missed medical appointments. This will be extrapolated from the national trend. The metric will be calculated in amount of dollars and cents.

The HIRTA team has reviewed the TCRP report on “*Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*” [7] and plans to follow the guidance described in the report as the starting point for calculating net savings delivered by transportation for the healthcare community.

- **Target:**
 - 10% increase in total cost savings by reducing the number of missed medical appointments.
- **Survey Methodology:** Survey data related to this performance metric is collected via a survey administered by a member of the ISU Survey Team to riders onboard a HIRTA/Health Connector vehicle. The on-board survey will be used to determine missed medical appointments for Health Connector riders. Supplemental baseline data of non-Health Connector users missing medical appointments will be collected during a focus group, hosted by the ISU Survey Team.
- **MPM Categories:** Tier 3 (impact stage), post-trip (trip stage), financial (category).

Summary Statistics:

Quantifying PM-23 requires two discrete inputs: an estimate of the reduction in missed medical appointments attributable to Health Connector, and an established cost value associated with each missed appointment. Work on both inputs is actively underway, and a full calculation of a cost savings figure remains pending completion of data collection and analysis.

The HIRTA team is currently working to determine the number of missed medical appointments experienced by Health Connector riders over the past six months. This data is being collected through rider intercept surveys administered onboard HIRTA and Health Connector vehicles, with supplemental baseline data on non-Health Connector users to be gathered through a focus group hosted by the ISU

Survey Team in July 2026. The focus group results will inform whether a comparative analysis between baseline and end-of-study data is feasible. If the data are sufficient for longitudinal comparison, the reduction in missed appointments attributable to Health Connector will be calculated directly. If baseline and end-of-study data do not support a full comparative analysis, the number of missed appointments reported by riders will still be used to demonstrate the financial benefit of reducing transportation-related appointment barriers, providing a partial but meaningful basis for estimating impact.

The per-appointment cost figures used to translate any reduction in missed appointments into dollar-denominated savings will be drawn from the cost framework established in this analysis and grounded in two primary sources: national benchmarks from literature reviews and disease-specific cost data from the NEMT Cost-Effectiveness Model. A report titled “Exploratory Analysis: Estimating the Costs of Missed Non-Emergency Medical Appointment” was developed by researchers at Iowa State to summarize these findings for Health Connector. This report is included as an attachment to the memo.

Following findings in this report, this analysis will apply an estimated revenue loss of \$200 per missed appointment for providers. For costs to the individual rider, this analysis will apply the disease-specific cost differentials between well-managed and poorly managed care documented in the NEMT model, which reflect the financial burden borne by patients whose conditions deteriorate due to missed appointments. These differentials are substantial: for example, the cost of poorly managed COPD (\$10,777) compared to well-managed COPD (\$135) represents a difference of over \$10,600 per patient annually, while the gap for diabetes is approximately \$1,627 (\$9,034 vs. \$7,407) and for hypertension approximately \$881 (\$6,770 vs. \$5,889). These figures are based on Medicare Fee Schedule cost weights and reflect the long-term consequences of deferred or disrupted care rather than the immediate cost of a single missed visit.

To support rider-level cost estimates by care category, HIRTA is pulling data on the percentage of total Health Connector rides to medical facilities broken down by specific care need, including oncology, dialysis, and other chronic condition categories. This trip distribution data will allow the per-appointment cost estimates to be applied in proportion to actual Health Connector ridership patterns, enabling a more precise calculation of individual cost burden by condition type. Table 7 provides a high-level summary of non-emergency medical rides provided by HIRTA in Dallas County by care type.

Table 7. HIRTA Rides in Dallas County by Medical Type

Type	Count	Percent
Dialysis	231	17.5%
Oncology	36	2.7%
Mental Health	9	0.7%
Dental	115	8.7%
Chiropractic	14	1.1%
Vision	31	2.4%
Hearing	4	0.3%
Heart	16	1.2%
Pharmacy	45	3.4%
Orthopedic	18	1.4%
Podiatry	34	2.6%

Type	Count	Percent
Orthotics	4	0.3%
Dermatology	2	0.2%
Urology	9	0.7%
Other	750	56.9%

Until both inputs, the measured reduction in missed appointments and the applicable per-appointment cost figures by care category, are available, it is not possible to calculate a final cost savings figure or evaluate performance against the 10% target established for PM-23. Final quantification is dependent on the completion of the July 2026 focus group, subsequent analysis of intercept survey and focus group data under PM-22, and aggregation of HIRTA's ride category data. These inputs will be combined using the TCRP cost-benefit framework to produce both a provider-level savings estimate and an individual-level cost burden estimate, presented by appointment type and care category where the data permit.

Section 5. Additional Qualitative and Anecdotal Evidence

This section presents qualitative and anecdotal evidence gathered through post-deployment observations, site meetings, stakeholder interactions, and operational experience during Phase 3 of the Health Connector deployment (August 2024–present). While formal performance measures provide the quantitative backbone of this evaluation, the findings below offer important contextual insight into how the Health Connector system is performing in practice and where its real-world impact is being felt across the Dallas County healthcare transportation ecosystem.

Section 5.1. Supplemental Findings

Beyond the five primary performance goals, Phase 3 operations have surfaced several additional dimensions of system performance that warrant documentation.

Healthcare Staff Time and Administrative Burden

Stakeholder feedback gathered during Phase 3 site meetings with Dallas County Hospital (DCH) and McFarland Clinic reflected positively on the Health Connector EHR dashboard, specifically the functionality it provided and the quality of information it displayed for coordinating patient transportation. Healthcare staff noted that having visibility into trip status and patient appointment activity within a dedicated dashboard represented a meaningful improvement over prior manual coordination methods, which primarily included phone calls between the healthcare facilities and HIRTA, and would help to reduce missed medical appointments due to lack of transportation.

However, both sites also highlighted a practical challenge that tempers this optimism: hospital staff operate in consistently high-demand environments, already navigating multiple software platforms as part of their daily workflows. The introduction of any new technology, regardless of its utility, faces real headwinds in the form of staff turnover, recurring training needs, and the difficulty of integrating additional tools into workflows that leave little margin for learning curves. Stakeholders at both facilities expressed that even a well-designed standalone dashboard risks underutilization if it requires staff to context-switch away from the systems they already rely on.

This feedback surfaced a finding that, while outside the original Phase 3 scope, carries significant implications for future deployments: integrating the Health Connector EHR dashboard directly within the EHR platform a facility already uses, such as Epic, could substantially lower the barrier to adoption. Rather than asking staff to open and maintain a separate interface, embedding Health Connector functionality within a familiar system would reduce friction, support continuity through staff transitions, and make the tool more likely to be used consistently at the point of patient care. This represents a promising direction for post-Phase 3 development and should be considered a priority enhancement recommendation for peer agencies pursuing similar deployments.

Kiosk Utilization as an Access Channel

The deployment of a booking kiosk at Dallas County Hospital was intended to extend Health Connector access to patients who may lack smartphones or reliable data plans. However, utilization of the kiosk remained lower than anticipated during Phase 3. Observational evidence from the Operational Capability Showcase (OCS) revealed that front desk staff, the primary point of patient contact, were not actively directing patients to the kiosk, largely because they were uncertain how to use it themselves. This finding suggests that technology availability alone does not guarantee utilization; active facilitation by on-site staff is a critical intermediary factor that formal performance metrics do not capture. Feedback received from a patient at Dallas County Hospital during the Operational Capability Showcase (OCS) also indicated that lack of hand mobility limited her ability to utilize the kiosk. This points to accessibility limitations and/or ease of use as potential factors limiting overall usage.

Section 5.2. User and Stakeholder Narratives

OCS Attendee: A Caregiver Navigating Her Own Transportation Needs

One of the most illustrative examples of Health Connector's potential impact came directly from the Operational Capability Showcase, where the HIRTA team was able to register a new Health Connector rider on the spot. The attendee was a former HIRTA rider who had come to the event interested in learning how Health Connector might improve healthcare transportation access for both herself and her spouse. She had been serving as her spouse's primary caregiver and transportation provider but had begun experiencing her own mobility challenges, challenges serious enough that she had missed a medical appointment in the prior year due to lack of transportation. Her situation illustrated precisely the population Health Connector is designed to serve: individuals navigating compounding barriers to healthcare access, where a single reliable transportation solution could meaningfully benefit multiple members of a household.

During the showcase, the HIRTA team walked her through Health Connector's features and registration process and demonstrated the booking kiosk, a technology she had previously encountered at Dallas County Hospital but had never been introduced to or shown how to use. Her experience with the kiosk yielded direct, actionable feedback: due to limited hand mobility, she found the touch keyboard difficult to operate and suggested that an alternative input method, one that did not require typing, would make the kiosk more accessible. Following the event, the HIRTA team used this feedback as a starting point for brainstorming accessibility enhancements, including the potential addition of Quick Response (QR) code-based access. This interaction exemplifies the kind of ground-level insight that formal performance metrics cannot capture and reinforces the value of direct community engagement as both an outreach and a product improvement mechanism.

Section 5.3. Operational Observations

Beyond the formal performance measures tracked throughout the evaluation period, several operational patterns emerged from the data that provide important context for understanding the overall effectiveness and real-world impact of the Health Connector deployment.

Below are summaries of operational trends that were observed throughout Phase 3. While Phase 3 data collection began in August 2024, the revised IRB that was submitted in April 2025 allowed agency-enrolled riders to be included in Health Connector data collection. For some metrics, retroactive data for

these agency-enrolled riders was not available for the period between August 2024 and April 2025. In these cases, the charts begin in April 2025 for consistency purposes.

Ridership and Trip Volume Trends

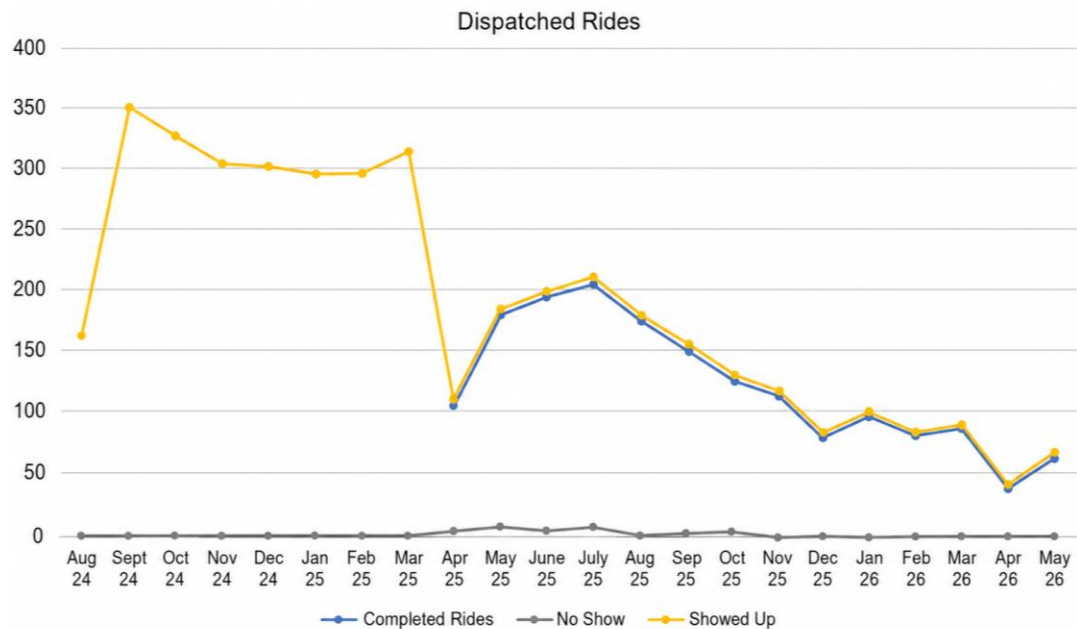


Figure 25. Dispatched Ride Status (Completed, No-Show, Showed Up) (Source: HIRTA Team)

As shown in Figure 25, dispatched ride data available from August 2024 through May 2026 reveal an informative arc in system utilization. Trip volumes were highest in the period spanning September 2024 through March 2025, with the "Showed Up" metric, reflecting vehicles that arrived for scheduled pickups, reaching a peak of approximately 350 in September 2024 before stabilizing in the 295–325 range through early 2025. A decrease in system utilization is also seen in spring 2025.

Over the course of Phase 3, the number of dialysis riders served by Health Connector declined from three riders, each completing three roundtrips per week, to zero by February 2026. This attrition reflects a reality inherent to healthcare-focused transportation services: the rider population often includes older adults and individuals managing serious or chronic health conditions, whose transportation needs can change significantly and unexpectedly over time. As health circumstances evolve, some riders may transition to different levels of care, experience changes in treatment, or no longer require transportation services, and in some cases, riders may leave the program due to the natural progression of their conditions. These shifts are an expected, if unpredictable, feature of serving a medically complex population, and can contribute to notable fluctuations in trip volumes that are difficult to anticipate or offset through traditional outreach and recruitment efforts.

Importantly, as Figure 25 illustrates, no-show rates remained negligible throughout the entire monitoring period, hovering near zero across all reported months. This is a meaningful operational indicator in a medical transportation context. When serving populations with complex healthcare needs, a near-zero

no-show rate suggests that riders who book trips through Health Connector are highly motivated to use the service and that the booking process is not generating speculative or uncommitted reservations.

Cancellations, Seat Unavailability, and Unaccepted Proposals

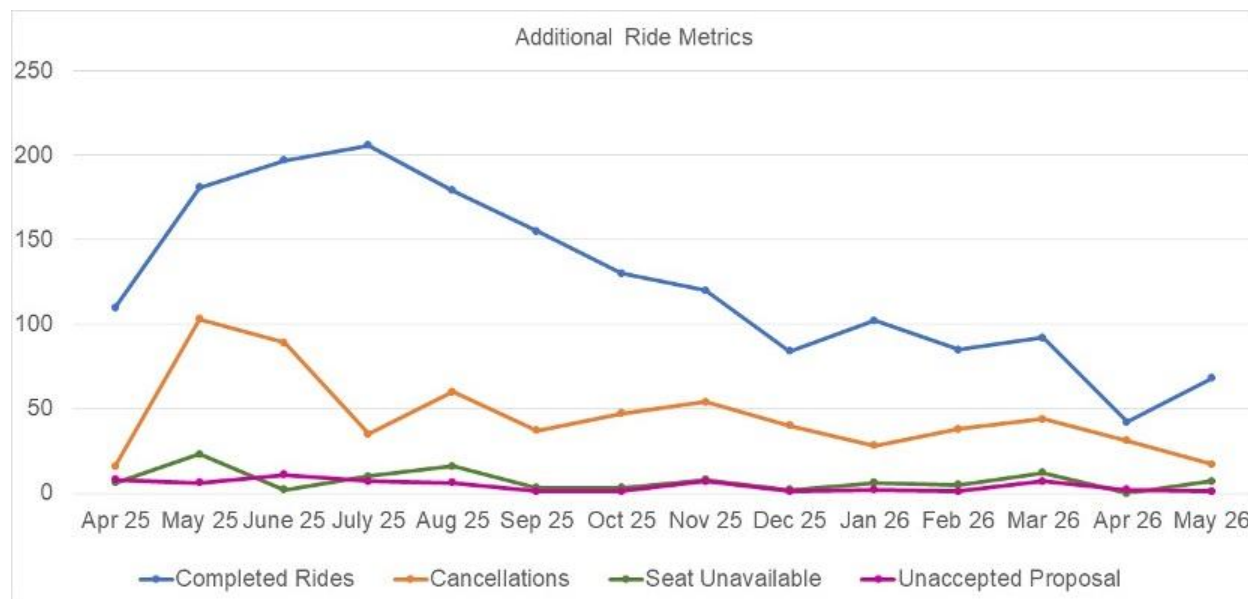


Figure 26. Ride Request Status (Source: HIRTA Team)

Figure 26 presents additional ride metrics available from April 2025 onward, providing a more granular picture of system demand and capacity dynamics. Cancellations represented the most variable secondary metric, peaking at approximately 103 in May 2025 before declining and fluctuating in the 25–60 range through the remainder of the monitoring period. As also shown, seat unavailability counts were generally low, with a notable spike of approximately 24 in May 2025 that subsequently declined to near-zero levels for most of the second half of the monitoring period, consistent with PM-3 findings that the system generally maintained seat availability within acceptable thresholds. Unaccepted proposals remained minimal throughout, suggesting that when ride options were offered to riders, they were largely accepted, reinforcing the PM-2 finding that offered options met rider needs.

Rider Engagement and Repeat Usage

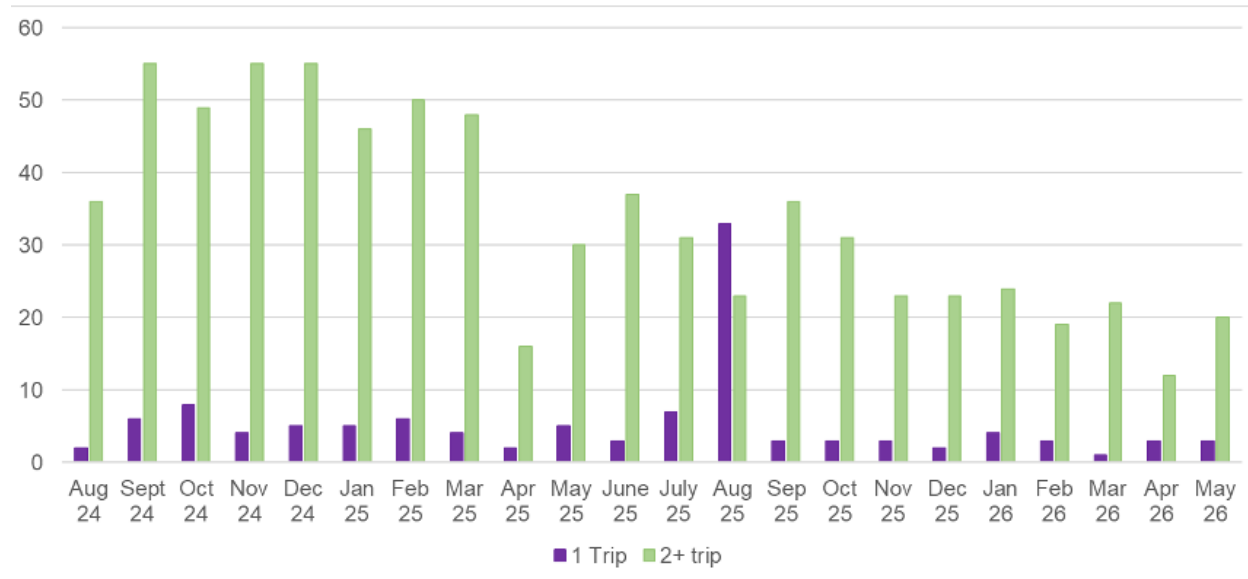


Figure 27. Trips per Riders (Source: HIRTA Team)

As illustrated in Figure 27, trip-per-rider data reveal a consistently strong pattern of repeat usage throughout the deployment period. In nearly every reported month, the number of riders taking two or more trips significantly outnumbered those taking only a single trip, often by a ratio of 8:1 or greater. The sole exception was August 2025, where 33 single-trip riders briefly exceeded the 23 multi-trip riders, an anomaly that may reflect seasonal variation or a temporary influx of new riders. This pattern of sustained repeat usage visible in Figure 27 is a strong indicator that Health Connector is functioning as a reliable, ongoing transportation resource for its riders rather than a one-time or trial service. For a program designed to serve individuals with recurring medical transportation needs, such as dialysis patients, those attending regular therapy appointments, or individuals managing chronic conditions requiring frequent follow-up care, repeat utilization is arguably the most meaningful behavioral indicator of the service's practical value.

Trip Duration and Distance Characteristics

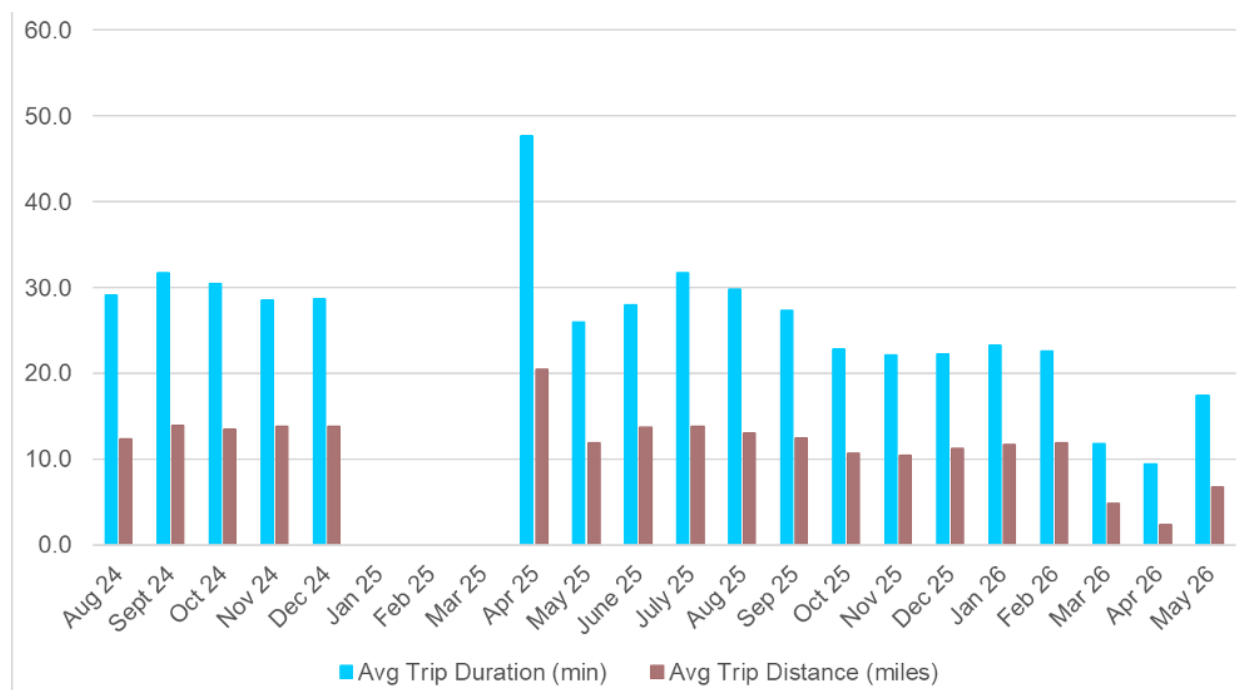


Figure 28. Average Trip Length and Distance (Source: HIRTA Team)

Figure 28 presents average trip duration and distance data available from August 2024 through May 2026, with a gap in January through March 2025 due to data consistency issues, revealing the geographic character of Health Connector service delivery in a rural environment. Average trip durations ranged broadly across the monitoring period, with a notable spike to approximately 48 minutes in April 2025 before settling into a range of approximately 22 to 32 minutes for most subsequent months. As shown, average trip distances were generally consistent, ranging from approximately 11 to 14 miles across most of the period, with a similar spike in April 2025 of approximately 21 miles and a notable reduction to approximately 5 miles in March 2026. These underscore the rural nature of the service area and help contextualize the productivity constraints observed in PM-15: trips averaging 22–32 minutes in duration and 11–14 miles in distance inherently limit the number of trips a vehicle can complete per hour, reinforcing the explanation for below-target trips-per-hour performance rather than attributing it to scheduling or operational inefficiency. However, given Health Connector’s ability to meet rider demand over the course of the evaluation period, lack of demand has likely been a larger contributor to the below target trips-per-hour performance.

Section 6. Impact Analysis

This section organizes Health Connector's key performance results according to the tiered framework established in FTA Report 0152, Mobility Performance Metrics (MPM) for Integrated Mobility and Beyond, which served as the structural foundation for the project's PMESP development. This framework categorizes performance measures across four levels, Core, Tier 1, Tier 2, and Tier 3, reflecting a progression from individual traveler-level experience at the most immediate scale to broader community and national impact at the highest levels. Aligning results to this framework allows the Independent Evaluation team to assess Health Connector's effectiveness not only in terms of day-to-day service delivery for individual riders, but also in terms of its contributions to system-wide efficiency, community mobility, and the long-term sustainability of medical transportation programs in underserved rural areas. Each PM is mapped to its corresponding tier below, reflecting the level at which the primary improvement or impact was observed over the deployment period.

Section 6.1. Performance Results by MPM Tier

Individual Level (Core Indicators)

Traveler-centric outcomes related to availability, reliability, affordability, travel time, and safety (PM-1, PM-2, PM-3, PM-4, PM-5, PM-6, PM-8, PM-9, PM-11, PM-12, PM-14)

Core measures represent the most direct indicators of Health Connector's impact on individual riders and their day-to-day transportation experience, capturing the service availability, scheduling reliability, travel time predictability, and safety outcomes that matter most to the underserved populations the system was designed to serve. Across this category, results were largely positive and generally met or exceeded established targets, painting a consistent picture of a service that is delivering meaningful, traveler-centric benefits in a rural medical transportation context.

Service Availability

Health Connector demonstrated strong performance in making appropriate ride options available to riders when requested. PM-2 showed that 100% of surveyed riders found the ride options offered for their trip met their needs, surpassing the 90% target and indicating that the system is effectively matching available capacity to traveler demand. PM-3 further reinforced this finding, with seat unavailability rates remaining within the 10% threshold for most monitored months. The few exceptions could be attributable to early deployment conditions and weather-related demand pressures respectively, rather than systemic capacity shortfalls. For riders who have historically faced significant barriers to securing reliable medical transportation in a rural county with limited alternatives, consistent service availability represents a foundational and tangible improvement in access.

Scheduling Reliability and On-Time Performance

Reliability results across multiple measures consistently exceeded targets, reflecting the system's ability to deliver on the pickup and trip commitments communicated to riders at the time of booking. PM-4 data

showed that vehicles arrived an average of 12 to 25 minutes before the end of the stated pickup window across the monitoring period, indicating that the system's scheduling practices are conservatively calibrated in favor of the rider. PM-5 results demonstrated that 100% of trips were fulfilled within the +/- 10-minute pickup window in each of the most recent three reported months (January, February, and March 2026) consistently exceeding the 90% target. For riders traveling to time-sensitive medical appointments, this level of pickup reliability directly reduces the stress, uncertainty, and risk of missed care that characterize transportation-insecure experiences.

Travel Time Predictability

PM-6 results indicate that Health Connector is accurately communicating how long trips will take at the point of scheduling, giving riders the information they need to plan their appointments and return trips with confidence. Actual trip durations fell within 10 minutes of estimated durations in 95%, 96%, and 100% of trips across January through March 2026 respectively, surpassing the 90% target in all three months. The modest and consistent tendency for actual durations to run slightly longer than estimates, averaging between 4.3 and 5.5 minutes beyond the projected time, reflects a stable and predictable scheduling characteristic rather than a reliability concern, and does not materially affect riders' ability to plan around communicated trip times.

Ease of Use and Rider Satisfaction

PM-14 customer complaint data provide a strong behavioral indicator of rider satisfaction with the service experience. Health Connector-specific complaints remained at or near zero for most of the deployment period, with four consecutive zero-complaint months recorded from December 2025 through March 2026. The near-absence of complaints across a sustained period suggests that riders are not only receiving reliable transportation but are experiencing the service in a manner that meets or exceeds their expectations, a meaningful outcome for a population that may have limited prior experience with technology-enabled transit services and for whom a negative experience could deter continued use.

Safety

From a traveler safety perspective, the core measures data, combined with PM-21 safety incident findings, collectively indicate that Health Connector trips are being conducted in a safe and predictable environment. The consistent zero complaint record captured in PM-14 includes no documented safety-related grievances attributable to Health Connector service, and the structured, technology-monitored nature of the dispatch and tracking system provides a level of accountability and visibility that informal or self-arranged transportation cannot offer.

System Level (Tier 1 Indicators)

System-level capacity, utilization, reliability, efficiency, effectiveness, and cost. These measures include: PM-15

Tier 1 measures evaluate the Health Connector system's operational performance at the aggregate service delivery level, encompassing not only trip productivity but also the broader impacts the deployment has had on transportation network capacity, organizational workflows, and the technical infrastructure supporting coordinated medical transportation in Dallas County.

System Productivity and Utilization

PM-15, which tracks system productivity as trips completed per hour of operation, is the primary quantitative Tier 1 measure assessed during this deployment period. Current productivity stands at 0.47 trips per hour as of March 2026, which falls below the established target of 3 trips per hour. However, this result must be understood in the context of a rural service area with geographically dispersed trip origins and destinations, a ridership base that is still in an active growth phase, and the structural constraints inherent to low-density transit environments. Trip volumes peaked in the May–June 2025 period at approximately 210–220 completed trips per month before stabilizing in the 90–105 range through early 2026. These ridership trends remain consistent with historic HIRTA ridership in winter months. As ridership expands and scheduling optimization matures through ongoing vendor-driven technology improvements, productivity metrics are expected to improve.

Network Capacity and Infrastructure

Beyond productivity figures, Health Connector has meaningfully expanded the functional capacity of HIRTA's medical transportation network by introducing a dedicated subservice layer within the existing transit infrastructure. Prior to deployment, eligible medical trips were managed through HIRTA's general demand-responsive service without the specialized scheduling, tracking, and coordination tools that Health Connector provides. The addition of a centralized management platform, capable of handling trip booking, dispatch, real-time vehicle monitoring, and performance tracking within a single system, represents a net increase in the operational capacity of the network to manage and monitor medical trips as a distinct service category. The architecture also positions the system to absorb future capacity expansions, including third-party provider integration for overflow demand as documented in PM-16, without requiring fundamental redesign of the underlying platform.

Technical Reliability and Data Integration

The deployment of Health Connector introduced a new layer of data infrastructure to HIRTA's operations, integrating the Via transportation management system with rider-facing booking tools and healthcare partner interfaces including the EHR monitoring dashboard and kiosk installed at Dallas County Hospital. Across the monitoring period, the system demonstrated consistent technical reliability, with the October 2025 AWS outage representing the only technology-driven service disruption, one that HIRTA successfully managed through manual operations with no Health Connector trips ultimately impacted. The ability to maintain service continuity during a system-wide technology failure reflects meaningful organizational resilience and operational preparedness. Data integration challenges did emerge, particularly around the disaggregation of IVR call data by county for PM-19 and the retroactive availability of certain data fields following the April 2025 IRB revision, but these were data reporting limitations rather than failures of the core transportation management infrastructure.

Organizational Productivity and Agency Coordination

At the organizational level, Health Connector has introduced new coordination touchpoints between HIRTA and its healthcare partners, Dallas County Hospital, McFarland Clinic, and associated health navigators, through shared access to booking and trip management tools. While the full impact on staff coordination time awaits the completion of PM-20 follow-up data collection, the operational data available suggest that the platform is supporting more structured and transparent communication between transportation and healthcare stakeholders than existed prior to deployment. The IVR system implemented during Phase 3 has contributed to measurable reductions in inbound call volume to HIRTA's dispatch and customer service staff system-wide, representing a genuine organizational productivity gain even where Health Connector-specific attribution remains limited by current reporting capabilities. Taken together, the Tier 1 results suggest a system that is operationally functional and technically stable, with a capacity and coordination infrastructure that is well positioned to deliver greater efficiency gains as

ridership grows and planned integrations, including the EHR middleware conversations underway with McFarland Clinic, are brought to fruition.

Community and National Level (Tier 2 & 3 Indicators)

Tier 2 community-level mobility, safety, health, and organizational financial performance (PM-16; PM-19; PM-20; PM-21; PM-22)

Tier 3 national trend contributions, organizational financial sustainability, and community health and safety outcomes (PM-23)

This section presents findings from performance measures that capture Health Connector's impact beyond the individual trip level, addressing the system's contributions to community health and safety, financial sustainability of transportation programs, and the broader national conversation around integrated mobility solutions for rural populations. Data across this category are both quantitative, drawn from incident tracking, trip records, and administrative cost monitoring, and qualitative, reflecting the organizational, partnership, and systemic dimensions of the deployment that numbers alone do not fully capture.

Community Safety and Health Access

The most unambiguous community-level achievement of the Health Connector deployment is its safety record. PM-21 data show a monthly average of just 0.3 incidents across the full monitoring period, with zero incidents recorded in nine of thirteen reported months and a target of fewer than 10 incidents per month met in every single month of the deployment. For a rural community in which underserved residents, including elderly riders, individuals with chronic conditions, and those without personal vehicle access, have historically relied on informal or unmonitored transportation arrangements to reach medical care, the introduction of a professionally managed, technology-enabled service with a demonstrably safe operational record represents a meaningful and tangible community health benefit. The near-zero no-show rates documented in the operational key performance indicators (KPI) data further reinforce this picture: riders are consistently showing up for their health-related trips, suggesting that access to reliable transportation is translating into actual healthcare engagement rather than simply the availability of a booking option.

The repeat utilization patterns documented in Figure 27 where riders taking two or more trips per month consistently and substantially outnumber single-trip riders, provide additional qualitative evidence of community impact. For populations managing conditions requiring recurring care, such as dialysis, physical therapy, oncology treatment, or chronic disease management, the ability to rely on a consistent, bookable transportation service fundamentally changes the healthcare access equation. The sustained behavioral pattern of repeat use across the deployment period suggests that Health Connector has become a meaningful part of how a segment of Dallas County's population accesses healthcare.

Financial Sustainability and Organizational Efficiency

At the organizational and community financial level, results from PM-19 and PM-20 reflect both the potential and the unrealized gains of the deployment. PM-19 results were significantly affected by the Access2Care to MTM transition, which prevented completion of the planned Medicaid middleware integration and eliminated the primary mechanism through which administrative cost savings for HIRTA were to be achieved. While HIRTA's IVR system has produced measurable system-wide call volume reductions, the inability to disaggregate those savings by county has limited the ability to quantify the Health Connector-specific contribution to reduced administrative burden. The financial sustainability target embedded in Goal G4, that technology-enabled coordination would reduce the per-trip cost of

medical transportation and support long-term program viability, remains directionally valid but not yet fully evidenced by the available data.

PM-20 baseline data were collected from two healthcare partner staff members at the outset of the deployment; however, this limited number of respondents is not sufficient to establish a robust reference point for measuring reductions in staff time spent coordinating patient transportation. Follow-up survey data have not yet been gathered, and even when collected, the small baseline sample may constrain the extent to which coordination time savings can be fully quantified or evaluated against the 20% reduction target. When available, these data will provide some evidence of Health Connector's impact on the organizational efficiency of the healthcare related transportation coordination. Data collection efforts are also still underway to understand the reduction in missed medical appointments attributable to Health Connector, as discussed under PM-22. Due to similarly limited baseline data, it may not be possible to fully quantify this measure either.

Capacity for Network Expansion

PM-16, which tracks third-party trip assignments, recorded near-zero activity throughout the deployment, with only two volunteer-driver trips recorded in December 2025. While this reflects the fact that current ridership levels have not yet generated demand overflow requiring third-party engagement, it does not represent a community-level limitation in the current deployment context. Rather, the third-party integration architecture that remains in place positions the system to expand community access meaningfully as demand grows, particularly for after-hours medical transportation needs that fall outside HIRTA's standard operating windows. Currently, while HIRTA has not identified a strong need for after-hour service in its current ridership trends, future expansion or larger deployments could warrant such a need. The potential to integrate on-demand commercial or volunteer provider integrations is a community asset whose value will grow proportionally with ridership.

National Contributions and Replicability

At the national level, Health Connector situates itself well within growing interest around the feasibility and design of technology-enabled medical transportation coordination in rural and underserved communities. While PM-23 findings are not yet quantifiable, the deployment as a whole contributes to national knowledge in several important ways that extend beyond the formal performance measure framework.

The challenges encountered, including the Medicaid broker acquisition that halted a planned middleware integration, the IVR data disaggregation limitation that constrained cost efficiency measurement, the slower-than-anticipated ridership growth that affected productivity metrics, and the data infrastructure gaps and rider registration challenges that required IRB revision and retroactive recalculation are not failures unique to this project. They are representative of the systemic and structural barriers that rural transit agencies across the country are likely to face when attempting to implement similar integrated mobility solutions. By documenting these challenges transparently alongside the genuine achievements in reliability, safety, and rider satisfaction, the Health Connector deployment provides a realistic and actionable reference point for other agencies considering comparable deployments.

The conversations underway with McFarland Clinic regarding Epic EHR integration represent a particularly significant national contribution: if realized, this integration would demonstrate a replicable model for embedding transportation coordination directly into clinical workflows at a community health system level, an approach with broad applicability to rural healthcare access challenges nationwide. Combined with open-source code and documentation of all developed technologies and the lessons learned around registration design, staff training sustainability, accessibility, and provider transition risk, the Health Connector deployment is generating the kind of practitioner-level knowledge that national

standards development, future ITS4US program design, and rural mobility policy can draw upon as the field matures.

Importantly, the Health Connector deployment has also generated substantial peer interest that extends well beyond what a single rural transit project might typically produce, offering its own form of national contribution. Over the course of Phase 3, transit agencies, public health organizations, and state and regional planning bodies have sought out HIRTA to learn from the project's approach and experiences. Within Iowa, Southwest Iowa Transit Agency and Johnson County SEATS have engaged directly with the project, while Rabbit Transit in Pennsylvania has signaled that the challenges Health Connector addresses resonate with rural transit agencies in comparable communities nationwide. HIRTA was invited by the Rural Transportation Assistance Program (RTAP) to present on healthcare provider engagement, widely recognized as one of the most difficult aspects of replicating this model, and presented to the Iowa Department of Health and Human Services, placing Health Connector's documented approach and lessons learned in front of state-level stakeholders focused on transportation as a healthcare access solution. A presentation to a Council of Governments and a statewide Iowa DOT planning webinar further extended the project's reach into regional and statewide planning networks, with at least one state planner carrying lessons learned directly back into their professional network. The breadth of this peer engagement reflects both the novelty of the Health Connector model and the urgency of the problem it addresses, reinforcing that the project's contributions to national knowledge are being recognized and acted upon by practitioners who are actively seeking replicable solutions.

Section 7. Deployment Implications & Future Success

This section provides an assessment of Health Connector's long-term viability and the lessons learned that could benefit other regions.

Section 7.1. Post-Deployment Sustainability

Performance results from the Health Connector deployment offer an optimistic outlook for the system's long-term viability beyond the ITS4US program funding period. Across the core reliability measures, including trip fulfillment (PM-3), ETA accuracy (PM-4), and service disruption response (PM-1), the system demonstrated consistent improvement over time and met established performance targets in the majority of monitored months. Notably, PM-4 data show a positive trajectory in on-time pickup performance, and PM-2 results indicate that riders are finding the transportation options offered to be responsive to their needs. These trends suggest that the operational foundation is in place to sustain and expand service delivery.

However, sustainability will depend on several factors that extend beyond technical performance. Ridership growth remains a critical variable; registration for Health Connector has been slower than anticipated, limiting the volume of trips and the richness of performance data available to demonstrate impact at scale. The original service model assumed approximately 50 rides per day across two Health Connector vehicles which formed the basis of roughly 3 trips per hour. While this anticipated ridership provided a reasonable planning benchmark, actual demand to date has remained below that level as discussed in PM-15. Expanding the rider base through targeted outreach and streamlined enrollment processes will be essential to demonstrating the service's value to funding partners and healthcare stakeholders. Additionally, the integration of Health Connector tools into existing healthcare workflows, particularly within electronic health record (EHR) platforms such as Epic, presents a meaningful opportunity to embed the service into routine clinical operations, increasing utilization and reducing the burden on hospital staff. If realized, these integrations could meaningfully strengthen the case for continued investment and replication of the model in other rural healthcare transportation contexts.

Section 7.2. Replicability

The Health Connector deployment generated several important lessons that would be critical for other agencies considering a similar implementation. These are drawn directly from the project's Lessons Learned Logbook and reflect challenges encountered across stakeholder engagement, system operations, and performance data management.

Streamline rider registration from the outset. Registration for Health Connector was slower than anticipated, with resistance from existing HIRTA riders who were reluctant to re-enroll in a new subservice. For agencies replicating this model, designing an enrollment process that leverages existing

customer data, for example, automatically transitioning eligible riders from a parent service, could significantly accelerate ridership growth and data availability in the early deployment phase.

Establish data access permissions before the first reporting period. The performance management team encountered delays due to insufficient data access permissions at the start of the initial reporting month, preventing timely calculation of performance measures. Agencies should ensure that all team members requiring access to operational data systems are fully provisioned before deployment begins, not after.

Make baseline data collection mandatory. Several performance measures rely on survey data that riders are not required to complete, resulting in gaps in baseline data that complicate longitudinal comparison. In this study, critical baseline questions, such as the number of missed medical appointments due to lack of transportation, were included in a mandatory registration form. However, this requirement created a barrier to enrollment, as riders were hesitant to complete an additional form, and the registration process was ultimately modified to allow riders to enroll automatically based on trip eligibility. A subsequent in-app survey included the same baseline questions, but participation was voluntary and response rates were minimal. For future replication, programs should consider alternative approaches to collecting baseline data. Rather than front-loading required forms at registration, a more effective approach may be to embed a small number of critical baseline questions into the in-app experience during a rider's first trip, or to administer a brief onboard survey at the time of first ride. Tying baseline data collection to the first ride, rather than the registration process, may increase completion rates by reaching riders at a point when they are already engaged with the service, while avoiding the friction that additional pre-registration requirements can introduce.

Invest in sustained stakeholder training, not one-time onboarding. Hospital front desk staff at Dallas County Hospital were unaware of how to use the Health Connector kiosk and therefore were not directing patients to it, despite having received initial in-person training and supporting training materials. Staff turnover and the passage of time erode institutional knowledge. Agencies should develop durable, easily accessible reference materials, such as permanently posted one-pagers, and plan for periodic re-engagement with partner staff rather than assuming a single training is sufficient.

Design for accessibility from the start. User feedback during an operational capability showcase revealed that the kiosk's touch keyboard was difficult for a rider with limited hand mobility, highlighting a gap in accessibility that was not identified during the design phase. Agencies should conduct accessibility testing with representative users, including those with physical limitations, prior to deployment and build upgrade pathways (such as QR code scanning or voice input) into the technology roadmap from the beginning.

Reduce interface fragmentation for healthcare staff partners. Feedback from healthcare partner staff indicated that managing multiple tabs and software systems creates friction that reduces engagement with Health Connector tools. Agencies pursuing similar healthcare-integrated transportation models should prioritize consolidating tools into existing clinical workflows, ideally within platforms staff already use, rather than introducing standalone interfaces that compete for attention alongside existing systems.

Plan for provider transitions that may disrupt planned system integrations. During the Health Connector deployment, Access2Care, the original State of Iowa Medicaid broker and a key partner in the planned booking and billing workflow, was acquired by MTM. The original system architecture included a middleware component designed to automate the booking and billing process for Medicaid rides provided by HIRTA, leveraging data availability and integration pathways established with Access2Care. Following

the acquisition, MTM's data architecture and accessibility differed sufficiently from Access2Care's that the planned middleware integration could not be completed as designed. While this instance was due to lack of access from MTM within the span of the deployment, for agencies replicating this model, this experience underscores the importance of building flexibility into integration architecture so that changes in third-party providers, which are outside the deploying agency's control, do not render core system components undeliverable. Agencies should identify alternative integration pathways early, document data requirements independently of any single vendor, and where possible, seek contractual protections or transition provisions when partnerships with Medicaid brokers or other regulated intermediaries are central to the deployment's functionality.

Appendix A. Acronyms and Glossary

AWS – Amazon Web Services

Amazon Web Services (AWS) is the cloud computing platform that provides the secure hosting, data storage, computing resources, and system infrastructure supporting the HIRTA Health Connector.

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

An Application Programming Interface (API) is a set of rules and protocols that allows different software applications to communicate and exchange data with one another. APIs enable systems to share information and functionality automatically, reducing the need for manual data entry and supporting integration between platforms.

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.

CHA CHIP – Community Health Assessment & Community Health Improvement Plan

Refers to the Community Health Needs Assessment developed for Central Iowa in 2021. Follow on surveys from that report to be conducted in 2024.

HIRTA Health Connector ConOps – HIRTA Health Connector Concept of Operations

A planning document that defines the operational vision, stakeholder roles, service delivery processes, and technology framework for the HIRTA Health Connector program. The ConOps describes how the service is intended to function and serves as a guide for implementation and ongoing development.

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.

CTAA – Community Transportation Association of America

One of the project Partners who leads stakeholder engagement on this project.

DCHD – Dallas County Health Department

One of the project Partners who leads integration with healthcare 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 describes the approach for data collection, processing, storage, and utilization.

DOT – Department of Transportation

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.

EHR – Electronic Healthcare Record

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

ETA – Estimated Time of Arrival

The expected time at which a person or vehicle will arrive at a destination.

GTFS – General Transit Feed 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 serves as Proposer/Applicant for the ITS4US project.

HIRTA TMS - Heart of Iowa Regional Transit Agency Transportation Management Subsystem

The HIRTA TMS includes the MOD TMS and functions that support Health Connector from outside of the MOD platform such as the call center software. The HIRTA TMS hosts interfaces (middleware) being developed by the HIRTA team and has been made freely, publicly available on GitHub under a permissive license to support interfacing with State of Iowa Medicaid transportation broker(s) and the Electronic Health Record (EHR) system.

Iowa HHS – Human Health Services

The Iowa Department of Health and Human Services (HHS) is the state agency responsible for coordinating programs and services that protect and improve the health, safety, and economic security of Iowans.

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.

IE - Independent Evaluation

The third-party evaluation team responsible for independently assessing project deployment, performance measures, outcomes, and impacts in accordance with USDOT evaluation requirements.

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.

IRB - Institutional Review Board

At Iowa State University (ISU), the Institutional Review Board (IRB) is the committee responsible for reviewing and approving research involving human participants to ensure the research is conducted ethically and complies with federal regulations and university policies.

ISU– Iowa State University

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

IVR - Interactive Voice Response

An Interactive Voice Response (IVR) system is an automated telephone technology that allows callers to interact with a computer-operated phone system using voice commands or keypad inputs. In transportation services, IVR systems are commonly used for trip booking, ride reminders, trip status updates, cancellations, and other customer service functions without requiring direct interaction with staff.

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.

MOD - Mobility-on-Demand

Mobility on Demand (MOD) is a transportation concept that enables users to access demand-response transportation services through real-time or advance trip requests. MOD services typically use technology platforms, such as mobile applications, websites, call centers, and integrated fare payment systems, to facilitate trip booking, scheduling, payment, and customer communication. By matching transportation resources to rider demand, MOD services improve flexibility, accessibility, and efficiency for users.

MPM - Mobility Performance Metrics

Refers to mobility performance metrics published by the Federal Transit Administration. The performance measures identified in this report are mapped to mobility performance metrics.

MTM - Medical Transportation Management

Medical Transportation Management (MTM Health) is a non-emergency medical transportation (NEMT) management company that coordinates transportation services for Medicaid beneficiaries and other eligible populations. HIRTA served as a transportation provider within MTM Health's network after MTM acquired Access2Care, the Iowa Medicaid transportation broker for which HIRTA had previously provided transportation services. Medical Transportation Management rebranded as MTM Health; however, this report refers to the organization as MTM throughout for consistency with other project documents and historical references.

NLAPH - National Leadership Academy for the Public's Health

The National Leadership Academy for the Public's Health (NLAPH) is a national program that supports community-based partnerships to address public health challenges. This document

references findings from a 2014 NLAPH survey of Dallas County residents that identified transportation as a barrier to accessing healthcare and other essential services.

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.

OCS - Operational Capability Showcase

The Operational Capability Showcase is the phase of the HIRTA Health Connector project in which the integrated transportation and healthcare coordination system is deployed and demonstrated in a real-world operating environment. During the OCS, healthcare providers, transportation partners, and travelers use the Health Connector platform to coordinate and manage healthcare-related trips. The OCS validates system functionality, measures project performance, and evaluates the program's effectiveness in improving access to healthcare and reducing transportation barriers.

PII – Personally Identifiable Information

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

PM – Performance Measure

A quantitative or qualitative indicator used to assess the effectiveness, efficiency, quality, and outcomes of the Health Connector Program. Performance measures track progress toward program goals.

PMESP - Performance Measurement and Evaluation Support Plan

A comprehensive document that establishes the framework, methodologies, roles and responsibilities, data sources, performance measures, and evaluation activities used to monitor and assess the Health Connector Program.

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 has also used healthcare partners as providers in some cases but referred as 'healthcare providers.'

QR Code – Quick Response Code

QR stands for Quick Response. It is a machine-readable, two-dimensional matrix barcode that instantly directs your smartphone camera to web links, text, or digital actions.

Reservation

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

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.

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.

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.

SSI - Supplemental Security Income

Supplemental Security Income (SSI) is a federal program that provides financial assistance to older adults and individuals with disabilities who have limited income and resources.

TMS - Transportation Management Subsystem

TMS refers to any systems related to the operational backend functions involved in service delivery. Under this project, the following two transportation management subsystems are commonly referenced – MOD TMS (also referred to as “VOC”) and HIRTA TMS.

TNC – Transportation Network Company

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

VOC – Via Operations Center

Technology provided by Via that is used to assist customer care and operations staff with Traveler registration, eligibility management, reservations, scheduling, dispatching, billing, and administration activities. (Also referred to as “MOD TMS”)

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.

Appendix B. Survey Questions

Health Connector In-App Survey Questions

Updated: January 25, 2024; March 21, 2024; July 11, 2024

The following summarizes the questions to be expected to be asked within the Health Connector app. Questions will be randomized and asked of participants when utilizing the app to make a trip. The intent is to ask questions at the conclusion of the trip.

Consent was obtained when users enrolled in Health Connector and installed the app.

Ask first time they use Health Connector

Not counting today, how many times in the last 6 months have you missed a medical appointment because you did not have transportation?

- A) 0
- B) 1
- C) 2 or more
- D) Have not had medical appointments in the last 6 months

Ask 6 months after they have been using use Health

Not counting today, how many times in the last 6 months have you missed a medical appointment because you did not have transportation?

- A) 0
- B) 1
- C) 2 or more
- D) Have not had medical appointments in the last 6 months

Questions that can be randomly asked

How useful were the Navilens directions in finding your transportation pick-up location? (PM-8),

- A) Did not use
- B) Was easily able to find
- C) Was able to find with some difficulty
- D) Was very difficult to find

How useful were the Navilens directions in finding your medical appointment after being dropped off?

(PM-8) They won't know what Navilens, need to describe

- A) Did not use
- B) Was easily able to find
- C) Was able to find with some difficulty
- D) Was not able to find

Were you able to book this medical trip on your own? (PM-12)

- A) Yes, easily
- B) Yes, but had some difficulties
- C) I needed some assistance to book

- D) Someone else booked for me
- E) I was not able to book

How satisfied are you with the Health Connector app? (PM-13)

- A) Very satisfied
- B) Moderately satisfied
- C) Not satisfied

How many time slots were you offered for this trip when booking? (PM-2)

- A) 1
- B) 2
- C) 3 or more
- D) Don't remember

Were you satisfied with the number of time slots offered? (PM-2)

- A) Yes
- B) No
- C) Didn't matter to me

How close within the estimated pick-up time you were given at booking did your ride arrive? (PM-5)

- A) Within 5 min
- B) Within 10 min
- C) More than 10 min

How close to the estimated drop-off time were you dropped off? (PM-6)

- A) Within 5 min
- B) Within 10 min
- C) More than 10 min

Health Connector Intercept Survey

You are being asked to answer survey questions for a research project for the Heart of Iowa Regional Transportation Agency (HIRTa) and the Institute for Transportation at Iowa State University. The purpose of the study is to develop and evaluate the Health Connector app. , The app can assist HIRTa customers in getting to and from medical appointments. This survey is asking about what you know about using the Health Connector app.

Results from the survey will be summarized so that no personal information will be shared with anyone outside of the research project. Your participation is voluntary. You may refuse to take the survey, to stop answering at any time, or to skip any questions that you do not want to answer. You must be 18 years or older and a resident of Dallas County to participate in this survey.

If you have questions, please ask the assistant riding on the bus.

1. Are you over 18 years of age?

- 1 = Yes
- 2 = No

9 = Missing

2. Are you a resident of Dallas County, Iowa?

1 = Yes

2 = No

9= Missing

3. What is the purpose of your trip today?

1 = Medical appointment

2 = Pharmacy trip

3 = Grocery trip

4 = Some other purpose: (Please describe)

9 = Missing

4. How many times in the last 6 months have you missed a medical appointment because you did not have transportation? (PM-22)

1 = None

2 = Once

3 = Twice or more

4 = Not applicable, I've not had medical appointments in the last 6 months

9 = Missing

5. Were you able to book today's trip on your own? (PM-11)

1 = Yes, easily

2 = Yes, but had some difficulties

3 = Yes, but I needed some assistance to book

4 = No, someone else booked for me

5 = No, I was not able to book today's trip

9 = Missing

6. Did the ride options for today's trip meet your needs? (PM-2)

1 = Yes

2 = No → Please explain why it did not meet your needs

9 = Missing

7. How close to the estimated pick-up time you were told during booking did your ride arrive today? (PM-8)

1 = Within 5 min

2 = Within 10 min

3 = More than 10 min

9 = Missing

8. Do you remember signing up or enrolling in the new Health Connector Program?

- 1 = Yes
- 2 = No
- 9 = Missing

9. The new Health Connector app uses your location to find transportation options and provide directions. How concerned are you about the app's use of your device's location? (PM-9)

- 1 = Not concerned
- 2 = Somewhat concerned
- 3 = Very concerned
- 9 = Missing

10. What has been your experience with the Health Connector app? (PM-11)

- 1 = I am aware of the app, but have not used the Health Connector app.
- 2 = I have used the Health Connector app at least once. [GO TO Q12]
- 3 = I am not aware of the Health Connector app.

IF YOU ARE NOT AWARE OF THE HEALTH CONNECTOR APP, PLEASE STOP HERE AND GIVE YOUR SURVEY TO THE ASSISTANT ON THE BUS.

12. How satisfied are you with the Health Connector app? (PM-14)

- 1 = Very satisfied
- 2 = Moderately satisfied
- 3 = Not satisfied
- 8 = Not Applicable
- 9 = Missing

13. Have you had any difficulty using the Health Connector app? (Circle all that apply.)

- a. I have not had any difficulty
- b. Instructions are only provided in English.
- c. Trip options do not meet my accessibility needs.
- d. Trip options are limited near where I live.
- e. Trip options to my medical destinations are limited.
- f. Trip options are too expensive.
- g. Other (Please describe.)

- 0 = Not Selected
- 1 = Selected
- 8 = Not Applicable
- 9 = Missing

14 What has been your experience with booking a trip through the Health Connector app? (PM-12)

- 1 = It has been easy to book
- 2 = I've needed some assistance to book
- 3 = I have not able to book on my own
- 8 = Not Applicable
- 9 = Missing

15. How has Health Connector impacted your ability to get to medical trips on your own? (PM-12) (PM-22)

- 1 = It makes it easier
- 2 = It makes it harder
- 3 = There is not much difference
- 8 = Not Applicable
- 9 = Missing

16. Have you ever been denied a trip or were not able to use Health Connector transportation for a medical appointment? (PM-12)

- 1 = Yes
- 2 = No [GO TO Q18]
- 8 = Not Applicable
- 9 = Missing

17. What were the reasons you were denied or not able to use the Health Connector transportation? (Circle all that apply) (PM-12)

- a. Transportation options were not available.
- b. A wheelchair accessible vehicle was not available.
- c. The personal assistance I needed to use transportation was not available.
- d. I was not able to pay the fare.
- e. Other (Please describe.)
 - 0 = Not Selected
 - 1 = Selected
 - 8 = Not Applicable
 - 9 = Missing

18. Are you aware of the direction-finding option in the Health Connector App? (PM-8)

- 1 = Yes
- 2 = No [GO TO Q21]
- 8 = Not Applicable
- 9 = Missing

19. Have you used the direction-finding option in the Health Connector App? (PM-8)

- 1 = Yes

2 = No [GO TO Q21]
8 = Not Applicable
9 = Missing

20. How easy were the directions to use? (PM-8)

1 = The directions were easy to use
2 = The directions were somewhat difficult to use
3 = The directions were very difficult to use
8 = Not Applicable
9 = Missing

21. Do you have any other comments you would like to share about the Health Connector Program or App?

THANK YOU FOR YOUR ASSISTANCE WITH THIS STUDY. PLEASE RETURN THE SURVEY TO THE ASSISTANT ON THE BUS.

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