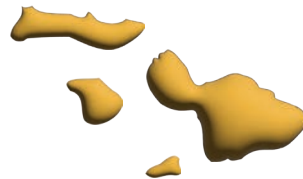
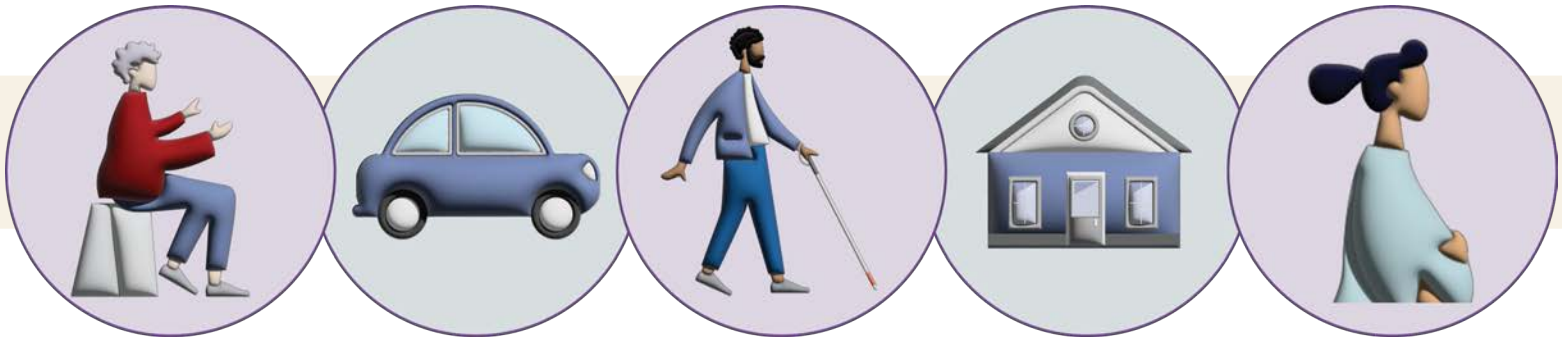


HDOT Coordinated Statewide Plan 2020+

MAY 2022



Acknowledgements

Advisory Committee

County of Hawai'i

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Spire



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Executive Summary

This Statewide Coordinated Public Transit-Human Services Transportation Plan (“CSP 2020+”) aims to make transportation more seamless for older adults, individuals with disabilities, and other people facing mobility challenges in the state of Hawai‘i.

This executive summary provides an overview of the Coordinated Plan, focusing on the key points from each chapter. It includes three sections:

- **Introduction (Chapter 1).** This section explains why this Coordinated Plan is important, who it serves, and sets the stage for subsequent chapters.
- **Taking Stock (Chapters 2–3).** This section summarizes existing transportation services, transportation needs and gaps, and related planning efforts.
- **Moving to Action (Chapters 4–6).** This section covers goals, strategies, implementation, potential funding streams, and future considerations when looking ahead.

“{We need to} develop routes further into neighborhoods.”

Survey Participant



Introduction

For many people, getting from point A to point B can be a major barrier to living life fully, particularly for: older adults, people with disabilities, veterans, people with low incomes who may not be able to afford a car, youth, and people who speak limited English.

How can we address transportation needs and fill gaps for these target population groups? Ultimately, answering this question is the purpose of this Coordinated Plan.

Key Terms: Coordinated Plan, Plan Geography, and Advisory Committee

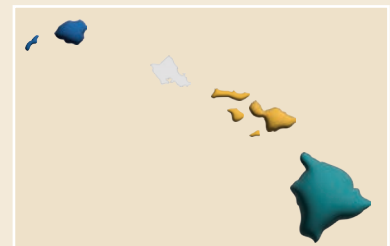
What is a Coordinated Plan?

This document is the second update of the Coordinated Plan for the state of Hawai'i. According to the Federal Transit Administration (FTA), updates to coordinated plans should take place every 5 years.

Coordinated plans aim to improve transportation services for older adults, people with disabilities, and other marginalized populations. They are more formally known as **regionally coordinated public transit-human services plans**, and have a specific legal context at the federal, state, and regional levels. For more information on this context, see Chapter 1, page 1-3.

What is the Plan Geography?

While this plan has a statewide geography, it only includes the counties of Hawai'i, Maui, and Kaua'i. The plan for Honolulu County is updated by the Oahu MPO and is ongoing at the same time as this plan update, to ensure continuity between the two planning efforts.



What is the Advisory Committee?

The plan's Advisory Committee optimizes the benefits of public transportation resources—including health and human service transportation resources—throughout the state. The Advisory Committee was created to support the coordinated plan update, and more specifically, they lead the project team that authored this report. The Advisory Committee is supported by the Hawai'i Department of Transportation (HDOT) as the lead agency for statewide coordinated planning.

Who Does This Coordinated Plan Serve?

The primary focus of this Coordinated Plan is to improve transportation and access for the following people, who tend to experience more mobility challenges.



Older adults
(age 65 and older)



Individuals with disabilities



**Individuals living
below the poverty level**



Zero-Vehicle Households



Unhoused Population

These population groups typically depend on transit more and are less likely to have access to a personal vehicle. This can make mobility a challenge, particularly in rural areas and places where public transit isn't available.

**"I would ride [the bus]
if it wasn't for Covid"**

Survey Participant

Key Takeaways

Based on a review of the demographics, economic trends, and existing transportation services, the following key takeaways were identified for each of the counties:

Hawai'i County

- The share of older adults is projected to continue increasing until at least 2030. About 20% of Hawai'i County's population is currently at least 65 years old.
- Approximately 1 in 7 residents in Hawai'i County live below the poverty level.
- The total number of people experiencing homelessness has mostly decreased since 2016.
- Unemployment skyrocketed to 11% in 2020 due to the COVID-19 pandemic, reaching a peak of 22% in March 2020.
- Areas with notable concentrations of high transit need populations include Hilo, Kailua-Kona, and Hawai'iian Paradise Park.
- Hele-On Bus is facing a fleet crisis, resulting in a sharp decline in service quality and reliability. Ridership systemwide decreased by about 40% from 2012 to 2017.



Kaua'i County

- The share of older adults is projected to continue increasing until at least 2035. Nearly 20% of Kaua'i County's population is currently at least 65 years old.
- Kaua'i County experienced a decline in the population of individuals with a disability, from 14% in 2010 to 10% in 2019.
- The number of people living below the poverty level has decreased sharply, by about 25%, in the last decade.
- Unemployment skyrocketed to 16% in 2020, reaching a peak of 32% in March 2020.
- Areas with notable concentrations of high transit need populations include Kapa'a, Lihu'e, Kekaha, Waimea, and Ele'e'e.

Maui County

- Maui County's older adult population is expected to continue increasing through at least 2045. About 18% of Maui County's population is at least 65 years old.
- Nearly 1 in 10 residents in Maui County live below the poverty level.
- The total number of people experiencing homelessness has been decreasing since 2016.
- Unemployment skyrocketed to 18% in 2020, reaching a peak of 33% in March 2020.
- Areas with notable concentrations of high transit need populations include Kahului, Kihei, and Lahaina.





Advisory Committee Findings

Early in the development of the HDOT CSP 2020+, the Technical Advisory Committee (TAC) identified organizational strengths, challenges, external opportunities, and threats regarding transportation in Hawai'i, Kaua'i, and Maui counties.

Several themes emerged in regard to the needs and gaps that exist in each county, many of which corroborated findings from the existing conditions analysis discussed in Chapter 2. These themes include:

Hawai'i County

- **Geographic Coverage:** Ensuring access to transit across the county is a challenge, particularly due to the rural nature of the county as well as the weather and physical road conditions. Expanded coverage is needed for travel across the island and between districts.
- **Wheelchair Accessible Vehicles:** Providers are seeing an increasing number of requests for wheelchair accessible rides and have expressed a need for more wheelchair accessible vehicles.

Kaua'i County

- **Staff Support:** Staff must rely on other County departments for critical support functions.
- **Funding:** Obtaining adequate and dedicated funding is a consistent challenge given the competing priorities at the county level.
- **Coordination:** Coordination between entities is needed to break down the institutional silos that exist.

Maui County

- **Geographic Coverage:** Transportation providers are seeing an increase in demand for transportation to areas beyond central Maui.
- **Funding:** Obtaining adequate and dedicated funding is a consistent challenge given the competing priorities at the county level.
- **Outreach and Awareness:** Many older adults and the general public do not know about the various transportation providers and eligibility criteria.
- **Service Improvements:** Some transportation providers are unable to meet the needs of the older adults with physical disabilities, many of whom are still living independently in their own homes. Some of these services also operate on limited service spans and days of the week.

Goals and Strategies

Goals are central to any Coordinated Plan. They articulate what we're trying to accomplish, guide the development of strategies, set the stage for measuring success, and ultimately help HDOT and the plan stakeholders move toward a long-term vision.



GOAL 1

Improve mobility and accessibility for vulnerable individuals in each county

Stakeholders expressed the need to coordinate public transportation services with human service needs throughout the state. There is an ongoing need to educate regional partners on efforts made to date, and work with partners to solve problems regionally. Additionally, there is a desire to inform the public about available services—transportation and human service—and how to use them.



GOAL 2

Work with partner agencies to implement thoughtful coordination and planning statewide

Sustainable funding streams will always be a challenge for transit providers. However, with the onset of CARES and CRSSA act funding, providers have more options, though they are not always sustainable. In addition, topographic challenges and regional growth underscore the need for service planning to meet the needs of the population, especially in rural areas throughout the state.



GOAL 3

Statewide education and awareness of public transportation options

Regional needs include those of providers—ongoing maintenance, operations, and capital planning—as well as those of the community. Hawai'i faces unique connectivity challenges: the topography presents planning challenges, affordable housing near jobs is at a minimum (or non-existent), and services are often limited. With population changes, the gaps not only grow and change, but sometimes move. Additionally, partners should work together to clearly understand where service gaps are within agency service areas.



GOAL 4

Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability

Connect the region regardless of the invisible barriers created by city limits and transit service areas. Regional partners have made strides to improve connectivity. However, the need to connect jobs, human services, and housing means that stakeholders and transit providers will need to continue working together to address connectivity.



GOAL 5

Develop a plan for technology implementation statewide, in partnership with transit providers

Transit providers and the project advisory committee can be the conduit to work with workforce development, Veterans services, housing, and special services to better understand client needs, and inform human service providers about available transportation and mobility options.



GOAL 6

Encourage healthy living and environmental sustainability through public transportation

The resources and land in Hawai'i are limited and precious. Stakeholders should emphasize the benefits of utilizing public transit over single occupancy vehicles. Additionally, using transit has multiple health benefits. The American Heart Association has conducted research that found people who take public transit are 44% less likely to be overweight, 27% percent less likely to have high blood pressure, and 34% percent less likely to have diabetes, when compared to people who drive.

Strategy Prioritization and Plan Implementation


With strategies developed, where and how should we focus our resources? The following table explains how we've prioritized strategies, and what this means for implementation.

The project team used the strategy rankings to create an implementation plan that includes each strategy along with its goal, proposed timeline, and priority level.

Figure ES-1 Implementation Plan Timeline and Priorities

Goal Strategies		Timeline	Priority
 GOAL 1 Improve mobility and accessibility for vulnerable individuals in each county			
1.1	Work with transit agencies to increase frequency and span on high ridership routes; consider increasing frequency for longer distance routes (e.g., shifting hourly routes to 45 minutes)	Short-Term	Medium
1.2	Ensure that all high ridership stops have bus shelters and benches.	Long-Term	High
1.3	Expand affordable and/or free transit fare programs for qualifying populations (and regularly analyze if, by providing free fares, they are to places where people need to go)	Short-Term	Low
1.4	Expand the span of transit service or design "last ride home" programming for 2nd/3rd shift employees from major transit centers	Short-Term	High
1.5	Prioritize ADA accessible bus stop design and establish order of magnitude for stop improvements; work with communities and counties to design access to stops	Long-Term	Medium
1.6	Consider expanding volunteer driver programs to offset some statewide service needs	Short-Term	Medium
 GOAL 2 Work with partner agencies to implement thoughtful coordination and planning statewide			
2.1	Support intentional planning that improves transit connectivity to new developments, resorts, affordable housing, and jobs	Long-Term	Low
2.2	Establish consistent short and mid-range transit development plans for each county, with 5-10-year horizons	Long-Term	Low
2.3	Collaborate with providers and localities to survey major employers, workforce development, and transportation demand management (TDM) programs to determine shift times and how employees access workplaces	Short-Term	Low
2.4	Develop public-private partnerships for employer-sponsored shuttles for resort workers	Mid-Term	Low
2.5	Create employee-based cost-effective transportation options between islands (e.g., between Lānaʻi and Maui for workers)	Long-Term	Medium
2.6	Where feasible, work with major resorts to help fund public transit services from airports	Mid-Term	Medium
2.7	Partner with agencies and organizations to regularly and directly survey healthcare providers, caregivers, and patients on their transportation needs	Short-Term	Low
2.8	Further identify public transportation infrastructure needs in rural areas (i.e., bus shelters, ramps, bike racks, etc.)	Long-Term	High
2.9	Work with Veterans Services and the Veterans Administration to ensure consistent access to services for Veteran populations	Mid-Term	Low

Goal Strategies	Timeline	Priority
2.10 Ensure transit providers participate in statewide and countywide emergency management planning	Mid-Term	Low
 GOAL 3 Statewide education and awareness of public transportation options		
3.1 Create a consistent marketing plan statewide to inform users (and potential users) about all local and regional transit options; service changes, and temporary changes (in the event of an emergency)	Short-Term	High
3.2 Establish a single source of transportation information for each county	Mid-Term	High
3.3 Create a train the trainer program for education and advocacy re: available services; connecting to human services	Short-Term	Medium
3.4 Develop education materials for different audiences: workforce, students, healthcare	Short-Term	High
3.5 Create a bus buddy program for individuals new or reluctant to try transit; (establish "try transit" days)	Short-Term	Low
3.6 Support access to food pantries, libraries, and other existing community services by hosting informational webinars, meetings, and leave-behind materials informing the public how to use various forms of transit	Short-Term	Medium
 GOAL 4 Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability		
4.1 Pool resources within counties to address driver and administrative shortages	Mid-Term	High
4.2 Develop a system to identify and promote funding opportunities for providers and programs in each county	Short-Term	High
4.3 Part and/or full-time grant writing assistance (help guide applicants through the process; applicants need better understanding and assistance on HOW to write a winning grant)	Short-Term	Low
4.4 Assess current distribution of federal formula funding (including 5310 and 5311) to ensure equity and performance-based planning are given priority	Short-Term	High
4.5 Establish statewide work group to monitor transit grant programs and other resources for timing and applicability	Short-Term	High
 GOAL 5 Develop a plan for technology implementation statewide, in partnership with transit providers		
5.1 Create statewide plan for transit technology roll-out (needs assessment, feasibility analysis, and financial planning) <ul style="list-style-type: none"> • GPS Systems on buses • Real-time AVL tracking • Improved communication systems • Emergency management considerations 	Long-Term	High
5.2 Encourage the transition to smart card and mobile fare payment options	Long-Term	High
5.3 Transit agencies work with HDOT to update online and mobile tools for customers, including trip planning and fare purchases	Long-Term	High

Goal Strategies		Timeline	Priority
5.4	Establish technology training program for older adults and individuals reluctant to use technology	Mid-Term	High
 GOAL 6 Encourage healthy living and environmental sustainability through public transportation			
6.1	Work with area agencies on aging to establish “quality of life” and “aging in place” initiatives, allowing older adults to maintain personal residence if reasonable through transit services	Mid-Term	High
6.2	Establish a statewide marketing campaign geared towards visitors and tourists for public transit as an environmentally friendly alternative to driving SOVs	Short-Term	High
6.3	Coordinate with health and human services to emphasize the health benefits of using public transit services	Short-Term	High
6.4	Continue transitioning to green transit infrastructure (CNG or electric vehicles; solar stops and facilities, etc.)	Long-Term	Medium
6.5	Work with medical facilities to establish baseline data on the impacts of transit on health (for example, reduction in emergency due to maintenance/upkeep of regular doctor appointments)	Long-Term	Low

Implementation Considerations

This section looks ahead to some key considerations that will likely have an impact on this Coordinated Plan in the future.

There are three main considerations:

- **Annual Reporting on the Coordinated Plan.** How can HDOT provide regular updates on Coordinated Plan progress?
- **Medical Transportation.** How might changes to funding for non-emergency medical trips affect this Coordinated Plan?
- **Lead Agencies for Implementation.** Who will report on implementation progress for the strategies?

HDOT CSP 2020+ is a reference for those seeking an understanding of the transportation options for people with special needs throughout the Counties of Kaua’i, Maui, and Hawai’i during the early 2020s.

It is also a guide for government decision-makers and community leaders to make strategic policies, programs, and services which help meet the transportation needs of older adults, people with disabilities, and communities with low incomes. It is the now responsibility of the State, Counties, local communities, and other partners to implement the strategies set by this plan.





Chapter 1: Introduction

This Statewide Coordinated Public Transit-Human Services Transportation Plan—or “HDOT CSP 2020+”—aims to make transportation more seamless for older adults, individuals with disabilities, and other people facing mobility challenges throughout the state of Hawai‘i.

This chapter explains why this Coordinated Plan is important, who it serves, and ultimately sets the stage for subsequent chapters. It contains the following sections:

- **Why a Coordinated Plan?** This section explains why this plan is important.
- **Who does this Coordinated Plan serve?** This section lists the target population groups for this Coordinated Plan as well as the geography of the Plan.
- **Plan Structure.** This section describes the overall structure of this plan.

“{We need a} carpool or shared ride offer with people going the same direction.”

Survey Participant

Why a Coordinated Plan?

We all need to get around Hawai'i in our day-to-day life, whether that means getting to work, making it to a medical appointment on time, running errands, shopping for groceries, or visiting loved ones.

For many people, getting from point A to point B can be a major barrier to living life fully: older adults, people with disabilities, veterans, people with low incomes who may not be able to afford a car, youth, and people who speak limited English. More information on target population groups is available on p. 1-4.

This is especially true in the rural areas on the islands, where distances between destinations can be very long, and public transit is less feasible, or operates intermittently. Even when destinations are nearby, invisible barriers like city limits can push places out of reach for reasons that aren't clear to most people. This is to say nothing of *visible* barriers like highways, mountains, and waterways that can have similar effects.

How can we address transportation needs and fill gaps for these target population groups? Ultimately, answering this question is the purpose of this Coordinated Plan.

Key Terms: Coordinated Plan, Plan Geography, and Advisory Committee

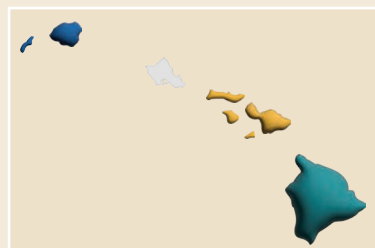
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Coordinated plans aim to improve transportation services for older adults, people with disabilities, and other marginalized populations. They are more formally known as **regionally coordinated public transit-human services plans**, and have a specific legal context at the federal, state, and regional levels. For more information on this context, see opposite page.

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While this plan has a statewide geography, it only includes the counties of Hawai'i, Maui, and Kaua'i. The plan for Honolulu County is updated by the Oahu MPO and is ongoing at the same time as this plan update, to ensure continuity between the two planning efforts.



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The plan's Advisory Committee optimizes the benefits of public transportation resources—including health and human service transportation resources—throughout the state. The Advisory Committee was created to support the coordinated plan update, and more specifically, they lead the project team that authored this report. The Advisory Committee is supported by the Hawai'i Department of Transportation (HDOT) as the lead agency for statewide coordinated planning.



How does this Coordinated Plan Fit into the Federal, State, and Regional Context?

Federal Context

The Enhanced Mobility for Individuals and Individuals with Disabilities Program (Section 5310) is a federal source of transportation funding.

To receive funding under this program, projects must be part of a locally developed and approved coordinated public transit-human services plan—often simply called a coordinated plan.

Furthermore, coordinated plans must:

- Incorporate participation by older adults and individuals with disabilities, as well as other stakeholders, including representatives of public, private, and nonprofit service providers.
- Be updated every 5 years—or every 4 years for areas that are in non-attainment (meaning those areas do not meet air quality standards).

Federal guidance specifies four required elements of the plan, as follows:

- 1. Transportation Providers** – An assessment of available services that identifies current transportation providers (public, private, and nonprofit);
- 2. Needs Assessment Process and Results** – An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
- 3. Strategy Development** – Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
- 4. Priorities** – Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities.

State Context

The last coordinated public transit-human services transportation plan for the state of Hawai'i was completed in 2011. The plan included a review of providers for the counties, a needs assessment, and prioritized strategies for implementation.

Hawai'i Department of Transportation (HDOT) and Regional Context

Within HDOT is the Statewide Transportation Planning (STP) Office. The STP is responsible for multiple planning processes, including the establishment of a comprehensive, multi-modal statewide transportation planning process to develop a balanced, multi-modal statewide transportation plan; and for providing technical assistance to the counties in fulfilling their respective roles in the process.

The STP oversees the following planning processes:

- The Statewide Transportation Improvement Plan (STIP)
- Hawai'i Statewide Transportation Plan
- FTA Grant Programs
- Coordinated Public Transit-Human Services Transportation Plan

There are multiple recipients of FTA Formula 5310 funding through HDOT:

Agency
Arc of Hilo
Arc of Kona
Arc of Maui
Catholic Charities Hawai'i
County of Kaua'i Transportation Agency
Dept. of Parks & Recreation, County of Hawai'i
Easter Seals Hawai'i
Goodwill Industries of Hawai'i, Inc.
Hale Makua Health Services
Hawai'i County Economic Opportunity Council (HCEOC)
Hawai'i Island Adult Care
Ka Lima O Maui
Kaunoa Senior Services, County of Maui
Kilohana Senior Enrichment Center
Kokua Kalihi Valley Comprehensive Family Services
Maui Adult Day Care Centers
Maui Economic Opportunity, Inc. (MEO)
Na Hoaloha Maui Interfaith Volunteer Caregivers
Na Pu'uwai/Ke Ola Hou O Lanai
Opportunities and Resources Inc. (ORI)
ORI Anuenue Hale Inc.
Palolo Chinese Home (WCCHC)
Responsive Caregivers of Hawai'i
Special Education Center of Hawai'i (SECOH)
Waianae Comprehensive Health and Hospital Board
The Arc in Hawai'i
County of Hawai'i Mass Transit Agency

Who Does This Coordinated Plan Serve?

The primary focus of this Coordinated Plan is to improve transportation and access for the following people, who tend to experience more mobility challenges.



Older adults
(age 65 and older)



Individuals with disabilities



**Individuals living
below the poverty level**



Zero-Vehicle Households



Unhoused Population

These population groups typically depend on transit more and are less likely to have access to a personal vehicle. This can make mobility a challenge, particularly in rural areas and places where public transit isn't available.

Community Engagement for This Coordinated Plan

Community engagement for all coordinated plans must include older adults and individuals with disabilities. However, this Coordinated Plan goes beyond these minimum requirements: It is tailored to serve a wider range of marginalized groups in the state of Hawai'i.

In addition to older adults and people with disabilities, our community engagement took care to involve a wide range of population groups, such as the five groups listed above, as well as the organizations that represent and serve them—including health and human services agencies.



Plan Structure

This CSP 2020+ includes 7 chapters, plus an executive summary and 4 appendices. Chapters 2 through 4 take stock of existing conditions and lay the groundwork for the rest of the document. Chapter 5 presents updated statewide goals and strategies. Chapters 6 and 7 explain strategy prioritization, timelines, performance measures, funding, and future considerations.

- **Executive Summary**
- **Chapter 1. Introduction**

This chapter covers the Coordinated Plan's background and purpose, populations served (and engaged), and project timeline.

- **Chapter 2. Transportation Resources in the Region**

This chapter provides a list of current transportation providers and planning agencies in the counties of Hawai'i, Kaua'i, and Maui.

- **Chapter 3. Transportation Needs and Gaps**

This chapter assesses the known transportation needs and gaps, with demographic maps and supporting geographic analysis.

- **Chapter 4. Review of Existing Plans, Studies, and Reports**

This chapter describes how this Coordinated Plan aligns with other municipal, rural, and statewide transportation planning efforts.

- **Chapter 5. Goals and Strategies**

This chapter articulates the goals and objectives (or "strategies") of this Coordinated Plan.

- **Chapter 6. Strategy Prioritization and Plan Implementation**

This chapter prioritizes strategies, and proposes an implementation plan—including timeline, priority, lead organization(s), and support organization(s)—to put into action when the Coordinated Plan is approved.

- **Chapter 7. Performance Measures and Funding Sources**

This chapter presents performance measures to track progress on the strategies outlined in Chapter 6. It also provides a list of potential funding sources.

- **Appendices**







Chapter 2: **State of the State**

Understanding the demographic trends, existing services, and the current transportation policy landscape is foundational in determining appropriate solutions that increase connectivity and coordination within each of the counties.

Existing Conditions

This chapter contains a description of the demographic trends occurring throughout the counties of Hawai'i, Kaua'i, and Maui, focusing on populations that tend to rely on transit services and would benefit from greater coordination between human service agencies and transportation providers. These populations include:

- Older adults
- Individuals with disabilities
- Individuals living in poverty
- Zero-vehicle households
- Unhoused population

This section also reviews race/ethnicity statistics, economic/employment projections, and the geographic distribution of transit needs. Where available, 2008 American Community Survey (ACS) data from the U.S. Census Bureau was used as the baseline for comparison from the previous Coordinated Plan.

**"Maui can be very proud
of their transit system."**

Survey Participant

Key Takeaways

Based on a review of the demographics, economic trends, and existing transportation services, the following key takeaways were identified for each of the counties:

Hawai'i County

- The share of older adults is projected to continue increasing until at least 2030. About 20% of Hawai'i County's population is currently at least 65 years old.
- Approximately 1 in 7 residents in Hawai'i County live below the poverty level.
- The total number of people experiencing homelessness has mostly decreased since 2016.
- Unemployment skyrocketed to 11% in 2020 due to the COVID-19 pandemic, reaching a peak of 22% in March 2020.
- Areas with notable concentrations of high transit need populations include Hilo, Kailua-Kona, and Hawai'iian Paradise Park.
- Hele-On Bus is facing a fleet crisis, resulting in a sharp decline in service quality and reliability. Ridership systemwide decreased by about 40% from 2012 to 2017.



Kaua'i County

- The share of older adults is projected to continue increasing until at least 2035. Nearly 20% of Kaua'i County's population is currently at least 65 years old.
- Kaua'i County experienced a decline in the population of individuals with a disability, from 14% in 2010 to 10% in 2019.
- The number of people living below the poverty level has decreased sharply, by about 25%, in the last decade.
- Unemployment skyrocketed to 16% in 2020, reaching a peak of 32% in March 2020.
- Areas with notable concentrations of high transit need populations include Kapa'a, Lihu'e, Kekaha, Waimea, and Ele'ele.



Maui County

- Maui County's older adult population is expected to continue increasing through at least 2045. About 18% of Maui County's population is at least 65 years old.
- Nearly 1 in 10 residents in Maui County live below the poverty level.
- The total number of people experiencing homelessness has been decreasing since 2016.
- Unemployment skyrocketed to 18% in 2020, reaching a peak of 33% in March 2020.
- Areas with notable concentrations of high transit need populations include Kahului, Kihei, and Lahaina.



Hawai'i County Demographics



With a total population of nearly 200,000 people, Hawai'i County is the second-largest county in the state (after the City and County of Honolulu). Hawai'i County accounts for about 14% of the total state population and has slightly outpaced the state's population growth in the past decade (Figure 2-1).

Figure 2-1 Total Population of Hawai'i County

	2008	2019	Change
Hawai'i County	175,784	199,459	13%
State of Hawai'i	1,288,198	1,422,094	10%

Source: 2008 and 2019 5-Year ACS Estimates

The population density of the county is about 50 persons per square mile. Compared with Kaua'i and Maui counties, Hawai'i County is at least half as densely populated. The population centers of Hawai'i County (communities with 7,000 or more residents) are shown in Figure 2-2. Nearly all population centers in Hawai'i County have grown by at least 30% from 2008, except for Hilo which experienced a slight decrease in population. As of 2019, approximately 22.5% of Hawai'i County residents live in Hilo, which is down from 27% in 2008.

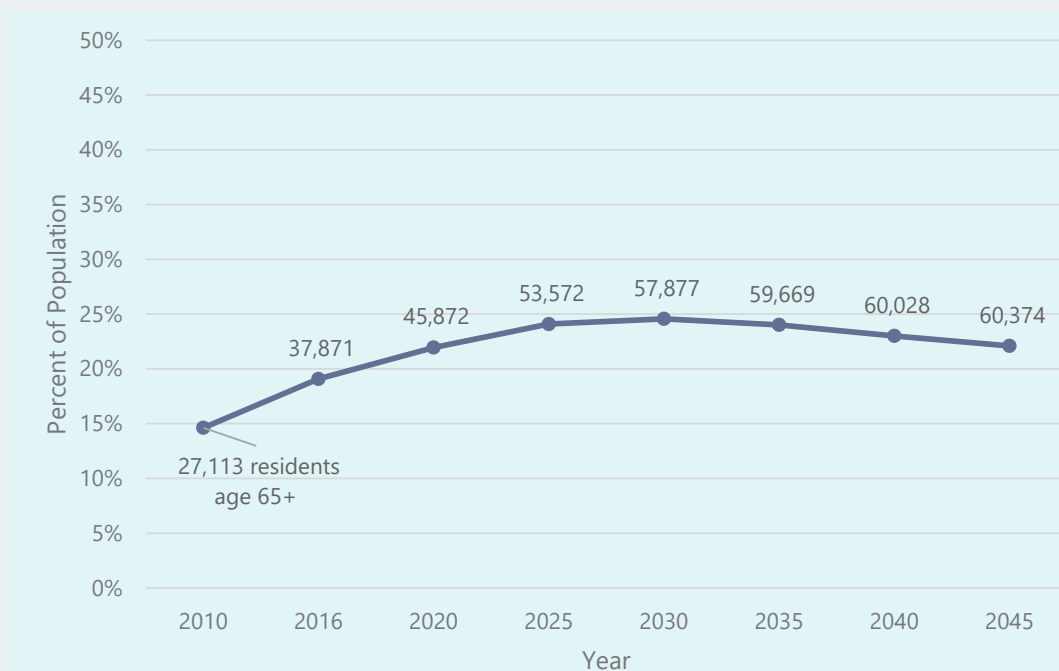
Figure 2-2 Hawai'i County Population Centers

Location	2008 Population	2019 Population	Change
Hilo	47,181	45,056	-5%
Kailua-Kona	11,425	15,231	+33%
Hawai'ian Paradise Park	8,186	11,202	+37%
Waimea	8,135	11,908	+46%
Kalaoa	7,864	11,729	+49%
Holualoa	7,069	9,688	+37%

Source: 2008 and 2019 5-Year ACS Estimates

Hawai'i County's population is aging. The share of older adults, age 65 and older, is expected to continue increasing until 2030 (Figure 2-3). By 2045, the population of older adults is expected to be approximately 60,374, or 22% of the total population. An increasing share of older adults has notable implications on the provision of transportation services.

Figure 2-3 Population Projection of Older Adults in Hawai'i County



Source: Population and Economic Projections for the State of Hawai'i to 2045, June 2018. State of Hawai'i, Department of Business, Economic Development and Tourism.

Target Populations

The primary focus of the HDOT CSP 2020+ remains the effort to improve transportation options and access to services for the following target population groups: older individuals (age 65 and older), people with disabilities, and people living below the poverty level. These groups have historically had less access to personal vehicles, or have otherwise been transit dependent, both of which can make mobility a distinct challenge, particularly in non-urban areas with low population densities and limited public transit services. The population of people within these demographic groups are further described in the sections that follow.

Figure 2-4 Hawai'i County Target Populations

	2008	2019	Overall Change (2010-2019)
Total Population	175,784	199,459	13%
Age 65 and Older	24,239	40,272	66%
Individuals with a Disability (Age 5+)	24,068 ¹	28,892	20%
Individuals Living in Poverty	22,852	30,632	34%

Source: 2008 and 2019 5-Year ACS Estimates

1 2010 1-Year Estimates. 5-Year Estimates for this metric were unavailable on the U.S. Census website at the time this report was created.



Older Individuals

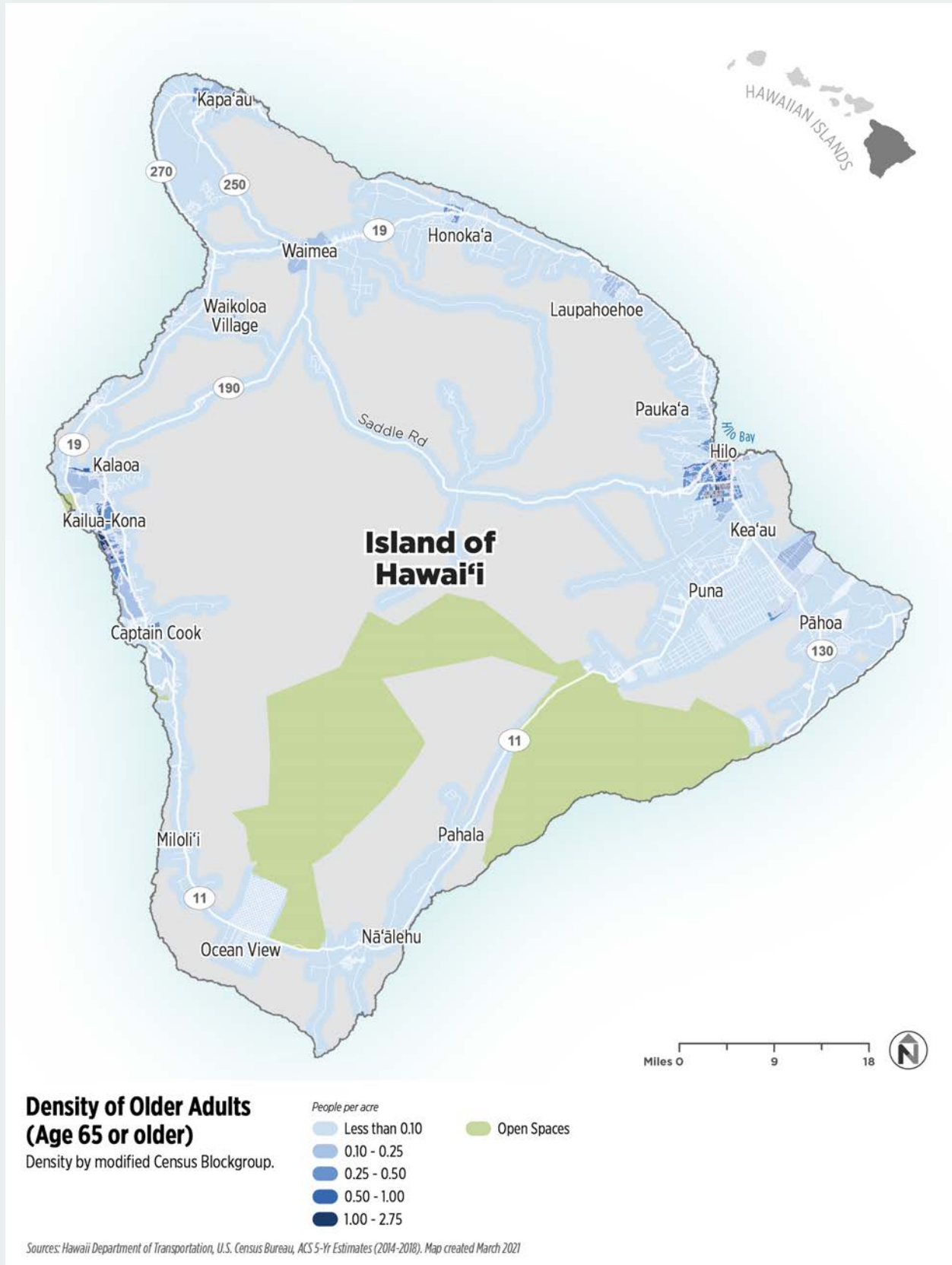
The population of adults age 65 years and older in the county grew by 66% in the past decade, and now accounts for 20% of the total county population. While the population of older adults in the county has grown at a steeper rate than the state, the proportion of older adults in the county remains nearly the same as the proportion of older adults statewide (Figure 2-5). The spatial-density

distribution of older adults in the county can be seen in Figure 2-6. Concentrations of older adults can be found in Hawai'i County's largest population centers, including Hilo, Kailua-Kona, and Hawai'ian Paradise Park. Smaller pockets with notable concentrations include Captain Cook on the west coast, Ainaloa off State Route 130, and the northern shore centers of Kapa'au, Honoka'a, Pauka'a, and Laupahoehoe.

Figure 2-5 Hawai'i County Residents Age 65 Years or Older

	2008	% of Population	2019	% of Population	Overall Change (2008-2019)
Hawai'i County	24,239	14%	40,272	20%	66%
State of Hawai'i	190,067	15%	253,606	18%	33%

Source: 2008/2019 5-Year ACS Estimates





Individuals with Disabilities

The population of people living in the county who have a disability has dramatically increased over the last decade, when compared with the state (Figure 2-7). However, the share of population of people living with a disability has remained relatively stable. The spatial-density distribution of people in the county who have a disability can be seen in Figure 2-8. There are relatively higher

concentrations of people with disabilities on the Island's largest populations centers, except for Kalaoa (which is estimated to have less than 0.1 people with disabilities per acre). Smaller pockets with notable concentrations include Captain Cook on the west coast, Ainaloa off State Route 130, and the northern shore centers of Kapa'au, Honokaa, and Pauka'a.

Figure 2-7 Hawai'i County Residents with a Disability

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Hawai'i County	24,068	13%	28,892	14%	37%
State of Hawai'i	140,600	11%	153,915	11%	9%

Source: 2010 1-Year ACS Estimates and 2019 5-Year ACS Estimates. 2010 1-Year ACS Estimates were used in place of 2008 estimates due to data unavailability.



Figure 2-8 Spatial-Density Distribution of Hawai'i County Residents with a Disability



Density of People with Disability

Density by modified Census Blockgroup.

People per acre

- Less than 0.10
- 0.10 - 0.25
- 0.25 - 0.50
- 0.50 - 1.00
- 1.00 - 1.75

Open Spaces

Sources: Hawaii Department of Transportation, U.S. Census Bureau, ACS 5-Yr Estimates (2014-2018). Map created March 2021



“The Big Island needs more frequent and affordable public buses...at the moment, it’s very limited.”

Survey Participant

Individuals Living Below the Poverty Level

The overall share of people living below the poverty level² in the county remained relatively stable over the past decade, increasing slightly from 13% in 2008 to 15% in 2019. People living in poverty account for 15% of the county, which is higher than the statewide rate of 9% (Figure 2-9). The spatial-density distribution of people in the county who are living below the poverty level can be seen in Figure 2-10.

Locations with relatively higher densities of people experiencing poverty include the centers of Hilo, Kailua-Kona, Ainaloa, Captain Cook, Kapa’au, and Honoka’a. Although less pronounced than the center city, the outskirts of central Hilo (near the Municipal Golf Course to the south and Kaumana Springs Wilderness to the west) also have concentrations of people living below the poverty level.

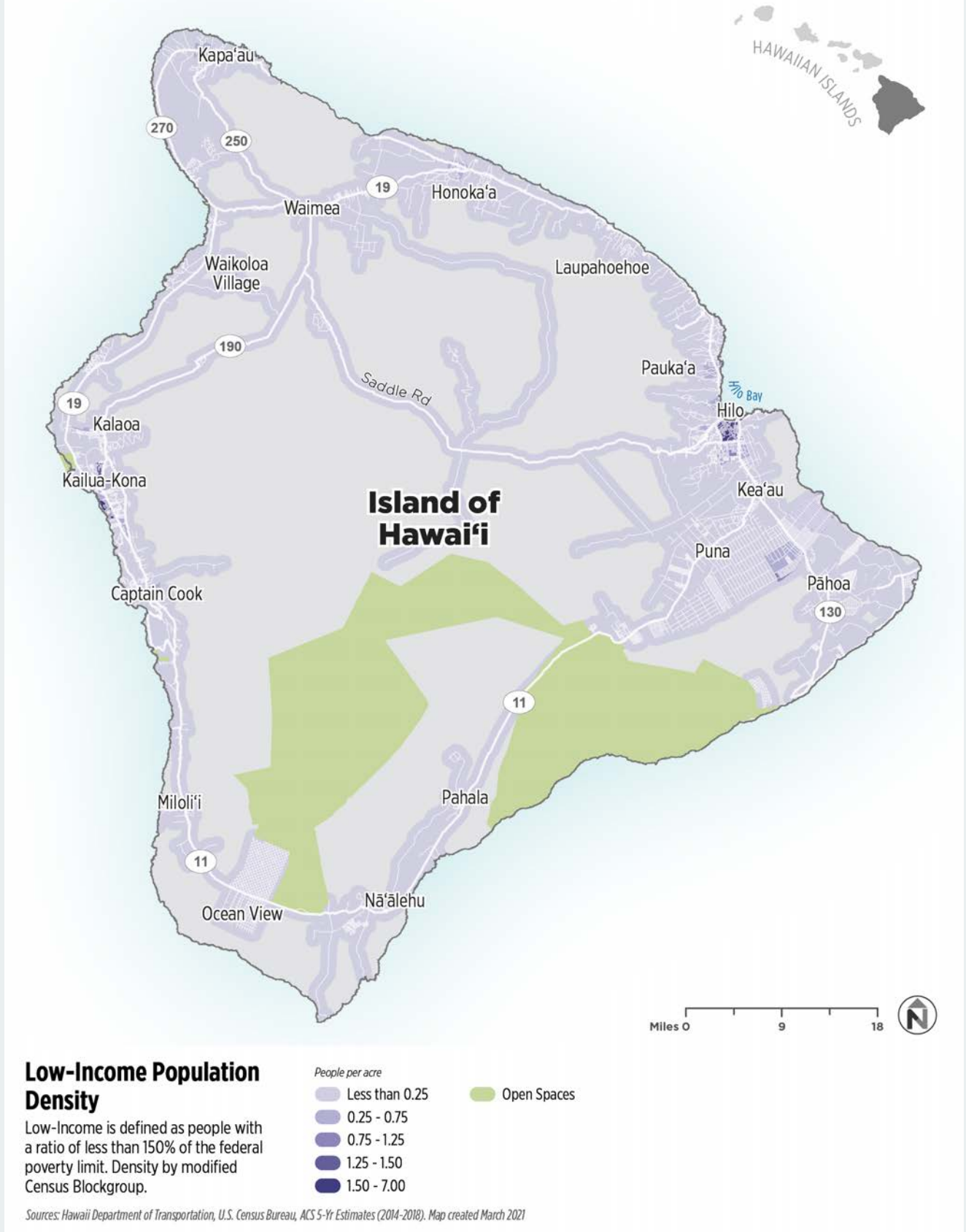
Figure 2-9 Hawai'i County Residents Living Below Poverty Level

	2008	% of Population	2019	% of Population	Overall Change (2008-2019)
Hawai'i County	22,852	13%	30,632	15%	34%
State of Hawai'i	115,937	9%	130,649	9%	13%

Source: 2008/2019 5-Year ACS Estimates

² According to the U.S. Census Bureau, poverty thresholds vary by the size of the family and age of the members. The threshold for a family of four with two children under 18 years old was \$25,926 in 2019.

Figure 2-10 Spatial-Density Distribution of People Living Below the Poverty Level in Hawai'i County





Private Motor Vehicle Access

As shown in Figure 2-11, Hawai'i County has a very low rate of households that do not have access to a private motor vehicle (about 2% of county households). As the rates of unemployment and poverty in the county remain comparable or below those of the state,

the most likely factors of automobile-centric travel choices and behaviors are still limited access to, and availability of, frequent, quality, convenient transit services, as well as low density patterns.³

Figure 2-11 Zero-Vehicle Households in Hawai'i County

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Hawai'i County	3,452	2%	3,457	2%	0.1%
State of Hawai'i	38,253	3%	37,128	3%	-2.9%

Source: 2010 ACS 1-Year Estimates were used in place of 2008 5-Year Estimates due to data unavailability

³ https://www.fhwa.dot.gov/policy/otps/nextgen_stats/chap8.cfm

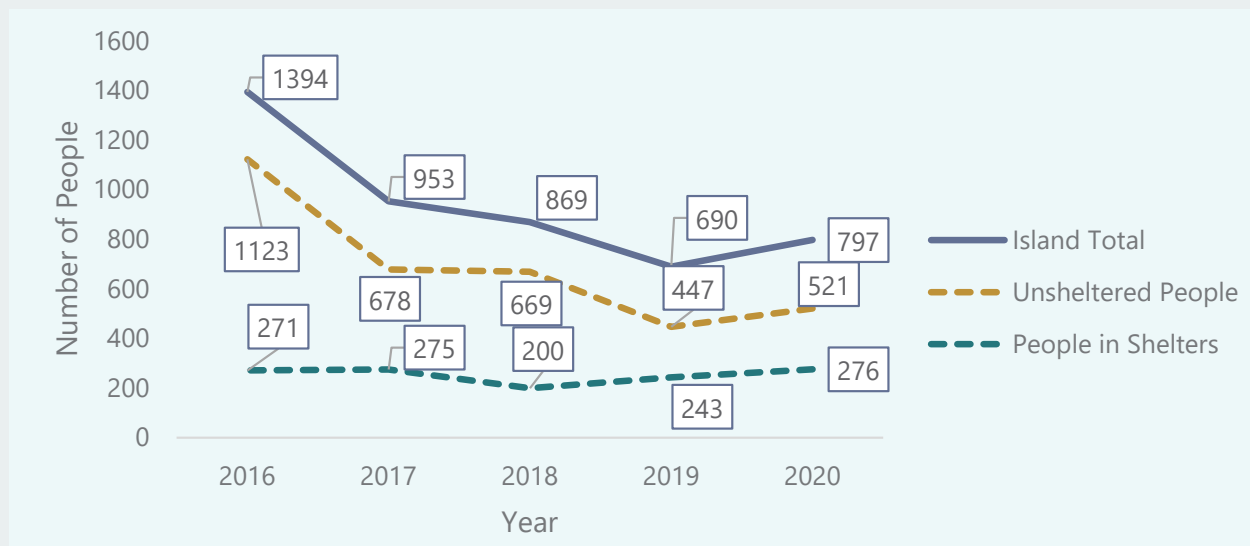


Unhoused Population

The number of people experiencing homelessness in the county has been steadily declining since 2016 despite some notable year-over-year fluctuations (Figure 2-12). Of the 797 people experiencing homelessness on the Big Island, 35% are in shelters and 65% are unsheltered. The share of people in shelters has increased since 2016, from 19% to 35%.

The share of unsheltered people has decreased from 81% in 2016 to 65% in 2020. Although there is a trend of people experiencing homelessness being proportionately more likely to be sheltered, existing shelters in Hawai'i Island may be nearly at capacity (even after expanding as recently as 2019).⁴

Figure 2-12 Hawai'i Island Homelessness, 2016-2020



Data Source: Homeless Point-in-Time Count, January 2020, State of Hawai'i, Hawai'i Public Housing Authority

⁴ <https://www.Hawaiinewsnow.com/2019/11/09/weeks-after-opening-new-big-island-homeless-shelter-nearly-capacity/>



Race and Ethnicity

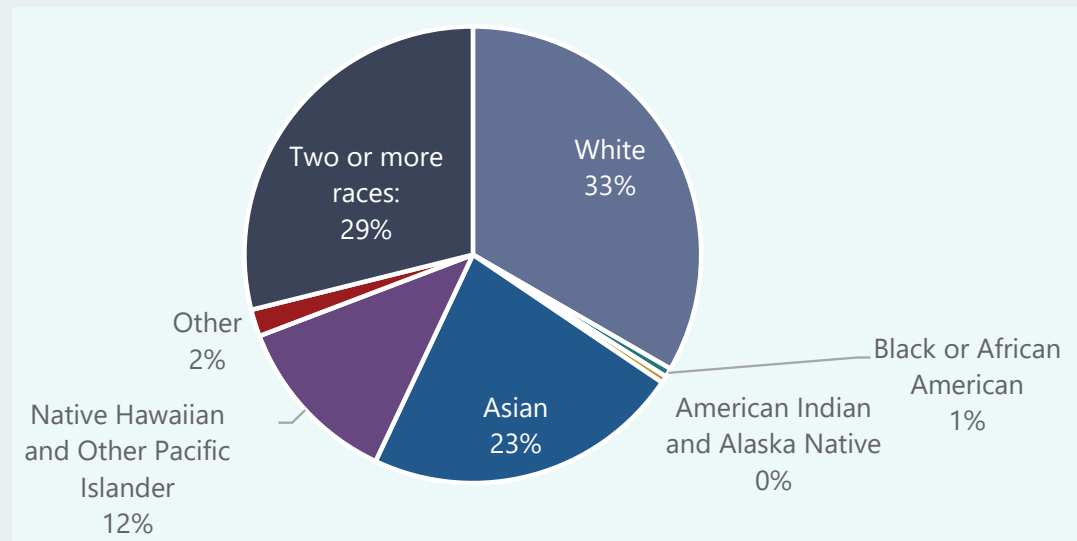
Hawai'i County continues to be a racially diverse county, with no racial demographic constituting a singular majority, and nearly 29% of the population identifying as being of mixed-race (Figure 2-13).

The Hispanic/Latino population, which accounts for approximately 13% of the county's population, is not included in the chart as a distinct category because it is an ethnicity and not tracked as a separate race in Census data.

Compared to the entire State of Hawai'i, there is a higher proportion of people identifying as White, Hispanic/Latino, and mixed race in Hawai'i County.

About 64% of the population speak only English at home, and about 23% speak an Asian or other Pacific Islander language at home, with the remaining 13% consisting of Spanish (4%) and other languages. Of the people who speak a language other than English at home, about 28% speak English less than "very well."

Figure 2-13 Hawai'i County Population by Race



Source: 2019 ACS 5-Year Estimates

Economic Indicators

The following section includes information related to major employers in the County of Hawai'i, unemployment rates, and the

economic impacts of the COVID-19 pandemic on the county.

Major Employers and Industries

Government remains a major economic sector in the County of Hawai'i, with sectors such as hospitality still highly reliant on revenue generated from the tourist economy. Hawai'i County employs approximately 2,700 people, which accounts for nearly 4% of employment in the county. The Four Seasons Resort in

Kailua-Kona remains the largest private-sector employer in the county, followed by Mauna Kea and Hapuna Prince Resorts (Figure 2-14). KTA Super Stores, the largest retail-based employer on the Island, covers at least six locations in Kailua-Kona, Waikaloa Village, Waimea, and Hilo.

Figure 2-14 Hawai'i County Major Employers⁵

Employer	Primary Location	Employees	% of County Employment
County of Hawai'i	Hilo	2,700	3.7%
Four Seasons Resort Hualalai	Kailua-Kona	1,300	1.8%
Mauna Kea and Hapuna Prince Resorts	Waimea	1,100	1.5%
Hilton Waikoloa Village	Waikoloa	920	1.3%
KTA Super Stores	Multiple locations	850	1.2%
The Fairmont Orchid, Hawai'i	Waimea	700	1.0%
Waikoloa Beach Marriott Resort & Spa	Waikoloa	300	0.4%
Securitas Security Services, USA Inc.	Multiple locations	300	0.4%

Source: County of Hawai'i Comprehensive Annual Financial Report for the Fiscal Year Ended June 30, 2020

⁵ Note: Does not include people employed by the State of Hawai'i or the Federal Government



Demographics

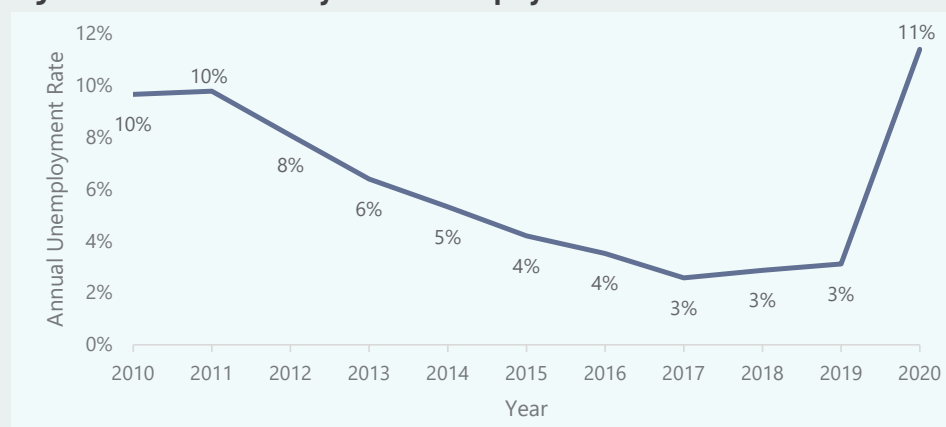
Hawai'i County

Unemployment

In the decade prior to 2020, the economy of Hawai'i County appeared to be strong, with unemployment figures declining nearly every year and sustaining a low of 3% of the workforce (fewer than 3,000 people) between 2017 and 2019 (Figure 2-15). However, Hawai'i County was not immune to the economic

downturn associated with the COVID-19 pandemic, with the annual unemployment rate spiking up eight points in 2020 to 11% of the workforce. The impact of the COVID-19 pandemic on employment is further detailed in the following section.

Figure 2-15 Hawai'i County Annual Unemployment Rate Over Time



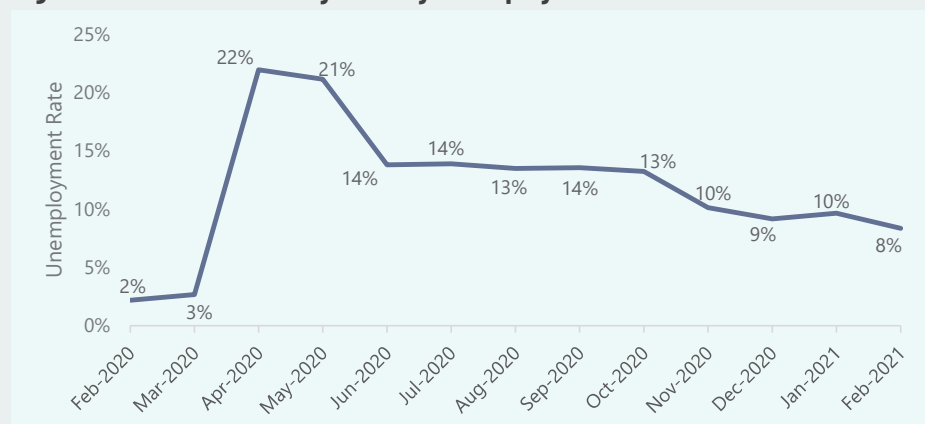
Data Source: Hirenet Hawai'i, Local Area Unemployment Statistics (LAUS)

COVID-19 Pandemic Impact and Recovery

Employment in Hawai'i County was particularly hit hard by the quarantine and subsequent restrictions associated with the COVID-19 pandemic in 2020. The unemployment rate spiked from about 3% of the workforce at the start of March to nearly 22% of the workforce (about 19,000 people) through April (Figure 2-16). When quarantine measures began lifting in June of 2020, the employment rate saw a slight recovery, but about 14% of the workforce remained unemployed throughout

the summer and fall as continued restrictions limited the potential recovery of the tourism industry. As restrictions eased beginning in the fall of 2020, the unemployment rate declined further, and remained in the 8% to 10% range (about 7,000 to 9,000 people) between November of 2020 and February of 2021. It is also worth noting, however, that the number of people in the workforce in Hawai'i County declined by nearly 2,000 between February of 2020 and February of 2021.

Figure 2-16 Hawai'i County Monthly Unemployment Rate Since Onset of COVID-19 Pandemic



Data Source: Hirenet Hawai'i, Local Area Unemployment Statistics (LAUS)

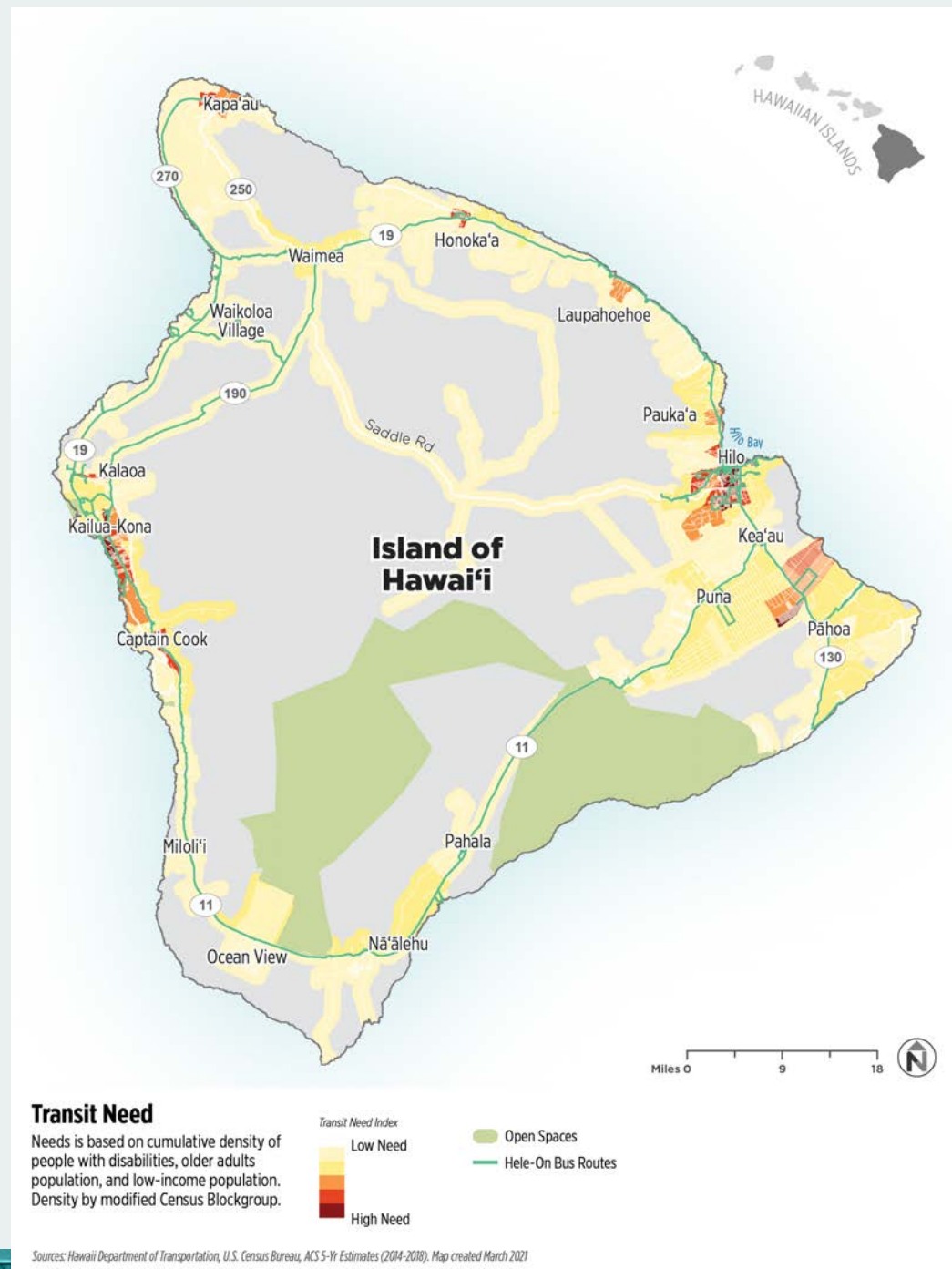
Distribution of Transit Need

Transit propensity is a concept that seeks to identify potential (or likely) areas of increased transit need based on spatial geographic and socioeconomic factors. Figure 2-17 illustrates the areas within the Hawai'i County that likely have the greatest need for public transportation services based on a transit propensity analysis that identifies the cumulative densities of demographic populations most often associated

with high transit need, such as people aged 65 or older, people with disabilities, and people living below the poverty level.

Transit need is often closely aligned with the areas that have the highest population density. As is the case in Hawai'i County, areas with high concentrations of transit need include Hilo, Kailua-Kona, and Hawai'ian Paradise Park.

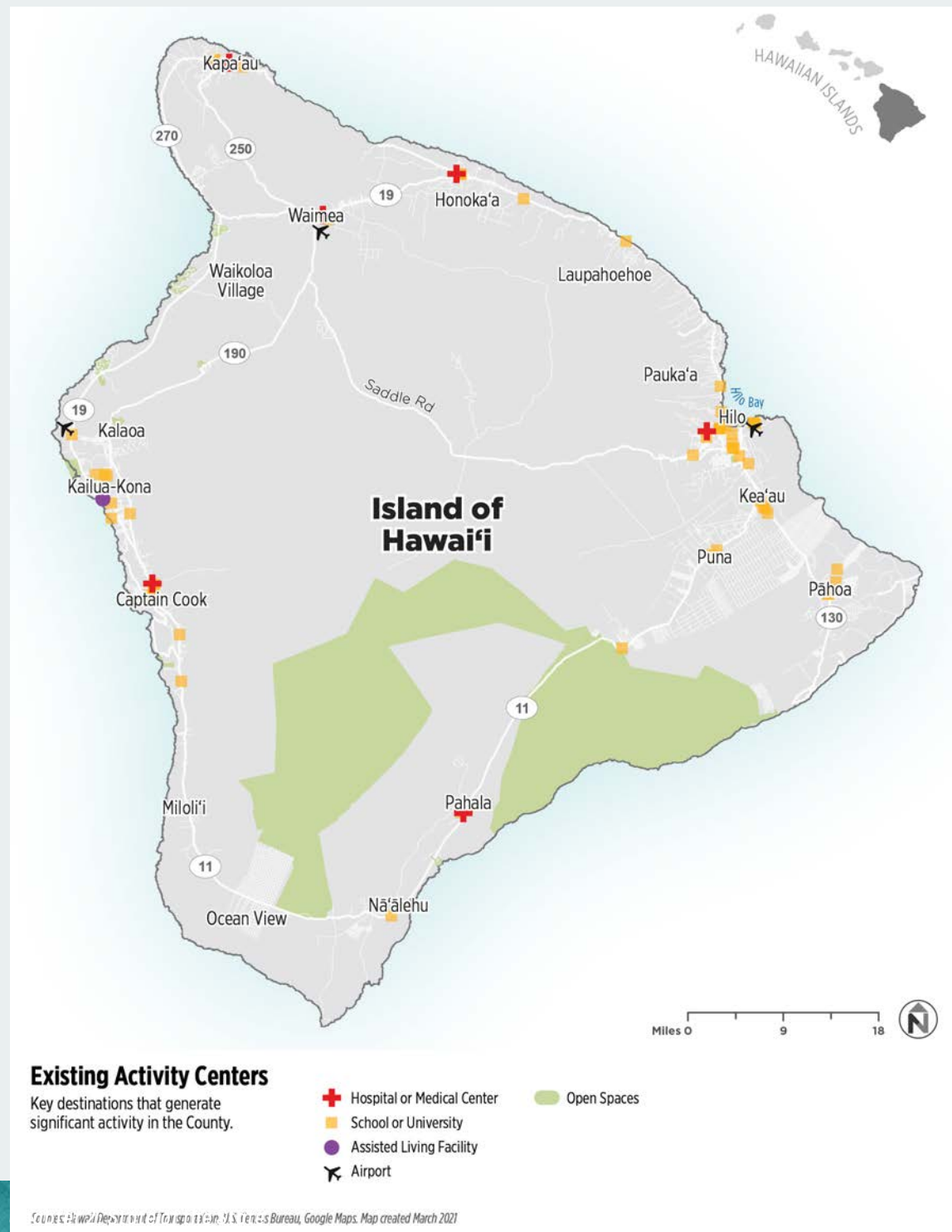
Figure 2-17 Hawai'i County Transit Need



Activity Centers and Travel Patterns

The expansive geography of the Big Island makes travel difficult and time-consuming. Population and activity do not stray far from coastal town centers around the island, with two main activity centers in Hilo and Kailua-Kona (Figure 2-18). Target population groups (people age 65 years or older, people living in poverty, and people with disabilities) are likely to travel to medical facilities such as the Hilo Medical Center or other clinics throughout the island, as well as in and between their own respective communities. Because of the scale and topography of the island, many residents, particularly in rural areas, must travel long distances to access medical care.

Figure 2-18 Hawai'i County Existing Public Activity Centers



Kaua'i County Demographics

Kaua'i County is comprised of the islands of Kaua'i, Ni'ihau, Lehua, and Ka'ula, and has a total population of about 72,000 people (Figure 2-19). About 5% of the state's population lives in Kaua'i County, but the County's population has grown at twice the rate as the state overall in the past decade. Because Lehua and Ka'ula are uninhabited, and Ni'ihau is entirely privately held with fewer than 200 residents, nearly the entire population of Kaua'i County essentially resides on Kaua'i Island.

Figure 2-19 Total Population of Kaua'i County

	2010	2019	Change
Kaua'i County	65,460	71,769	10%
<i>State of Hawai'i</i>	<i>1,360,301</i>	<i>1,422,094</i>	<i>5%</i>

Source: 2010 Census, 2019 5-Year ACS Estimates

The population density of the County is about 115 persons per square mile, but most of the population live in towns and villages located around the periphery of Kaua'i island, while the vast inner land area of the island is nearly uninhabited. The population centers of Kaua'i County (communities with 1,500 or more residents) are shown in Figure 2-20. The largest community in the County, Kapa'a, has remained population stable over the past decade, while five communities (Hanamā'ulu, Puhi, Ele'ele, Wailua, Kōloa) saw significant growth of between 25% and 35%, and two other communities (Lāwa'i and Princeville) had notable declines.

Figure 2-20 Kaua'i County Population Centers

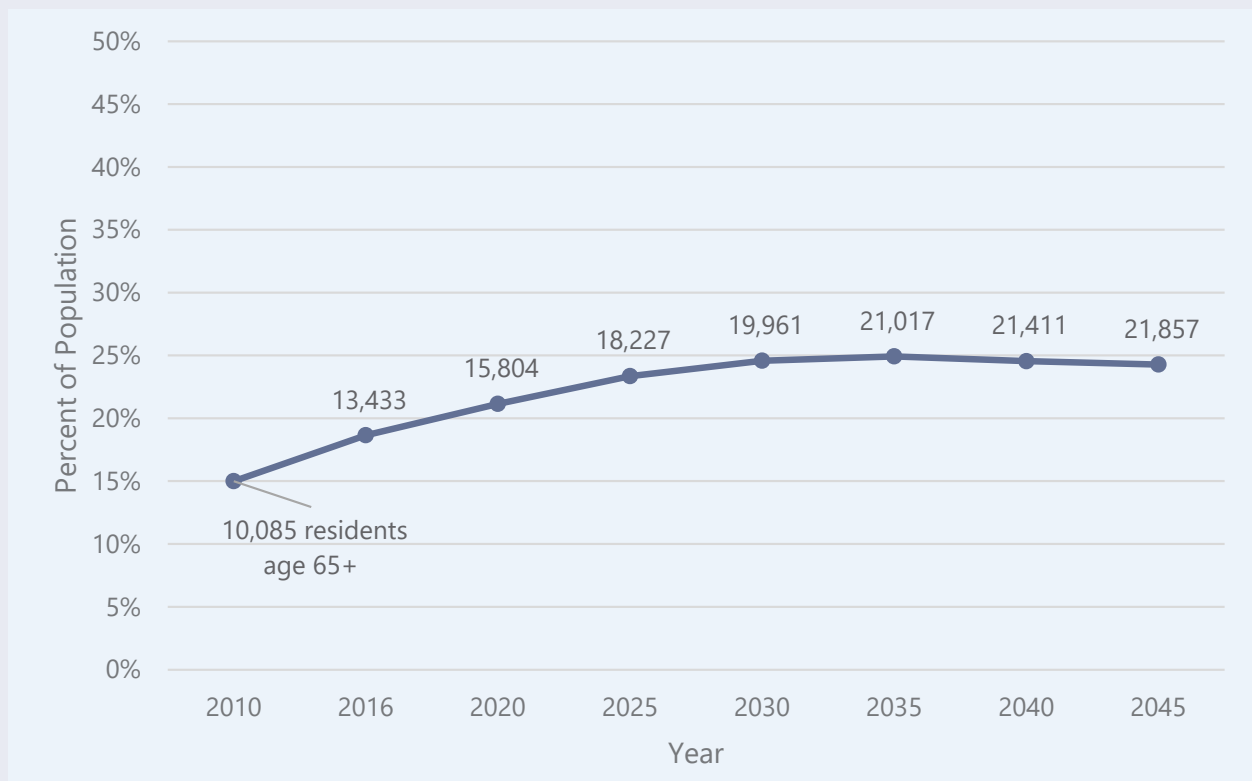
Location	2010 Population	2019 Population	Change
Kapa'a	10,699	10,580	-1%
Līhu'e	6,455	7,267	13%
Wailua Homesteads	5,188	6,117	18%
Kalāheo	4,595	5,487	19%
Hanamā'ulu	3,835	5,150	34%
Puhi	2,906	3,850	32%
Kekaha	3,537	3,442	-3%
Ele'ele	2,390	3,145	32%
Wailua	2,254	2,915	29%
Hanapēpē	2,638	2,834	7%
Kōloa	2,144	2,739	28%
Kilauea	2,803	2686	-4%
Anahola	2,223	2311	4%
Lāwa'i	2,363	2047	-13%
Waimea	1,855	1865	1%
Princeville	2,158	1669	-23%

Source: 2010 Census, 2019 5-Year ACS Estimates

Kaua'i County's population is aging. The share of older adults, age 65 and older, is expected to continue increasing until 2035 (Figure 2-21). By 2045, the population of older adults is expected

to be approximately 22,000 or 24% of the total population. An increasing share of older adults has notable implications on the provision of transportation services.

Figure 2-21 Population Projection of Older Adults in Kaua'i County



Source: Population and Economic Projections for the State of Hawai'i to 2045, June 2018. State of Hawai'i, Department of Business, Economic Development and Tourism.



Target Populations

The primary focus of the HDOT CSP 2020+ is to improve transportation options and access to services for the following target population groups: older adults (age 65 and older), individuals with disabilities, and people living below the poverty level. These groups have historically had less access to personal vehicles, or have otherwise been transit

dependent, both conditions that can make mobility a distinct challenge, particularly in non-urban areas with low population densities and limited public transit services. The County and State's populations of people who fall into these demographic groups is further described in the sections that follow.

Figure 2-22 Kaua'i County Target Populations

	2010	2019	Overall Change (2010-2019)
Total Population	65,460	71,769	10%
Age 65 and Older	9,492	13,859	46%
Individuals with a Disability (Age 5+)	8,989	6,899	-23%
Individuals Living in Poverty	7,636	5,752	-25%

Source: 2010 and 2019 5-Year ACS Estimates

"Saturday service
is a blessing."

Survey Participant



Older Individuals

The population of adults age 65 years and older in the County grew by nearly 50% in the past decade, and now makes up about one-fifth of the total County population. While the population of older adults has grown at a steeper rate than the state, the proportion of older adults in the County remains nearly the same as the proportion of older adults statewide (Figure 2-23).

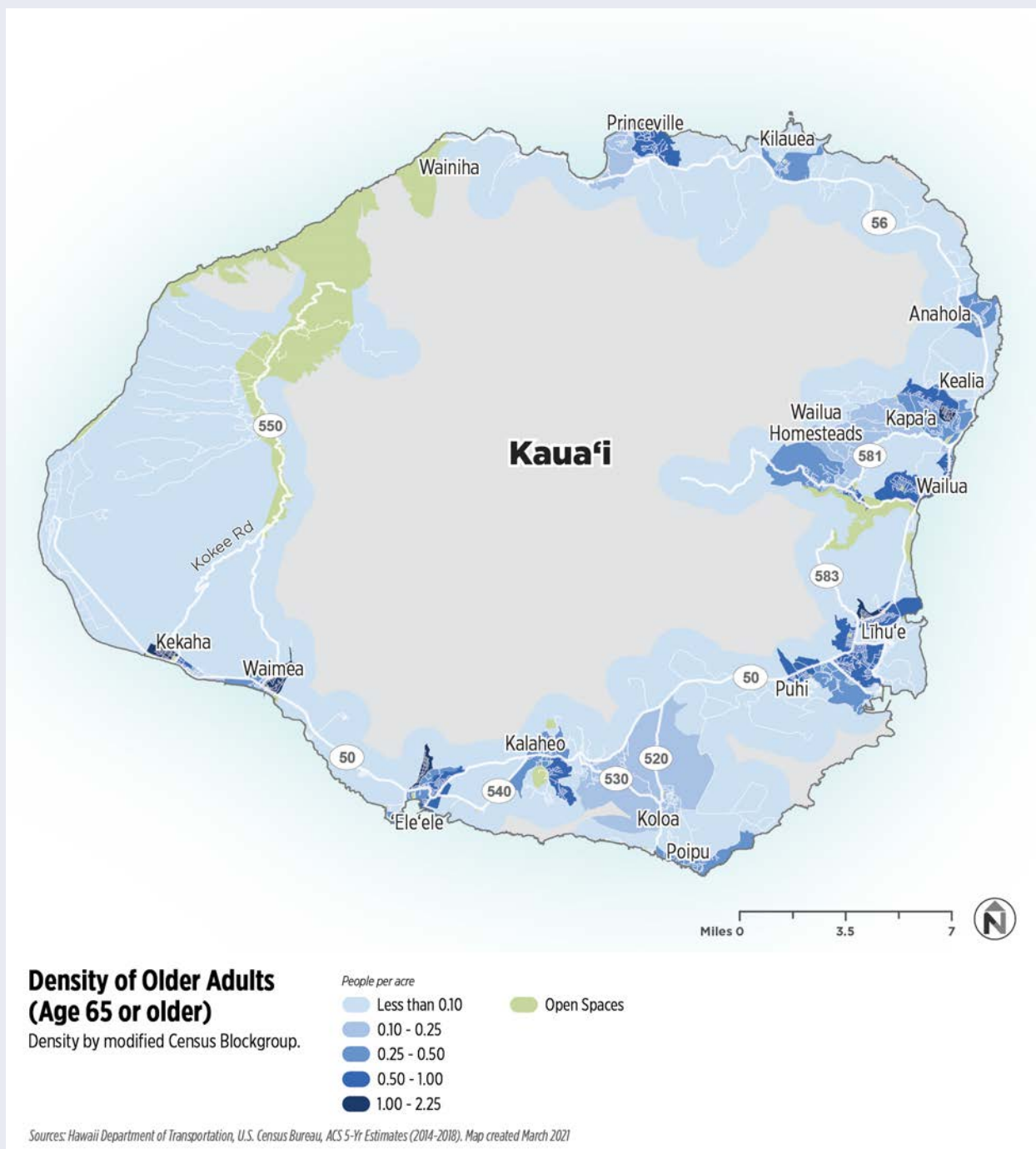
The spatial-density distribution of older adults in the County can be seen in Figure 2-24 on the next page. Areas with relatively higher concentrations of older adults include central Kapa'a, Kekaha, Waimea, and Hanapepe.

Figure 2-23 Kaua'i County Residents Age 65 Years or Older

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Kaua'i County	9,492	15%	13,859	19%	46%
<i>State of Hawai'i</i>	<i>190,442</i>	<i>14%</i>	<i>253,606</i>	<i>18%</i>	<i>33%</i>

Source: 2010 U.S. Census, 2019 5-Year ACS Estimates

Figure 2-24 Spatial-Density Distribution of Kaua'i County Residents Age 65 or Older





Individuals with Disabilities

The population of people living in the County who have a disability decreased considerably, by nearly 25%, in the past decade despite nearly 10% growth of the number of people in the state who have a disability in the same decade. As a result, people with a disability in Kaua'i County now make up 10% of the population (down from 14% in 2010), which brings the County more in line with the statewide rate (Figure 2-25). The spatial-

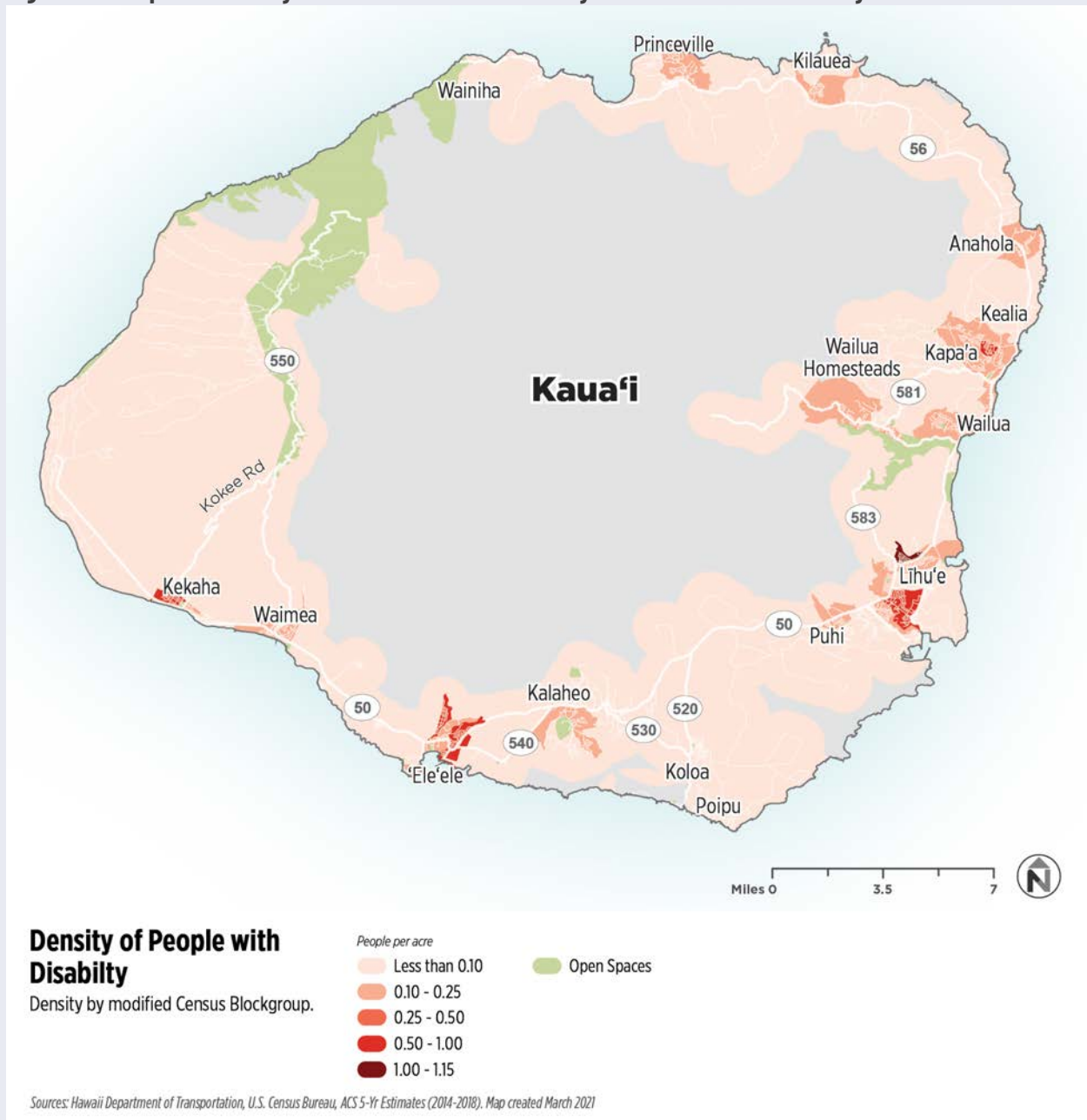
density distribution of people who have a disability can be seen in Figure 2-26. Līhu'e (home to an adult day care) and Hanamā'ulu just to the north are among the locations with a relatively high density of people with disabilities. Another concentration is around Hanapepe and 'Ele'ele. Central Kapa'a and other coastal population centers like Kekaha are also home to a significant number of people with disabilities.

Figure 2-25 Kaua'i County Residents with a Disability

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Kaua'i County	8,989	13%	6,899	10%	-23%
State of Hawai'i	140,600	10%	153,915	11%	9%

Source: 2010 1-Year ACS Estimates and 2019 5-Year ACS Estimates. 2010 1-Year ACS Estimates were used in place of 2008 estimates due to data unavailability.

Figure 2-26 Spatial-Density Distribution of Kaua'i County Residents with a Disability





Individuals Living Below the Poverty Level

The population of people living below the federal poverty level⁶ in the County decreased by about 25% in the past decade, a much sharper decrease than statewide. In fact, despite accounting for only 4% to 5% of the statewide total of people living in poverty, the decrease in Kaua'i County accounted for about 16% of the statewide decrease. As a result, people living in poverty now make up 8% of the County population (down from 12% in 2010), which brings the County slightly below the statewide rate (Figure 2-27).

The spatial-density distribution of people in the County who are living below the poverty level can be seen in Figure 2-27. Hanapepe, coastal Kapa'a, central Lihu'e, and Hanamā'ulu are among the areas with the highest relative density of people living below the poverty level.

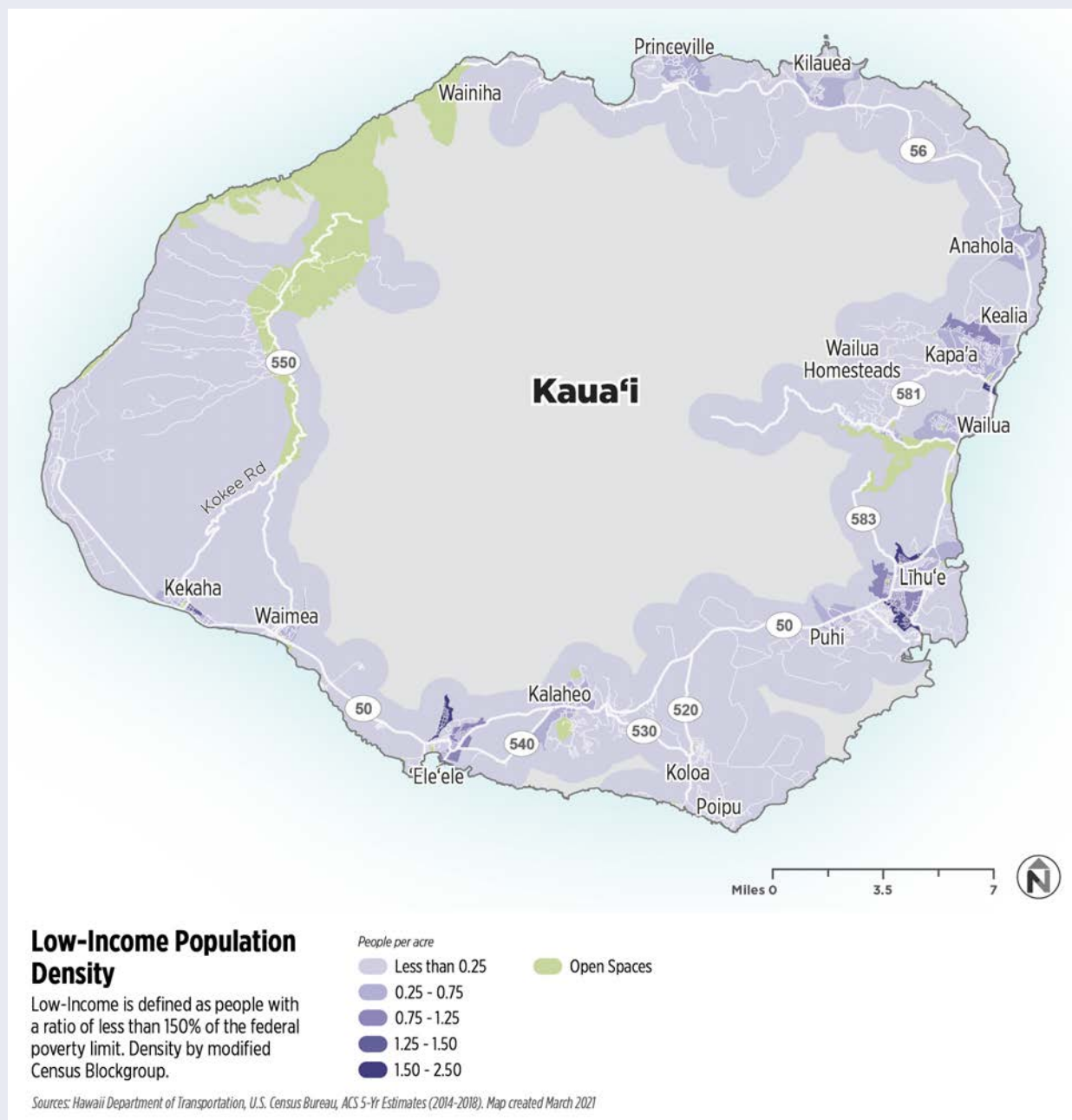
Figure 2-27 Kaua'i Residents Living Below Poverty Level

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Kaua'i County	7,636	12%	5,752	8%	-25%
<i>State of Hawai'i</i>	<i>142,185</i>	<i>10%</i>	<i>130,649</i>	<i>9%</i>	<i>-8%</i>

Source: 2010 1-Year and 2019 5-Year ACS Estimates

⁶ According to the U.S. Census Bureau, poverty thresholds vary by the size of the family and age of the members. The threshold for a family of four with two children under 18 years old was \$25,926 in 2019.

Figure 2-28 Spatial-Density Distribution of People Living Below the Poverty Level in Kaua'i County





Private Motor Vehicle Access

Kaua'i County has a very low rate of households that do not have access to a private motor vehicle (about 1% of County households; Figure 2-29). In fact, the County rate is less than half of the rate of the State (about 3% of households statewide). As the income levels and rates of unemployment and poverty in

the County remain comparable or favorable to those of the State, limited access to, and availability of, frequent, quality, convenient transit services, as well as low density patterns, are still the most likely drivers of automobile-centric travel choices and behaviors.⁷

Figure 2-29 Zero-Vehicle Households in Kaua'i County

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Kaua'i County	991	2%	900	1%	-9%
State of Hawai'i	38,253	3%	37,128	3%	-3%

Source: 2010/2019 5-Year ACS Estimates

7 https://www.fhwa.dot.gov/policy/otps/nextgen_stats/chap8.cfm



Unhoused Population

The number of people experiencing homelessness on the island of Kaua'i has remained relatively stable since 2016 despite some notable year-over-year fluctuations (Figure 2-30). In each of the successive years between 2018 and 2020, the number and share of people experiencing homelessness

who were residing in a shelter has been steadily declining (from 36% in 2018 to 13% in 2020), while the number and share of people experiencing homelessness who are unsheltered has been increasing (from 64% in 2018 to 87% in 2020).

Figure 2-30 Kaua'i Island Homelessness Summary, 2020



Data Source: Homeless Point-in-Time Count, January 2020, State of Hawai'i, Hawai'i Public Housing Authority

Race and Ethnicity

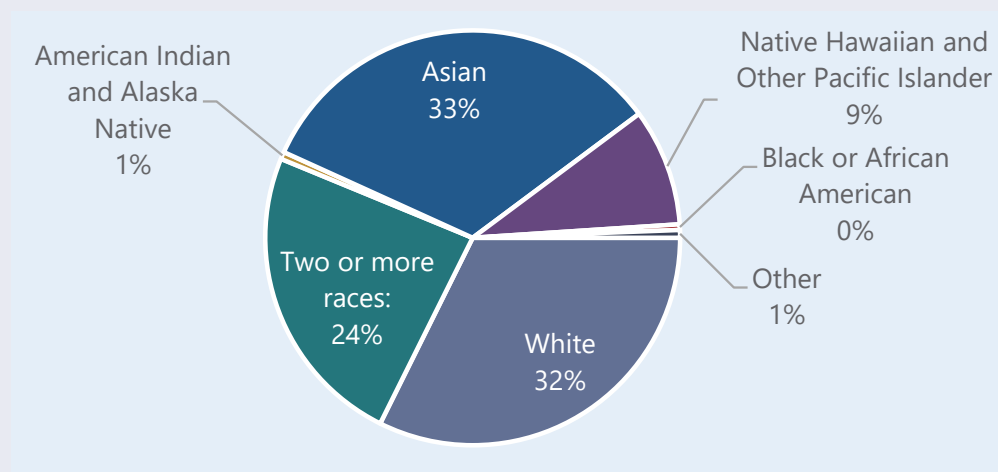
Kaua'i continues to be a racially diverse County, with no racial demographic constituting a singular majority, and almost one-quarter of the population identifying as mixed-race (Figure 2-31).

The Hispanic/Latino population, which accounts for approximately 11% of the County's population, is not included in the chart as a distinct category because it is an ethnicity and not tracked as a separate race in Census data.

Compared to the entire State of Hawai'i, there is a higher proportion of people identifying as American Indian/Alaska Native, Hispanic/Latino, and White in Kaua'i.

About 80% of the population speak only English at home, and about 18% speak an Asian or other Pacific Islander language at home, with the remaining 2% consisting of Spanish and other languages. Of the people who speak a language other than English at home, over 40% speak English less than "very well."

Figure 2-31 Kaua'i County Population by Race



Source: 2019 5-Year ACS Estimates

Economic Indicators

The following section includes information related to major employers in the County of Kaua'i, unemployment rates, and the economic impacts of the COVID-19 pandemic on the County.

Major Employers and Industries

The travel/tourism/hospitality industry remains a major economic sector in the County of Kaua'i, with related sectors such as food and dining still highly reliant on revenue generated from the tourist economy. Public and healthcare-related services are also key sources of employment and economic activity, and the County of Kaua'i is the largest single employer on Kaua'i island (Figure 2-32).

The Grand Hyatt Kaua'i Resort & Spa in Koloa remains the largest private-sector employer on the island and is also the largest single

employment site on the island. Another of the major resort sites, Princeville Resort, initiated a pre-planned renovation in 2020⁸ and is anticipated to remain closed until at least late 2021.⁹ Prior to closure, this site was behind only to Grand Hyatt Kaua'i Resort & Spa and Wilcox Medical Center in terms of number of private-sector and single-site employees on the island, at over 600 employees.¹⁰ Upon reopening (as 1 Hotel Hanalei Bay), it is possible that this site will retain or increase its previous employment figures.

Figure 2-32 Kaua'i County Major Employers¹¹

Employer	Primary Location	Employees	% of County Employment
County of Kaua'i	Līhu'e	1,320	3.44%
Grand Hyatt Kaua'i Resort & Spa	Koloa	927	2.42%
Wilcox Health	Līhu'e	749	1.96%
'Ohana Pacific Management Co.	Līhu'e, Ōma'o	371	0.97%
Kaua'i Veterans Memorial Hospital	Waimea	289	0.75%
Shioi Construction Inc.	Līhu'e	167	0.44%
Koa Kea Hotel & Resort	Koloa	160	0.42%
Kaua'i Island Utility Cooperative	Līhu'e	140	0.37%
Samuel Mahelona Memorial Hospital	Kapa'a	138	0.36%
Securitas Security Services USA Inc.	Līhu'e	131	0.34%

Source: County of Kaua'i Comprehensive Annual Financial Report for the Fiscal Year Ended June 30, 2020

⁸ <https://www.thegardenisland.com/2020/01/13/Hawai'i-news/closing-for-renovations/>

⁹ <https://www.travelweek.ca/news/Hawai'i-princeville-resort-closing-in-may-reopening-nov-2021-as-1-hotel-hanalei-bay/>

¹⁰ Ibid

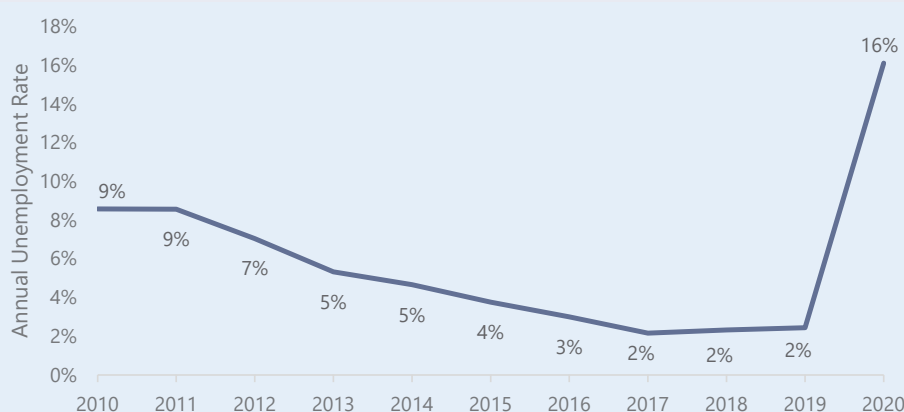
¹¹ Note: Does not include people employed by the State of Hawai'i or the Federal Government

Unemployment

In the decade prior to 2020, the economy of Kaua'i County appears to have been strong, with unemployment figures declining nearly every year and sustaining a low of 2% of the workforce (fewer than 1,000 people) between 2017 and 2019 (Figure 2-33). However, Kaua'i County was not immune to the economic

downturn associated with the COVID-19 pandemic, with the annual unemployment rate spiking up 14 points in 2020 to 16% of the workforce. The impact of the COVID-19 pandemic on employment is further detailed in the following section.

Figure 2-33 Kaua'i County Annual Unemployment Rate Over Time



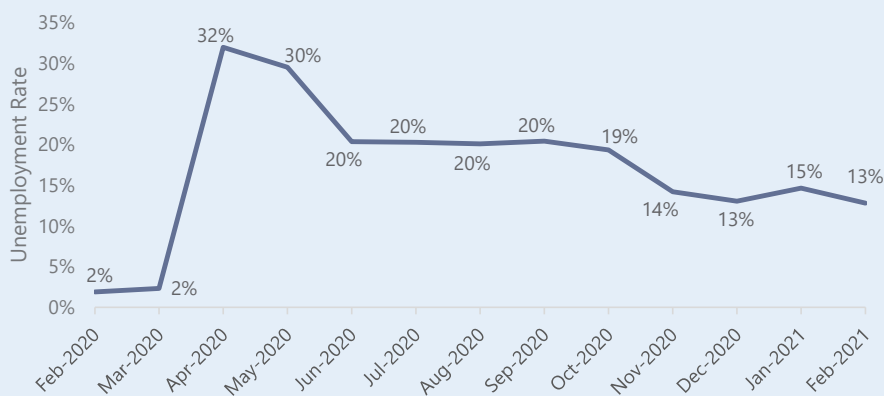
Data Source: Hirenet Hawai'i, Local Area Unemployment Statistics (LAUS)

COVID-19 Pandemic Impact and Recovery

Employment in Kaua'i County was particularly hard hit by the quarantine and subsequent restrictions associated with the COVID-19 pandemic in 2020. The unemployment rate spiked 30 points from about 2% of the workforce at the start of March to nearly one-third of the workforce (about 11,000 people) through April and May (Figure 2-34). When quarantine measures began lifting in June of 2020, the employment rate saw a slight recovery, but about 20% of the workforce remained unemployed throughout the summer

and fall due as continued restrictions limited the potential recovery of the tourism industry. As restrictions eased beginning in the Fall of 2020, the unemployment rate declined further, and remained in the 15% range (about 4,000 to 5,000 people) between November of 2020 and February of 2021. It is also worth noting, however, that the number of people in the workforce in Kaua'i County declined by over 3,000 between February of 2020 and February of 2021.

Figure 2-34 Kaua'i County Monthly Unemployment Rate Since Onset of COVID-19 Pandemic



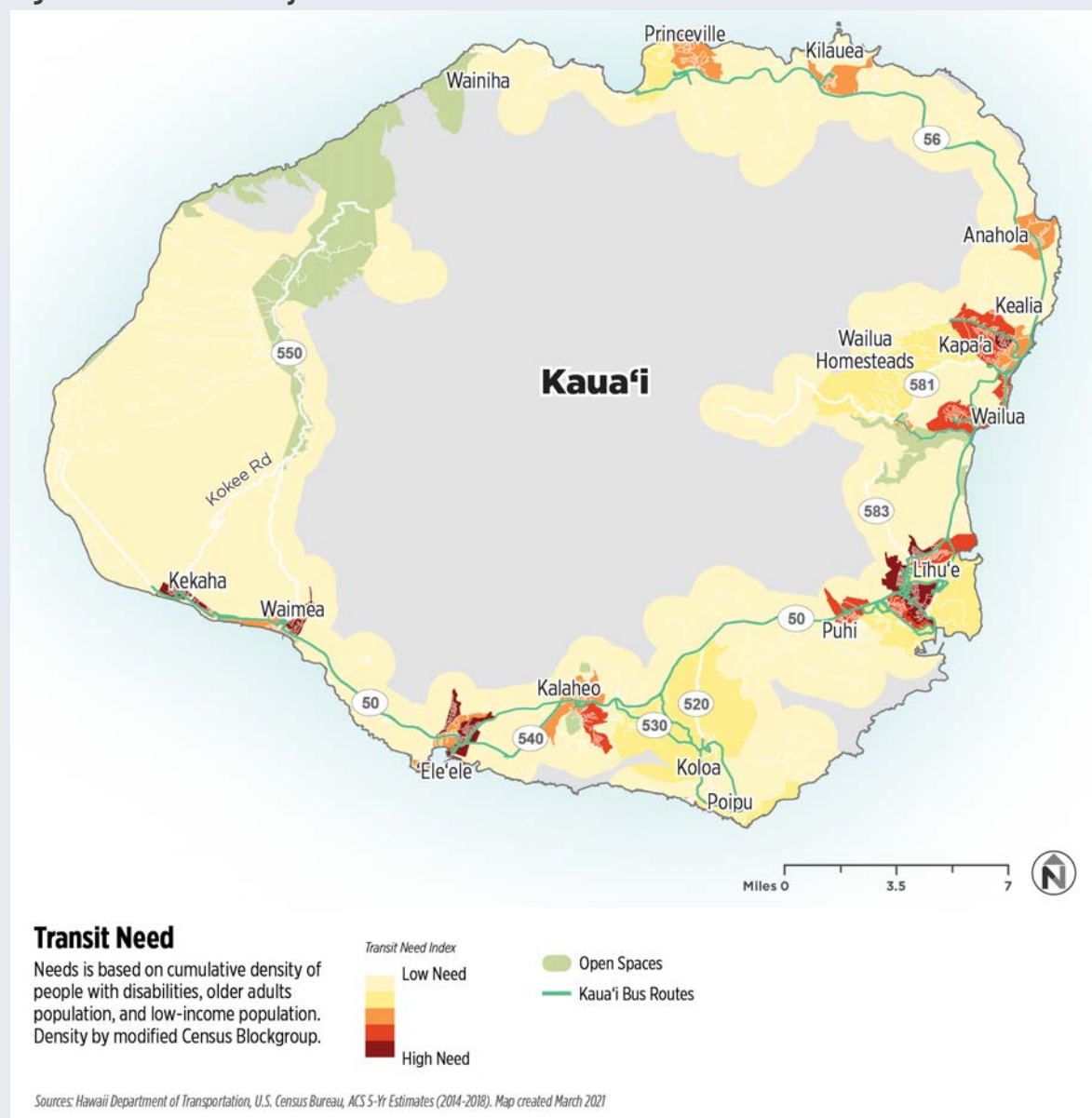
Data Source: Hirenet Hawai'i, Local Area Unemployment Statistics (LAUS)

Distribution of Transit Need

Transit propensity is a concept that seeks to identify potential (or likely) areas of increased transit need based on spatial geographic and socioeconomic factors. Figure 2-35 illustrates the areas within the Kaua'i County that likely have the greatest need for public transportation services based on a transit propensity analysis that identifies the cumulative densities of demographic populations most often associated with high transit need, such as people aged 65 or older, people with disabilities, and people living below the poverty level.

While transit need is often closely aligned with the areas that have the highest density and employment (as it is in this case), some interesting and potentially telling findings emerge nonetheless. For example, while the larger communities of Kapa'a and Līhu'e have several areas of higher transit need, the communities of Kekaha, Waimea, Kalaheo, 'Ele'ele, and Hanapepe also have notably high transit need, despite their relatively smaller populations.

Figure 2-35 Kaua'i County Transit Need



Activity Centers and Travel Patterns

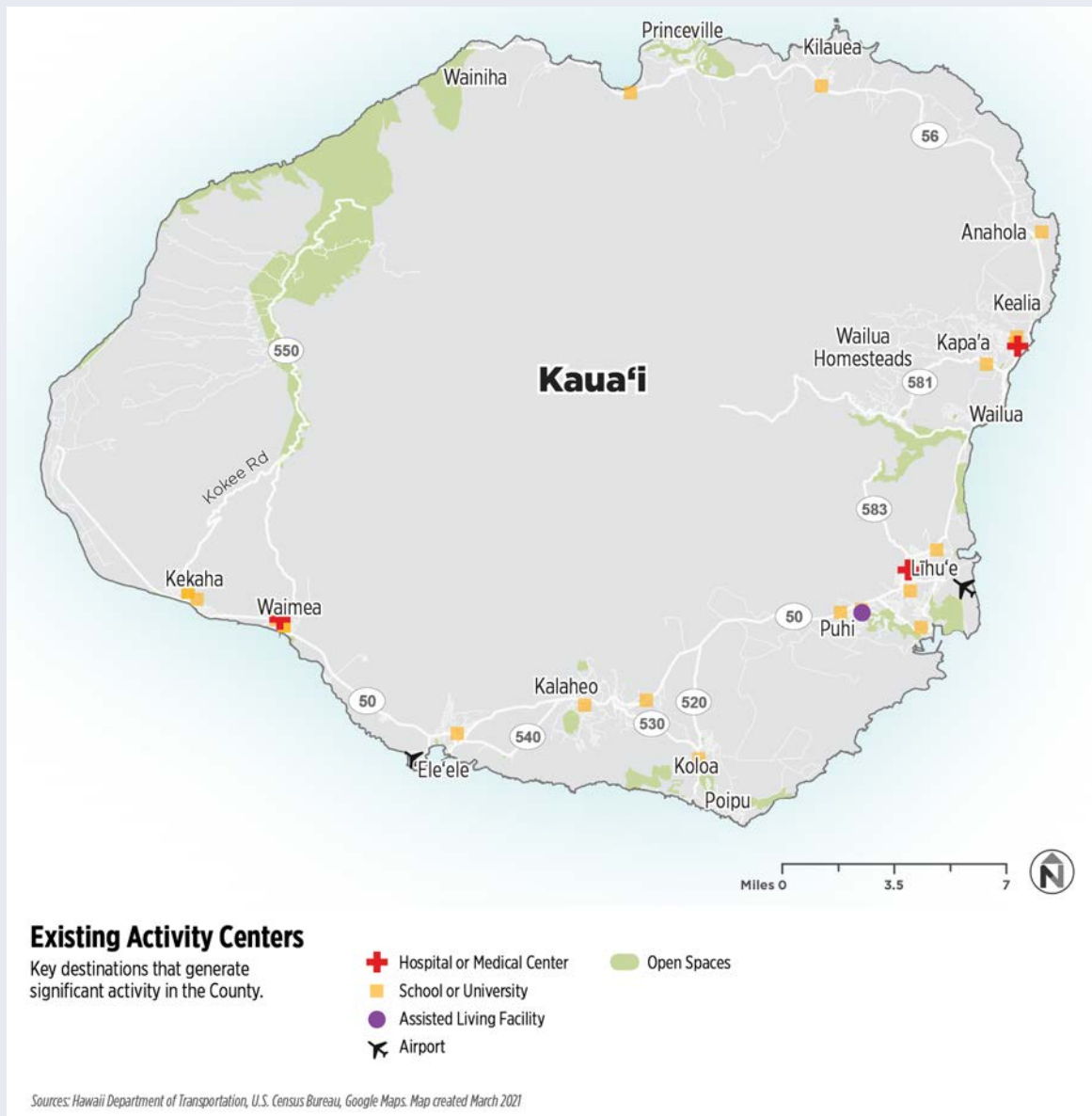
The County of Kaua'i does not contain any major metropolitan areas, and its largest communities are small towns. Population and activity does not stray far from coastal town centers around the island, but particularly in and between Kapa'a, Līhu'e, and Poipu. Between these activity centers, there are essentially two key travel patterns:

- **Tourist-related activity** distributes throughout the coastal areas, but particularly in and between Līhu'e, Poipu, and around Princeville.

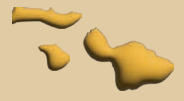
- **Target population groups** (people aged 65 years or over, people with lower incomes, people with disabilities) are more likely to travel between the public agencies, medical facilities, and commercial areas in Līhu'e and the residential areas in the Wailua/ Kapa'a region, as well as in and between their own respective communities.

Communities on the north shore still have limited access to medical facilities and affordable shopping areas (i.e., shopping areas not intended for use by wealthier tourists), and often rely on trips to east shore communities to fill these service and access gaps.

Figure 2-36 Kaua'i County Existing Public Activity Centers



Maui County Demographics



Maui County is the third-most populous county in the state and includes the islands of Maui, Lānaʻi, Molokaʻi,¹² Kahoʻolawe, and Molokini.

The latter two islands are uninhabited. The County's total population is 165,979, which accounts for about 12% of the total state population. In the past decade, Maui County's population growth outpaced the state's population growth (Figure 2-37).

The population density of the County is about 143 persons per square mile. Compared with Hawaiʻi and Kauaʻi counties, Maui County is the most densely populated. The population centers of Maui County (communities with

2,700 or more residents) are shown in Figure 2-38. Nearly all population centers in Maui County have grown by at least 4% from 2008, except for Lānaʻi which experienced a 15% decrease in population. Approximately 2% of Maui County residents live on Lānaʻi Island.

Figure 2-37 Total Population of Maui County

	2008	2019	Change
Maui County	143,691	165,979	16%
<i>State of Hawaiʻi</i>	<i>1,288,198</i>	<i>1,422,094</i>	<i>10%</i>

Source: 2008 and 2019 5-Year ACS Estimates

12 A portion of Molokaʻi is considered Kalawao County.

Figure 2-38 Maui County Population Centers

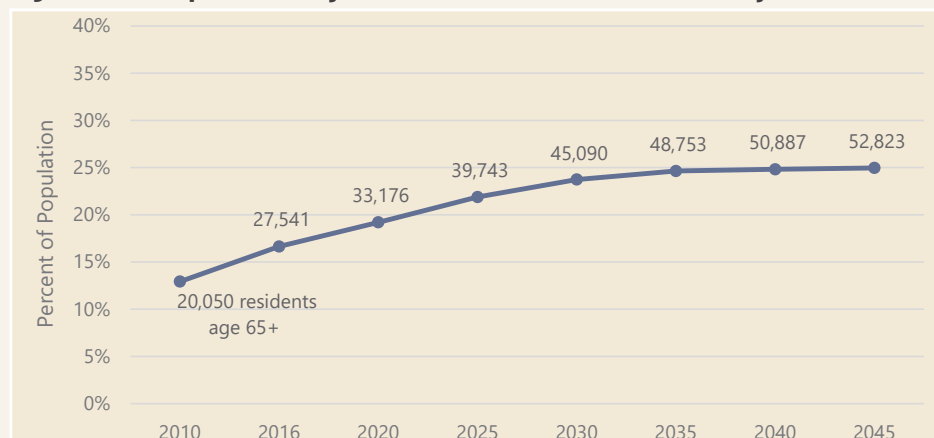
Location	Island	2008 Population	2019 Population	Change
Kahului	Maui	20,146	31,336	56%
Kihei	Maui	16,749	22,402	34%
Wailuku	Maui	12,296	17,708	44%
Lahaina	Maui	9,118	12,776	40%
Pukalani	Maui	7,380	7,695	4%
Waihee	Maui	7,300	9,319	28%
Lānaʻi	Lānaʻi	3,164	2,705	-15%
Kaunakakai	Molokai	2,726	3,038	11%

Source: 2008 and 2019 5-Year ACS Estimates

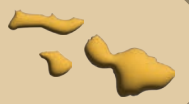
Maui County's population is aging. The share of older adults, age 65 and older, is expected to continue increasing through 2045 (Figure 2-39). By 2045, the population of older adults is expected to be approximately 52,823, or 25% of the total population. An increasing

share of older adults has notable implications on the provision of transportation services, which includes the need for more door-to-door services and reliable transportation options that allow older adults to maintain independence as they age.

Figure 2-39 Population Projection of Older Adults in Maui County



Source: Population and Economic Projections for the State of Hawaiʻi to 2045, June 2018. State of Hawaiʻi, Department of Business, Economic Development and Tourism



Target Populations

The primary focus of the HDOT CSP 2020+ remains the effort to improve transportation options and access to services for the following target population groups: older adults (age 65 and older), people with disabilities, and people living below the poverty level. These groups have historically had less access to personal vehicles, or have otherwise been transit dependent, both conditions of which can make mobility a distinct challenge, particularly in non-urban areas with low population densities and limited public transit services.

The population of people within these demographic groups are found in Figure 2-40 and further described in the sections that follow.

Figure 2-40 Maui County Target Populations

	2008	2019	Overall Change (2008-2019)
Total Population	143,691	165,979	16%
Age 65 and Older	17,428	29,095	67%
Individuals with a Disability (Age 5+)	17,161 ¹³	15,844	-8%
Individuals Living in Poverty	11,495	15,189	32%

Source: 2008 and 2019 5-Year ACS Estimates

¹³ Source data for this figure is from 2010 1-Year ACS Estimates. 2008 ACS 5-Year Estimates for this statistic were unavailable at the time this report was published.



“We need bus stops closer to senior homes in Maui, and better sidewalks too”

Survey Participant

Older Individuals

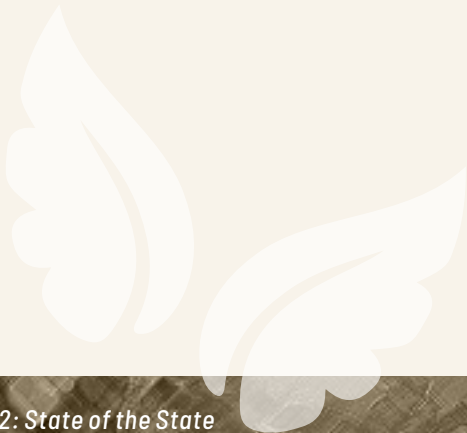
The population of adults age 65 years and older in the County grew by 67% in the past decade, and now accounts for 18% of the total county population. While the population of older adults in the county has grown at a steeper rate than the state, the proportion of older adults in the county remains the same as the proportion

of older adults statewide (Figure 2-41). The spatial-density distribution of older adults in the county can be seen in Figure 2-42 on the next page. Areas with the highest relative density of older adults include central Lahaina, Kihei, Wailuku, and central Kahului.

Figure 2-41 Maui County Residents Age 65 Years or Older

	2008	% of Population	2019	% of Population	Overall Change (2008-2019)
Maui County	17,428	12%	29,095	18%	67%
State of Hawai'i	190,442	15%	253,606	18%	33%

Source: 2008/2019 5-Year ACS Estimates



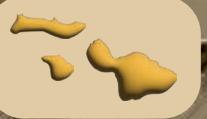
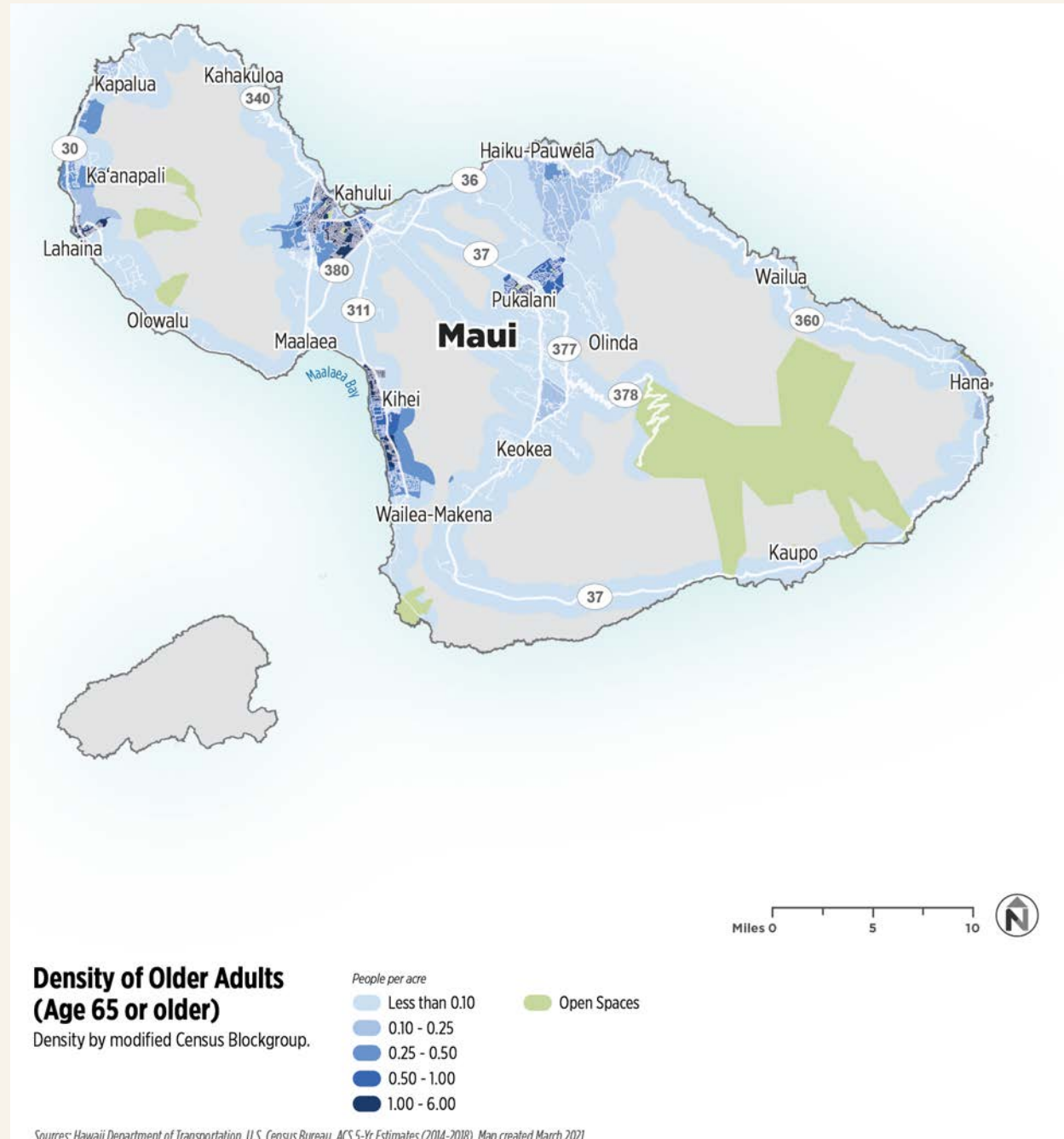


Figure 2-42 Spatial-Density Distribution of Maui Island Residents Age 65 or Older





Individuals with Disabilities

The population of people living in the County who have a disability has decreased over the last decade when compared with the state (Figure 2-43). However, the share of population of people living with a disability has remained relatively stable. The spatial-density

distribution of people in the county who have a disability can be seen in Figure 2-44. A relatively high density of people with disabilities are in Lahaina, Kahului, Kihei, and Pukalani.

Figure 2-43 Maui County Residents with a Disability

	2010	% of Population	2019	% of Population	Overall Change (2008-2019)
Maui	17,161	11%	15,844	10%	-8%
State of Hawai'i	140,600	10%	153,915	11%	9%

Source: 2010 1-Year ACS Estimates and 2019 5-Year ACS Estimates. 2010 1-Year ACS Estimates were used in place of 2008 estimates due to data unavailability.

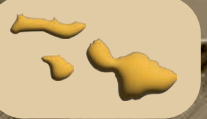
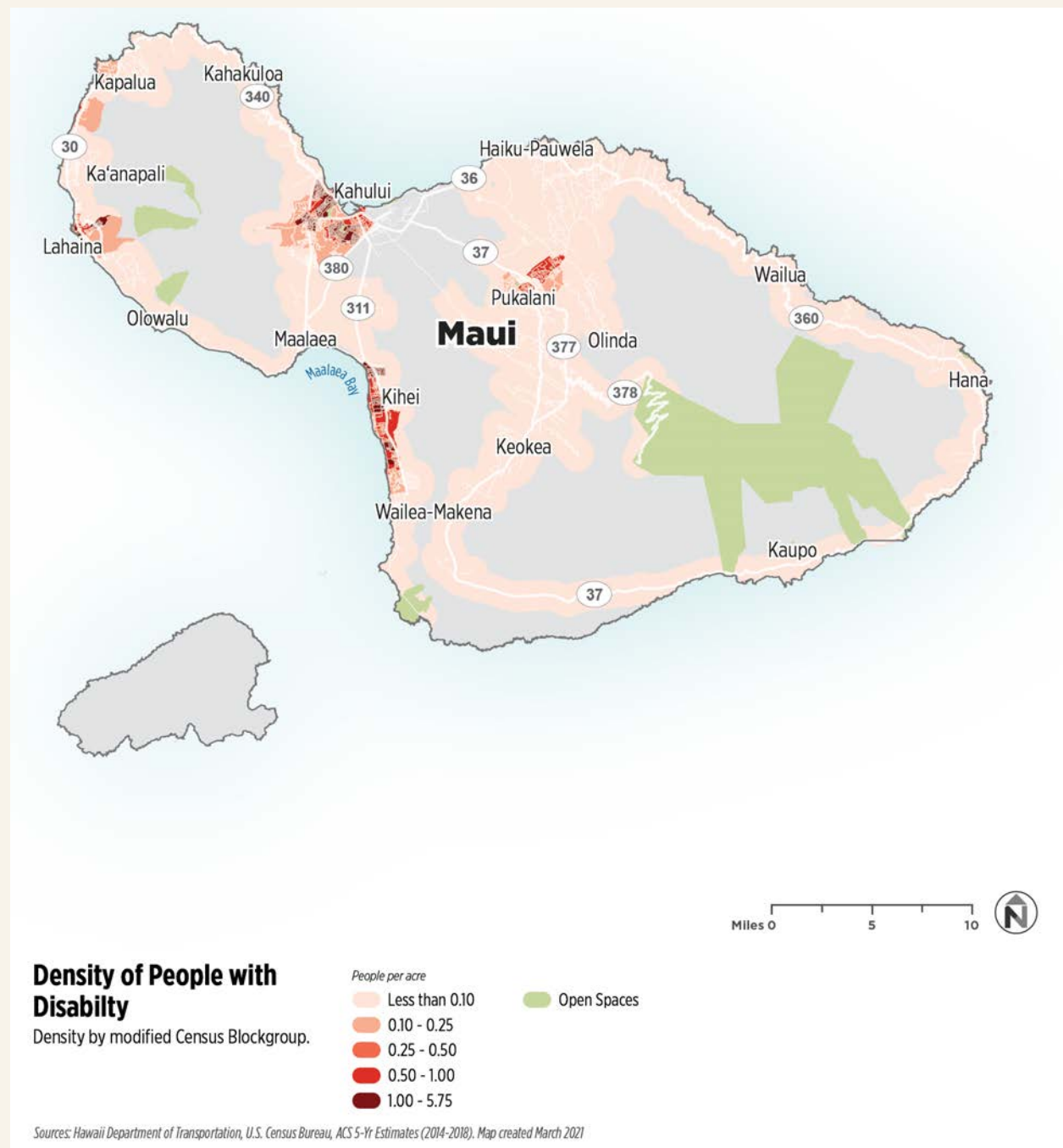


Figure 2-44 Spatial-Density Distribution of Maui Island Residents with a Disability





Individuals Living Below the Poverty Level

The overall share of people living below the poverty level¹⁴ in the county remained stable over the past decade, despite increasing by 32% from 2008 to 2019. People living in poverty account for 9% of the county, which is identical to the statewide rate (Figure 2-45). The spatial-density distribution of people in the county who are living below the poverty level can be seen in Figure 2-46. Places with a relatively high density of people living below the poverty level include Lahaina, Kahului, and Kihei.

Figure 2-45 Maui County Residents Living Below Poverty Level

	2008	% of Population	2019	% of Population	Overall Change (2008-2019)
Maui County	11,495	8%	15,189	9%	32%
State of Hawai'i	115,937	9%	130,649	9%	13%

Source: 2008/2019 5-Year ACS Estimates

¹⁴ According to the U.S. Census Bureau, poverty thresholds vary by the size of the family and age of the members. The threshold for a family of four with two children under 18 years old was \$25,926 in 2019.

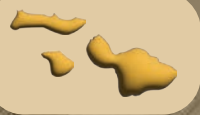
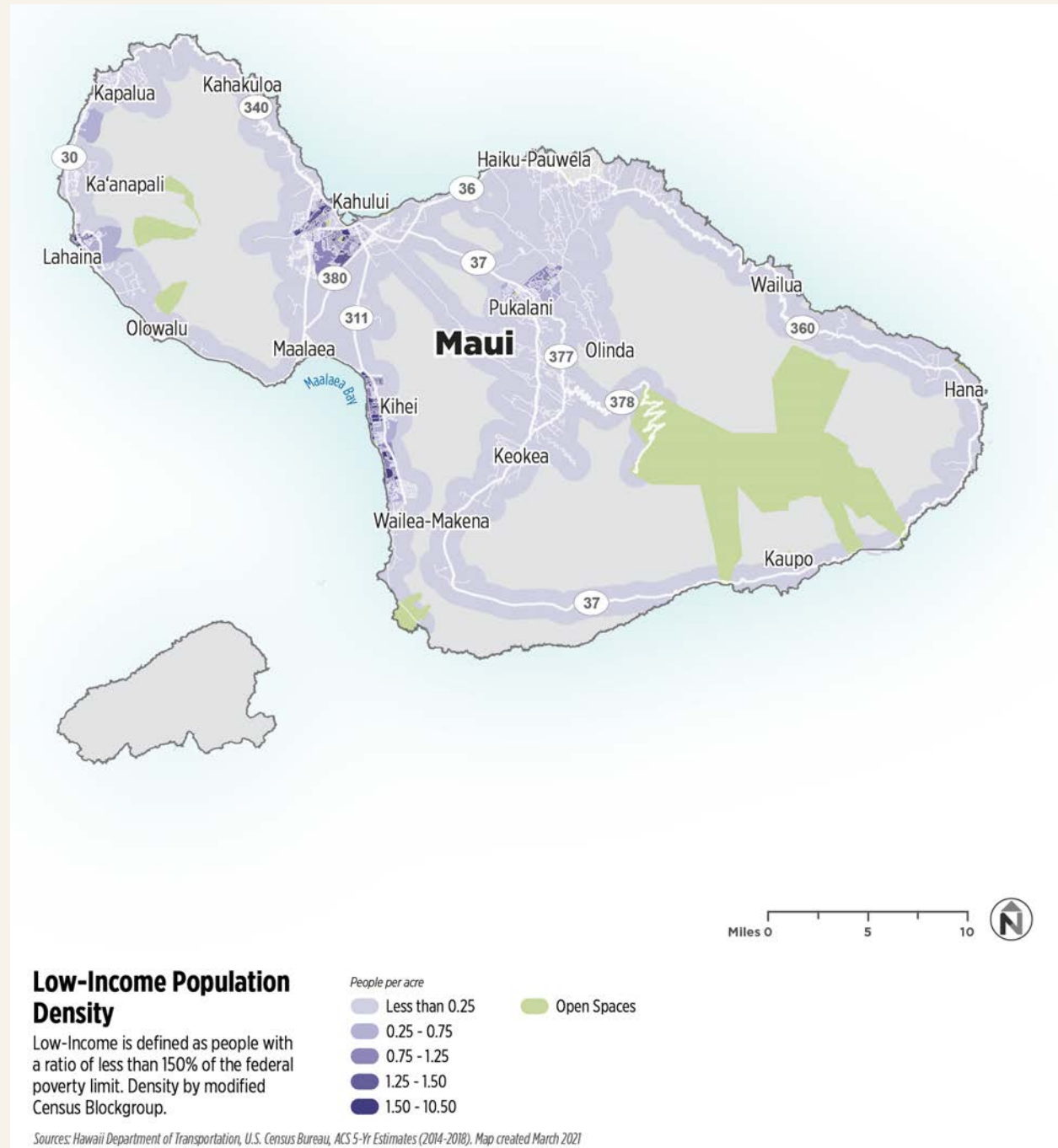


Figure 2-46 Spatial-Density Distribution of People Living Below the Poverty Level in Maui Island





Private Motor Vehicle Access

As shown in Figure 2-47, Maui County has a very low rate of households that do not have access to a private motor vehicle (about 2% of county households). As the rates of unemployment and poverty in the county remain comparable or below those of the state, limited access to, and availability of, frequent, quality, convenient transit services, as well as low density patterns, are still the most likely drivers of automobile-centric travel choices and behaviors.¹⁵

Figure 2-47 Zero-Vehicle Households in Maui County

	2010	% of Population	2019	% of Population	Overall Change (2010-2019)
Maui County	2,800	2%	2,553	2%	-9%
State of Hawai'i	38,253	3%	37,128	3%	-9%

Source: 2010 ACS 1-Year Estimates were used in place of 2008 5-Year Estimates due to data unavailability.

15 https://www.fhwa.dot.gov/policy/otps/nextgen_stats/chap8.cfm

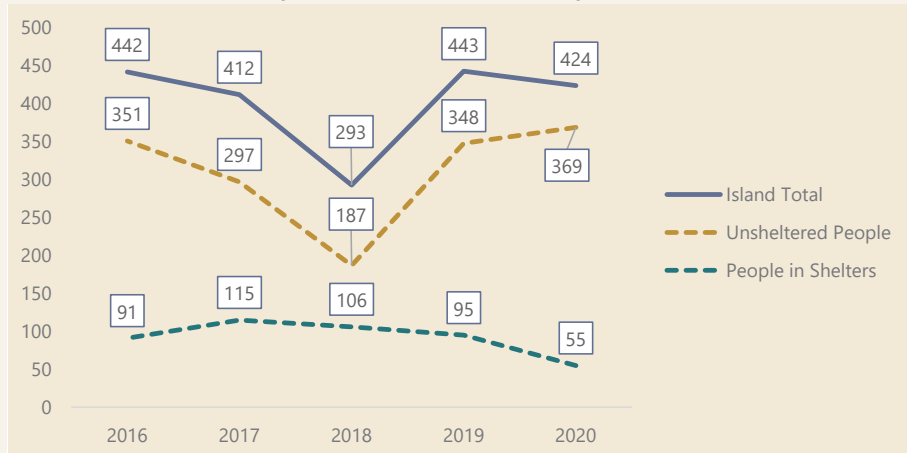


Unhoused Individuals

The number of people experiencing homelessness in the County has been steadily declining since 2016 despite some notable year-over-year fluctuations (Figure 2-48). From 2016 to 2019, the share of people experiencing

homelessness who were residing in a shelter has been steadily increasing (from 42% in 2016 to 49% in 2019), while the share of people who are unsheltered has been decreasing (from 58% in 2016 to 51% in 2019).

Figure 2-48 Maui County Homelessness Summary, 2016-2020



Data Source: Homeless Point-in-Time Count, January 2020, State of Hawai'i, Hawai'i Public Housing Authority



Race and Ethnicity

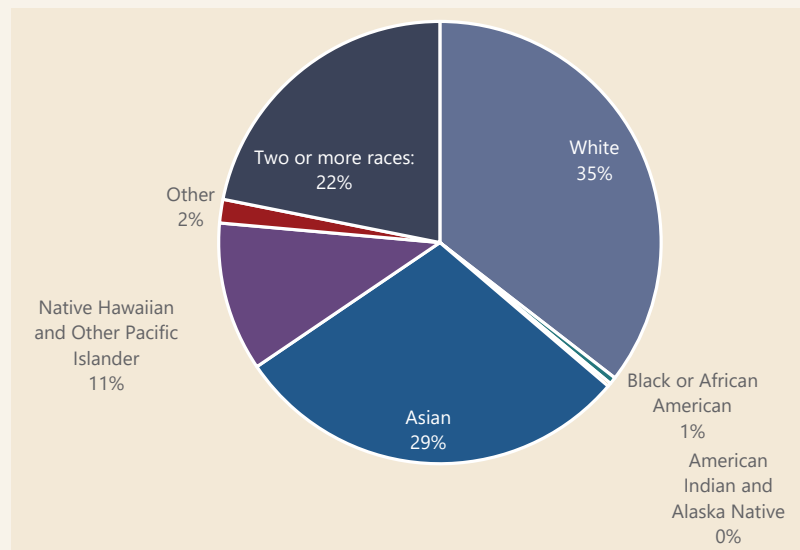
Maui County continues to be a racially diverse county, with no racial demographic constituting a singular majority, and 22% of the population identifying as being of mixed-race (Figure 2-49).

The Hispanic/Latino population, which accounts for approximately 13% of the county's population, is not included in the chart as a

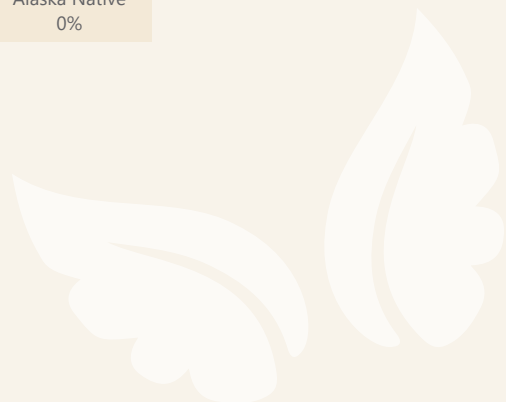
distinct category because it is an ethnicity and not tracked as a separate race in Census data.

Compared to the entire State of Hawai'i, there is a higher proportion of people identifying as Hispanic/Latino, Native Hawai'iian, and White in Maui.

Figure 2-49 Maui County Population by Race



Source: 2019 ACS 5-Year Estimates





Economic Indicators

The following section includes information related to major employers in the County of Maui, unemployment rates, and the economic impacts of the COVID-19 pandemic on the county.

Major Employers and Industries

Government is a major economic sector in the County of Maui, with related sectors such as hospitality still highly reliant on revenue generated from the tourist economy. Maui County employs approximately 2,400 people,

which accounts for nearly 3% of employment in the county. The Grand Wailea-Waldorf Astoria in Kihei is the largest private-sector employer in the county, followed by the Ritz-Carlton Kapalua (Figure 2-50).

Figure 2-50 Maui County Major Employers¹⁶

Employer	Primary Location	Employees	% of County Employment
Maui County	Various	2,420	2.9%
Grand Wailea-Waldorf Astoria	Kihei	1,400	1.7%
Ritz-Carlton-Kapalua	Lahaina	1,000	1.2%
Maui Memorial Medical Center	Wailuku	800	1%
Four Seasons Resort Maui	Kihei	800	1%
Fairmont Kea Lani	Wailea-Makena	700	0.8%
Four Seasons Resort Lānaʻi	Lānaʻi City	700	0.8%
Westin Maui Resort & Spa on Kaʻanapali Beach	Lahaina	700	0.8%

Source: County of Maui Comprehensive Annual Financial Report for the Fiscal Year Ended June 30, 2020

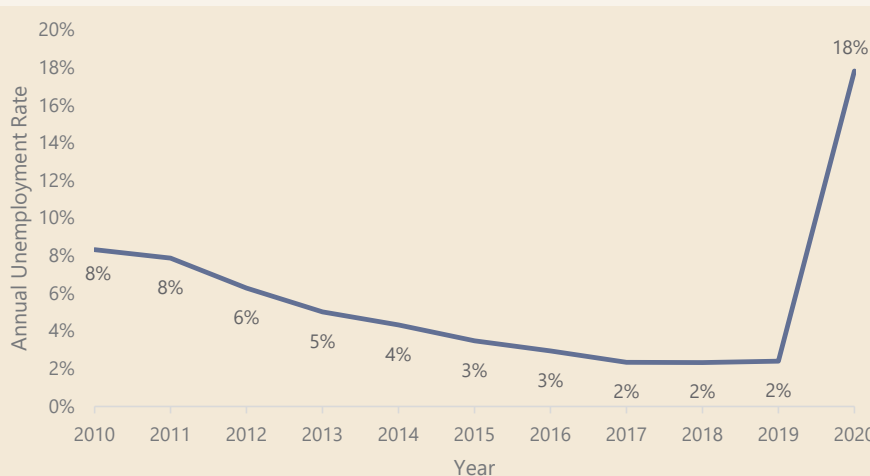
¹⁶ Note: Does not include people employed by the State of Hawaiʻi or the Federal Government

Unemployment

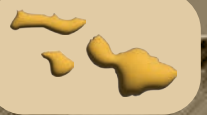
In the decade prior to 2020, the economy of Maui County appeared to be strong, with unemployment figures declining every year and sustaining a low of 2% of the workforce (around 2,000 people) between 2017 and 2019 (Figure 2-51). However, Maui County was not

immune to the economic downturn associated with the COVID-19 pandemic, with the annual unemployment rate spiking up 16 points in 2020 to 18% of the workforce. The impact of the COVID-19 pandemic on employment is further detailed in the following section.

Figure 2-51 Maui County Annual Unemployment Rate Over Time



Data Source: Hirenet Hawaiʻi, Local Area Unemployment Statistics (LAUS)

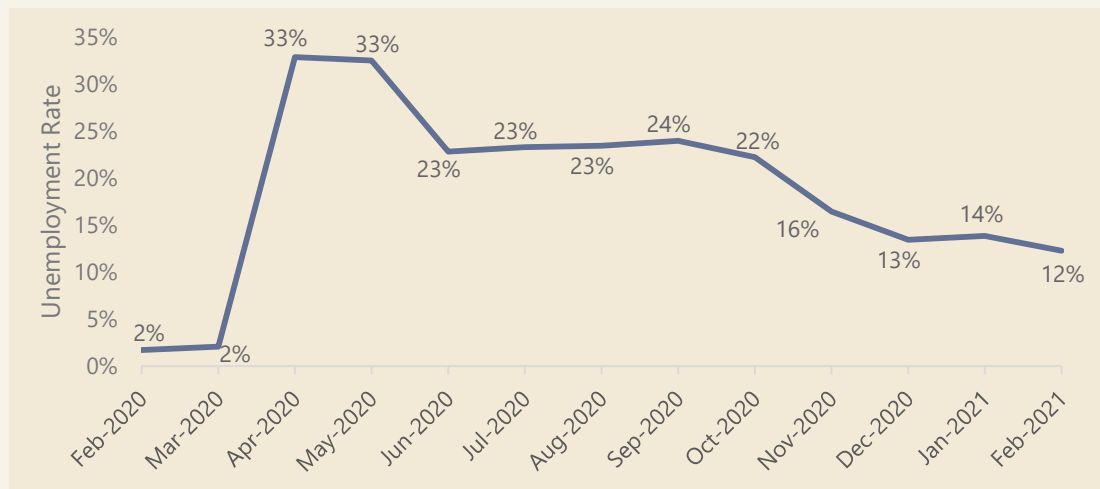


COVID-19 Pandemic Impact and Recovery

Employment in Maui County was particularly hard hit by the quarantine and subsequent restrictions associated with the COVID-19 pandemic in 2020. The unemployment rate spiked from about 2% of the workforce at the start of March to over one-third of the workforce (approximately 27,000 people) through May (Figure 2-52). When quarantine measures began lifting in June of 2020, the employment rate saw a slight recovery, but about 23% of the workforce remained unemployed throughout the summer and

fall as continued restrictions limited the potential recovery of the tourism industry. As restrictions eased beginning in the fall of 2020, the unemployment rate declined further, and remained in the 12% to 16% range (about 10,000 to 13,000 people) between November of 2020 and February of 2021. It is also worth noting, however, that the number of people in the workforce in Maui County declined by about 6,000 between February of 2020 and February of 2021.

Figure 2-52 Maui County Monthly Unemployment Rate Since Onset of COVID-19 Pandemic



Data Source: Hirennet Hawai'i, Local Area Unemployment Statistics (LAUS)



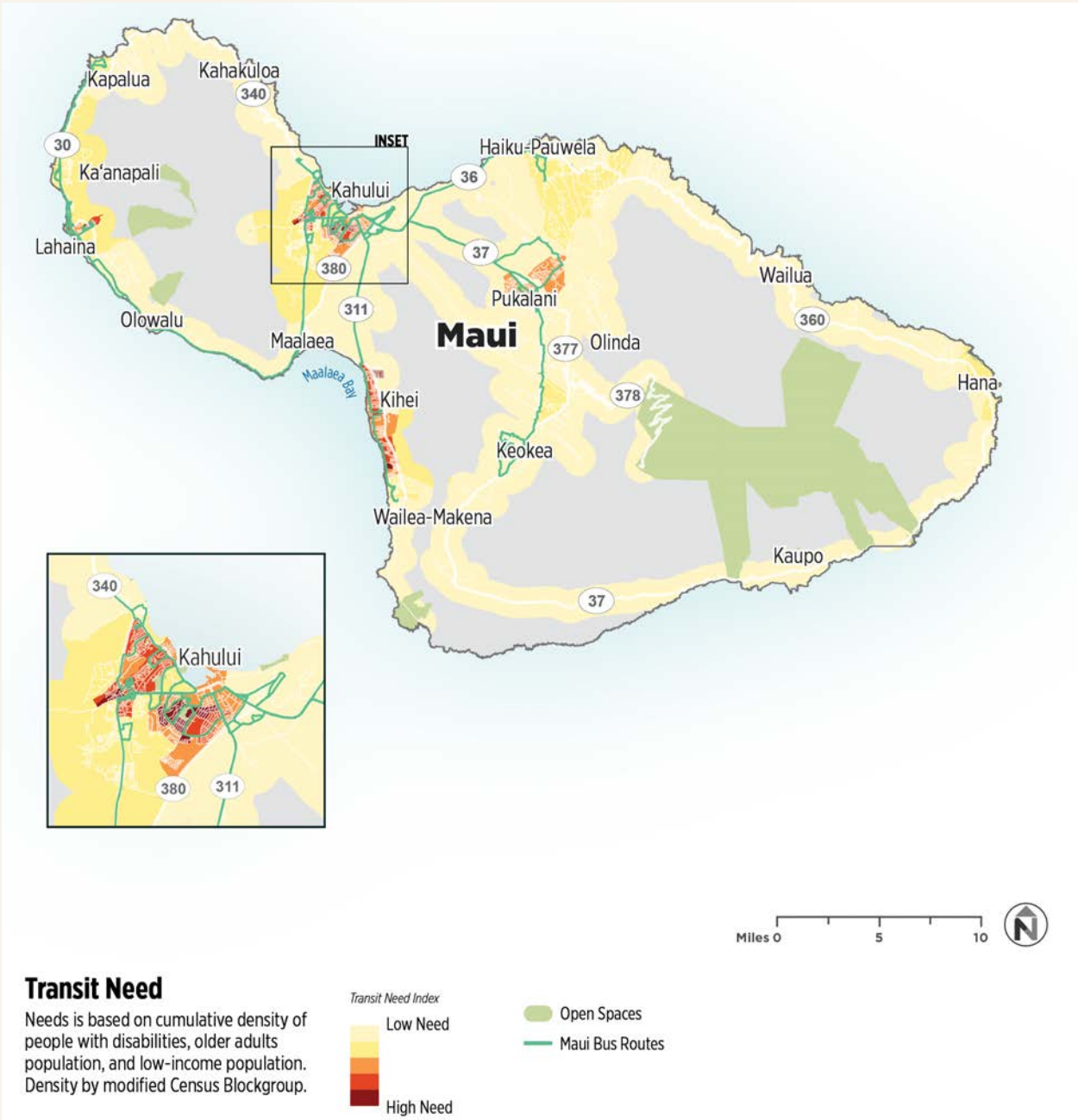
Distribution of Transit Need

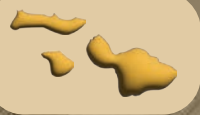
Transit propensity is a concept that seeks to identify potential (or likely) areas of increased transit need based on spatial geographic and socioeconomic factors. Figure 2-53 illustrates the areas within the Maui County that likely have the greatest need for public transportation services based on a transit propensity analysis that identifies the cumulative densities of demographic populations most often associated with high

transit need, such as people aged 65 or older, people with disabilities, and people living below the poverty level.

Transit need is often closely aligned with the areas that have the highest population density. As is the case in Maui County, areas with high concentrations of transit need include Kahului, Kihei, and Lahaina.

Figure 2-53 Maui Island Transit Need



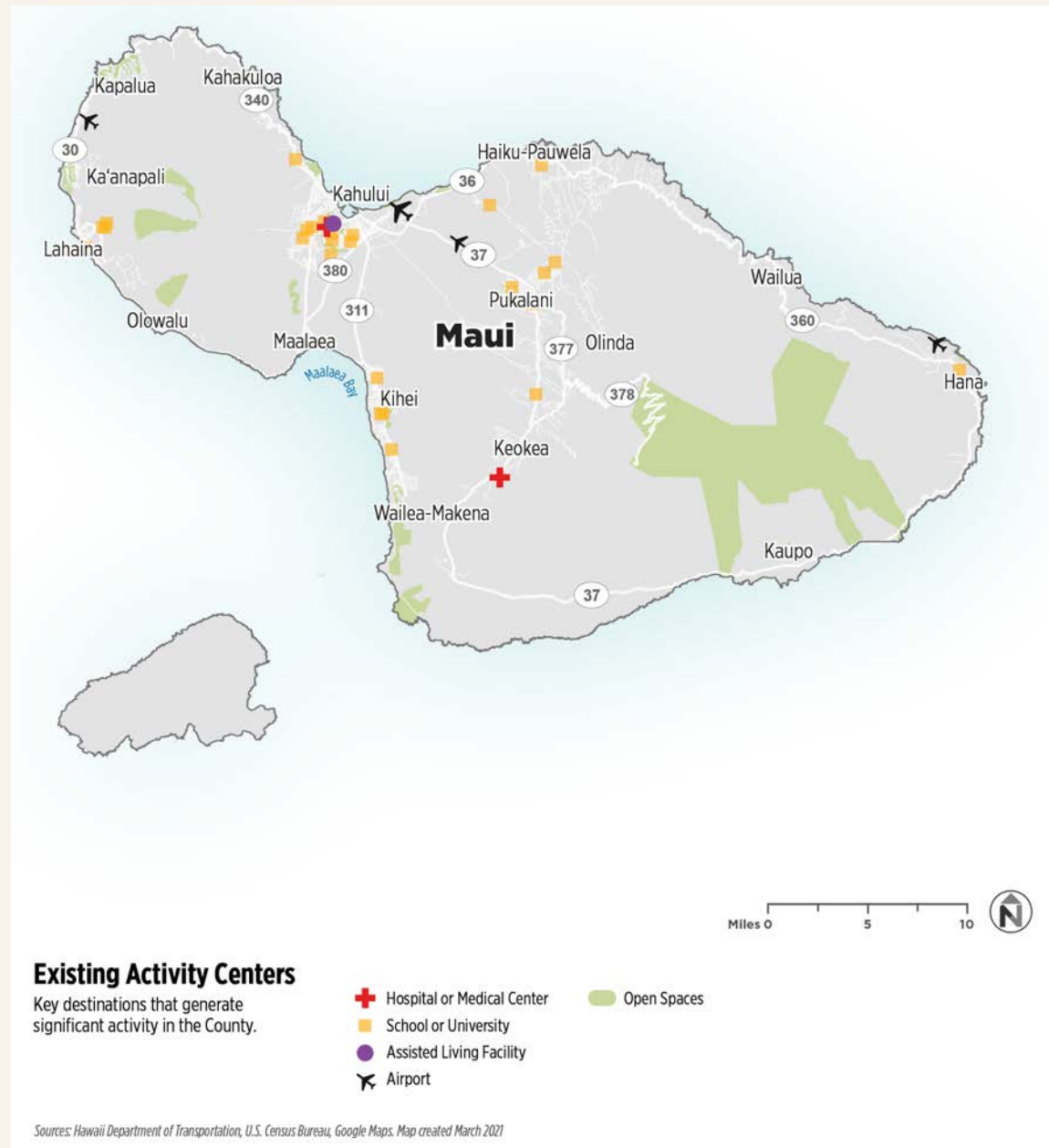


Activity Centers and Travel Patterns

The topography and rural nature of Maui makes travel time-consuming. The three main activity centers are Kahului, Kihei, and Lahaina (Figure 2-54). Target population groups (people age 65 years or older, people living in poverty, and people with disabilities) are likely to travel to medical facilities such as the Maui Memorial Medical Center or other clinics throughout

the island, as well as in and between their own respective communities. Because of the scale and topography of the island, many residents, particularly outside of the major activity centers, must travel long distances to access medical care. Medical facilities are limited on the islands of Lānaʻi and Molokai. Each island has only one hospital.

Figure 2-54 Maui Island Existing Public Activity Centers



Hawai'i County Current Transportation Providers



County of Hawai'i Mass Transit Agency

The County of Hawai'i Mass Transit Agency (MTA), operates and manages Hele-On Bus, the county's primary service provider. Hele-

On Bus provides fixed-route and commuter bus service, a shared-ride taxi service, and paratransit services.

Funding

MTA is funded primarily by Hawai'i County general funds and receives additional funding from federal funding sources such as the former Job Access and Reverse Commute (JARC) Program (5316), the Buses and Bus Facilities Formula Program (5339), and Formula Grants for Rural Areas (5311). Fare revenues typically account for less than 10% of the operating budget.

As of FY2022, MTA's operating costs were about \$12.9 million, including:

- \$8.3 million for fixed-route services
- \$1 million for the shared-ride taxi service
- \$1.2 million for paratransit services and disabled/special needs
- \$120,000 for bike share services

Fleet

Since the publication of the previous CSP, Hele-On Bus has faced a fleet crisis that saw the number of vehicles dwindle from 55 buses in 2012 to only 11 vehicles by 2019. As a result, Hele-On has been resorting to renting and contracting vehicles from private bus and shuttle operators on Big Island, at great expense to the county.^{17 18} In 2020, Hele-On added its first new vehicles since 2014, adding four buses to the fleet. In May 2021, Hele-On received 10 additional donated 30-foot buses

from City and County of Honolulu, while seeking procurement for eight more buses. Additionally, seven paratransit vans were purchased and delivered.

All MTA buses are equipped with lifts or ramps to accommodate passengers using mobility devices. However, due to the vehicle shortage MTA has frequently relied on vehicles rented from its transit operations contractors.

Performance

The fleet crisis has been the primary catalyst in a sharp decline in service quality and reliability that, in turn, has led to a major drop in ridership over the last decade. By 2019, ridership had decreased to about 663,784, a 50% decline from its peak of about 1,315,000 in 2012.

Hele-On Bus performance statistics were reported to the National Transit Database (NTD) for 2019 (the last full year prior to the influence of the COVID-19 pandemic) and are summarized below:

Figure 2-55 Hawai'i County Reported Transit Performance Indicators (2019)

Mode	Operating Expenses	Ridership	VRM	VRH	\$/Trip	\$/Mile	\$/Hour
Bus (Fixed-Route)	\$11,557,853	511,412	1,705,076	48,884	\$22.60	\$6.78	\$236.43
Demand Response	\$922,612	43,785	269,023	27,904	\$21.07	\$3.43	\$33.06
Demand Response - Taxi	\$289,508	108,587	389,169	60,355	\$2.67	\$0.74	\$4.80

Source: National Transit Database (NTD)

VRM = Vehicle Revenue Miles

VRH = Vehicle Revenue Hours

¹⁷ <https://www.Hawaiitribune-herald.com/2019/02/11/Hawai'i-news/mass-transit-administrator-touts-progress-to-county-council/>

¹⁸ <https://www.westHawaiiToday.com/2020/01/07/Hawai'i-news/routes-canceled-as-hele-on-bus-shortage-intensifies/>



Fixed-Route Services

Hele-On currently operates 13 fixed route services on Big Island. All services run Monday through Saturday, with limited service on Sundays and holidays recognized by the County of Hawai'i.

The fare structure for Hele-On fixed-route services can be found in Figure 2-56. These fares apply to both fixed-route services and paratransit services. Discounted fares and passes are available to:

- Persons with Disabilities with MTA-issued disability ID card
- Seniors (60+ years) with ID
- Students (K-12 and college/university) with valid school ID.

Most Hele-On Bus routes make only a few trips per day, and do not run regular route and stop patterns. Instead, trip patterns vary depending on time of day and day of week, and most often each trip has its own distinct stopping pattern. Rarely do two consecutive trips of the same route serve identical stops or destinations. The exceptions are the Route 101 and Route 301, that provide hourly service in their respective loops. Due to the impacts of the COVID-19 pandemic, existing services have seen many alterations and reductions. These routes are identified by **the highlighted rows** in Figure 2-57 on the following two pages.

Figure 2-56 Hele-On Bus Fixed-Route Transit Fares (2021)

Pass Type	General	Discount
Fixed-Route Single-Trip		
One-Way	\$2	\$1
Pets (in carry cases)	\$1	\$1
Hele-On Passes		
10-ticket Sheet	\$15	\$7.50
Monthly Pass	\$60	\$45





Figure 2-57 Hele-On Route Characteristics (2021)

Route	Route Name	Service Days	Weekday Service Hours	Frequency
1	Hilo-Kailua Kona	Mon-Sat	Hilo-Kona Departures: • 6:15 AM-10:05 AM • 6:35 AM-10:10 AM • 4:13 PM-7:00 PM Kona-Hilo Departures: • 3:35 AM-6:35 AM • 9:00 AM-11:50 AM • 1:10 PM-4:45 PM	Each direction: • 2 AM trips • 1 PM trip
10	Hilo-Volcano-Ka'u	Mon-Sat	Volcano-Hilo AM: • 6:15 AM-10:40 AM	Volcano-Hilo AM: • 2 trips/direction • ~165 mins apart
			Volcano-Hilo PM: • 3:30 PM-6:55 PM	Volcano-Hilo PM: • 2 trips/direction • ~140 mins apart
			Ka'u-Hilo: • 6:40 AM-9:20 AM OB • 2:45 PM-5:15 PM IB	Ka'u-Hilo: • 1 AM OB trip • 1 PM IB trip
40	(Kalapana) Seaview-Pāhoa-Hilo	Mon-Sat	Pāhoa AM: • 6:05 AM-10:27 AM Pāhoa PM: • 3:15 PM-9:15 PM	Pāhoa AM: • 2 OB trips • 1 IB trip Pāhoa PM: • 2 OB trips • 3 IB trips
60	Hilo-Honoka'a	Mon-Sat	5:50 AM to 1:15 PM Eastbound 4:45 PM to 5:45 PM Westbound	2 trips Eastbound 1 trip Westbound
70	North Kohala-South Kohala	Mon-Sat	Outbound: • 6:20 AM-7:40 AM Inbound: • 4:15 AM-5:35 AM	• 1 AM OB trip • 1 PM IB trip





Route	Route Name	Service Days	Weekday Service Hours	Frequency
75	North Kohala-Waimea-Kailua-Kona	Mon-Sat	Mon-Fri: • 6:45 AM-9:50 AM OB • 1:35 PM-4:55 PM IB Sat: • 9:15 AM-11:45 AM OB • 2:30 PM-4:35 PM IB	• 1 AM OB trip • 1 PM IB trip
80	Hilo-South Kohala Resorts (via Waimea)	Mon-Sun	• 3:15 AM to 1:10 AM	• 8 trips on weekdays • 7 trips on Sat/Sun
90	Pahala-Kona-South Kohala	Mon-Sun	• 3:30 AM to 7:45 PM	• 3 trips northbound and southbound
101	Intra-Hilo Keaukaha	Mon-Sat	• 7:00 AM-5:40 PM	• ~60 mins
102	Intra-Hilo Kaumana	Mon-Sat	7:15 AM-5:20 PM	Outbound: • 4 AM trips • 2 PM trips Inbound • 3 AM trips • 2 PM trips
103	Intra-Hilo Waiakea-Uka	Mon-Sat	7:05 AM-4:45 PM	Each direction: • 3 AM trips • 2 PM trips
201	Intra-Kona	Mon-Sat	6:30 AM to 8:25 PM	• Various
301	Waimea Shuttle	Mon-Sat	6:30 AM to 5:30 PM	• 60 minutes



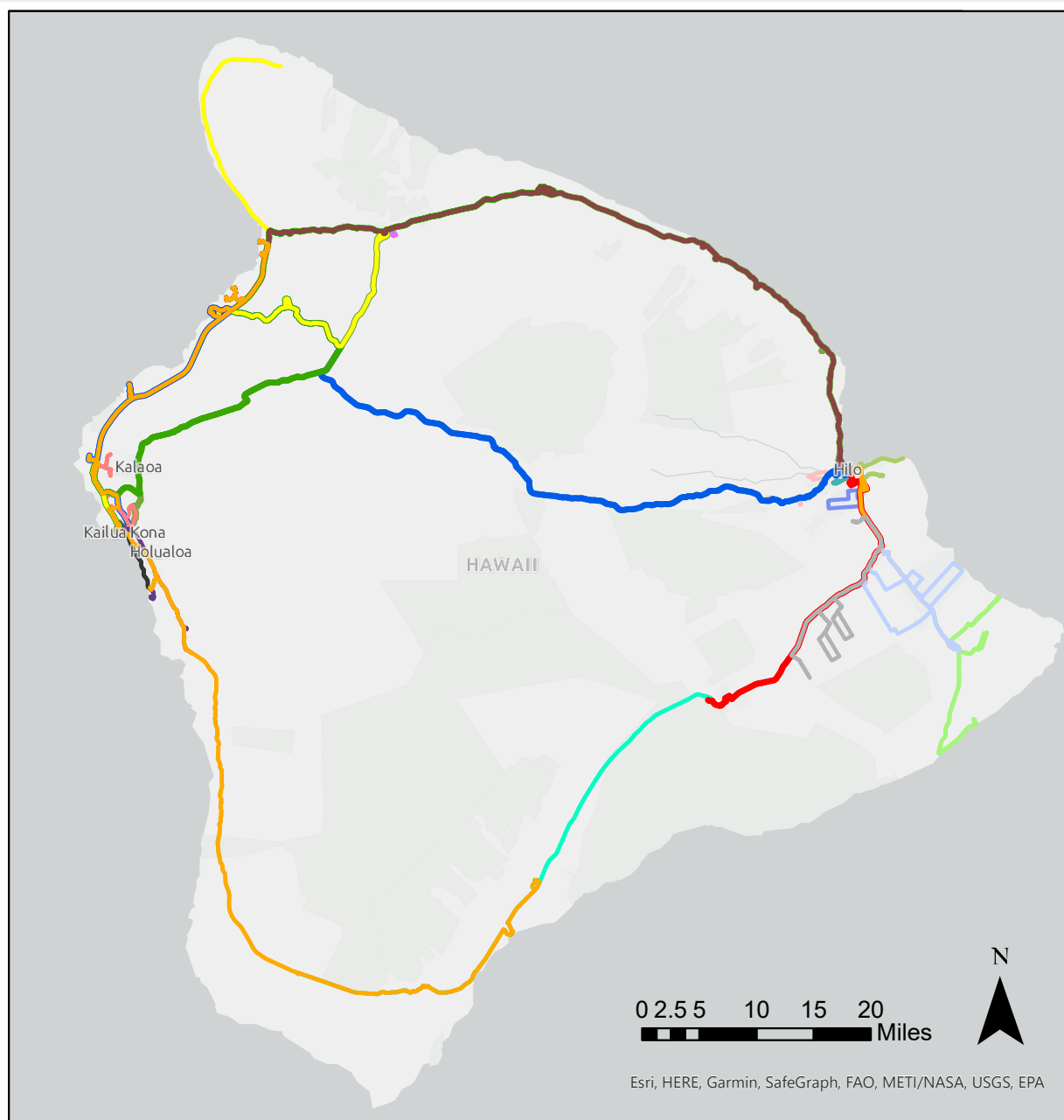


Demographics

Hawai'i County



Figure 2-58 Hele-On System Map



Route

1: Hilo to Kailua-Kona

2: Blue Line

10: Hilo to Ocean View

11: Red Line

40: Hilo to Pahoa

60: Hilo to Honoka'a-Waimea

70: North Kohala to South Kohala Resorts

75: North Kohala-Waimea-SKR-Kailua-Kona

76: Green Line

80: Hilo to South Kohala Resorts

90: Pahala to South Kohala Resorts

101: Keaukaha

102: Kaumana

103: Waiakea Uka

104: Mohouli

201: Kony Trolley via Ali'i Drive

202: North & Central Kailua-Kona

204: South Kona/Captain Cook

301: Waimea Circulator

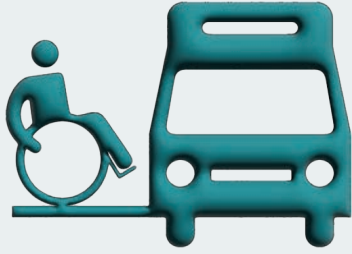
401: Hawaiian Beaches/Nanawale/Seaview

402: Hawaiian Paradise Park/Orchidland/Hawaiian Acres/ Ainaloa

403: Fern Acres/Fern Forest/ Eden Roc



Source: County of Hawai'i Department of Information Technology GIS



Paratransit

Hele-On Kāko'o

In August 2016, MTA began running its first ADA paratransit service, branded as Hele-On Kāko'o. Hele-On Kāko'o provides door-to-door paratransit services within up to one mile of fixed-route services in the Hilo and Kona urban areas. Currently paratransit service is provided in Hilo from 7:00AM to 6:00PM and Kona from 6:30AM to 8:30 PM. Like fixed-route transit, there is no service on Sundays or holidays recognized by the County of Hawai'i.

The fare for paratransit services is currently \$4 per trip, which is payable to the driver on pick up using exact cash or with rider coupons that are available for pre-purchase from MTA.

Outside of the urban Hilo and Kailua-Kona areas, the County maintains its funding for paratransit services throughout the rest of Big Island through the Hawai'i County Economic Opportunity Council (HCEOC), as well as Hawai'i County Parks and Recreation, and Coordinated Services for the Elderly (CSE).

Hawai'i County Economic Opportunity Council

HCEOC paratransit services are available to pre-screened older adults, people with low incomes, and people with disabilities. Eligible users can use HCEOC services to access essential sites such as medical facilities and other health-related trips, meal/nutrition

sites, shopping locations, banks, post offices, government buildings and agencies, and places of employment, etc. HCEOC currently operates Monday through Friday and has a fleet of 10 passenger vans.

Brantley Center

MTA contracts with the Brantley Center to provide transportation to persons with disabilities in the Honoka'a area. Brantley

Center operates Monday-through Friday with a fleet of four vehicles.





Shared-Ride Taxi Program

Despite the introduction of Hele-On paratransit services in the urban Hilo and Kona areas in 2016, the County maintains its sponsorship of a flexible door-to-door shared-ride taxi transportation service that grants taxi companies the right to consolidate trips, thereby reducing trips and increasing efficiency. At present, there are three taxi companies authorized to participate in the program in Hilo, each of which operates at least one ADA accessible vehicle. There are no taxi service companies authorized to participate in the shared-ride program in Kailua-Kona or Waimea at this time.

The shared-ride program is open to the public and there are no general eligibility requirements, pre-screening, or registration required. Users can travel up to nine (9) miles per trip in conjunction with other riders.

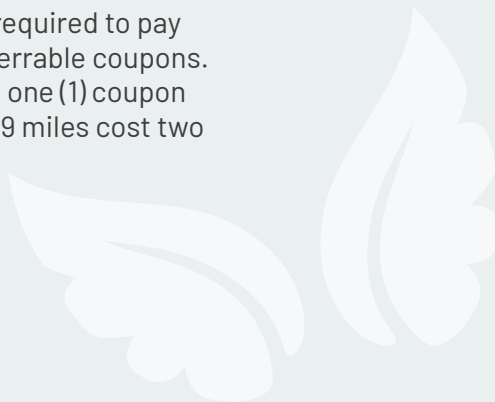
Service hours are Monday through Saturday from 6AM to 6PM. Additional service hours beyond this timeframe are subject to the discretion of the respective carrier. To use the service, participants are required to pay for their trip using non-transferrable coupons. Rides between 0-4 miles cost one (1) coupon per trip, and rides between 4-9 miles cost two

(2) coupons per trip. Coupons are sold in books of:

- Single coupons for \$6
- 5 coupons for \$15, or \$3 per coupon/trip
- 10 coupons for \$25, or \$2.50 per coupon/trip
- 15 coupons for \$30, or \$2 per coupon/trip

A maximum of 15 coupons can be sold to an individual person in one week and expire on the date listed on the coupon. A valid ID card is required to purchase. Coupons are non-refundable and non-transferable, but unused, full expired coupon books can be exchanged for a flat fee of \$15.

Compared to the cost per trip of paratransit service (\$4/trip), users of the shared-ride taxi service could pay 25% to 50% less, depending on the coupon book purchased.





Additional Transportation Service Providers

The following are a selection of key transportation service providing agencies, most of which offer limited transportation services that are typically designed to serve their own programs and clientele. A complete matrix of agencies providing transportation

services in Hawai'i County, including descriptions of their respective service and operational characteristics will be shared upon completion of background data collection and will be placed in a report Appendix.

Bikeshare Hawai'i Island

Bikeshare Hawai'i Island is a non-profit 501(c)3 program created by the County of Hawai'i Department of Research and Development, the Mayor's Active Living Advisory Council, and PATH. A total of 10 bikeshare stations are located throughout Kailua-Kona and Hilo. A

one-way 30-minute ride costs \$3.50 per ride or \$10 per day. Monthly passes are also available for variable costs depending on the duration of each trip. Bike share is available to anyone 16 years or older.

Arc of Hilo

The Arc of Hilo offers a range of support services for people with disabilities and is the largest employer of people with disabilities in Hawai'i County. In addition to employment training chore services, and personal

assistance/habilitation services, the Arc of Hilo provides transportation for adult day health programs. Services are paid for by The State of Hawai'i, grants, and donations.

Coordinated Services for the Elderly

The Coordinated Services Program for Hawai'i County offers older adults age 60 and older a variety of services, including: referrals to appropriate resource agencies, information on programs and services, in-home chore services, transportation, counseling, and housing assistance, among other services.

Kaua'i County Current Transportation Providers

Kaua'i County Transportation Agency

Transportation service in the County of Kaua'i are primarily run through the County Transportation Agency (CTA). CTA offers fixed-route services as well as complementary paratransit and agency subscription services.

Funding

As of 2014, the primary sources of CTA's operating revenue are County funds (from which approximately 70% of existing operating revenues are generated), and to a lesser degree FTA Rural Area Formula Funds (5311) and fare revenues.

Cost-sharing contract arrangements and donations made up much smaller proportions of operating revenue. Federal programs make up 80% of Capital revenues, nearly all of which come from FTA Capital Program Funds (5339).

Figure 2-59 Kaua'i Bus Funding Sources (2014)

	Operating Revenue	Capital Revenue
Directly Generated Funds		
Fare Revenue	\$750,372	\$0
Non-Federal Funds		
Donations	\$7,869	\$0
Contract Revenues	\$208,213	\$0
County Funds	\$4,819,922	\$556,223
State Funds	\$0	\$0
Federal Assistance		
FTA Capital Program Funds (5339)	\$0	\$2,137,734
FTA Special Needs of Elderly Individuals and Individuals with Disabilities Formula Program Funds (5310)	\$0	\$87,158
FTA Rural Area Formula Funds (5311)	\$1,020,058	\$0
Total	\$6,806,434	\$2,781,115

Source: Kaua'i Short-Range Transit Plan (2019)

Fleet

As of 2018, Kaua'i Bus operated 55 transit vehicles, all of which are wheelchair accessible, including:

- 19 buses with a seating capacity of 30 or more passengers
- 21 buses with a seating capacity between 16 and 23 passengers
- 15 vans with a seating capacity between 14 and 19 passengers.
- Kaua'i Bus uses 28 buses for its fixed-route service, 9 of which are used for a combination of paratransit and fixed-route service.

Figure 2-60 Fleet Summary Table (2019)

Vehicle Type	Vehicles	Passenger Capacity	Wheelchair Capacity	Purpose
Bus (30+ passengers)	19	31 to 33	2	Mainline, Shuttle
Bus (<30 passengers)	21	16 to 23	2 to 5	Mainline (off-peak), Shuttle, Paratransit
Van (<30 passengers)	15	14 to 19	4 to 5	Paratransit

Source: Kaua'i Short-Range Transit Plan

Performance

From 2008 to 2015, both annual revenue hours and passenger trips increased, with passenger trips more than doubling over the course of that timeframe. However, because revenue hours increased at a higher rate than ridership over that time period, systemwide productivity

saw a slight decline (from 15.2 to 12.0 boardings per revenue hour).

Kaua'i Bus performance statistics were reported to the National Transit Database (NTD) for 2019 (the last full year prior to the influence of the COVID-19 pandemic) and are summarized in Figure 2-62.

Figure 2-61 Fixed-Route Performance Indicators

	2008	2009	2010	2011	2012	2013	2014	2015
Passenger Trips	395,757	493,633	507,356	536,801	747,236	781,791	819,950	795,923
Revenue Hours	26,106	32,633	34,132	54,078	59,904	61,152	63,648	66,518
Boardings per Revenue Hour	15.2	15.1	14.9	9.9	12.5	12.8	12.9	12.0

Source: Kaua'i Short-Range Transit Plan

Figure 2-62 Kaua'i County Reported Transit Performance Indicators (2019)

Mode	Operating Expenses	Ridership	VRM	VRH	\$/Trip	\$/Mile	\$/Hour
Bus (Fixed-Route)	\$5,953,992	682,372	1,099,919	56,845	\$8.73	\$5.41	\$104.74
Demand Response	\$2,700,815	79,081	464,842	34,565	\$34.15	\$5.81	\$78.14

Source: National Transit Database (NTD)

VRM = Vehicle Revenue Miles

VRH = Vehicle Revenue Hours

Fare Structure

The fare structure for Kaua'i Bus services can be found in Figure 2-63. These fares apply to fixed-route services. Paratransit service per trip fares are \$2 for ADA-qualified riders, and \$4 for age-qualified riders between 65 and 84 years of age. Paratransit registered riders are automatically ADA-qualified at 85 years. Fixed route discounted fares and passes are available to:

- ADA-eligible riders (with Kaua'i Bus Reduced Fare ID card)
- Seniors (65+years)
- Youth (7-18 years)

In 2018, Frequent Rider Passes accounted for nearly one-third of total systemwide trip payments. As of January 2020, Frequent Rider Passes are no longer accepted on paratransit.

Figure 2-63 Kaua'i Bus Fixed-Route Transit Fares (2021)

Pass Type	General	Discount
Fixed Route Single-Trip		
Mainline	\$2	\$1
Shuttle	\$0.50	\$0.25
Frequent Rider Pass		
One Day Pass	\$5	\$2.50
Monthly Pass	\$50	\$25
Annual Pass	\$550	\$275



Fixed-Route Service

Kaua'i Bus consists of six fixed-route lines, all of which are currently running seven days per week. Services are designated as Mainline or Shuttle routes.

- Mainline is composed of three routes that run along the perimeter of the island, from Kekaha in the southwest to Hanalei on the north coast (connecting in Līhu'e in the southeast), as well as a commuter line that offers limited trips between Wailua and Līhu'e on the East Side (essentially a shortened version of the route that continues to Hanalei). Headways on the Mainline range from every 30 to 60 (except for the 800/850 route) minutes with service spanning generally from 5:15AM to 10:45PM.
- Shuttles run entirely within their respective municipalities (Kapahi, and Līhu'e) or also to their immediate surrounding communities (Kōloa) and operate every hour, with services spanning from about 5:00AM to about 10:00PM.

General descriptions of services, and their operation characteristics, are as follows, and in Figure 2-64. A system map is provided in Figure 2-65.

- **Route 100/200 Kekaha-Līhu'e/Līhu'e-Kekaha Mainline** – The Kekaha-Līhu'e Mainline Route connects Kekaha with the South Shore and Līhu'e. Running from west to east, the route passes through, Kekaha, Waimea, Hanapepe, 'Ele'ele, Kalāheo, and Līhu'e, including Līhu'e Airport. Service primarily operates along Highway 50, the Kaumuali'i Highway.
- **Route 400/500 Hanalei-Līhu'e/Līhu'e-Hanalei Mainline** – The Hanalei-Līhu'e Mainline Route connects Līhu'e with Hanalei on the north side of the island. Service operates primarily along Highway 56, the Kūhiō Highway. Running from south to

north, the route passes through Līhu'e, Hanamā'ulu, Wailua, Kapa'a, Anahola, Kīlauea, Princeville, and Hanalei.

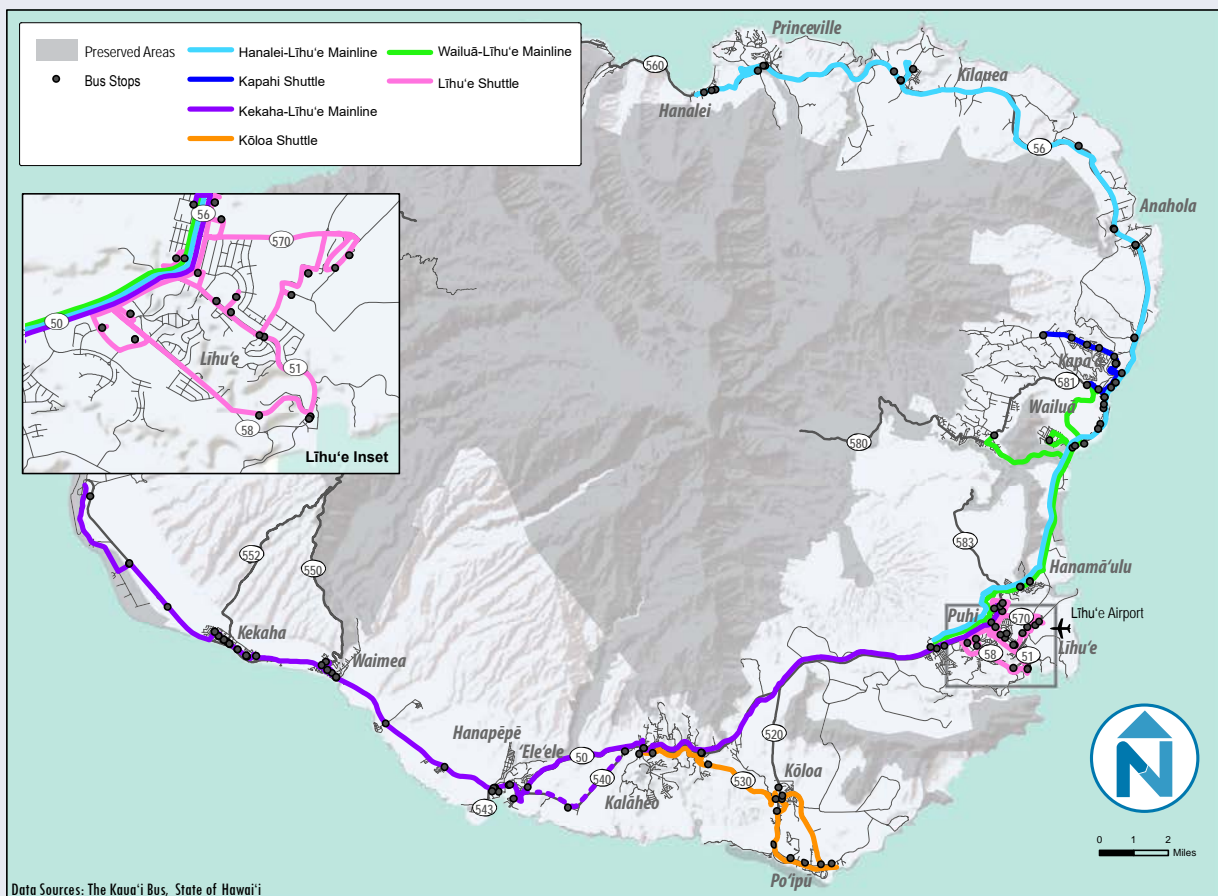
- **Route 800/850 Wailua-Līhu'e/Līhu'e-Wailua Mainline** – The Wailua-Līhu'e Mainline Route connects Wailua with Līhu'e. Running from north to south, the route passes through Kapa'a, Wailua (deviating west on Kuamoo Road to serve Wailua Homesteads), and Līhu'e. Service primarily operates along Highway 56, the Kūhiō Highway. Despite its designation as a Mainline route, this functions like a commuter route with very limited service with two trips from Kapa'a to Līhu'e in the morning and three trips from Līhu'e to Kapa'a in the afternoon.
- **Route 30 Kōloa Shuttle** – The Kōloa Shuttle connects Kōloa with Po'ipū and Kalāheo on the South Side of the island. Route 30 operates primarily along Highway 530, Kōloa Road, and Po'ipū Road, and serves Kalāheo Neighborhood Center, Kōloa Neighborhood Center, Grand Hyatt Resort, and Po'ipū.
- **Route 60 Kapahi Shuttle** – The Kapahi Shuttle operates in and around Kapa'a. Route 60 operates primarily along Kawaihau Road and serves Kapa'a Middle School, Skate Park, and Library, Kapahi Park, Kapa'a High School, and Mahelona Medical Center.
- **Route 70 Līhu'e/Airport/Courthouse Shuttle** – The Līhu'e Shuttle circulates around the city of Līhu'e, and travels primarily along Highway 56, the Kūhiō Highway, Highway 51, the Kapule Highway, Highway 58, and Nāwiliwili Road. In addition to other destinations within Līhu'e, the route serves the Kaua'i Fifth Circuit Courthouse.

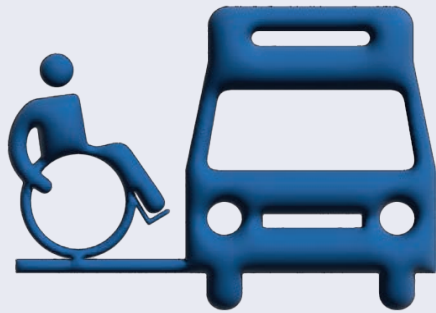


Figure 2-64 Kaua'i Bus Route Characteristics (2021)

Route	Route Name	Type	Service Days	Service Hours	Frequency
100/200	100: Kekaha-Līhu'e	Mainline	7 days	5:15AM-10:45PM	60 mins
	200: Līhu'e-Kekaha	Mainline	7 days	5:25AM-9:00PM	60 mins
30	Kōloa	Shuttle	7 days	5:15AM-9:00PM	60 mins
400/500	400: Hanalei-Līhu'e	Mainline	7 days	5:15AM-10:45PM	60 mins
	500: Līhu'e-Hanalei	Mainline	7 days	5:25AM-9:00PM	60 mins
60	Kapahi	Shuttle	7 days	6:25AM-8:50PM	60 mins
70	Līhu'e	Shuttle	7 days	5:55AM-9:40PM	60 mins
800/850	800: Līhu'e-Wailua	Mainline	7 days	Departures: 6:30AM-7:30AM 7:30AM-8:30AM	2 trips
	850: Wailua-Līhu'e	Mainline	7 days	Departures: 12:30PM-1:30PM 4:30PM-5:30PM 6:30PM-7:30PM	3 trips

Figure 2-65 Kaua'i Bus System Map (2018)





Paratransit

The Kaua'i Bus

The Kaua'i Bus offers paratransit service for qualified individuals based on age and disability, and to participants of human service agencies by contract with the respective agencies.

The current ADA paratransit eligibility process is paper-based, with a requirement for medical verification. Prior to providing service to a new registrant, an agency staff person will often conduct an assessment of the environment around the registrant's home in order to determine the type of vehicle needed to access the home.

All ADA eligible registrants are granted unconditional eligibility. Registrants who are granted eligibility based on age are granted

conditional eligibility, though applicants over 65 who apply for age-based eligibility but indicate that they have mobility impairments are encouraged to apply for ADA paratransit eligibility instead.

Paratransit service hours are comparable to fixed-route service hours, and there are very few areas on the island that do not receive paratransit service (e.g., Waimea Canyon, Hā'ena). When necessary, fixed route services will sometimes deviate from the route to provide a trip. The Kaua'i Bus utilizes Syncromatics' Easy Rides to schedule trips.



Additional Transportation Service Providers

Outside of CTA fixed-route and paratransit services, there are few accessible/affordable transportation service providers operating in Kaua'i County, including agencies/organizations that provide transportation specifically for their clients, private demand-response providers, and a few volunteer services. A complete

matrix of agencies providing transportation services in Kaua'i County, including descriptions of their respective service and operational characteristics, will be shared upon completion of background data collection and will be placed in a report Appendix.

Public Sector Providers

County Agency on Elderly Affairs

Kupuna Care is a state program designed to help non-Medicaid eligible, elderly residents continue living at home or in the community instead of in nursing home residential care by providing a variety of long-term and short-term assistance services, including transportation. Through a cost-sharing agreement with CTA, County Agency on Elderly Affairs funds transportation services for the Kupuna Care program, which provides paratransit services to Hawai'i residents aged 60 years or older who:

- Do not live in a skilled nursing facility, assisted living residence, foster care home, or other adult residential care facility; and

- Have a functional impairment that prevents them from performing at least 2 activities of daily living (ADL) OR 2 instrumental activities of daily living (IADL)¹⁹ OR one ADL and 1 IADL,²⁰ OR have significant cognitive impairments that jeopardize their safety or the safety of another person.

¹⁹ Instrumental activities of daily living (IADL) are actions important to being able to live independently, but not necessarily required daily. IADLS include: basic communication skills, transportation, meal preparation, shopping, housework, managing medications, or managing personal finances.

²⁰ <https://www.payingforseniorcare.com/activities-of-daily-living>

Non-Profit Providers

Alu Like^{21,22}

Alu Like's Ke Ola Pono No Nā Kūpuna program is available to independent people of Native Hawai'iian ancestry who are aged 60 years or older, as well as their spouses. Participants must provide a birth certificate as of age and ethnicity. In additions to other services, the program provides limited transportation services to and from program activity sites and other health-related sites during regular program hours.

Easterseals Hawai'i

Easterseals Hawai'i provides family-centered services with the goal of empowering people with disabilities or special needs to achieve independent lives. Easterseals helps people find rides and transportation resources to reach employment, appointments, shopping, and other destinations.

Kaua'i Adult Day Health Center

Kaua'i Adult Day Health Center provides daytime programs for adults with impairments. The Health Center's objective is to help elderly or impaired adults maintain independence as much as possible. In addition to recreational and social activities, the Center coordinates transportation services with the County of Kaua'i's Agency on Elderly Affairs on a space available basis.

Kaua'i Economic Opportunity

Kaua'i Economic Opportunity (KEO) is a community action agency that provides services for low-income individuals, older adults, and people with disabilities. KEO's current programs include elderly nutrition congregate programs, emergency food pantries, homebound meal programs, and homeless outreach programs, among others.

Privately-Operated Providers

Kaua'i Medical Transport²³

Kaua'i Medical Transport offers non-emergency transport for ambulatory and non-ambulatory clients using specially modified, ADA approved, late-model vans that accommodate wheelchairs and stretchers with a rear loading ramp. Drivers are First Aid and CPR certified, and Certified Nurse Aides can be made

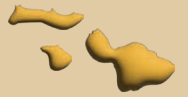
available at an additional cost. Clients can also use company wheelchairs or stretchers at no additional charge. The service is available seven days a week, and advanced reservations are encouraged, as they take priority over same day service requests.

21 <https://www.alulike.org/services/kumu-kahi/ke-ola-pono-no-na-kupuna/>

22 [Hawai'i County Office of Aging](#)

23 <http://Kauaimedicaltransport.com/>

Maui County Current Transportation Providers



County of Maui Department of Transportation

The County of Maui's services are primarily provided by the County of Maui Department of Transportation (MDOT) via Maui Bus, which operates fixed-route and commuter services throughout the island. In addition to Maui Bus, MDOT also provides ADA complementary paratransit as well as a robust human services program.

Funding

As of Fiscal Year 2016, the total budget for MDOT was about \$17.6M, of which about \$16.5M was allocated to operations. Excluding marketing and administration, the operations budget for fixed-route, paratransit, and commuter services was nearly \$10M, and the operations budget for the human service program was about \$6M.

In 2015, fare revenues accounted for approximately \$2.7M of operating revenues for fixed-route, paratransit, and commuter services. Meanwhile, Federal funding was estimated to account for about \$3.65M of MDOT revenue. The source of revenue for the remainder of the capital and operating budget is Maui County funding.

Fleet

As of 2021, the fleet for Maui Bus fixed-route and commuter services was 32 buses, and the fleet dedicated to paratransit services was 30 buses. All buses for all service types were wheelchair accessible. Vehicles used

for commuter service are provided by the contractor (currently Roberts Hawai'i Motor Coaches). In the future, the County may consider purchasing its own coaches for the service.

Figure 2-66 Maui Bus Fleet (2021)

Vehicle Model (Make)	Quantity	Capacity	Lift or Ramp	Wheelchair Tiedowns
Fixed-Route				
AXESS (Eldorado National)	2	38	Ramp	2
AXESS (Eldorado National)	4	37	Ramp	2
AXESS (Eldorado National)	10	32	Ramp	2
EZ-RIDER II (Eldorado National)	12	37	Ramp	4
Aero Elite (Eldorado National)	4	25	Lift	2
ADA Paratransit Vehicles				
Aero Elite (Eldorado National)	26	8	Lift	4
Grand Caravan (Dodge)	3	6	Ramp	2
MV-1 (VPK)	1	5	Ramp	2

Performance

Maui Bus performance statistics were reported to the National Transit Database (NTD) for 2019 (the last full year prior to the influence of the COVID-19 pandemic) and are summarized in Figure 2-67, below.

Figure 2-67 Maui County Reported Transit Performance Indicators (2019)

Mode	Operating Expenses	Ridership	VRM	VRH	\$/Trip	\$/Mile	\$/Hour
Bus (Fixed-Route)	\$8,109,460	1,632,230	1,359,647	86,767	\$4.97	\$5.96	\$93.46
Commuter Bus (Fixed-Route)	\$1,347,369	170,366	183,859	8,290	\$7.91	\$7.33	\$162.53
Demand Response	\$9,553,933	281,780	1,126,791	72,606	\$33.91	\$8.48	\$131.59

Source: National Transit Database (NTD)

VRM = Vehicle Revenue Miles

VRH = Vehicle Revenue Hours

Fare Structure

Maui Bus tickets for fixed route and paratransit services can be purchased as one-way, daily, or monthly passes. Commuter bus tickets can be purchased one-way or monthly passes, but

cannot be purchased as daily passes. The fare structure for Maui Bus services can be found in Figure 2-68.

Figure 2-68 Maui Bus Fixed-Route Transit Fares (2021)

Pass Type	Eligible Service(s)	Reduced-Fare Eligibility	Fee
One-Way			
General	• All services		\$2
Reduced	• Fixed-Route	• Seniors (Aged 55+ years) • Paratransit Eligible • Person with a Disability (with relevant ID) • Medicare Card Holders	\$1
Children	• All services	• Age 5 and under	Free
Day Pass			
Day Pass	• Fixed-Route		\$4
Monthly Pass			
General	• Fixed-Route • Commuter		\$45
Reduced	• Fixed-Route	• Students aged 24 years and under with valid student ID • Riders aged 55 years and older • Paratransit eligible, with certified disability fixed route card	\$25
Ticket Book			
12-Ride Ticket Book	• ADA Paratransit		\$20



Fixed-Route and Commuter Service

Maui Bus consists of fourteen (14) bus fixed-route services and four (4) commuter bus services, all operated by Roberts Hawai'i. All routes are operated seven days a week, including all holidays, and all vehicles on all routes are ADA accessible. Transfers are not allowed on any routes. General descriptions of services, and their operation characteristics, are described in the following sections, and in Figure 2-70. A system map is provided in Figure 2-69.

- **Route 1/2 Wailuku Loop** – Route 1 and Route 2 provide a circular service that connects to key destinations throughout central Wailuku, including the Queen Ka'ahumanu Center transit hub. Route 1 and Route 2 run along essentially the same route pattern and make stops in the same locations, but in opposite directions (Route 1 runs clockwise, and Route 2 runs counterclockwise).
- **Route 5/6 Kahului Loop** – Route 5 and Route 6 provide a circular service that connects to key destinations throughout Kahului, including the Queen Ka'ahumanu Center transit hub. Route 5 and Route 6 run along essentially the same route pattern and make stops in the same locations, but in opposite directions (Route 5 runs clockwise, and Route 2 runs counterclockwise).
- **Route 8 Waihe'e Villager** – The Waihe'e Villager connects the Queen Ka'ahumanu Center transit hub in Kahului to Waihe'e, primarily travelling along Kahului Beach Road, Waiehu Beach Road, and Kahekili Highway.
- **Route 10 Kihei Islander** – The Kihei Islander connects the Queen Ka'ahumanu Center transit hub in Kahului to the Shops at Wailea shopping mall in South Maui via Maui Veterans Highway and South Kihei Road, making stops along the way. The route travels mainly along Maui Veterans Highway in Central Maui and South Kihei Road, Okolani Drive, and Wailea Alanui Drive in South Maui.
- **Route 15 Kihei Villager** – Kihei Villager runs within South Maui connecting the Pi'ilani Village Shopping Center in Kihei to Ma'alaea Harbor Village in Ma'alaea, primarily travelling along South Kihei Road, North Kihei Road, and Honoapi'ilani Highway. The Kihei Villager is one of only four routes that do not access the Queen Ka'ahumanu Center transit hub.
- **Route 20 Lahaina Islander** – The Lahaina Islander connects the Queen Ka'ahumanu Center transit hub in Kahului, Central Maui, to the Wharf Cinema Center in Lahaina, West Maui, via Ma'alaea. The route travels primarily along Honoapi'ilani Highway.
- **Route 23 Lahaina Villager** – The Lahaina Villager provide a circular service that connects to key destinations throughout Lahaina, including the Wharf Cinema Center transfer hub. The Lahaina Villager is one of only four routes that do not access the Queen Ka'ahumanu Center transit hub, and one of three such routes that exclusively serve West Maui.
- **Route 25 Ka'anapali Islander** – The Ka'anapali Islander provides service to Ka'anapali from Wharf Cinema Center transfer hub in Lahaina, primarily travelling along Honoapi'ilani Highway. The Ka'anapali Islander is the only fixed-route service that runs a short service span, running only during a three-hour window in the late



Demographics

Maui County



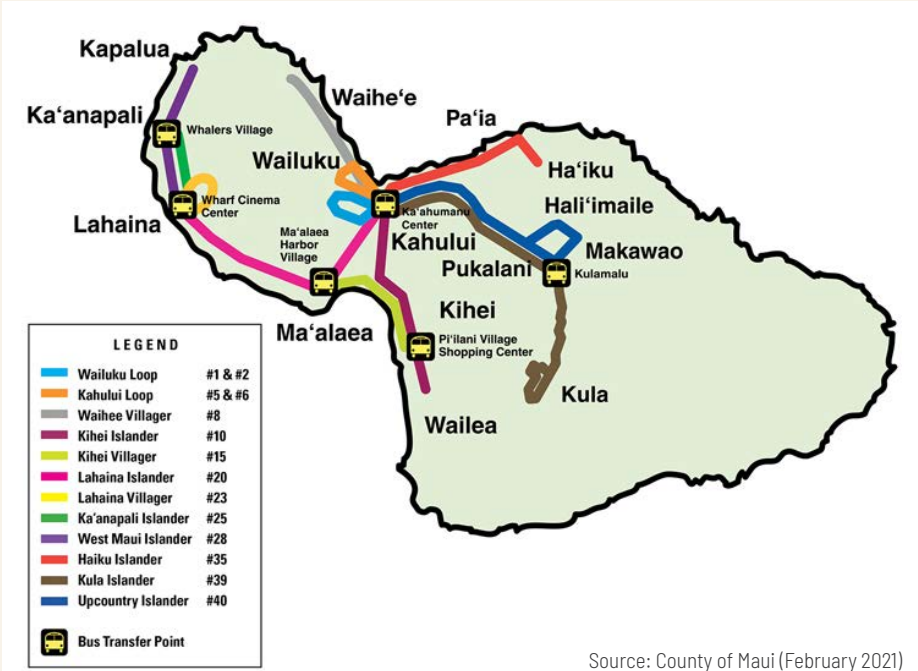
afternoon. The Ka'anapali Islander is one of only four routes that do not access the Queen Ka'ahumanu Center transit hub, and one of three such routes that exclusively serve West Maui.

- **Route 28 West Maui Islander** – The West Maui Islander provides service to Kapalua from Wharf Cinema Center transfer hub in Lahaina, primarily travelling along Honoapi'ilani Highway and Lower Honoapi'ilani Road. It also provides service to Ka'anapali, Honokowai, Kahana and Napili. The West Maui Islander is one of only four routes that do not access the Queen Ka'ahumanu Center transit hub, and one of three such routes that exclusively serve West Maui.
- **Route 35 Haiku Islander** – The Ha'iku Islander connects the Queen Ka'ahumanu Center transit hub in Kahului, Central Maui, to Ha'iku via downtown Paia, Upcountry, travelling primarily along Hana Highway. Route 35 is one of only two Maui Bus routes (the other being Route 40) that provides service to Kahului Airport.
- **Route 39 Kula Islander** – The Kula Islander connects the Queen Ka'ahumanu Center transit hub in Kahului, Central Maui, to Kula and Keokea via Pukalani, Upcountry,

travelling primarily along Haleakala Highway and Kula Highway.

- **Route 40 Upcountry Islander** – The Upcountry Islander connects the Queen Ka'ahumanu Center transit hub in Kahului, Central Maui, to Pukalani, Makawao and Hali'imaile, travelling primarily along Haleakala Highway. Route 40 is one of only two Maui Bus routes (the other being Route 35) that provides service to Kahului Airport.
- **Haiku-Wailea Commuter** – The Haiku-Wailea commuter route makes one outbound AM trip and one return PM trip each day. The route makes seven stops each way.
- **Makawao-Kapalua Commuter** – The Makawao-Kapalua commuter route makes one outbound AM trip and one return PM trip each day. The route makes seven stops each way.
- **Wailuku-Kapalua Commuter** – The Wailuku-Kapalua commuter route makes four outbound AM trips and four return PM trips each day. The route makes five stops each way.
- **Kihei-Kapalua Commuter** – The Kihei-Kapalua commuter route makes one outbound AM trip and one return PM trip each day. The route makes ten stops each way.

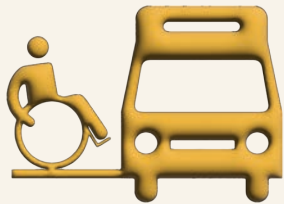
Figure 2-69 Maui Bus System Map (2021)



Source: County of Maui (February 2021)

**Figure 2-70 Maui Bus Fixed and Commuter Route Characteristics (2021)**

Route	Route Name	Service Days	Service Hours	Frequency
Fixed-Route				
1/2	Wailuku Loop 1	7 days	6:30AM-9:30PM	60 mins
	Wailuku Loop 2	7 days	7:00AM-10:00PM	60 mins
5/6	Kahului Loop 5	7 days	6:30AM-9:30PM	60 mins
	Kahului Loop 6	7 days	7:00AM-10:00PM	60 mins
8	Waihe'e Villager	7 days	7:15AM-8:00PM	180 mins
10	Kihei Islander	7 days	5:30AM-9:30PM	60 mins
15	Kihei Villager	7 days	5:26AM-8:55PM	60 mins
20	Lahaina Islander	7 days	5:30AM-9:30PM	60 mins
23	Lahaina Villager	7 days	8:00AM-2:00PM 3:00PM-11:00PM	60 mins
25	Ka'anapali Islander	7 days	2:30PM-5:30PM	60 mins
28	West Maui Islander	7 days	5:30AM-9:30PM	60 mins
35	Haiku Islander	7 days	5:30AM-10:00PM	90 mins
39	Kula Islander	7 days	5:56AM-9:11PM	180 mins
40	Upcountry Islander	7 days	6:00AM-10:30PM	90 mins
Commuter				
-	Haiku-Wailea	7 days	Outbound: 5:30AM Inbound: 4:30PM	1 AM outbound trip 1 PM inbound trip
-	Makawao-Kapalua	7 days	Outbound: 5:30AM Inbound: 4:00PM	1 AM outbound trip 1 PM inbound trip
-	Wailuku-Kapalua	7 days	Outbound: 5:30AM-6:45AM Inbound: 3:05AM-4:30PM	4 AM outbound trips 4 PM inbound trips
-	Kihei-Kapalua	7 days	Outbound: 6:00AM Inbound: 4:05PM	1 AM outbound trip 1 PM inbound trip



Paratransit

Complementary paratransit demand-response service for eligible people with disabilities under the Americans with Disabilities Act (ADA) is provided on the island of Maui. ADA paratransit services operate seven days a week, including all holidays, during the hours that fixed-route services are running. In

conformance with ADA, the operation hours and service area are determined by local fixed-route services. To be considered for ADA paratransit service, registrants must submit a paper-based application including medical verification.



Additional Transportation Service Providers

Additional agencies on Maui provide limited transportation services, usually solely for their own programs and clientele. A complete matrix of agencies providing transportation services in Maui County, including descriptions of their respective service and operational characteristics, will be shared upon completion of background data collection and will be placed in a report Appendix.

Human services transportation is provided on the islands of Maui, Lânaʻi and Molokaʻi. Maui Economic Opportunity, Inc (MEO) provides ADA

paratransit. Human services transportation is provided by MEO through a grant. Human services transportation programs include:

- Dialysis Transportation
- Adult Day Care
- Kalima
- Employment Transportation
- Head Start
- Nutrition Programs
- Youth Programs

The Arc of Maui

The Arc of Maui offers a range of support services for people with intellectual and developmental disabilities. In addition to nursing and nutritional services, the Arc of Maui

provides transportation services for medical and dental appointments, recreational outings, and community activities.

Easterseals of Hawaiʻi

Easterseals Hawaiʻi provides family-centered services to empower people with disabilities or special needs to achieve independent lives. Easterseals helps people find rides

and transportation resources to reach employment, appointments, shopping, and other destinations.

Plan Review

Hawai'i, Kaua'i, and Maui counties encompass many different jurisdictions, each of which has developed multiple plans and processes to account for the aging population, employment growth, transportation infrastructure, and the expansion of the transportation system. The contents of these plans include varying priorities, but transportation challenges and needs are similar in many areas. This is important because the shared characteristics and priorities of the three counties can emerge as a starting point for a true coordinated effort to expand and maintain a transit service within each county.

This section reviews the transportation planning and policy context at local, regional, and state levels. Plans that explored policies

for coordinated planning, aging populations, housing needs, mobility or access issues, and health or human services – from approximately the past 10 years – were reviewed to identify context to transit service coordination in Hawai'i, Kaua'i, and Maui counties.

Special attention was paid to each plan's identified transportation needs, challenges, and recommendations. A summary of the reviewed plans is provided in Figure 2-71. It is important to note, however, that this is a high-level overview to provide a baseline understanding of the transportation landscape in the respective counties. There may be entities and plans that are not included in this review, but they should not be discounted if they are recent and relevant.

Figure 2-71 Reviewed Plans

County	Plan	Year	Agency
Hawai'i	Transit and Multimodal Transportation Master Plan	2018	County of Hawai'i Mass Transit Agency
Hawai'i	Area Plan on Aging	2015	Hawai'i County Office of Aging
Kaua'i	Area Plan on Aging	2019	County of Kaua'i Agency on Elderly Affairs
Kaua'i	Short-Range Transit Plan	2018	County of Kaua'i Transportation Agency
Kaua'i	General Plan	2018	Kaua'i County
Kaua'i	Multimodal Land Transportation Plan	2012	County of Kaua'i Transportation Agency
Maui	Kihei Sub-Area Transportation Plan	2020	Maui County Public Works Department
Maui	Hele Mai Maui LRTP	2019	Maui MPO
Maui	Moloka'i Island Community Plan	2018	Maui County Planning Department
Maui	Waihe'e Shuttle Feasibility Study	2018	Maui County Transportation Department
Maui	SRTP	2016	Maui County Transportation Department
Maui	Lāna'i Community Plan	2016	Maui County Planning Department
Maui	Maui Island General Plan 2030	2012	Maui County Planning Department
Maui	Area Plan on Aging	2011	Maui County Office on Aging
Maui	Lāna'i Housing Issue Paper	2011	Maui County Planning Department
Statewide	Statewide Transportation Plan 2045	Current	HDOT
Statewide	MQD Quality Strategy	2020	Hawai'i DHS Med-QUEST Division
Statewide	Housing Planning Study	2019	Hawai'i Housing Finance and Development Corporation
Statewide	Federal-Aid Highways 2035 Transportation Plan for Hawai'i District	2014	HDOT
Statewide	Statewide Mobility Management Report	2014	State of Hawai'i Department of Health
Statewide	Coordinated Plan	2011	HDOT

Key Findings

The reviewed plans were created for multiple reasons and were therefore highly varied in their goals. Several plans were written to conform to federal requirements. Other plans originated from a special need (such as the Waihe'e's Shuttle Feasibility Study). Most of the plans sought to identify needs, challenges, and opportunities pertaining to transportation options, service delivery, or for specific population groups in the respective areas. The following list highlights the key findings regarding transportation needs and challenges from these plans:

- There is **limited multimodal infrastructure** to support transit ridership. A lack of quality pedestrian infrastructure and incomplete sidewalk networks make traveling to and from transit trips difficult. The varying topography also makes it difficult for larger transit vehicles to navigate.
- Some transportation providers face **financial constraints and limited staff capacity**.
- There is slow but continued progress rolling out **technology improvements** to make transit information more user-friendly and operations more efficient. However, many technological barriers still exist, such as slow internet speeds, spotty radio communication, and limited technology proficiency among older adults.
- **Isolation in rural communities** is exacerbated by cost-prohibitive transportation service, topography, limited transportation options, natural disasters, and other barriers. The low concentration of riders in rural areas makes transit service expensive to operate even though demand is high.
- In areas with greater access to transportation services, communities expressed the **need for more accessible and frequent services**.
- Local communities' needs depend on what services are currently available in each location, including transportation and destinations such as healthcare. In areas with less access to transportation services, **distance and length (in time) of travel to services, particularly health services, is a key concern**. Increased partnership and collaboration is needed between transit agencies and medical service providers.
- There is a **lack of awareness about available services**, particularly regarding paratransit services and eligibility requirements. Better marketing and outreach are needed to inform the public of available resources and services. Many plans mention the need for a central hub of information (e.g., "one-call, one-click").
- **Improved communication and marketing are needed** between transportation providers and the public. Online and mobile tools need to be updated and simplified. Route names, maps, and schedules need to be easier to understand.



Specific corridors or locations of importance were also noted:

- Kilauea Volcano eruption upended transit operations and island economy, particularly in the Puna District.
- Lānaʻi hired a full-time public health nurse in 2013. Prior to her arrival, Lānaʻi had no public health nurses on the island. Having a full-time nurse on the island may improve health outcomes for elderly residents.
- West Maui is geographically isolated. Lahaina is one hour from Central Maui, where more transportation options and services exist, and the nearest emergency medical care facility (in Wailuku) is far.
- Cross-island trips on the Big Island are very lengthy, particularly for transit users, but are often necessary to access various services.







Chapter 3: **Needs and Gaps**

A seamless transportation system is one that meets the needs of the people it serves. This chapter provides a clearer understanding of these needs—and gaps—throughout the state of Hawai'i.

This chapter covers public and stakeholder engagement, and how that engagement helps to shape needs and gaps.

"When I didn't have my car for 3 months, I rode the bus. But I couldn't close up my own restaurant because the last bus was at 8:30."

Survey Participant





Advisory Committee Findings

Early in the development of the HDOT CSP 2020+, the Technical Advisory Committee (TAC) identified organizational strengths, challenges, external opportunities, and threats regarding transportation in Hawai'i, Kaua'i, and Maui counties.

Several themes emerged in regard to the needs and gaps that exist in each county, many of which corroborated findings from the existing conditions analysis discussed in Chapter 2. These themes include:

Hawai'i County

- **Geographic Coverage:** Ensuring access to transit across the county is a challenge, particularly due to the rural nature of the county as well as the weather and physical road conditions. Expanded coverage is needed for travel across the island and between districts.
- **Wheelchair Accessible Vehicles:** Providers are seeing an increasing number of requests for wheelchair accessible rides and have expressed a need for more wheelchair accessible vehicles.

Kaua'i County

- **Staff Support:** Staff must rely on other County departments for critical support functions.
- **Funding:** Obtaining adequate and dedicated funding is a consistent challenge given the competing priorities at the county level.
- **Coordination:** Coordination between entities is needed to break down the institutional silos that exist.

Maui County

- **Geographic Coverage:** Transportation providers are seeing an increase in demand for transportation to areas beyond central Maui.
- **Funding:** Obtaining adequate and dedicated funding is a consistent challenge given the competing priorities at the county level.
- **Outreach and Awareness:** Many older adults and the general public do not know about the various transportation providers and eligibility criteria.
- **Service Improvements:** Some transportation providers are unable to meet the needs of the older adults with physical disabilities, many of whom are still living independently in their own homes. Some of these services also operate on limited service spans and days of the week.

Public Engagement

Public engagement is a critical element of coordinated public transit-human service transportation plans. As a part of the coordinated plan update, the project team was slated to conduct in-person engagement in 12 different locations throughout all counties except Oahu. The pandemic delayed engagement until March 2022, when the project team was able to work with the subconsulting team, Spire, to plan out engagement events statewide. Several venue options were considered for initial public engagement, including community colleges, salvation army locations, transit centers, shopping centers, and weekend events, like farmers' markets.

Throughout March 2022, the planning team spoke with locals across the state about transit. Pop-up public workshop locations were promptly arranged in central outdoors locations. People were asked to fill out brief questionnaires on their priorities and suggestions for transit improvements. Questionnaires were provided in paper form at the workshop locations and a link for completing an online survey was provided.

In total, the team visited nine locations across four islands (Hawai'i, Kaua'i, Maui, Lāna'i, and Moloka'i), and members of the public completed 76 questionnaires. Additionally, people provided their verbal comments and learned about the role of HDOT and partnering organizations in providing public transportation to the target populations of this plan.

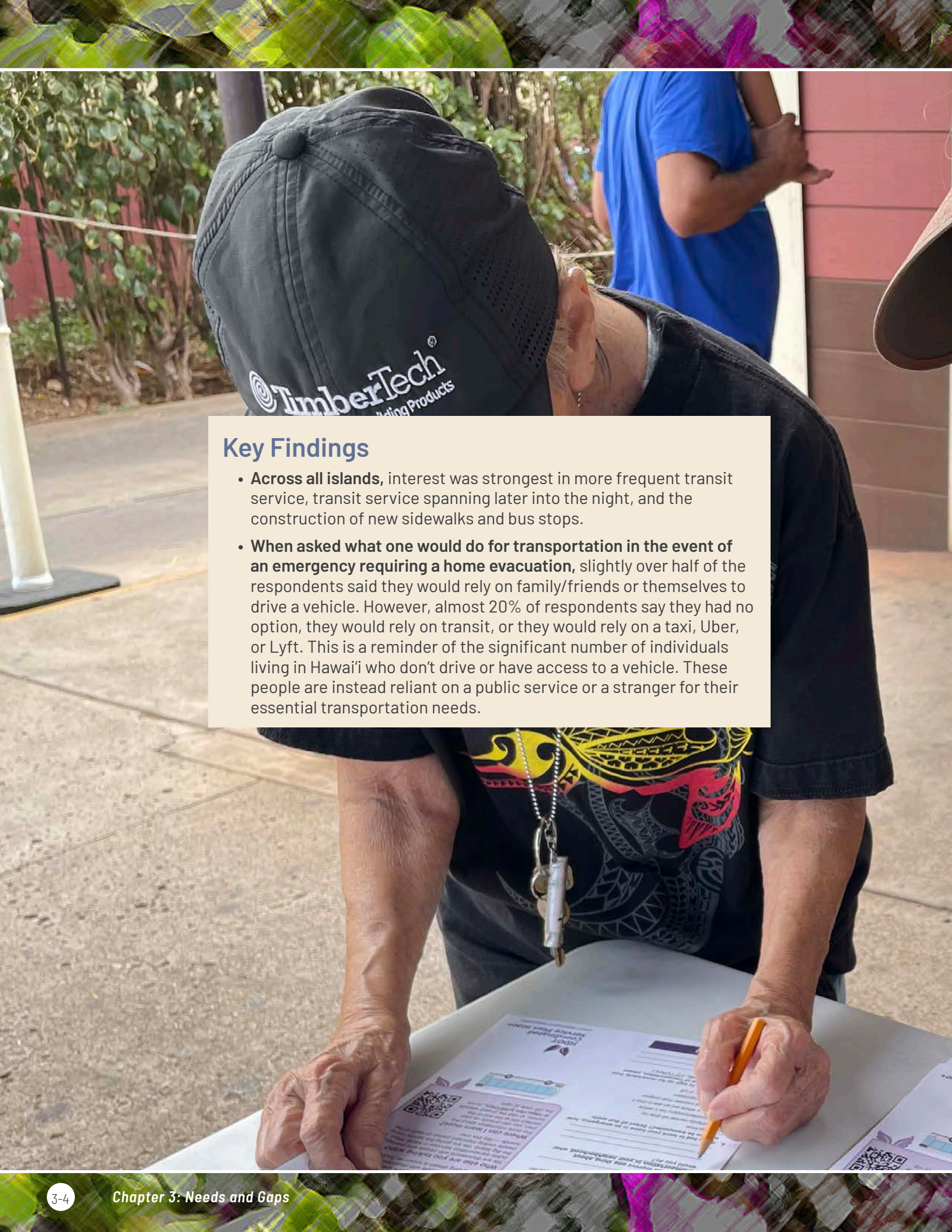
In the questionnaire, people were asked to provide:

- A home ZIP code
- A choice of where the State should prioritize transit spending
- An open-ended answer about the one improvement which could be made to transportation within the community
- An indication of what mode of transportation would be used in the event of a home evacuation due to an emergency
- An optional submittal of contact information to learn more about the transit planning process from HDOT

Workshop sites and results by county are summarized in Figure 3-1. Detailed questionnaire findings and results can be found in an Appendix to this report.

Figure 3-1 Summary of 2022 Workshop Sites and Results

County	Hawai'i	Kaua'i	Maui
Workshop Sites and Dates	<ul style="list-style-type: none"> • Kona Commons – March 10 • KTA Super Store • (Kailua-Kona) – March 11 • Hilo Farmers' Market – March 12 	<ul style="list-style-type: none"> • Ishihara Market (Waimea) – March 16 • Kukui Grove Shopping Center (Lihue) – March 18 	<ul style="list-style-type: none"> • Friendly Market (Kaunakakai, Moloka'i) – March 21 • Queen Kaahumanu Center (Kahului) – March 22 • Mana Foods (Paia) – March 23 • Dole Park (Lāna'i City) – March 24
Questionnaires Received	23	24	29
Top preferences for transit (by number of affirmative responses)	<ul style="list-style-type: none"> • More frequent service • Service during more days of the week • More drivers/operators • Free transit fares 	<ul style="list-style-type: none"> • Service later at night • Build new sidewalks or bus stops • More frequent service • Free transit fares 	<ul style="list-style-type: none"> • More frequent service • Service later at night • Hire more drivers or operators • Build new sidewalks or bus stops



Key Findings

- **Across all islands**, interest was strongest in more frequent transit service, transit service spanning later into the night, and the construction of new sidewalks and bus stops.
- **When asked what one would do for transportation in the event of an emergency requiring a home evacuation**, slightly over half of the respondents said they would rely on family/friends or themselves to drive a vehicle. However, almost 20% of respondents say they had no option, they would rely on transit, or they would rely on a taxi, Uber, or Lyft. This is a reminder of the significant number of individuals living in Hawai'i who don't drive or have access to a vehicle. These people are instead reliant on a public service or a stranger for their essential transportation needs.







Chapter 4: Goals, Strategies, and Measures

Goals are central to any Coordinated Plan. They guide the development of strategies, set the stage for measuring success, and ultimately help HDOT and the plan stakeholders move toward a long-term vision.

Chapter 4 articulates the goals and strategies of this Coordinated Plan. They are guided by the state's mission, as well as the findings in Chapters 2 through 3. We refer to objectives as "strategies" for the purposes of this plan.

This chapter includes the following sections:

- **Mission.** This section explains HDOT's mission statement.
- **Goals.** This section presents the goals of this Coordinated Plan, and how they came about.
- **Strategies.** This section lists the strategies developed for each goal.

"We need recycling receptacles and water fountains at bus stops."

Survey Participant





Goals

Goals are critical components of coordinated planning. They determine what this plan is working to accomplish, while guiding HDOT strategy implementation and activities.

Mission

The mission of Hawai'i DOT is:

To provide a safe, efficient, accessible, and inter-modal transportation system that ensures the mobility of people and goods, and enhances and/or preserves economic prosperity and the quality of life.

Figure 4-1 Coordinated Plan Goals



GOAL 1

Improve mobility and accessibility for vulnerable individuals in each county

Stakeholders expressed the need to coordinate public transportation services with human service needs throughout the state. There is an ongoing need to educate regional partners on efforts made to date, and work with partners to solve problems regionally. Additionally, there is a desire to inform the public about available services—transportation and human service—and how to use them.



GOAL 2

Work with partner agencies to implement thoughtful coordination and planning statewide

Sustainable funding streams will always be a challenge for transit providers. However, with the onset of CARES and CRSSA act funding, providers have more options, though they are not always sustainable. In addition, topographic challenges and regional growth underscore the need for service planning to meet the needs of the population, especially in rural areas throughout the state.



GOAL 3

Statewide education and awareness of public transportation options

Regional needs include those of providers—ongoing maintenance, operations, and capital planning—as well as those of the community. Hawai'i faces unique connectivity challenges: the topography presents planning challenges, affordable housing near jobs is at a minimum (or non-existent), and services are often limited. With population changes, the gaps not only grow and change, but sometimes move. Additionally, partners should work together to clearly understand where service gaps are within agency service areas.



GOAL 4

Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability

Connect the region regardless of the invisible barriers created by city limits and transit service areas. Regional partners have made strides to improve connectivity. However, the need to connect jobs, human services, and housing means that stakeholders and transit providers will need to continue working together to address connectivity.



GOAL 5

Develop a plan for technology implementation statewide, in partnership with transit providers

Transit providers and the project advisory committee can be the conduit to work with workforce development, Veterans services, housing, and special services to better understand client needs, and inform human service providers about available transportation and mobility options.



GOAL 6

Encourage healthy living and environmental sustainability through public transportation

The resources and land in Hawai'i are limited and precious. Stakeholders should emphasize the benefits of utilizing public transit over single occupancy vehicles. Additionally, using transit has multiple health benefits. The American Heart Association has conducted research that found people who take public transit are 44% less likely to be overweight, 27% percent less likely to have high blood pressure, and 34% percent less likely to have diabetes, when compared to people who drive.

Strategies

Strategy development occurred organically, prior to the development of goals. The following strategies were created via feedback received from multiple sources: stakeholder feedback and surveys, existing conditions research, and public engagement feedback and surveys.

Figure 4-2 Coordinated Plan Goals and Strategies

Goal Strategy	
THEME: Mobility and Accessibility	
	GOAL 1 Improve mobility and accessibility for vulnerable individuals in each county
<ul style="list-style-type: none">1.1 Work with transit agencies to increase frequency and span on high ridership routes; consider increasing frequency for longer distance routes (e.g., shifting hourly routes to 45 minutes)1.2 Ensure that all high ridership stops have bus shelters and benches.1.3 Expand affordable and/or free transit fare programs for qualifying populations (and regularly analyze if, by providing free fares, they are to places where people need to go)1.4 Expand the span of transit service or design “last ride home” programming for 2nd/3rd shift employees from major transit centers1.5 Prioritize ADA accessible bus stop design and establish order of magnitude for stop improvements; work with communities and counties to design access to stops1.6 Consider expanding volunteer driver programs to offset some statewide service needs	
THEME: Coordination and Planning	
	GOAL 2 Work with partner agencies to implement thoughtful coordination and planning statewide
<ul style="list-style-type: none">2.1 Support intentional planning that improves transit connectivity to new developments, resorts, affordable housing, and jobs2.2 Establish consistent short and mid-range transit development plans for each county, with 5–10-year horizons2.3 Collaborate with providers and localities to survey major employers, workforce development, and transportation demand management (TDM) programs to determine shift times and how employees access workplaces2.4 Develop public-private partnerships for employer-sponsored shuttles for resort workers2.5 Create employee-based cost-effective transportation options between islands (e.g., between Lānaʻi and Maui for workers)2.6 Where feasible, work with major resorts to help fund public transit services from airports2.7 Partner with agencies and organizations to regularly and directly survey healthcare providers, caregivers, and patients on their transportation needs2.8 Further identify public transportation infrastructure needs in rural areas (i.e., bus shelters, ramps, bike racks, etc.)2.9 Work with Veterans Services and the Veterans Administration to ensure consistent access to services for Veteran populations2.10 Ensure transit providers participate in statewide and countywide emergency management planning	



Goal | Strategy

THEME: Education and Awareness



GOAL 3

Statewide education and awareness of public transportation options

- 3.1 Create a consistent marketing plan statewide to inform users (and potential users) about all local and regional transit options; service changes, and temporary changes (in the event of an emergency)
- 3.2 Establish a single source of transportation information for each county
- 3.3 Create a train the trainer program for education and advocacy re: available services; connecting to human services
- 3.4 Develop education materials for different audiences: workforce, students, healthcare
- 3.5 Create a bus buddy program for individuals new or reluctant to try transit; (establish "try transit" days)
- 3.6 Support access to food pantries, libraries, and other existing community services by hosting informational webinars, meetings, and leave-behind materials informing the public how to use various forms of transit

THEME: Funding and Financial Sustainability



GOAL 4

Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability

- 4.1 Pool resources within counties to address driver and administrative shortages
- 4.2 Develop a system to identify and promote funding opportunities for providers and programs in each county
- 4.3 Part and/or full-time grant writing assistance (help guide applicants through the process; applicants need better understanding and assistance on HOW to write a winning grant)
- 4.4 Assess current distribution of federal formula funding (including 5310 and 5311) to ensure equity and performance-based planning are given priority
- 4.5 Establish statewide work group to monitor transit grant programs and other resources for timing and applicability

THEME: Technology



GOAL 5

Develop a plan for technology implementation statewide, in partnership with transit providers

- 5.1 Create statewide plan for transit technology roll-out (needs assessment, feasibility analysis, and financial planning)
 - GPS Systems on buses
 - Real-time AVL tracking
 - Improved communication systems
 - Emergency management considerations
- 5.2 Encourage the transition to smart card and mobile fare payment options

Goal | Strategy

- 5.3 Transit agencies work with HDOT to update online and mobile tools for customers, including trip planning and fare purchases
- 5.4 Establish technology training program for older adults and individuals reluctant to use technology

THEME: Environmental Sustainability and Health



GOAL 6

Encourage healthy living and environmental sustainability through public transportation

- 6.1 Work with area agencies on aging to establish “quality of life” and “aging in place” initiatives, allowing older adults to maintain personal residence if reasonable through transit services
- 6.2 Establish a statewide marketing campaign geared towards visitors and tourists for public transit as an environmentally friendly alternative to driving SOVs
- 6.3 Coordinate with health and human services to emphasize the health benefits of using public transit services
- 6.4 Continue transitioning to green transit infrastructure (CNG or electric vehicles; solar stops and facilities, etc.)
- 6.5 Work with medical facilities to establish baseline data on the impacts of transit on health (for example, reduction in emergency due to maintenance/upkeep of regular doctor appointments)



Strategy Prioritization and Plan Implementation

With strategies developed, where and how should we focus our resources? This section explains how we've prioritized strategies, and what this means for implementation.

Strategy Prioritization. This section explains the strategy prioritization process and presents the results of that process.

Plan Implementation. This section provides implementation information for each strategy, including proposed timelines and priority level.

Strategy Prioritization

For each goal, the TAC ranked strategies from highest to lowest priority during a April 2022 meeting. This exercise helped the project

team assign timelines and potential funding sources to strategies (see Chapter 5 for funding sources).

A higher-ranking strategy is where HDOT and the stakeholders intend to focus early efforts during implementation. Meanwhile, a lower ranking strategy does not mean that it is less important—simply that it may not be an early focus during implementation.

The results of the ranking exercise are available in Appendix F.

Plan Implementation

The project team used the strategy rankings to create an implementation plan that includes each strategy along with its goal, proposed timeline, and priority level.

Figure 4-3 Implementation Plan Timeline and Priorities

Goal Strategies		Timeline	Priority
 GOAL 1 Improve mobility and accessibility for vulnerable individuals in each county			
1.1	Work with transit agencies to increase frequency and span on high ridership routes; consider increasing frequency for longer distance routes (e.g., shifting hourly routes to 45 minutes)	Short-Term	Medium
1.2	Ensure that all high ridership stops have bus shelters and benches.	Long-Term	High
1.3	Expand affordable and/or free transit fare programs for qualifying populations (and regularly analyze if, by providing free fares, they are to places where people need to go)	Short-Term	Low
1.4	Expand the span of transit service or design "last ride home" programming for 2nd/3rd shift employees from major transit centers	Short-Term	High
1.5	Prioritize ADA accessible bus stop design and establish order of magnitude for stop improvements; work with communities and counties to design access to stops	Long-Term	Medium
1.6	Consider expanding volunteer driver programs to offset some statewide service needs	Short-Term	Medium
 GOAL 2 Work with partner agencies to implement thoughtful coordination and planning statewide			
2.1	Support intentional planning that improves transit connectivity to new developments, resorts, affordable housing, and jobs	Long-Term	Low
2.2	Establish consistent short and mid-range transit development plans for each county, with 5-10-year horizons	Long-Term	Low

Goal Strategies	Timeline	Priority
2.3 Collaborate with providers and localities to survey major employers, workforce development, and transportation demand management (TDM) programs to determine shift times and how employees access workplaces	Short-Term	Low
2.4 Develop public-private partnerships for employer-sponsored shuttles for resort workers	Mid-Term	Low
2.5 Create employee-based cost-effective transportation options between islands (e.g., between Lānaʻi and Maui for workers)	Long-Term	Medium
2.6 Where feasible, work with major resorts to help fund public transit services from airports	Mid-Term	Medium
2.7 Partner with agencies and organizations to regularly and directly survey healthcare providers, caregivers, and patients on their transportation needs	Short-Term	Low
2.8 Further identify public transportation infrastructure needs in rural areas (i.e., bus shelters, ramps, bike racks, etc.)	Long-Term	High
2.9 Work with Veterans Services and the Veterans Administration to ensure consistent access to services for Veteran populations	Mid-Term	Low
2.10 Ensure transit providers participate in statewide and countywide emergency management planning	Mid-Term	Low



GOAL 3

Statewide education and awareness of public transportation options

3.1 Create a consistent marketing plan statewide to inform users (and potential users) about all local and regional transit options; service changes, and temporary changes (in the event of an emergency)	Short-Term	High
3.2 Establish a single source of transportation information for each county	Mid-Term	High
3.3 Create a train the trainer program for education and advocacy re: available services; connecting to human services	Short-Term	Medium
3.4 Develop education materials for different audiences: workforce, students, healthcare	Short-Term	High
3.5 Create a bus buddy program for individuals new or reluctant to try transit; (establish “try transit” days)	Short-Term	Low
3.6 Support access to food pantries, libraries, and other existing community services by hosting informational webinars, meetings, and leave-behind materials informing the public how to use various forms of transit	Short-Term	Medium



GOAL 4

Transit providers and Hawaiʻi DOT work jointly to plan for long-term funding and financial sustainability

4.1 Pool resources within counties to address driver and administrative shortages	Mid-Term	High
4.2 Develop a system to identify and promote funding opportunities for providers and programs in each county	Short-Term	High
4.3 Part and/or full-time grant writing assistance (help guide applicants through the process; applicants need better understanding and assistance on how to write a winning grant)	Short-Term	Low
4.4 Assess current distribution of federal formula funding (including 5310 and 5311) to ensure equity and performance-based planning are given priority	Short-Term	High
4.5 Establish statewide work group to monitor transit grant programs and other resources for timing and applicability	Short-Term	High

Goal Strategies	Timeline	Priority
 GOAL 5 Develop a plan for technology implementation statewide, in partnership with transit providers		
5.1 Create statewide plan for transit technology roll-out (needs assessment, feasibility analysis, and financial planning) <ul style="list-style-type: none"> • GPS Systems on buses • Real-time AVL tracking • Improved communication systems • Emergency management considerations 	Long-Term	High
5.2 Encourage the transition to smart card and mobile fare payment options	Long-Term	High
5.3 Transit agencies work with HDOT to update online and mobile tools for customers, including trip planning and fare purchases	Long-Term	High
5.4 Establish technology training program for older adults and individuals reluctant to use technology	Mid-Term	High
 GOAL 6 Encourage healthy living and environmental sustainability through public transportation		
6.1 Work with area agencies on aging to establish “quality of life” and “aging in place” initiatives, allowing older adults to maintain personal residence if reasonable through transit services	Mid-Term	High
6.2 Establish a statewide marketing campaign geared towards visitors and tourists for public transit as an environmentally friendly alternative to driving SOVs	Short-Term	High
6.3 Coordinate with health and human services to emphasize the health benefits of using public transit services	Short-Term	High
6.4 Continue transitioning to green transit infrastructure (CNG or electric vehicles; solar stops and facilities, etc.)	Long-Term	Medium
6.5 Work with medical facilities to establish baseline data on the impacts of transit on health (for example, reduction in emergency due to maintenance/upkeep of regular doctor appointments)	Long-Term	Low



Performance Measures

This section explains why and how to measure performance. It contains the following sections:

Purpose of Performance Measurement.

This section explains the importance of performance measurement (“why”).

Sample Performance Measures. This section proposes sample measures for reporting on strategy implementation (“how”).

Purpose of Performance Measurement

For each strategy, implementation organizations in conjunction with HDOT, must measure performance, to determine whether they’re accomplishing the intended goals of the Coordinated Plan.

There are several benefits to measuring performance:

Investments and outcomes. Is an investment in time, funding, or other resources making an impact on our goals in the way we had anticipated?

Managerial efficiency. Measuring performance helps managers by informing decision-making.

Administrative accountability. Measuring performance helps organizations provide accountability and transparency to stakeholders.

Consistency. Consistently measuring performance over time makes comparisons easier and insights clearer.

Sample Performance Measures

This section provides the initial recommended performance measures for each strategy. It is important to note that as the region moves forward with strategy implementation, this plan may be amended to reflect updated measures as are appropriate for various implementation stages. These recommended measures will help HDOT establish a baseline and measure the performance of strategies. However, they can be modified or tailored to the effort as needed.



Quantitative and Qualitative Measures

There are two main types of performance measures: quantitative and qualitative.

Quantitative measures can be quantified and are typically measured using a number. They are often but not always relatively objective.

Qualitative measures describe quality. They are often but not always relatively subjective. Qualitative measures can be more difficult to gather, analyze, and interpret than quantitative measures.

Coordinated plans depend on both qualitative and quantitative measures to determine whether strategies are achieving their intended goals.

Figure 4-4 Sample Qualitative/Quantitative Performance Measures

Goal Strategies	Qualitative/Quantitative Performance Measure(s)
<div>  GOAL 1 Improve mobility and accessibility for vulnerable individuals in each county </div>	
1.1 Work with transit agencies to increase frequency and span on high ridership routes; consider increasing frequency for longer distance routes (e.g., shifting hourly routes to 45 minutes)	<ul style="list-style-type: none"> • Percentage of system with increased frequencies • Percentage of system with increased span • Number of rural routes with increased frequencies • Elimination of headways longer than 1 hour
1.2 Ensure that all high ridership stops have bus shelters and benches.	<ul style="list-style-type: none"> • Work with providers to conduct statewide stop inventory, including assets • Develop stop improvement plan for upgrades at high ridership stops • Develop long-term plan for bus stop upgrades state-wide
1.3 Expand affordable and/or free transit fare programs for qualifying populations (and regularly analyze if, by providing free fares, they are to places where people need to go)	<ul style="list-style-type: none"> • Develop analysis (whether based on commuter shed, above, or reverse commute patterns) to determine where marginalized populations need to go • Utilize analysis to offer/expand affordable transit programs; measure through surveys—number of individuals receiving support to get where they need to go
1.4 Expand the span of transit service or design “last ride home” programming for 2nd/3rd shift employees from major transit centers	<ul style="list-style-type: none"> • Conduct survey through workforce and major employers to determine shift times and transportation needs • Percent of routes serving major employment centers with increased service span
1.5 Prioritize ADA accessible bus stop design and establish order of magnitude for stop improvements; work with communities and counties to design access to stops	<ul style="list-style-type: none"> • Community surveys to determine various accessibility needs • Utilize stop inventory information to prioritize stop accessibility upgrades
1.6 Consider expanding volunteer driver programs to offset some statewide service needs	<ul style="list-style-type: none"> • Number of volunteer drivers • Percent growth of volunteer program annually • Utilization tracking of volunteer driver program
<div>  GOAL 2 Work with partner agencies to implement thoughtful coordination and planning statewide </div>	
2.1 Support intentional planning that improves transit connectivity to new developments, resorts, affordable housing, and jobs	<ul style="list-style-type: none"> • Develop commuter travel shed depicting travel patterns • Number of marginalized households newly served by transportation services through travel shed data • Conduct workforce survey (see Goal 1)
2.2 Establish consistent short and mid-range transit development plans for each county, with 5-10-year horizons	<ul style="list-style-type: none"> • HDOT to establish guidelines for Transit Development Plan elements and update schedule • 100% of counties have a TDP in place by 2026

Goal Strategies	Qualitative/Quantitative Performance Measure(s)
2.3 Collaborate with providers and localities to survey major employers, workforce development, and transportation demand management (TDM) programs to determine shift times and how employees access workplaces	<ul style="list-style-type: none"> • Number of entities collaborating with HDOT on survey distribution • Number of surveys completed statewide
2.4 Develop public-private partnerships for employer-sponsored shuttles for resort workers	<ul style="list-style-type: none"> • Develop plan for employer sponsored shuttles, including education and marketing campaign • Percent of resorts participating in employer-sponsored shuttle program
2.5 Create employee-based cost-effective transportation options between islands (e.g., between Lānaʻi and Maui for workers)	<ul style="list-style-type: none"> • Develop plan for affordable island-to-island transportation • Conduct feasibility study for ferry service(s)
2.6 Where feasible, work with major resorts to help fund public transit services from airports	<ul style="list-style-type: none"> • Conduct feasibility study for transit services from major airports for tourists and employees
2.7 Partner with agencies and organizations to regularly and directly survey healthcare providers, caregivers, and patients on their transportation needs	<ul style="list-style-type: none"> • Develop plan for serving and coordinating with dialysis centers (passenger and employee transport, mapping centers, labeling priority centers) • Decreased number of emergency room visits for those individuals who were able to receive transportation to medical appointments • Overall number of no-shows (work to reduce) • Percent reduction in no-shows
2.8 Further identify public transportation infrastructure needs in rural areas (i.e., bus shelters, ramps, bike racks, etc.)	<ul style="list-style-type: none"> • Conduct inventory current rural infrastructure • Survey to determine areas of most need for shelters, ramps, lighting, bike racks, etc.
2.9 Work with Veterans Services and the Veterans Administration to ensure consistent access to services for Veteran populations	<ul style="list-style-type: none"> • Number of veterans service organizations met with • Number of new Veterans served by transportation services • Anecdotal quotes and stories of Veterans who have benefitted from transportation services
2.10 Ensure transit providers participate in statewide and countywide emergency management planning	<ul style="list-style-type: none"> • Number of regional transportation providers participating in emergency management planning process



GOAL 3

Statewide education and awareness of public transportation options

3.1 Create a consistent marketing plan statewide to inform users (and potential users) about all local and regional transit options; service changes, and temporary changes (in the event of an emergency)	<ul style="list-style-type: none"> • Education/engagement plan developed with specific outreach in years 1-2; 3-5 • Number of engagement events held in English (and other languages as appropriate)
3.2 Establish a single source of transportation information for each county	<ul style="list-style-type: none"> • Develop a plan for centralized information in each county • Information center developed for each county by 2027

Goal Strategies	Qualitative/Quantitative Performance Measure(s)
3.3 Create a train the trainer program for education and advocacy re: available services; connecting to human services	<ul style="list-style-type: none"> • Train the trainer program developed in year 1 • Number of stakeholders participating in training program • Number of human service providers participating in training program • Survey to determine public information knowledge once program is complete
3.4 Develop education materials for different audiences: workforce, students, healthcare	<ul style="list-style-type: none"> • Within the education plan, HDOT develops specific engagement materials for workforce, students, and healthcare audiences, gauge education through surveys • Distribution of materials at strategic events: forums, workshops, and other conferences for the specific audience(s)
3.5 Create a bus buddy program for individuals new or reluctant to try transit; (establish "try transit" days)	<ul style="list-style-type: none"> • Number of "buddies" volunteering through the network • Number of customers using bus buddy network • Percent of riders retained through bus buddy network
3.6 Support access to food pantries, libraries, and other existing community services by hosting informational webinars, meetings, and leave-behind materials informing the public how to use various forms of transit	<ul style="list-style-type: none"> • Number of outlets materials distributed to; percent of coverage at food pantries • Attendees at webinars and meetings • Number of new riders through the distribution of materials (measured through customer surveys)



GOAL 4

Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability

4.1 Pool resources within counties to address driver and administrative shortages	<ul style="list-style-type: none"> • MOUs created to partner on administrative staff sharing • Number of staff positions filled through partnerships
4.2 Develop a system to identify and promote funding opportunities for providers and programs in each county	<ul style="list-style-type: none"> • Provide transportation providers information on grant opportunities at regular check-in meetings; number of stakeholders provided with funding opportunities • Number of providers applying for funding because of learning about opportunities
4.3 Part and/or full-time grant writing assistance (help guide applicants through the process; applicants need better understanding and assistance on HOW to write a winning grant)	<ul style="list-style-type: none"> • Overall grant funding awarded to agencies in the region as a result of support and assistance • Number of new grant proposals being entered because of receiving assistance
4.4 Assess current distribution of federal formula funding (including 5310 and 5311) to ensure equity and performance-based planning are given priority	<ul style="list-style-type: none"> • Develop equity and performance-based metrics for funds distribution. • Application of equity and performance metrics to funding recipients. • Develop reporting requirements based on equity and performance.

Goal Strategies	Qualitative/Quantitative Performance Measure(s)
4.5 Establish statewide work group to monitor transit grant programs and other resources for timing and applicability	<ul style="list-style-type: none"> • Provide transportation providers information on grant opportunities at regular check-in meetings; number of stakeholders provided with funding opportunities (see 4.2) • Establish work group of stakeholders to monitor grant opportunities and possibly partner to pursue funding for transit



GOAL 5

Develop a plan for technology implementation statewide, in partnership with transit providers

5.1 Create statewide plan for transit technology roll-out (needs assessment, feasibility analysis, and financial planning) <ul style="list-style-type: none"> • GPS Systems on buses • Real-time AVL tracking • Improved communication systems • Emergency management considerations 	<ul style="list-style-type: none"> • Conduct statewide technology feasibility analysis • Percent of fleets with GPS and AVL systems • Number of transit systems with emergency management plan in place
5.2 Encourage the transition to smart card and mobile fare payment options	<ul style="list-style-type: none"> • Conduct feasibility analysis to understand timing and cost around electronic fare payment systems • Survey customers to better understand those individuals and families who may be unbanked or have a need for cash payment systems
5.3 Transit agencies work with HDOT to update online and mobile tools for customers, including trip planning and fare purchases	<ul style="list-style-type: none"> • Develop a statewide transit app for trip planning • Study feasibility for mobile fare purchases via app
5.4 Establish technology training program for older adults and individuals reluctant to use technology	<ul style="list-style-type: none"> • Work with senior centers and transit providers to develop training program tailored to older adults • Number of older adults receiving training



GOAL 6

Encourage healthy living and environmental sustainability through public transportation

6.1 Work with area agencies on aging to establish “quality of life” and “aging in place” initiatives, allowing older adults to maintain personal residence if reasonable through transit services	<ul style="list-style-type: none"> • Research “blue zones” for best practices initiatives to pilot throughout the state. • Work with senior services and area agencies on aging to establish aging in place initiatives • Number of transit agencies working with AAAs to develop mobility and transit solutions for older adults • Percent of seniors with access to transit services
6.2 Establish a statewide marketing campaign geared towards visitors and tourists for public transit as an environmentally friendly alternative to driving SOVs	<ul style="list-style-type: none"> • Work with tourism industry and travel centers to market transit both online and electronically. • Number of transit agencies willing to offer discount passes to individuals and families traveling in Hawai‘i. • Number of tourists utilizing transit to access destinations

Goal Strategies	Qualitative/Quantitative Performance Measure(s)
6.3 Coordinate with health and human services to emphasize the health benefits of using public transit services	<ul style="list-style-type: none"> • Work with HHS and hospitals to develop campaign emphasizing the health benefits of “trying transit” • Number of health facilities participating in campaign
6.4 Continue transitioning to green transit infrastructure (CNG or electric vehicles; solar stops and facilities, etc.)	<ul style="list-style-type: none"> • Percent of fleets developing transition plan to “green” transit buses • Number of transit agencies with plans in place for “green” infrastructure planning and transitions
6.5 Work with medical facilities to establish baseline data on the impacts of transit on health (for example, reduction in emergency due to maintenance/upkeep of regular doctor appointments)	<ul style="list-style-type: none"> • Number of individuals attending health maintenance and follow-up doctor appointments • Reduction in emergency room visits statewide • Reduction in NEMT usage • Develop plan to reduce healthcare costs statewide







Chapter 5: Implementation Planning

An array of federal, state, and local funding sources are available to support the implementation of the recommended strategies in this Coordinated Plan.

This chapter explains potential funding sources and considerations for strategy implementation. It contains the following sections:

- **Potential Funding Sources.** This section provides an overview of funding sources from federal, state, local, and other levels.
- **Potential Funding Streams.** This section presents potential funding streams for each goal of the Coordinated Plan.
- **Implementation Considerations.** This section discusses various considerations as the state moves forward with Plan implementation.



"{We need an} iPhone app with the GPS and times of the buses"

Survey Participant



Potential Funding Sources

Federal Transportation Funding

On March 15th, 2022, President Joe Biden signed into law a \$1.5 trillion spending bill to fund the federal government for the remainder of fiscal year 2022 ending September 30. The following information is from the National Conference on State Legislatures, outlining the amounts appropriated for transportation programs:

- **Just over \$100 billion for federal transportation programs—a total of \$140 billion**, a 60% increase, when adding the FY 2022 appropriation provisions are contained within the Infrastructure Investment and Jobs Act.
- **\$61 billion for federal highway investments, along with \$9.5 billion from the infrastructure bill** for an FY 2022 total of \$70.5 billion, a 44% increase over 2021.
- **\$16.3 billion for public transit**, an increase of \$3.3 billion from FY 2021; when combined with the infrastructure bill, public transit funding totals \$20.5 billion in FY 2022, an increase of \$7.6 billion (58%).

The Federal Transportation Administration (FTA) has previously allocated formula funding to public transportation planning, service, and operations, and the above referenced amounts may be used for the same categories. The State Transportation Funding section below explains some of these FTA funds, which states are responsible for allocating.

State Transportation Funding

The Statewide Transportation Planning Office of the Hawai'i Department of Transportation (HDOT) administers funding to transit providers operating within the legal requirements of the FTA. HDOT aligns their funding allocations with the preparation of the Statewide Transportation Improvement Program (STIP).

HDOT provides the following federal formula definitions:

- **FTA Section 5303:** Funds authorized annually for planning and administrative activities by metropolitan planning organizations (MPOs). Honolulu's MPO receives federal gas taxes based on a minimum share, plus adjustments for population and air quality. Example uses: regional transportation plan preparation, transit planning, public participation planning.
- **FTA Section 5304:** Similar to Section 5303, these funds may be used for multimodal transportation planning in metropolitan areas. Plans should result in investment priorities for the given area and may be either short or long range.
- **FTA Section 5307:** Mass transit apportionment to urbanized areas based on population, population density, and operating performance. The department has authority over the distribution of funds to urbanized areas with a population of less than 200,000. HDOT will limit annual project allocations to stay within the FTA apportionment.
- **FTA Section 5309:** Mass transit discretionary funds for capital projects only. The presence of an identifier number in the project description indicates the transit agency has received the funds requested. Otherwise, the numbers shown in each fiscal year simply reflect needs perceived by the requesting agencies and operators. Funding for the following formula programs (Section 5310 and 5311) is constrained to the Federal Transit Administration's published estimates of future funding levels.

- **FTA Section 5310:** Federal funds to public and private nonprofit entities for the transportation of elderly individuals and/or individuals with disabilities. Grants are for capital equipment, preventive maintenance, and purchase of service only. HDOT is the agency designated by the Governor to administer this Section 5310 Program federal funding with oversight from the Federal Transit Administration (FTA).
- **FTA Section 5311:** Funds for Rural Transit Programs. Multiple entities in the state provide service in non-urbanized (rural) areas. HDOT also administers the Rural Transit Assistance Program (RTAP; 5311(B)(3)) for the state of Hawai'i.

Local Funding

Local funding is an important supplement to urban and rural providers—and is also helpful for securing federal funding. Rural transit agencies have limited to no access to local funding sources and minimal opportunities to create such funding sources that would assist with local match for state and federal formula funding. A primary funding source for local match is Medicaid, provided for trips contracted through the statewide brokerage operated under contract by private transportation providers. Local funding may also come from grant opportunities, as well as entities that contribute in-kind services. Agencies like HDOT receive sales tax revenue to help offset operating costs. In other areas, local funding may come from cities, counties, or public-private partnerships. No matter where the funds come from, local funding is critical to supplement both federal and state funds and is critical to the success of plan implementation.

Other Funding Sources

Other funding sources are available for transportation planning and services targeting marginalized populations. Two important sources are the National Aging and Disability Transportation Center (NADTC) and the National Center for Mobility Management (NCMM).

NADTC Funding and Community Grants

NADTC issues annual RFPs for a variety of transportation grants for older adults and individuals with disabilities. In 2021, NADTC announced a new funding opportunity, Equity and Accessibility: Transportation Planning Grant Program. Each year, NADTC typically announces grant opportunities in late Spring and awards them in August or September.

NADTC also offers community grants for assessing transportation needs. Community grants can fund new models to increase accessible transportation services for older adults and individuals with disabilities. They may supplement Section 5310 funds (Enhanced Mobility of Seniors and Individuals with Disabilities).

National Center for Mobility Management

NCMM—located at the Community Transportation Associate of America (CTAA)—gets its funding from the FTA. It operates as a national technical assistance center and provides grant opportunities to support partnerships. NCMM has provided community planning grants to advance the goals of the Transit and Health Access Initiative.

Potential Funding Streams

The following tables—organized by Coordinated Plan goals—highlight some proposed funding streams for strategy implementation. The list is not comprehensive, and is subject to change based on new funding allocations.

Funding opportunities not described above may also be potential sources. For example, funds for emergency planning and preparedness may be available for Goals 3 and 6.

THEME: Mobility and Accessibility



GOAL 1 Improve mobility and accessibility for vulnerable individuals in each county

Potential Funding Sources:

- NADTC planning assistance
- 5310 funding
- Emergency management funding (ARPA, etc.)

THEME: Coordination and Planning



GOAL 2 Work with partner agencies to implement thoughtful coordination and planning statewide

Potential Funding Sources:

- 5310 funding
- 5311 funding
- In-kind agency assistance
- NADTC planning assistance

THEME: Education and Awareness



GOAL 3 Statewide education and awareness of public transportation options

Potential Funding Sources:

- In-kind agency assistance
- 5310 funding
- NCMM Grants



THEME: Funding and Financial Sustainability



GOAL 4
Transit providers and Hawai'i DOT work jointly to plan for long-term funding and financial sustainability

Potential Funding Sources:

- 5310 funding
- In-kind agency assistance
- 5303/5304 planning assistance

THEME: Technology



GOAL 5
Develop a plan for technology implementation statewide, in partnership with transit providers

Potential Funding Sources:

- 5310 funding
- 5311 funding
- In-kind agency assistance

THEME: Environmental Sustainability and Health



GOAL 6
Encourage healthy living and environmental sustainability through public transportation

Potential Funding Sources:

- 5307 funding
- 5311 funding
- NADTC planning assistance

Implementation Considerations

This section looks ahead to some key considerations that will likely have an impact on this Coordinated Plan in the future.

There are three main considerations:

- **Annual Reporting on the Coordinated Plan.** How can HDOT provide regular updates on Coordinated Plan progress?
- **Medical Transportation.** How might changes to funding for non-emergency medical trips affect this Coordinated Plan?
- **Lead Agencies for Implementation.** Who will report on implementation progress for the strategies?

Annual Reporting on the HDOT CSP 2020+: State of Coordination in the State

Provide regular Coordinated Plan updates to stakeholders.

Regular progress updates on the Coordinated Plan are important for stakeholders, such as boards of directors, city councils, health and human services leadership.

These updates should occur on an annual basis and provide a sort of “state of coordination” report for the state. The update can present dashboards showing initial baseline performance metrics for the priority strategies for year one; followed by performance metric reporting each year that follows. This will help keep stakeholders apprised and build rapport.



Medical Transportation

Track changes to the Non-Emergency Medical Transportation (NEMT) program.

Hawai'i's legislature requires "that a state's medicaid plan ensure necessary transportation for medicaid recipients to and from medicaid service providers and must describe the methods used to meet the transportation requirement."

The legislature further finds that the Hawai'i medicaid state plan provides non-emergency individualized transportation such as taxi transportation for medicaid recipients "in areas not served by a bus system, or when travel by bus would be either hazardous or cause extreme hardship to a recipient who is ill or has a physical or mental impairment." However, many of Hawai'i's medicaid recipients with disabilities do not qualify for non-emergency individualized transportation under the Hawai'i medicaid state plan because they are physically and mentally able to utilize some special transit services for persons with disabilities. As such, the state legislature recently amended the code for NEMT in 2019 to include Honolulu's specialized transportation services. Similar consideration may be made for other providers throughout the state, so this is an important item to track. The types of rides typically covered under state NEMT programs include:

Types of rides

- Public transportation, like the city bus
- A taxi or van service
- Commercial transit, like a bus or plane, to go to another city for an appointment

Other services

- Money for gas
- Meals and lodging for children and youth 20 and younger staying overnight to get covered health care services

Previously, public transit providers would bid upon these services. Providers relied on the award of these trips to fulfill local customer needs, and so that the funding received could be used as local match to receive 5311 funding.

Lead Agencies for Implementation

Lead and support organizations will be responsible for measuring performance.

Integral to strategy implementation is the need for lead agencies associated with each strategy. HDOT should not be the only organization responsible for strategy implementation, especially as many of the strategies impact specific providers. It is recommended that upon adoption of this plan, HDOT and the TAC meet to discuss order of magnitude for strategy implementation (based on the priorities decided in April), and potential lead and support agencies that can assist with implementation planning.

During implementation, lead and support organizations will use the proposed performance measures associated with each strategy—and/or new ones that emerge—to establish a baseline. The baseline may be as simple as a "yes, this item was completed" or "no, the item was not completed" or may be a number or percentage associated with the strategy itself. At this time, the lead and support agencies will be responsible for measuring performance, with HDOT oversight for final reporting purposes.







Chapter 6: **Conclusions**

HDOT CSP 2020+ is a reference for those seeking an understanding of the transportation options for people with special needs throughout the counties of Kaua'i, Maui, and Hawai'i during the early 2020s.

It is also a guide for government decision-makers and community leaders to make strategic policies, programs, and services which help meet the transportation needs of older adults, people with disabilities, and individuals with low incomes. It is now the responsibility of the State, counties, local communities, and other partners to implement the recommended strategies of this plan.



**"Shift workers need
later transportation."**

Survey Participant



Endeavors and Expectations in 2020+

For the past couple of years, Hawai'i has faced many difficult trends also facing the United States, including increases in the fatality rate of pedestrians in car crashes¹ and the cost of living.² The risks of climate change and natural disasters also persist, evidenced by eruptions on the Big Island, landslides in Kaua'i, drought in Maui, and flooding across multiple islands. The year 2020 was a wakeup call for many people about the shortcomings and inequities in healthcare access, and today, the key communities served by the CSP may continue to be at risk of isolation, poverty, illness, vehicular crashes, and other deprivations of a dignified and long life.

Hawai'i can rise to this challenge and set a standard for the rest of the country in coordinated and human service transportation. The State's proactive policy on COVID-19 prevention helped create the Safe Travels program for tourists and helped limit the

number of virus deaths to 445 during the full first year of the pandemic.³ While not without economic costs, such actions shows the State's capabilities when committed to protecting its locals and visitors alike in an emergency. Another example includes the ban on selling sunscreens with oxybenzone and octinoxate to limit impacts to the sensitive ecosystems surrounding the islands, forcing the market to respond with more mineral-based sunscreen products. Respecting the environment is a consistent value amongst locals and the State can continue that by supporting sustainable modes of transportation.

But there is a legacy of mistrust. People who live in small rural communities, are racial minorities, and/or do not speak English at all, have historically been left out of political processes and past transportation plans. Decision-makers in Honolulu may have challenges relating to the preferences of people living on other islands. A socially and racially equitable process and plan design will help inform decision-makers about the

¹ <https://smartgrowthamerica.org/dangerous-by-design/#custom-tab-0-7d982ae1eb29d3c473a33fa3c879ebe1>

² https://www.bls.gov/regions/west/news-release/pdf/consumerpriceindex_honolulu.pdf

³ <https://covidtracking.com/data/state/Hawai'i/outcomes>



conditions faced throughout Hawai'i's numerous diverse communities on all islands. Looking forward, more steps must be taken to make a plan such as this one even more useful to all parties involved, including:

- **Expanding routine public engagement.** The ongoing risk of contracting COVID-19 limited the availability for in-person engagement and the target communities of the CSP (particularly older adults) may not have had access to online resources. Therefore, as virus risks continue to diminish, HDOT should not wait until the next CSP process to reach out to communities which were isolated by the pandemic. A new advisory committee could begin to be developed over the next several years with more representation from community-based organizations. People must also feel that their interests are genuinely and directly heard by HDOT — and not being clouded or obstructed by a more vocal and well-resourced interest group. The Pacific Islander Priority Investigations and Outreach Team at the Department of Health represents a recent effort in response to racially biased outcomes in public health.⁴ The teams being developed, along with others already at work representing community

interests, are resources for inclusion in future statewide planning processes.

- **Getting ready for the continued succession of project managers.** No industry is immune to the continuous competition for employees, and over the course of this decade, an expert or leader in the transportation field could leave their position. It is critical that every organization and firm that touches these topics have a plan for how to hand over and share information so institutional memory and valuable time sustaining the necessary connections and partnerships of coordinated transit are not lost.



⁴ <https://health.hawaii.gov/opppd/files/2022/01/SCR140-Racism-Public-Health-Crisis.pdf>



HDOT
Coordinated
Statewide Plan 2020+