



# Kansas Trans Reporter

The Newsletter for Kansas Rural and Specialized Transportation Providers • The University of Kansas Transportation Center

## Driver performance: What to do when your driver has diabetes

by Pat Weaver

That phone call from Mrs. Jones was the second one today. She called to complain about the near miss they'd had earlier that morning on Bus 6. She reported that Mary, the bus driver, just pulled right out in front of a car. They'd almost been hit.



*Insulin dependence raises the level of concern.*

You know that Mary has diabetes, but don't know if she takes insulin. In thinking back, you also

realize that she's had

several appointments with her eye doctor lately.

Mary has worked for you for several years, all without incident except a minor fender bender when she backed into a pole

a couple of years ago.

But now, two complaints in one day...

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## Get with the (travel training) program

by Nishtha Mehta

Transit agencies are frequently on the lookout for programs and tools to create a wider and more varied passenger base. This article will describe how travel training can help increase ridership and provide freedom and mobility for more residents in your community.

### How does it work?

The Americans with Disabilities Act (ADA) recommends many tools and

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## Drivers and diabetes,

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What do you do? And how fast must you act?

As a transit manager, your responsibility is to operate with due diligence to ensure the safety of your system and comply with the law. At the same time, policies should not take away the rights and dignity of your employee unless there is an expectation that it protects the safety of your operation. Do you have policies in place right now that help to ensure the safety of your passengers, and help you respond appropriately when faced with an event that appears to compromise safety?

This article will review some of the factors you should consider, and will provide some recommendations and resources for taking action.

### Why is diabetes a concern for drivers?

Short-term and long-term symptoms are both a concern for drivers. In the short term, diabetes can make and individual feel sleepy or dizzy, be confused, have blurred vision or, in more extreme circumstances, lose consciousness or have a seizure—all conditions that can affect ability to drive safely. Over the long term, diabetes can lead to symptoms that make it difficult to drive: nerve damage in hands, legs, feet or eyes; or blindness.

The incidence of diabetes increases significantly with age and some population groups—specifically, African Americans, Hispanic Americans and Native Americans—and is increasing at an alarming rate in the U.S. As a transit manager, you are increasingly likely to come into contact with a driver with diabetes who has been diagnosed and, perhaps, some who have not. One study predicts an increase to 30.3 million people in the U.S. over the next 25

years, a more than 65 percent increase in incidence over today (Wild, 2004).

### The regulatory side of the question: “interstate” versus “intrastate” regulations

There are some specific regulatory issues that address drivers with insulin-dependent diabetes. It is important to know whether your transit agency is an “intrastate” service in Kansas or an “interstate” service, one which crosses state boundaries.

The regulation is clear in the case of interstate transportation. If your system operates across state lines, then you

are federally regulated by the Federal Motor Carrier Safety Regulations of the U.S.

Department of Transportation which outline physical requirements for drivers (49 CFR Part 391, Subpart B 391.15). The regulations, enforced by the Federal Motor Carrier Safety Administration (FMCSA), state that “a person shall not drive a commercial motor vehicle unless he/she is physically qualified to do so...”

A CDL-licensed driver may not have an established medical history or clinical diagnosis of diabetes currently requiring insulin for control. Other medical conditions covered by the FMCSA include no current clinical diagnosis of any cardiovascular disease of any variety known to be accompanied by dizziness, shortness of breath, collapse, or congestive heart failure; no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to operate a vehicle safely; and no mental, nervous, organic, or functional disease or psychiatric dis-

order likely to interfere with his or her ability to drive safely.

In our example above, if Mary has an established medical history of diagnosis of diabetes requiring insulin control and was driving across state lines, she generally would not be eligible for a CDL. FMCSA may grant an exemption from the Federal diabetes standard for commercial drivers with insulin-treated diabetes mellitus for a renewable 2-year period if it finds that an exemption would likely achieve an equivalent level of safety. The burden of proof for determining this equivalent level of safety is substantial and includes driving experience, driving record and past inci-



Trouble with eyesight can be a sign of diabetes.

dence of diabetes complications; it is the responsibility of the driver to apply for this exemption.

State regulation of drivers for transit agencies in Kansas is a little different. Each state is permitted by Federal law to choose whether to apply Federal regulations to the safety qualifications for intrastate commercial drivers. Some states have adopted the Federal standards and do not allow people with insulin-treated diabetes to operate commercial motor vehicles; others have allowed drivers with diabetes to operate commercial motor vehicles under certain circumstances (*Report to Congress*, 2000).

In Kansas, a CDL-licensed driver transporting passengers operating in intrastate service in a vehicle that is not owned by a city or county must comply with the same safety standards as interstate drivers, including carrying a medical card that certifies fitness to drive. Kansas Statute 66-1,129 (c) excludes motor vehicles

## Some facts about diabetes of interest to drivers

—18.2 million people in the United States, or 6.3 percent of the population, have diabetes. This number is growing substantially in the U.S., and it will be increasingly likely that you will encounter an employee with diabetes.

—While an estimated 13 million have been diagnosed with diabetes, 5.2 million people (or nearly one-third) are unaware that they have the disease. Your driver may be unaware, at least at first, that he or she has diabetes.

—The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles. You may want to encourage development of a workplace wellness program to assist your employees in staying healthy.

—Often diabetes goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes. By requiring annual health assessments of your drivers, you may be helping them to avoid the long-term consequences of undiagnosed diabetes and other diseases.

—In the short term, diabetes can make the blood glucose levels too high or too low. As a result, diabetes can make an individual:

- Feel sleepy or dizzy
- Feel confused
- Have blurred vision
- Lose consciousness or have a seizure

—In the long term, diabetes can cause nerve damage in the hands, legs and feet, or eyes. In some cases it can cause blindness or lead to amputation.

owned and operated by...”any municipality or any other political subdivisions of this state.” In addition, in Kansas there is no process for a diabetes waiver for CDL drivers with a passenger endorsement, according to Dale Moore, Public Service Administrator with the Kansas Corporation Commission.

### Do your agency policies provide enough guidance?

As you’ve probably experienced, there are no absolutes on writing policies that insure that your drivers will perform their work tasks safely at all times. Policies attempt to put procedures in place to provide safe, quality service and, then, describe action and consequences if there is a failure to comply with policies and procedures.

Ron Straight, Transportation Manager of DWNWK, Inc. makes the excellent point that “a policy would cover more than diabetes;...[it would cover] all medical conditions affecting the operation of a vehicle.”

In the example shared in this article, there are two levels of concern. The first is the issue of a driver with diabetes and what procedures, if any, must be in place to comply with the law. A transit agency may be confronted with a wide variety of circumstances that could affect a driver’s ability to do the job safely and the policies should be flexible enough to address these circumstances.

The issue for transit managers is determining what policies and procedures to establish that (1) screen out drivers in the hiring process who are

not qualified to safely perform the essential tasks of the job, (2) set a standard of safety within the agency that requires drivers to identify any condition or circumstance which he or she believes could compromise the safe operation of their vehicle, (3) monitor performance of drivers on an on-going basis and take the appropriate immediate action when deficiencies are identified or safety is compromised, and (4) document any action taken which demonstrates your priority of system safety.

### Policies that may help

Examples of policies that screen drivers in the hiring process include the requirements for a physical and eye exam, a valid driver’s license, a good driving record, pre-employment drug and alcohol testing, and a road test. Some guidance on how to interview potential drivers may be found in *Questions and Answers About Diabetes in the Workplace and the Americans with Disabilities Act* (see availability at the end of this article.)

Policies that set a standard of safety within the agency once a driver is hired require certain actions from drivers to prevent and/or identify situations that could possibly affect driving performance, such as: (1) annual physical examinations certifying fitness to drive, (2) random drug and alcohol testing, and (3) requirements to report the use of prescription and over-the-counter drugs with a medical sign-off that the medications do not affect ability to drive safely. In addition to these requirements, some agencies may include periodic ride checks (both on-board and unannounced road checks) and regular safety training as part of their regular operating policy and procedures.

One agency manager, when asked how he would handle a report of a driver’s reckless driving,

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## Drivers and diabetes,

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responded that he would “immediately speak with the [driver] about the complaints and the concern and what is happening from their point of view.... What are their concerns? Does the illness or treatment require/merit consideration of a medical leave of absence to pursue treatment and resolution?”

The manager said he would also immediately do an on-board ride check and a few unobserved on-the-street observations to determine and document performance level. “[I would] seriously consider providing/ requiring a fitness-for-duty physical on DOT guidelines,” he said.

If a physical exam is required of your drivers, whether by federal standard or by agency policy, consider requiring all drivers to obtain their examination from a common medical examiner, ideally from an occupational medicine group, according to Rick Morse, Manager, Maryland Transit Administration Utilization Review and Workers Compensation Program. Morse recommends that the employer also pay for the physical to allow the employer access to information about the exam to eliminate the possibility that poor results from an exam might be concealed.

### Conclusion

Addressing an issue such as driver health which may affect safe driving performance points out how important attention to written policies and procedures is. Your policies address standards for hiring drivers, standards for safe operating practices, and responses you, as a manager, will take when those standards are not met. At a minimum, your agency certainly should have a policy that requires all drivers to be appropriately licensed and meets the health requirements to

hold that license (poor vision or other conditions which affect the ability to drive safely). If the requirement is for a CDL, and you are not a unit of government in the state, a driver with insulin-dependent diabetes is not eligible for a license.

Any driver holding any license in Kansas has the responsibility to report his/her condition to the Kansas Division of Motor Vehicles if there has been loss or alteration of consciousness within the last three years, according to Martha Bean, Public Service Administrator for the Kansas Office of Driver Review. The driver may not drive at all if those symptoms were experienced in the last six months, says Bean. Either upon request by the driver or a letter of concern sent by someone else to the Kansas Driver Review at 915 SW Harrison, Topeka, KS 66626, a medical form will be sent to the dri-

**No matter what the reason, your responsibility as a manager is to take action if you believe that a driver is not operating a vehicle safely.**

ver to determine driving eligibility. For additional questions regarding this process, contact Bean at the Kansas Driver Review Office, (785) 296-3601.

No matter what the reason, your responsibility as a manager is to take action if you believe that a driver is not operating a vehicle safely. “If you suspect a driver of not being able to perform safely, and an accident occurs, you will be liable for not taking due diligence in assuring our system is as safe as possible,” says Jay Banasiak, General Manager Wichita Transit. Ream Lazaro, of Lazaro &

### Resources available to transit managers

There are a number of resources that can provide you and your drivers with additional information about diabetes and its potential impact on driving. The sources for this article, listed on page 15, are just a few that may help.

Noel, says that regardless of whether the driver is CDL-licensed or not, “if the manager was made aware of questionable performance problems of a driver that could be health-related and have safety implications” it would be “necessary for the manager to seek further medical evaluation.”

In the example shared earlier, Mary’s manager would be prudent to relieve her from driving duty when she was reported for reckless driving, discuss the reports with Mary and require Mary to receive a medical evaluation and driving-safety assessment before she returns to duty. If she has an established medical history or clinical diagnosis of diabetes currently requiring insulin for con-

trol, she is not eligible to drive a vehicle requiring a CDL.

For more information about safety requirements for drivers with a passenger endorsement who drive within the State of Kansas, contact Dale Moore at (785) 271-3151.

The Kansas Motor Carrier Regulations may be found online at [http://www.kcc.state.ks.us/trans/mc\\_regs.pdf](http://www.kcc.state.ks.us/trans/mc_regs.pdf). Go to the Kansas RTAP Web site, [www.ksrtap.kutc.ku.edu](http://www.ksrtap.kutc.ku.edu) for a link to these regulations and other resources under “What’s New.” ▲



# What you need to know about...

# Medicaid waivers

by Laura Snyder

If you're in the business of providing transportation for disabled persons, you know the important role transit plays in their lives. Transportation helps people with disabilities to be independent, and through this, gain self confidence. Yet some individuals have no means of transportation to the grocery store, post office, dry cleaners, church, or even the movie theater. Some states participate in a waiver program to provide Medicaid recipients with this type of transportation.

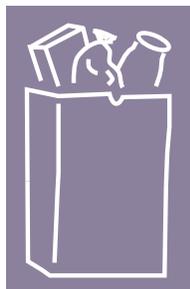
Any Medicaid recipient has to access transportation for medical reasons. Although transportation was not originally included in the Medicaid program, federal courts consistently ruled that states had to provide transportation for covered Medicaid services. These "access rights" require that if Medicaid pays for an ill person to go to the doctor, Medicaid must also ensure the person has a way to get there. These services can be provided by private for-profit agencies, private non-profit agencies, non-emergency medical transport, or even family and friends who receive medical mileage reimbursement.

### How the waiver program works

Each state has some flexibility with the federal funds it receives for Medicaid and can provide funding for some non-medical trips by applying for waivers from the federal Department of Health and Human

Services. A Medicaid waiver is an agreement between the state and federal government that lets the state provide specific community-based services to a specific population. It waives the requirement that an individual must live in an institution to receive these services. The waiver program not only increases independence for people with disabilities by allowing them to stay in their own homes, but costs the state less money than having individuals live in long-term care institutions.

There are different types of waivers, depending on the services needed. The waivers allow states to pay for services that recipients



would be able to provide for themselves if they were not disabled, such as non-medical transportation, lawn mowing, and snow shoveling.

Kansas holds six types of Home and Community Based Services (HCBS) Medicaid waivers, but only two of them apply to transportation services, says Margaret Zillinger, director of Community Supports and Services, at Kansas Social and Rehabilitation Services (SRS). The first is the HCBS Physical Disabilities (PD waiver). This program pertains to people ages 16 to 65 who have a physical disability as determined by Social Security, such

as multiple sclerosis, diabetes, or a spinal cord injury that prevents walking. The second, the HCBS Traumatic Brain Injuries (TBI waiver), serves people ages 16 to 65 who have sustained a traumatically inflicted brain injury, such as a blow to the head or a gunshot wound. Currently, the Waiver for Persons with Physical Disabilities serves about 4,300 people in Kansas. The Waiver for People with Traumatic Brain Injuries serves about 150 people in the state.

### Reimbursing transportation covered by a Medicaid waiver

There is no specific amount of funding allocated for transportation reimbursement each month. SRS works

Some states, like Kansas, hold waivers that allow for certain types of nonmedical trips.

would be able to provide for themselves if

through a payroll agent to pay transportation agencies for their services or family and friends for their mileage. The payroll agent is determined by the consumer, their family, and the assigned SRS caseworker.

When the person needing a ride calls and arranges the transportation in advance with the transit provider, the transit provider should ask the person how they will be paying for the services. If the person says that they are covered under the state's Medicaid waiver, the transit agency should ask who the payroll agent is.

Because payroll agents file claims electronically, reimbursement to the transit agency for services takes 2 to

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3 weeks at most, Zillinger says, but that depends on the payroll agency.

Some individuals may require more monthly trips than others; Zillinger says it varies from person to person. "The case managers look at what is needed. It is based on needs, not wants," she says. A disabled person's case manager builds a plan for transportation either through family and friends or specific contracted transit agencies. An individual may be covered to go to the grocery store 4 times each month, with one or two extra trips built in to allow for flexibility.

Other possible destinations include the drug store, dry cleaners, SRS office, or church. "We would even cover a trip to the movies once in awhile, or to a social event," says Zillinger. "We would not pay for someone to go out every day, but we would for a couple of times a month." The case worker monitors the end-of-month expenses to make sure the system is not abused.

For more information about Medicaid waivers for transportation services, contact Margaret Zillinger, director of Community Supports and Services at Kansas SRS at (785) 296-3561 or at mmz@srskansas.org.

Sources:

"A Guide to Medicaid and Medicaid Waivers," *The Arc of Indiana*, Summer 2003.

*Medicaid Transportation: Assuring Access to Health Care*, CTAA, January 2001, [www.ctaa.org/data/report.pdf](http://www.ctaa.org/data/report.pdf).

"HCBS—Not just another acronym," by Rocky Nichols, *Topeka Capital Journal*, Feb. 17, 2002, [www.cjonline.com/legislature/2003/diaries/nichols\\_021703.shtml](http://www.cjonline.com/legislature/2003/diaries/nichols_021703.shtml). ▲

## Travel training program,

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programs for transit agencies to provide independent, comfortable and accessible public transportation to all persons with disabilities. Travel training is one such program. It prepares participants in traveling safely and independently using their local fixed-route transit system or para-transit system. Members of a community who may not be comfortable traveling alone or people who want to learn more about their local transit system can participate in this program. Specially trained transit personnel work with participants to help them acquire the travel skills necessary for following particular routes in the safest, most direct way.

Travel training provides an opportunity for participants to gain more freedom and flexibility in choosing what kind of transportation they wish to take and when. According to Rachel Cornish, Marketing Coordinator for Public Transit Department at the Lawrence Transit System, this program is usually structured in one of three ways.

*One-on-one training*, the most common travel training format, usually consists of trained volunteers from the community traveling with program participants on fixed route systems. These volunteers help in familiarizing participants with routes, schedules, stops and fares. The volunteers also assist participants in learning necessary travel skills such as reading and understanding route maps, recognizing bus numbers and landmarks, safely boarding and dismounting from vehicles, using wheelchair lifts, and transferring to other buses.

*Group workshops* are another way travel training programs can be organized. These workshops consist of

trained volunteers providing instruction to a group of participants on trip planning, scheduling and safety. The information provided in the one-on-one sessions is provided in these workshops, though without the hands-on training.

A blend of the one-on-one sessions and the group workshop is the third construct for such a program and is becoming increasingly popular.

### Who benefits?

*Riders and care-givers.* Because travel training provides participants, and especially persons with disabilities, seniors and youth, with an increased confidence and self-reliance, the training supports an active lifestyle and encourages social interaction.

For example, in Orange County, Calif., a resident with Friedreich's Ataxia, a disease that causes progressive damage to the nervous system, says she can now travel independently on the local fixed-route system after receiving travel training. In Nevada, another travel training participant claims that the program has made transportation easier and lifted the burden on his care-givers.

*Transit agencies.* Because participants of travel training programs learn to use transportation means other than private vehicles, this can help transit agencies in acquiring a wider passenger base and serving the community.

*The community.* Travel training participants can become more involved in their communities and can enjoy a wider access to jobs, health care services, shopping facilities and social events. An increase in public transportation use can also increase safety on roads, as both congestion and vehicular pollution decrease.

### A local example

Rachel Cornish has been instrumental in designing and implementing

a travel training program, called “T” Time Travel Training, for Lawrence, Kan. This travel training program aims to make it easier for residents of the Lawrence area to use public transit. According to Cornish, “T” Time has been designed to provide travel training instruction to persons with disabilities, youth and elderly as well as other citizens, to foster a safe and comfortable travel environment.

The program is a combination of several successful national models construct-



interested. Enrollment began February 1, 2005.

**One size does not fit all**

Travel training programs can be adapted to serve a specific part of the community’s population. Successful travel training programs have been initiated at local schools to encourage the use of public transportation among youth. These programs aim to teach the younger members of the community the best and safest ways to travel independent-

ly. Travel training programs can be constructed to specifically serve the needs of seniors and persons with disabilities. Such programs can focus on training partic-

ipants to use wheelchair lifts when appropriate, and familiarizing them with routes, buses and drivers.

Easter Seals models for different types of programs can be found at the Web site [www.projectaction.easterseals.com](http://www.projectaction.easterseals.com). (Click on “Free Resources,” then click on “Order and Download Free Publications” and then select “Travel Training.”) This Web site provides descriptions of models that have been successfully implemented in different communities nationwide. It includes specific programs implemented for youth, visually-impaired individuals, persons with other disabilities, and seniors.

**Make it work for you...**

Many travel training program participants have gained greater indepen-

dence from the experience. Adapting this tool according to the specific needs of a community can further the use of public transit, create self-reliant and confident riders, and help organize a well-functioning transportation system for that area.

For more information on Lawrence’s travel training program, contact Rachel Cornish, Marketing Coordinator, Public Transit Department, Lawrence Transit System, at (785) 832-3471.

For more information on Easter Seals Travel Training Models, contact Easter Seals Project ACTION at (800) 659-6428 or email at [project\\_action@easterseals.com](mailto:project_action@easterseals.com)

Sources:

“T” Time Travel Training Lawrence Transit Systems [www.lawrencetransit.org/reroutes/Ttime.shtml](http://www.lawrencetransit.org/reroutes/Ttime.shtml).

News Releases about “T” Time Travel Training Workshops, City of Lawrence, KS, January 7, 2005.

*Lawrence Transit System’s Travel Training Program set to begin*, City of Lawrence, KS fact sheet, December 2004.

Easter Seals Project Accessible Community Transportation in Our Nation (ACTION) <http://projectaction.easterseals.com>

*You Can Really Go Places*, Easter Seals. Project ACTION. June 2002.

“Stories of Changed Lives,” *The Personal Impact of Transportation Access*, Easter Seals. Project ACTION, July 2003.

“Buses and Trains for Everyone,” *Instructor Training Guide*, Easter Seals, Project ACTION, 2002. ▲

**Travel training programs benefit riders, care-givers, transit agencies, and the community in general.**

ed by the Easter Seals Project Accessible Community Transportation in our Nation (Project ACTION). It is based on the format that blends group workshops with one-on-one training sessions. It includes workshops that help individuals attain skills in order to maintain self-reliant travel habits. The workshops focus on providing instruction regarding planning of trips, travel economics and safety. The other part of the program involves practical application of the newly-acquired travel skills.

“T” Time participants are paired with a volunteer “ambassador” to go on individual trips where they can learn to comfortably navigate the city’s transit system. The program is free and open to all those who are



# Speak up!

*Using public speaking as a marketing tool*

by Laura Snyder

When it comes to marketing your transit company, there might not be any cheaper, more effective way than to speak to your audience in person. After all, who knows more about the services you provide? You can also tailor your marketing tactics to target the very different groups you speak to instead of devising one-size-fits-all ad campaigns.

Unfortunately, this type of marketing involves a dirty phrase: public speaking. If you're like most Americans, you find public speaking to be more intimidating than death itself. But if you know what you're talking about and who you're talking to, public speaking can be a great tool to help you increase business.

## The importance of speaking to your community

Just because a resident of a community knows there is a bus service doesn't mean he or she knows what particular services are offered, where the stops are, and what the schedule is. Educating the community about how to use the bus can create more riders. Nancy Johnson, Director of Community Relations at Topeka Transit, says that although people may not consider themselves potential riders right now, she encourages them to look at the future. "If you have surgery, and you qualify for a door-to-door bus service, it doesn't



do much good if you don't know about it," she says. "And public transit also helps with those times when you don't have the car."

Johnson also markets to school children. This year, USD 501 in Topeka changed the school bus program so that students could only ride for free if they lived 2.5 or more miles away from their school. Before it had been just one mile. "Our public transportation goes within two blocks of every school except one," says Johnson. Through marketing to students and parents, she says the number of Topeka Transit riders has increased by 27.5 percent this year, all because of student riders.

In a community with a newer transit system, speaking to groups can help increase familiarity and comfort with riding the bus, says Karen Rexroad, former Public Transit Administrator at Lawrence Transit and currently a sales engineer at Optima Bus Corp. "Especially in Lawrence where the system is new, a

lot of people need that one-on-one attention," she says.

Best of all, public speaking lets you target-market. Johnson says when she spoke with students and parents in USD 501, her message was about using the bus to get to and from school. When she speaks to the elderly or business professionals, she talks about how they can use the transit system to suit them.

Public speaking is a necessary part of any marketing campaign. Johnson thinks television, radio, and newspaper ads are becoming less effective. "Probably most of America, like me, are channel flippers. They don't watch commercials," Johnson says. "We've done away with

telemarketers, we don't read anymore, and there are just tons of TV and radio channels to choose from."

## Get out there!

Hopefully you're now convinced of the value of public speaking as a marketing tool. But who do you talk to? Everybody! Business groups, such as the Chamber of Commerce and the Jaycees, civic clubs, such as the Elks, Lions, or Rotary Club, retirement homes, youth centers, and churches area all good places to visit. Many of these groups are always looking for presenters and will gladly have you come and speak. Lawrence Transit also annually mails out information about their presentations to potential audience groups, and they are listed in the city of Lawrence's Speakers Bureau packet.

Rexroad says one of her favorite groups to visit is Kathy Mehl's functional skills class for lower-functioning students at West Junior High School in Lawrence. During the unit Mehl teaches on using public trans-

We found a few more ideas from Toastmasters International, an organization with community branches all over the world where you can learn and practice public speaking skills. Visit [www.toastmasters.org](http://www.toastmasters.org) to learn more about public speaking or to find a Toastmasters club near you.

## Ten tips for successful public speaking

Feeling some nervousness before giving a speech is natural and healthy. It shows you care about doing well. But too much nervousness can be detrimental. Here's how you can control your nervousness and make effective, memorable presentations:

1. *Know the room.* Be familiar with the place in which you will speak. Arrive early, walk around the speaking area, and practice using the microphone and any visual aids.
2. *Know the audience.* Greet some of the audience as they arrive. It's easier to speak to a group of friends than to a group of strangers.
3. *Know your material.* If you're not familiar with your material or are uncomfortable with it, your nervousness will increase. Practice your speech and revise it if necessary.
4. *Relax.* Ease tension by doing exercises.
5. *Visualize yourself giving your speech.* Imagine yourself speaking, your voice loud, clear and assured. When you visualize yourself as successful, you will be successful.
6. *Realize that people want you to succeed.* Audiences want you to be interesting, stimulating, informative, and entertaining. They don't want you to fail.
7. *Don't apologize.* If you mention your nervousness or apologize for any problems you think you have with your speech, you may be calling the audience's attention to something they hadn't noticed. Keep silent.
8. *Concentrate on the message, not the medium.* Focus your attention away from your own anxieties and outwardly toward your message and your audience. Your nervousness will dissipate.
9. *Turn nervousness into positive energy.* Harness your nervous energy and transform it into vitality and enthusiasm.
10. *Gain experience.* Experience builds confidence, which is the key to effective speaking. A Toastmasters club can provide the experience you need.

*Reprinted with permission from Toastmasters International.*

portation, Rexroad visits for an hour and helps teach the students about Lawrence Transit. Mehl says Rexroad's presentations are interactive; the students learn how to map a bus route, get a bus pass, and how to ride the bus.

"We would plan a specific trip, like to Wal-Mart from the school," says Mehl. "A lot of these students are lower functioning and would not be able to read the maps or schedules on

their own." The unit culminates with the class taking a ride on the Lawrence Transit to practice what they've learned in class.

### What to say?

What you say to the group you speak to depends on one thing: the audience. Ask yourself: who are these individuals? What do they want to know about? How could they use the transit system? Business people may

be interested in saving money, while women who have children might welcome an alternative to being a carpool mom. Johnson says she thinks about these situations when preparing to give a presentation. "I would not give the American Business Women the same speech that I would to Kiwanis," she says. She usually prepares for two to three hours for a one-hour presentation.

Once you have an idea of what your audience is like, you can research and organize your presentation. Johnson keeps a collection of index cards with facts about transit that she has found on the internet. She looks through the cards when preparing for a presentation and chooses those that might spark her audience's attention. "I want to be a dinner table conversation," she says. "I want people to remember what I said."

Johnson's favorite fact to share is that Americans spend 19 cents out of every dollar earned on transportation. That

cost is second to housing, but greater than food and healthcare combined. "Most people have no concept of how much a million is," she says. "Give them facts and figures they can relate to, like 19 cents on the dollar instead of millions and billions."

But keep it simple. Don't get bogged down with facts and figures. Besides leaving the audience with a

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## KDOT launches ITS pilot program

Hays and Hutchinson receive funding for high-tech dispatching technology.

by Laura Snyder

ITS Technology could be coming to a city near you sooner than you think. Right now, Ellis and Reno counties are trying out transit-related Intelligent Transportation Systems technology (ITS). KDOT is coordinating the pilot program and funding 80 percent of the total cost. Why is this such a big deal? Because it has the potential to improve transit services in some key ways. ITS increases efficiency and safety and improves customer service for rural transit systems, says Lisa Loeb, Executive Director for Reno County Area Transit.

### Testing ITS

With the Comprehensive Transportation Program (CTP), federal funding for state public transportation increased from \$1 million to \$6 million annually. At the same time, transportation providers requested additional federal funding. Looking for a way to best help the transportation providers with the increased funds, KDOT found ITS to be an excellent way to help providers operate more efficiently. Ellis and Reno Counties were chosen as testers for the project in 1999. "It's really a pilot to see if the technology

helps to improve the process," says Mike Floberg, state ITS engineer. "We certainly expect it will, but this way we can verify it and justify it in the future."



### Defining ITS

ITS is simply a way of using technology in transportation to save time, money and lives, according to the Intelligent Transportation Society of America. The U.S. Department of Transportation's ITS Joint Program Office says ITS, more specifically, collects, stores, processes, and distributes information to help transportation go more smoothly.

Components include software, computers, and global positioning units.

While one option of ITS is to use only voice communications, the systems in Ellis and Reno counties will also use data communications, which Floberg says makes the system more efficient. Buses that use data communications are each equipped with a small computer, called a Mobile Data Terminal or MDT, which contains a small liquid crystal display (LCD) screen. Bus drivers receive their assignments via the screen. They push buttons on the computer to send canned messages back to the office, such as telling dispatchers when the bus has reached its destination or that a passenger has boarded and paid the fare. The system eliminates the need for drivers to fill out paperwork, because the computer will record all of the informa-

tion. There is also a microphone, which lets drivers and dispatchers communicate verbally.

Another part of the technology, the Automated Vehicle Locator (AVL) system, makes dispatching more efficient. The AVL system is made up of global positioning units mounted on each bus. The units track the buses; the dispatch office can look at a Geographic Information System (GIS) map and see the exact location of each bus is at any given time.

### Benefits of AVL

AVL will provide an improvement over the way dispatchers currently estimate bus location. "It's hit-or-miss unless I actually talk to the driver," says Loeb. With the new system, if a passenger at a certain location calls to request a ride, the dispatcher can see immediately where the nearest bus is, put the assignment on the driver's LCD screen, and tell the passenger when and where to expect the bus.

Because AVL shows exactly where the bus is located, dispatchers can look out for the safety of the driver and passengers. If they see that a bus hasn't moved for a long period of time, they can send someone to check on the bus to make sure everything is all right or see if they need help. If there is an emergency on the bus and the dispatcher has to call 911, he or she can give the bus's exact location to the operator so paramedics or police won't waste time trying to find the bus.

Loeb says dispatchers will also be able to tell a customer whose bus

hasn't arrived yet how long to expect to wait or, if they've already missed the bus, to pick up the next one.

### A state-wide network

The system's backbone is a software application by the Trapeze Software Group called Trapeze ITS, which helps with dispatching and monitoring vehicles. As an economical alternative to buying multiple copies of the software and installing it in each location, KDOT chose to buy a networked system will run a state-wide system out of Topeka. This will make it easier to expand ITS to other locations around the state in the future. The software can easily handle every

possible recipients of ITS include Garden City, Dodge City, Great Bend, Salina, Wichita, Girard, Paola, Manhattan, Waterville, Emporia, Chanute, Newton, Columbus, and Arkansas City. Services have to have at least 100 riders per day to qualify. Rosacker says expansion of ITS depends on whether the transportation providers in those locations want to participate. In those locations, ITS would be funded with 80 percent federal funding and 20 percent local match. "Maybe not all of them will want to spend the 20 percent to fund it," he says.

Yet 20 percent of the total cost is significantly cheaper than what the

With the new system, if a passenger at a certain location calls to request a ride, the dispatcher can see immediately where the nearest bus is, put the assignment on the driver's LCD screen, and tell the passenger when and where to expect the bus.

vehicle in the state, according to John Rosacker, Assistant Bureau Chief of Transportation Planning at KDOT and overseer of the project. The state's 800 MHz radio tower will transport the data and voice communications.

KDOT's office is set up; Ellis County's computer terminals in the dispatch offices and the small computers on the buses still have to be installed. Ellis County should be up and running by the end of March, says Rosacker. All three components of Ellis County's Developmental Services of Northwest Kansas, Inc., including ACCESS Transportation, CARE-Van, and HEALTH-Express will use ITS. As for Reno County, Rosacker estimates that they could be operating as soon as July.

### Looking down the road...

Other cities that KDOT identified as

counties could afford by themselves. Loeb says a lot of the cost associated with ITS is in the development. Now with the base already set up in Topeka, additional sites will just need the equipment for buses and dispatchers. "KDOT's trying to look at the big picture so they don't have to reinvent the wheel every time," Loeb says.

For more information on the ITS pilot program, contact John Rosacker, Assistant Bureau Chief of Transportation Planning at KDOT, at (785) 296-0342 or at [rosacker@ksdot.org](mailto:rosacker@ksdot.org)

Source:  
*Intelligent Transportation Primer*,  
Institute of Transportation  
Engineers, 2000. ▲

### Public speaking

continued from page 9

message, the presentation should be digestible. Johnson makes only three main points in each of her presentations. And practice! Look in the mirror or give your speech in the car. Better yet, practice in front of a friend.

Interactive presentations may also help keep your audience's attention. Shannon Garrett, director of Legislative Affairs and Marketing at Citibus in Lubbock, Tex., attended a presentation Johnson gave on transit marketing. "She asked a lot of questions and had a lot of audience participation," said Garrett. "She would say, 'what do your passengers want?' and single out an audience member. I remember her presentation as one of the best."

Visual aids, such as power point presentations, posters, and slides may help you get your message across, but the most important part of the presentation is the context. Johnson and Rexroad both say they may or may not use visual aids depending on their audiences. Rexroad also recommends distributing key chains, highlighters, pens, and other promotional items at presentations so the audience will remember them.

Speaking in front of a group shouldn't seem quite as daunting now! So take advantage of this marketing tool and educate your community about their transit system. Good luck!

For more information about Topeka Transit's public speaking efforts, contact Nancy Johnson, Director of Community Relations at Topeka Transit, at (785)233-2011.

### References:

*Marketing Ideas to Get You There: West Virginia Transit Manual*. West Virginia Division of Public Transit, Jan. 2001. ▲

# Ten questions to ask a prospective software consultant

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by Courtney Hansen  
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**F**or nonprofit organizations looking to streamline operations through the use of software, a good consultant can be indispensable. Choosing one, however, can be just as tough as choosing a software vendor. Here are ten questions you should ask when considering a software consultant:

## 1) What is your primary focus?

Dedication to groups like yours is vital. Look for a consultant whose primary business is dealing with agencies in your situation, not one who works with small transit agen-

**Always choose a consultant who can back up claims with a list of satisfied clients.**

cies, for example, as part of a larger business. Equally important is making sure your consultant is committed to building an ongoing relationship with you to stay on top of your needs.

## 2) Does your sales staff have a methodology to determine what solution best fits my organization?

Look for perspective that is service-focused, not product-focused. A consultant that only deals with one or two vendors might try to fit your organization into its solution rather than finding the right solution for your organizational challenge.

## 3) What are your specialties?

A consultant that has worked with organizations similar to yours will be able to understand your unique challenges and devise the best strategy to overcome your specific issues.

## 4) What experience do your project managers, developers, trainers, and IT staff have?

Look for a consultant with an experienced technical staff. Make sure they have advanced general IT certifications and that all staff members have up-to-date certifications in the specific applications and services they support.

## 5) How do you train and support users after an implementation?

A software project is only as successful as the least-skilled end user. Trust implementation only to a consultant who understands the importance of getting users thoroughly trained and offers an ongoing support system long after the implementation is complete.

## 6) How long has your company been in business? How long have you been with the company?

Always ask how long a company has been in business to help determine the stability of your consultant. Do you

really want to work with a company that might not be around next week?

7) What other agencies have you worked with? While you want stability in a company, you also want to be sure your consultant has successfully helped other similar clients.

8) What is the average size of the organizations you typically work with? Find a consultant that's the right size for your organization. You want a consultancy that is large enough to have the resources to carry out your project but small enough to give you personalized attention. It is also important to determine how many people will be managing your project and who will be available for any special requests or needs.

9) Whom can we contact for references? Always choose a consultant who can back up claims with a list of satisfied clients. Look for references in your area that are approximately the same size as your organization. Ask those references: How long have you been working with the consultant? Was there anything in the scope of your project that you were not satisfied with? Were there any problems that cropped up and, if so, how were they resolved?

10) Can you help your clients measure their success? Your software investment can and should be measured. A good consultant will be able to evaluate the efficacy of its solution and implementations in your project.

Adapted from "10 Questions to Ask Your CRM Consultant," by Yacov Wrocherinsky, *Fundraising Success*, May/June 2004. ▲

## Wheelchair securement: Where art meets science

by Courtney Hansen

Wheelchair access on transit buses and paratransit is getting more complicated every year. Service providers are faced with accommodating more passengers with an ever-increasing diversity of mobility aids. Some of the problems facing transit systems and customers are:

- Larger and less maneuverable wheelchairs;
- Securement is often time consuming, physically challenging, and intrusive to passengers;
- It is increasingly common for wheelchairs to be difficult to tie down because of new design features.

If there is no good place for attachment of belts or hooks, a fabric webbing tether strap can be installed on the mobility aid. This approach, while not as good as having proper mechanical tie-down points built in or attached to wheelchairs, serves to make “best efforts” to keep wheelchairs in the securement area, as encouraged by the ADA regulations.

A common problem for transit personnel is not being able to identify where to attach tie-down straps on many wheelchairs and scooters. Some transit systems and disability organizations offer wheelchair mark-



ing and/or tether strap programs for wheelchair users. The first component of these programs is markings for appropriate attachment points on customers’ chairs with color-coded tape, stickers, wire ties, or some other identifier. If there is no good place for attachment of belts or

hooks, a fabric webbing tether strap can be installed on the mobility aid. This approach, while not as good as having proper mechanical tie-down points built in or attached to wheelchairs, serves to make “best efforts”

to keep wheelchairs in the securement area, as encouraged by the ADA regulations.

The Americans with Disabilities Act (ADA) requires that people using wheelchairs be transported, whether they can be adequately secured or not. If a wheelchair cannot be successfully secured, or the vehicle’s securement equipment isn’t functioning, the passenger must still be allowed to ride. However, it is important to note that the regulations also state that wheelchair users may be denied transportation if they do not allow their chairs to be secured.

The Federal Transit Administration (FTA) bulletin on wheelchair securement indicates that transit providers must establish and post a written policy governing these situations. Conversely, the FTA bulletin allows transit providers to also have a policy that securement is at the option of the passenger. The transit agency must, however, provide securement assistance to any passenger who needs or requests it. In addition, wheelchair users may only be required to use occupant restraints if all other passengers are required to do so. The FTA bulletin (ADA Information Bulletin, Volume 1: *Questions and Answers Concerning Common Wheelchairs and Public Transit*) is available online at [www.fta.dot.gov/14863\\_ENG\\_HTML.htm](http://www.fta.dot.gov/14863_ENG_HTML.htm).

Reprinted from an article by Doug Cross in *Project ACTION Update*, August/September 2004.▲

# Rural Transit Conferences and Workshops

April 19, 2005  
National Transit Institute: ITS  
Architecture  
Ames, Iowa  
Contact: NTI  
Register online at:  
www.ntionline.com

May 1-4, 2005  
American Public Transit  
Association Bus and  
Paratransit Conference  
Columbus, Ohio  
Contact: Gloria A. Smith at  
gsmith@apta.com or (202)  
496-4818

May 17-19, 2005  
National ADA Symposium &  
Expo  
Overland Park, Kan.  
To register, call (800) 949-  
4232  
or visit [www.adaproject.org](http://www.adaproject.org)

May 21-May 22, 2005  
National Community  
Transportation Roadeo  
Renaissance Grand Hotel  
St. Louis, Mo.  
Contact: CTAA at  
www.ctaa.org; (800) 891-0590

May 23-27, 2005  
Community Transportation  
Association of America EXPO  
St. Louis, Mo.  
Contact: CTAA at  
www.ctaa.org; (800) 891-0590

May 23, 2005.  
National Conference on  
Transportation for America's  
Elders: Mobility for Life.  
St. Louis, Mo.  
Contact: CTAA at  
www.ctaa.org; (800) 891-059

April 2005  
Kansas Transit New Manager  
Orientation  
(Specific dates and locations  
to be announced.) A one-day  
orientation and training work-  
shop is being planned for new  
transit managers to assist in  
management of Kansas  
Department of Transportation  
projects. Watch for further  
announcements in early 2005.

May 21-27, 2005  
2005 Community  
Transportation Association  
EXPO  
St. Louis, Mo.  
Contact CTAA, [www.ctaa.org](http://www.ctaa.org),  
Phone (800) 891-0590

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Editor's Note:  
To include meetings or  
workshops in our calendar,  
send information to:  
Kansas Trans Reporter, KUTC,  
1530 W. 15th St., Room 2160,  
Lawrence, KS 66045.  
Email: [weaver@ku.edu](mailto:weaver@ku.edu)

## New KDOT checklist and map are handy tools for drug and alcohol programs

.....  
by Courtney Hansen  
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To help employers manage procedures for new safety-sensitive employees, KDOT has developed two tools: a checklist for drug and alcohol compliance and documentation and a map listing contact numbers for local mobile drug testing collectors.



The checklist is a list of procedures involving drug and alcohol testing and training for safety-sensitive employees. Items include the

drug and alcohol testing itself as well as the creation of a file and the issuance of a drug and alcohol policy. There are 11 items overall.

The checklist has been created for the convenience of transportation employers. Since many employers already have procedures in place for documentation and compliance, use of the checklist is not mandatory. However, it can be a valuable tool for compiling this information in one place.

KDOT's other updated tool is a "Color Coded Location Map for Mobile Collectors." This is actually a new version of an existing map, and

should replace all older versions. The map has four color-coded regions across Kansas, with contact numbers for the mobile collection agencies in these regions.

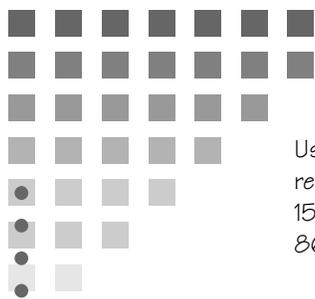
The map is designed as an easy reference when contacting mobile collectors. For example, if an employee is sick and cannot participate in a

The checklist is a list of procedures involving drug and alcohol testing and training for safety-sensitive employees.

test that day, it is necessary to contact the collector promptly to reschedule the testing.

If you would like Word documents of either of these files, contact Sandy Flickinger, KDOT Drug/Alcohol Program Manager at 785/368-7091. ▲

## Resources Order Form



Use this order form to order the first two publications listed here. Access the other resources directly from your computer. **Send the order form to:** KUTC Lending Library, 1530 W. 15th Street, Room 2160, Lawrence, KS 66044. Or fax the form to 785/864-3199.

### Publications and web resources

**Buses and Trains for Everyone: Instructor Training Guide.** Instructors guide for familiarize students in kindergarten through eighth grade about the concepts and skills necessary to use public transportation. Easter Seals' Project ACTION.

**Qualifications of Drivers - Vision and Diabetes.** Discusses the risk, based on accident involvement, of allowing commercial motor vehicle operators who do not meet Federal standards for specified medical conditions to drive interstate. FHWA Office of Motor Carrier and Highway Safety, 1999. 4 pgs.

**New Kansas Transit Provider Directory.** Go to <http://www.kstap.kutc.ku.edu>; select KS Provider Directory from the menu.

**Driving When You Have Diabetes.** This brochure published by the NHTSA in cooperation with the American Diabetes Association to provide guidance on when you should and should not drive when you have diabetes. [www.nhtsa.dot.gov/people/injury/old-drive/Diabetes%20Web/images/Diabetes.pdf](http://www.nhtsa.dot.gov/people/injury/old-drive/Diabetes%20Web/images/Diabetes.pdf)

**Kansas Motor Carrier Regulations.**  
[http://www.kcc.state.ks.us/trans/mc\\_regs.pdf](http://www.kcc.state.ks.us/trans/mc_regs.pdf).

**National web site of the American Diabetes Association.** <http://www.diabetes.org/home.jsp>. Provides links to local chapters around the country that can provide services to you.

**Global prevalence of diabetes: estimates for the year 2000 and projections for 2030,** Sarah Wild (May 2004). *Diabetes Care*. [http://www.findarticles.com/p/articles/mi\\_mOCUH/is\\_5\\_27/ai\\_n6033065](http://www.findarticles.com/p/articles/mi_mOCUH/is_5_27/ai_n6033065)

**Questions and Answers about Diabetes in the Workplace and the Americans with Disabilities Act (ADA).** A helpful guide published by the Equal Employment Opportunity Commission for employers and employees regarding hiring and employing workers with diabetes. [www.eeoc.gov/facts/diabetes.html](http://www.eeoc.gov/facts/diabetes.html).

**A Report to Congress on the Feasibility of a Program to Qualify Individuals with Insulin Treated Diabetes Mellitus to Operate Commercial Motor Vehicles in Interstate Commerce as Directed by the Transportation Equity Act for the 21st Century.** FMCSA, Washington, D.C., July 2000. [www.fmcsa.dot.gov/Pdfs/diabetesrpt.pdf](http://www.fmcsa.dot.gov/Pdfs/diabetesrpt.pdf)

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