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MICROTRANSIT: WHAT WORKS, AND WHY?

Background: The town of Sudbury is working towards the long-term goal of a regional system addressing critical issues of transportation that affect the livability of our towns. Challenges are the rural nature and the very large geographic area. For this reason, the following types of transportation will be required: public transportation (including regional transit authority and Council on Aging vehicles) and private microtransit in the form of taxis, livery, TNCs, and firms providing vehicles, such as Via.

To date, Sudbury has accomplished the following in support of that goal:

- Sudbury Transportation Committee chartered 2018 (impetus = livable initiative; reports to Select Board; comprises town staff and volunteers; follows PDSA quality process; meets 2X/month)
- Results:
    - MPO technical assistance leading to Community Transit grant (submitted) and Community Connections grant (MWRTA Boston Hospital shuttle) in process
    - Three taxi grants awarded, two for multiple communities (Sudbury lead)
    - Community Compact grant awarded for multiple communities (Sudbury lead)
    - GoSudbury Uber program running since February 2021
    - State earmark ($125K) for Sudbury transportation proposed by Rep. Gentile
    - Presentation by Via (September 2023).

Request to MAPC: *Of use at this time would be an informal session focused on microtransit, in which people can be candid about what worked and why, what the surprises were, and what they might not do again (and why).*

Major questions:

Vendor choice (why, experience, +/-, etc.):

- Uber
- Lyft
- Via
- RTA microtransit
- Other?

Performance measures (what, why, results)

Rider feedback/driver feedback/vendor feedback

What does Sudbury need to know about multi-community, multi-vendor transportation systems?

If time:

Current idea for consideration: *An electronic voucher system for a TNC that a rider could access under special circumstances, to reduce the stress of an otherwise lengthy wait for shuttle transportation to/from Boston hospitals.[1]*

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[1] For example, one concern about public medical transportation in general has been the occasion of a lengthy wait by a rider, including for transportation home. This has been noted as a barrier to widespread use of "more public" (less costly, fewer SOVs, reduced congestion, etc.) transportation services. For a proposed Boston hospital shuttle that runs three cycles/day, there are potentially lengthy waits if one misses (say) the second shuttle home or to another facility and the only option is the third cycle of this shuttle.

To address the concern, we are proposing a community-provided backup option: an electronic TNC voucher program designed for *predetermined priority populations only* in each community. The voucher could be electronically activated by a prequalified rider for (1) on demand transport to another facility (for testing, a different specialist, etc.); AND/OR (2) on demand transport to a missed return shuttle (assuming it is available); AND/OR (3) on demand transportation home.