

How do we get from here to there?

**Report on accessible and affordable
transportation study in the Alberni Clayoquot
Regional District**

**Final Report
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Photo source: Tourism Tofino

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Executive Summary

How do we get from here to there? is a study on accessible and affordable transportation in the Alberni Clayoquot Regional District. The project, completed between October 2013 and April 2014, was directed by the Alberni Clayoquot Health Network, Alberni Clayoquot Regional District, and Island Health, with research carried out by The Sociable Scientists Inc. with support from Vancouver Island University. The need for a comprehensive exploration of documentation, stakeholder input, and resident feedback on the topic of accessible and affordable transportation in the region, was identified through a number of leader roundtable and community discussions since 2011.

A geographically diverse region covering 6,658 square kilometres on the West Coast of Vancouver Island, Alberni Clayoquot is home to approximately 31,000 people. 25,000 of those people live in the Alberni Valley, while the other 6,000 are scattered in remote and rural villages and towns across the rugged coast and up and down the Alberni Inlet. The communities within the region are named Ahousaht, Bamfield, Dididaht, Hesquiaht, Hupacasath, Huu-ay-aht, Port Alberni, Tla-o-qui-aht, Tofino, Toquaht, Tseshah, Uchucklesaht, and Ucluelet. Access to these communities varies from provincial highway to private boat travel across open and protected ocean to private roadways to air travel. Highway 4 is the only public transportation corridor connecting Tofino and Ucluelet to the Alberni Valley and through to the East Coast of Vancouver Island. Accessible and affordable transportation connections within the region present significant challenges and opportunities for community leaders, hence the need for this study.

The key questions asked in *how do we get from here to there?* were:

1. How accessible and affordable is the existing transportation network in the ACRD for residents to fully participate in society (i.e. employment, education, health services, leisure opportunities)?
2. What gaps are evident in the accessibility and affordability of transportation in the region?
3. What are the opportunities for collaboration among stakeholders in the ACRD that will enhance the transportation system in the region?

A thorough literature review framed the concepts of accessibility and affordability in relation to transportation, thus informing the methodology for exploring the topic with stakeholders and residents across the region. Existing options within the Alberni Clayoquot Region, initiatives and best practices for transportation solutions around the province of BC, licensing requirements, and health perspectives were all considered in the formation of questions out to the community.

Thirty-one semi-structured, in-depth interviews with stakeholders representing First Nations, elected officials, health practitioners, service providers, and community leaders were conducted. Residents were invited to provide input through a social media campaign, and four separate community engagement sessions across the region. An additional opportunity for roundtable discussion with regional leaders presented itself in the form of a community-to-community (C2C) forum in late March.

Four main themes emerged from the data collected through the interviews, social media campaign, community engagement sessions, and the C2C forum:

- The first is that there is ***lack of a coordinated approach*** to not only transportation networks within the region, but also for sharing schedules and information about options and methods for travel;
- The second is that ***transportation is inherently tied to mental and physical health and regional prosperity***;
- The third theme is that ***time is as much a factor as money when it comes to affordability***. Many people in the region cannot travel to and from an appointment in one day;
- The fourth theme that emerged is stakeholders and community members are ***eager for solutions***.

With respect to the four emergent themes, a list of recommendations was developed addressing the gaps and opportunities for accessible and affordable transportation in the Alberni Clayoquot Regional District. With the exception of the first recommendation, the following are presented in no particular order:

- Form a transportation working group;
- Improve travel coordination through a central website and enhance awareness of transportation options;
- Purchase wheelchair accessible van to complement existing Wheels for Wellness program;
- Research transfer from private to provincial ownership of roads into communities;
- Recognize marine corridors as highways;
- Coordinate medical professional visits to remote communities and enhance in-community services;
- Develop regular transportation along the Ucluelet-Tofino corridor;
- Identify routes for enhancement within the Alberni Valley;
- Enhance broadband systems to all populations in the region;
- Provide a community shuttle bus;
- Enhance awareness of transportation options;
- Support and create health and social hubs within communities;
- Enhance active transportation corridors and options; and
- Encourage greater public engagement.

Leaders and citizens within the Alberni Clayoquot Regional District have demonstrated resiliency and a willingness to collaborate on a diversity of initiatives to date. Strategies to address accessible and affordable transportation in the region require ongoing and evolving discussions, partnerships, and resources. As the region positions itself for dynamic and sustainable development across a variety of sectors and interests, accessible and affordable transportation will enable the residents of this region to fully participate in society, and therefore lead to a strengthened region as a whole.

Table of Contents

Executive Summary	2
Table of Contents	4
Introduction	5
Literature Review	8
<i>Accessibility</i>	8
<i>Affordable</i>	8
<i>Transportation</i>	9
<i>Existing transportation programs in the ACRD</i>	10
<i>Existing programs not in the ACRD</i>	13
<i>Licensing</i>	14
<i>Health</i>	15
<i>Literature conclusions</i>	15
Methods	17
<i>Interviews</i>	17
<i>Social Media Campaign</i>	18
<i>Community Engagement</i>	18
<i>C2C Forum</i>	20
Analysis	21
Findings.....	22
<i>General observations</i>	22
<i>Themes</i>	23
<i>Study question #1</i>	23
<i>Study question #2</i>	26
<i>Study question #3</i>	28
Recommendations.....	30
<i>Recommendations table continued</i>	31
<i>Recommendations table continued</i>	32
Conclusions.....	33
Resources	35
Appendix A	37
<i>Press release</i>	37
Appendix B.....	38
<i>Interview questions for service providers and organizations</i>	38
Appendix C.....	39
<i>Interview questions for non-service providers and organizations</i>	39
Appendix D	40
<i>Stakeholder interview participants</i>	40
Appendix E.....	41
<i>Social media campaign schedule and questions</i>	41
Appendix F.....	42
<i>Community engagement poster - Bamfield</i>	42
Appendix G.....	43
<i>Summary of interview responses</i>	43

Introduction

Alberni Clayoquot Regional District (ACRD) is a geographically diverse area covering 6,658 square kilometers from the West Coast of Vancouver Island to the Alberni Valley. Smaller islands and some coastal communities within Clayoquot and Barkley Sounds are accessible by water or air only. The region's 31,000 people represent the communities of Ahousaht, Bamfield, Dididaht, Hesquiaht, Hupacasath, Huu-ay-aht, Port Alberni, Tla-o-qui-aht, Tofino, Toquaht, Tseshah, Uchucklesaht, and Ucluelet.



Source: www.acrd.bc.ca

Accessible and affordable transportation within the ACRD has been identified as a challenge from numerous stakeholders across the region. The Alberni Clayoquot Regional District, Island Health (formerly Vancouver Island Health Authority) and the Alberni Clayoquot Health Network have come together to examine the current transportation landscape – resident experiences, available resources, individual and community needs – and to support strategies and solutions that are multidisciplinary and suitable to the diversity of the region.

The purpose of this report is to document the process and results of an accessible and affordable transportation study in the Alberni Clayoquot Regional District between October 2013 and April 2014. The study, entitled *How do we get from here to there?* was created based on a need for a comprehensive transportation analysis of the region. In July 2013, a preliminary transportation consultation report was published, which indicated that ‘the need for more affordable and accessible transportation options is a significant issue for the communities of the Clayoquot and Barkley Sound

region' (Schroeder, 2013). Based on data compiled from West Coast communities' roundtable discussions during 2011 at the Coastal Family Resource Coalition and 2013 Coming Together Forums, and a 2013 meeting with the Coastal Family Resource Coalition and the ACHN, the following key findings identify community needs for affordable and accessible transportation:

- Fundamental concern for improving transportation to better access basic services and activities;
- Need to improve access to health care services;
- Decentralized transportation solutions to ease the financial costs to social and health service budgets;
- Dependency on private transportation providers;
- Limited or no access to publicly subsidized transportation options.

Basic services and activities are identified as:

- Social (recreation, healthy food, education, child development);
- Medical (non-emergency travel outside the ACRD);
- Community connectivity (equitable services, safe and appropriate transportation).

The challenge of addressing accessible and affordable transportation requires an awareness, recognition, and understanding of the diversity of the people, landscapes, and amenities within the region. The social and political landscapes within the ACRD are complex and continually evolving. As examples, the Huu-ay-aht and Toquaht Nations are both in their third year of treaty implementation; the Tla-o-qui-aht are developing as a nation; the Districts of Tofino and Ucluelet are both provincially-designated resort municipalities; and one of Canada's most iconic National Parks, Pacific Rim National Park lies between the towns of Ucluelet and Tofino. Highway 4 provides the only paved access into and out of the Alberni Valley, Tofino, Ucluelet, and Pacific Rim National Park. Efforts are underway to open up a second artery into the Alberni Valley, while other remote villages and towns in the region are looking for safe and consistent boat access, publicly funded roads, and greater connectivity to the larger world through the Internet.

As the largest centre in the region, the Alberni Valley is home to 25,000 of the 31,000 area residents. Within the city limits of Port Alberni, residents have access to BC Transit and HandyDart services; the larger valley has limited public transit service options. Outside of the Alberni Valley, the transportation networks that service the residents of these rural communities are comprised of private providers of water-taxis, float planes, and bus systems; private logging roads; provincial/public roads; and informal, loosely organized community volunteer drivers. Connectivity between these networks is largely uncoordinated leading to inaccessible and unaffordable transportation to varying degrees across the ACRD. The challenge in providing accessible and affordable transportation is also felt by other rural BC communities. In the *Summary of Input on the Conversation on Health, British Columbia Ministry of Health 2007 - Rural Health Care*, discrepancies between rural and urban access to health were noted. The report also highlighted that across the province, some BC residents felt that rural residents should shoulder more cost for

access because they choose to live rurally but not to an extreme cost, while others felt that access should be universal.

But within this complex and diverse area on the West Coast of Vancouver Island, there is an appetite for collaboration and action. Leaders and residents from across the region speak to the strength and resiliency of their people, and relationship building drives dialogue and strategies forward. The Alberni Clayoquot Regional District Board of Directors has representation from three First Nations (Uchucklesaht Tribe, Huu-ay-aht FN, and Ucluelet FN) and is actively engaged in conversations to have more First Nations representation at the table. The Alberni Clayoquot Health Network (ACHN) is an example of another region-wide organization with a multicultural and cross disciplinary team – their aim is to improve the health and well being of residents and focuses on social determinants of health. As part of the ACHN’s Strategic Objectives, it has committed to facilitating and resourcing a community dialogue on transportation needs across the region.

How do we get from here to there? was designed to explore the topic of accessible and affordable transportation from a healthy equity lens. The ACRD, Island Health and ACHN sought to encourage dialogue between stakeholders from a variety of sectors within the region; create partnerships throughout their communities; and leverage resources to provide well-researched and holistic strategies for the long-term sustainability of the entire region and its people. This project required engagement from all communities to ensure unique needs were represented and appropriate solutions could be identified, enhanced and developed.

The key questions addressed in this study include:

1. How accessible and affordable is the existing transportation network in the ACRD for residents to fully participate in society (i.e. employment, education, health services, leisure opportunities)?
2. What gaps are evident in the accessibility and affordability of transportation in the region?
3. What are the opportunities for collaboration among stakeholders in the ACRD that will enhance the transportation system in the region?

Literature Review

With the above questions guiding the research, a thorough review of published studies and relevant literature was completed at the beginning of this process. As the project evolved, so too did the availability of complementary studies in the region and the province. While every effort was made to include a review of all current reports, the timeliness of publishing means that the most recent reports may only be included as a link and the reader is recommended to access the newest information available.

Comparing strategies and solutions for accessible transportation can be examined as: services closer to residents (community-based health facilities, locums); residents closer to services (seniors and affordable family housing near health facilities); increased transportation (transit, rideshare, shuttles), and mobility barriers (wheelchair accessible). This research utilized a four-directional model of top-down, bottom-up, outside-in, and inside-out (Sustainable Cities, 2013) to look for collaborative strategies and solutions that helped answer the question of: *How do we get from here to there?* Each of the topics below is presented to give the reader more context into accessible and affordable transportation both within the ACRD and in a broader framework.

Accessibility

By definition, accessibility is the ability to reach desired goods, services, activities, and destinations. Accessibility can be measured in terms of costs such as time, money, discomfort, and/or risk. It is difficult to determine levels of accessibility due to the number of variables that directly and indirectly influence costs to different user groups. For the purpose of this project, accessibility was studied alongside the concept of affordability as it relates to transportation services within the Alberni Clayoquot Regional District (ACRD). The level of accessibility of transportation options is best measured by the user and while this may seem obvious to some planners and developers, this is not always the case. An example in which the user was explicitly linked to the concept of accessible transportation is a transit connectivity study conducted for the San Francisco Bay area, which stated that accessibility needs to be defined and measured by the user (Wilbur Smith Associates, 2006). This study, *How do we get from here to there?* was designed to examine accessibility from the user's perspective.

Affordable

Transportation affordability is defined as the ability to purchase access to basic goods and services. Generally, if less than 20% of household income is budgeted for transportation, it is defined as affordable. Automobile dependency tends to increase transportation costs and lower transportation affordability; transportation expenditures are highest for as a portion for low-income families, therefore burden of auto dependency is highest for low-income earners (Victoria Transport Policy Institute, 2012). The following perspective illustrates the above points:

Transportation Affordability

By Todd Litman

It is simple human nature that people are most concerned with the problems they personally face, problems they fear, and problems they hear about from family members and friends, than they are concerned about more distant problems.

Transportation decision-makers tend to be most concerned about the problems facing motorists, and less concerned about problems facing non-drivers. After all, transportation professionals and public officials are mostly physically able, middle-class professionals with demanding jobs and active lifestyles. With few exceptions, they, their colleagues and friends are the type of people who rely heavily on automobile travel and seldom face serious financial constraints, such as being forced to choose between paying transportation expenses and essentials such as utilities or food.

As a result, transportation decisions-makers tend to assume that *transportation affordability* means keeping the cost of driving low. They are less likely to value cost savings opportunities that depend on reduced driving

Within the ACRD, affordability of transportation, much like accessibility, is best studied from the user's perspective.

Transportation

A number of studies in the ACRD within the past 10 years have touched on elements of transportation and/or transportation has emerged as a theme from participant responses. Social, environmental, and economic studies surrounding healthy communities, aging, and homelessness provide insight into the far-reaching effects of transportation options in the region.

According to Island Health, West Coast communities are concerned about transportation, and residents have seen an increase in traffic as a result of the growing popularity of the West Coast as a tourism destination (VIHA Strategic Plan, 2008). Beyond that, there is limited and fragmented about regional transportation in the Alberni Clayoquot Regional District. For example, due to low numbers of residents in the ACRD, Vancouver Island West communities were included with Campbell River in the Canadian Institute for Health Information in Local Health Areas Profiles Interpretation Guide, Planning and Community Engagement published by VIHA in 2011. Similarly, transportation was not mentioned in VIHA's 2008 *Live, Work, and Play, Environmental Determinants of Health*, yet 16% of community members identified transportation as a regional barrier (recreation services were 20% and health and social services were 22%), (Central West Coast Region Community Plan 2011). In another regional study, 25% of youth and children surveyed say they missed out on a club, sport, or other activity because of lack of transportation (p 10, Clayoquot Sound Biosphere Reserve Region Vital Signs, 2012).

A 2012 report on homelessness on the West Coast outlined lack of transportation and access to services and resources as gaps and/or barriers for homeless people's health and well being (Wong, 2012). Homeless Outreach is providing transport to and from the Food Bank in Tofino and transporting clients to and from social service agencies.

In a recent study on the age-friendliness of Tofino, the need for access to transportation information for seniors, the provision of transportation services for seniors to events within the community, and the adoption of a 'give a lift'

program that provides affordable transportation to appointments outside the community were identified, (Newman, 2013). Residents of the West Coast indicated that a medical priority of the region is to decrease the number of out of town appointments for community members (indicator), with no other mention of increasing transportation accessibility outside of the community (Central West Coast Region Community Plan, 2011); services within communities was cited multiple times from that community consultation. Also in the *Central West Coast Region Community Plan*, transportation was identified more often by service providers than by participants in community consultation as a regional barrier or constraint (2011), which points to a need for further exploration of what opportunities services providers see for the region.

Regional planning is central to integrated sustainable transportation policies; without it elderly people who no longer drive, people who cannot afford a private vehicle (or choose not to have one), and youth are often placed at a disadvantage (Smart Growth BC, 2013). The 2012 Policy Statement of the BC Medical Association takes the position that: “the provincial government must provide accessible and affordable transportation options for patients in rural areas seeking medical services, when such medical services are unavailable locally, regardless of the community’s location or population size.” And that “The Provincial Government must subsidize rural patients’ travel costs to and from urban centres for emergent and non-emergency medical services. In the same year at the 2012 Union of British Columbia Municipalities (UBCM) Convention, a request, endorsed by The Association of Kootenay and Boundary Local Governments, was made to the Province of BC for a Provincial Development of Rural Transportation Strategy. The Provincial response to the resolution was “local issues relating to public transit and taxis are better addressed by local governments and service providers” (Provincial Response to the Resolutions of the 2012 Union of British Columbia Municipalities Convention, Ministry of Community, Sport and Cultural Development, p. 145, 2013).

Existing transportation programs in the ACRD

An Internet search of local transportation services within the ACRD revealed that the only public service is provided by BC Transit and that the service is available only within the Alberni Valley. A number of private transportation options service communities within the ACRD and travelling into or out of the region. Tofino Bus, which operates year round, offers return service to Tofino and Ucluelet to Port Alberni, Parksville, Nanaimo and Victoria as well as seasonal bus service between Tofino and Ucluelet (check website for current schedules: www.tofinobus.com); West Coast Trail Express offers summer seasonal bus service from Victoria and Nanaimo to Bamfield (www.trailbus.com); Lady Rose Marine Services provides year round service on the Alberni Inlet between Port Alberni and Bamfield (www.ladyrosemarine.com); Orca Air (www.flyorcaair.com), Atleo Air (atleoair.com) and Tofino Air (www.tofinoair.ca) all offer scheduled and charter flight service within the region; and at least ten different water taxis companies are operating in the various waterways on the West Coast.

BC Transit

Within the Alberni Valley, handyDART (for persons with a disability who require assistance), Paratransit and BC Transit (labeled as 'Port Alberni/Clayoquot Transit System') provide transportation services; Alberni-Clayoquot and Port Alberni are each labeled as served by BC Transit in 'The Provincial Transit Plan' published by the Province of BC in 2008, however rural and remote regions of the ACRD do not have access to either of these services.

As outlined in BC Transit's corporate website, The *British Columbia Transit Act* and the *British Columbia Transit Regulation* sets out the regulations and formula for sharing costs of transit between BC Transit and the Municipal authority. The Provincial Government provides BC Transit's share of transit system funding. BC Transit funds 46.69% of conventional transit systems and 66.69% of custom systems. A system that is a combination of custom and conventional service (Paratransit) will have a cost sharing percentage that reflects the level of each type of service. The cost of the system to the local government is made up of revenue from fares and local property taxes. Revenue collected from the transit system (fares, advertising, etc.) reduces the local property tax share of costs. Because the proportion of total expenditures paid for by fares varies significantly from system to system, the percentage of expenditures paid from local property taxes also varies by system. Also according to BC Transit's website: Municipalities that vigorously support transit through changes in land use development policies, parking policies, or Transportation Demand Management policies are the systems that receive the greatest support for future expansion (BC Transit, Regional Transit, 2014)

A review of the Port Alberni/Clayoquot Transit system was published in April 2012 with discussions of a possible system expansion that included service to Tseshaht Market. The service review was a review of the existing systems and consideration of possible modifications rather than expansion to the broader region. A formal cost sharing agreement between the Tseshaht First Nation and the City of Port Alberni need to develop a cost sharing agreement to expand the service, then BC Transit would approach the provincial government with a funding request. To date, BC Transit has not received the necessary documents to proceed with this initiative and is not engaged in any discussions regarding expansion of service to include Area D (Sproat Lake). The City of Port Alberni funds the conventional transit service within its boundaries; the ACRD funds handyDART to the rural areas of the Alberni Valley only. Currently, transit service within the regional district is limited to the Alberni Valley only.

Wheels for Wellness

Wheels for Wellness Society is a transportation service with volunteers who will drive people on Vancouver Island to non-emergency medical appointments that are more than 60kms away from their home (therefore excluding travel between Port Alberni and Parksville, which is home to Oceanside Health Centre). This service does not operate within the regional district outside the Alberni Valley and requires special authorization from their Executive Director for pick-ups in Tofino, Ucluelet, and Bamfield. If patients from outside of the Alberni Valley can get to Port Alberni, a pickup for travel beyond 60km can be accommodated.



Non-insured Health Benefit Program – First Nations and Inuit Health

- Covers medical transportation benefits for registered Indians according to the Indian Act, or an infant up to one year old of an eligible parent, and currently registered or eligible for registration in a provincial health insurance plan
- Conditional on:
 - Having used up all other transportation benefits from federal, provincial, and private programs
 - Must be pre-approved by Health Canada’s regional office
 - Services not available in community
 - Travel to nearest facility
 - Most economical and efficient transportation used
 - Coordinated travel to maximize cost-effectiveness
 - Covers ground, water, and air travel, accommodations and meals
 - Community-level patient travel must be accessed in the resident’s own community

The Nuu-chah-nult Tribal Council (NTC) is one of many organizations that promotes not only transportation access to services outside of one’s own community, but the delivery of culturally sensitive and appropriate health services for FN people and capacity building within rural and remote communities (National Collaborating Centre for Aboriginal Health, 2011). Individual wellness plans (templates) are available for download on NTC

website. The Tripartite First Nations Health Plan signed in 2007 as a 10-year agreement between BC First Nations Leadership Council, Government of Canada and Government of BC to support “the development of local health plans for all BC First Nations and recognizes the fundamental importance of community solutions and approaches” (p 2, 2007). These health plans require accessible and affordable transportation to health services. With a high percentage of ACRD residents identifying as First Nations (16.9% as compared to 5.4% in the rest of BC), holistic approaches are being integrated to rural health planning. A growing appreciation and awareness of the Nuu-chah-nulth tradition and culture teaches that everything is one and all is interconnected.

Existing programs not in the ACRD

Various programs exist throughout the province that can serve as complementary to existing services or as models for potential development in the ACRD. The services listed are for informational purposes only; recommendations are discussed in detail later in the report.

Volunteer Transportation Network

The Volunteer Transportation Network (VTN) operates within the Mount Waddington Regional District of Vancouver Island for residents of the North Island who require transportation to health and social service appointments. Originally created in 2007 in response to a study by the Mount Waddington Regional health network on social determinants of health, the VTN was started by volunteers and a one-time grant. Since 2008, Mount Waddington Regional District has been providing \$15,000 per year to the VTN and the Mount Waddington Health Network supports the initiative through recruitment of volunteer drivers and matching patient needs with service. VTN receives no funding from BC Transit; donations by users of the VTN are negligible so while the program is not cost effective compared to regular transit, it is more cost effective than Paratransit for this region and provides a better service for the region. The North Island Community Services Society has been running the program for the past three years.

Travel Assistance Program (TAP)

The Travel Assistance Program is a corporate partnership between Ministry of Health (BC) and private transportation carriers that is available for BC residents with MSP (Medical Services Plan) coverage. A referral by a medical professional for services outside of one’s community is needed and travel services cannot already be covered by insurance. Currently, there are no private transportation carriers in the ACRD.

Northern Health Connections



Source: www.northernhealth.ca

Northern Health Connections is a low-cost, publicly subsidized non-emergency medical transportation service for Northern BC residents who need to travel out-of-town (as far as Vancouver) for medical appointments. Once a patient is given a referral for out-of-town services and makes an appointment for medical services, he or she can check the bus schedule and book a space on the bus. The service can also be used to return home after being transported by ground or air ambulance. The buses are customized to provide patient comfort (wheelchair accessible, toilets onboard) and are operated under contract to Northern Health by Diversified Transportation Ltd of BC.

([www.northernhealth.ca/YourHealth/NHConnections\(medicaltravelservice\).aspx](http://www.northernhealth.ca/YourHealth/NHConnections(medicaltravelservice).aspx))

Licensing

In any discussion of accessible and affordable transportation, it is necessary to consult provincial and federal licensing requirements. Commercial ground transportation, which is regulated by The Passenger Transportation Branch through the Ministry of Transportation and Infrastructure, requires careful and thorough understanding of the definitions and operation of commercial passenger transportation. *Connector buses* can transport passengers between a base and a port (air or ferry); this is different from an *intercity bus*, a *passenger-directed vehicle*, and a *passenger transportation pool vehicle* (Passenger Transportation Act, 2004). This act sets out specific guidelines for the development of transportation initiatives, whether they are non-profit or private.

The Passenger Transportation Board makes decisions related to passenger directed vehicles in BC; the registrar and staff of the Passenger Transportation Branch are responsible for information and services related to special licenses and compliance and enforcement of the sector (www.th.gov.bc.ca/rpt).

Health

Accessible and affordable transportation is intricately tied to access to health and social services. Combining transportation and health services planning can increase integration of health service delivery, and increase technologic capabilities of remote services delivery and support, leading to decreased relevance of distance (VIHA Rural Health Services Framework, 2013). The Alberni Clayoquot Health Network recognizes that health is impacted by economic and social conditions such as ...access to transportation, and that the ACRD has lower overall health than VIHA as a whole (ACHN Strategic Plan, 2012). Access to healthcare is cited as a chronic problem for rural communities across the world (Safaei, 2011), and those living in rural areas have poorer health than those who live in urban areas (ACHN Strategic Plan, 2012, quoting VIHA Local Area Health Profile Guide 2011). Transportation systems significantly impact physical and psychological well being (Public Health Agency of Canada, 2013).

As an organization representing a largely rural population, the Alberni Clayoquot Health Network seeks solutions by involving a variety of sectors that have an impact on determinants of health. One of the goals of the ACHN is to ensure affordable and accessible regional transportation, and they are working towards that goal by:

- Participating in discussions/actions that will result in a feasibility study regarding public transportation options for the region;
- Conducting community engagement activities related to the issue including a community forum/key stakeholders gathering;
- Promoting the development of active transportation initiatives in the region

Literature conclusions

Accessibility and affordability of transportation services in the Alberni Clayoquot Regional District needs to be studied from the perspective of the user. And while there are pockets of information about user accessibility and affordability, until now, there was limited understanding of how rural and remote residents in the ACRD experience transportation for health and social services. Accessibility is the ability to reach desired goods, services, activities, and destinations. Affordability studies within the field of transportation have traditionally been focused on private vehicle usage and/or people with access to public transportation. Providers and users in rural and remote regions of the ACRD, require a regional, integrated approach to accessible and affordable transportation solutions. These solutions need to be tied in to existing transportation options in the Alberni Valley and hub communities within the region to enhance and sustain the services already being provided.

Access to information regarding transportation options will need to be developed in a way that is useful to the people who need it most. Many regions across Canada have developed collaborative tools to help rural residents sustain a healthier quality of life, and the ACRD has an opportunity to borrow from those ideas to create an innovative, West Coast solution to this complex issue. The uniqueness of the region and its transportation networks requires cooperation from the public, private and non-profit sectors to ensure all residents of the ACRD have access to the services they need for optimum health.

Methods

“the voices of citizens are being recognized as increasingly important in decision-making and design processes. Participation has increased the pool of ideas, which in turn has increased the probability of finding transformative ideas. In this new context, it is no longer only up to those regarded as the ‘experts’ to prescribe the future”,

(MaRS, 2014).

It was recognized early on by all research partners that residents, as well as known community leaders, could provide valuable insight into transportation challenges and potential strategies for improving the accessibility and affordability of transportation in the region. To that end, key stakeholders and community members were asked for input in the form of in-depth, semi-structured interviews and four community engagement sessions hosted across the region respectively between November 2013 and March 2014. A press release was issued for the community engagement sessions scheduled for February (see Appendix A) to encourage resident input (a similar release was published in Port Alberni for the session in March). For the duration of the project, a dedicated email address (heretothere@acrd.bc.a) was created and monitored to provide additional access for residents. A social media campaign was also launched concurrently in an effort to connect with young adults and to promote the Alberni Clayoquot Health Network via Facebook and Twitter.

Continued communication with stakeholders throughout the data collection period was used to promote input and participation at all stages. The ACHN and the ACRD demonstrated a commitment to full engagement with residents and stakeholders by utilizing a variety of data collection and interaction methods.

Interviews

Between November 28th, 2013 and February 3rd, 2014, thirty-one, semi-structured, in-depth interviews were conducted with key stakeholders across the region. An iterative process involving the entire research team generated a list of individuals to be interviewed. Sixty potential interviewees were contacted via email and/or phone with an invitation to participate in this study. The thirty-one interview participants represented public, private, and not-for-profit organizations; First Nations leaders; health care professionals; transportation providers; and staff and elected officials from municipal, regional, and provincial offices.

The interview questions were developed through discussions with representatives from the ACRD, Island Health, Vancouver Island University, and The Sociable Scientists, and knowledge gained from the review of literature (Phase 1). All interviews were completed by Laurel Sliskovic from The Sociable Scientists, which lead to continuity and consistency within this phase of the project. Each interviewee was provided with a copy of the literature review in advance of the interview to allow him/her the opportunity to get more familiar with the background research for this study. Interview questions can be found in Appendices B & C and a list of participants can be found in Appendix D.

Social Media Campaign

A social media campaign for this study ran for the month of February on the Alberni Clayoquot Health Network Facebook page asking similar questions to what was being asked during the interviews and at the community engagement sessions. At launch time for the campaign, the cover photo and banner on the ACHN Facebook page was changed from the regular ACHN photo to an aerial photo of the region – this photo and banner remained for the month, then was changed back to the original ACHN photo and banner to indicate the campaign had concluded. A list of organizations with potential interest in accessible and affordable transportation in the region was created, and these organizations were contacted via email or through their own Facebook pages with an invitation to ‘like’ the ACHN Facebook page and to share the posts throughout the campaign. A key strategy in the social media campaign was to increase the awareness of the ACHN as a resource for the entire region in its aim to promote the health and well being of residents. The following excerpt is taken from an email sent to interviewed stakeholders:

“The social media campaign will be run for the month of February on the Alberni Clayoquot Health Network Facebook page (<https://www.facebook.com/AlberniClayoquotHealthNetwork>) so if you or your organization has a Facebook page, please ‘like’ the page and encourage others to do so too. We are also setting up a Twitter account and an email address to encourage participation beyond Facebook. A press release with all of the details will be issued before the end of the month in local newspapers, the Facebook page, Twitter, and LinkedIn networks.”

The schedule and questions posted on the ACHN Facebook page can be found in Appendix E.

Community Engagement

Four separate community engagement sessions were hosted within the region in early 2014: in Bamfield on February 17th; in Ucluelet on February 26th; in Tofino on February 27th, and in Port Alberni on March 26th. Russell Dyson, CAO for the ACRD, Tanis Dagert from the ACHN, and Laurel Sliskovic and Dani Burrows from The Sociable Scientists traveled to Bamfield; Adriane Schroeder, Community Developer with Island Health traveled with the team to Ucluelet, Tofino, and Port Alberni (Russell Dyson was unable to attend those three). Each of the four sessions was hosted at a public facility: in Bamfield at Bamfield Community School; in Ucluelet at Ucluelet Community Centre (The Hub); in Tofino at District of Tofino Council Chambers; and in Port Alberni at Echo Field House. Interviewed stakeholders were emailed a pdf copy of the information poster (see Appendix F – Community engagement poster – Bamfield as an example) for their respective communities to share and distribute amongst community members; Tweets were sent out promoting each of the sessions, and a number of Facebook posts went out to inform and remind residents of the sessions.

Each session followed a similar format with four stations set up around the room and one person from the project team assigned to each station. Guiding the process was helping to answer the three main study questions:

1. How accessible and affordable is the existing transportation network in the ACRD for residents to fully participate in society (i.e. employment, education, health services, leisure opportunities)?
2. What gaps are evident in the accessibility and affordability of transportation in the region?
3. What are the opportunities for collaboration among stakeholders in the ACRD that will enhance the transportation system in the region?

The four station topics were challenges, strategies and solutions, mapping, and general feedback including a community inventory worksheet provided by BC Transit. For the challenges and strategies and solutions, topic facilitator encouraged each person to record his or her own thoughts and opinions on a flip chart or was offered the option of the facilitator recording while the participant spoke. Facilitators were directed to encourage dialogue, keep participants focused on the broader topic of accessible and affordable transportation, to offer information regarding the ACHN as a resource, and to not promise any specific resolution or action beyond his or her own capabilities. At the challenges station, participants were asked to finish the sentences: *unaffordable transportation is...* and *inaccessible transportation is...* Contributors to strategies and solutions were asked: *solutions to transportation challenges are...*

The mapping station included two 3' x 5' localized maps – one focused on the specific region (Bamfield, Ucluelet, Tofino, Port Alberni), and one was of the entire Alberni Clayoquot Region. Participants could visually represent various transportation modes (foot, bicycle, boat/ferry, car/truck/van, bus) and how that mode was used/paid for (own, public, private [for hire]). They were also asked how many people lived in the household being represented. The maps provided another opportunity for dialogue in addition to be a visual focal point for the research project.

With a range of representation from the research team, an open dialogue, and an inviting atmosphere, the community engagement sessions were designed to gather valuable feedback from the community, provide information to participants and to offer opportunities for personal connections and relationship building.

C2C Forum

On March 28th, an opportunity to gain further insight into accessible and affordable transportation was presented in the form of a Community-to-Community Forum (C2C) in Ucluelet. The Ministry of Community, Sport, and Cultural Development support C2C forums by providing funds to the Union of British Columbia Municipalities. The ACRD and local First Nations elected officials jointly hosted the forum to discuss communication and transportation within the region. Preliminary results were presented to participants in attendance and a round-table discussion focused on transportation challenges and strategies for increasing the accessibility and affordability of transportation in the region. Many people in attendance had been interviewed during the stakeholder interviews and this gathering was valuable in bringing people together to build upon what had previously been learned and bring to light some new information.

Analysis

A descriptive, thematic and comparative analysis was used to examine data arising from stakeholder interviews, the four community engagement sessions and the C2C forum. Responses were themed according to the accessibility and affordability of existing transportation options in Alberni Clayoquot Regional District, gaps and challenges of existing transportation options, and suggested solutions and strategies for transportation options in the region. The following table represents the analysis:

Analysis				
Study purpose/question	Geographic community	Supply, demand or both?	Example questions asked	Action
How accessible and affordable is the existing transportation network in the ACRD for residents to fully participate in society (i.e. employment, education, health services, leisure opportunities)?	First Nations; electoral districts; municipalities	Both	Do people in your community have access to the information they need regarding accessible and affordable transportation? What are other barriers to accessible and affordable transportation for the people in your community?	Identify and organize key words, themes, phrases that describe access and affordability; compare geographic communities and supply/demand.
What gaps are evident in the accessibility and affordability of transportation in the region?	First Nations; electoral districts; municipalities	Both	What are the social impacts of people leaving their communities for health or social services? Inaccessible transportation is... Unaffordable transportation is...	Themes – social, economic; and sub-themes – safety, isolation, nutrition, support; compare geographic communities and supply/demand.
What are the opportunities for collaboration among stakeholders in the ACRD that will enhance the transportation system in the region?	First Nations; electoral districts; municipalities	Both	What ideas/actions do you have for improving the accessibility and affordability of transportation in your community and throughout the ACRD?	Themes – social, economic; and sub-themes volunteering, partnering, coordinating, subsidies; compare geographic communities and supply/demand.

Findings

General observations

The findings from the planned research methodology created an iterative examination and analysis of the literature and current context of accessible and affordable transportation in the Alberni Clayoquot Regional District. The evolution of discussions and initiatives from various interest groups around the region demonstrates the need for ensuring the dialogue on accessible and affordable transportation remains open to any and all organizations that have a stake in the health and well being of the people in this region. Insights, ideas and strategies were shared openly and there was a strong sense of resiliency and competence among those who participated in this study.

The responses of the stakeholders who chose to participate in a semi-structured, in-depth interview and the residents who contributed to the community engagement sessions and/or social media campaign were generally appreciative of a study focused on accessible and affordable transportation in Alberni Clayoquot Regional District. The researcher team consistently heard that accessible and affordable transportation is a relevant and timely issue in the region both for the short and long-term health and sustainability of the communities represented.

During the interviews, the openness and willingness of most stakeholders to share information with the interviewer created an environment of comfort and trust, allowing for a natural exchange and flow of conversation between the parties. Information beyond what the questions were asking was often shared, leading the researcher to more fully grasp the complexity of transportation within this unique and diverse region.

The community engagement and social media campaign allowed for further exploration of accessible and affordable transportation challenges and potential solution strategies – often reinforcing the opinions and thoughts of the interviewed stakeholders, and sometimes sharing new and unique ideas on where and how health and transportation intersected. While these public participation opportunities were provided, the number of people who chose to take part varied. Suggestions for higher participation numbers will be discussed in the recommendations section following the findings.

Four emergent themes are the framework of the key findings from this study. A focused analysis of the data will be presented as it relates to the three key study questions and the four emergent themes. A table of recommendations that incorporates stakeholder feedback, community engagement contributions, social media feedback, and existing literature suggestions will also be documented. Woven throughout will be a number of community perspective text boxes that highlight individual stories from select study participants. Discussion points from the interviews can be found in Appendix G.

Themes

Within the realm of social and economic factors affecting accessible and affordable transportation in the ACRD, **four themes** emerged across communities and organizations being represented:

- The first is that there is **lack of a coordinated approach** to not only transportation networks within the region, but also for sharing schedules and information about options and methods for travel;
- The second is that **transportation is inherently tied to mental and physical health and regional prosperity**;
- The third theme is that **time is as much a factor as money when it comes to affordability**. Many people in the region cannot travel to and from an appointment in one day;
- The fourth theme that emerged is stakeholders and community members are **eager for solutions**.

Safety for all residents while traveling throughout the region for health and social services permeates the four themes as well as the responses to the study questions. Personal safety while hitchhiking, driving a poorly maintained road, riding across a dark waterway, or traveling a windy road on a snowy winter night all contribute to the transportation concerns in the Alberni Clayoquot Regional District. The four themes are discussed in more detail as they relate to each of the three key study questions below. Recommendations will follow the findings and will pull from the four emergent themes.

Study question #1

How accessible and affordable is the existing transportation network in the ACRD for residents to fully participate in society (i.e. employment, education, health services, leisure opportunities)?

The term ‘accessible and affordable transportation’ was identified by a number of participants as not being an accurate description of the current transportation system in Alberni Clayoquot Regional District. ‘There is no public transportation’, was cited by a number of people outside of Port Alberni as a concern. Accessibility comments ranged from safety concerns about road conditions and hitchhiking to length of distance individuals have to travel either to link up with existing transportation options or to attend a medical appointment within and outside of the region. Access to information was also a concern as many community leaders and members did not know where a resident could find relevant details regarding how to get to an appointment in another community or who to call for support if one was in need. A number of (non-health) interviewees indicated that health professionals could provide guidance to patients when they need to travel for medical appointments; however there were no clear answers from providers or users as to whose role or responsibility it is to ensure travel is accessible and affordable. Further to that, many respondents did not know how many people within their own communities were traveling for health and social services.

The exception to that lack of knowledge on how many people are traveling is with the First Nations communities across the region. Each member of a First Nation who was interviewed was able to provide some record of how many members were traveling per month. Within the Ucluelet First Nation, members made 945 trips outside of their home community. Members are provided with a travel subsidy, however FN leaders indicated that the subsidies are not covering the true financial costs of travel to health and social appointments.

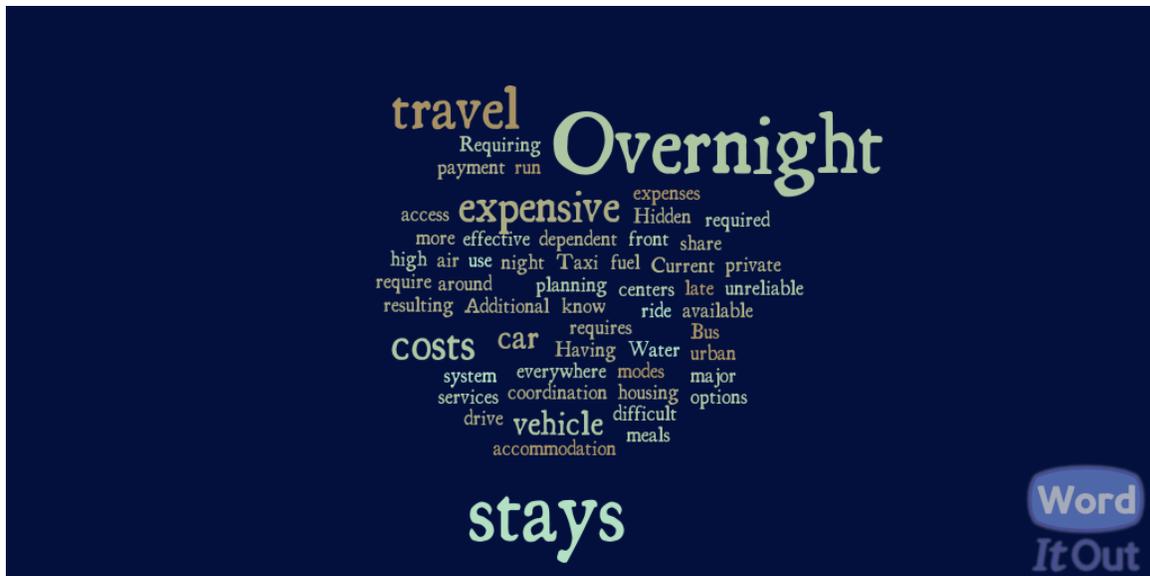
Participants across the region identified vulnerable populations as being particularly disadvantaged by the lack of accessible and affordable transportation options. One leader outlined that for people living on income assistance, the choice is often food or transportation. When the choice is to not spend money on transportation, stakeholders recognized a number of negative health and social implications. If community members are not seeing a health professional regularly, minor health concerns may become major concerns, people begin to self-diagnose health issues, visits to dentists become rare, which can lead to expensive and invasive surgeries, and people may not realize they need medical attention.

Community perspective

One of the biggest barriers I see are the general lack of driver's licenses among our multi-barriered [sic] population... The bus system is heavily used, but it is challenging with kids and grocery shopping, laundry mats etc. Also the obstacle of affording a car, gas, repairs and insurance. I do think that transportation is a huge issue among many in our region, and presents a barrier to employment and access to community supports and engagement.

Isolation was also cited as concern for vulnerable populations. Accessible and affordable transportation is as much about enabling people to interact with others in a social setting as it is about ensuring people have access to traditional and alternative forms of health care. Many participants spoke of community members combining a trip into Port Alberni for an appointment with shopping and visiting friends and relatives. And while some people have friends and family to stay with, others have to pay for overnight accommodation and be traveling with more than one person.

Staying overnight in another community creates another layer of expenses for people if they need to access health or social services in another community. Parents of small children may have to find a suitable child-minder within their own community or travel as a family and pay for food and accommodations. A number of leaders spoke of members wanting the support of a loved one while traveling to a medical appointment, yet the expense was too cumbersome or travel logistics were too much for people to manage.



Word cloud of responses to ‘unaffordable transportation is...’ from community engagements

These overnight expenses were attributed by many respondents to the inability for people to travel from outside of the Alberni Valley and back within the same day (if those people do not have access to their own vehicle). Tofino Bus, a private service provider does make a same-day, round-trip from Ucluelet and Tofino to Port Alberni daily from mid-May to mid-October, however the demand is not such during the other seven months of the year to financially justify the costs. And while people in the Bamfield area cannot travel from and to Bamfield within the same day, West Coast Trail Express does offer daily service out of Bamfield to Nanaimo and Victoria from June 15th through September 15th.

The four emergent themes of ***lack of coordinated approach, transportation is inherently tied to mental and physical health and regional prosperity, time is as much a factor as money when it comes to affordability, and eager for solutions*** were woven throughout the stories and perspectives of community leaders and members across the region when it comes to residents of the ACRD fully participating in society utilizing existing transportation networks. As participants shared their own experiences and the experiences of their community members, the conversations led to the identification of gaps in the accessibility and affordability of transportation.

Study question #2

What *gaps* are evident in the *accessibility and affordability* of transportation in the region?

A coordinated approach to accessible and affordable transportation across the region is a significant gap according to a large number of respondents. Public and/or subsidized transportation options for people throughout the region were identified as a gap by most of the participants. For those interviewees whose positions related directly to health, there was an awareness of policy statements about accessible and affordable health care being the right of all Canadians; however the people living in rural and remote communities are not necessarily being provided that right. Community members expressed frustration at having to choose to spend discretionary income on transportation to access medical care at the expense of recreational or social opportunities within their home communities.

Young families are moving away from rural communities within the region so that their kids can attend school, participate in recreational activities, and have more options overall. That out-migration has led smaller populations in those communities, further exacerbating the isolation and lack of socialization addressed in the first study question. Some First Nations communities have less than 20 full time residents remaining.



Word cloud of responses to 'Inaccessible transportation is...' at community engagements

For people experiencing painful or uncomfortable health challenges, a 90-minute boat ride can take tremendous effort. If the weather is poor, the ride can be extremely bumpy, and in some cases, the boat may not even run. Private air companies service some communities within the region, giving residents the option of taking a scheduled flight or hiring a plane on a charter basis. Unless there are 2 or more people on a non-scheduled flight with Tofino Air, charter costs are charged. The staff at Tofino Air see this happen all too

often on consecutive days of the week and wonder why there is not a more coordinated approach to how people are traveling within the region.

Emergency access was also discussed by a number of people in the more remote communities of the region. An emergency situation in Bamfield or Dididaht can result in a five-hour delay before arriving at West Coast General Hospital in Port Alberni (that five hours is for a ambulance to travel on a private, gravel road from Port Alberni out to Bamfield, then back into Port Alberni). Air ambulance can also be an option, however both helicopters and float planes cannot travel after 30 minutes past sunset so there are limitations on how those services can be accessed. The people of Hesquiaht sometimes have a boat onsite that can be used in an emergency, but it is privately owned, and the owner may or may not stay at Hesquiaht during evenings and weekends.

Community perspective – Travel snapshot

Travel one-way from Hot Springs Cove to Tofino = \$82

Walk with bags from dock to bus depot

Travel to Port Alberni on Tofino Bus = \$29

Snacks/lunch = \$10

Taxi from Tofino Bus to hotel to drop off bags = \$12

Taxi from hotel to medical appointment = \$10

Taxi from medical appointment to hotel = \$10

Dinner = \$20

Hotel = \$85

Breakfast = \$10

Taxi to Tofino Bus = \$12

Travel to Tofino on Tofino Bus = \$29

Walk with bags from bus depot to dock

Travel to Hot Springs Cove from Tofino = \$82

Total travel expenses = \$391

*This is a cost estimate for one person traveling from Hot Springs Cove to Port Alberni for a medical appointment. This snapshot does not account for lost wages, child minding services (if children are left at home) or additional people traveling (if children or other dependents must travel with patient).

The distances and remoteness of many communities within Alberni Clayoquot Regional District means that leaders and residents do not see transportation as being accessible or affordable. The inability for many residents to travel from home to a medical appointment and return home within the same days is a significant gap. A number of rural and remote leaders spoke of the resiliency of their residents, however the need to work toward solutions in a timely way was expressed by all.

Again, the common themes of ***lack of coordinated approach, transportation is inherently tied to mental and physical health and regional prosperity, time is as much a factor as money when it comes to affordability, and eager for solutions*** were evident with discussions of the gaps in accessible and affordable transportation. Stakeholders on both the supply/provider side of transportation and the demand/user side were generally eager to share suggestions and ideas on how transportation systems can be enhanced in the region.

Study question #3

What are the *opportunities for collaboration* among stakeholders in the ACRD that will *enhance the transportation* system in the region?

The needs of stakeholders and community members within the Alberni Valley did differ from those people outside of the Valley when it came to addressing solutions and opportunities. BC Transit and Handy Dart are publicly subsidized transportation services within Port Alberni and parts of the surrounding areas, however some leaders would like to see those services enhanced and expanded. Wheel for Wellness is a not-for-profit society that provides transportation services to people traveling from Port Alberni to specialist appointments in Nanaimo, Comox, Campbell River, and Victoria. The Executive Director of Wheels to Wellness is happy to provide guidance if someone were to utilize the Wheels to Wellness model throughout Alberni Clayoquot Regional District, but their organization has no plans to expand out to the West Coast, and especially not out to Bamfield as its road access is gravel and privately maintained. Stakeholders within the Valley would like to see a smaller transportation service that will link in with the existing services located within city limits.

That suggestion also came from a number of stakeholders and community members in the remote areas of the region. A network of volunteer and/or paid drivers to bring people from their homes to a centralized transportation hub was suggested from a number of interviewees. By hosting a community or neighbourhood bus that allowed people to travel from their homes to a centralized location to connect with existing transportation options would allow existing operators (e.g. Tofino Bus) to maintain an express service from Ucluelet and Tofino to Port Alberni, while populating the bus with people from more remote areas. There was no clear consensus on how to financially support such initiatives; however many people expressed the need to create paid driver and/or administrative staff positions to not only address the transportation issues, but also to enhance employment opportunities for local residents.

Infrastructure projects were also identified as moving towards some transportation solutions within the region – safe pullouts for buses, protected shelters at pick-up and drop-off locations, suitable docking facilities, and road improvements were brought up by various interviewees. Uchucklesaht First Nation has a grant application in for funding to repair the dock at one of their village sites – if and when the repair is completed, the Frances Barkley will once again be able to deliver goods and people to that community. Communities are eager for solutions and actions are being taken.

For people outside of the Alberni Valley, lack of road or public water access means that public transit is not even on their radar; they are simply looking for access into and out of their villages so that people have a way to access the community. The out-migration of young people from the more remote villages is alarming to community leaders as the people who remain are becoming more isolated. Some villages need support from the region for safe, public docking facilities; others would like to see private logging roads being taken over by the province of BC to ensure maintenance is consistent and not dependent on a private industry.

Partnership suggestions came from the private transportation providers in the region. Representatives from Tofino Air and Tofino Bus both expressed a willingness to work with other organizations around the region to create short and long-term solutions. Working within the parameters of provincial and federal transportation policies does dictate how involved certain organizations can be in collaborative partnerships so the ACRD is working to find answers and ensure the appropriate measures are considered and followed where needed.

Community perspective

A big bonus for us at Tofino Parks and Recreation is having a 15-passenger van that we can use for our programs to try to remove the barrier of transportation and increase the number of kids participating in our programs. Off shore communities are still a large challenge for us (as I'm sure its an ongoing challenge for the people who live there) to try and meet up with boat transportation going back and forth. Often the boats don't come in early enough to meet up with our programs, and in the winter when it's dark so early organizing boat transportation home from after school programs can be challenging. Ground transportation to the further reaches of town, such as Esowista and Ty-Histanis is also challenging as we don't always have the staff to offer a shuttle for all of our programs and kids travelling from that region often don't have rides available to them to get to and from town.

Opportunities for accessible and affordable transportation solutions that work within the unique and diverse needs of this region will require partnerships and collaborations across sectors, geographic boundaries, and interests. The existing realities have been described as ***lack of coordinated approach, transportation is inherently tied to mental and physical health and regional prosperity, time is as much a factor as money when it comes to affordability, and eager for solutions.***

The findings presented through the four emergent themes and the answers to the three study questions provide a framework of understanding for community leaders within the ACRD to move forward. As with any dynamic topic, accessible and affordable transportation challenges and opportunities will evolve based on the social, economic, political, cultural, and environmental resources available for the community. Findings for this study represent a snapshot in time, and can be built upon to gather additional information and/or to prompt further discussions on the topic. The breadth and depth of this study can continually be strengthened by newly published research both within and outside of the ACRD. Recommendations on how to utilize the findings of this study are shared in the next section.

Recommendations

The following table outlines recommended strategies for improving accessibility and affordability of transportation in the Alberni Clayoquot Regional District and address the identified gaps and opportunities from the data collected. The recommendations are not in any particular order with the exception of the first recommendation: form a working group tasked with moving recommended strategies forward. Details on who can and needs to be involved, how, time frame, and cost investment are given where known, however; some recommendations are not complete as the details on how to accomplish the task are beyond the scope of this study. It is expected that the Transportation Working Group (TWG) will identify how to best implement each strategy.

Strategy	Who can and needs to be involved	How	Time frame	Cost investment
Form transportation working group (TWG)	ACHN, 3 municipalities, IH, ACRD, seniors rep, recreation rep, youth rep, student rep, street level mental health worker, FN rep, remote rep, seniors rep.	ACHN create and send out an invitation via email, FB, Twitter, local newspaper asking for appointments; seek out representation from specific user groups; ensure representation from rural and hub communities; create online forum/group for continued updates as well as phone and face-to-face meetings when necessary	Next 1 – 4 months and ongoing	Volunteer time; require members to carpool or take transit if travel is required so understanding is developed of issues; ask transportation providers for vouchers for committee members to travel
Improve travel coordination through website; enhance awareness of transportation options	TWG, ACHN, IH, private transportation providers, MoT,	ACHN to fund one ¼ or ½ time position for two years to provide transportation coordination services between air, boat, bus services in region; service to be available into the evening so users can access during non-working/school hours; work with private and public services to attempt full(er) float planes, water taxis, buses, taxis; act as liaison between providers to coordinate scheduling.	As soon as possible and ongoing	With multiple partners benefiting and contributing, granting and matching funds may be available from regional and provincial funding streams.
Purchase wheelchair accessible van to complement existing Wheels for Wellness program	ACHN, IH	Seek guidance on start up details from existing Wheels for Wellness organization to ensure coordination of implementation and ongoing success, fund continued use of van, support recruitment of volunteers and identify and communicate patient needs	As soon as possible and ongoing	Apply for initial funding for purchase of van, develop innovative partnerships with local organizations (SD 70, NIC) for ongoing vehicle maintenance support

Recommendations table continued

Strategy	Who can and needs to be involved	How	Time frame	Cost investment
Research provincial ownership of private roads into communities	TWG, ACRD, MoT	Confirm specific resource roads for improved standards of maintenance and initiate a coordinated effort to lobby the province for support	Once TWG is formed	Time
Recognize marine corridors as highways	TWG, MoT	Address marine transportation priorities and respond as with rural resource roads	Once TWG is formed	Time
Coordinate medical professional visits to remote communities; enhance in-community services	TWG, IH, ACHN, AVICC, UBCM	Provide telehealth and E-health services for pre- and post-surgery, utilize travel coordinator to support rotation of specialists through region, research cost between professionals visiting in and patients traveling out	Ongoing	
Develop regular transportation along the Ucluelet-Tofino peninsula	TWG, private operators, District of Tofino, District of Ucluelet, RMI, MoJTST	Create a network of employers, recreation and tourism sites, and community groups that will support a regular schedule, incentivize buy-in and use to ensure long-term sustainability		
Identify routes for enhancement within the Alberni Valley	TWG, ACHN	Identify places that give people access to healthy activity and socialization, prioritize those routes for development (and/or identify framework for prioritization of routes)	Immediate and ongoing	Time, dependent on scope
Enhance broadband systems to all populations in the region	All levels of government, IH, tourism agencies, SD72	Unite and lobby for progress	Ongoing	
Support a community shuttle bus	TWG, IH, local private transportation providers, VTN and WfW, MoT,	Provide local pickups then connect with existing transportation options; scheduled weekly service; can be used for errands, socialization, and recreation	Ongoing	Dependent on scope
Enhance awareness of transportation options – car shares, rides shares	ACHN, TWG, All health agencies, all public offices, all social service agencies, all private transportation providers	Public and private forum/group online that agency representatives can access and provide input and information on needs and services	Immediate and ongoing	5 – 30 minutes each week to update and post

Recommendations table continued

Strategy	Who can and needs to be involved	How	Time frame	Cost investment
Continued creation of health and social hubs within communities	District and regional planning departments	Centralize services so people can walk to health, recreation, nutrition (grocery & dining), pharmacy, transit, post office	Immediate and ongoing	Minimal from TWG
Enhance active transportation options	TWG, ACRD, Tourism agencies, parks, recreation & culture, IH, community planners	Support regional parks and trails planning, support active transportation corridor between Tofino and Ucluelet, enhance signage for non-vehicle travelers	Ongoing	Depends on scope
More public engagement	TWG	Bring members into schools, attend other organizations' meetings, create action plans and ask for public support	Once TWG is formed and ready to move forward - ongoing	Depends on scope – can apply for grant funding for specific projects

*IH is Island Health; ACRD is Alberni Clayoquot Regional District; ACHN is Alberni Clayoquot Health Network; VTF is Volunteer Transportation Network (Mount Waddington); WfW is Wheel for Wellness; FB is Facebook; MoT is Ministry of Transportation (BC); TWG is Transportation Working Group; RMI is Resort Municipality Initiative; MoJTST is Ministry of Jobs, Tourism and Skills Training.

The recommendations presented in the above table are being presented as a workshop to the Alberni Clayoquot Health Network on June 19th. Equipped with the background documents, supporting literature, research methodologies, findings, and recommendations from this study, the Network and its supporting organizations will be in a position of strength to create more accessible and affordable transportation in the Alberni Clayoquot Regional District.

Conclusions

The Alberni Clayoquot Regional District is geographically, culturally, and socio-economically diverse. Accessible and affordable transportation within the region is challenging due to the vastness of the landscape, the remoteness of its villages, the lakes, valleys, ocean, inlets, mountains throughout, and the complexity of transportation funding and regulations in the province of BC and within the nation of Canada. Elected officials, municipal and regional staff, chiefs, health professionals, private business operators, community leaders, and community members came together between October 2013 and April 2014 to discuss accessible and affordable transportation through in-depth interviews, community engagement sessions, social media, and a C2C forum.

With the study of *How do we get from here to there?* an accessible and affordable transportation study for Alberni Clayoquot Regional District now complete, the project team has:

- a. In-depth perspectives to support and challenge the existing published data;
- b. Increased community awareness of what accessible and affordable transportation is;
- c. Input from stakeholders and community members on what the challenges within the region are;
- d. Emergent themes of ***lack of coordinated approach, transportation is inherently tied to mental and physical health and regional prosperity, time is as much a factor as money when it comes to affordability, and eager for solutions*** to help support strategies and solutions moving forward;
- e. A set of recommendations based on stakeholder and community member participation; and
- f. A comprehensive report for stakeholders and community members that is publicly available.

Community perspective

First choice for me is to walk, second choice to ride my bike, third choice to carpool, and final choice to drive my car. I hope one day to not have to drive my car at all. This is a great concept and I hope some solutions are gathered from this forum that will make transportation affordable, accessible, and environmentally sustainable. Water travel by canoe or kayak and motorized boat when necessary. I have seen and assisted with the use of used cooking oil to run vehicles, I wonder if the same type of thing could be used on boat motors !?!

The recommendations from this report offer the community a number of ways to get people from here to there in more accessible and affordable ways; however greater involvement from the residents is necessary. If we are to evaluate accessibility from the user's perspective, the users need to be ongoing members of the discussion to provide ideas, pilot solutions, and provide constructive evaluations of services. As the Alberni Clayoquot Regional District positions itself for dynamic economic development, it will depend upon accessible and connected transportation networks for people and commercial goods and services. This diversification of services is essential for competitiveness of regions (Spiekermann, 2012). Connectivity between transportation options, routes, and services can offer a number of solutions for accessibility, and also ties in very closely to affordability of services.

The results of the study *How do we get from here to there?* provide a base for dialogue and actions that will move the region into a position of strength for the provision of accessible and affordable transportation for all of its residents. Physical and mental health, social sustainability, economic prosperity, family resiliency are all impacted by, and have an impact on transportation in the Alberni Clayoquot Region. As awareness of the challenges and opportunities for accessible and affordable transportation identified and explored throughout this project expands through the Alberni Clayoquot Health Network, the Alberni Clayoquot Regional District, and Island Health, increased opportunities for collaboration and solutions will be created and realized. It is important to encourage the cross-pollination of ideas and actions to ensure a united voice and action for the region. The richness of the culture and spirit within communities will drive solutions forward in ways that are as unique as the people and landscapes of the Alberni Clayoquot Regional District.

Resources

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Appendix A

Press release

How Do We Get from Here to There: Announcing Transportation Consultation Events

The Alberni Clayoquot Health Network is currently hosting a region-wide consultation to generate new ideas and strategies to promote affordable and accessible transportation in the Alberni Valley and on the West Coast. Laurel Sliskovic of The Sociable Scientists has been hired by the Health Network to lead the consultation process.

The uniqueness of our region's geography will require cooperation from the public, private and non-profit sectors to increase access to affordable transportation options for all residents of the Alberni Clayoquot Regional District. We are looking for input from residents from the communities of Ahousaht, Bamfield, Beaufort, Beaver Creek, Cherry Creek, Dididaht, Hesquiaht, Hupacasath, Huu-ay-aht, Long Beach, Port Alberni, Sproat Lake, Tla-o-qui-aht, Tofino, Toquaht, Tseshah, Uchucklesaht, Ucluelet and Yuułu?il?ath.

The focus of the Social Media campaign is "How do We Get from Here to There?" The Network would like to hear your story! What's been your experience of travelling around the region for work, appointments or accessing sports and recreation? Everyone who participates will have their name entered to win draw prizes!

Opportunities for public input will be through a social media campaign and World Cafe transportation discussion and mapping events held in the following communities:

Bamfield February 17th from 3:00 – 6:30 pm at the Bamfield Community School

Ucluelet February 26th from 3:00- 7:00 pm at the Ucluelet Community Centre (The Hub).

Tofino February 27th from 3:00 -7:00 pm at the Tofino Council Chambers.

Share your stories on social media!

www.facebook.com/AlberniClayoquotHealthNetwork,
[Twitter@achealthnetwork](https://twitter.com/achealthnetwork), and email heretothere@acrd.bc.ca

Appendix B

Interview questions for service providers and organizations

1. What funding does your organization provide for people who need to travel away from their home community for health or social services?
2. From where does that funding come?
3. Do the people in your community have access to the information they need regarding accessible and affordable transportation?
4. Do people in your community want to travel for health and social services or is it preferred to have professionals visit (locums) within rural communities?
5. How many health and social services-related trips do members of your community take per year?
6. Who is recording the information?
7. Where is it being stored?
8. What are the social impacts of people leaving their communities for health care?
9. What services are people willing to travel outside of their community for?
10. What are the barriers to accessible and affordable transportation for the people in your community?
11. How do you think transportation accessibility and affordability should be evaluated?
12. What ideas/actions do you have for improving the accessibility and affordability of transportation in your community and throughout the ACRD?
13. How would you like the results of this project to be shared with your organization and your community?

Appendix C

Interview questions for non-service providers and organizations

1. Are you aware of programs that assist people who need to travel away from their home community for health or social services within the ACRD?
 - Are you aware of any opportunities for coordinating trips or programs to improve service or reduce costs?
2. Do the people in your community have access to the information they need regarding accessible and affordable transportation?
 - What are other barriers to accessible and affordable transportation for the people in your community?
3. Do people in your community want to travel for health and social services or is it preferred to have professionals visit (locums) within rural communities?
4. What services are people willing to travel outside of their community for?
5. How many health and social services-related trips do members of your community take per year?
 - Who is recording the information?
 - Where is it being stored?
6. What are the social impacts of people leaving their communities for health care?
7. What ideas/actions do you have for improving the accessibility and affordability of transportation in your community and throughout the ACRD?
8. How would you like the results of this project to be shared with your organization and your community?

Appendix D

Stakeholder interview participants

The thirty-one stakeholders interviewed in this study are identified in the table below:

Stakeholders		
Name	Organization	Title/role within organization
Scott Fraser	Legislative Assembly of British Columbia	MLA (Member of Legislative Assembly) for Alberni-Pacific Rim
Ken Watson	City of Port Alberni	CAO (Chief Administrative Officer)
Josie Osborne	District of Tofino and ACRD (Alberni Clayoquot Regional District)	Mayor and Director (respectively)
Andrew Yeates	District of Ucluelet	CAO
Lucas Banton	ACRD	Director, Cherry Creek
Bill Irving	District of Ucluelet	Mayor
Wendy Thomson	ACRD	Manager of Administration
Jack Thompson	Dididaht First Nation	Chief Councillor
John Douglas	City of Port Alberni	Mayor
Cindy Solda	City of Port Alberni and ACRD	City Councillor and Board Chair (respectively)
Penny Cote	ACRD	Director, Sproat Lake
Eric Gaell	ACRD	Director, Bamfield
Tony Bennett	ACRD	Director, Long Beach
Anne Mack	Toquaht First Nation	Director of Community Services
Trevor Wickham	Ucluelet First Nation	Manager of Community Services
Charlie Clappis	Huuayaht First Nation	Elected Councillor
Jeff Cook	Huuayaht First Nation	Chief Councillor
Shelley Edgar	Dididaht First Nation	Administrator
Larry Ransom	School District 70	Board Chair
Peter Klaver	School District 70	District Principal
Sarah Robinson	Toquaht First Nation	Director of Operations
Laura McDonald	Epic Pharmacy	Owner, Operator, Pharmacist
Alex Doughty and Buffy Barrett	Tofino Air	Pilot and Operations Manager (respectively)
Dylan Greene	Tofino Bus Island Express	Owner
Ellen Brown	West Coast General Hospital	Site Director
Mike Kokura	ACRD	Director, Beaufort
Scott Coulson	Uchucklesaht	CAO, Director of Finance
Janie Finerty	Island Health	Manager of Volunteer Resources
Don Buchner	Wheels to Wellness	Executive Director
Donna Dunn	Island Health	Bamfield Community Nurse
Felicia Marilyn	Hesquiaht First Nation	Patient Travel Clerk

Appendix E

Social media campaign schedule and questions

1. Saturday, February 1st

- Alberni Clayoquot Health Network Facebook page updated cover and banner photo reflecting month long campaign
- Introduction of campaign – how do we get from here to there?
- Posting of at least one photo
- Twitter and heretothere@acrd.bc.ca details

2. Monday, February 3rd

- Question – What is your most memorable story of traveling from here to there?

3. Thursday, February 6th

- Question – What transportation options are available in your community?

4. Monday, February 10th

- Question – How many modes of transportation have you used in one day to get from here to there?

5. Thursday, February 13th

- Question – Have you ever missed an appointment or activity because of a lack of transportation?
- Post next week's community engagement details

6. Monday, February 17th

- Question – How long does it take to get from your house to the closest medical facility?

7. Thursday, February 20th

- Question – Is it safe for you to travel to appointments and/or activities? Why or why not?
- Post next week's community engagement details

8. Monday, February 24th

- Question – What ideas do you have for improving transportation in your community?

9. Thursday, February 27th

- Question – Where do you get information about traveling around the region? Where would you like to get information about traveling around the region?

Appendix F

Community engagement poster - Bamfield



Please join the **Alberni Clayoquot Health Network** on **Monday, February 17th** anytime between **3:00pm and 6:30pm** at **Bamfield Community School** for interactive mapping and information sharing sessions. Students, elders, parents, workers, retirees, and all area residents are asked to participate in this community activity. Come for 10 minutes or stay for a few hours. Snacks and drinks provided.

For more information and/or to participate online -
www.facebook.com/AlberniClayoquotHealthNetwork, Twitter [@achealthnetwork](https://twitter.com/achealthnetwork),
heretothere@acrd.bc.ca

Appendix G

Summary of interview responses

Awareness of transportation options and travel assistance, access to information

- Handy Dart system through BC Transit *** (* indicates repeated response)
- Volunteer shuttle (generally) *
 - Cancer Society *
 - Angel service
 - Wheels for Wellness *****
 - Kidney Foundation
 - Medivan (through WCGH)
 - Pacific Companion
 - Island Chauffeur
- Tofino Bus
- Tofino Air
- Boat travel
- Informal volunteer drivers/ride share arrangements****
 - Community portal
 - Online ride share
 - Note boards
- Seniors phone taxi as that is what is familiar
- If information is only online, segments of population are being missed*
- Only start looking/are aware once services are needed *****
 - People do not know their options *****
 - Unaware of gov't programs ****
 - Do not know where to start looking for information **
 - Ask staff at FN offices for information – social development worker, patient travel ***
- Travel subsidies for FN communities – consistent across communities *****
- Funding through NTC
- Doctor advice or paperwork *
- Assistance for authorized treatments
- Unsure if buses are wheelchair accessible
- Hospice Society
- WCB travel assistance
- Social service funding (travel warrants)
- Doctors give paperwork for BC Ferries travel
- No services/options for Bamfield residents *
- Closest bus connection is 45 minutes away
- Closest bus connection is 16km away
- No road access to village
- No public transportation**

Gaps in health services

- Isolation traveling for health appointments (need support – moral, physical, emotional, understanding) – not simple, stressful times exacerbated by transportation issues *
 - Isolation – no need to get up in the am, more depression
 - People are housebound
 - Negative impacts on mental health
 - Socialization and connections to community
- Need for people to get out and meet neighbours, connect with others
- Limited options depend on personal health (wheelchair accessibility, comfort while traveling)
- Travel options for health within the region are limited
- Lack of services within home community ***
- Can't always get to and from services within a day (overnight stay adds to cost, time, negative impacts) *****
- No public transportation to connect to regional health services
- Long wait times to get into regional (local) health services – people who have private vehicle (or more resources) can go further
- Delays in service for mental health issues as they arise – services are limited
- Wheelchair accessible transportation
- Local doctors and health care professionals provide sense of comfort and reassurance****
- Cost (time, effort, negative impacts) of 20-30 West Coast patients traveling vs. a specialist/health care provider traveling into a community
- Families are not attracted to a community and/or region without health care – people are moving away b/c they have to travel for health services**
- Need for patient-centered health services
- System is not set up for simple navigation of health services**
- Access to health professionals through online interaction and telehealth is not available but is wanted **
 - Expand pre and post surgery care to people at home**
 - Save people from traveling when not necessary
- RN in Bamfield must accompany patients into PA on Coast Guard if ambulance/ air lift not available – fog, road conditions, flying at night (therefore not in community)
- 5 hour round trip to get to and from hospital (Bamfield to PA)
- Lack of services means minor health concerns may grow into bigger issues**
 - Costs out of pocket to access health professionals*
 - Leaving work/businesses and family *
 - Healthy people do not have access to health professionals
- No coordination of bringing people from remote/rural communities to WCGH***
- WCGH doesn't have all of the services outlying communities need so people are bypassing it
- No walk in clinic – after hours health concerns means people go to ER

- Lack of availability of rural professionals
 - Workload of health professionals is high
- Dental care is low priority ***
 - Apprehension about dentist
 - Leads to significant and costly health issues
 - Affects nutrition and therefore health
- Need for holistic and diversified services for people *
- Health professionals – doctors, pharmacists, receptionists can develop relationships with patients if they know them – traveling outside of home community makes those interactions impersonal (can also be a positive if community relationships are not positive/people feel judged) *
- Healthy food options are very limited
- Increase in chronic health issues
 - More elders
- Filling prescriptions requires a trip into another community (PA)
- People in remote communities requiring surgery or giving birth have to travel to another community
- Lack of coordinated travel planning to offset costs
- Misinformation/miscommunication (lack of) between health care professionals
 - Incorrect testing
 - Notes not passed from one to another – reliance on patient to relay info
 - Holistic health approach is difficult if providers are in more than one community
- One test could turn into multiples – difficult if using bus system*
 - Appointments may run late – altering travel plans if relying on others*
- Doctors may not know other health services and professionals in their own communities
 - Less likely to know those services and professionals in other/neighbouring communities
- Conflict on best use of time and resources in small communities
 - Health professionals fill a lot of roles

Road conditions/road safety

- Highway 4 is a disaster – only one main artery in and out of the valley****
- Fear factor – people are terrified to use the road – logging trucks are fast and furious and intimidating – road is tragic
- Unsafe (illegal?) to pull off on side of highway at undesignated stops
- 1.5 hours on a gravel road to get into medical services (PA)
 - Road can flood or be snow covered
- Road is owned/maintained by logging company – if they are not working, road is unattended
- Rock slides can block road – detour is an additional 45 minutes on deactivated logging road with restricted access
- Some people will not travel due to road uncertainty and danger
 - Put off health concerns

- Uncomfortable travel on gravel roads for people with certain medical conditions***
- Professionals don't want to visit b/c of poor road conditions
- Less service means people have to walk further to bus stops and/or bus stops are not highly visible/safe locations
- Road is intense for seniors – safety is a concern
- Lack of linkages between active transportation corridors to help get people off of roads
 - Need ways to travel without getting in own car
- No safe roadside pullouts for bus stop (or hitchhikers)
- Boat rides can be uncomfortable (cold, rough) for elders, people with medical conditions
- Lack of reliable boat travel
 - If boat does not run, air is an option in some communities but costs are high and a barrier
- Dangerous to run a boat after dark
- Planes cannot fly after sunset and before sunrise
- Single drivers with private vehicles leads to greater vehicle numbers on roads
 - Congestion
 - Pollution
- Danger from:
 - Wildlife
 - Weather
 - Lots of dark hours in winter
 - Narrow roads
 - Bumpy
 - If car breaks down, lack of places to pull over
 - Hitchhikers, walkers, and cyclists on road
 - Large trucks
 - Road closures while traveling

Social impacts

- Families are split apart at critical times*
 - Children are left with family or friends in home community or travel with parent**
 - Support from loved ones is not there*
 - Kids may miss school for extended periods**
 - Child care may not be available
 - Time away from work is not paid for many people
 - Lack of cultural support, accommodations and understanding**
 - Accommodations for families are lacking
- Leaving houses empty for extended periods while traveling (safety)
- Many underlying mental health issues
 - Further isolates people with few options/resources/supports
- Basic rights for rural residents are being ignored
 - Healthy, sustainable access that the average person experiences
 - Equality and fair distribution of services
 - Holistic indicators for fair and equitable access

- Reliance on friends and family in communities with services
- People who can afford to own a vehicle don't understand problem
 - Health services and options are more available to them and do not see need for greater access and alternative solutions
 - People with vehicles and financial resources can travel away if necessary
- Adult learners have limited options to stay in home community and travel on public/affordable transport to educational facilities
- Finances dictate health
 - Cycle of unhealthiness is difficult to break out of
- Limited access to recreational facilities via public transport means socially and financially disadvantaged cannot take in recreation as easily
- Funding is not available equally – can be easier for some to get subsidies
- People on fixed incomes cannot afford extra money for travel **
- Need to build communities**
 - Create ways for people to live and work in community
 - Create jobs and opportunities
 - Communities will flourish
 - Nutrition suffers, health and motivation suffer
- People are moving away from villages b/c of transportation issues
 - Families with children move away from traditional homes and territories
 - Leads to greater isolation for those who cannot afford to move or do not want to leave where they have lived their whole lives
- People need options to get out and meet with family and friends – socialization is tied to health
- Socially isolated people are at greater risk if they don't have affordable options***
 - Less likely to search for answers*
 - Do not know where to start looking for answers
 - May not have computer/Internet access
 - It's not known what hardships they are experiencing*
- A lot of mistrust from FN communities of non-FN people and resources so people may not know how to ask for help
 - Tradition of self-reliance
 - Need for relationship and trust-building
- Lack of culturally sensitive accommodations
 - Not suitable for families
- Seniors who are separated b/c of health concerns may have to move communities
 - Difficult for both partners without support
 - One spouse left at home – isolation and depression; other spouse left to navigate system
- People on fixed incomes cannot afford added expenses of traveling for health appointments
 - Pensions
 - Disability
 - Social assistance
- People don't know where to look for information

- Lack of connections with others and options leads to overall depression and lack of motivation within community

Access

- Bus pickup is 45 minutes away
 - Bus is not able to pull over and pick up
- Internet is sketchy, limited, unreliable
- Only transportation provider (outside of AV) is private/for-profit
 - Need a community shuttle that can stop along highway
- No road access – boat only
 - No daily or weekly scheduled service (once every 2 weeks)
 - Cannot travel to and from community in one day
- Air/float planes cannot always accommodate groceries and other supplies
- Cannot travel to services and back within one day*
- Comparison to communities serviced by BC Ferries
 - Why are communities on West Coast not served when populations are greater here than some small islands?
- People without driver's licenses – no need in small/rural communities but then cannot travel out

Solutions

- Community shuttle bus
 - Can provide localized pickups then connect to express bus along highway
 - Safe, comfortable and proper transportation for people of all abilities and caregivers when needed
 - Recognition that people with mental health challenges may need separate transportation options (for safety of themselves and others)
 - Scheduled service once a week for all communities
 - Priority is health services, then social – create a sliding scale for cost
- In-community health/social/errand/neighbourhood bus
 - Tie into seniors centre
 - Promotes confidence and independence
 - Promotes local business
 - Keeps people within the community
- Telehealth, E-health and/or video visits with health professionals****
 - Diagnostics and determining next steps
 - Pre and post surgery
 - Regular check ups
 - Ongoing health interactions
 - Keep people in their own homes
 - Keep people in community to run businesses, stay in school, be with family and supports
 - Minimize need for travel outside of community

- In small towns, walking, cycling, kayaking for transportation means private vehicle is unnecessary
 - Decrease the need for transportation services
- Provincial ownership of roads from private logging companies
 - Maintain to higher standard
 - Pave if possible
- Need to advocate for greater and more reliable access to Internet services for people in rural and remote communities***
- Create and keep more services in Ukee, Tofino, and Alberni Valley***
 - Any opportunity to get services here and avoid travel out of community is preferred
 - Increase services will bring more people back to rural areas, traditional territories/nations
 - Will provide greater sense of community for those who cannot leave community
 - Rotate specialists thru remote regions
- Create health hubs with health care, child services, playgrounds, healthy food options (grocery and dining), clean, quiet, comfortable places to wait, family services, post offices, social services, recreation centres
 - Encourage and incentivize clustering of resources
 - Create active transportation corridors to access these services
- More pull outs and ability to flag down bus
 - Stops at intersections/connection points along highway
- Accommodation for families traveling for health
- Health bus that is publicly funded
 - Can ride with appointment verification
 - Also for social health
- Connections via boat
 - Support for safe docking facilities for Frances Barkley at communities up and down the inlet
 - Help get people back out to home communities
- Provide information at all public offices to ensure people have access to information and resources
 - In FN offices and public spaces
 - In schools
 - At health unit
 - Ensure people in public offices have access to info
 - At least that they know where to look for it
- Bring transportation costs into health costs – do not allow them to stay hidden
- Recognition and support for marine highways/corridors*
 - Alberni Inlet
 - Ahousaht and Hesquiaht
 - Can be a more direct route
 - If connected to public transportation services in hubs, less cars on roads
- Fund and support travel coordinators for health and transportation
 - With air and boat travel to remote communities so that professionals can travel in at reasonable costs – each person

- traveling with private vehicle or on chartered service contributes to unsustainable costs
 - Creates a more cost-efficient trip for all if planes/boats/buses have greater occupancy
 - Create incentives for people to use travel coordination tools
 - Local coordinator provides accountability and creates trust
 - How to navigate the system and ensure necessary appointments and follow ups are completed
- Promotion of patient-centered care – holistic physical and mental health
- Encourage and invite health professionals into the community
- Need to track how many people are traveling outside of home communities and create a formula for costs traveling out vs costs of having services in
- Development of a traveling/mobile service that complements out-of-community transportation options
- Dedicate specific days for West Coast traveling patients at WCGH (or other health service providers in the AV)
 - Health bus can transport people on those days
 - Coordinate with doctors and health providers
 - Allow for flexibility
 - Have a travel coordinator
 - Allow people to use phone, internet, in person to book/communicate
- Use West Coast providers and resources to create more local jobs and dollars for local economy
 - Paying Greyhound to transport West Coast people takes money directly out of local economy and into US-based company – draining
- Use existing resources
 - Partner with school district to use buses when not in use for schools
 - Partner with private providers of people and goods transporters
 - Staff buses
 - Create cost sharing system
 - Apply volunteer driver model (Wheels for Wellness) to region
 - Tie into that service at the AV
 - Create a pilot program that links community (feeder) bus with private and/or school buses
 - New residents take up new ideas sooner than long-time residents, need to give things a chance to catch on
 - Identify people and services in geographically central locations – support and sustain their resources
 - Pharmacists
 - Docks
 - Schools
- Create solutions that target nutrition, health, culture
 - Tourism opportunities through mentorship and local capacity building

- Creation of neighbourhood associations that keep an eye on neighbours and encourage socialization
 - Promote socialization programs
- Volunteer driver program – potentially less red tape/bureaucracy for maintaining vehicle and driver
 - Users pay a portion based on fuel – distance traveled
 - Get a grant for vehicle purchase or donated from local dealership
 - Use retired people in community
- Ensure public transit in AV goes to hospital 7 days a week
 - Past medical offices during regular and walk-in clinic hours
- Provide incentives for those who do volunteer work
 - Fuel subsidies
 - Vehicle maintenance coupons
- Support existing rideshare programs
 - Promote use
 - Build safe pull outs
 - Build covered shelters
- Ensure public transportation options access healthy places – morning, noon, and night
 - Lakes
 - Trails
 - Parks
 - Farmer’s markets
 - Local shops