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Reduced Fares

Lessons from Across the Country



Across the nation, reduced fare programs aim to assist those who rely on mass transit the most. Here's what we can learn from their successes and challenges.

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Table of Contents

Overview

Key Findings and Best Practices

1. Introduction
2. Reduced Fare Programs Across the United States
3. Reduced Fare Programs Across the United States - Best Practices

Conclusion

The inability to pay for transit fares can result in negative health outcomes such as poor access to food and missed healthcare appointments, as well as other negative impacts such as job loss or broken social connections.

This research investigation explores the reduced fare programs across the country that help people whose economic circumstances make paying for public transit a financial burden. It draws from interviews with transit workers, advocates, and experts from seven metropolitan regions to provide insights and lessons on how programs across the United States are approaching enrollment to make transit more affordable for their riders.

Key Findings and Best Practices

Key Findings

- There are 18 reduced fare transit programs across the United States, 14 of which have a higher income threshold requirement than the baseline 130% Federal Poverty Line (FPL).
 - Enrollment across many programs is low, with seven case study examples showing highest program participation rates at 50%.
 - A series of best practices, detailed below, aid several programs with addressing outreach and enrollment gaps.
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- Some programs have sought to investigate connections between transit affordability and health, which in the case of the MBTA’s program, led to the establishment of a reduced fare discount for riders, though the topic of health benefits across programs is largely unexplored.

Best Practices from Existing Reduced Fare Programs

- Implement Wider Eligibility Thresholds to Reach More Riders:** broadening income thresholds to a higher percentage of the federal poverty rate can qualify a greater number of people who struggle with transportation cost burdens but are excluded from limited income eligibility requirements.

- Ease Processes Through Auto Enrollment and Auto Qualification:** automated processes for registering people into programs eases the application constraints that prohibit enrollment.

- Utilize Community Based Organizations (CBOs) to Reach Eligible Riders:** partnerships with community-based organizations can address communication gaps between agencies and underserved communities who face barriers to enrollment.

- Employ More Dynamic Outreach Efforts:** implementation of multiple and creative methods of outreach can help further disseminate program information among eligible populations.

- Evaluate Fair Fare Programs’ Effects on Community Health and Wellbeing:** collaborative work between public transit agencies and research organizations can reveal potential health impacts and benefits of reduced fare programs.

Introduction

Transportation Affordability and Connections to Health Outcomes

Mobility is a critical component of the rhythm of our lives and an essential component of our health and well-being. Our ability to travel shapes our access to jobs, food, education, medical care, and social connection—all cornerstones in the foundation of stability and opportunity. Ultimately, a person’s quality of life and future prospects are fundamentally tied to their freedom of movement.

Generations of budget decisions, transportation investments, and zoning laws have shaped who can move easily and who cannot. This long history of policy and planning is why the US Department of Health classifies transportation as a social determinant of health⁰⁰ within the Neighborhood and Built

Environment. The ability to safely and reliably access the components of opportunity and community are essential to a full and healthy life.

Yet for many, this essential freedom is just out of reach. Although many of our cities, suburbs, and rural areas were designed for and around automobiles, they are nonetheless home to people who do not have access to a private vehicle, oftentimes due to the high cost of vehicle ownership.⁰⁰ In 2022, the National Equity Atlas found that 19% of U.S. households earning less than \$31k annually (equal to 200% of the federal poverty level) lacked access to a car, more than double the 5% rate for households earning above that threshold.⁰⁰

Public transportation serves as an affordable alternative to car ownership, providing access to vital services, jobs, education, and community. The value of public transit is significant in terms of connection to opportunities for employment. A 30-minute transit ride in NYC creates access to 1.3 million jobs. In Boston and Los Angeles, the number of jobs accessible via transit for the same travel time amounts to 732k and 424k, respectively.⁰⁰ However, the often-high cost of fares can still make public transit unaffordable for many, cutting off access to work and basic needs like groceries, employment, school, and social connection.

Public transportation's benefits to society are multifaceted: it reduces billions of gallons of gasoline consumption annually, brings economic activity to nearby businesses, and directly employs over 400,000 people living in the United States.^{0000 00} It allows people without cars to access places that directly benefit their health. The benefits of public transit are contingent upon its affordability. Lack of access to transportation deteriorates well-being and, in turn, negatively impacts quality of life.

The Cost of Mobility Options

The cost of mobility collectively refers to the cost of providing transportation infrastructure and services or the cost paid directly by consumers to use the system. Virtually all types of transportation infrastructure and service are paid for through a combination of government subsidies and direct payments made by individuals in the form of vehicle and fuel purchases, fares, tolls, and other fees.

While most people believe automobile travel is paid for entirely by the individual users, the cost of building and maintaining most roads and highways is actually financed by a combination of user fees (such as fuel taxes) and general tax revenue funds. Meanwhile, the indirect costs of congestion, air pollution, bodily injury and death, and property damage are absorbed by everyone. Although public transportation is paid for through a combination of subsidies paid by taxpayers and fares paid directly by users, it remains a much more efficient means of transporting large numbers of people, particularly in densely populated areas, and has far fewer indirect costs to society at large.

Transportation is one of the highest expenditures for American households, along with housing and food expenses. This is especially so in metro regions devoid of robust public transportation options. In 2022, low-income households spent one third of their annual income on transportation.⁰⁰

The average U.S. household spent \$12,295 on transportation, including car ownership and maintenance, while the average cost of public transportation commuting is around \$840 per year.⁰⁰

In some of the U.S.' biggest cities, the cost can be higher—New York City: \$1,584; Boston: \$1,080; Los Angeles: \$864. Smaller systems like the LA Metro might have a lower yearly cost, but also fewer connections, leaving low-income individuals to choose between investment in a car or access to fewer places.

The Cost of Missed Healthcare

Lack of adequate transportation is consistently cited as a top reason for missed health care appointments,^{00 00} with lower-income populations facing greater barriers in general. If a patient does not have a car, or if a bus is late, too expensive, or changed schedule, it may cause them to miss their appointment.

3.6 million people skip necessary medical care due to transportation issues every year.⁰⁰ The Urban Institute found that 5% of U.S. adults^{00 00} faced transportation barriers to care in 2022—meaning roughly 10 million people⁰⁰ were affected by a system that limits access not just to care, but to the conditions that make health possible.

Layered onto the existing expense of transportation, these missed health care visits can create additional costs to individuals as well as health care systems, both in monetary value and deteriorated health. Missing appointments can lead to income loss in the form of late or missed appointment fees: approximately 42% of medical groups charge no show fees, ranging from \$25 to \$50 in primary care, with specialty care having higher fees;⁰⁰ Lack of access to transportation is linked to increased infant mortality;⁰⁰ Missed treatments for serious diseases such as radiation therapy, dialysis, etc. can exacerbate existing health issues. Timely medication access is another factor as individuals might rely on public transportation to reach pharmacies and drug stores.

The Cost of Food Insecurity

Food insecurity, which is defined by disrupted eating patterns, reduced intake of food, and lack of quality and variety in diet,⁰⁰ can be worsened by factors like income and racial disparities, disabilities, and unemployment.⁰⁰ Limited transportation options for accessing food, especially in neighborhoods without food markets or grocery stores, are also linked to food insecurity and income barriers connected to the factors above.⁰⁰

For households located in food deserts, lack of transportation can make it physically impossible to reach stores that sell healthy groceries. In some cases, the closest source of food might be a convenience or corner store or nearby fast food restaurant, both of which lack fresh fruit and vegetable options and present their own cost issues.⁰⁰ Convenience store groceries tend to be higher in unit price compared to larger supermarkets.^{00 00} With fast food restaurants, the upfront cost for readily prepared food may be lesser, but the long term risk of chronic illness and health issues can result in medical care related expenses down the line.⁰⁰ Grocery and food delivery services present a remote shopping option for individuals who can't afford a bus train or car but third party service fees delivery charges and delivery driver tips make a grocery

a bus, train, or car, but third party service fees, delivery charges, and delivery driver tips make a grocery delivery bill a sizable percentage more expensive than shopping in-store,^{00 00} making it a non-option for those who lack sufficient income.

Ensuring transportation access is not only a matter of urban planning or transit policy; it is a public health imperative. Affordable and reliable transportation must be prioritized to ensure that all individuals can reach the destinations that sustain their health and livelihoods. Fortunately, many regions across the country are working to close the affordability gaps through fair fares programs. Although the mechanics of some programs may have challenges, there are great lessons to be learned and best practices that can be replicated.

Related Report

Mar 2022

Investing in Infrastructure for Healthy Communities

Reduced Fare Programs Across the United States

To address the issue of transit affordability, cities across the U.S. have implemented free or reduced fare transit programs to improve the mobility and accessibility outcomes of their riders. Some places have even made buses completely free—Ulster County, NY; select routes in Boston; a free bus pilot in NYC. Reduced fare transit programs have existed in the United States since the early 2000s, but the impact of the COVID-19 pandemic, which led to decreased ridership on public transit systems, saw an increased interest and action in the rollout and expansion of new and existing programs in several cities across the country in an effort to get people back on public transit. The implementation of reduced fare programs is one step towards health equity as it lowers a barrier of access—cost—resulting in the possibility of transit connections to destinations beyond one’s neighborhood for low income residents in their respective cities and regions. This ability to pay for public transit at a discounted cost through reduced fare programs allows people to access things that positively influence their health, like food, clinics, family, friends, public and open spaces.



Ulster County Area Transit (UCAT) has made bus service free in Ulster County, NY. The UCAT bus pictured is traveling through the village of New Paltz.

AEMoreira042281, Wikimedia

The intent of this research is to demonstrate the value of reduced and free fares for health equity and show how these programs are being implemented across the several U.S. regions, but it does not attempt to evaluate how to weigh these benefits against costs, or the challenges and successes of broad-based fare reduction as opposed to targeted means-tested programs.

Most programs have eligibility requirements for reduced fare rates, age thresholds for youth and seniors, student status, military service, physical disabilities, or income level. Most programs also require applicants to prove residency of the municipality, county, or state that the corresponding transit system is based in. Income thresholds specifically are one of many criteria within a single program and, in some cases, are a recent addition to programs that have already existed for seniors, youth, people with disabilities, or other disadvantaged riders. Income thresholds vary program to program and are typically based on a percentage of the national federal poverty level (FPL). A higher percentage of the FPL widens the pool of eligible applicants, like in Los Angeles County where the maximum annual income limit for one individual is \$53,000. It's also important to note that in high-cost-of-living states like New York, the current Fair Fares eligibility requirement of 150% of the FPL is still quite poor and often includes those who are not regularly employed. Lifting the eligibility threshold would not only capture more people but it would especially capture more working people.

Though these criteria can overlap (low-income seniors, veterans with disabilities), this paper outlines programs with income-based components as this factor is a direct connection to cost barriers for low-income riders.

Reduced Fare Transit Programs Across the United States

(that list income as an eligibility criteria)

Transit System - Program	Launch Year	Closest Urban Core	Discount Rate	% of FPL	Annual Income Per Individual
Metropolitan Transportation Authority - Fair Fares	2019	New York City, NY	50%	145%	\$22,693
LA Low Income Fare Is Easy (LIFE)*	2019	Los Angeles, CA	48%-78%	338%	\$53,000
Pittsburgh Regional Transit - Allegheny Go	2022	Pittsburgh, PA	50%	130%	\$20,345
Massachusetts Bay Transportation Authority - Income Eligible Reduced Fare Program	2024	Boston, MA	50%	200%	\$31,300
Twin Cities Metro - Transit Assistance Program (TAP)	2017	Twin Cities, MN	50%	185%	\$28,953
Tri-Met - Honored Citizen	2018	Portland, OR	50%	200%	\$31,300
Clipper START*	2020	San Francisco, CA	50%	200%	\$31,300
Washington Metropolitan Area Transportation Authority - Metro Lift	2023	Washington D.C.	50%	130%	\$20,345
ORCA LIFT*	2015	Seattle, WA	50%	200%	\$31,300
Regional Transportation District - LiVE Program	2019	Denver, CO	40%	250%	\$39,125
Commuter Reduced Fare EASY Card*	2009	Miami, FL	50%	150%	\$23,475
VIA Metropolitan Transit - Reduced Fare ID	2016	San Antonio, TX	50%	135%	\$21,128
Southeastern Pennsylvania Transportation Authority - Zero-Fare Program	2018	Philadelphia, PA	Free	150%	\$23,475
Dallas Area Rapid Transit - Discount GoPass Tap Card	2020	Dallas, TX	50%	130%	\$20,345
Utah Transit Authority - FAREPAY	2013	Salt Lake City, UT	60%	200%	\$31,300
Central Ohio Transit Authority - Income Assistance Program	2022	Columbus, OH	50%	130%	\$20,345
CapMetro - Equifare	2017	Austin, TX	14%-20%	200%	\$31,300
Madison Metro Transit Half - Price Fare	2024	Madison, WI	50%	150%	\$23,475

*multiple transit systems. Depending on the transit system, LA LIFE discount packages and deals range.

Free Bus Programs Across the United States

Transit System - Program	Duration	Annual Bus System Ridership (2023)*	Coverage Area	Free Routes	Eligibility Requirement
Metropolitan Transportation Authority	2023-24	570,625,248	New York City	Bus routes Q70 (permanent), Q4, B60, Bx18, M116, S46/96	None
Southeastern Pennsylvania Transportation Authority - Zero-Fare Program	2023-26	101,457,440	City of Philadelphia	All routes	Income: 150% FPL
Massachusetts Bay Transportation Authority	2021-	79,487,957	City of Boston	Bus Routes 23, 28, 29	None
Kansas City Area Transportation Authority - RideKC	2019-	10,841,740	Jackson, Clay, Platte Counties; Kansas City, Wyandotte, Johnson	All routes	None
Alexandria Transit Company - DASH Bus	2020-	4,540,860	City of Alexandria	All routes	None
Cache Valley Transit District	2000-	1,248,304	Cache and Franklin Counties	All routes	None
Chapel Hill Transit	2002-	3,664,740	Chapel Hill, Carrboro	All routes	None
Sun Tran	2020	16,282,434	Pima County; Tucson	All routes	None
CUE Bus	2020-26	845,194	City of Fairfax	All routes	None
Hele-On Bus	2021-25	374,666	Hawaii County	All routes	None
Intercity Transit	2020-27	3,449,951	Olympia, Lacey, Tumwater, Yelm; Thurston County	All routes	None
Utah Transit Authority - Utah Valley Express Bus	2018-	17,895,284	Utah County	All routes	None
Orange County Transit Authority - OCTA Youth Rides Free	2022-	31,363,460	Orange County	All routes	Age: 6-18; proof of Orange County residency
Ulster County Area Transit Bus	2022-	430,747	Ulster County	All routes	None
ABQ Ride	2022-	4,588,912	City of Albuquerque	All routes	None
Intercity Transit Bus	2020-	3,449,951	Olympia, Lacey, Tumwater, Yelm	All routes	None
Missoula Urban Transportation District - Mountain Line Bus	2015-	1,093,160	City of Missoula	All routes	None

*Based on 2023 data from the Federal Transit Administration's (FTA) National Transit Database (NTD) of Transit Regional Plan Association | Reduced Fares

Reduced Fare Programs Across the United States - Best Practices

The establishment of reduced fare and fareless programs in such a variety of America's urban, rural, and suburban regions is a necessary and hopeful step towards health equity for transit riders, and a sign that governments and transit agencies see the benefit of cost-effective fares for low-income populations. Even more so, it's critical that these programs are accessible so that low-income residents of their respective municipalities can reap the benefits of access to jobs and services. What's important is that people are enrolled in and using these programs to get to social services, health care appointments, recreational activities, so that positive outcomes for health and wellbeing can be realized.

The true value of these programs for individual and community public health is the recognition that transit is a resource that should be available to as many people as possible.

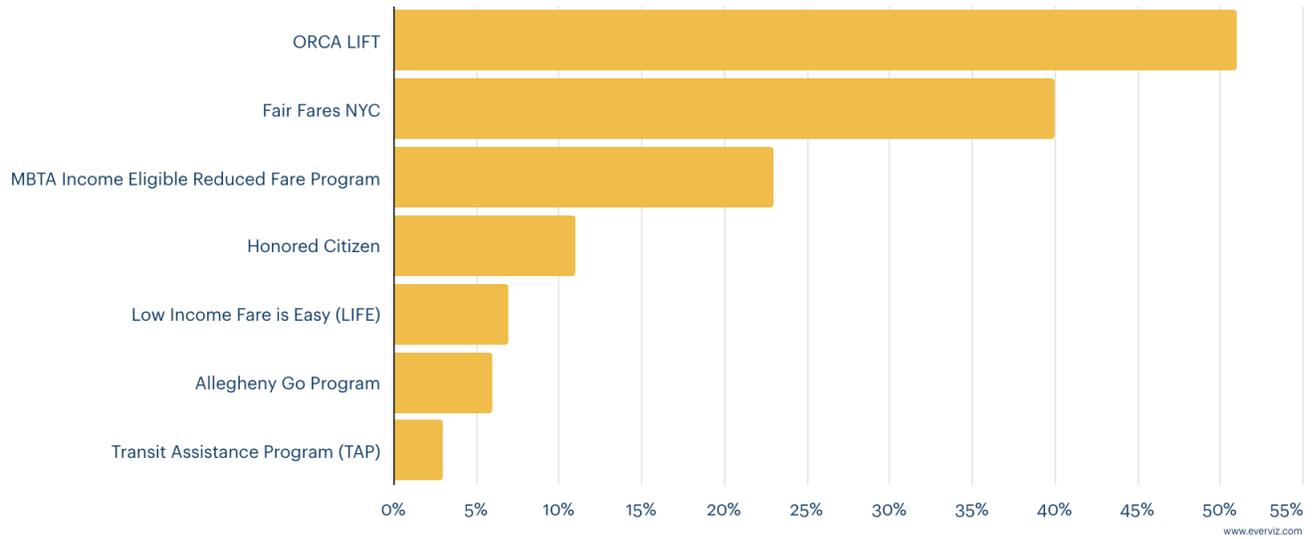
Conversations with stakeholders and experts in a few cities revealed that initiatives can often be structured as “free if you have a job,” indicating availability primarily for the “deserving poor,” which can mean that specific low-income populations, like students or seniors, must too often have to choose between “a meal or a metro card.” BIPOC, ESL, or undocumented residents in particular face historic and structural barriers that put them at a disadvantage when it comes to sufficient income, vehicle ownership, and resource access. There are also newly arrived immigrant or refugee communities in some places who are unable to obtain driver's licenses and experience barriers that are different from someone who was born in the U.S. or is familiar with American bureaucratic processes. Layered upon the monetary costs, there is a level of stress⁰⁰ that is induced from balancing these challenges with the ability to move to and from critical destinations without feeling overwhelmed by the cost of mobility.

An issue in New York and many other cities⁰⁰ is that only a fraction of the people who qualify for reduced fare programs are enrolled. Fair Fares NYC has one of the higher enrollment rates (39.9%) compared to other programs, but still, two thirds of eligible New Yorkers do not take advantage of transit discounts that are available to them. There are a number of issues cited in existing studies that result in low enrollment including lack of public awareness,⁰⁰ strenuous application processes,⁰⁰ exclusion of commuter railroads like LIRR and Metro North, and limited eligibility thresholds.⁰⁰ While not an exhaustive list, these represent some of the most significant and addressable barriers of the many challenges with enrollment.

Reduced Fare Program Enrollment



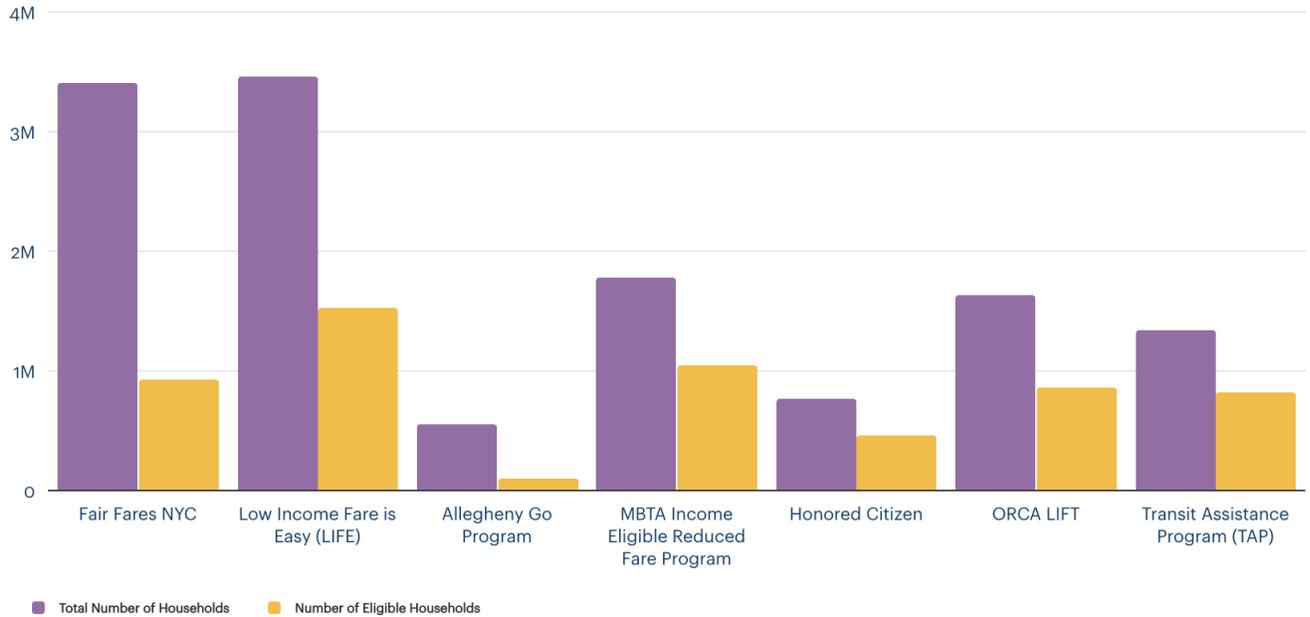
Percent of the eligible population that is participating in each program



Household Eligibility by Program



Based on households within program service area geography



Data: US Census Bureau

www.everviz.com

Calculations for this chart are based on the number of people living in the counties included in each program's service area (see Table 3 for details on counties). The number of households qualifying by income (based on program annual income thresholds) was divided by the total number of households within the program service geography (counties). See Table 3 contents and citations for further information on data sources and methodology.

These issues do not go unrecognized by those working on reduced fare programs across the U.S. Interviews conducted with advocates, transit workers, and experts from reduced fare programs reveal the creative processes that support outreach and enrollment. The seven programs detailed below were chosen based on three criteria: geographies represented in the Healthy Regions Planning Exchange (LA, Portland, Pittsburgh and the Twin Cities), programs with income thresholds $\geq 130\%$ of the FPL and $\geq 50\%$ discount on fare, and the ability to have direct conversations with program stakeholders that informed the secondary research.⁰⁰

There is no single antidote to completely fulfilling enrollment targets—the case studies discussed have incorporated multiple creative tools into various aspects of outreach and administration. This research sought to center the impact of reduced fare programs on health and well-being, but along the way, revealed more about what these programs are doing to better reach and serve impacted populations, efforts that ultimately better the health of communities that rely on public transit in these regions.

... IMPLEMENT WIDER ELIGIBILITY THRESHOLDS TO REACH MORE RIDERS

Eligibility thresholds tend to fall somewhere around the thresholds used for SNAP/WIC/EBT enrollment (130% of the FPL), but a number of programs, LA LIFE, Twin Cities TAP, Honored Citizen, and the MBTA Income Eligible Reduced Fare Program, go beyond this maximum to account for localized poverty rates and average incomes. Program expansions can vary, but the positive outcome is that more people who would benefit from and qualify for a reduced rate can become technically eligible for their municipality's respective program.

... EASE PROCESSES THROUGH AUTO ENROLLMENT AND AUTO QUALIFICATION

Auto enrollment based on participation in government programs like SNAP/EBT/WIC would remove the barrier of filling out an application, saving qualified riders the time and stress of navigating application processes, digging up old documents, or finding the time in their schedules to visit/call service centers for application assistance. Auto qualification, as a second option, is also based on participation in government programs, but because there is no guaranteed existence of government agency, public assistance program, and transit system/administering entity collaboration, this type of enrollment mechanism does require some action on the part of the applicant. Still, it is much less complicated than applying from scratch, as less documentation, particularly proof of income, is needed.

Programs that are currently employing auto enrollment

SEPTA's Zero Fare Program is limited in the population it serves with a target of 25,000 residents⁰⁰ randomly selected from 18-64 year olds living in Philadelphia who make under \$23.4k annually. But the program is hailed as particularly unique for its auto enrollment mechanism that saves eligible participants from having to go through the application process.⁰⁰ SEPTA even goes the extra mile to mail enrollees their activated Zero Fare Key cards.

Programs that are currently employing auto qualification (or considering it)

With the Allegheny Go program, applicants are eligible for this reduced fare program if they or their children

have access to SNAP benefits. Given the SNAP auto qualification, applications do not require a social security number. Potential reduced fare riders input their SNAP identification numbers to register. As of 2024, enrollment numbers in this program are low despite auto qualification. According to advocates at Pittsburghers for Public Transit, the low enrollment rate reflects a combination implementation challenges such as the fact that the program was initially launched only through a mobile app, preventing users without access to smart phones to use the program. While a card-based version of the program became available in April 2025, inadequate marketing of these improvements and the fare program overall has likely contributed to low enrollment numbers.

Honored Citizen employs a similar method with auto qualifiers through the recognition of 10 social programs that have similar income thresholds limits, including SNAP, Federal Pell Grants, unemployment benefits, and the Oregon Health Plan, which is Oregon's state medicaid program. If a person can show they are enrolled in these programs, they can qualify for a reduced fare. The two biggest income qualifiers used by applicants to enter into Honored Citizen are SNAP and the Oregon Health Plan. Each makes up roughly 35% of submitted applications, which is a little more than 70% of all applicants combined.

At King County Metro, administrators have the ability to see people's current income through enrollment in other programs like SNAP and WIC. The County also employs Community Transportation Navigators (CTN),⁹⁰ some of whom are specifically healthcare navigators that can help applicants with enrollment. SNAP users just have to present their ID and administrators can get them enrolled. Having a range of administrators with experience in different issues (health care, housing, food access) also creates a one stop shop for multiple types of assistance.

In the Twin Cities, auto qualification is being seriously considered. There is a bill⁹⁰ currently moving in the session trying to identify a pilot that will remove existing administrative barriers for TAP applicants by integrating TAP applications within the Minnesota Benefits portal (where residents apply for social services like SNAP). These efforts are supported by groups like Second Harvest Heartland, Nourish MN Coalition, and Move Minnesota Action⁹⁰ who also work on housing and food security issues.

... UTILIZE COMMUNITY BASED ORGANIZATIONS (CBOs) TO REACH ELIGIBLE RIDERS

A major barrier to program enrollment and to awareness that a program exists has to do with reaching specific and individual communities, building trust, and engaging multiple issues areas, which requires the recognition of transit as a need and mechanism in an ecosystem of resources and rights (shelter, food, medicine). Partnership with CBOs that have existing relationships with different residents in a program's geographic area can allow for that program's reach to extend beyond what program administrators alone are able to achieve.

LA LIFE began CBO partnerships in 2021 through a Request for Proposals (RFP)⁹⁰ for contracted services, two years after the program was rolled out. Roughly one year later, in January 2022, LA Metro reported to have hired 24 community based organizations to assist with the distribution of program materials across the

have hired 24 community-based organizations to assist with the distribution of program materials across the County. LA Metro’s update to the Board of Directors in August of ‘22 cited several successes with new partnerships: “as a result of CBO efforts, 19 outreach events were held, 2,000 individuals were reached, and 165 enrolled.”⁰⁰ Alongside a partnership with the Department of Social Services (DPSS), an additional 13,000 new candidates were enrolled into the program.⁰⁰ LA Metro also welcomed new partnerships with Legacy LA and Los Angeles Metropolitan Churches, organizations that can help reach residents on the Eastside, South Los Angeles, and Inglewood.

At the Honored Citizen program in Portland, partnerships with CBOs, a network of organizations filled with people eager to help others in the area, have been charted as a success. When the program first started, partnering non profits were on contract with TriMet and had specific benchmarks to retrieve sign ups at a number of different places. Program administrators found that too restrictive for how they wanted to work with their partners and how their partners worked with communities. The three person outreach team at TriMet saw a vision for working with community groups that centered a network of support that met people where they were– and community representatives with pre-existing connections to residents were trusted by program administrators to pursue their own methods for engagement.

Honored Citizen has since switched to a grant program for fare grants and enrollment partner grants. This new structure distributes around \$4M worth of grant funding to over 150 local non profits and an additional 60 enrollment partners in different areas that can assist with application screening and enrollment so that residents don’t necessarily have to apply directly through TriMet. TriMet also partners with government entities, schools, and public libraries for outreach, enrollment, and administration. Overall, this new approach gives flexibility to partners on how they want to conduct outreach and engage in their communities: places of worship, door to door in apartment buildings, etc.

As many of these organizations already have relationships in the community, they may have access to materials and dialogues that TriMet does not, particularly among immigrant groups, undocumented residents, or groups whose native language is not English. A big challenge that the program faces with getting people to apply has to do with the demographics that they work with: unhoused individuals, immigrants, refugees—it can be difficult for these residents to prove income or have the right documentation, which is why collaboration with CBOs like Rosewood Initiatives, IRCO, and the Afghan Support Network is critical to reducing those barriers. Honored Citizen doesn’t require enrollees to have United States citizenship, which allows for international students, immigrants, and visitors to benefit from the program. The connection to health care organizations is also important, given the auto qualification connection, which is why Honored Citizen also partners with certain community groups that have access to healthcare services and information that can help with enrollment to Medicaid and SNAP.

EMPLOY MORE DYNAMIC OUTREACH EFFORTS

Using a variety of outreach methods can broaden awareness of a program’s existence. Awareness is the first

step in program participation, but not everyone is consuming information in the same way or from the same places. With non-English speaking communities, informational material with limited language alternatives creates a barrier. An app or digital ad might not reach seniors or low-income people without smart phones and personal computers.

The LA LIFE program has found a handful of methods for getting the word out to LA County residents about their reduced fare program, like pop up events, partnered enrollment with homeless outreach groups, and deployment of Metro Street Teams.^{00 00} LA Metro’s Homeless Outreach Teams also work in the system to connect individuals to resources, whether that includes enrollment in the LIFE program or not. The benefit of this multi-pronged outreach is that information can be passed along to harder to reach populations, like cash paying riders or undocumented residents. According to the August 2022 update to the Board of Directors from LA Metro (also referenced above), partner CBOs aided with outreach and referral services for the LIFE program, canvassed Metro buses and trains to assist qualifying riders with the application for enrollment in the LIFE program, and supported with the three public engagement campaigns for the LIFE program. The Metro Street Teams in particular were able to distribute materials (over 1,000 LIFE brochures) at bus stops and community pop up events, engaging roughly 250 riders.

Honored Citizen employs three main strategies to get information out to the public: electronic materials, work with partners, and in-person events. What they’ve found especially effective is the ads that are placed in their system, on buses and at stations, which drive more traffic than any other tool. Ads inform eligible folks who already ride the system—so there’s not necessarily an influx of new riders applying to the program, but the critical population of people currently using the bus and train are being reached.

A true highlight of Honored Citizen’s outreach tactics is their Language and Access Plan. Efforts to create new pathways to access for reduced fares prompted the build out of programming for low-income people with different language abilities who are seeking transit access. The plan considers a few different avenues where language limitations can cause barriers: awareness, enrollment, actually utilizing the discounted fare—identifying the gaps that exist in these processes for non-English speakers can help to avoid dead ends with new enrollees. Currently, Honored Citizen has a set of “Core Practices” that they engage to reduce language access barriers, like phone interpretation services, multilingual digital and print materials, and community partnerships with organizations that serve non-English speaking populations. But the newly updated plan (August 2025) also sets goals for the next three years that expand on areas like community engagement, staff training, critical document and media translations, and data tracking for staying up to date with language needs.

RPA wrote about the Los Angeles Metro’s Metro Ambassadors program in our report *Reclaiming Public Space for Health Equity*. Read more about the program.

— EVALUATE FAIR FARE PROGRAMS' EFFECTS ON COMMUNITY HEALTH AND WELLBEING

Studies and initiatives that explore connections between reduced fare or fareless transit programs and positive health outcomes are limited. In terms of the impact of these programs on ridership overall, it's hard to measure accurately because of the many compounding factors, from poor quality and expensive housing to poor air quality and environmental hazards, that are concentrated in low-income communities. Frankly, not everyone is thinking about health impacts in a direct way—initiatives are not always publicized as intersecting with health equity, but it's important to acknowledge that more information and research on the health benefits of reduced fares can create opportunities for program permanence and expansion and introduce this type of programming in places where reduced fares have not yet been established. Despite the lack of clear and comprehensive long term assessments for reduced fare program impacts on health, there are case studies to draw from, particularly with Boston and Portland's research, and ways in which the health issue is acknowledged and addressed indirectly through partnerships, paratransit, and other initiatives.



Access-a-Ride is the MTA's paratransit service

Several programs cited their accompanying paratransit services as essential to health services for riders with

The Importance of Paratransit

Several programs cited their accompanying paratransit services as essential to health services for riders with disabilities. Twin Cities' Metro Mobility provides free door to door service for certified riders.⁰⁰ In Portland, the LIFT program⁰⁰ also meets riders at their doorstep and even delivered groceries during COVID. MBTA's the RIDE⁰⁰ and NYC's Access-A-Ride⁰⁰ are similar programs. Though paratransit services can be limited in the population served or available routes and times for service, they are an essential resource for a subset of the population that already experiences issues with limited mobility and pre-existing health conditions, thus their connection to health outcomes is clear and direct. Beyond connecting folks to health care,⁰⁰ paratransit has shown to help older adults with social connectivity, alleviating the harsh impacts of isolation and loneliness.⁰⁰

Connection to People and Places Also Means Food, Job, and Healthcare Access

Access to transit is access to people. People use transit to attend recreational and social events. Taking transit in and of itself can be a public health benefit if you're an older adult or if the weather is bad. Some people need to go to the doctor or the hospital, others need an affordable way to reach groceries. With participation in a program like Honored Citizen, the monthly cost for transit goes from \$100 to \$28, which is money that can be used for food, medicine, or other essential goods.

Many programs work to administer, enroll, and perform outreach to eligible riders in partnership with public health agencies or food advocacy groups. Honored Citizen, for example, engages with healthcare partners, schools, and women's shelters. Allegheny Go's rollout had strong ties to organizations in Pittsburgh that focus on transit access and food justice as overlapping issues, particularly for low income and immigrant communities. The 2024 press announcement for the program featured advocates from Just Harvest and the Food Policy Council alongside Pittsburghers for Public Transit.⁰⁰

Existing Studies on Reduced Fare Transit and Health Outcomes

Honored Citizen and MBTA Reduced Fares have both published research in collaboration with academic institutions investigating the question of health and social wellbeing impacts and outcomes as a result of income based reduced fare transit discounts.

MIT's 2019 study, "How Low-income Transit Riders in Boston Respond to Discounted Fares: A Randomized Controlled Evaluation," came before the rollout of the MBTA Reduced Fares in 2024 and informed the approach to the MBTA's program. The study took place over three months, included 240 participants living in Boston, and compared trip frequency and behavior among two groups: those enrolled in a 50% fare discount and those who paid full price for fares. The research found that participants with a 50% off discount took 30% more trips than those without a discount, particularly during off peak times. Reduced fare riders also took more trips to health care and social service destinations or to go shopping and run errands. The results from this evaluation led to the establishment of MBTA's Income-Eligible Reduced Fare Program which launched in 2024.

In the Puget Sound, TriMet's Honored Citizen staff worked alongside Portland State University to explore the impact of low income transit fare programs on riders in "Do Travel Costs Matter For Persons With

Lower Incomes?” Researchers interviewed 20 low income riders and surveyed 118 total TriMet riders, 98 of whom identified specifically as low income riders. Low income riders reflected that they were able to use TriMet services to access “community events/groups, healthcare, work and school.” In the qualitative interviews with low income groups, one rider reported using the bus to travel to their mental health group. Others reported that having the discounted rate encouraged them to leave the house more, some used their pass to travel to green spaces. Low income riders also reported cost savings, with one person mentioning that they used the extra room in their budget to purchase better quality food.

Comparisons Among Select Reduced Fare Programs

Program	Administrating Entity	Funding	Program Geography (Municipality/County)	Estimated number of qualifying households based on income	Number of people eligible for program	Number of people enrolled
Fair Fares	NYC Department of Social Services (DSS)	95.8M in FY 25	New York City (New York, Kings, Queens, Bronx, and Richmond Counties)	914,995	950,000	378,849
LA Low Income Fare is Easy (LIFE)	FAME and International Institute of Los Angeles (IILA)	34.3M in FY 25	Los Angeles County	1,518,207	4,554,621	335,000
Allegheny Go	Allegheny County Department of Human Services (ACDHS) and Pittsburgh Regional Transit	Estimated 21.6M (1.2M for every 10k users)	Allegheny County	87,583	180,000	10,144
MBTA Income Eligible Reduced Fare Program	Massachusetts Executive Office of Health and Human Services (EOHHS), Registry of Motor Vehicles (RMV), and the MBTA	20M in FY 25	Suffolk, Middlesex, Norfolk, Essex, and Plymouth Counties	424,951	60,000	13,625
Transit Assistance Program	The Metropolitan Council and Metro Transit	5.5M in FY 25	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington and	318,949	624,000	20,000

Notes on program comparisons



Conclusion

It is clear that equitable access to transportation is not merely a matter of convenience—it is a critical factor in promoting public health, economic opportunity, and social inclusion. It is imperative to support policies and programs that enable affordability for all transit riders. Without intentional investment in our transit systems, marginalized communities will continue to be disproportionately burdened by limited mobility, reduced access to jobs and healthcare, and social isolation. We must prioritize the needs of all people and champion programs and infrastructure that supports opportunity and dignity for all.

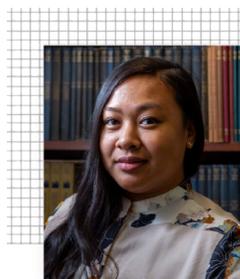
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