



Philadelphia Zero Fare Increased Transit Use and Trust in City Government

Policy Brief — October 2026

Highlights

- Philadelphia's Zero Fare program is one of the most expansive and longest-running free transit programs in the country. This program has provided low-income individuals with no-cost access to the SEPTA system since late 2023.
- The Zero Fare program substantially increased SEPTA use among the recipients of the benefit. Those who were mailed a Zero Fare card were more likely to take at least one trip on a monthly, weekly, and daily basis. SEPTA use rose soon after card receipt and remained elevated throughout the study period.
- The biggest increases among the benefit recipients came from residents who had been riding the least before Zero Fare — indicating that Zero Fare converted occasional riders into regular ones.
- Increased ridership among the recipients occurred across every racial and ethnic group, every age cohort, and regardless of employment history.
- The Zero Fare program also increased trust in city government among recipients.
- An encouraging early signal from the survey responses is more Zero Fare recipients report attending school or job training, a possible first step toward better jobs down the road.

AUTHORS

Daniel Banko-Ferran
Research Affiliate
Georgetown University

Nicola Coakley
Population Health Scientist,
PA Department of Human
Services formerly of the City
of Philadelphia

Sebastian Jilke
Professor
Georgetown University

Lindiwe Rennert
Deputy Director
The Lab @ DC,
formerly of The Urban Institute

Krista Ruffini
Assistant Professor
Georgetown University

Overview

The Philadelphia Zero Fare Program provides low-income Philadelphia residents with access to free public transportation. A key program goal was to automatically enroll participants; this objective also enabled a Randomized Control Trial (RCT) for evaluation. Using the RCT design, researchers at Georgetown University's Better Government Lab, in collaboration with the City of Philadelphia's Managing Director's Office and in consultation with a researcher at The Lab @ DC, are evaluating how the program affected use of the SEPTA system, as well as dimensions of well-being. This is the first evaluation report of the program. Evaluations of other outcomes are in progress and will be provided in future reports. This first report uses data from a series of survey and travel diary waves that were conducted between 2023 and 2025. We find that free public transportation has increased SEPTA system use, particularly among those who had been riding the least before the program launched. We also find Zero Fare recipients report higher trust in the city government, underscoring the importance of local initiatives in shaping individuals' policy views.

Background

The City of Philadelphia announced that one of its strategic goals for fiscal year 2023 was "to improve Philadelphia residents' ability to use transit to get to work, school, doctor's appointments, and take advantage of all the city has to offer."¹ As part of this objective, the Zero Fare program was officially launched in August 2023 as a partnership between the City of Philadelphia and SEPTA. Zero Fare provides free public transportation throughout the SEPTA network, including fares on buses, subways, trolleys, commuter rail, and SEPTA Access.² Philadelphia residents are eligible to receive the program if they are 18–64 years old and enrolled in other income-based assistance programs.

The number of people who are eligible for Zero Fare is greater than the number of people who would be able to participate given the amount of funding available. Therefore, in order to ensure fairness and allow a rigorous evaluation of the program, Zero Fare was implemented through a lottery selection process. A benefit of this structure for the enrollment process is that we were able to use this structure as a component for evaluating the program in a Randomized Controlled Trial (RCT).

¹ FY2024–2028 Five Year Financial and Strategic Plan." City of Philadelphia Mayor's Office Publications and Forms, <https://www.phila.gov/media/20230518170349/five-year-plan-FY24-proposed.pdf>

² Additional background on Zero Fare is available at:

<https://www.phila.gov/2023-10-04-city-announces-progress-of-new-ZeroFare-two-year-pilot-program-one-of-the-most-expansive-transit-benefits-access-programs-in-the-country-for-riders-with-low-incomes/>

Evaluation Approach

RCTs are generally considered the “gold standard” of program evaluation. These types of evaluations randomly assign “treatment” (in this case, receiving a Zero Fare card) to some eligible individuals, while others who are also eligible are assigned to a “control” group that does not receive treatment (in this case, did not receive a Zero Fare card, but some did receive a standard SEPTA Key card worth \$20). As a consequence, whether an individual received a Zero Fare card is unrelated to their likelihood of using public transportation, their views of the SEPTA system, their employment status, household structure, and other factors. Therefore, examining the difference between the treatment and the control group after individuals were mailed cards provides information on the *causal* effect of having access to free public transportation.³ We refine this approach by accounting for age; reported gender, race, and ethnic identity; household composition; and employment, car ownership and self-reported health at the baseline survey (before cards were mailed) in order to improve statistical precision.

The Zero Fare program mailed 21,500 Zero Fare cards to eligible individuals between October 2023 and January 2024. Another 21,500 eligible individuals were randomly selected for the control group and did not receive the Zero Fare cards. Neither the treatment nor control group needed to apply for the program. Instead, the program leveraged the city’s integrated database to determine eligibility based on residency, age, and enrollment in other income-based benefit programs. Before mailing the Zero Fare cards, a postcard was sent to provide information about the program and to request updated participant mailing information as needed (Figure 1). The treatment group was then mailed a Zero Fare card, along with an explanation of the program in up to nine languages. Both the treatment and control group were contacted through a vendor specializing in survey design and implementation to answer surveys that sought to understand transit use among Philadelphia residents.⁴ The Zero Fare program was not mentioned as part of this outreach (see Data section below).

³ We use the terminology “have access to free public transportation” or “were sent a Zero Fare card” because Zero Fare only provided people with a card that allowed free transit use and did not require anyone to use the system.

⁴ The survey was designed and implemented in partnership with Clarity Campaign Labs.

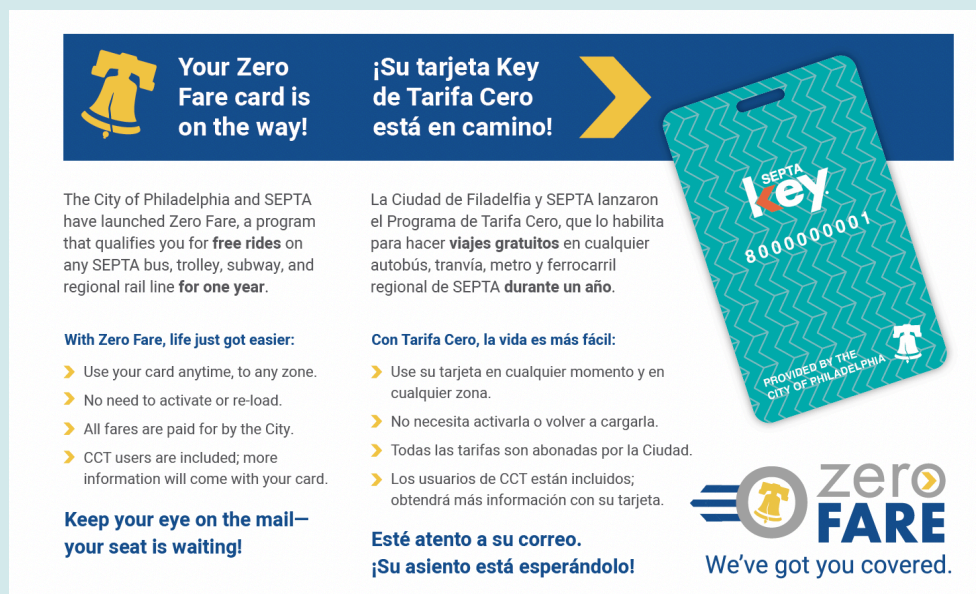


Figure 1: Bilingual postcard sent to treatment group before cards were mailed.

The Zero Fare card was ready to use upon receipt, and could be used just like any other SEPTA Key card. If a person had not used their Zero Fare card at least once by July 2024, they were contacted and sent a replacement card if requested. Figure 2 shows the timeline of the intervention, including when households were mailed cards and when surveys were conducted.

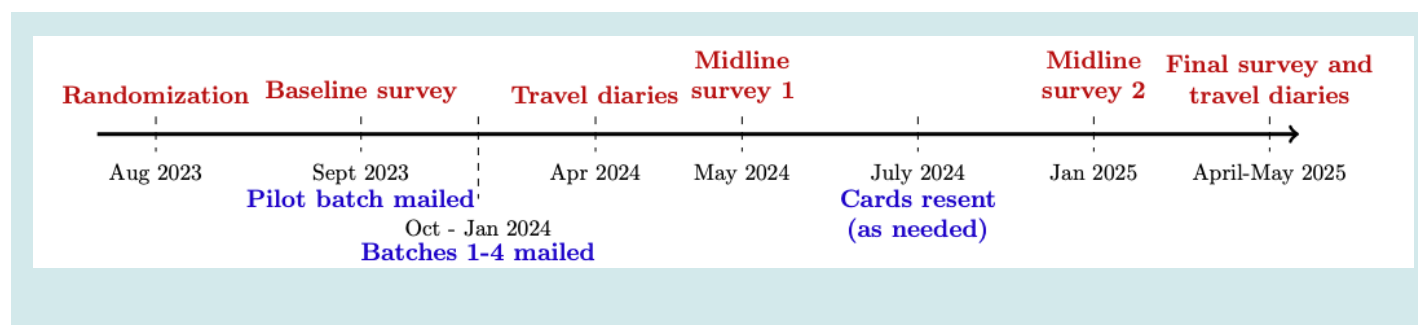


Figure 2: Timeline of Zero Fare evaluation and surveys.

Data

The data for this report come from four surveys that were sent to everyone in the treatment and control group in September 2023, May 2024, January 2025, and April–May 2025 (Figure 2). These surveys asked about transit use, work patterns, self-reported physical and mental health, financial hardship, community engagement, and institutional trust, in addition to questions on demographic characteristics and household composition. We also asked detailed questions about travel behavior and transit use in two sets of travel diaries, conducted in April 2024 and April–May 2025. Both the surveys and the travel diaries were administered in English and Spanish and were initiated via a mailed invitation. Participants could respond either by visiting a website included in the mailer or by phone. A representative sample of 2,800–4,200 individuals across the treatment and control groups responded to each survey wave (Figure 3).

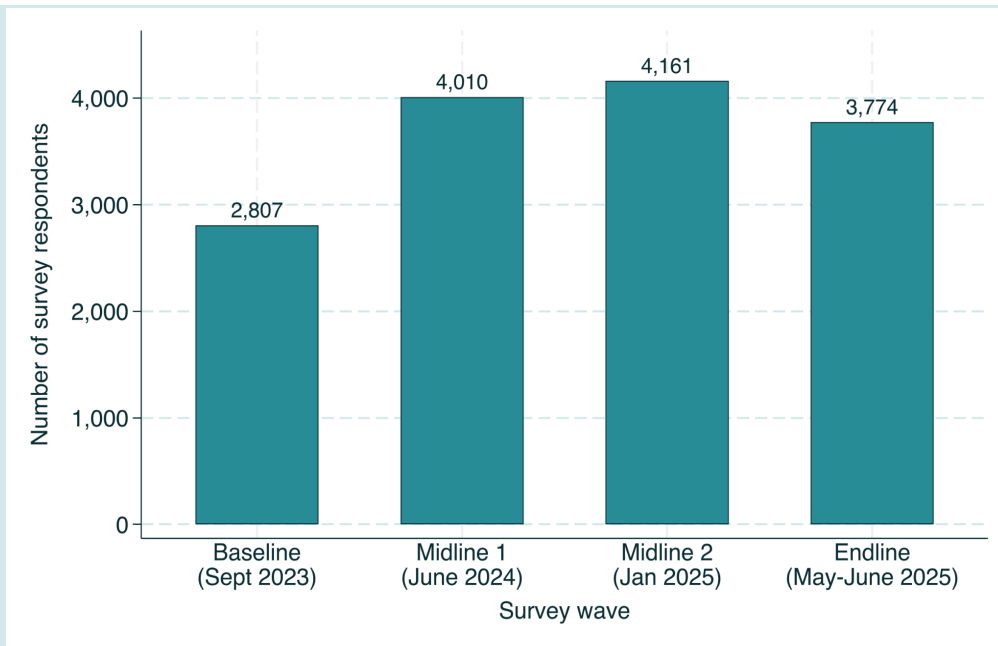


Figure 3: Number of survey responses by wave.

Findings

Public transportation use: People ride transit more and keep riding

SEPTA use substantially increased after receiving a Zero Fare card. Compared to the control group that did not receive a Zero Fare card, those in the treatment group were 15.2 percentage points ($p < 0.001$) more likely to take at least one trip a month (Figure 4). This is a 24 percent increase compared to the 63 percent of people in the control group who used public transportation at least once a month.

Zero Fare was particularly effective at converting occasional riders into more regular users, as increases at higher frequencies of use are even larger in percentage terms. For example, weekly ridership increased by 16.6 percentage points compared to 36 percent among the control group (a 46 percent increase, $p < 0.001$), and daily ridership increased by 10.6 percentage points compared to 21 percent among the control group (50 percent, $p < 0.001$). The increase in transit use occurs soon after card receipt and remains elevated throughout our 2-year study period. These increases in transit use are particularly notable since a sizable share of the control group was also using public transportation.

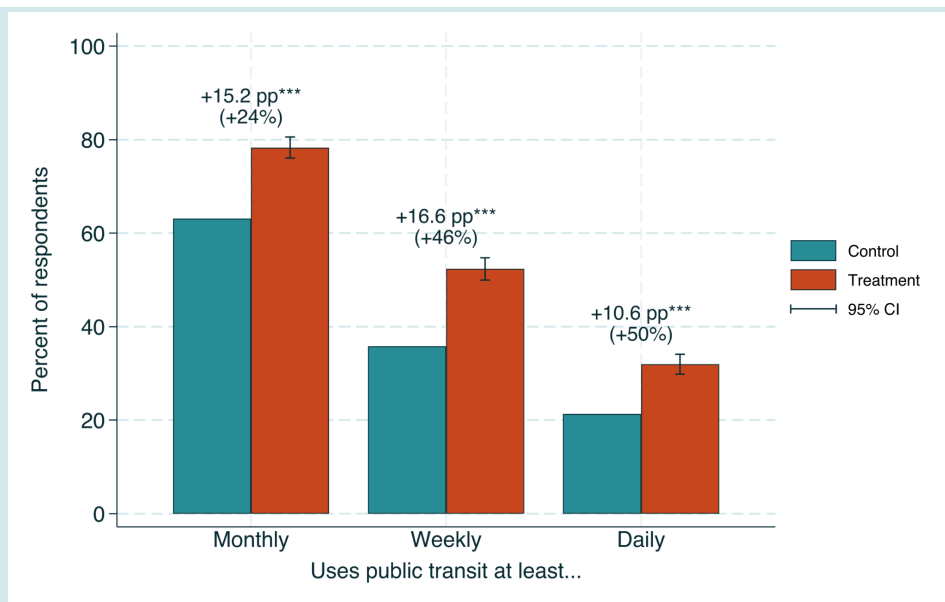


Figure 4: Effect of Zero Fare on transit usage at various frequencies. Bars show the share of control (green) and treatment (red) group respondents using the SEPTA system, controlling for age, gender, race, ethnicity, household composition, and baseline job satisfaction, self-reported health, and car ownership. Error bars represent 95% confidence intervals. *** denotes findings that are statistically significant at the 1% level. Data from midline 1 and 2 and final surveys.

The increases in ridership were broad: SEPTA use increased among every racial and ethnic group, every age cohort, and regardless of whether a person was employed when they received the card or lived with children. But the largest gains came from residents who had been riding the least before they received the Zero Fare card. Zero Fare recipients who used transit less than once a week at baseline were more than twice as likely to use public transit at least weekly compared to the control group in later surveys. Therefore, Zero Fare brought Philadelphia's Public Transit system within reach of people who had been not using it fully.

Public transportation use: People use the system more for all types of trips

We also asked individuals questions about their recent travel, including their destinations and how they got there, in two rounds of travel diaries. After receiving a Zero Fare card, respondents were more likely to use public transportation for all types of trips, including doctors' visits, work, school, visiting family and friends, and for leisure and recreation (Figure 4).

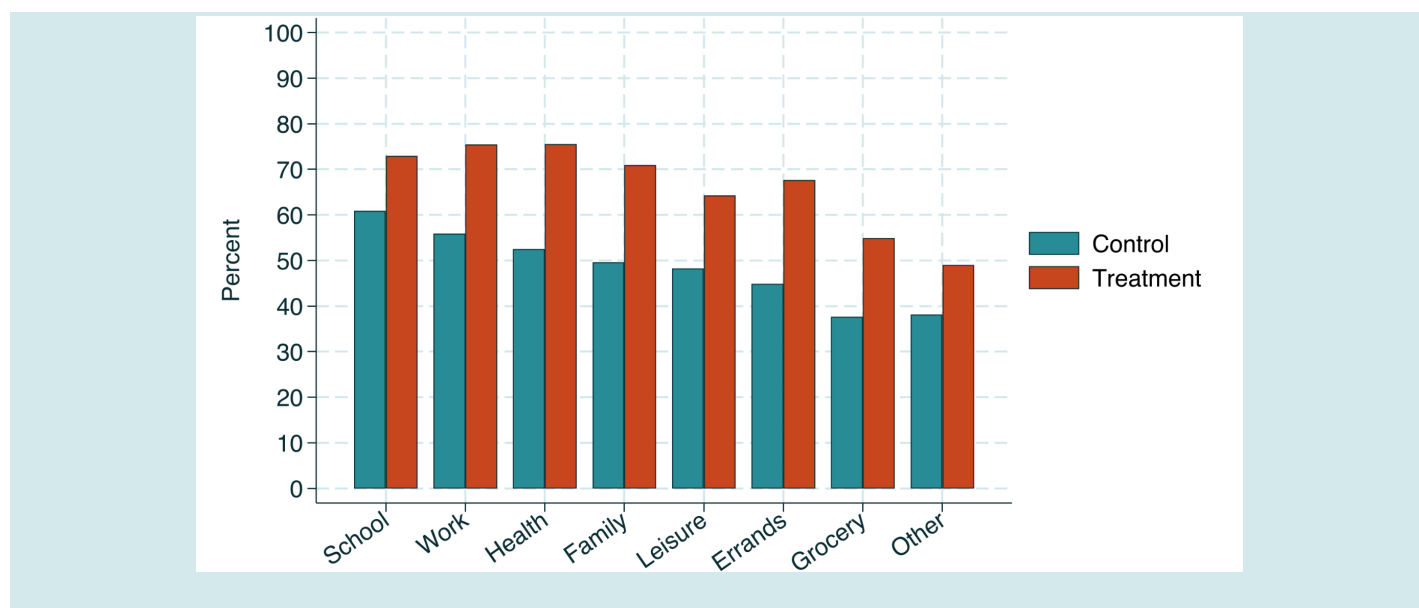


Figure 4: Percent of trips taken on public transit by trip purpose. Data from travel diary rounds 1 and 2.

Trust in city government: Zero Fare built trust in the City

Zero Fare is a city program and city staff conducted outreach to make sure recipients knew how to use their cards. The cards were also branded as a city product, making the role of the city visible to users.

People who received Zero Fare became more likely to report high trust in the city government after receipt (Figure 5). The treatment group was 3 percentage points (10 percent) more likely to report trusting the city government to do the right thing most or all of the time, compared to 28 percent of the control group ($p = 0.02$), and were 2 percentage points (3 percent) more likely to trust the city

government at least some of the time ($p = 0.07$). We do not find any statistically significant increase for trust in the federal government, which shows that respondents ascribed credit for a city-level initiative to the level of government responsible for implementation. This is a notable finding and one relatively unique to Zero Fare, since even programs that provide direct cash to individuals typically do not move residents' trust.

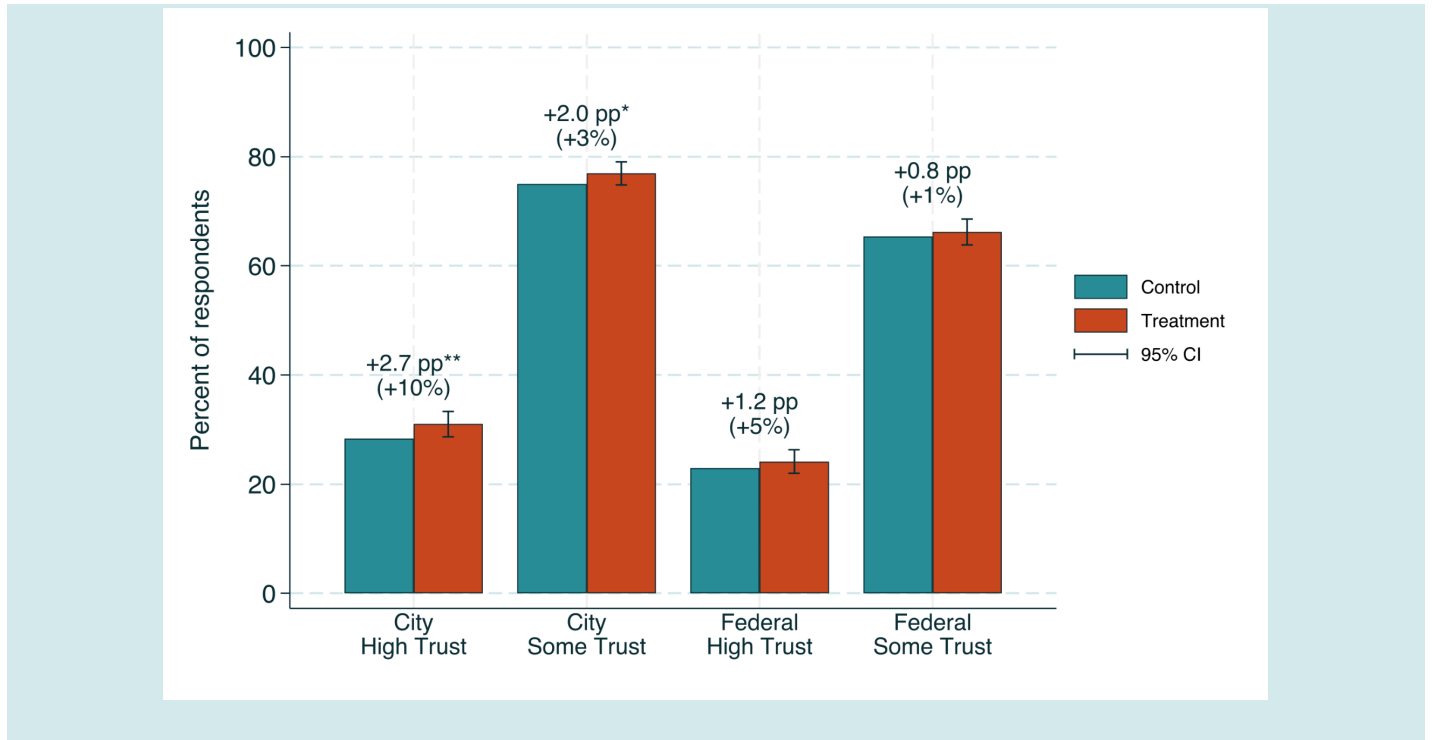


Figure 5: Bars show the difference in the share of control (green) and treatment (red) group respondents reporting trust in government, controlling for age, gender, race, ethnicity, household composition, and baseline job satisfaction, self-reported health, and car ownership. Error bars represent 95% confidence intervals. ** denotes findings that are statistically significant at the 5% level and * at the 10% level. Data from midline 1 and 2 and final surveys.

Well-being: Early results

This initial report analyzes surveys that were conducted over a fairly short time window and that cover a small share of the total Zero Fare population. Outcomes that take longer to develop such as health, jobs, earnings, and household finances haven't clearly moved yet according to survey responses. Indeed, these things change slowly, the survey signal from self-reports is thin, and any early readings should be treated as provisional. Future reports will analyze administrative data that provide more detailed information over a longer period of time for the full population. One encouraging early signal from the survey responses is that more Zero Fare recipients report attending school or job training, a possible first step toward better jobs down the road.

Conclusion

Zero Fare is one of the most expansive free public transportation programs in the United States to date. In its first two years, the program substantially increased use of the public transportation system and improved trust in local government. These findings persist over time, showing the continued benefits of a program like Zero Fare. In addition, the benefits of the program appear to be broad in terms of increasing ridership for respondents regardless of race and ethnicity, whether they were employed before the program, or their household composition. Future reports will focus on administrative data that includes other measures of well-being that may be affected by greater public transit access, such as employment and earnings and use of other city services.