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**TRANSPORTATION SUPPORT FOR
HEALTHY AGING AMONG THE RURAL ELDERLY**

Draft

by
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March 29, 2001

Testimony Prepared for Hearings on

**Healthy Aging in Rural America
Special Committee on Aging
United States Senate**

TRANSPORTATION FOR THE RURAL ELDERLY

Modern society offers a wide range of life-enriching activities, ranging from sophisticated health care options to fascinating entertainment possibilities. Transportation is the key that unlocks access to these activities. High levels of mobility mean high levels of access, choice, and opportunity, which can lead to self-fulfillment and enrichment. Low levels of mobility can lead to isolation and cultural impoverishment.

Obtaining sufficient transportation can be a significant challenge for some persons, including those who are elderly or poor, those who live in rural areas, and persons with disabilities. Older persons who live in rural areas face some particular challenges in obtaining the transportation they need to maintain their independence and quality of life.

With the support and assistance of a number of key Federal programs, transportation has become less of a problem and more of an opportunity for rural residents who are older. Still, much remains to be done before the rural elderly can be assured of access to society's key benefits.

Four key factors need to be emphasized:

- Transportation is a serious concern for older persons in rural areas.
- Travel demands among rural seniors will increase significantly in the future.
- Federal programs that offer transportation assistance for healthy aging have created substantial inspiration and benefits.
- Significant improvements to rural transportation services for older persons are both needed and possible.

TRANSPORTATION DEMANDS FOR SENIORS IN RURAL AREAS

OVERALL TRAVEL PATTERNS AMONG THE ELDERLY

Because of our expanding elderly population, personal transportation will become a much more important issue in the future for the United States, particularly in rural areas.

Projected Numbers of Older Persons

The numbers of persons 65 years of age and older are projected to grow dramatically in the near future. People 65 and older comprised 13 percent of the population in 2000; this is projected to grow to 18 percent in 2020 and 20.4 percent in 2030. The fastest growing age group in the U. S. is persons 85 years of age and older. The U. S. Census projects that, by the year 2050, the number of persons in the population 65 and older will more than double, the number of persons 75 and older will triple, and the number of people 85 and older will quintuple.

Changes in the size of the elderly population between now and the year 2020 also will vary considerably from one part of the country to another. Increases are expected to be greatest in the West and South, and lowest in the Northeast and Midwest. The following figure illustrates these different growth patterns.

Automotive Travel

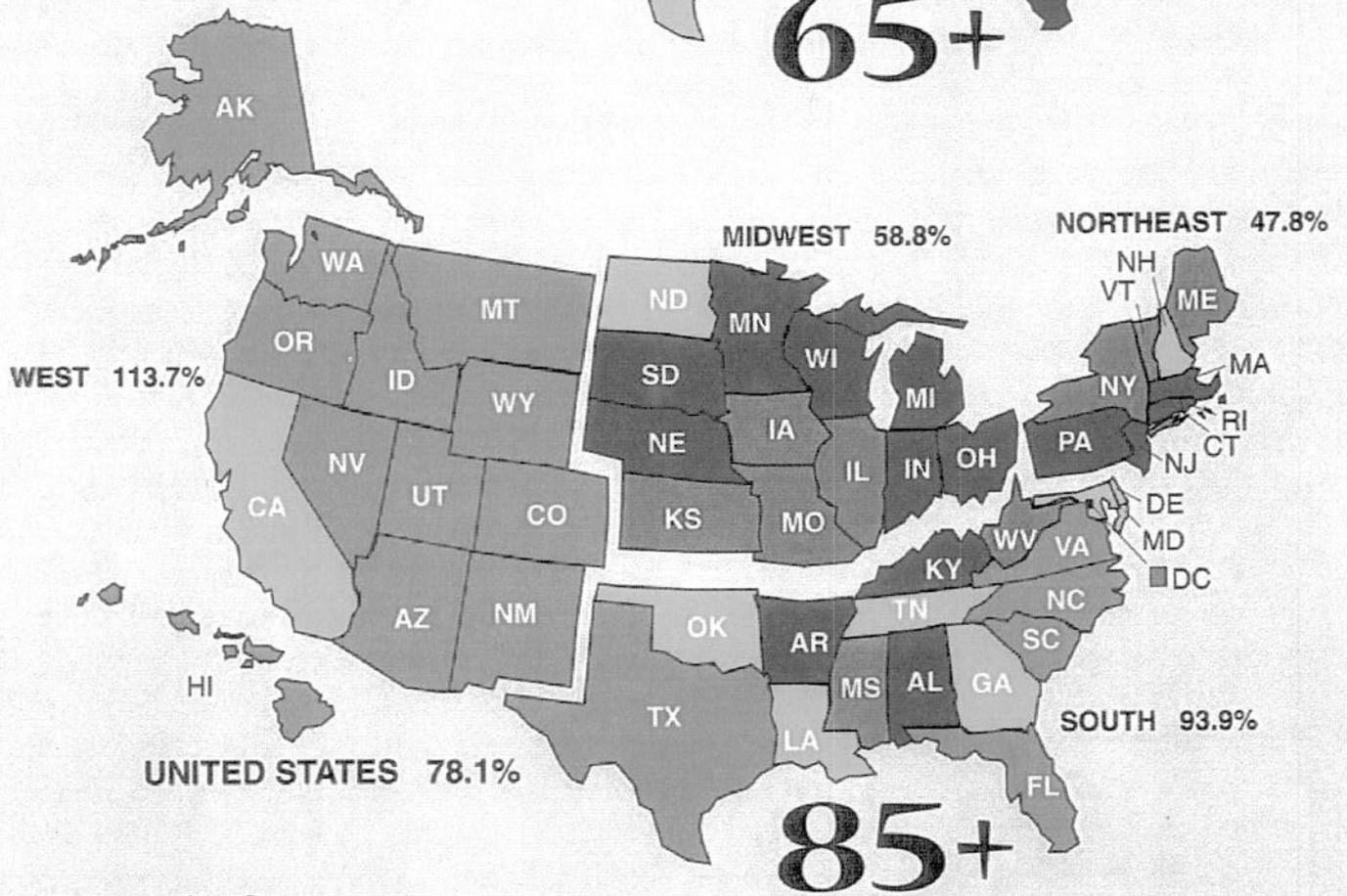
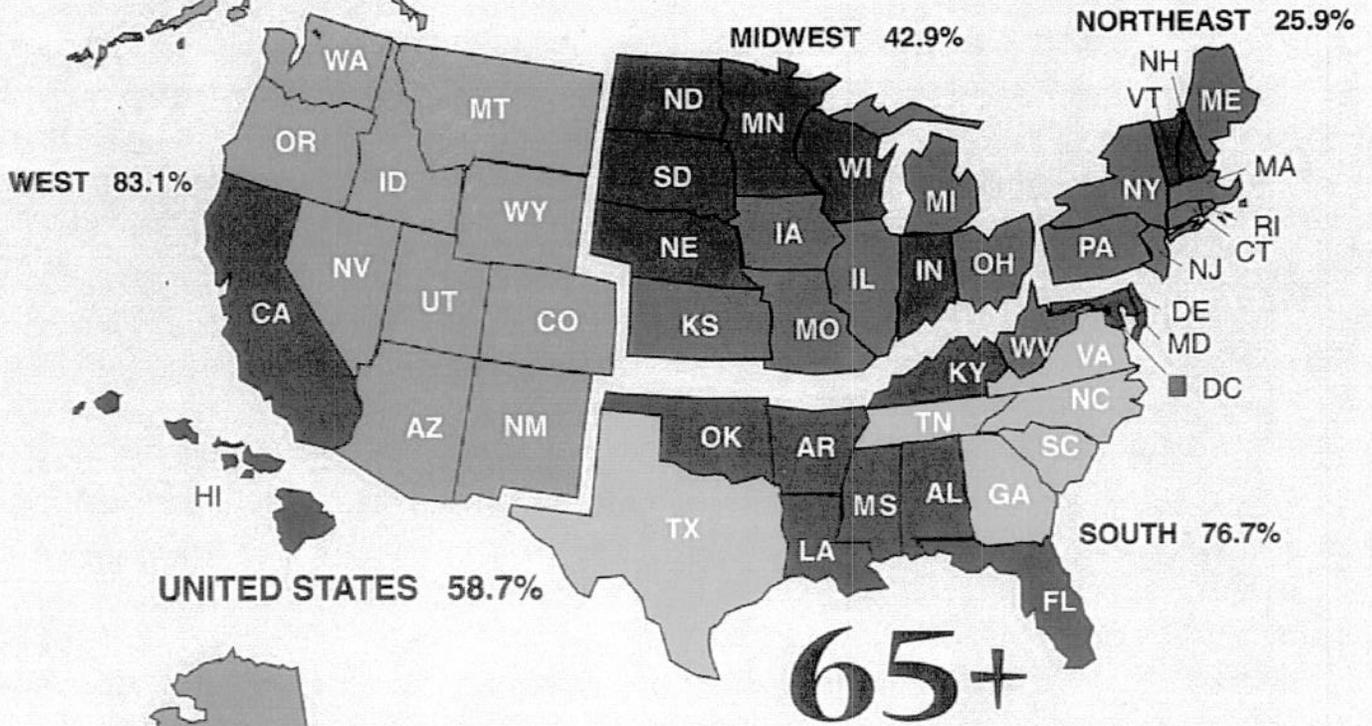
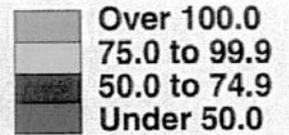
Autos currently play a large part in the travel patterns of older persons, accounting for about 90 percent of all the trips made by older persons. The numbers and percentages of older people who are drivers could increase significantly in the near future. These changes can be expected to have important consequences.

The numbers of drivers 65 years old and older will at least double over the next 30 years. If, as expected, older women drive more than they do now, the numbers of older drivers could exceed 2.5 times the 1996 levels within 30 years. The proportion of older drivers on our streets will also increase significantly, and older drivers will be driving more (taking more trips and driving more miles) than before.

The total amount of travel that older drivers will undertake will be much greater in 30 years, increasing from 400 to 500 percent. The proportion of all driving done by older drivers will nearly triple by 2030 even according to conservative estimates.

With no changes to current crash-related fatality rates, the number of fatalities involving elderly drivers in 2030 could be three to four times greater than in 1995. If this expected increase occurs, the number of elderly traffic fatalities in 2030 will be 35 to 71 percent greater than the total

Percentage Increase of the Elderly and Oldest Old Populations: 1995 to 2020



Source: U.S. Bureau of the Census

number of alcohol-related traffic fatalities in 1995 – a fatality number now viewed by policymakers and the public as cause for serious concern.

Travel Safety

As the aging of our society creates **more** older drivers, we also see larger numbers of older persons who are unable to safely operate motor vehicles, because the usual consequences of the aging process include an increase in functional disabilities and a reduction in the skills and abilities needed to drive an automobile.

When people with diminished capabilities continue to drive, an increased safety risk is created for all members of society. However, older drivers facing the prospect of reducing or terminating their driving expect substantially reduced mobility with undesirable consequences. These include a loss of personal independence, social isolation, and a reduction or lack of access to essential services. The vast majority of older Americans have grown up in a culture that strongly depends on automotive transportation for mobility, and driving occupies a central role in the lives of many older adults (as, indeed, it does for most of us). Thus, it is not surprising that no longer driving is a major loss for many older individuals. It has even been called “a major life crisis.” The central values of American life, autonomy and independence, are reflected in the difficulties older people have in relinquishing their driving privileges. Most seniors expect their lives to be more difficult and less happy after they stop driving.

For older adults facing the imminent or immediate end of their driving career, their choices are usually new modes of travel, changing established travel patterns, reducing activities and expectations, relying on some combination of formal and informal transportation alternatives, relocating to a community with more densely located services, or moving in with family members. When it is not possible to maintain previous connections established by our elderly citizens, society suffers from the lack of access to the expertise of these older adults as well as from the loss of their productivity as workers and volunteers. Thus, there are many reasons to take steps to reduce the potential mobility losses associated with the reduction or cessation of driving.

Decisions by older drivers about driving also have consequences for their families and

friends. Family and friends of an ex-driver often are faced with the issue of providing transportation and its associated costs, including their own loss of time and, perhaps, income. There may be serious disruptions to work and family schedules to care for an older parent.

Alternatives to Driving

Automotive travel is a difficult “habit” to break because of the nearly unfettered mobility it offers and because of the psychic and symbolic rewards that have been associated with it. Public mass transit services are more limited than auto travel in both the spatial and the temporal dimensions of service. Individuals who are accustomed to the high level of mobility and the psychic rewards of driving may find it more difficult to adapt to life without a car than are those people who have never been drivers. Ways to improve mass transit include upgrading its services, upgrading its image to that of first-class service, and increasing its consumer orientation. To achieve these goals, efforts on each may have to be undertaken simultaneously.

The concept that “life depends on driving” is less prevalent when other travel options are available. Persons who had access to a well-developed public transportation system and could live in close proximity to the kinds of shopping and recreational opportunities that appeal to seniors felt that a car was not a necessity to live an active life. They could control their own mobility choices, and make reasoned choices about driving or not driving.

Public Transportation

Transit is used by about 11 percent of older persons. Fifty-four percent of the older population could but doesn’t use public transit, and 34 percent report that no public transit service is available to them.. (In non-metropolitan areas, 73 percent report that no public transit service is available to them..) Transit trips represent about three percent of all trips of older persons. Transit usage is closely related to residential location, with older center city residents using transit much more frequently than elders residing elsewhere. Transit currently has problems serving older persons who are in the oldest age groups, have multiple travel options, live outside of central cities, and have multiple impairments. The large numbers of persons who do not drive and do not use public

transportation should be considered as potential riders for new or improved transit services, which could help older people continue to live independently in their own homes for longer periods of time, thus benefitting both the older persons and society as well.

CHARACTERISTICS OF RURAL AREAS

In the 1990 Census, it was reported that one in 14 households in rural America had no car. Forty-five percent of the rural elderly and 57 percent of the rural poor had no car. Despite such obvious transportation needs, 38 percent of the nation's rural residents live in counties with no public transit service and 28 percent live in areas in which service is less than 25 trips per year for each household without a car. Many small areas have no taxi service; intercity and interstate bus, train, and air service to rural areas has greatly diminished.

Rural areas have larger proportions of elderly residents than do urban areas. This leads to an older age structure in non-metropolitan than metropolitan areas: in 1998, the median ages were 36.0 in nonmetro areas and 34.0 in metro areas.

Non-metropolitan populations are both increasing and becoming older. The combination of the out-migration of younger segments of the population and the aging in place of those people who remain has dramatically increased the average age of the rural population in certain areas (for example, central Iowa). The in-migration of retirees has increased the overall age of the populations in other rural areas, particularly those classified as "retirement destinations." Nonmetro retirement communities, primarily located in the South and the West, are expected to continue their rapid growth. While these counties total just nine percent of all nonmetro counties, they accounted for 25 percent of the nonmetro population growth from 1990 to 1998.

In 1997, 18 percent of the rural population was elderly, compared to 15 percent of the urban population. The majority of non-metro counties with an elderly population of 20 percent or more are located in the Great Plains subregion, often in the states of Nebraska, North Dakota and South Dakota, but also in Iowa, Kansas, Missouri, and Texas (Fuguitt, 1995). These states have experienced a large out-migration of younger persons, and have a large population that is aging in place.

The oldest old (over 85) are more concentrated in rural areas. Non-metropolitan elderly are significantly more likely to be poor or near-poor than their metropolitan-area counterparts.

Many rural areas have fewer transportation options than their urban or suburban counterparts. By the year 2000, almost three-fourths of people over the age of 65 will live in suburban or rural areas in the United States, where alternatives to the automobile are often scarce or nonexistent. One reason that transportation issues are particularly important for older persons is because most rural areas have fewer medical services available than in comparable urban areas. Rogers lists the medical problems of rural communities as a narrower range of health care services for elders, fewer alternatives available, less accessible and more costly health service in rural areas, and fewer health care providers offering specialized services in rural areas.

FEDERAL ASSISTANCE FOR TRANSPORTATION

At the moment, there are three key sources of Federal support for rural transportation services for older persons: the Federal Transit Administration's Section 5311 Non-Urbanized Area Formula Assistance Program, the Administration on Aging's Title III Grants for State and Community Programs on Aging, and the Health Care Financing Administration's Medicaid program. FTA's Section 5311 program, with FY 2000 funding of over \$203 million, often serves as the nucleus for transportation services in rural areas.

AoA's Title III program, with \$68 million in transportation expenses in FY 1999, has often served to initiate transportation services in rural areas without any other form of public or specialized human service transportation operations. AoA-sponsored transportation services are used primarily to access meal sites and health care. For older rural Americans, long-distance travel to specialized medical services (such as dialysis and chemotherapy) remain a significant unmet need.

HCFA's Medicaid program is authorized by Title XIX of the Social Security Act. It pays for medical and health-related services for certain vulnerable and needy individuals and families with low incomes and limited resources. Medicaid will probably spend about \$840 million for transportation services in FY 2000, and has often been the major funding source for many Section

5311 operations. HCFA funding typically provides reimbursements to individuals after travel is completed.

Other funding sources are crucial for rural transportation operations, but these three key programs provide the vast majority of funds that benefit older riders, especially those living in rural areas.

THE GROWING RURAL TRANSIT INDUSTRY

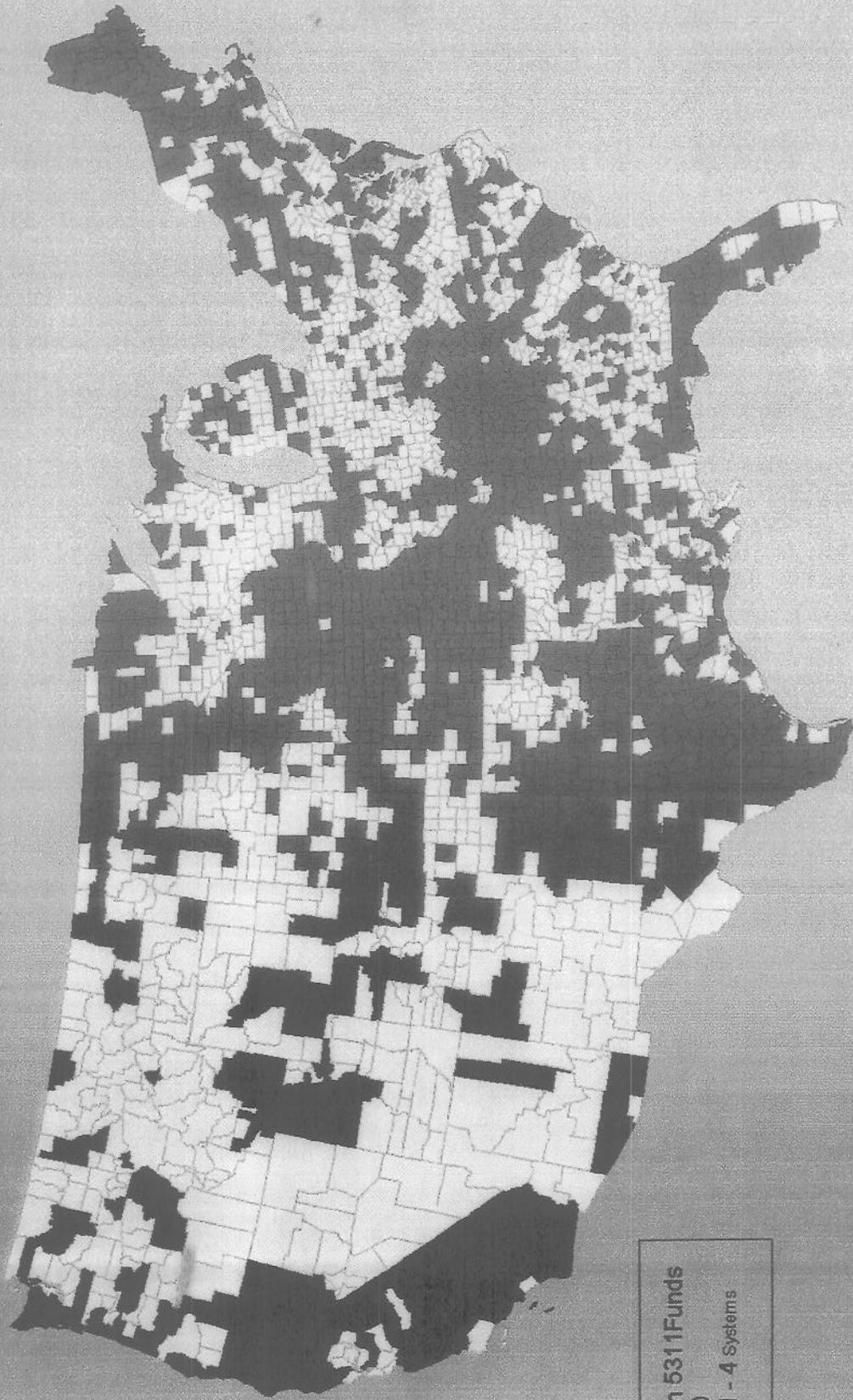
About 1,250 public transportation systems are supported by Federal, state, and local funding in rural communities across the United States. Many of these systems have been in operation since the 1970s and 1980s. The areas served by rural public transit systems in 1998 are shown on the following page.

Ongoing Federal funding for rural public transportation was authorized by the Surface Transportation Assistance Act of 1978. Now the Section 5311 program, funds from this program may be used for capital, operating, and administrative transportation expenses. From fiscal years 1981 to 1996, the appropriations for this program grew from \$72.5 million to \$115 million. The new spending ceiling authorized by Congress under the Transportation Equity Act for the 21st Century (TEA-21) for the Section 5311 program now exceeds \$203 million.

Like rural communities, rural transportation systems are quite diverse in many ways, including type of service provided and in size of operations. Rural transit systems very often feature demand responsive service. Thirty-six percent of these systems are demand-responsive only; 32 percent are demand responsive and fixed route; 23 percent are demand-responsive and other than fixed route; 9 percent are fixed route only; and 4 percent are other types. Most rural transit systems are relatively small in terms of annual operating expenses — 40 percent have annual operating expenses of \$111 thousand or less — and a few systems that are quite large — 20 percent have annual operating expenses of \$500 thousand to \$8.4 million.

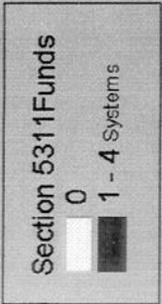
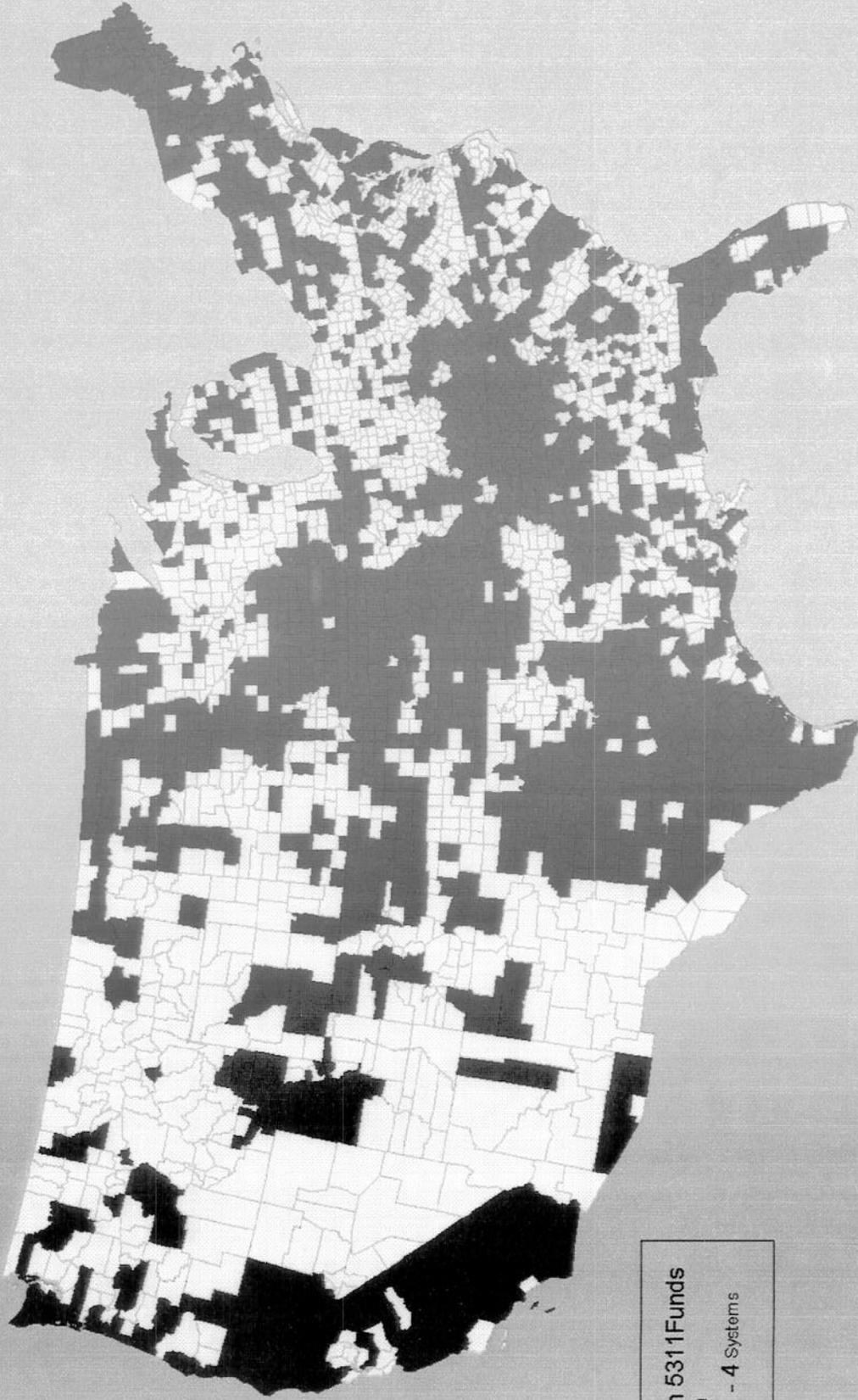
There has been a substantial growth in rural public transportation services in communities across the U. S. in recent years. Comparing 1998 figures to those of 1993, there was

Areas Served By Section 5311 Rural Public Transit



Section 5311 Funds
0
1 - 4 Systems

Areas Served By Section 5311 Rural Public Transit



- a 10 percent increase in the number of rural public transportation systems,
- a 34 percent increase in the average fleet size,
- a 79 percent increase in trips on these systems,
- a 55 percent increase in system budgets, and
- a 10 percent decrease in the average cost per trip.

On average, costs per trip actually declined, indicating that rural public transportation systems are operating at higher levels of efficiency than before.

These figures are indicators of substantial improvements in the rural transportation industry. More trips are being taken and more funds are being applied to rural public transportation. More vehicles are in service, and there are more riders per vehicle than before. Best of all, the overall cost-effectiveness of these systems — measured in terms of cost per trip — has improved. The overall picture is one of more service being delivered more professionally.

The larger systems have often recorded major increases in fleet size, numbers of riders, and funding. The smaller systems have usually maintained their previous service levels.

THE ECONOMIC IMPACTS OF RURAL PUBLIC TRANSPORTATION

Like large urban public transit systems, rural public transit systems have real benefits for the communities that they serve. Prior to 1998, the contributions that rural transit systems have made to the economic health and well-being of the communities they serve was largely undocumented. At that time, a report (prepared by Ecosometrics, Incorporated, for the Transportation Research Board) — **Assessment of the Economic Impacts of Rural Public Transportation** (TCRP Report 34, 1998) — for the first time measured the economic benefits of rural transit operations. Using benefit estimates from 22 case studies of rural transit systems and from national transportation and economic data, large economic benefits were found, demonstrating that public transportation is a good investment for rural communities:

- The average net earnings growth differential between rural counties with transit and rural counties without transit systems was 11 percent.
- The average annual economic impact per rural county from public transit was calculated to be more than \$1 million dollars.

- Comparing the estimated overall national economic impacts to the total Federal investment provided an estimated leveraged impact of Federal funds from the Section 5311 program of approximately 13.5 to one from 1975 through 1994.
- The national annual economic benefit from rural public transit systems for fiscal year 1997 was estimated at **\$1.26 billion**, compared to federal-state-local rural transit expenses of **\$375 million**. This gives a benefit to cost ratio of **3.35 to 1.0**.
- According to FTA's FY 2000 Section 5311 report, the total of the annual operating budgets of all Section 5311 systems is now about \$1 billion, with FTA providing less than 12 percent of that total.

This is a significant level of benefits. The ratio of 3.35 to one exceeds by a large margin the returns for many governmental programs that are considered successful. This indicates that investments in rural public transportation have unusually high returns, and that conclusion supports the notion of at least continuing, if not actually increasing, the current level of investments in rural public transportation services.

The study also examined eight rural transit systems in depth and conducted desk audits on another 14 operations. The 22 case studies were

- Aberdeen Area Ride Line, Aberdeen, South Dakota
- Ames Transit Agency (Cy-Ride), Story, Iowa
- Aroostook Regional Transportation, Presque Isle, Maine
- Blacksburg Transit, Blacksburg, Virginia
- Coordinated Transportation System, Gainesville, Florida
- County Express, Sterling, Colorado
- County Commuter, Hagerstown, Maryland
- County of Lee Transit System (COLTS), Sanford, North Carolina
- Delta Area Rural Transportation System (DARTS), Clarksdale, Mississippi
- East Central Arkansas Transit (ECAT), Crittenden, Arkansas
- El Aguila, Laredo, Texas
- Eureka Springs Transit, Eureka Springs, Arkansas
- JAUNT, Charlottesville, Virginia
- North Idaho Community Express (NICE), Coeur D'Alene, Idaho
- Pee Dee Regional Transportation Authority, Florence, South Carolina
- Pullman Transit, Pullman, Washington
- Sweetwater County Transit Authority (STAR), Rock Springs, Wyoming
- Tri-County Community Council, Bonifay, Florida

- Upper Cumberland Human Resource Agency, Cookeville, Tennessee
- Village of Angel Fire Transit, Colfax, New Mexico
- Western Iowa Transit System (Region XII COG), Carroll, Iowa
- Zuni Entrepreneurial Enterprises, Zuni Reservation, New Mexico.

Among the in-depth case studies, the benefit cost ratios ranged from 4.22 to one (two systems) to 1.67 to one. The relative consistency of these ratios is notable. Four of the eight systems had benefit/cost ratios in the narrow range from 3.03 to 3.55 to one.

The average ratio of benefits to costs among the eight systems studied in depth was 3.12 to one. Because the approach focused on the primary types of benefits for each transit system and did not attempt to exhaustively quantify all benefits, **it is likely that the calculations slightly understate the actual benefits of these systems.** Thus, both the case study and the national approach produced benefit-cost ratios for rural public transit systems that exceed three to one.

Table 5:
BENEFIT/COST RATIOS FOR CASE STUDY SYSTEMS

SYSTEM'S NAME	ANNUAL OPERATING EXPENSE	NUMBER OF VEHICLES	NUMBER OF TRIPS/YEAR	BENEFIT ESTIMATE	BENEFIT/COST RATIO	DATA YEAR	PRINCIPAL BENEFIT TYPES
Blacksburg Transit, Virginia	\$1,677,975	33	1,470,000	\$2,819,350	1.67/1	FY 96	Traffic Reduction Parking
COLTS (Lee County), North Carolina	\$258,986	15	54,339	\$1,093,316	4.22/1	FY 95	Dialysis Welfare to work Nutrition Training
County Commuter, Maryland	\$1,089,201	12	290,000	\$3,462,717	3.18/1	FY 94	Employment Medical Training
Delta Area Rural Transportation System, Mississippi	\$800,350	21	109,930	\$2,843,880	3.55/1	FY 96	Employment Dialysis
JAUNT, Inc., Virginia	\$1,641,710	60	209,799	\$3,040,500	1.85/1	FY 96	Employment Disabled Empl. Dialysis/medical
Pee Dee Regional Transportation Authority, South Carolina	\$3,808,025	89	531,455	\$12,362,423	3.25/1	FY 96	Employment Welfare to work Dialysis Emergency
STAR, Sweetwater County, Wyoming	\$554,859	14	83,659	\$1,681,287	3.03/1	FY 96	Employment Medical Indep. Living
Zuni Entrepreneurial Enterprises, New Mexico	\$115,726	4	15,998	\$488,880	4.22/1	FY 96	Education Employment

SUMMARY OF ECONOMIC IMPACTS

Public transit is a good investment for rural communities. The major local economic goals that rural transit systems help achieve are

- allowing local residents to live independently (instead of on welfare or in nursing homes),
- increasing the level of business activity in the community,
- allowing residents to live more healthy lives, and
- making more productive use of scarce local resources.

Achieving these goals can create returns on investment of greater than 3 to 1, as shown by both national and local analyses. Other economic impacts that were not measured in the above study but will be of interest to local communities will include the salaries and wages paid to transit system employees, the transit system's purchases from local businesses and suppliers, cost efficiencies for the system's riders (less expensive travel; better access to more cost-effective services), and the multiplier effects of all of the above expenditures in the local economy.

WHAT DOES IT MEAN TO SENIORS TO HAVE MOBILITY?

For the Administration on Aging, WESTAT is assessing the performance outcomes of a variety of service programs for the elderly, including transportation services. Surveys of client satisfaction with services are being conducted. Using telephone and mail surveys, State Units on Aging and Area Agencies on Aging in Arizona, Florida, Hawaii, Indiana, Iowa, Kentucky, and Ohio assessed client satisfaction with transportation services provided through AoA-funded programs. A total of 941 interviews were conducted. Initial tabulations showed that

- older consumers are, in general, highly satisfied with the AoA-funded transportation services they have received,
- while about half of those interviewed use these services for just a few of their trips, one-fifth of the respondents used the services for nearly all of their trips,
- on average, riders of these services make about six trips per month on these services, primarily for medical purposes, for shopping, and trips to senior centers,
- the most frequent recommendation for transportation service improvements, reported by half of the respondents, was to increase the hours of service, and
- 60 percent of the riders reported that they traveled more now than before they had access to these AoA-sponsored transportation services.

Seniors in these seven states were asked how their lives had changed since they started using AoA-sponsored transportation services. Their responses included the following:

For many of us it is indeed a blessing to have bus services provided for us. I don't feel like a shut-in anymore. It gives me the freedom and liberty of being able to come and go and do for myself, while I'm able to. We pray that this transportation service will continue on.

I feel very independent not bothering any of my family for transportation.

I am still alive — I would be dead without this service.

Life has been better for me because I don't drive and [now] I can volunteer at the Medical Hospital. By helping others I'm helping myself.

Good to get out, and if the service was not available, I would not be able to get to medical appointments or shopping. I appreciate this service very much.

Quality of life is better. Made new friends — got to go places and to things and enjoy life. Thank you!

I depend on your bus, now that my husband went to heaven, and I don't drive. Most people my age group (97) need this. When my husband left, I wondered how was I going to get around. I need not have worried — our county is taking good care of us.

I am so thankful and happy that I have found this services. It has really changed my life entirely cause I don't drive and I don't have to depend on my family. I don't know what I would have done without your service. I know that God loves those who help themselves.

My life has greatly changed because of this wonderful service. I depend my life on this service. I don't drive like I used to anymore because of my age and my eyesight. So this transportation service really, really gets me to feel whole and complete again.

A sense of dignity that you are able to secure transportation for your basic or urgent needs.

It helps me keep my functions and independent living style.

The transportation program has plenty to do with my well-being. It surely made my life richer and happier.

This is what keeps me out of that nursing home.

It's like letting a bird out of a cage.

EXAMPLES OF HIGH-QUALITY TRANSPORTATION SERVICES

An impressive number of rural communities have created innovative transportation services that provide significant benefits to older residents. A small sample of these services are described below.

BIG STONE GAP, VIRGINIA

Since 1974, Mountain Empire Older Citizens (MEOC) has provided Area Agency on Aging transportation and general public transportation to the City of Norton (population 4,427) and the counties of Lee, Wise and Scott in Southwestern Virginia. The service area is rural and mountainous, with a population of just over 90,000, 15 percent of which are over the age of 65. For many years, coal mining was the dominant industry in this part of the State. The long-term effects of coal-mining and coal dust exposure are evident in the frail nature of the elderly population in this area, and it is no coincidence that a regional cancer treatment facility recently chose the City of Norton for its location.

In addition to general public transit, MEOC provides a variety of services tailored to the individual requirements of anyone in their service area. Able-bodied persons without cars can get

a ride wherever they need to go, using the general public demand-responsive system. Persons requesting a higher level of service meet with caseworkers, who determine the level of need and report back to MEOC. For example, persons who are determined to be too frail to ride a bus for several hours are eligible for the MEOC "One on One" service. For this service, a driver picks up one client, takes him or her to their appointment, waits for them to finish, takes them to the pharmacy (if necessary) and then takes them home. In some situations, a driver will pick up a blank check and a shopping list from a client, and do that person's grocery shopping for them. In other cases, drivers will actually move a client in a MEOC vehicle, packing all of their belongings and transporting them to an elderly care facility or apartment. Mountain Empire Older Citizens prides itself on making extra efforts to meet the needs of the elderly clients in their service area. If a caseworker identifies a need, MEOC will meet it.

PENNSYLVANIA'S TRANSIT PROGRAMS FOR SENIORS

Pennsylvania pays for two special transportation programs for older citizens: the Free Transit Program for Senior Citizens and the Shared-Ride Program for Senior Citizens. Established in 1973 and 1980, respectively, both programs are funded through the Pennsylvania State Lottery. Together, these two programs fund transportation for older persons in all of the state's 67 counties using public transportation systems. The lottery-funded programs involve substantial coordination between the state Departments of Transportation and of Aging, seven other state agencies, local governments, and local public transportation operators. Other state agencies work closely with the Pennsylvania Department of Transportation (PennDOT) and local public transit providers to minimize duplication and overlap and to maximize cost-effectiveness of specialized transportation services.

Through the Free Transit Program for Senior Citizens (primarily for urban areas), persons 65 years of age and older can ride free on local fixed-route bus, trolley, commuter rail, and subway elevated systems during off-peak hours on weekdays and all day on weekends and on designated holidays. There are no trip purpose restrictions.

The Shared-Ride program is a paratransit program providing substantial assistance in rural areas. Persons 65 and above must register with the shared-ride transit operator to use the Shared-

Ride program. Trips must be reserved at least one day in advance. Anyone using this service must be willing to share the vehicle with other passengers. Door-to-door service is usually available. Riders generally pay 15 percent of the fares charged to the general public. Some local Area Agencies on Aging will pay the rider's portion of the paratransit fare. There are no restrictions on trip purpose or time of day of travel during regular system service hours.

Older riders have reported substantial economic benefits; in addition to saving the costs of the fares, older riders reported being more able to shop around and take advantage of lower-priced goods and services. The Free Transit Program increased mobility and decreased dependency on friends and families for rides. Human service programs with elderly clients have also benefited from lower transportation costs.

CENTRAL VIRGINIA

Based in Charlottesville, Virginia, JAUNT is a nonprofit public service corporation that provides rural public transportation, complementary ADA paratransit service, and consolidated human services transportation for central Virginia. JAUNT has become the coordinator of both public transportation and human services transportation by actively seeking contracts to provide human services transport. Almost one-half of JAUNT's riders are 65 years of age and older. A key factor in the success of the venture has been that the local transportation planning agency has a written policy stipulating that human service agencies are to coordinate transportation services with JAUNT. The planning agency oversees implementation of this requirement through the metropolitan planning review process. JAUNT's coordination has resulted in service expansions to geographic areas and consumers not served previously, more service options, fewer limits on trips purposes and destinations, and lower trip costs for consumers.

SWEETWATER COUNTY, WYOMING

The Sweetwater County Transit Authority (STAR) serves a very large and sparsely populated rural county. Initiated in 1989, STAR replaced a large number of client-based, agency-operated transportation services with a single coordinated demand-responsive public transit system. STAR

substantially reduced per trip costs for agencies and increased the number of trips provided, while also extending service hours and boundaries, creating new services where none had existed, and providing rides for members of the general public. This system's features include providing one-stop transportation shopping for riders, emphasizing data collection and technology, and offering high quality, dependable service. The system's primary economic benefit, at about \$720,000 per year, has been enabling local elderly residents to continue living independently in their own homes instead of moving to nursing homes.

GREAT FALLS, MONTANA

Great Falls Transit District provides an interesting example of a multi-faceted marketing program that pays special attention to older riders. The system directly operated fixed-route and demand-response service (via contract with Diamond Cab) within the Transit District service boundaries. Service is provided between 5:15am and 7:15pm Monday through Friday, and 9:00am to 6:30pm on Saturdays.

The State of Montana has the fourth fastest-growing senior population in the United States, with an annual 23 percent increase in the State's elderly population. In response to this dramatic increase, the State Legislature recently passed a bill requiring the State Department of Health and Human Services to report annually on the aging population. Cascade County, which contains the City of Great Falls and the entire Great Falls Transit District, has a population of over 78,000 (according to 1999 Census estimates) of which 14 percent are over the age of 65.

Elderly persons do not automatically qualify to ride the Great Falls paratransit system. They must fill out an application, have a doctor verify their disability, and complete an interview with the GFTD staff. Because of these restrictions, many seniors ride the regular fixed route service. Great Falls Transit District officials estimate that between 11% and 15% of their fixed-route riders are over the age of 65. Because the maximum length of the GFTD fixed routes is only 30 minutes, it may actually be easier for some older persons to ride the bus, rather than using the dial-a-ride service.

In order to assist elderly persons with riding fixed route service, Great Falls has several programs in place. GFTD officials will bring a bus to Senior Centers and retirement facilities, and

demonstrate how easy it is for them to ride. They will take large groups of seniors on trips with a group leader, helping them to overcome any fears or apprehensions. They have also made their route maps easier to understand, added an indoor transfer station, and made improvements in their bus shelters. In addition, drivers have received extra training in assisting elderly passengers. All of this effort adds up to massive cost-reduction for GFTD, as every elderly fixed route passenger saves the system \$15.00 in paratransit costs. With an estimated annual elderly ridership of over 50,000, that amounts to well over \$500,000 in annual cost-reduction.

Great Falls officials point to extensive community involvement as the key component of their success. They have worked closely with local civic and social groups, kept in close contact with local political officials, attended numerous neighborhood council meetings, and spent a lot of days visiting nursing homes and retirement centers. Instead of responding to new housing developments and projects, Great Falls is involved from the inception, and has time to plan accordingly. Instead of waiting for people to express needs, Great Falls actively seeks them out and asks them. This proactive approach has helped them integrate themselves in every aspect of community transportation.

THE INDEPENDENT TRANSPORTATION NETWORK — PORTLAND, MAINE

Several transportation operations have attempted to broadly address the special transportation needs of certain segments of the older population. One service that has been more ambitious than most in addressing customer-oriented issues of acceptability, accessibility, adaptability, affordability, and availability by offering a new service alternative is the Independent Transportation Network in Portland, Maine.

The Independent Transportation Network (ITN) is a non-profit organization that uses on-demand automobiles to provide customer-oriented transportation for older persons. Trips are also provided for visually impaired persons. Services are available 24 hours a day, 7 days a week, 365 days a year with no restrictions on trip purpose. There are no income or other restrictions on who can receive service. Among this program's innovations are the following features:

- Services are demand-responsive, from any origin to any destination, for any purpose, within the service area. Door-to-door service is standard; door-through-door service and hands-on assistance are provided as needed.
- Fares charged vary according to the level of responsiveness. Customers become “members” of the ITN, and pay into their own account. Customers are encouraged to call 24 hours in advance and share rides with others; in such cases, they pay low fares. Single-occupant trips on short notice require premium fares. The system intends to achieve financial viability through a combination of fares and donations, not dependent on public subsidies.
- A variety of innovative payment plans are in place or proposed, including trip cost sharing by merchants and professionals visited by the riders and an auto trade-in program, whereby program participants can donate their cars to the program in exchange for trips equal to the total value of the car. Gift programs, through which children and others can provide rides for older persons, are widely promoted. Transportation credits for volunteer services can also be obtained.
- The system relies heavily on volunteers for drivers and other positions. ITN uses a “100 Famous Persons” volunteer program as a means of attracting volunteers and publicizing the program. Corporate sponsorships and community donations are actively sought.
- Close attention is paid to the expressed needs of the riders. Riders are involved in a variety of research programs that test and evaluate service components. The system emphasizes the dignity and desires of the participants.
- The system pays rigorous attention to cost-saving measures.
- The service is highly data-oriented, with files on each individual participant, their travel needs, and their account status. The system is moving to implement automated dispatching software.
- Community leaders are encouraged to participate on the ITN Board of Directors, both to guide the system and promote its value to the community. A Board of Advisors includes national experts in transportation and other services.
- Pilot replication sites are under consideration in Arizona and Texas.

While this service is still in its experimental phase, its ridership growth is significant. It has been consciously configured as a service to meet the travel needs and desires of seniors that are not being met by other services.

AN INTRIGUING NEW SERVICE MODEL

A concept that originated in Sweden but is now applied much more widely is that of the **family of services**. This recognizes that there is no single solution to the mobility of a whole population. For example, services that provide for larger sectors of the population can provide wider coverage, higher frequency and lower cost, but will not be usable by some groups. Services that become more specialized to meet the needs of small groups will be less flexible to use and more expensive to supply.

The full range of options appears likely to consist of accessible fixed route public transport (for example, low floor transit buses) for those who can reach bus stops; customized service routes for people who need a little more care than public transport can provide, and who do not need a very frequent service; subsidized taxis for people who need transport door to door, but do not need specialized care during the journey; dial-a-ride for the most severely disabled people who need considerable assistance or care; and subsidized private automobiles for those disabled people who are physically able to drive and who live far from public transport services or who are able to work if they have an automobile available.

CONSIDERATIONS FOR THE SPECIAL COMMITTEE ON AGING

Despite substantial progress in recent decades, one still has to conclude that living in rural America makes it harder to meet transportation needs, especially for older persons. Long-distance medical trips for dialysis and chemotherapy are crucial needs for older Americans in rural areas, but even local travel for shopping, routine health care, and other activities of daily living can be difficult to accomplish for some elderly persons.

There are a number of ways in which the U. S. Congress could measurably improve transportation services in rural areas and thus promote healthy aging. These include the following:

1. **Make transportation services a priority issue.** The pace of change in transportation services is often dismally slow, but the “age wave” of very large numbers of older adults will be upon us very soon. Improved transportation options for all of us as we age should be made a key Congressional priority. With safe mobility, for life, our entire society benefits.
2. **Support innovation and associated data.** Much good work is being done around the country but is often poorly reported. Funding innovative services and disseminating key data about them should receive increased energy and attention.
3. **Supporting full and enhanced funding of existing programs.** This is particularly important for FTA’s Section 5311 rural transportation efforts and AoA’s Title III transportation programs.
4. **Simplify grant procedures and reporting requirements.** Many rural transportation efforts receive funding from multiple Federal sources, but these sources often require unique, cumbersome, and expensive procedures. Administrative simplification would create great benefits for rural transportation services.
5. **Change the transportation provisions of the Medicare legislation.** Allowing Medicare funding for non-emergency trips would allow a much more rational allocation of resources within this important program. At the moment, Medicare transportation is restricted by law to emergency services by ambulance transportation only, yet many serious health care needs, such as dialysis, do not require Basic Life Support or Advanced Life Support services requiring skilled medical professionals and ambulance transportation. Congress should take up this matter as a key means of promoting cost-effective solutions to increased health in rural America.

CONCLUSION

The concept of “safe mobility, for life” needs much greater emphasis. One of the most significant findings of this study is the nearly universal lack of planning — by those now elderly or those of us who hope to be older one day — concerning travel options once driving is no longer viable. Several generations ago, few people planned to retire from work, and now many people can look forward to 25 years of active life after their careers. We need to educate people to consider how they will get around if and when they don’t drive, and to encourage that financial and residential decisions be made with mobility issues in mind. The counterpart of such planning, of course, is that

our society also must recognize a social responsibility to ensure that mobility options are available when and where needed.

The very real losses that can result when mobility is reduced to minimal levels need to be addressed by society. Elders who have been accustomed to high levels of mobility may experience the most profound losses if they become unable to drive. Therefore, some of them continue to drive beyond that time when it is safe or wise for them to do so. Adequately serving both older drivers and society as a whole requires a premise of empowerment that encourages appropriate personal decision making regarding driving safely and using other choices when necessary.

Our society is not yet prepared for the increased numbers and proportions of elderly travelers expected in the future. Additional public and private sector responses will be necessary to provide for the safe mobility of all our citizens, including new kinds of vehicles, new designs for roadways, and new forms of transportation services. The costs of not responding to these challenges will include the increasing isolation of our oldest citizens and the loss of their potential contributions to our society — and may include avoidable traffic injuries and fatalities. We need to understand that the mobility needs of senior citizens are vital to all of us, whether we are now elderly or expecting to get there.

Successful programs for healthy aging will be those that provide not only rides, but also a sense of security, independence, and dignity. They will provide mobility and will also address the satisfactions that seniors now receive from cars in addition to transportation, including perceptions of pride and ownership. They will change the limited and restricting perception that “If you can’t drive, you can’t go.”

We need to start making mobility improvements **now**. We need a combination of individual responsibility and social responsibility to adequately address the concept of **safe mobility, for life**.