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AN EMPLOYEE-OWNED
RESEARCH CORPORATION

1650 Research Boulevard • Rockville, Maryland 20850-3195
tel. 301-251-1500 • fax 301-294-2040 • www.westat.com

MOBILITY IMPROVEMENTS FOR AMERICA'S SENIORS

Jon E. Burkhardt
Senior Study Director
WESTAT
Rockville, Maryland

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Transportation is a vital component of independent living for all Americans, no matter what their age, income, or place of residence. High levels of mobility mean high levels of access, choice, and opportunity, which support independence, self-fulfillment, and active social engagement. Low levels of mobility can lead to isolation as well as cultural and economic impoverishment.

Some persons — often those who are elderly or poor, those who live in rural areas, and persons with disabilities — face significant challenges in obtaining the mobility they need. 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.

Over the next 30 years, these projected trends will pose substantial transportation challenges in the United States:

- a dramatic increase in the **number** of older persons,
- a dramatic increase in the **proportion** of the population that is older,
- dramatic increases in the numbers and proportions of persons who are very old,
- a large growth in senior populations in suburban and rural areas (which are now not well-served by public transportation services),
- large increases in the amount of travel by seniors,
- a strong need for travel alternatives and options other than driving, and
- serious funding challenges for human service programs at all levels of government.

Senior citizens, both those who are drivers and those who are not, have strong and important travel needs. Seniors derive great benefits from mobility. In focus groups and large-scale surveys, seniors report that they derive the following kinds of benefits from transportation services:

- Access to economic opportunities
- Reduced need to depend on [inconvenience] others
- Freedom and independence
- Much easier access to needed services

- Great comfort from dependability: the knowledge that rides are there when needed
- More social interaction; reduced isolation and loneliness
- Saves money
- Avoids unnecessary institutionalization.

These are powerful benefits, and seniors give impassioned reports about the positive effects that mobility enhancements have had on their lives.

Transportation infrastructure improvements, such as those needed to provide better travel services for seniors, require decades of work before they provide full services to travelers. Therefore, we need to begin the task of preparing for society's future travel needs now, or the future needs of elderly travelers are likely to remain unmet.

The key factors emphasized in this testimony are the following:

- a comprehensive senior mobility program is needed
- public transit improvements could provide better services for seniors
- high-payoff mobility improvement strategies exist
- coordination offers significant benefits
- seniors in rural areas have special travel needs
- Congressional leadership is needed to address senior mobility needs.

A COMPREHENSIVE SENIOR MOBILITY PROGRAM IS NEEDED

A comprehensive approach is needed for a consumer-friendly transportation program for older travelers. Among the many components of such a program would be

- Auto driver safety efforts, including safer vehicles and roadways
- Improved public transit services
- Integrated taxi / paratransit services
- Enhanced pedestrian facilities

- Volunteer services
- Escort ("hand-to-hand") services
- Emergency transportation services
- Better information for the public, the media, and older persons about the need for safe mobility late in life
- Better land use planning
- Research on societal and policy issues about safe mobility.

In this testimony, the emphasis will be on alternatives to driving that are needed once older persons reduce or cease driving.

PUBLIC TRANSIT IMPROVEMENTS COULD OFFER BETTER SERVICES FOR SENIORS

There are many ways that public transit services could be improved to better meet the needs of older travelers. Some of the **short-term** public transit improvements could include

- Improved schedule reliability
- Advance notification of vehicle arrival
- "Guaranteed ride home" services
- "Welcoming techniques" for new riders
- Boarding assistance as needed
- Improved information services
- At-grade vehicle boarding
- Heightened driver courtesy and assistance

Some of the **longer-term** public transit improvements should include

- Providing multiple types of services at various prices
- Tailoring trip characteristics to specific trip needs

- Focusing on smart technologies to enhance the service and cost-effectiveness available for demand-responsive services
- Providing multiple payment options
- Increasing service frequency, comfort, and reliability
- Increasing service hours and the ranges of destinations served.

HIGH-PAYOFF MOBILITY IMPROVEMENT STRATEGIES EXIST

Some public transit systems are recognizing that transportation service delivery involves more than fixed-route service for the general public and complementary paratransit service for some people with disabilities who meet ADA eligibility requirements. Paratransit service may provide an appropriate, cost-effective way to deliver transportation services in some settings. There are a variety of transportation options or alternatives that combine elements of fixed-route and paratransit services to more effectively meet the travel needs of older customers. In a collaborative, coordinated setting, the focus can shift from the operation of fixed-route bus and rail service to the design and delivery of a family of transportation services that focus on the travel needs and requirement of customers. Customers can include individuals, local agencies purchasing services, organizations advocating for the needs of specific groups of people, funding agencies, local elected officials, and others.

Transportation providers wishing to respond to the changing needs and demands of tomorrow's elders will need to reconfigure their operations and services; traditional responses won't be considered responsive. New ways of conceptualizing and providing transportation services will be needed. Better transportation services for elders will need to simultaneously address the mobility preferences of older persons and the challenges to better services for elders that have been identified by transit industry personnel.

Fundamental change can be accomplished by focusing on high-payoff mobility improvement strategies in the following areas:

- Adopting a customer orientation

- Re-configuring agency responsibilities
- Offering enhanced consumer choice
- Applying new fare strategies
- Adopting advanced technologies
- Coordinating transportation services.

Innovative transportation services that apply these strategies are beginning to appear in many communities. From specialized services operated for human service agency clients to public and private paratransit operations to major transit authorities, new service types are being provided from the smallest to the largest communities and in foreign countries as well. Some significant applications of these strategies include the following:

- **Adopting a customer orientation:** The Fort Worth Transit Authority in Texas provides a rider-request service that replaces fixed-route services on low-volume routes. Mountain Empire Older Citizens in Big Stone Gap, Virginia, tailors individual trip services to meet special needs.

- **Re-configuring agency responsibilities:** London Transport in England has become a mobility management agency instead of a service provider; it oversees contracts with a number of providers. ACCESS Transportation Systems, Inc. in Pittsburgh, Pennsylvania brokers paratransit services in the Pittsburgh metropolitan area, using several subcontracted providers; travel services are open to the general public but primarily serve the elderly, persons with disabilities, and clients of human service agencies.

- **Offering enhanced consumer choice:** In Uppsala, Sweden, public transportation is provided as part of a "family of services" that includes accessible public transit, low-floor mini-buses on service routes, paratransit and taxi services, and enhanced pedestrian facilities. The Independent Transportation Network in Portland, Maine offers multiple service levels at differing fares, allowing the older rider to choose the combination that best suits their own needs.

- **Applying new fare strategies:** The Transportation Reimbursement and Information Project in Riverside, California helps isolated seniors pay volunteer drivers to take the seniors on needed trips. The Independent Transportation Network in Portland, Maine has a wide variety of payment and co-payment options, including trips that are partially paid for by merchants, doctors, human service agencies, and family members.

- **Adopting advanced technologies:** Phoenix, Arizona and a number of communities in the U. S. are now using large low-floor public transit vehicles that are significantly easier for older riders to board and exit. San Francisco's MUNI system has implemented an

information system that predicts when a transit vehicle will arrive at a particular location, thus taking the uncertainly of traffic and scheduling out of the travel process.

COORDINATION OFFERS SIGNIFICANT BENEFITS

When mobility problems were recognized as substantial obstacles to achieving the goals of many social programs (during the 1960s), these programs instituted their own specialized transportation services for their own clients. Soon, observers began to notice patterns of duplicated services and low resource utilization. People began to ask, "Wouldn't these transportation programs work better if they were coordinated with each other?"

Typical goals for coordinated transportation services are reduced unit costs, increased ridership, and improved cost-effectiveness. Coordination is effective in reducing service duplication and improving resource utilization.

Significant economic benefits — including increased funding, decreased costs, and increased productivity — can be obtained by coordinating human service transportation and transit services. Implementing successful coordination of human service transportation and transit services could generate combined economic impacts of more than $700 million per year for human service and transit agencies in the United States.

WHAT IS COORDINATION?

Coordination is a technique for better resource management. It means working together with people from different agencies and backgrounds. It requires **shared power: shared responsibility, management, and funding.** Many transportation functions, including planning, purchasing, vehicle operations, maintenance, and marketing, can be coordinated.

The largest and most frequent economic benefits of coordinating human service transportation and regular fixed route transit services often include:

- Additional funding — more total funding and a greater number of funding sources;
- Increased efficiency — reduced cost per vehicle hour or per mile;
- Increased productivity — more trips per month or passengers per vehicle hour;

- Enhanced mobility — increased access to jobs or health care, or trips provided to passengers at a lower cost per trip; and
- Additional economic benefits — increased levels of economic development in the community or employment benefits for those persons associated with the transportation service.

STRATEGIES FOR ACHIEVING COORDINATION'S BENEFITS

The first step in achieving the potential benefits of coordinated transportation services is to analyze existing conditions in a community to see if problems such as low vehicle utilization and high trip costs exist. If such problems are evident, the second step is to establish specific goals and strategies for achieving improvements: having specific goals and strategies greatly enhances the probability of realizing significant results. Specific coordination goals and strategies that could provide significant economic benefits include:

- **Generate new revenues:** The transit authority provides human service agency or school trips under contract to those organizations.
- **Save costs:** Human service agencies (or other low-cost operators) provide ADA or other paratransit services under contract to the transit authority; incentives or travel training programs are offered to shift paratransit riders to fixed route services; human service agencies coordinate some or all functions of their transportation programs.
- **Increase efficiency and productivity:** Transportation providers coordinate dispatching and promote ridesharing among cooperating agencies.
- **Increase mobility:** Cost savings from coordinated operations are used to expand transportation services to additional places, times, and persons.

Illustrative examples are shown below. Additional information describing these cases and their benefits is available in ***TCRP Report 91***.

Generate New Revenues: Transit Agencies Provide Trips for Human Service Agency Clients

Florida's **Miami-Dade Transit (MDT)** instituted a "bus pass" approach to moving about one percent of the region's Medicaid clients to less expensive fixed route trips from more

expensive paratransit trips. This program saved the Medicaid program more than $9,285,000 per year, and MDT received more than $1,900,000 per year from the sale of bus passes.

The **Mason County Transportation Authority** in rural **Mason County, Washington**, coordinates school district and public transit resources, saving Mason Transit and the Mason County School Bus Transportation Co-op over $20,000 per year in operating expenses, $120,000 in vehicle purchase costs, and $84,000 in annual fuel costs in 2001.

Save Costs: Non-transit Agencies Provide ADA and Other Paratransit Services

Tri-Met, in Portland, Oregon, contracts with **Ride Connection, Inc.** to provide ADA paratransit and demand-responsive transportation service with volunteers as a supplement to Tri-Met's own ADA paratransit program. It would cost Tri-Met about $2,885,000 to take over all of the transportation now provided under the Ride Connection umbrella at the current cost per trip on Tri-Met's ADA paratransit system, about $2 million more than the amount paid to Ride Connection.

Dakota Area Resources and Transportation for Seniors (DARTS) in Dakota County, Minnesota, combines ADA trips with those provided for seniors and eliminates the need for the regional ADA paratransit provider (Metro Mobility) to extend its service to Dakota County. DARTS provides ADA paratransit trips and trips for seniors for approximately $230,000 a year less than Metro Mobility could; cost savings from reduced capital needs, centralized dispatching, and centralized maintenance total about $150,000 more.

Save Costs: Transit Providers Shift Paratransit Riders to Fixed Route Services

The **Charlottesville Transit System (CTS)** in **Charlottesville, Virginia**, provides free rides on fixed route transit for all paratransit-eligible persons. The annual cost of trips on the free ride program would have approached $1,000,000 if they had been made on paratransit services. This free ride program also allows an elderly or disabled passenger to take a spontaneous trip without advance notice.

Save Costs: Human Service Agencies Coordinate Transportation Programs

Martin County Transit in **North Carolina** employs a brokerage system with centralized dispatching and vehicle ownership. The 44,000 trips that Martin County Transit provided in 1999 for $156,000 would have cost an additional $178,000 if provided at the pre-coordination cost per trip of $7.60.

R.Y.D.E. (Reach Your Destination Easily) Transit in **Buffalo County** is the first brokered transit system to operate in **Nebraska**. R.Y.D.E. has expanded operating hours, abolished the waiting time requirements, and expanded transportation access in rural Buffalo County. Prior to coordination, public transportation provided 11,000 annual rides in Buffalo County; R.Y.D.E. planned to provide about 70,000 rides in 2002. R.Y.D.E.'s current operations cost Buffalo County $400,000 less than the same number of trips would have cost if provided at the pre-coordination costs.

Increase Efficiency and Productivity: Transportation Providers Coordinate Dispatching and Vehicle Sharing

People for People (PfP) in **Yakima and Moses Lake, Washington**, generates economic benefits through coordination and ridesharing with Goodwill Industries. Using a PfP vehicle, Goodwill transports 10 people with developmental disabilities from their homes to a Goodwill job site. This arrangement costs PfP $9,360 per year less than the alternative of intercity bus service and saves the riders more than $2,000. Vehicle sharing with a local hospital saves nearly $3,700 per year in capital costs avoided. PfP's volunteer Medicaid program drivers generate cost savings of about $500,000 per year.

Increase Mobility: Communities Expand Transportation Services

The **Transportation Reimbursement and Information Project (TRIP)** complements public transportation services in **Riverside County, California** (east of Los Angeles), by reimbursing volunteers to transport individuals where no transit service exists or when the individual is too frail to use other transportation. Public transit services would cost at least $1,000,000 more than transportation provided by TRIP's volunteers actually costs.

Mountain Empire Transit in **southwest Virginia** is a private, nonprofit corporation that provides demand-responsive transportation to clients of multiple agencies and the general public in a large rural area. The system uses contract revenues from human service contracts to generate matching funds needed to establish and pay for general public transportation service. By coordinating funding, Mountain Empire has significantly expanded service; local governments could not support public transportation's costs. Alternative methods of providing Mountain Empire's transportation services would cost at least $854,000, plus the $30,000 in local matching funds.

The **Suburban Mobility Authority for Regional Transportation (SMART)** is the transit operator for three counties in **southeast Michigan** near Detroit. SMART helps fund transportation in 50 local communities through its Community Partnership Program; localities aid regional transportation by supporting tax referenda and working together for coordinated services. The $7,000,000 annual program would cost at least $2,700,000 more if SMART were to provide it without local involvement.

Summary of Coordination Case Studies

These examples show that coordinating human service transportation and transit services offers significant economic benefits. Transportation planners and operators should seriously consider a variety of coordination strategies for elderly riders and others, including

- Shifting paratransit riders to fixed route services and having ADA paratransit services provided by nontransit agencies,
- Expanding transportation services into areas not now receiving public transit services through partnership arrangements with various agencies,
- Coordinating the transportation functions of multiple human service agencies, and
- Generating additional income for transit authorities through the provision of travel services to clients of human service agencies.

SENIORS IN RURAL AREAS HAVE SPECIAL TRAVEL NEEDS

Meeting the travel needs of seniors in rural areas is a special challenge. While many more rural seniors now own vehicles than before, nearly 40 percent of rural residents live in counties with no public transit service. Many small areas have no taxi service; intercity and interstate bus, train, and air service to rural areas has greatly diminished. Many rural areas have fewer transportation options than their urban or suburban counterparts.

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. Non-metropolitan populations are also increasing. 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. 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.

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 (Rogers, 1999; Glascow, 1994).

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. In 1995, nearly three-quarters of the rural elderly (73.4 per cent) reported that they did not have public transit services available to them.

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.

The medical problems of rural communities are said to be 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. 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.

Public transportation 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 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.

CONGRESSIONAL LEADERSHIP IS NEEDED TO ADDRESS SENIOR MOBILITY NEEDS

Seniors have seen substantial improvements in their mobility in recent decades, thanks in large part to government-funded programs such as those that focus on the transportation needs of persons who may be elderly or disabled, and persons living in rural areas. Still, one has to conclude that becoming older in America makes it harder to meet personal transportation needs, especially if one is living in a rural community.

Congress could take a number of steps to measurably improve the mobility of America's senior citizens. These include the following:

1. **Make senior mobility 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. A good place to start would be with the reauthorization of the TEA-21 legislation, which should be amended to include senior mobility programs. With safe mobility, for life, for all citizens, our entire society benefits.

2. **Support innovation and associated data.** Much good work is being done around the country but more is needed. Some of the best innovations are not fully reported. Funding demonstration programs and innovative services, such as those described above, and disseminating key data about these innovations should receive increased energy and attention.

3. **Supporting enhanced funding of existing programs.** This is particularly important for FTA's Section 5310 elderly and persons with disabilities program and their Section 5311 rural transportation efforts; AoA's Title III transportation programs should receive substantial increases; NHTSA's safety programs for older drivers need to be enhanced; and FHWA needs additional funding to make the infrastructure improvements needed for safety enhancements for older drivers and older pedestrians.

4. **Simplify grant procedures and reporting requirements.** Many specialized 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 these 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. The Medicare program does not provide for non-emergency medical transportation; the lack of access drives up transportation and health costs for the Medicare program. If Congress would change the Medicare legislation to specifically allow non-emergency transportation services, great benefits could be realized. Congress should take up this matter as a key means of promoting cost-effective solutions to increased health for seniors, particularly those living in rural America.

6. Congress should provide significant assistance to coordinated transportation services.

   a. For example, the Medicaid and Medicare programs are among the largest potential funding sources for local transportation services, yet some state-administered Medicaid programs have recently pulled out of local coordinated transportation operations. **Congress should insist on a community-wide focus in transportation funding**, encouraging all Federally-funded programs — such as Medicaid — to be part of coordinated transportation services instead of operating their own transportation services.

   b. **Legislation providing funds for planning coordinated transportation services should be provided**.

   c. **Legislation adopting uniform cross-program reporting and accounting standards should be adopted.**

   d. Congress could **issue specific guidelines** — such as those promulgated by the Secretaries of the U. S. Department of Health and Human Services and the U. S. Department of Transportation in December 2000 — **that coordinated transportation services are expected of all Federal grantees to the maximum extent possible.** These actions could significantly contribute to the amount of coordinated transportation services and the benefits that they could achieve.

SUMMARY

The rapidly aging U. S. population faces significant transportation challenges. Some of these challenges are now being addressed in separate communities, but a comprehensive overall approach is lacking. Because of the extremely long lead times needed to implement significant transportation infrastructure improvements, it is vital that work begin now — with the reauthorization of DOT's TEA-21 legislation — so that our country can be prepared to meet the travel needs of its aging population in the next 30 years.

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