S. HRG. 108–177

KEEPING AMERICA'S SENIORS MOVING: EXAMINING WAYS TO IMPROVE SENIOR TRANSPORTATION

FORUM

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

WASHINGTON, DC

JULY 21, 2003

Serial No. 108–15

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
89–855 PDF WASHINGTON : 2003

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

SPECIAL COMMITTEE ON AGING

LARRY CRAIG, Idaho, *Chairman*

RICHARD SHELBY, Alabama
SUSAN COLLINS, Maine
MIKE ENZI, Wyoming
GORDON SMITH, Oregon
JAMES M. TALENT, Missouri
PETER G. FITZGERALD, Illinois
ORRIN G. HATCH, Utah
ELIZABETH DOLE, North Carolina
TED STEVENS, Alaska
RICK SANTORUM, Pennsylvania

JOHN B. BREAUX, Louisiana, *Ranking Member*
HARRY REID, Nevada
HERB KOHL, Wisconsin
JAMES M. JEFFORDS, Vermont
RUSSELL D. FEINGOLD, Wisconsin
RON WYDEN, Oregon
BLANCHE L. LINCOLN, Arkansas
EVAN BAYH, Indiana
THOMAS R. CARPER, Delaware
DEBBIE STABENOW, Michigan

LUPE WISSEL, *Staff Director*
MICHELLE EASTON, *Ranking Member Staff Director*

CONTENTS

FORUM ON KEEPING AMERICA'S SENIORS MOVING: EXAMINING WAYS TO IMPROVE SENIOR TRANSPORTATION

MONDAY, JULY 21, 2003

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Forum convened, pursuant to notice, at 2:32 p.m., in room SD–628, Dirksen Senate Office Building, Hon. Larry E. Craig (chairman of the committee) presiding.

Present: Senator Craig.

OPENING STATEMENT OF SENATOR LARRY E. CRAIG, CHAIRMAN

The CHAIRMAN. Ladies and gentlemen, let me begin this afternoon's forum on senior transportation first and foremost by welcoming all of you.

I am Senator Larry Craig, Chairman of the Special Committee on Aging here in the Senate, and I want to thank all of you for attending and especially thank our panelists for being with us this afternoon to discuss not only an important topic across America but a tragically timely topic for all of us to deal with and consider.

Our goal today is to discuss the accessibility, efficiency, and affordability of senior transportation programs and to build a record as Congress and others look at possible solutions to many concerns out there.

More specifically, it is my desire that the panel examine four key issues: the varying transportation needs of rural, urban and suburban seniors; the potential for better coordination of transportation services nationwide; characteristics of best practices in use today as well as gaps and problems in senior transportation services; and potential opportunities for Federal policies to improve senior transportation and coordination.

In light of last week's tragic accident in Santa Monica, it is reflective of an increasing problem in our country, and it is part of why we are here today to talk about senior transportation.

Clearly, that particular incident underscores the importance and value of assuring transportation alternatives for seniors once they are no longer able to drive safely. This past year, about 600,000 Americans over age 70 gave up the keys to their cars. For the teenager who has just gained his or her keys, it is the ultimate statement of freedom; for the senior who is giving up their set of keys, it is the ultimate statement of a loss of freedom, unless there is a

corresponding transportation system to afford them what the loss of that automobile results in.

Interestingly enough, we now know more than ever before that incidents with older Americans in fatal and damaging accidents at a certain age are nearly as high as those with young teenage drivers.

It is a problem that we will deal with, but I hope we will deal with it at the State level where licensing occurs. One of my messages to the panelists today is to speak somewhat about this issue. But my message to the States is to be responsible in the effective screening of your drivers in the licensing process and to recognize when impairments result in the inability of that individual to drive safely and the very real question as to whether that individual should continue to drive.

Those are all issues that need to be discussed, and certainly the situation in Santa Monica simply dramatizes that.

In my home State of Idaho, there is an example of a transportation system for the aging in Twin Falls that has now been called one of the Nation's five best, because it not only deals with urban but it deals with rural environments, and in many of our States' rural environments and seniors still choosing to live there create very awkward and difficult transportation problems.

There are a lot of issues to talk about here, and we have a most capable panel to discuss that with you this afternoon. So let me at this time cease my comments and turn to Katherine Siggerud. Ms. Siggerud is the Acting Director for physical infrastructure at the U.S. General Accounting Office. She is the author of a recent report examining transportation disadvantaged populations. Her background and expertise are impressive as are each of our panelists today.

I am going to turn to Ms. Siggerud as our moderator to introduce our panel and to start our forum for the day.

Thank you all very much for attending. We look forward to all of your statements and to the record you will help us build on this critical issue for our Congress and our States to be involved in.

Thank you very much.

STATEMENT OF KATHERINE SIGGERUD, ACTING DIRECTOR, PHYSICAL INFRASTRUCTURE TEAM, U.S. GENERAL ACCOUNTING OFFICE, WASHINGTON, DC

Ms. SIGGERUD. Thank you, Senator Craig.

As the Senator noted, I am Kate Siggerud, and I work for the U.S. General Accounting Office. I will be moderating today's panel on senior transportation issues.

I would like to start by thanking Chairman Craig, Ranking Member Breaux, all the members of the Senate Special Committee on Aging, and the committee staff for convening this forum and inviting a distinguished panel of experts to work with us.

Given recent events, as Senator Craig noted, this forum could not be more important and timely. As we all know, last week, an 86-year-old motorist crashed into the Santa Monica farmers' market in California. Over 60 people in the market were injured, 10 of them fatally.

The crash has renewed the debate on the Government's role regarding the declining ability to drive as people grow older. For example, when compared to drivers of different ages, drivers over 75 experience fatal crash rates that rival or exceed the rates for 16- and 17-year-old drivers.

Nevertheless, the need for seniors to drive will only increase. There are more older drivers on the road today, and that number will increase as the baby boomers age. From 1991 through 2001, for example, the number of licensed drivers over 70 increased by 32 percent, from 14.5 million to 19 million, and drivers over 70 are now 10 percent of the nation's licensed drivers.

The mobility brought about by driving and other means of travel is an important determinant of seniors' quality of life. The ability of seniors to visit family and friends, to get medical care, to shop and to worship is directly influenced by their access to high-quality transportation.

Surveys show that the majority of seniors prefer to drive rather than use other methods such as transit, using senior vans or walking. About 60 percent of people over 75 report that they have a driver's license, and those who do not generally prefer to travel as a passenger in a car.

When seniors stop driving, the number of trips they take away from home often plummets along with their quality of life. There are several reasons that seniors prefer to travel by car, and these factors present challenges that will be difficult to overcome.

First, more than 70 percent of seniors live in suburban, small town, or rural settings that are not well-served by transit. Second, driving gives seniors control. They do not have to ask others for assistance, and they also do not have to make advance arrangements for their transportation.

Therefore, today's forum will focus primarily on seniors who have reduced their driving or do not drive at all and improving the options available to them for improved mobility.

We have a distinguished panel of experts here to help us explore these issues. They are: Dr. Helen Kerschner, President and CEO of The Beverly Foundation; Mr. Jon Burkhardt, Senior Study Director from WESTAT Research Corporation; Ms. Sandra Markwood, CEO of the National Association of Area Agencies of Aging, known as "N4A"; Mr. Stephan Kline, Founder of the Senior Transportation Task Force and Legislative Director of United Jewish Communities; Dr. Sandra Rosenbloom, Professor of Planning and Director of the Drachman Institute at the University of Arizona; and finally, Ms. Terri Lynch, Director of the Arlington County, Virginia Commission on Aging.

Let me just explain this afternoon's schedule. We will start with a brief discussion of issues related to safe driving by older drivers. Following that, we will move to each of our panelists' opening statements. We will then move to a discussion around four themes. Senator Craig outlined these, and I will simply remind you of them at this time.

The first is senior transportation needs in urban, suburban, and rural settings and the programs available to address them. The second is coordination of transportation services for seniors and the potential of coordination to improve efficiency, affordability and

availability of services. Third is the characteristics of senior transportation programs that are successful and methods of communicating and adapting these programs in other places. Fourth and finally is the reauthorization of the Transportation Equity Act for the 21st Century, also known as "TEA–21," and other opportunities for Federal, State, and local policies to impact and improve senior transportation.

We will spend about 20 minutes on each of these themes and wrap up between 4:30 and 5 o'clock today.

Finally, it is important to note that the committee plans to produce a record of today's forum. It will include the opening statements of all the panelists, the discussion that follows, and other submitted statements. The committee will use this record to identify critical issues and innovations in senior transportation in order to guide its further work. The committee will also make the information available to other committees in the Senate and the House where it will be useful in considering transportation reauthorization and other legislation.

Why don't we move now to the issue that I think has brought many of you here today, and that is the safety issue. I would like each of our panelists to comment on two questions. The first is what steps could the Federal and State Governments take to help seniors retain their driving skills and also to assure an adequate response in cases where driving ability does decline. Second is how can family members, friends, and communities help a senior driver make decisions about whether to continue driving.

Dr. Rosenbloom, I think some of your work has touched on these issues. Would you care to start us off, please?

Dr. ROSENBLOOM. Yes. I would like to make a comment I think a lot of communities and States now are looking very quickly at mandatory relicensing and retesting of older drivers.

The evidence from here and abroad however is that most testing does not work if the criterion is a lower crash rate among elderly drivers. I think there are a couple of reasons and some lessons to be learned from this research.

The major reason is that we do not really know how to test people for the skills that they need to continue driving. Testing does indeed stop people from driving. We know that when we give these tests, some people stop driving. How is it possible that they stop driving and we do not have lower crash rates? We are stopping the wrong people from driving. We are stopping people who are not particularly dangerous to begin with, including a lot of women. There is substantial evidence that women stop prematurely when faced with these tests. Morever people who need the tests may fail them and keep driving; that is going to be an increasing concern with a population with increasing dementia.

Finally, we cannot test people cost-effectively. The Government is working on that, and there are some tests going on in this area that I think are very promising, but most of the tests that people will rush to implement now will not help; there will just be a lot of money down the drain.

I believe the Federal Government should take an active role with the States in finding better more cost-effective ways to test all drivers, not just older drivers. I do not believe in age-based testing; I

believe in behavior-based testing. If people have markers—that is, they have crashes, they have a lot of tickets, their doctor says they need help, family members tell the motor vehicle division that they need help—then these are reasons to draw in people at any age to be retested. They ought to be retested with appropriate devices. We are still working on those.

Ms. SIGGERUD. Ms. Lynch you told me that you had some information on some local initiatives. Would you care to share those, please?

Ms. LYNCH. Yes. I am from Arlington, VA, right across the river here, and we are participating with the Association of Motor Vehicle Administrators, who are running a program in this metropolitan area to go out and do two things—educate older drivers about things that we already know they can do to be safer behind the wheel, and we are also at the same time talking about transportation options that do exist, because the idea is to entice people from behind their wheel. So it is both thing—how do you stay safer, and then what is available when you need to leave. I will add a caveat from the very local level—testing alone is not enough, because if you send somebody to the DMV and they get tested—and in Virginia, you can just ask that the DMV test somebody, and they will call you in and offer a specific test; that is already available—but you really have to do more than take away the license. If the problem really is driving, people may not remember they do not have a license. You have to take away the key, and sometimes you have to take away the battery.

Ms. SIGGERUD. Mr. Burkhardt.

Mr. BURKHARDT. I think we are all saddened by this really terrible tragedy in Santa Monica, but I think the point is not to get too focused on one particular incident. While one gentleman had a tragic, tragic accident, nearly 25 million older Americans are driving safely and were driving safely on that very day.

People need to understand that mobility is an extremely important issue for everyone, and it is a particularly important issue for people who are older. People who are older need to go and get groceries, to visit friends, need to do personal business, and need to be involved in religious communities. The way our world is set up in this country, these activities all require movement from one location to another location.

The key question is what kinds of travel choices are there? There really are very few choices, and in fact, departments of motor vehicles have problems taking licenses away from individuals who are habitual drunk drivers, or for older drivers who cannot drive very well because they cannot see very well, or from teenagers who have very high rates of crashes. If we had better choices in the way of public transportation, private transportation, taxi services, volunteer services through area agencies on aging and others, we would have better mobility choices in this country, and we would not have to traumatize people by hiding their keys, slashing their tires, or selling their cars which can lead to a lot of intergenerational strife.

So we need to focus on what we can do to get people moving around and doing that safely.

Ms. SIGGERUD. Mr. Kline.

Mr. KLINE. I think that was really well-said. Seniors do not have a lot of choices in most communities as far as finding suitable alternatives, and that is obviously going to be the theme of this forum.

We have talked to a lot of seniors about why they are not looking to the programs in their areas and what they can do and how they are going to need to change their behavior. It turns out that when seniors are still driving, they try to get rid of some of the easy stuff first, in order to maintain their driving—to not turn left, for instance, because they have to cut across traffic; or to avoid bad weather, or to stop driving at night. Obviously, figuring out what is the next part of driving that you can live without is not a great way of figuring out a good transportation system.

One, we need to come up with alternatives—and we will talk about that in a few minutes—and two, I think we really need to strengthen supports for family caregivers, because even if there are good public and private programs, we are still going to really depend on family and friends to help shuttle people around, and that is something we can talk about.

Ms. SIGGERUD. Thank you.

Dr. Kerschner.

Dr. KERSCHNER. Not so long ago, I heard a physician say that she has patients who would rather she tell them that they have Alzheimer's than that they have to stop driving. It is a critical issue for older people and a terrible problem.

I think we exacerbate the problem to some extent in the way we describe it and the way we describe the solutions. We talk about driving assessment, and we talk about taking away the keys. It seems to me that driver training or retraining or checkups and tuneups is a much better way to discuss this subject and to make those programs available to seniors so they can improve their driving skills, understand if they should limit their driving, understand if in fact it is time to stop driving. I think that is very important for us to consider.

I also think that family members are probably the last people who want to take away the keys from an older adult, and they are the last people older adults want to have take their keys away. We see that in qualitative and quantitative research that we have all done.

So I think we really have to depend on the professional community to help out in this, but I do think that driver training and retraining and checkups and tuneups can go a long way toward helping solve the problem. I can tell you, being from Los Angeles, from Pasadena, in California, that what happened recently is a wakeup call. It is a tragedy in California, and it is a wakeup call for all of us to say that we need to take this very seriously, and we need to give it a lot of thought.

Ms. MARKWOOD. I think the issue of driver training and retraining is an important one that Helen just pointed out. When you define this as older drivers have a problem already, people are not going to search out the means to do a self-assessment. I think we need to look at this as a national issue and have it be part of our daily lives that everybody needs to have an assessment or reassessment or retooling to make sure that their driving skills are what

they should be and, in saying that, having it tailored to taking the keys away is a very negative marketing approach to get people to do an assessment.

Additionally on the issue of caregivers sine our agencies work very closely with them, again, I echo Helen's sentiment. The caregivers are burdened right now with so many issues trying to take care of older adults that putting them in the position of saying, "You can no longer drive; we need to take your keys away," is a difficult one.

However, they do need information. They need those hints. They need to be looking out for those different types of activities that may happen when an older person is driving that leads them to think that they may need to talk to the doctor or somebody in the professional community to lead them to an assessment or to lead them to some type of retraining activities.

Additionally, in the professional community, oftentimes the medical community does not see this necessarily as their function, but it is a critical one. I think part of that is that the medical community needs to know the supports that are out there in the community, the options that are out there if someone's keys are in fact taken away from them, if they are no longer able to drive, that there are transportation options—or we need to develop those adequate transportation options so that the mobility will not be impaired.

Ms. SIGGERUD. Thank you.

I think at this point, then, we will move to the original opening statements that everyone here has prepared. I will ask each panelist to keep his or her comments to 5 minutes or less, please.

We will start with you, Dr. Rosenbloom.

STATEMENT OF SANDRA ROSENBLOOM, DIRECTOR, ROY P. DRACHMAN INSTITUTE FOR LAND AND REGIONAL DEVELOPMENT, UNIVERSITY OF ARIZONA, TUCSON, AZ

Dr. ROSENBLOOM. Thank you.

I am Sandi Rosenbloom, and I am Director of The Drachman Institute, which is a research and public service unit of the University of Arizona.

I am very concerned that we tend to misconceive the transportation problems of older people because we do not understand how complex their lives are and how central to their independence and freedom the car is. Because of that, I think we do not understand how much older people contribute to some of the societal problems we are trying to address from traffic congestion to urban sprawl to environmental pollution. I think we have to understand how older people live their lives to provide them safer and better transportation options and to make sure they can live a healthy and full life while also addressing those societal problems.

To just briefly reprise the statistics that Katherine gave you, most older people today are drivers; almost all of them will be drivers in the future, because people over 40 today are almost all drivers. In fact, it is almost all men who drive; today older women are less likely to drive, but that gap is going away. Today, older Americans comprise about 14 percent of the driver pool. That is going to almost double. In under 30 years, they are going to comprise 25

percent of all drivers. The Highway Safety Institute says they are going to be involved in 25 percent of all fatal crashes.

One reason why older people are so dependent on their cars is that they are living in low-density areas. Between one-fifth and one-fourth live in rural areas; of the three-quarters who live in metropolitan ares, three-quarters of those live in the suburbs. Most older people do not move, on retirement since we now have suburbs where 30 or 40 percent of residents over 40, within a few decades we are going to have suburbs that are 40 and 50 percent people over 65. While most older people age in place—they do not move—those who do migrate to Arizona and Florida and so forth are moving to naturally occurring retirement communities in rural areas, and they are moving to the edges of metro areas like Atlanta and Phoenix and Houston and cities in Florida.

So all of the problems of low-density development and no alternatives to the car will only worsen for the baby boomers as they come into their senior years. Not surprisingly, transit use has been falling among the elderly and 1995 was the first time that transit use among the elderly was less than among younger people, and it was very low, but between 1995 and 2001, it fell by half again in 2001 only 1.2 percent of all trips made by older people were made using public transit. Although there is a tremendous amount of discussion, and we are here today to discuss alternative modes, they have fallen so far—that is, special transit systems, special services, special services by aging—that you cannot break them out in national statistics in 2001.

Where does this leave us? I think we have to make improvements in five areas, and I think everyone has touched on some of these. First, we have to improve and enhance all aspects of the highway system. We have to make cars smarter and safer and less environmentally polluting. We have to make the highway system safer. We have to have better signs. We have to have better tests. We have to have better ways to keep older drivers driving when they can do so safely.

The Federal Highway Administration in fact has a series of voluntary standards for communities to use in making their highways more older-driver-friendly, but the standards are voluntary, and there is substantial evidence nobody is adopting them.

The second thing we have to do is improve and enhance the pedestrian system and infrastructure. That seems like an obvious issue and easy to do. In fact it is not easy to do, and I want to point out to you that statistics suggest that an older person is 14 to 16 times more likely to be killed or injured in a pedestrian crash than in a car crash. In other words, it is safer for them to be in a car than walking along the streets.

Pedestrian death rates, among the elderly as you probably know, have been dropping rapidly around the world. The No. 1 reason is that older people are walking less and driving more. If we want to reverse that, if we want older people to have pedestrianism as a feasible mode as well as a health option, we have to figure out ways to make walking safer.

Third, we have to expand and improve conventional public transit. We have to talk about funding services to move into suburban and rural areas. We have to talk about running at non-peak times

when older people are more likely to want to travel. We have to talk about making the systems more safe and more secure—that is, no accidents and no crime—and that involves the pedestrian component of the trip to a transit station as well. We have to look at new kinds of transit services like service routes and community buses, which I think some of my colleagues are going to talk about.

My fourth suggestion is that we have to encourage an active role for the private sector in transport delivery. We have to regularize informal services. In almost every community of color, for example, there are many informal, perhaps illegal, drivers providing a substantial amount of service to seniors. We have to find ways to make them safer and more secure but not put them out of business. We have to find a way to grow and support volunteer networks, and we have to use taxi and other transportation operators more effectively than we do now.

Finally, we have to enhance the design of communities and make sure that the kinds of things that are being suggested for community revitalization, infill and so forth, do not create more hazardous communities for older people as they move them closer to services.

I have prepared supporting material for the things that I have just talked about for a Brookings Institution Center policy reform debate, and some of them are still left on the table.

I thank you for your time.

[The prepared statement of Ms. Rosenbloom follows:]

Opening Statement to
The Senate Special Committee on Aging Forum

Keeping America's Seniors Moving: Examining Ways to Improve Senior Transportation

Washington, DC
July 21, 2003

Dr. Sandra Rosenbloom
Professor of Planning
Director, The Drachman Institute
The University of Arizona, Tucson
819 E. First Street, Tucson AZ 85721
rosenblo@u.arizona.edu

I am grateful to be here with you, and my colleagues, today to discuss a crucial issue for older people–one I think that has often been misconceived. I don't believe that the full transportation implications of the aging of America have received the attention they deserve.

Most older people today have complicated lifestyles based on the convenience and flexibility of the private car. This growing dependence on the car is likely to continue unabated over the coming decades–creating serious problems not only for older people themselves but for society at large. I urge you to challenge the easy assumptions which underline most policy debates about the mobility and access of older people. We must recognize the full implications of the growing "automobility"of the elderly–because whether or not they drive most elderly people make the majority of their trips in cars. This makes it difficult to develop mobility options for older people who want to, or must, stop driving while at the same time worsening major society problems from environmental pollution to consumption of non-renewable resources to traffic congestion.

I ask you to consider these facts:

- Within three decades 1 in 5 Americans will be over 65, 1 in 11 of those over 65 will be over 85–and the overwhelming majority will be drivers.
    - Today those over 65 account for over 14% of all drivers; in 2030 they will account for 25% of all drivers (those over 85 will account for more than 3% of all drivers.)
- Today 4 out of 5 older Americans live in low density places with few alternatives to the car; roughly 24% live in rural areas and 56% in the suburbs. Within metropolitan areas 3 out of 4 seniors live in the suburbs–where fewer than 43% live within ½ mile of any kind of scheduled public transit.

Rosenbloom, Opening Statement, cont'd

- These trends will only strengthen because of the aging-in-place phenomenon; roughly one-third of the current suburban population is 35-64 years old and will likely remain there as they age.

- While most seniors will not move when they retire, those who do will only strengthen the suburbanization of the elderly because they will move to naturally occurring or formal retirement communities at the edge of metropolitan communities or in rural areas

- As a result, older people take roughly 9 out of 10 trips in a car, as a driver or a passenger–and increasingly as the latter

  - Even those over 85 today take more than half their trips in a car, and they're driving that car more than half the time

  - Conversely the use of public transit has been dropping steadily among the elderly; in 2001 transit use was half the rate it was 1995. At 1.2% of total trips transit is a mode that has little meaning for most older people.

  - Although there is substantial discussion of special transit services and subsidized taxis, the use of these modes by older people fell so far between 1995 - 2001 that it can't be broken out in national data

I suggest that responses to these situations must be broad and far ranging, sometimes building on traditional solutions and sometimes abandoning those solutions and developing new and innovative approaches, always enhancing partnerships among various levels of government as well as the public and private sectors:

- **Improving and enhancing the highway infrastructure**

  - increasing safe vehicle use
  - creating better, safer, less polluting cars
  - adopting older-driver friendly roadway and sign design standards

- **Improving and enhancing pedestrian systems and infrastructure**

  - constructing pedestrian-friendly facilities
  - improving intersections
  - adopting appropriate traffic calming approaches
  - strengthening enforcement of all regulations and maintenance of all facilities

Rosenbloom, Opening Statement, cont'd

- **Expanding and improving public transit service**
  - improving conventional services
  - providing new services targeted to older people
  - enhancing system-wide safety and security
  - offering better communication and information
- **Encouraging an active role for the private sector in transport delivery**
  - regularizing informal transportation providers
  - facilitating volunteer networks
  - enhancing the role of the private for-profit sector
  - supporting and encouraging non-profit providers
  - "creating" transport entrepreneurs
- **Enhancing community design and development**
  - mixing land uses
  - promoting in-fill and neighborhood redevelopment
  - encouraging pedestrian-friendly ambiance
  - increasing appropriate affordable housing choices

In support of my statement I offer a draft of the policy brief I prepared for the Brookings Institution Center on Urban and Metropolitan Policy Reform Transportation. The Brookings Series is designed to frame the federal transportation policy debate around the most pressing challenges facing the nation's cities, suburbs, and metropolitan areas and what that means for reauthorization and beyond.

I appreciate being invited here today. Thank you.

Ms. SIGGERUD. Ms. Lynch.

STATEMENT OF TERRI LYNCH, DIRECTOR, ARLINGTON AGENCY ON AGING, DEPARTMENT OF HUMAN SERVICES, ARLINGTON, VA

Ms. LYNCH. Thank you.

My name is Terri Lynch, and I am the Director of Arlington's Area Agency on Aging. It is unit within the Nation's most comprehensive Department of Human Services. I want to thank you for the opportunity to share some of our efforts in creating a coordinated framework for services. It is coordinated, it is a framework, it is a skeleton; it is very thin.

First, a little bit about Arlington. We are the 12th most dense population in the Nation, and for more than a generation, the county's land use plans have been voted toward maximizing development in a way that makes effective use of mass transit.

However, even in the most urban area that we are, if an older person cannot get anywhere near the mass transit, they can be as isolated and as remote as anybody in the most remote rural area. For those of you who know apartment buildings, you can live with 12 families on the same floor, and you do not know any of them—so you can be remote even when surrounded by people.

We have had some publicly funded transportation for a generation—Older Americans Act funding to congregate nutrition programs, to the adult daycare programs, some for grocery shopping and medical appointments—and we have come to rely on the taxicab fleet in Arlington because we are so dense. It is in fact the most cost-effective way of providing that service. But we have also known that every day, there are people who are eligible for the services we provided who are doing without it.

We have four senior highrises that have 960 residents, and we have tried to create coordinated systems for grocery shopping and medical appointments. It does not deal with any of the other places that people would want to go, but it gets them out for that.

Our big growth in transportation occurred as a result of the ADA. When the Americans with Disabilities Act passed, Metro in this metropolitan area had to create a complementary paratransit system for people who could not use bus and rail. Arlington then created its own system called STAR, Specialized Transit for Arlington Residents, for people who would otherwise be using Metro Access. Because we coordinate and manage it, it is cheaper, and it is, once again, more cost-effective and the service is better. It is available for people with a transportation disability, meaning they cannot get to the Metro and use it.

This is entirely local-government-funded, because as you know, ADA does not come with a funding stream, but it becomes available for people to use. It then gave us the opportunity to do some incremental add-ons—assisted transportation for STAR so that people who are already STAR users, which is a curb-to-curb service. If you want to get from your apartment or your house front door to the curb and then on the other side to where you are going, we added the assistance component. Because of limited funds, it is available only for health care appointments. In the interim, it takes a long

time for Metro Access to process the applications, so we have set up an interim program again for health care appointments.

We used to have money for a temporary program under STAR because if you have some kind of health care problem—chemotherapy, broken hip, recuperation of some sort—you are not going to have a long-term disability, but you need that transportation for short-term. We hope to somewhere find the money to start that program again.

We have a subsidized taxicab voucher program, allowing people to, for a limited amount, buy coupons at half-price, and we have transportation to our senior centers.

The STAR office coordinates a number of these transportation programs so everything is coordinated. Our challenges are threefold. No. 1, the simple thing, is making sure that people in fact know what is available—because everyone on this panel knows that you can have a program, and if people do not know about it, it does not do any good. You have new people who need it every day, so it is constant education.

The second thing is helping more older residents understand that when Metro Access talks about having a "transportation disability," it may well apply to them. People are so ready to say that to have a disability means that you use a wheelchair, and if you do not use a wheelchair, you do not have a disability. So that is another piece.

Of course, the third and most critical one is funding to maintain these things. If I were to tell you, for example, that for our wonderful assisted transportation program, $7,000, it is a long waiting list. So it is a fine program, but it is very thin.

The way we have been able to achieve all of this is through—as I said, Arlington is small, and we are an integrated department—effective collaboration with our public works, with Metro, with our community activists, with the nonprofit agencies in the area, with the taxicab company. It is the collaboration that has gotten us to our skeletal framework, and I do want to say it really is a skeleton.

Thank you.

Ms. SIGGERUD. Thank you.

[The prepared statement of Ms. Lynch follows:]

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF HUMAN SERVICES
AGENCY ON AGING
AGING & DISABILITY SERVICES DIVISION
3033 WILSON BOULEVARD, SUITE 700-B
ARLINGTON, VIRGINIA 22201
703-228-1700 • FAX 703-228-1148 • TTY 703-228-1788
arlaaa@co.arlington.va.us

MARSHA ALLGEIER
DIRECTOR

ODILE SADDI
DIVISION CHIEF

TERRI LYNCH
AGENCY ON AGING
DIRECTOR

Mr. Chairman and Members of the Committee. My name is Terri Lynch, and I am the Director of the Arlington, Virginia, Agency on Aging, a unit within a comprehensive and integrated Arlington County Government Department of Human Services. Thank you for giving me this opportunity to share with you some of our efforts in creating the framework for a coordinated transportation system for Arlington's elders. I intend to share both our successes and the challenges that still remain.

Introduction

First, a little about Arlington: We are a highly urbanized community, directly across the Potomac River from Washington, D.C. In fact, until the Congress retroceded Arlington and a part of Alexandria back to Virginia, we were part of the federal district. We are geographically compact - only 25 square miles, but have a resident population that is over 193,000, and an employment base of 200,000. We are the 12th most dense county in the nation, following communities like the 3 New York boroughs of Manhattan, Brooklyn and the Bronx. For more than a generation, the County has sought to concentrate its land use decisions in a way that makes public transit useful and attractive to its residents. Specialized transportation services for elders were conceived and grew within this framework.

About transportation needs in an urban area: If people are unable to drive (or should not be driving) and cannot easily use public transportation, they can quickly become very isolated. Urban areas, especially this one, are highly transient, and people who live in large apartment building complexes can easily not know their neighbors. Conversely, elders who have lived in single family neighborhoods for many years may have outlived their nearby friends and their

families have moved elsewhere. Without informal supports or transportation services, elders may have no way to get to the grocery store, to health care appointments, to visit friends -- or just out. Being isolated behind four walls is not good for one's physical or mental health.

Arlington has had a few publicly funded transportation services for the past 25 years: transportation to the Older Americans Act funded senior nutrition centers, to our adult day health care program, and to grocery stores and medical appointments. The Arlington Chapter of the American Red Cross provided this service using their vehicles and volunteer drivers. Metrobus and Metrorail also have been available, as are a fleet of taxicabs. Over the years, we had come to rely on the taxicabs in Arlington to provide transportation to the senior nutrition centers and the adult day health care program. Because we are geographically so small and a big issue is traffic congestion, this is the most cost-effective form of transportation service we have. The transportation to the senior nutrition centers or the adult day health care program takes three or four persons to a cab, making the average actual cost less than $4.00 per person per one-way trip. With the grocery shopping and medical transportation service, we knew from the Red Cross's monthly reports over the past ten years that they regularly received requests for transportation assistance which they had to deny due to insufficient numbers of vehicles and volunteers.

Service Enhancements

Senior Loops

Because we had no way to directly enhance the Red Cross program, we came up with a different solution to make their services more available to elders with no other viable transportation resources. We have four retirement apartments for low-income elders, financed by HUD or by low-income tax credits. More than 970 elders live in these buildings, and not one is in walking distance of a grocery store or drug store. These residents relied heavily on the Red Cross service. Because they are clustered, large groups of elders, we were able to substitute an alternative service to meet their needs. We contracted with a transportation provider to operate the "Senior Loop" for residents of these four buildings using a 16-passenger, wheelchair accessible van. The Loop is a middle of the day service that provides a

continuous circuit for residents in each of the buildings to a nearby grocery store one day per week. The transportation provider is able to offer us a good price because this vehicle, which is used for early morning and late afternoon service for other Arlington County programs, would otherwise be unused during the middle of the day. This service is extremely cost effective and time efficient because, with a large number of people living at a single location, they already are grouped together and can all be transported easily from the one location to the same destination in a van. By freeing the Red Cross from the responsibility of serving residents of these apartment buildings, their volunteer drivers can concentrate on using their sedans to transport residents of single family home neighborhoods, thereby increasing service in previously underserved areas.

Specialized Transit for Arlington Residents -- *STAR*

The largest increase in our ability to offer transportation assistance came as a result of the passage of the Americans with Disabilities Act. The Washington Metropolitan Area Transit Authority, WMATA, the public transit provider in this metropolitan area, was required to provide paratransit service to complement its regular public transportation services for people who have a "transportation disability." So, WMATA developed a system, called MetroAccess, for people who were unable to use the bus or rail system because of a physical or mental disability. Many older people fit into this category, simply by not having the stamina to walk two to six blocks to a bus stop and wait for the bus in all kinds of weather. Since we had very limited transportation options available to older persons, this new service was a major boon to our system.

Subsequently, the Arlington County Department of Public Works developed and funds with local tax revenue, a program called *STAR*, Specialized Transit for Arlington Residents. *STAR* is Arlington's pre-reserved trip service for persons who are eligible for and have been certified to use MetroAccess. *STAR*, which offers more personalized service at a lower cost than MetroAccess, is a system, not a fleet of vehicles. For the actual provision of service, *STAR* contracts with two private companies that use wheelchair accessible vans, and with a taxicab

company. Except when it rains and traffic in the whole metropolitan area grinds to a halt, there is no shortage of vehicles.

Incremental Add-Ons

With *STAR* in place, we were able to identify small additional enhancements to the *STAR* program that could make a significant difference. With the active support of the Arlington Department of Public Works staff, we initiated 3 such programs using federal Older Americans Act funds and funding from the Virginia General Fund: 1) *STAR* Assisted transportation, 2) Interim *STAR*, and 3) Temporary *STAR*.

1. *STAR* Assisted transportation. The *STAR* program provides curb-to-curb service -- that is, the rider gets to the door of the vehicle, and then the driver can help the person get into the vehicle. *STAR* Assisted Transportation is a door-to-door service. For this program, specifically chosen taxicab drivers, who were already driving for the *STAR* program, were provided additional training so that they could serve as escorts. The driver/escort takes riders from the front door of their house or apartment to the curb and assists the rider into the vehicle. Then, at the destination, the driver/escort assists the passenger out of the vehicle and to the door. Due to limited funds, this program is available only for health care appointments. The actual trip is financed by *STAR*, and we utilize our very limited federal and state funds for the assistance component only.

2. Interim *STAR*. Normally, it takes 30-60 days from the time a person submits an application for MetroAccess until s(he) is determined eligible, and, therefore, has access to the *STAR* program. Agency on Aging staff and volunteers have focused heavily on assisting people complete the MetroAccess applications, so we now have staff who have a well honed sense of whether a person will be certified as eligible for the program. We set up our own program, Interim *STAR*, that a person can use while awaiting final certification for MetroAccess, and told the *STAR* administrators that we would pay the bill. Interim *STAR* is only good for health care appointments in Arlington and nearby areas. This program is used mostly by elders who need the assisted transportation service. Because

retroactive eligibility is conferred from the date that the application is filed, we, therefore, never actually had to pay for a single ride.

3. Temporary *STAR*. There are some people who have a transportation disability for only a short time. This need is always related to a health problem, such as, hip replacement, broken arm or leg, radiation or chemotherapy. As MetroAccess certifies only persons with permanent disabilities, we developed the Temporary *STAR* program to serve people for up to three months to take them to health care appointments. In general, at the end of the three-month period, the users have either recovered or apply for permanent MetroAccess. We had funding for the past two years for this program, but regrettably, we no longer have the funding. We hope to restore the program at some time in the future.

Recent Developments

Thanks to community activism, effective July 1, 2003 the Arlington County Board enhanced our existing programs by adding two additional transportation programs for elders. The first is a subsidized taxicab voucher program, called "Super Senior Taxi," that will allow "super seniors," residents age 75 and over, to purchase for $10.00, a coupon book valued at $20.00, that can be used to pay for taxi rides. Each participant may purchase a maximum of 10 books per year. The three radio-dispatched taxicab companies that serve Arlington have agreed to participate in this program. The second addition to our array of transportation programs is service to the six senior centers in the County, that are not congregate nutrition sites, and therefore, never had any public transportation service that was viable for most elders.

To assure that we have a well-rounded approach to transportation, we are also participating in the American Association of Motor Vehicle Administrators GrandDriver program. This is an education and awareness effort to help prepare older drivers to "Get Around Safe and Sound" in their later years.

We think that we now have a solid framework for transportation services. *STAR* is the transportation focal point, and its office makes the individual arrangements for each passenger.

Users of *STAR*, the Senior Loop, and the new Senior Center transportation program now all call the *STAR* office to arrange trips. Also, the *STAR* office staff is learning how to communicate in languages other than English, primarily Spanish, Vietnamese, and Russian. The transportation vendors for *STAR* are also the vendors for the Senior Loop, the senior centers, and the adult day health care program. Use of the same transportation providers makes for a highly coordinated, efficient service.

Challenges

Our challenges can be summarized as:

1. Assuring that older Arlington residents are aware of the services that already exist, and helping them access the services. Agency on Aging staff spends a great deal of time explaining the MetroAccess/*STAR* process and helping people apply for MetroAccess, because the MetroAccess application is long and hard for many elders to understand. Many applicants do not realize that following submission of the physician signed application, they will receive notice of a scheduled appointment to which they must go to be physically assessed for eligibility. Nor do they always understand that once having been certified eligible for MetroAccess, they can use *STAR*. This amount of information is simply too confusing and difficult to comprehend for the older people who call the County for help.

2. Helping more Arlington residents understand that the difficulties older people have in walking make them eligible for MetroAccess/*STAR*. Too many older people believe that one must use a wheelchair in order to be considered as having a transportation disability.

3. Funding to continue existing services as well restore the lost ones and further enhance the current programs, because there are still many people who are going without the service they need. This need includes being able to offer subsidies to persons with disabilities who are unable to afford the $2.00 co-pay cost of a regular one-way *STAR* trip.

Collaborative Efforts

Over the years we have been able to achieve new programs because we have solid and sustained working relationships among all the stakeholders. These include several County departments (the Department of Public Works, the Department of Parks, Recreation and Community Resources, and the Department of Human Services), the non-profit agencies, including the Red Cross, the transportation vendors, and the involved community. The Arlington Commission on Aging -- the citizen advisory council required by the Older Americans Act and appointed by the County Board -- has sponsored a committee that has focused on transportation for the past 15 years. This committee has included as members all of the affected groups. In these meetings it was possible to brainstorm ideas, test feasibility, identify funding sources, and garner support. During the past two years, the sustained advocacy of the Senior Adult Council, participant representatives of all of the senior centers, proved pivotal in adding the two most recent programs.

I have attached a Transportation Options Information Sheet that we distribute to older persons and their families to help them identify available services.

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF HUMAN SERVICES
AGENCY ON AGING
AGING & DISABILITY SERVICES DIVISION
3033 WILSON BOULEVARD, SUITE 700-B
ARLINGTON, VIRGINIA 22201
703-228-1700 • FAX 703-228-1148 • TTY 703-228-1788
arlaaa@co.arlington.va.us

MARSHA ALLGEIER
DIRECTOR

ODILE SADDI
DIVISION CHIEF

TERRI LYNCH
AGENCY ON AGING
DIRECTOR

Transportation Service Options for Seniors

Metro On-Call Service: A lift-equipped accessible Metrobus will be assigned to a specific route upon request. To arrange for on-call service, requests must be received by 3:00 p.m. on the day before service is required. Call Metrobus On-Call Service at **(202) 962-1825.**

Metro - Discount: Discounts are available to area residents age 65 and older and persons with disabilities. Metro identification cards are available at public libraries, County Senior Adult Clubs and Centers, and Arlington Commuter Stores (see Commuter Stores, below). Discount fare cards may be purchased at Metro Center, all Commuter Stores (see below), all Giant Food stores and all Safeway stores.

MetroAccess: MetroAccess is a regional paratransit service sponsored by the Washington Metropolitan Area Transit Authority (WMATA). It is "curb-to-curb" public transportation that serves people who are unable to use the bus or rail system as a direct result of a physical or mental disability. Eligible passengers may travel anywhere in the WMATA service area. The participating jurisdictions in this program are in Maryland; Montgomery and Prince George's Counties; the District of Columbia; and in Virginia; the cities of Alexandria, Fairfax and Falls Church, and the counties of Arlington and Fairfax. There are no restrictions on trip purpose. To become eligible, individuals must complete an application and be certified prior to booking trips. This service is available to people of all ages, however, there are no discounts available for seniors. The passenger fare for this service is $2.20 per one way trip. **For assistance with the application process and filling out the required forms call the Arlington Agency on Aging at (703) 228-1700**. In Arlington MetroAccess service is provided by *STAR*. Please see the next paragraph for more information.

STAR (Specialized Transit for Arlington Residents): *STAR* is Arlington Country's pre-arranged reserved trip service for persons with disabilities. *STAR* operates as part of the Arlington Transit system. People who are certified eligible under the MetroAccess program and reside in Arlington are automatically certified under the *STAR* program. Customers may call *STAR* (8:30 a.m. to 4:30 p.m. weekdays) to request a trip one to seven days in advance, or to set up a standing trip order. Trip service is available 5:30 a.m. to midnight 7 days a week, anywhere Metro Bus or Rail service is available. *STAR* provides service using white *STAR* minivans operated by Diamond Transportation Service and Red Top cab sedans and minivans. Passenger fares are $2.00 per one way trip; a companion may ride along (space available) for another $2.00 fare per person. For more information call **(703) 228-TRIP (8747).**

Assisted Transportation Services: This service provides a driver/escort from the door of a home to the office of a health care provider. Eligibility for the program is limited to individuals who are (1) age 60 or over, (2) Arlington residents, (3) certified eligible by MetroAccess, (4) *STAR* program participants, and (5) in need of a personal care attendant. This service is limited to health care appointments and visits to family members in a nursing home or assisted living facility. A short application and a home visit are required for this service. The fee for this service is based on income and is in addition to the *STAR* fee. The full cost for this service is $10.00 for a one way trip. For more information call the Arlington Agency on Aging at **(703) 228-1700.**

Interim *STAR:* This service is limited to individuals age 60 or over in need of the Assisted Transportation Service but have not yet completed the MetroAccess application process. For more information call the Arlington Agency on Aging at **(703) 228-1700.**

Temporary *STAR:* This service is available for healthcare appointments if you have a temporary condition that prevents you from driving or using public transportation. Eligibility is limited to individuals (1) age 60 or older, (2) Arlington residents, and (3) individuals must obtain a physician statement detailing condition and estimated length of debility. Trips are restricted to inside the Beltway in Virginia, Washington D.C. and Fairfax Hospital Complex. Passenger fares are $2.00 per one way trip. **Assisted Transportation Service** may be used in conjunction with **Temporary *Star***. For more information call the Arlington Agency on Aging at **(703) 228-1700.**

Commuter Stores: The Commuter Store has everything that is needed to make a commute an easy one, including reduced fare cards, taxi information and Red Top reduced fare coupon books, regional bus passes and tokens, one-day Metro passes, maps, timetables, carpool ride-matching services, bike routes, and paratransit information. **For more information call (703) 228-RIDE (7433)** or check out the website at www.CommuterPage.com, or visit one of the 4 Commuter Stores at:

Crystal City- located in the Crystal City Underground Mall, across from Hamburger Hamlet.
Rosslyn- located in Rosslyn Center, Mall level two, upstairs from the Rosslyn Metrorail Station.
Ballston- located in Ballston Common Mall, one block from the Ballston Metrorail Station. **STAR Office**- located at 2928 Columbia Pike, 22204.

Wheelchair Accessible Taxi-Cabs: The taxi-cab companies that serve Arlington have 23 wheelchair accessible vehicles for use by patrons who require them. Patrons need to call the cab company and request a wheelchair accessible cab. Passengers are encouraged to call ahead whenever possible due to high usage of vehicles. The companies provide specialized

training to the drivers who provide this service. The fare is set at the meter rate. The service is available 24 hours per day, 7 days per week, 365 days per year. Cabs may be requested up to two weeks in advance. For information, or to arrange for service, call for Red Top **(703) 522-3333**; -- **TTY (703) 522-3331**, for Blue Top **703-243-8294.**

Taxi-Cab Discounts: Three taxi-cab companies that serve Arlington offer a 10% discount to passengers 55 and older or disabled persons. Blue Top Cab Company offers a discount to older passengers who request the discount of the driver at the time of the trip. For information call **(703) 243-8294.** Red Top and Yellow Cab Companies sell coupon books at a 10% discount that are used as fare and turned in at the time of the ride. For information or to purchase call **(703) 525-0900.**

Super Senior Taxi (SST): Arlington residents age 75 and over may purchase, for $10.00, a coupon book that can be used to pay for taxi rides valued at $20.00. A maximum of 10 books per year may be purchased. For details, call the **Arlington Agency on Aging at (703) 228-1700**.

Senior Centers and Adult Day Care: Door-to-door transportation service is available to Senior Centers and to participants in the Madison Adult Day Health Care Center and the Alzheimer's Family Day Center in Falls Church. For information about the various transportation services, call the specific Center. For general information about senior centers, call (703) 228-4744.

American Red Cross, Arlington Chapter: This service is available to individuals age 60 and over for grocery shopping and medical appointments on a space available basis. Persons of any age with disabilities are eligible to use the transportation to medical appointments. This program utilizes volunteer drivers and Red Cross vehicles. For more information, call the Arlington Chapter at **(703) 527-3010.**

Senior Loops: This service provides weekly grocery shopping to residents of each of four retirement housing facilities {The Carlin, Claridge House, Culpepper Garden and Woodland Hill}. Residents request a registration form from the management of their residence. The form is forwarded to the *STAR* office and *STAR* staff schedules this service. Diamond Transportation Service provides the service using a wheelchair accessible van. There is no charge for this service.

Ms. SIGGERUD. Mr. Burkhardt.

STATEMENT OF JON E. BURKHARDT, SENIOR STUDY DIRECTOR, WESTAT RESEARCH CORPORATION, ROCKVILLE, MD

Mr. BURKHARDT. My name is Jon Burkhardt, and I am Senior Study Director at WESTAT in Rockville, MD. WESTAT is an employee-owned research corporation.

You have heard the statistics about older drivers and older individuals. I would just like to point out one of them. In 30 years, the number of people 65 and older in this country will double, and the proportion of people who are 65 and older is going to go from 12 percent to 20 percent. There will be lots more of us. I want better transportation when I get there.

Elders get many benefits from transportation. People do not stop traveling when they stop working. Elders still need access to economic opportunities. They need not to depend on or inconvenience other people. Elders talk about freedom and independence again and again, and again and again, when we do focus groups. They say: "Freedom and independence. That is why I need to get around."

Easier access to needed services, means more social interaction, which means less social isolation and loneliness, saving money and avoiding unnecessary institutionalization. These are the kinds of benefits that mobility provides.

I think it is wonderful that the Senate Special Committee on Aging is convening this hearing, because I think this committee can take a great deal of leadership, and leadership is one of the key factors that we need. The second key factor that we need is innovation, and the third point is that we need leadership and innovation now, because if we do not start now, we will never meet the needs in 20 or 30 years, when they will be really, really severe.

I have six points in my prepared testimony. One is that we need this comprehensive senior mobility program.

The second is that there are public transportation improvements that could make public transportation significantly more attractive to seniors.

There are high-payoff mobility improvement strategies around the United States, and these can serve as examples of what we can do.

Coordination is certainly one of the things that we need to focus on. It offers significant economic and administrative benefits.

Fifth, there are special needs for seniors who live in rural areas, and we need to focus on those needy.

Finally, congressional leadership is going to be needed, and we need that desperately.

When we talk about a comprehensive mobility program, we really mean the entire broad range, starting with driver safety efforts, including improved public transportation services, better taxi services and paratransit services, some of which will certainly be privately owned and operated, better pedestrian services. We will need many more volunteer services because volunteers are going to be a crucial component of mobility in the future. We will need hand-to-hand escort services, emergency transportation, and better information for the public, like the Grand Driver information cam-

paign which was recently initiated. We will need better land use planning and research on how mobility and policy issues are intertwined.

So we need better alternatives. What can Congress do? Congress can focus people's attention on senior mobility. We all need to let people know that this is an issue that is important now, and it is going to grow in importance with every, single day.

We need to support innovation, and we need to find out which innovations work in which communities and which can be transferred to others.

We need enhanced funding of existing programs like FTA's Section 5310 and 5311 programs for elderly persons, persons with disabilities, and persons living in rural areas.

We need to simplify Federal grant reporting and grant administration procedures.

We need to change Medicare legislation so that Medicare can pay for non-emergency transportation when people need it to get to health and other needed services.

Congress should assist us in our coordinated transportation efforts by requiring that all agencies—not just the Federal Transit Administration and the Administration on Aging—coordinate all the transportation services that they provide.

We need legislation for uniform cross-program reporting, and we need to insist on a community-wide focus for transportation—not just one travel mode, not just one client group, but a broad perspective including drivers, transit riders, pedestrians, and people who rely on volunteer services.

Thank you.

Ms. SIGGERUD. Thank you.

[The prepared statement of Mr. Burkhardt follows:]

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

July 21, 2003

Testimony prepared for the

Forum on Senior Transportation
Special Committee on Aging
United States Senate

MOBILITY IMPROVEMENTS FOR AMERICA'S SENIORS

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.

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.

REFERENCES

Burkhardt, Jon E., Arlene M. Berger, Michael A. Creedon, and AdamT. McGavock, ***Mobility and Independence: Changes and Challenges for Older Drivers***, prepared by Ecosometrics, Incorporated for the U.S. Department of Health and Human Services and the National Highway Traffic Safety Administration, 1998.

Burkhardt, Jon E., James L. Hedrick, and Adam T. McGavock, ***Assessment of the Economic Impacts of Rural Public Transportation,*** prepared by Ecosometrics, Incorporated for the Transit Cooperative Research Program, TCRP Report 34, 1998.

Burkhardt, Jon E., "The Growing Rural Transit Industry," presentation to the 14th National Rural Public and Intercity Bust Transportation Conference, Nevada, November 2000.

Burkhardt, Jon E., Charles A. Nelson, Christopher G. B. Mitchell, and Adam McGavock, ***Improving Public Transit Options for Older Persons: Interim Report,*** prepared by Westat for the Transit Cooperative Research Program, TCRP Report 82, 2002.

Burkhardt, Jon E., David Koffman and Gail Murray, ***Economic Benefits of Coordinating Human Service Transportation and Transit Services,*** prepared by Westat for the Transit Cooperative Research Program, TCRP Report 91, 2003.

Fuguitt, Glenn, "Population Change in Nonmetropolitan America," in Emery N. Castle (ed.), ***The Changing American Countryside: Rural People and Rural Places***, University Press of Kansas, (1995).

Glasgow, N. and R. Blakely, "Transportation Arrangements and Social Integration on Nonmetropolitan Older Persons." Paper presented at the Gerontological Society of America Annual Meeting, Atlanta, GA (November 1994).

Rogers, Carolyn C., ***Changes in the Older Population and Implications for Rural Areas***, Economic Research Service, U.S. Department of Agriculture, Rural Economic Development Research Report Number 90 (December 1999).

U.S. Bureau of the Census, Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin, U.S. Government Printing Office, Washington, D.C. (2000).

Ms. SIGGERUD. Mr. Kline.

STATEMENT OF STEPHAN O. KLINE, LEGISLATIVE DIRECTOR, UNITED JEWISH COMMUNITIES, WASHINGTON, DC

Mr. KLINE. Good afternoon. I am Stephan Kline, Legislative Director for United Jewish Communities.

Let me begin by telling you about Artis Joyce, a Chicago resident and, for the past 2½ years, a patron of the Jewish Council for the Elderly Shalom Taxi Service. Ms. Joyce has arthritis and a herniated disc, making it very difficult for her to get around by herself, so she relies on Shalom Taxi for 12 or more times per month.

She said: "Without the Shalom bus, I could get some rides to the doctor from the State, but I could not get to the grocery store with the best prices and the best quality." Obviously, even seniors can be serious bargain shoppers.

Ms. Joyce believes she would be lost without this program and really would not be able to get out and about. It is to help people like Artis Joyce that UJC entered the important debate over senior transportation.

United Jewish Communities is a faith-based charity that represents 156 local Jewish federations and 400 independent communities across the country. As one of the country's largest social service networks, our Federation has helped to plan, coordinate and fund programs for people in need like Artis Joyce.

As Abraham Joshua Heschel, a well-known Jewish scholar and social activist stated: "The test of a people is how they behave toward the old." You may know that the Jewish community has a much higher percentage of elderly persons than the general population. We are about 20 percent over the age of 65 compared to about 12 percent, and the 85-plus population in our community is actually the fastest-growing part. So we are dealing with the issues that this country is going to face in 2010 and 2030 with the baby boomers now.

To this end, UJC is committed to increasing the quality of life for our parents and grandparents, and care for the elderly is at the very top of our domestic policy agenda.

People over the age of 65 face the slow process of physical deterioration. Although many continue to drive, others must come to the difficult realization that it is not safe for them to be on the roads due to failing eyesight or slow reflexes.

Russell Weller should not have been driving that car in Santa Monica last week, but imagine spending your entire life with the freedom to come and go as you wish and then having that freedom taken away from you. Faced with this life change, most seniors must rely on family and friends to get where they need to go. Many instead choose to stay inside in order to avoid becoming a burden on their loved ones.

Senior transportation is a positive, dignified, and respectful way to give back to our seniors and to avoid creating a population of shut-ins isolated from society. That is why Artis Joyce refers to Shalom Taxi as her godsend.

Many of our local agencies have shared with us stories demonstrating a common barrier regarding senior services. Excellent programs that care for the elderly may be in place and are amply

funded by our community, but seniors do not have the capacity to attend the programs or receive services due to lack of transportation.

Obviously, without access or transport, the impact of individual programs is severely diminished. With financial support provided by the Mount Sinai Health Care Foundation in Cleveland, OH, UJC responded by initiating a senior transportation project. This project has evolved into a national task force that focuses solely on this critical issue.

While innovative methods to care and support well and frail elderly men and women are emerging, no coordinated senior transportation policy has existed at the national level. UJC recognized that the reauthorization of the Transportation Equity Act for the 21st century presented a unique opportunity to influence the development of senior policies on transportation. While an opportunity has presented itself, there was no national voice that was dedicated to raising the profile of the senior transportation issue.

UJC formed a senior transportation work group to fill this void, and over the last 12 months, we have brought together over 40 groups from the aging, disability, environmental, faith-based, labor, and other communities of interest to jointly promote and advocate for senior transportation. Working together, we have compiled a dozen recommendations that will transform the national infrastructure of senior transportation through increased funding and innovative policies. I have included the full proposals in my submitted remarks, but the main recommendations are summarized in the following three points.

First, Congress should significantly increase funding for the 5310 Program. Funding for this program is currently set at $91 million and is set to go down to $87 million in fiscal year 2004. We recommend an expansion to $350 million, which would partially offset the estimated $1 billion per year in unmet transportation needs that exist for seniors in this country.

Second, Congress should allow States to have more flexibility in their use of Section 5310 funds, allowing those funds to be utilized for operating expenses as well as capital expenditures, and should permit matching funds to be derived from any source including other Federal programs. These changes would make the 5310 program consistent with other Federal transportation programs.

Third, Congress should set aside specific demonstration project funding within the Federal Transit Administration to help establish best practices at the local level and planning mechanisms for innovative and collaborative transportation projects for senior citizens. Congress should also establish a national technical assistance center to share models and best practices related to senior transportation, as it did in the disability community with Project Action, which is run by Easter Seals.

Thank you very much.

Ms. SIGGERUD. Thank you.

[The prepared statement of Mr. Kline follows:]

United Jewish Communities
The Federations of North America

Washington Action Office
1720 I Street NW, Suite 800 • Washington, DC 20006
202.785.5900 • 202.785.4937 (fax) • www.ujc.org

SENIOR TRANSPORTATION

Stephan O. Kline, Esq.
Legislative Director
United Jewish Communities

July 21, 2003

Testimony prepared for:

Keeping America's Seniors Moving:
Examining Ways to Improve Senior Transportation
A forum convened by the
The Special Committee on Aging
U.S. Senate

Good afternoon. I am Stephan Kline, Legislative Director for the United Jewish Communities. I am so pleased that Chairman Craig and Ranking Member Breaux agreed to sponsor "Keeping America's Seniors Moving: Examining Ways to Improve Senior Transportation." I would like my full written remarks included in the public record. Senior transportation is a problem for everyone in America. In order for our society to remain strong, we must protect and respect our elderly and this includes providing transportation to access needed services.

The United Jewish Communities is a faith-based charity that represents 156 local Jewish Federations and 400 independent Jewish communities across North America. As one of the country's largest social service networks, our Federations help to plan, coordinate, and fund programs for people in need. Collectively, we provide services to more than one million clients each year in the Jewish and general communities. Our motivation for our work is to engage our institutions and the Jewish people and translate the Jewish values of *tzedakah*, which means "justice," and *tikkun olam* or "repair of the world" into action.

Based upon common religious precepts and time-honored traditions to support our parents in old age as well as a demographic imperative, care for the elderly is at the very top of our Federations' domestic policy agenda. The Jewish community has a much higher percentage of elderly persons then the general population, 20 percent over the age of 65 compared to about 12 percent. Our 85+ population is actually the fastest growing part of our community. These trends will continue with the aging of the Jewish Baby Boomers who will begin to reach retirement age in 2010. Our community, however, is only at the front of a national trend in aging: the entire U.S. senior population is projected to more than double to nearly 80 million individuals over the next 30 years.

Because of the aging of the Jewish community, we have worked to develop solutions to enable older Americans to remain at home and in their communities for as long as safely possible, as this promotes physical and mental wellbeing. Many of our local agencies have shared with us stories demonstrating a common barrier regarding senior services. Excellent programs that care for the elderly may be in place and are amply funded by our community, but seniors do not have the capacity to attend the programs or receive services due to a lack of transportation. Obviously, without access or transport, the impact of individual programs is diminished. With financial support provided by the Mt. Sinai Health Care Foundation of Cleveland, Ohio, UJC responded by initiating a Senior Transportation Project in 2002.

Nationally, there is a tremendous increase in the need for transportation services for the senior population. While older adults largely utilize private cars for transportation, at some point most will lose the physical and/or financial capacity to drive or maintain a car. The old-old population (those over the age of 85) may no longer be able to depend on private automobiles but still want to get out and about. Finding necessary transportation is difficult for most elderly, but particularly for those living in suburban or rural communities where destinations are too far to walk, public transit is non-existent or poor, and private transportation, if available, is limited or prohibitively expensive.

Most older adults are reluctant to rely on friends and family even for the most essential transportation needs - access to health and social services. The result is often increasing isolation and deterioration in health and quality of life. Transportation is not only a critical part of the service delivery system but it also becomes essential in order for older adults to maintain their independence.

There is insufficient funding from federal or state resources for vans and busses to counter the need. Nonprofits that run transportation programs usually limit their applicability to doctor visits or other health-related appointments. Moreover, public resources cannot be dedicated to operational costs like driver salaries, gas, insurance or maintenance. Nonprofits must come up with additional outside funding to provide for these expenses -- which easily can top $100,000 or more per bus or van per year. Even by limiting the trips to health-related destinations, the vans are over utilized and nonprofits are forced to turn away clients and severely limit the geographical area served.

Let me talk to you about the problems facing one of the agencies in our network. United Jewish Federation of Metrowest, New Jersey serves elderly community members in Essex, Morris, Sussex and northern Union counties. This is greater suburbia, where most members of the Jewish community now live. It can be particularly difficult to manage one's affairs in suburbia without personal transportation.

In Metrowest, the Federation has been testing a variety of service delivery models and sought to implement a large demonstration project in cooperation with area foundations. The Federation had found that suburban mass transit systems lack the routes, frequency, and assistive service required to meet the needs of their clients to access a variety of therapeutic, social and recreational programs provided by their senior centers or required for community members. Ultimately, the greatest unmet need was in providing on-demand, door-to-door, escorted transportation between home and appointments. The Federation had hoped to meet the transportation needs for a variety of destinations including appointments to physicians, dentists, and other medical services such as testing centers and treatments for chemotherapy and dialysis, counseling and mental health services, adult day care, community, recreational, and social events, and employment.

Metrowest estimates that effectively serving their elderly clients' transportation needs would cost between $250,000 and $500,000 annually and while nonprofit organizations have made extensive efforts to provide transportation services, the cost of service is ultimately prohibitive. A comprehensive transportation program for seniors cannot be implemented in this community without substantial involvement from the public sector.

According to information gathered by the Community Transit Association of America, the expected demand in fiscal year 2004 for equipment and services from the Federal Transit Administration's Section 5310 Program for the Elderly and People with Disabilities is $400 million: $50 million for replacement vehicles, $150 million for new vehicles to be used for expanded capacity and new service, $65 million for purchase-of-service contracts, and at least $135 million for operating expenses. Total national

estimates of unmet or uncompensated transportation needs for seniors exceed $1 billion per year, a projection that includes funds devoted to transportation planning and demonstration projects, various door-to-door transit expansions and voucher programs, and transportation provided by family caregivers.

While innovative methods to care and support well and frail-elderly men and women are emerging, no coordinated senior transportation policy has existed at the national level. This void in national policy has had some very real consequences:

- There are far too few resources provided by the federal government to support senior transportation and suitable alternatives to private automobiles for our aging population really do not exist;

- There is no federal funding stream that can be used to establish demonstration projects at the local level and no agency or resource at the national level that a provider or consumer of transportation services can use to research best practices; and

- There is only limited coordination among the public agencies that provide transportation services for seniors.

It is because of the need to fill these gaps that UJC initiated and now coordinates the Senior Transportation Work Group, which we formed 12 months ago. We recognized that the reauthorization of the Transportation Equity Act for the 21st Century, which expires later this year, presents a unique opportunity to influence the development of senior policies on transportation. Yet, there was no national voice that was dedicated to raising the profile of the senior transportation issue.

Among the more than 40 groups that are now working with us to promote senior transportation are organizations that focus on aging like the American Association of Homes and Services for the Aging and the Association of Programs on Rural Independent Living; our faith partners Lutheran Services in America and Volunteers of America; agencies that focus on persons with disabilities such as Easter Seals and Paralyzed Veterans of America; national groups that promote community transportation needs including the Community Transportation Association of America and the Surface Transportation Policy Project; and the voices of labor like the Amalgamated Transit Union and the Transport Workers Union.

Working with the Senior Transportation Work Group, we have compiled a dozen recommendations that will transform the national infrastructure of senior transportation through increased funding and innovative policies. These proposals follow this testimony. The main recommendations are summarized in the following four points:

- Congress should significantly increase funding for the Federal Transit Administration's Section 5310 program, the major transit program for seniors and persons with disabilities. Funding for this program is currently set at $91

million and we recommend an expansion to $350 million which would partially offset the estimated $1 billion per year in unmet transportation needs that exist for seniors in this country.

- Congress should set aside specific demonstration project funding within the Federal Transit Administration to help establish best practices at the local level and planning mechanisms for innovative and collaborative transportation projects for senior citizens. Congress should also establish a national technical assistance center to share models and best practices related to senior transportation.

- Congress should allow states to have more flexibility in their use of Section 5310 funds, allowing those funds to be utilized for operating expenses as well as capital expenditures and should permit matching funds to be derived from any source, including other federal programs. These changes would make the Section 5310 program consistent with other federal transportation programs and would allow nonprofits to not only obtain new vans and busses but also to use public revenue to pay for preventative maintenance, insurance, gasoline, and driver salaries.

- Finally, Congress should address the needs of seniors in transportation planning and decision-making. As part of coordinated regional planning, states and metropolitan planning organizations must evaluate the impact of transportation systems on seniors, and seniors must have a reasonable opportunity to comment during the development of transportation improvement programs.

I want to thank the members of the Senate Special Committee on Aging for the opportunity to share with you today the Senior Transportation Task Force's commitment to senior transportation, and I will be very pleased to answer any questions you may have at the appropriate time.

SENIOR TRANSPORTATION WORK GROUP

July 21, 2003

The Honorable Larry E. Craig
United States Senate
Washington, DC 20510

Dear Senator Craig:

Thank you for convening today's forum on senior transportation before the Senate Special Committee on Aging. As depicted in the presentations, there is a tremendous increase in the need for transportation services, particularly among the older population. While older adults largely utilize private cars for transportation, as they age the majority will lose the physical and/or financial capacity to drive or maintain a car. Persons 85 and over are the fastest growing segment of the American population with this age group increasing at a rate four times faster than the overall population. Most of the individuals rely on family, friends or public and private transportation to access services and participate in social and recreational events in their communities.

Finding necessary transportation is difficult for most elderly, and particularly for those who live in either suburban or rural communities where destinations are too far to walk, public transit is non-existent or poor, and private transportation, if available, is limited and often prohibitively expensive. Many older adults are reluctant to rely on friends and family even for their most essential transportation needs - access to health and social services – and the result is often increasing isolation and deterioration in health and quality of life. As a result, transportation is not only a critical part of the service delivery system but is also essential to older adults maintaining their independence.

The reauthorization of the Transportation Equity Act for the 21st Century (TEA-21) is an excellent opportunity for Congress to improve the availability and accessibility of transportation services for our senior citizens who most depend on them. This can be accomplished by adequately funding federal transportation projects as well as improving programs that already exist. The signatories listed below all have an interest in providing sufficient resources and creative ideas to expand community-based transportation resources for older adults. We have joined together to recommend the attached proposals for inclusion in the reauthorization of TEA–21. The proposals include increased funding and linkages to disabilities, innovative solutions to senior transportation issues, and modifications to the Section 5310 Elderly and Persons with Disabilities Program at the Federal Transit Administration.

It is our hope that you will adopt the 12 proposals that follow. Should you have any questions, please do not hesitate to contact Laurie Mintzer Edberg at United Jewish Communities at (202) 736-5866. Thank you in advance for your consideration.

Sincerely,

Alliance for Children and Families
Amalgamated Transit Union
American Association of Homes and Services for the Aging
American Association for International Aging
American Association of People with Disabilities
American Federation of State, County and Municipal Employees Retiree Program
Association of Jewish Aging Services
Association of Jewish Family & Children's Agencies
Association of Programs for Rural Independent Living Rural Transportation Initiative
The Beverly Foundation
B'nai B'rith International Center for Senior Services
Center for Community Change
Community Transportation Association of America
Easter Seals
International Association of Jewish Vocational Services
International Union, United Auto Workers
Jewish Community Federation of Cleveland
Jewish Federation of Metropolitan Chicago
Lutheran Services in America
National Assembly of Health & Human Service Organizations
National Association of Area Agencies on Aging
National Association of State Long Term Care Ombudsman Programs
National Caucus and Center on Black Aged Inc.
National Hispanic Council on Aging
National Organization for Empowering Caregivers
National Senior Citizens Law Center
OWL, the voice of midlife and older women
Paralyzed Veterans of America
Seniors' Resource Center
Special Transit, Colorado
Surface Transportation Policy Project
The Mt Sinai Health Care Foundation
The Retired Officers Association
Transport Workers Union
UJA-Federation of New York
Urban and Environmental Policy Institute
United Jewish Communities
Volunteers of America

SENIOR TRANSPORTATION WORK GROUP
Recommendations for Reauthorization of TEA-21

The Transportation Equity Act for the 21st Century (TEA-21), the major funding authorization bill for federal transportation projects expires on September 30, 2003 and will be reauthorized this year. United Jewish Communities (UJC) has formed the Senior Transportation Task Force, a national work group of organizations focused on aging, disability, healthcare, faith-based, transit, labor and other issues with a common interest in promoting senior transportation policies in Congress. The Senior Transportation Task Force supports the following 12 proposals within the reauthorization process:

1. Increase funding for the Federal Transit Administration (FTA), the agency within the Department of Transportation (DOT) that funds most transit programs serving senior citizens, and, in particular, increase the authorization and appropriations levels for the FTA Section 5310 Program for the Elderly and People with Disabilities to $350 million per year. This would partially offset the estimated $1 billion/year in unmet transportation needs that exists for seniors in this country;

2. Provide funding and authorization for innovations including the proposed New Freedom Initiative which would give states more flexibility and discretion for programs related to persons with disabilities. Funding dedicated for these purposes should not diminish existing funding for other transportation programs. Such programs would assist many people over the age of 65 who have problems with at least one activity of daily living, such as bathing, dressing and personal hygiene. The proposal would add and target funding for federal transit in a formula grant program to state and local governments and a competitive grant program with eligibility open to not-for-profit and for-profit organizations;

3. Change the matching requirements of Section 5310 to be comparable to funding for the Section 5311 Rural Public Transportation Program, which allows non-FTA matching funds to come from any source, including other federal programs;

4. Change the permissible use of funds requirement of Section 5310 to allow funds to be used in the same manner as the Federal Transit Administration's (FTA's) Section 5311 Rural Transportation Program and encourage states to use their Section 5310 allocations to directly assist with operating costs in addition to providing for capital expenditures;

5. States should submit to the FTA information relating to the utilization of the Section 5310 program by providers and the consumers they serve, including the names of organizations receiving funding, the equipment or services made available through the program, the number of clients served, and any available information relating to unmet transit needs of the senior population and persons with disabilities. The critical transit employee labor protections provided by Section 5333(b) of the Federal Transit Act should fully apply to this program as well as any new federal transit programs created through TEA 21's reauthorization;

6. Set aside specific demonstration project funding within the FTA to help establish best practices at the local level and planning mechanisms for innovative and collaborative transportation projects for senior citizens, with eligibility open to all public or private community-based agencies serving this population. Also, set aside funding within the FTA to establish a national technical assistance center to disseminate models and best practices related to transportation of senior citizens;

7. Create a Transit Service Corps for seniors to encourage the use of volunteers to transport elderly persons. Eligibility for grant funding within the FTA would be available for all public or private community-based agencies serving the elderly, for the following purposes: 1) to pay volunteer drivers of private cars or vans (but not buses) who transport elderly persons a modest stipend for each mile driven; and 2) to cover the incremental cost increases associated with adding volunteer drivers to the liability insurance policies of the agency;

8. Increase funding for Mobility Managers, similar to service coordinators for housing and supportive services, who help determine the transportation needs of seniors and connect them with the best available transportation options;

9. Permit Medicare funding to be used for non-emergency, but medically necessary, transportation. Currently, Medicare is supposed to only pay for transportation in the case of a health emergency and will only reimburse for transport by ambulance. To get seniors to medically necessary, but non-emergency, health appointments, physicians have asserted that these types of trips are necessitated by an emergency; Medicare then will reimburse for the use of the ambulance. The federal government would save money if they allowed Medicare to pay for transportation in these cases but required the use of the least expensive but medically appropriate type of transit, including vans, cars or taxis;

10. Provide effective means to address the needs of seniors and persons with disabilities in transportation planning and decision-making. As part of coordinated regional and state-wide transportation planning, states and metropolitan planning organizations must evaluate the impact of transportation systems on seniors and people with disabilities, and these special populations must have a reasonable opportunity to comment during the development of transportation improvement programs. States should be required to appoint seniors and people with disabilities and others with a direct stake in the provision of public transportation services as full participants in state transportation planning commissions and MPO boards, with the right to vote;

11. Encourage States to coordinate to the extent feasible the transportation elements within senior programs including the Older Americans Act, Medicaid, and the Section 202 housing program with other comparable highway and public transit planning processes carried out by states and MPOs;

12. Require States to include strategies to reduce both vehicular and pedestrian injuries and deaths to seniors and persons with disabilities as part of their highway safety programs. To aid the states in meeting this requirement, the National Highway Traffic Safety Administration would issue guidelines for identifying and understanding such strategies and would be authorized to draw on their federal highway safety grant funds to implement appropriate safety measures and designs.

Ms. SIGGERUD. Dr. Kerschner.

STATEMENT OF HELEN KERSCHNER, PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE BEVERLY FOUNDATION, PASADENA, CA

Dr. KERSCHNER. Thank you.

I am Helen Kerschner, and I am pleased to be here today. I am representing The Beverly Foundation of Pasadena, CA.

I would like to outline several senior transportation problems and solutions that we have identified in our national research that we have been undertaking at least for the last 7 years. My comments include six points.

First, senior transportation options are critical. Much of the senior transportation discussion has in the past focused on older drivers and getting them off the road when they can no longer drive safely. However, to enable them to stop driving, senior-friendly options really must be available. You might ask what is "senior-friendly." Well, our Foundation's national transportation focus group projects and our survey research projects have identified the 5 A's of senior-friendly transportation: availability, acceptability, accessibility, affordability, and adaptability.

The second point is that we need to place special emphasis on the 85-plus population. The old-old are especially vulnerable. This is an age group for which driving can present particular problems—the problems that we have talked about in Santa Monica last week and many others like it. It is also an age group that, according to research by the National Institute on Aging, may outlive its driving expectancy and have to depend on others for transportation. For men, it can be up to 6 years; for women, 9 years.

This means that many in the 85-plus age group could well live for 6 to 10 years not being able to drive and being transportation-dependent. It is a growing problem, too, because this is the fastest-growing segment of the older adult population.

The third point is that family members may be the traditional transportation providers, but they are not always available, and seniors cannot always access traditional or standard transportation options. The health and mobility limitations that made it difficult or impossible for them to drive can make it impossible for seniors to access community transportation systems and services. This means that public transit, paratransit, taxi voucher programs, and many other transit options may not work for seniors, especially those in the 85-plus age group.

The fourth point is that some good things are happening in traditional transportation services. Some systems and services are responding to the problem by trying to be more senior-friendly. What it means is that transit providers are open to developing innovations and many times do develop innovations such as door-through-door or door-to-door service, transportation escorts, even trip-chaining, in order to be more senior-friendly.

The Beverly Foundation has joined with Community Transportation Association of America to undertake a study of these innovations so we can share those with other organizations throughout the country. We expect our report to be finished by the end of the year.

Point No. 5 is that nonprofit groups are also responding to the problem. They are responding in the way that both Terry and Stephan have discussed. Communities know that traditional services cannot do everything, so they are creating a broad range of supplemental or complementary programs, many of which address both quantity and quality of life transportation, "quantity" meaning for the essentials, such as going to the doctor, and "quality" meaning for going to the grocery store, to visit the husband in the nursing home, and to do all kinds of personal things. Both are important, and I think public policy needs to recognize this.

We have been looking at these kinds of programs for the last 5 years, and we have undertaken what is called a STAR Search Program. We have studied 400 of these programs throughout the country. We have identified best practices. We will have 500 by the end of the year and will have given 17 awards for excellence for some of the really good programs.

The sixth point is that such programs are what we call supplemental transportation programs for seniors, or STPs, ranging from what might be considered high-cost, high-maintenance to low-cost, low-maintenance programs. For example, a program that purchases and owns vehicles and hires drivers, schedulers, and other staff would probably be in the high-cost, high-maintenance category, meaning that it may have a budget of around $150,000 or more.

Alternatively, one that has volunteer drivers, volunteer automobiles, and limited paid staff would probably be in the low-cost, low-maintenance category. This means that even in economic downturns and when communities and community groups have limited funds, they still can meet the transportation gaps faced by many seniors. Community organizations throughout the country are tapping their enormous volunteer pools and enabling volunteers to help seniors get where they need to go in a senior-friendly way.

We have just completed a pass-ride pilot in Pasadena that is at the lowest of the low-cost kinds of programs that can be adapted in any community.

In conclusion, now is the time to take action. There are indeed gaps in transportation, gaps in driver education and support, gaps for seniors who do not drive, gaps that caregivers face in trying to provide transportation to seniors, gaps in quantity and quality of life transportation, gaps in the availability of supplemental transportation, gaps because services are not coordinated.

Today we have an opportunity to fill those gaps and to shape the future, to provide the incentive for public transportation to do more than provide point-to-point transit, to encourage efforts by paratransit services to make adaptations that will improve their service to seniors, to create new opportunities for nonprofit organizations to initiate and expand their services, to mobilize America's volunteer force to become drivers for senior transportation programs, to support both the concept and the development of low-cost, low-maintenance transportation programs, to improve senior mobility management through better service coordination, and finally, to realize that by making transportation senior-friendly, it improves transportation for seniors and for Americans in all age groups.

Thank you.

Ms. SIGGERUD. Thank you.
[The prepared statement of Ms. Kerschner follows:]

TRANSPORTATION ALTERNATIVES FOR SENIORS

High Cost Problems and Low Cost Solutions

Prepared by Beverly Foundation
July 2003

Introduction

This paper discusses the transportation options available to seniors, reason that seniors need alternatives to the automobile, the difficulties they experience in trying to use many traditional alternatives, and some innovative transportation programs that are being developed throughout the country. It also introduces a unique partnership between the Beverly Foundation and the AAA Foundation for Traffic Safety to enhance and expand the availability of Supplemental Transportation Programs for seniors (STPs).*

Transportation Alternatives for Seniors

According to the US Department of the Census, in 2000, almost 35 million Americans were age 65 and over. (1) Seniors, like members of other age groups, have a variety of transportation alternatives available to them. These seniors, like most Americans, generally view driving their cars as the transportation alternative of choice for getting where they need to go. According to the US Department of Transportation, 88% of the men and 60% of the women age 65+ were licensed drivers, and about 90% state they are able to drive. (2)

Even though the automobile is the vehicle of choice, many seniors have a number of other options available to them. Public transit, paratransit, private transit, and specialized options for special groups that target or at least include seniors are available in most urban communities and a growing number of rural communities. A variety of transit options such as motorized off road vehicles (i.e., golf carts) and non-motorized bicycles may also be available. Of course, walking also is a transportation option.

The chart on the following page suggests the range of transportation alternatives available to seniors, in the typical transportation rich community. However, many communities, especially those in rural settings, do not have such a broad range of alternatives, and even when available, seniors often do not use them.

---

*This paper was adapted from an article that was published in the Journal of the International Transportation Engineers in 2003, and a white paper prepared for the STPs Mobilizer Project. It was co-authored by Helen Kerschner (of the Beverly Foundation) and Peter Kissinger (of the AAA Foundation for Traffic Safety). The Beverly Foundation is a private foundation in Pasadena, California. The AAA Foundation for Traffic Safety is a philanthropic foundation in Washington DC. The two Foundations joined forces in 1999 when it became apparent that one of the best ways to help seniors to stop driving and to promote transportation that is senior friendly was to develop a better understanding of transportation options that are available, accessible, acceptable, adaptable and affordable for seniors. Today, the partnership's STPs Mobilizer Project gathers and analyzes information about community-based transportation programs for seniors via a STAR Search program, demonstrates an STPs approach that can be adapted by communities via the PasRide Pilot, and develops materials that can be used by policy makers and practitioners in the field.

A Template of Ground Transportation Options for Seniors

Automobile:	single passenger, shared ride
Public Transit:	Busses, Light Rail Transit Trains/Subways/Community shuttles & Jitneys
Paratransit	Demand Response (e.g., ADA transit, Dial-A-Ride transit)
Private Transit:	Taxis, Limousines, Chauffeur services
Specialized Transit:	Hospital based transit programs, Senior program transit (Adult Day Care, Nutrition Site), Interfaith & church-based programs. Volunteer service programs (Red Cross, Am. Cancer Society), Volunteer transportation programs (PasRide, T.R.I.P.)
Other Options:	Low speed vehicles, Bicycles, Walking

Figure 1: A template of transportation alternatives for seniors developed by the Beverly Foundation.

Senior Driver Safety

Recognition of the availability of transportation alternatives and a better understanding of their appropriateness to seniors could have a significant impact on traffic safety by reducing the pressure on older drivers to continue driving despite the onset of age-related functional disabilities that compromise their driving safety. The alarming increases in fatalities among drivers in this age group (figure 1) raises this issue to one of pressing social importance.(3)

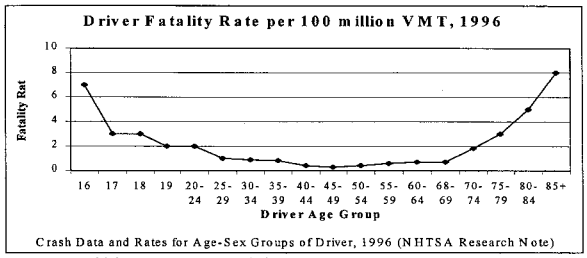

Figure 2: Deaths in passenger vehicles per 100,000 population

The National Highway Traffic Safety Administration found that from 1987 to 1997, fatalities among male drivers aged 70 and older increased 44%; among female drivers the increase was even greater: 75%. Many of these deaths can be traced to the unwillingness of at-risk drivers to accept alternatives to driving. Many others, however, can be traced to the scarcity or absence of alternatives.(4)

Giving Up The Keys

It is an acknowledged fact that seniors, like most Americans, view the automobile as the key to freedom, independence and even dignity. The possibility of not being able to drive is anticipated with fear and trepidation for numerous reasons, several of which have been articulated by seniors and caregivers participating in focus groups on transportation.(6)

"I have macular degeneration and I am worried about what will happen to me when I can no longer drive."
"If I didn't drive, I would miss living."

"Crippled, blind, deaf, whatever, I will always drive."
"No one wants to lose their freedom."
"I don't want to be dependent on people all the time."
"I have outlived my friends. I used to provide rides to them."
"Asking for a ride feels like an imposition."
"My parents are too proud to use public transportation."
"Giving up my keys is the most terrible thing that has ever happened to me."

Professionals in aging, and older adults and their families know that to keep driving as long as possible, seniors limit their driving (figure 3) to the daytime and their neighborhood, and consequently in the words of one senior, "limit their life." Having to limit one's driving or stop driving altogether is generally a traumatic experience for older adults, especially men. (7)

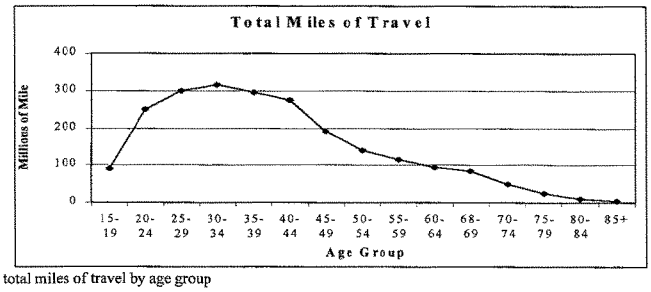

Figure 3: total miles of travel by age group

While giving up the keys can be a traumatic experience, those in the fastest growing segment of the older population, the 85+ age group, are faced with a very real probability of living several years beyond when they are able to drive the car. A recent study of driving expectancy, published in the American Journal of Public Health, reported a significant difference in life expectancy and driving expectancy for both men and women. (8)

	Men and Women Age 70-74				
	Life Expectancy	-	Driving Expectancy	=	Years Not Driving
Men	18 years	-	11 years	=	7 years
Women	21 years	-	11 years	=	10 years

Figure 4: Driving expectancy versus life expectancy for men and women age 70-74

The example above (figure 4) suggests that men and women age 70-74 can expect to continue to drive for several years. However, it also suggests that many people who reach age 85 can expect to live a number of years when they will be transportation dependent because they can no longer drive.

The traditional response to the problem of what might be called "senior transportation dependency" has been that "family members will take you where you need to go". Unfortunately, in our mobile and dispersed society, family members may not be available, able, or willing to serve as the primary transportation service for an older member of the family. The reality is that it can be difficult, if not

impossible, for seniors who no longer drive, to get where they need to go. This is one of the reasons that transportation increasingly is identified as one of the major problems and top priorities of organizations that work with seniors. It also is one of the reasons policy makers and professionals in aging and transportation are beginning to discover that older adults who no longer drive often are dependent on transportation options that are neither available nor senior friendly.

Defining "Senior Friendly" Transportation

Seniors who no longer drive have many community transportation options from which to choose: public transit, paratransit, health and social service transit, activity programs transit, and sometimes even taxi and driver services. While some people might think that older adults do not use these options because they do not want to or because they are inconvenient, it is a much more serious problem.

While many communities work hard to make public and paratransit available to seniors, *availability* does not necessarily assure that the transportation needs of seniors will be met. Why? Because seniors who do not drive, frequently cannot walk to a bus stop, cannot get into a van, cannot get to a physician's office without an escort, or cannot afford a taxi. In other words, special equipment, individualized services, and specialized driver training may not address the real needs of seniors. Comments from seniors and caregivers participating in the focus groups mentioned above, highlight the physical as well as the personal aspects of the problem.

"I have lots of problems carrying loads when I use public transportation."
"There is no close public transportation and I have to walk several blocks and need to take lots of transfers."
"I am concerned about security on public transportation."
"Bus drivers have no compassion, especially for seniors."
"I couldn't step up on the bus. I would have to crawl."
"You have to wait for them on the street, otherwise they take off."
"I want to go places for recreation, but don't find it easy at night."
"I have a knee problem and the van doesn't pull up to the door."
"It's difficult to use public transportation because it comes too early or too late."
"You have to be gone 3 hours for a 10 minute drive."
"Public transportation does not allow you to do the fun things. Having fun is extremely important. It is therapeutic."
"It's not just availability..."

Many people in the 65+ age group who use transportation alternatives have faced similar problems. Such problems are especially relevant to the more than 4 million older Americans in the 85+ age group, often referred to as the "old old". They are more likely than the "young old" to be at risk for disability and chronic conditions and have a greater need for medical care, rehabilitation, social services, and physical support. It is important to remember that the same disabling conditions that made it difficult or impossible for seniors to drive can make it difficult or impossible for them to access public and paratransit options.

What can make transportation more "senior friendly"? Rather than placing emphasis on a single factor such as availability, seniors, caregivers, and professionals in aging say that transportation also needs to be accessible, acceptable, adaptable, and affordable. These factors have been identified as criteria for "the 5 A's of senior friendly transportation". (figure 5) illustrated below. (9)

THE 5 A'S OF SENIOR FRIENDLY TRANSPORTATION*	
Availability:	Transportation exists and is available when needed (e.g., transportation is at hand, evenings and/or weekends).
Accessibility:	Transportation can be reached and used (e.g., bus stairs can be negotiated; seats are high enough; bus stop is reachable).
Acceptability:	Deals with standards relating to conditions such as cleanliness (e.g., the bus is not dirty); safety (e.g., bus stops are in safe areas); and user-friendliness (e.g., transit operators are courteous and helpful).
Affordability:	Deals with costs (e.g., fees are affordable, fees are comparable to or less than driving a car; vouchers/coupons help defray out-of-pocket expenses).
Adaptability:	Transportation can be modified or adjusted to meet special needs (e.g., wheelchair can be accommodated; trip chaining is possible).

Figure 5: The 5 A's of senior friendly transportation were developed by the Beverly Foundation in 2000.

Those working in transportation and aging need to know if the options that are available actually meet the special needs of older adults, especially the "old old". These older adults often need special care and support in getting to the essentials in life such as medical care, social services and food shopping. At the same time, there is a growing recognition that there is more to life than going to the doctor or the pharmacy. Getting to the non essentials such as the education program, the volunteer activity or the hairdresser can be just as important and also can require special care and support. However, it is not a quantity versus a quality of life argument, for both are important.

Options for Community Action

Policy, structure and process can make it difficult if not impossible for traditional transportation services to be what might be considered "senior friendly". Seniors often complain that the travel provided by these services is point-to-point rather than flex route or need-oriented. They say they have difficulty walking to the bus stop or even the curb to access public and paratransit. They believe the need for advance scheduling and long waits can be humiliating, especially when they have lived for 70 or 80 years with the independence of driving their own cars. They are embarrassed when drivers are insensitive to their needs. They may not be able to travel when they have physical limitations that necessitate a transportation escort to assist them.

Today, as urban and rural communities explore ways to help seniors access transportation, they generally have three options for action: (1) modify or adapt existing options; (2) create new options; or (3) do nothing. (figure 6). (10) For purposes of this paper, we will dispense with the "do nothing" option. The dilemma they face is illustrated below.

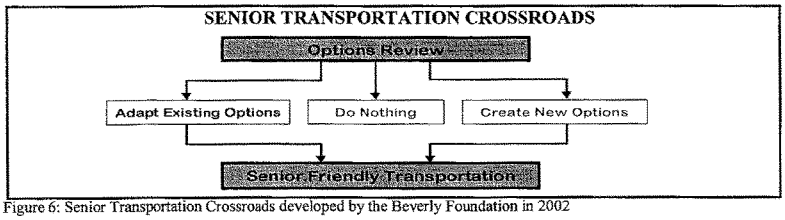

Figure 6: Senior Transportation Crossroads developed by the Beverly Foundation in 2002

Adapting or Modifying Options. There are numerous ways that public and paratransit systems can adapt existing transportation equipment and programs to meet the "senior friendly" needs of older adults. Several examples of physical and social adaptations that can be made are provided below.

- purchase equipment such as low floor busses and busses that kneel
- alter or modifying routes
- change pick-up and delivery locations
- link with volunteer groups to provide transportation escorts
- offer driver "senior sensitivity" training
- provide financial incentives
- provide door-to-door (in addition to curb-to-curb) service
- provide "quality of life" in addition to "quantity of life" rides
- develop a travel training program
- offer same day reservations, 24-hour service, and shortened wait times
- initiate a senior mobility management program

Unfortunately, not all communities are willing or able to make such adjustments and expenditures, and even when they do, older adults may still face problems related to transportation dependency. One reason is that in many instances such adaptations do not make the vehicle or the program more "senior friendly".

Creating New Options. The focus group project (mentioned earlier) and the STAR Search effort (both of which were undertaken within the Beverly Foundation and AAAFTS partnership) identified numerous specialized transportation solutions for seniors that have been developed by grass roots groups, senior organizations and even transportation providers. As a group, they include a wide range of organizational and service features.

- Some are organized by government agencies, while others are organized by interfaith and church groups, senior service and health providers, or transportation providers.
- Some have budgets in the million dollar range while other have no budgeted expenses.
- Some have a large staff while others operate solely with volunteer support.
- Some provide service in urban areas, others in rural areas, and still others in mix of areas.
- Some provide transportation just for seniors, others serve a more varied clientele.
- Some have paid drivers, others use volunteer drivers, and still others have both.
- Some reimburse volunteer drivers for mileage, others do not.
- Some provide rides for specific needs, while others provide rides for any purpose.
- Some provide transportation escorts, others did not.
- Some transport single riders, others offer only ride-sharing.
- Some use passenger vehicles only, others use a mixed fleet of vehicles.
- Some provide thousands of rides each year, others provide hundreds of rides.
- Some pay close attention to risk management issues, others do not.
- Some require no fees, others are fee-based, still others receive tax and/or grant support.

The list suggests numerous "solutions" to access problems of seniors: ride sharing, quantity and quality of life rides, escorts, flexible schedules and limited fees. However, it also suggests a variety of innovations in service delivery: transportation delivery by non-traditional organizations, the use of volunteers, the use of passenger vehicles, mileage reimbursement for volunteer drivers, and flexible scheduling. Such innovations can and often do have a direct impact on the capital and administrative cost for transportation service delivery.

High Cost/High Maintenance vs A Low Cost/Low Maintenance Solution

As a result of the annual STAR Search survey of senior transportation programs, close to 400 options have been identified, indexed and profiled; program reviews and case studies have been developed; and "STAR Awards for Excellence" have been given. The programs are called Supplemental Transportation Programs for seniors (STPs). A publication of that same name was prepared by the Beverly Foundation/AAAFTS partnership in 2001. (11)

The fact that STPs provide rides and supplement transportation is important. However, what sets them apart from most other transportation programs is the fact that they tend to reach what might be called a hidden population of older adults (the 85+ age group) who have special mobility needs. STPs are organized to meet those needs through trip chaining, transportation escorts, door-through-door service, and numerous other methods of personal support. Current data relevant to how they are organized, what they do, who they serve, and the mechanics of how they provide transportation can be found in the Snapshot of STPs and the publication mentioned above.

What the STPs data has demonstrated is that while many STPs are large and costly to undertake and operate (high cost/high maintenance) the majority are relatively small and fairly inexpensive (low cost/low maintenance). The high cost/high maintenance STPs tend to serve many groups of riders, purchase vehicles and hire paid drivers. Their approach generally requires that they not only incur capital costs, but also incur on-going costs for vehicles, maintenance, staffing and related infrastructure.

It appears that STPs practice what might be called a low cost/low maintenance approach to senior transportation service delivery. These STPs are voluntary in nature, have limited budgets, and depend on volunteers for many operations, especially driving. How do they do it? They eliminate many traditional transportation service costs and maintenance requirements by focusing on a target audience, "hiring" volunteer drivers, and using "volunteer" vehicles that are provided by drivers. Thus, they eliminate requirements for capital expenditure, and are able to limit the number of paid staff and infrastructure requirements.

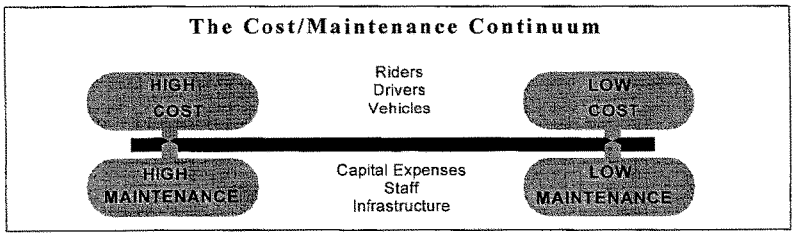

Figure 8: The STPs Cost/Maintenance Continuum developed by the Beverly Foundation 2002

According to the cost/maintenance continuum, the engine that drives the costs and maintenance requirements of an STPs include the riders and ridership levels, drivers and vehicles which in turn determine size and type of fleet, capital costs, staff and administrative requirements and on-going budgets. In reality, the position of an STPs along the continuum will be determined in large part by whether capital and recurrent costs are incurred for the purchase and maintenance of vehicle(s) and for the support of staff. For example, the purchase of a van or fleet of vans, the hiring of paid staff to recruit, to train drivers, to drive, to recruit riders and schedule rides will result in a program at the high cost/high maintenance end of the continuum. Conversely, the use of volunteer vehicles, the incorporation of volunteer drivers and staff for many of the program activities will result in a program at the low cost/low maintenance end of the continuum.

Encouraging Low Cost/Low Maintenance Initiatives

In order to promote low cost/low maintenance approaches to senior transportation service delivery, STPs Mobilizer Project undertook the development and implementation of an STPs Pilot in Pasadena, California. The pilot, called PasRide, had the purpose of developing a transportation program that not only could provide rides for seniors in Pasadena, but also could be a model for the country.

PasRide was organized as a consumer driven "volunteer friends" transportation service. Its design was not only "senior friendly" but was low cost/low maintenance in start up and operation. The illustration below suggests the basic organization and delivery process: service agencies recruit riders; riders recruit their own volunteer drivers (who can include friends, neighbors or church members); drivers provide rides in their own vehicles; (and are required to maintain their own liability insurance); travel reimbursement is provided by the administrative and financial sponsor to the rider (who, in turn, gives the reimbursement to their driver). The PasRide process model (figure 9) is illustrated below. (14)

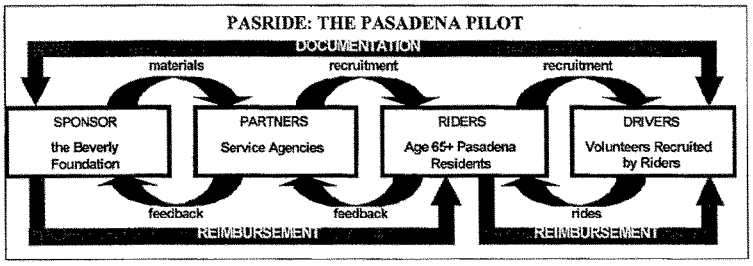

Figure 9: The PasRide Model was developed by the Beverly Foundation, 2002

The 1-year PasRide pilot effort has been completed, and it is now housed in a permanent administrative home. The results indicate that it more than met its low cost/ low maintenance expectations. It reached its goal of providing quantity and quality of life rides to 25 riders and involving 25 drivers. (It should be noted that PasRide was planned for a maximum of 25 riders and 25 drivers). It demonstrated the ability to organize and implement an STPs without hiring hew staff, incurring capital costs, expanding infrastructure, purchasing new equipment, or experiencing major budget increases. In fact, an underlying assumption in the design of PasRide was that it would not require adding administrative staff. The Pilot also demonstrated the ability to deliver service to riders who recruit their own drivers who in turn use their own vehicles and provide their own insurance. And

finally, an additional indicator that the pilot demonstrated a low cost/low maintenance approach was that it functioned on annual budget of less than $15,000 and a per trip cost of approximately $2.50.

Certainly this is not the only low cost/low maintenance approach to providing senior transportation. There are many worth consideration. However, the PasRide "volunteer friends" model is a viable option that can be considered by communities that want to develop a stand alone transportation program, by service organizations that want to develop a supportive transportation service, or by transportation delivery systems that want to supplement existing services. Its successful demonstration combined with a comprehensive set of "how to" materials that can minimize time and financial costs for start up, will make adaptation possible in almost any community.

Conclusion

Today, with our public policy focused on enabling seniors to stay in their homes as long as possible, transportation is increasingly identified as one of the major problems and service needs of seniors. While transportation often is seen as the domain of the public and paratransit systems, the emergence of community-based volunteer options identified in the STAR Search surveys indicates that senior transportation also is the domain of community groups, clubs, senior centers' meals programs and private providers.

These organizations and groups and the communities in which they reside know that the government cannot do everything, and are taking on the agenda of senior transportation in very innovative ways. In doing so they are addressing the problems that make it difficult for older adults to access transportation. They are helping older adults get to the essentials as well as enjoy quality of life experiences. They are creating programs that can become part of the tapestry of transportation and senior service programs in both urban and rural communities.

In the coming years, as their populations age and they face increased demands on the allocation of transportation and service dollars, more communities will be experimenting with innovative ways to meet the transportation dependency needs of seniors. Undoubtedly these experiments will consider the "senior friendliness" of the options and ways that existing options can be adapted or new ones created so as to enhance the quality as well as the quantity of life of America's older adults. There is no question that the low cost/low maintenance approach exemplified in the PasRide pilot will make a significant contribution to these experiments and to the future of senior transportation.

References

(1) U.S. Department of Commerce, Bureau of the Census. "Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050". *Current Population Reports*, Series P-25-1130, 1996.

(2) Federal Highway Administration, Highway Safety 2000, Washington, D.C., 2000.

(3) NHTSA, http://www-nrd.nhtsa.dot.gov/pdf/nrd-50/ciren/2001/1201nhtsa.pdf

(4) Data presented by John Eberhard and Donald Trilling in a slide presentation titled *Safe Mobility for Life* prepared for National Agenda on Transportation in an Aging Society, 1999.

(5) Beverly Foundation, *Template of Senior Transportation Options*, 2002.

(6) Beverly Foundation, *Transportation in an Aging Society Focus Group Project,* Helen Kerschner and Rhonda Aizenberg, 2 volumes, November 1999. Focus groups were undertaken in three states as part of the development of the National Agenda on Transportation in an Aging Society, National Highway Traffic Safety Administration, Washington, D.C.

(7) National Highway Traffic Safety Administration. *Addressing the Safety Issues Related to Younger and Older Drivers, 1993.*

(8) Foley et. al. "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States. Economic Research Service". *American Journal of Public Health*, vol 92, No. 8 pp. 1284- 1289. August, 2002.

(9) Beverly Foundation, *Transportation in an Aging Society Focus Group Project*, Helen Kerschner and Rhonda Aizenberg, 2 volumes, November 1999. Also, *Senior Mobility Snapshots: The Five A's of Senior Transportation*, December 2002. The 5 A's were an outgrowth of focus group and survey research undertaken by the Beverly Foundation in preparation for the Department of Transportation's National Agenda on Transportation in an Aging Society. The effort included 22 focus groups in three states (Florida, Michigan, and California) and a subsequent national survey, 1999-2001.

(10) Kerschner, Helen, "The Senior Transportation Crossroads," *Generations*, upcoming, 2003.

(11) Beverly Foundation, *Supplemental Transportation Programs for Seniors*, Helen Kerschner and Rhonda Aizenberg, June 2001. This report includes data on 237 senior transportation options in the United. Eleven profiles, program reviews, and program case studies also are included. The study was a partnership between the Beverly Foundation of Pasadena, California and the AAA Foundation for Traffic Safety in Washington, DC. 2001

(12) While the acronym is new, support for such programs has been with us for some time. In the 1980s, the US Administration on Aging (AoA) became involved through its National Eldercare Institute and provided financial resources for the start-up of several programs. Today, AoA is the repository of information from those early initiatives.

(13) Helen Kerschner, *Rural Transportation and Aging: Problems and Solutions*. Developed in support of the AoA reauthorization, West Virginia University, Center on Aging, 2003.

(14) Beverly Foundation, *STPs Mobilizer Newsletter*, Issue 1, December 2002.

The Beverly Foundation
566 El Dorado Street, Suite 100
Pasadena, CA 91101
Tel (626) 792-2292; Fax (626) 792-6117
www.beverlyfoundation.org

The STPs Mobilizer Project is a partnership initiative of the Beverly Foundation and the AAA Foundation for Traffic Safety

AAA Foundation for Traffic Safety
1440 New York Avenue NW, Suite 201
Washington, DC 20005
Tel (202) 638-5994; Fax (202) 638-5943
www.aaafts.org

Ms. SIGGERUD. Ms. Markwood.

STATEMENT OF SANDRA MARKWOOD, PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC

Ms. MARKWOOD. Thank you.

Good afternoon. My name is Sandi Markwood, and I am the Chief Executive Officer of the National Association of Area Agencies on Aging. N4A represents the 655 area agencies on aging in this Nation, as well as being the voice in Washington for the 243 Title VI Native American aging programs. We are proud to have the Arlington County area agency on aging as one of our members.

Across the country, N4A is working with area agencies and Title VI agencies to promote home and community-based services. Additionally, area agencies and Title VI agencies plan, coordinate, and deliver a wide range of services, including home-delivered meals, chore services, home health care, and transportation services.

We are pleased to be here this afternoon because we know that even the best aging services are of little value if people cannot get to them.

Transportation services consistently rank as one of the top three issues that older adults and their caregivers call the National Eldercare Locator looking for assistance with. The Eldercare Locator is a toll-free number and a website that N4A and the National Association of State Units on Aging, together with the Administration on Aging, provide to older adults and their caregivers to find aging services throughout the country.

What we find is people calling in to the Eldercare Locator, looking for nursing home placement for an older adult, when what they really need is transportation on a weekly basis to dialysis.

For many AAAs, especially those in suburban and rural areas, transportation is their No. 1 concern. Transportation we know is the vital link between home and community for older adults, and actually, for all adults, for all Americans, but it is particularly an issue for older adults who have fewer options.

Older adults, like younger adults, like younger people in general, depend on the automobile for the majority of their trips. We have already heard the statistics. Older adults are driving. They are driving because they want to. They are driving because they need to.

We have also heard the statistics about the fact that there are numerous factors that impact older adults as they age that also impact their driving—vision problems, cognitive limitations, side effects of medications, slower reaction times, as well as muscular difficulties that can make driving more difficult.

The tragic event in Santa Monica last week emphasizes the need to develop older driver retool programs, to get the issue of assessing your driving ability out into the public and not to make it an onerous task, but something that people do naturally, from the time they are in their 30's, 40's, 50's, 60's, and up, to determine whether any impairment that they have may affect their driving ability.

The National Highway Traffic Safety Administration is doing a great deal of research in the area of older driver safety, and our

organization's Area Agencies on Aging are working with NHTSA to get this information out to older adults and their caregivers. But we are also partnering with the Grand Driver Program that is run through the American Association of Motor Vehicle Administrators and also the other AAA group, the American Automobile Association, has also taken this issue on. NHTSA is also working with the American Medical Association.

This is an issue whose time has come. It is an issue that we all need to get behind and make sure that we have the programs, the policies, and the funding in place to be able to address.

Looking at the issue of senior mobility, we need to look at it as a continuum, we need to look at it as an issue from driving to the fact that once people stop driving, they focus in and rely on their friends and families. But oftentimes their friends and families have conflicts, and they feel as if they are imposing on their friends and families for these mobility issues. So volunteer driving programs are key, and they are ones that we need to find additional incentives to be able to promote on an even broader basis.

Additionally, we know that older adults, like all adults, are not relying as they should on public transportation. We also know the statistics that if you do not rely on public transportation when you are young, you are a lot less likely to rely on it when you become older.

So I think there need to be more programs that are focused in on getting all adults and older adults acclimated for the use of public transportation that does exist, and we need more funding and more support for more public transportation options as well as paratransit options.

When you are looking at the issue of older driver safety, when you are looking at the issue of senior mobility in general, the time is now. The aging of the baby boomers is upon us. Now is the time that we have to plan and to act to meet the senior mobility transportation needs. We cannot wait any longer. It is a wonderful testament to Congress that we are holding this hearing today, and we are looking forward to the reauthorization of TEA–21 as well as down the line to the Older Americans Act reauthorization, to get more funding and support for these critical programs.

Thank you.

Ms. SIGGERUD. Thank you.

[The prepared statement of Ms. Markwood follows:]

Advocacy. Action. Answers on Aging.

National Association of Area Agencies on Aging
927 15th Street, NW 6th Floor / Washington, DC 20005 / Tel: 202-296-8130 / Fax: 202-296-8134 / www.n4a.org

Statement of

Sandra Markwood
Chief Executive Officer
The National Association of Area Agencies on Aging

Before the

Senate Special Committee on Aging
Forum on Keeping America's Seniors Moving: Examining Ways to Improve Senior Transportation

July 21, 2003

Good afternoon, Chairman Craig, Ranking Member Breaux, and members of the Senate Special Committee on Aging. My name is Sandra Markwood. I am the Chief Executive Officer of the National Association of Area Agencies on Aging (n4a).

n4a represents our nation's 655 Area Agencies on Aging (AAAs) and is the representative body in Washington, D.C., for the interests of 243 Title VI Native American aging programs. n4a advocates on behalf of its member agencies for enhanced services and resources for older adults and persons with disabilities in local communities. Recognizing that independence, dignity and choice are strongly held values by all Americans, n4a has long promoted the development of a service system that provides consumers access to the most appropriate services in the least restrictive environment. I appreciate the opportunity to express our views on the critical issue of providing older adults with transportation that meets their needs.

The Transportation Equity Act for the 21st Century (TEA-21), the major funding authorization bill for federal surface transportation programs, is set to expire on September 30, 2003, and will need to be reauthorized this year. The reauthorization of TEA-21 presents an opportunity for federal policymakers to improve the availability and accessibility of transportation services to our nation's growing older adult population.

Demographics of the Older Adult Population

It is well known that the United States is an aging society, however, many people are not fully aware of the extent that the older population is expected to increase in the years ahead. It is projected that the 65 years and older population, which numbered 35 million in 2000, will more than double in size to about 70 million, or 20 percent of the total U.S. population, as the baby boomers reach age 65 from 2010 to 2030. By 2030, one out of every five people in the U.S. will be age 65 and older. Persons 85 and older are currently the fastest growing segment of the population increasing at a rate four times faster than any other age group.

Transportation is a Vital Link between Home and Community

Transportation is a vital link between the home and community. It connects individuals of all ages to the places where they can fulfill their most basic needs – the grocery store for food, the worksite for employment, friends' homes and recreational sites for social interaction, and houses of worship for spiritual sustenance. However, as individuals age and lose the ability to drive, they can experience a drastic decline in their mobility. This is particularly true in suburban and rural areas, home to nearly 80 percent of the older adult population, where public transit is more limited and taxi rides can be cost prohibitive. Transportation limitations resulting in lost mobility increase older adults' risk of poor health, as their ability to obtain the goods and services necessary to good health and welfare is reduced. In addition, mobility barriers stifle independence and result in a loss of self-sufficiency that can fuel depression.

Older Adults who drive their own car experience few transportation problems, however, the picture is vastly different for non-drivers. According to AARP's Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+ (2002), driver cessation causes a significant drop-off in community travel as non-drivers age 75 and older are 12 times as likely as drivers not to leave home at all in a typical week. The survey found that over half of people age 75 and older take fewer than five trips per week, compared to one-third of those 50 to 74. The likelihood of isolation grows as people reach their mid-80s with the percentage of those 85 and older who do not leave their homes at all being three times greater than in the 80 to 84 age group.

Place More Emphasis on Older Driver Safety and Supportive Services

Older adults, like younger people, depend on the automobile for the majority of their transportation needs. However, as older adults' age, numerous factors such as vision problems, cognitive limitations, side effects of medications, slower reaction times, and muscular difficulties will affect their driving ability. The increasing numbers of older drivers using the nation's highways in the decades ahead will pose challenges for older adults, their caregivers, aging service providers and communities at large. Policy makers, at the federal, state and local level need to address older driver safety by developing and

promoting education and awareness polices that will help older adults sustain their independence by enabling them to drive as late in life as possible. More emphasis must be placed on developing older driver safety programs including referral, assessment, rehabilitative, and regulation programs to enable functionally limited older adults to drive safely. Area Agencies on Aging, which were established by the Older Americans Act over 25 years ago to address the needs and concerns of older Americans at the regional and local level, are uniquely positioned to provide information and training on driver safety to older adults and their caregivers. We stand ready to work with policymakers to achieve a balance between continued independent mobility and the safety of our older adult population. For those older adults where driving is no longer a safe means of transportation, there needs to be greater outreach efforts to educate them about the public transit options available in their communities.

Use of Public Transportation by Older Adult Non-Drivers

Those who stop driving usually rely on family and friends, but their mobility is dependent on the schedule and convenience of others. For these older adults, it is essential that other alternative modes of transportation are available once driving is no longer an option. According to the Bureau of Transportation Statistics Omnibus Survey in May 2002, 11 percent of all persons age 65 and older reported using public transportation the previous month. However, AARP's study in 2002 found that 14 percent of non-drivers age 75 and older identified public transportation as their primary mode, and nearly 20 percent report using public transportation on a monthly basis. As community transportation options are made more available and accessible, people stay healthier longer, and the population burgeons, the use of public transportation by older adults will only increase in the future.

A Patchwork of Alternative Transportation Programs are Offered

With the passage of the Americans with Disabilities Act (ADA) in 1990 and the increased investment in transit programs under TEA-21, the availability of programs for older adults and people with disabilities throughout the country has improved over the last several years. Under the ADA, public transportation must ensure that its fixed-route

services are accessible to people with disabilities and provide parallel transportation, or paratransit, for people whose disability prevents them from utilizing fixed-route transit services. However, nearly one out of three individuals 65 and older with a disability report that inadequate transportation is a problem. In many areas the availability of paratransit demand-responsive curb-to-curb services to older adults has been declining as operators adhere more tightly to ADA criteria in the face of financial constraints.

Transportation services consistently rank among the top needs indicated by older adults. In fact, transportation ranks among the top reasons individuals' call the Eldercare Locator, a nationwide directory assistance service administered by n4a that helps older adults and their caregivers locate support services in their communities. In an effort to close the gap in services, most Area Agencies on Aging provide supplemental transportation services to older adults in their areas, either directly, or through the use of contracted direct service providers. AAAs utilize a variety of funding sources, but most commonly use Older Americans Act Title III-B Supportive Services funds to purchase services. In many cases, they contract with local transit authorities and non-profit providers to provide shared rides and medical trips. AAAs also heavily utilize volunteers and taxi voucher programs to augment their transportation services. However, due to funding constraints, many AAAs must give priority to the most essential transportation to and from doctor appointments, dialysis, and trips to the grocery and pharmacy.

For example, the Northeast Florida Area Agency on Aging in Jacksonville, which covers seven counties, purchased over 250,000 trips for over 2,060 older adults using Older Americans Act Title III-B funds from January to December 2002. Three of the agency's seven counties offer no public transportation, and all seven have some rural areas where no public transportation services are available. Older adults must request rides 24 hours in advance from the providers, and while the providers do not keep a waiting list the agency estimates that for every older adult served, one has to wait for service.

On the federal level, the major program funding transportation for older adults is the Federal Transit Administration's (FTA) Program for the Elderly and People with

Disabilities, known as the Section 5310 program. The Section 5310 program provides formula based funding to states for the purpose of assisting private non-profit and some public entities in meeting the transportation needs of older adults and persons with disabilities. However, these funds may be only used for capital expenditures, such as purchasing vehicles, and not for operating expenses, such as the provision of transportation services. Both AAAs and the local transit authorities and non-profit direct providers they contract with benefit from Section 5310 formula grant funds. For example, each of the seven providers contracted by the Northeast Florida AAA take advantage of Section 5310 program funds.

States and Area Agencies on Aging have also developed many innovative cost-sharing partnerships to fund transportation programs for older adults. Pennsylvania has a coordinated transportation program for persons 65 and older funded by state lottery proceeds. The Schuylhill County Office of Senior Services operates door-to-door services for medical appointments funded through a cost-sharing approach with state lottery funds covering 85 percent, the AAA picking up 10 percent, and the participant responsible for a 5 percent co-payment. For individuals age 65 and older that are below the poverty line the agency picks up the costs if the person is going to a dialysis or medical appointment, or day care. In fiscal year 2002-2003 the agency purchased over 69,000 one-way trips at a cost of $105,340. However, the Schuylhill County AAA estimates in the upcoming fiscal year that its costs will go up $40,000 to provide the same amount of trips, which will require them to implement a price increase on consumers in order to maintain services.

Greater Coordination of Transportation Programs is Needed

Due to the varied patchwork of federal, state, and local human service programs that offer transportation, n4a has called for increased coordination to better manage resources across agencies and population groups. The General Accounting Office (GAO) recently issued a report in which it found 62 federal programs that currently fund a variety of transportation services for disadvantaged populations. As cited in the GAO report and other research, coordination of transportation programs can provide significant economic

benefits and improvements in service delivery. The Transit Cooperative Research Program has estimated that implementing successful coordination programs, such as sharing vehicles, consolidating service providers, and sharing information could generate a combined economic impact of about $700 million per year to human service and transit agencies in the United States.

The state of Georgia offers a model of the potential benefits that can be derived from greater coordination. Georgia has recognized the importance of coordinating transportation by developing a statewide program tailored to human service transportation needs. The coordinated program was developed by the Georgia Department of Human Resources (DHR) to meet the specialized transportation needs of its clients who are elderly, mentally or physically disabled or low-income. The program, which began in 1995 with five pilot projects with a total budget $300,000, has grown to provide services in all of Georgia's 159 counties. As of July 1, 2003, transportation services are provided to clients served by the Divisions of Aging Services, Mental Health, Developmental Disabilities, Addictive Diseases and Family and Children Services. The program is administered through DHR and actual services are provided through contracted providers in each of the state's thirteen regions. A Regional Transportation Coordinator serves as the transportation planner, and each program division determines eligibility for service. While Georgia's coordinated transportation system is still in its developmental phase as it continues to modify and grow, the benefits to transportation disadvantaged populations so far have been significant. In fiscal year 2002, the coordinated system produced 2,473,273 trips at a cost of $23,745,759 (a per trip cost of $9.60).

n4a urges Congress to foster a coordinated approach to human service transportation, by providing additional funding to support the planning of coordinated transportation services, reducing regulatory burdens, and providing incentives for federal grantees to work cooperatively with other providers in their communities.

Congress should also consider allowing Medicare funding to be used for non-emergency, but medically necessary, transportation. Currently, Medicare is supposed to only pay for transportation in the case of a health emergency and will only reimburse for transportation in an ambulance. With Medicare ambulance transportation costs now in excess of $2.5 billion annually, the lack of access to non-emergency medical transportation has caused transportation costs under Medicare to skyrocket. In July 2000, the GAO issued a report, which found that more than 50 percent of rural Medicare ambulance trips in the states studied were actually of a non-emergency nature. Allowing non-emergency medical transportation under Medicare through less expensive forms of transportation, such as by car, taxi, or van service, would create substantial cost savings that could be invested in other medical or transportation services. According to an article published in Community Transportation Magazine (Burkhardt and McGavock, 2002), based on either the GAO's estimate of 50 percent, or even a more conservative figure of 10 percent, the potential cost savings from this change in policy range from $250 million to $1.25 billion a year.

n4a is encouraged by the Administration's proposal to include a new requirement for projects funded by the FTA's Job Access and Reverse Commute Program, the Section 5311 Non-urbanized formula grant program and Section 5310 formula grant program for the Elderly and People with Disabilities, to be coordinated through local transit plans that involve participation by human services agencies and the public. n4a hopes that this proposal will lead the way to greater coordination between the transportation components of other programs focusing on older adults, including the Older Americans Act, Medicaid, and the Section 202 Supportive Housing for the Elderly program as well as other local highway and public transit development projects carried out by states and Metropolitan Planning Organizations (MPOs).

Increase Resources and the Flexibility of FTA's Section 5310 Program

n4a supports increased funding for the Section 5310 Elderly and Disabled program. Current funding levels for the Section 5310 program have not kept pace with the growth

in the older population and resulting increased demands for public transportation. The Administration's proposed budget would reduce the Section 5310 program's level of funding in fiscal year 2004 from $90 million in fiscal year 2003 to $87 million. Over the Administration's six-year reauthorization proposal called the Safe, Accountable, Flexible and Efficient Transportation Equity Act of 2003, or SAFETEA, the Section 5310 program would receive just a $10 million increase to $97 million in fiscal year 2009.

According to information gathered by the Community Transit Association of America (CTAA), the expected demand in fiscal year 2004 for equipment and services from the FTA's Section 5310 program is $400 million. This includes $50 million for replacement vehicles; $150 million for new vehicles to be used for expanded capacity and new service; $65 million for purchase-of-service contracts, and at least $135 million for operating expenses. In addition, total national estimates of unmet or uncompensated transportation needs for seniors exceed $1 billion per year, a projection that includes funds devoted to transportation planning and demonstration projects, various door-to-door transit expansions and voucher programs, and transportation provided by family caregivers.

To help meet these great demands, n4a supports an increase in the authorization and appropriation levels of the Section 5310 program to no less than $350 million per year. n4a also supports policy changes to increase both the flexibility and consistency of the Section 5310 program with other grant programs under FTA. Many AAAs and local providers are having difficulty meeting the increased costs of operating their programs due to vehicle maintenance, rising insurance premiums, and training drivers and volunteers to deal with frail older adults. n4a supports changing the matching requirements of the Section 5310 program to allow non-FTA matching funds to come from any source, including other federal programs, and expanding the use of Section 5310 funds to include operating expenses. Both these policy changes would be comparable to the existing funding structure for the Section 5311 Non-urbanized formula grant program.

Address the Needs of Older Adults in the Transportation Planning Process

Currently, older adults and persons with disabilities do not have an effective means to address their needs during the transportation planning and decision-making process. MPOs need to better assess the impact of new projects on older adults by considering how they will access new services and routes. To give older adults more of a voice in their transportation systems, States should be required to appoint representatives of the older adult and disability communities as full voting members of state transportation planning commissions and MPO boards. In addition, n4a supports the inclusion of Area Agencies on Aging and Title VI Native American aging program representatives in the planning process for projects in their service areas. Giving AAAs and their older adult clients a consistent voice in the local decision-making process will also help develop the necessary linkages for more coordinated human service transportation.

Improve Information Sharing on Innovative Community Programs

Many AAAs and non-profit providers have developed innovative programs to meet the needs of the older adults in their communities. While national groups, such as the Beverly Foundation, Easter Seals Project Action and CTAA, have compiled best practices and provide technical assistance in developing transportation solutions, there currently is not a centralized resource for community providers to turn to for comprehensive information. n4a supports setting aside demonstration project funding within FTA to help establish innovative programs targeted to the needs of older adults that utilize creative partnerships at the local level, with eligibility open to Area Agencies on Aging and other public or private community-based agencies. n4a also supports funding within FTA to establish a national technical assistance center to disseminate effective models and best practices related to transportation for older adults.

In an effort to gather more information on the transportation services offered by AAAs, n4a, with support of CTAA, will soon be conducting a survey of AAAs and Title VI Native American aging programs to obtain aggregate data on the types of transportation services they provide. Following the survey, n4a will issue of report focusing on the scope of and financing for AAA transportation services and how they coordinate with

other agencies and service providers. n4a looks forward to sharing this important new information with members of the aging network in the near future.

In conclusion, there is much that needs to done to improve the availability and accessibility of transportation services to the growing older population. It is clear that transportation provides a vital link between the home and community, and is key factor in the health and well being of older adults. n4a encourages Congress to seize the opportunity of the TEA-21 reauthorization to enhance the resources necessary to improve the safe mobility of older adults and encourage greater coordination among human service transportation programs on federal, state and local level. Thank you for the opportunity to participate in today's forum. I would be pleased to respond to any questions you may have.

Home and Community-Based Services for Older Adults: Transportation

Transportation is the vital link between home and community. It connects individuals of all ages to the places where they can fulfill their most basic needs — the grocery store for food, the worksite for employment, friends' homes and recreational sites for social interaction, and houses of worship for spiritual sustenance. But, these resources in the community are only beneficial to the extent that transportation can make them accessible to those who need them.

Issue Background

The core values of Americans, autonomy and independence, are reflected in the fact that most prefer and rely on the convenience of their own automobile to access the outside world. However, as individuals age, they eventually lose the physical or financial ability to maintain a car. When they stop driving, older adults can experience a drastic decline in mobility.

In suburban and rural areas, home to nearly 80 percent of the older adult population, destinations are often too far to walk, public transit is poor or unavailable, taxis are costly, and special services are limited. In particular, distance from public transportation presents a major barrier as less than half of households in urban and suburban areas are within a half-mile of a transportation stop or station. In rural areas, the situation is more difficult, with only one in eight households being within a half-mile of public transportation.

Transportation problems are closely correlated with poor income, self-care problems, isolation and loneliness. Reduced mobility puts an older person at higher risk of poor health, as the ability to obtain the goods and services necessary for good health and welfare is reduced. In addition, independence is stifled and loss of self-sufficiency can fuel depression.

Policy Issues

Older adults who drive their own car experience few transportation problems. However, the picture is vastly different for non-drivers. Those who stop driving usually rely on family and friends, but asking for and accepting rides can be difficult, particularly for those raised in a tradition of self-sufficiency. As a result, non-drivers take fewer and shorter trips, and rides are taken around the schedules and convenience of others. Older non-drivers take only two trips per week compared with six trips per week of older drivers.

For some older adults who have relied on an automobile, learning to use public transportation, if available in their community, can be very difficult. Routes may be geared to commuters and not to the places where seniors frequent. Walking to and from pick-up points can be tiring and dangerous as roads and walkways are not always pedestrian-friendly. It has been reported that more than one-fifth of individuals age 50 and older see the lack of sidewalks and resting places as a major barrier to walking.

Access to public transit, both fixed-route and paratransit systems, needs to be enhanced for older adults with cognitive disabilities. Some older adults with cognitive disabilities may need the additional assistance of "through the door" services to reach their destinations safely. Sensitivity awareness training also should be provided for drivers in how to interact with passengers with dementia and other special needs.

The number of older adults will continue to grow. While many of these older Americans will be healthy and mobile, many others, particularly the "old-old," will need to utilize alternative modes of transportation. Since the passage of the Americans with Disabilities Act (ADA) in 1990, availability of paratransit

services to older adults has been declining as operators adhere more tightly to ADA criteria in the face of financial constraints. As a result, transportation options for some older adults have declined.

Policy Recommendations

Mobility is essential for an individual to live at home and in the community, yet policymakers have focused little attention on how to help older adults retain their mobility. Efforts are needed to help older adults keep their licenses and cars as long as possible, as well as to provide safe, reliable and convenient alternative means of transportation for those for whom driving is no longer an option.

n4a urges policymakers to:

- **Enhance, coordinate and adequately fund the vast array of federal and state financed transportation services to provide viable and affordable options for the growing population of older adults who need services;**
- **Support increased funding for the Federal Transit Agency's *Section 5310* program, which funds transportation programs for older adults and persons with disabilities in the reauthorization of the Transportation Equity Act for the 21st Century (TEA-21) in 2003;**
- **Examine and expand existing public transit systems to improve accessibility and availability to older adults especially in suburban and rural communities where fixed route services are less accessible;**
- **Promote the provision of non-emergency medical transportation as an allowable expense under Medicare;**
- **Provide training to ensure public transit drivers are sensitive to the special needs of older adults;**
- **Encourage greater coordination and communication between community transportation providers and social service providers; and**
- **Promote a pedestrian and transit user friendly environment and develop standards to be incorporated into local building and zoning regulations.**

That was a wonderful set of opening remarks. I think it lays a very strong foundation for getting into the more detailed questions that we would like to go to at this point.

Our first theme today is looking at current programs that address transportation for seniors and the extent to which these programs are meeting their needs. I think there are a couple of useful ways that we can break this out.

One is by the issue of density—rural, urban, and suburban elders and the extent to which programs are meeting their needs—and the distinction between seniors and the old-old or the frail elderly, who really have some different needs.

I think it might be useful at this point to start by talking about seniors living in a rural setting and the extent to which programs are meeting their needs.

Mr. Burkhardt has done a fair amount of research in this area, and perhaps he can start us out.

Mr. BURKHARDT. Thank you. I would be happy to.

Rural areas are particularly difficult for seniors because there are fewer transportation options. Part of the good news is that between the 1990 Census and the recent National Household Travel Survey, seniors own automobiles at much, much greater rates than they did before, and there are now relatively few seniors in rural communities without automobiles in their households.

The bad news is that many small communities have no taxi service, they have no inner-city bus service, they have no air connections, and there are very few ways to get around if you don't have a car. The bad joke is that if you go blind in Des Moines, they take away your license, and if you go blind in Sioux City or Cedar Rapids, they let you drive, because when there are no options, there is still a necessity to get around.

Rural areas generally have older populations than to urban areas. In 1997, 18 percent of the rural population was elderly compared to 15 percent of the urban population. There were also greater concentrations of the oldest elderly in rural areas. There were also greater concentrations of poor elderly in rural areas. There are longer distances to travel to almost any kind of service, but in particular to medical services. As medical services become more specialized, rural areas lose their hospitals, and people have to travel longer and longer distances to get to the medical services that they need.

We have heard in particular that this is an issue for dialysis, and as dialysis centers cluster around metropolitan regions, and rural residents take 3- and 4-hour trips to get to dialysis centers for dialysis services.

So there are particular transportation challenges in rural areas. The growth of the rural public transit industry is one really shining bright spot in this picture, as are a few other trends, one in particular being that of innovation. Rural transit operators have been among the most innovative operators in the country. There is lots of coordination going on because there is not enough money around to do anything but coordinate in rural areas.

So we have some good news and we have some not-so-good news in rural areas. We see communities from Portland, ME to Portland, OR, from Louisiana to Idaho, from Florida to California where

there are great examples of good rural public transportation systems, some of which rely on volunteers, some are more elderly oriented than public-oriented. These are sort of fledgling services that are being developed, and we hope that hearings like this can inspire the rest of the country to adopt similar kinds of services.

Ms. SIGGERUD. Thank you.

Are there other comments from the panelists on rural issues? Does anyone else care to weigh in on that?

Dr. ROSENBLOOM. Jon was saying there are some good rural systems out there. I think they are all good systems. They are facing overwhelming odds, and their services are a drop in the bucket, but they are all incredible. It is an honor to meet some of the people running these systems and the volunteers who are involved with them. They clearly need more funding and more help.

But I also think we need to be looking at alternatives to build on what Jon was calling innovations. We need to find ways to expand volunteer systems. We need to find ways to link land use, growth, and service delivery with transportation. When people are going 4 hours into the center of a city, 70, 80, and 100 miles away for dialysis, we need to talk about—dialysis is much more portable than it used to be. We need to talk about partnering with people who can bring the services to older people. Those of us in the transportation community are always blamed when people cannot get somewhere. People build things in out-of-the-way places, in ridiculous places, and it is our fault they cannot get there.

We need to work with people who are placing services, who are organizing services, who are delivering services for older people and those in rural areas and so forth to see if we cannot come to some accommodation, if we cannot find some way so we do not have to transport someone who has to go to dialysis 3 times a week, has to be in a van 12 to 24 hours a week. That is ridiculous. There is never going to be a way to overcome that problem unless we start looking at how services are delivered and coordinating with those folks as well.

Dr. KERSCHNER. I think there are some rural areas that are the forefront of transportation innovation. It seems to me there has been a mindset about public funding in transportation, particularly the 5310 Program that provides buses and vans at 80 percent of the cost. So it was a real incentive to buy buses and vans, but buses and vans do not necessarily work in rural areas, and I think the rural areas have begun to say, as Sandi said, "We really do need to have the involvement of volunteers and the involvement of volunteer vehicles because many of these seniors, particularly people who go to dialysis, need to have a transportation export or a transportation caregiver to stay with them while they are there—they cannot go off and leave them."

So it seems to me that the rural areas have really come up with some wonderful, innovative ways of integrating the volunteer transportation with the traditional public and paratransit services to better serve their population groups, and we might learn something from them in urban areas as well.

Ms. SIGGERUD. With that, why don't we move to urban areas? Presumably, the availability of transit and taxi's and other types of transportation is better in suburban and urban areas, but we

know there are problems. I would like to move at that point to the extent to which these programs are in fact serving seniors who need transportation in these areas.

Dr. Rosenbloom, would you like to start?

Dr. ROSENBLOOM. First of all, I am alarmed often when I give public presentations and invariably, somebody gets up from the audience and says, "There is an ADA paratransit system in my neighborhood, and that is what is going to take care of my elderly mother, myself," or whomever.

In fact, there is no way that those small services, even if most older people qualified for them, are going to meet all the needs of older people.

First of all, in an urban area increasingly, transit operators have cut ADA service back to within three-quarters of a mile of fixed-route buses and only during the hours that those buses run. That is all they are required to do by the ADA. They are not required to serve any other areas. Increasingly, because of the high cost of providing services, urban transportation systems have cut back the ADA services they provide geographically. So a huge percentage of older people are not even eligible by reason of geography. They simply do not live in an area where ADA services are provided.

Second, one of the outcomes of the high cost of the ADA services is that many of these systems have become very, very, very strict about their eligibility criteria. They fail to certify older people constantly.

It is really important to understand that simply being unable to drive does not make you eligible for most ADA paratransit services. You must have some fairly significant disabilities that prevent you from getting on and off buses.

As a result a lot of older people who cannot drive or should not drive cannot get ADA service. Those are good services, and they should be expanded, and particularly for, as Helen said the over 85 group. But for all the rest of our senior folks who maybe should not be on the road, who may have minor disabilities, the ADA services are not the answer. We need to be looking for a family of services, some that Jon listed, some that I talked about. We cannot just rely on one source.

Ms. SIGGERUD. Ms. Lynch, you administer a program in an urban/suburban area. Would you care to comment?

Ms. LYNCH. I guess I would like to echo what has been said here, that what we really need is an enhanced program of all the various modes of transportation, because even the ones that we have, which are extensive in their type—we have a program that uses volunteers, we have programs that use taxicabs. We rely on vouchers. We rely on ADA paratransit. But with all of those, we know that—I do not have good numbers because we do not have those—but we know that every day, people call us for service, and we are unable to meet their needs.

So funding is a critical point. People who would pay for the service but cannot afford—we have people in our country, and we are one of the most affluent counties in this country, but we have people who cannot afford the $2 per one-way trip it takes to use ADA paratransit if they are going to go to dialysis 5 days a week. That is 10 trips; that is $20 a week. They do not have the money to do

that. That does not even count the public funding. That is what we expect people to fund.

So we really need a family of services, and we need it in greater numbers for a whole array of people. Let me tell you one thing in this area is that we are in an area that is a multi-ethnic, multilingual community, so that we also have to focus—and it costs money—on answering the phone and speaking in our area Korean, Vietnamese, Spanish, Russian, Amheric, just to name the top five, because we have 45 languages spoken among our elders.

So there is a whole array of issues.

Ms. SIGGERUD. Ms. Markwood, please go ahead.

Ms. MARKWOOD. To add to that, when people believe that the public programs are going to be able to meet the needs, the fact is that with limited funding, I know under the Older Americans Act, the Title III–B funding, which we use to fund transportation services, is limited. So instead of being able to take any trip you want, it is specifically limited in most communities just to medically necessary trips to and from a doctor's appointment, or to and from dialysis. So those appointments to see family and friends, to go to church, to do things that are really critical to a person's quality of life, there may not be a transportation option available to older adults to be able to get to those necessary places.

Ms. SIGGERUD. Mr. Kline.

Mr. KLINE. In the urban areas, I think money is certainly at the root of solving this problem, but there is another issue, which is that in metropolitan areas, you have a lot of different jurisdictions, and a lot of the transportation services provided, whether through a public entity or through a nonprofit, kind of stop at the jurisdictional line. A lot of that ends up, because of money reasons, the county or the nonprofit cannot afford to provide transportation beyond that, but a lot of it actually gets down to planning issues—is there the possibility for a central coordinated planning entity that would allow the different nonprofits and Government entities to collaborate, work together, figure out how to best maximize the routes that they are using for these senior vans and buses. That is starting to take place at some local levels, that they are working together, and that seems to be not the wave of the future, but an important method to fix part of this problem.

Of course, planning itself is an expensive endeavor, just getting the people either around the table to plan for the future of the services or the centralized resource that will allow different buses to be plugged into a central system. That takes money also.

Ms. SIGGERUD. Anyone else on that issue?

Dr. Kerschner.

Dr. KERSCHNER. I have just a quick comment. I think one thing that I would like to say is that in planning transportation, I think we sometimes assume that the only thing that seniors need is to go to the doctor, and I hope there is more to life when I become a senior than going to the doctor. I think that reflects the rationale for setting up a lot of these transportation programs; they really are single-purpose.

Also, particularly in paratransit, they are really not set up to meet many of the needs of seniors. For example, can they provide transportation escorts that many seniors need? Many of them can-

not. Some of them try very hard. Can they provide door-through-door transit, actually going through the door and helping someone get to the van or the vehicle? No; it is very hard for them. Can they provide trip-chaining, where you make a stop and another stop and another stop? They are not set up for that; it makes it really hard for them. Do they have geographic boundaries? As Stephan said, yes, they have geographic boundaries, and maybe somebody's doctor or their church or something is outside the geographic boundary of this particular program. It is isolating people in their communities. Do they provide quantity and quality of life transportation? All of these things are very important, and many of the systems and services, particularly paratransit, are not really set up to do that, and we have to recognize that. Perhaps they can develop innovations that will help them do that, but maybe there are some other options that we should be exploring.

Ms. SIGGERUD. Why don't we now move to a discussion about the needs of the old versus the old-old, the frail elderly. There are different kinds of services required, for example, Dr. Kerschner talked about seniors who need door-to-door service versus seniors who are in fact able to be more mobile.

Dr. Kerschner, would you care to start?

Dr. KERSCHNER. Yes, I would. I tend to believe that our real area of emphasis now—the 65-plus population is really very important, and I acknowledge that—but the 85-plus population is the population that may in fact not be driving or may need to give up their keys. So when we talk about the problems of senior transportation, I think we need to really, really hone in on that population and take a hard look at it. That is the population that may in fact need an escort.

Now, some interfaith programs that create these transportation programs say that that escort is not just to physically help someone get into the doctor's office or into the social service agency, but if that person hears bad news, that escort is there to take care of them and help them if they do hear bad news.

So it is a supportive—in a sense, it is social support in addition to transportation support. I tend to call them "transportation caregivers," if you will. For that window of time, these people are providing caregiving while they are providing transportation.

The door-through-door service is extremely important. Many programs provide door-to-door. It is very hard for the driver of a van that may have fix or six people in it to go up to the door and help someone. They are not supposed to leave the van. They really worry about what might happen with people in the van, so they cannot really do that—and yet someone may not be able to walk to the curb let alone just to the driveway to get to the van.

So I think that that door-to-door or door-through-door service is absolutely critical if we are really going to meet the needs of people who are frail.

I hope that policymakers will really hear the call that I think almost everyone here has talked about—the quantity and quality of life transportation. The essentials are important, but the nonessentials are important. I think going to the hairdresser is essential, quite honestly. A lot of people call that nonessential. But these are very essential parts of our lives. Why do we limit the lives of older

adults because they hit 85? Why do we do that? I really have to question that, and we do it through the establishment of our transportation programs, and it is a real shame.

Mr. BURKHARDT. If I could jump in there, we sometimes talk about life-sustaining activities, and then there are life-enriching activities, which include visiting a loved one in a senior home or going out to a concert or doing something in the evening when lots of public transportation services do not run, or going to religious services on the weekend when lots of public transportation services do not run. It is really critical that we begin to match our transportation services to the great variety of transportation needs and the great variety of people out there.

There are people who are seniors, who are old and do not have much money, and there are seniors out there in certain communities who cannot get a ride no matter how much money they have. So everybody has some differences, and we have had people in our focus groups say to us, "I may not feel like going for a ride today, but I might want a ride tomorrow." So there are even differences from day to day. That is why it is so important to do what Sandi is talking about in terms of getting a family of services. Some days, they may need special, hands-on care. Some days, a person may be fine, and they can be independent and on their own.

We need to have this range of choices. We need to have a range of payment options that goes along with it, but not just have transportation services available from 9 to 5, Monday through Friday.

Ms. SIGGERUD. Other comments? [No response.]

OK. I think we will move on to our second theme for this afternoon's discussion, and that has to do with coordination of transportation services for seniors.

Several of our panelists today have talked about some of the barriers to coordinating transportation services—for example, the many jurisdictions in urban areas, the many existing programs that are funded from different Federal and State pots of money.

I guess what I would like to hear people talk about, then, is what are the obstacles and what solutions do they know of in order to achieve better coordination with the goal of actually improving efficiency, affordability, and/or availability of transportation services for seniors.

I think our most published expert on that on this panel is Dr. Burkhardt—I am sorry—Mr. Burkhardt. Would you please go ahead and address those issue?

Mr. BURKHARDT. Honorary doctorate degrees are always good.

Ms. SIGGERUD. You have published an impressive amount of research; that is why I got confused.

Mr. BURKHARDT. Coordination has been tough in a number of areas. It basically means sharing power and sharing resources. This comes up against some individuals' or organizations' need to have the limelight to themselves or to have fiscal or political control. So sharing is perhaps something that is not automatic but has lots of benefits. You can get more money, more efficiency, more productivity, and certainly more mobility if there is transportation.

We have found that to get some of these benefits, particularly the economic ones, that if you have particular strategies, it works out best. One strategy would be getting new revenue sources. Another

strategy would be decreasing the cost of providing the services. Another strategy is increasing efficiency and productivity, and then finally, increasing mobility.

There are examples all over the country of people doing things that are innovative in coordination. A number of public transit agencies are coordinating with the Medicaid Program to provide trips for Medicaid patients at substantially reduced costs, and the transit agency gets more money, and the Medicaid Program saves money.

Similar kinds of arrangements can be made with transit agencies and school districts. In terms of cost savings, one that we have written about is STAR in Arlington, really saving money versus the Metro Access System, and providing services that are patronized by a factor of almost ten to one. So, Terri, you must be doing something right.

There are services all over the country. One of the really interesting ones is in the suburban Detroit area, where the local public transit authority is coordinating services across a wide range of different jurisdictions, so that for all these jurisdictions, if they buy into the metropolitan-wide compact, the "SMART" system, which is the large regional transit system, will provide training and vehicles, and the local communities provide the operating funds, sometimes even providing drivers. So as long as the local communities agree to be associated in the special taxing district, everybody is working together.

All of those things show the potential benefits of coordination. Again, it is not necessarily something people come to comfortably. As Stephan said, the planning takes a lot of time. You have to talk to people who may not talk the same language you do—the acronyms are different, the client types are different, the service needs are different. But if people remain involved, then, for persons who are elderly or persons who have disabilities or persons who need additional assistance in learning, all of their needs can still be met, and we do not have three transportation systems out there, we just have one transportation system. So it is possible.

Ms. SIGGERUD. Ms. Markwood, did you have anything to add from some of the agencies you are familiar with?

Ms. MARKWOOD. The interesting thing is that a few years ago, I did a project called "Aging of the Population and Aging of the Infrastructure," looking at the parallels between the two, because infrastructure is aging, and the population is aging, and the fact is this really provides an opportunity for the two systems to really look at each other in a new and integrated way.

In saying that, I think there are barriers. There are barriers in funding, there are barriers in jurisdictional issues, and there are also barriers because traditionally, a lot of the folks who work in the transportation arena—county engineers, public works directors, highway department engineers—talk an entirely different language than we do in human services. So when you are talking about coordinating between human services and the transportation arena, there are additional barriers even in nomenclature and acronyms that people throw out that need to be overcome to get everybody at the table on an even plane to be able to deal with these issues and to deal with them well.

In saying that, as Jon pointed out, there are a number of different communities that have been able to overcome them, and the key there is to get everybody to the table and to try to reduce the turf-ism associated with funding resources, to get people to realize that improving transportation services for older adults, whether it be highway transportation services, public or paratransportation services or driving safety issues, improves transportation services for everyone in that community.

I think that once you get that issue across, it changes the conversations that you are having at the table, and then people can look for the common goals and ways to get beyond the barriers of jurisdictional issues like they did in Detroit and to get beyond the issues of funding the best they can without additional funding to be able to pool resources to make these programs work.

There are barriers, but there are also opportunities, and I think that if you can pull people together to realize, again, that improving transportation for older adults improves transportation for all ages, then you have overcome one of the biggest ones.

Ms. SIGGERUD. Mr. Kline.

Mr. KLINE. I think there are a couple of efficiencies that can be realized. One of them that Jon spoke of before deals with Medicare, which for seniors only pays for the use of ambulances to get them to emergency health care situations. It turns out that there have been a lot of payment in ambulances but for non-emergency use situations, and what Medicare should allow is transportation for medically necessary transportation and perhaps a significantly lower degree of intensity. So it might be a specialized van they could use to take someone to a doctor's appointment or a taxi. If it is medically necessary, Medicare should pay for it. It might not necessarily cost Medicare more money for that given the extent to which it is being used now.

A different situation in Detroit—our Commission on Jewish Eldercare Services is a collaborative of seven different Jewish agencies that provide social services for older adults. All of them had their own vans and buses, and they got into a common system and figured out how they could maximize the use of them. They got rid of some vans, they came up with a common insurance policy for all of them. That is done at the nonprofit level. There are similar methods that can be done with for-profits or for Government entities.

We talked briefly about the use of public buses in different communities, using schoolbuses, perhaps, on weekends or evenings for programs that involve seniors. So those are some of the ideas that we are talking about at the local level.

At the Federal level, over the last 6 or 8 months, the Federal Transit Administration and the Administration on Aging have started a formal collaboration on different senior transportation issues which seems to be starting with quite a degree of enthusiasm from both agencies. There are a lot of other agencies that deal with seniors and deal with transportation issues that could be brought into that collaboration, whether it is the Department of Housing and Urban Development or the Department of Labor or the Corporation for National and Community Services. There are a lot of different programs in the Federal Government that deal

with senior issues and deal with transportation and senior issues, and that should be carried over to the Federal collaboration.

Ms. SIGGERUD. Ms. Lynch.

Ms. LYNCH. The piece I can add is that in terms of the collaboration that folks are talking about, one of the reasons that we have had the degree of success that we have had is that our Commission on Aging is a board-appointed commission that advises them, and the area agency on aging has sponsored a transportation committee for about 10 years. It has included within that committee senior advocates, people from our office, people from public works, from the Red Cross, which uses volunteer drivers, the taxicab companies, the private vendors, and we have looked at an array of issues, so that once STAR had conceptually begun to be Arlington's prearranged ADA program, or transportation program, that was what gave us the venue to add on to STAR. STAR was there to begin with, and we could see what were the pieces that were missing—the assisted transportation or door-through-door was one, a temporary arrangement, so that we can focus all the folks together.

The piece that we have thus far had zero success with—and it is a goal for the future—is that Virginia's Medicaid transportation is not involved in this at all. So that is a piece that we need to work on.

Ms. SIGGERUD. Thank you.

Now I think we will move on to our third theme this afternoon. You have heard all of our panelists give some examples and talk about interesting and innovative senior programs in their communities. I think we will actually turn to that topic at this point and ask our panelists to comment on what are some of the hallmarks or characteristics of successful senior transportation programs that they are familiar with and, knowing that, how can that information be communicated with an eye to replicating that elsewhere.

I think Dr. Kerschner has done quite a bit of research in this area, and perhaps you can comment first, please.

Dr. KERSCHNER. Thank you.

Yes, as I mentioned earlier, our foundation joined with the AAA Foundation for Traffic Safety about 4 years ago and started what we called the STAR Search Program. We hoped at that time that we would maybe identify 50 or 75 or 100 of these senior transportation programs around the country, and with our first little inquiry, we got 350 responses within about a month.

We decided that it was a hotter topic than we even realized. Actually, we ended up in our data base with completed surveys of 237. Now, several years later, we have 400 surveys, and we expect to have 500 at the end of the year. We have given 14 awards for excellence.

This has been an interesting agenda because we have looked not only at urban but also rural and suburban programs, so we have a real mix and a real sample of what is going on out there.

I was asked today if I thought we had about maxed out on this, and I said no—I think it is just the tip of the iceberg. There are wonderful things happening in communities around the country.

I have mentioned some of the things that I think are absolutely critical to these supplemental, if you will, transportation programs for seniors in terms of best practices. I think there are some best

practices with regard to escorts. That is a key component for many of these programs and something that people need to think about. If you will, "transportation escorts" or "transportation caregivers" is what we call them.

I think also the issue of volunteer drivers is a really important component. Many of them have a mix of volunteer as well as paid drivers, and that becomes an absolutely critical part of a really good dynamic and integrated program. Many of them include both, and they work very well together, and they integrate very well within the community.

Now, I think the fact that a large number of these include transportation by automobile is very satisfying to older adults. Older adults would rather go in an automobile than any other mode of transportation. So the private automobile helps out a lot. Even in the volunteer programs, many of the volunteer programs will allow people to take their wheelchairs. They will say, "Don't bring the Cadillac wheelchair, bring the little, bitty wheelchair with you if you can, so we can put it in the trunk of the car." I think there are also some best practices just in terms of models. As I mentioned earlier, many of these programs are interfaith programs. There is a Shepherd Center Program up in Kalamazoo, MI. It is a wonderful program. When we first looked it, it had zero budget. It now has a budget of $9,000.

These are what I would describe as low-maintenance, low-cost programs. They provide escorts, and the escort stays with the person, but they have a unique fundraising mechanism, because as they go into the doctor's office or whatever social service they are taking people to, or many times the grocery store, the transportation escort will just drop off a card at the desk and say, "This transportation was provided by Shepherd Centers of America," and it has achieved many unsolicited donations to the program, because physicians and other people are very appreciative of this. It is a unique fundraising tool, and I think that is an important component of these programs that have no budget. That is why the program now has a $9,000 budget.

A program in Indian country, out in the San Felipe Pueblo outside Albuquerque, sent us in a response, and we took a look at it, and I thought, well, this is not really any different than most programs—it has a van, and they take seniors places—but let us just take another look. So I talked with the people out at San Felipe, and they said, "No—this program is wonderful because it allows us to take seniors to places they would never—many of them have never been off the Pueblo—they can go to places in Albuquerque, maybe even to the Grand Canyon and to other places, and it allows them to play the role of elders in our community." It allows them to have that status and that background and that experience, and I think that is unique.

There is also a program in Jefferson County, KS. As you might guess, that is a very rural area. It really has become, if you will, the public transportation program. It is automobile-based, but it has not only volunteer but paid drivers. The program is a wonderful program, and the seniors say that without that program, there would be no transportation available in the whole county. It is run very efficiently.

I have to comment about our Pass Ride pilot that we did in Pasadena recently. It is a very unique program. It is a program that is totally volunteer. The idea was that we could develop the program without adding staff to an organization—and I have to tell you, if The Beverly Foundation can do it, anybody can do it, because we are not a service provider. We are a research foundation.

So what we did was organize it according to the idea that the riders are recruited by service agencies, the riders recruit their own drivers, the drivers drive for the program, and then we reimburse the drivers for some of their costs for providing transportation.

That means that we do not have to schedule rides; they are scheduled between the rider and the driver. We maxed out at 25 riders and 25 drivers. That is as many as we wanted. We provided rides for $6.20 per ride. Now, that is compared to—and it is not really fair to compare it—but it is compared to $32 per ride by the local paratransit. It is not saying that this is any better; it is saying that it is a really good option for people to consider.

Ms. SIGGERUD. Thank you.

Mr. Burkhardt.

Mr. BURKHARDT. I will offer a couple of comments here. You asked what is good transportation service, and how do you know, and the "How do you know?" question is always a good one.

I would say that a good program for elders is one that has a real customer focus, one where the older persons' needs are really catered to, and people are treated with dignity and respect. There should be elements of customer choice so that a customer can choose where to go, and for different kinds of trip purposes. A system that has more than just trips to the doctor is going to be preferred over a system that has only medical trips. Grocery trips, trips to nursing homes to visit a loved one and trips for personal business—these are really important.

Having coordination with other kinds of services so that the administrative costs are shared by a wide variety of programs is important. This broad spectrum of services in terms of wide ranges of hours, wide ranges of destinations, wide ranges of days of the week—in fact, the closer you get to a 24/7/365 service, the better off these services are.

Finally, this family of services—being able to have an escort when an escort is needed, being able to use public transportation when public transportation is needed, getting financial assistance when it is financial assistance that is needed to get the ride—having all these things build into a program would make a highly effective and highly customer-oriented program.

Ms. SIGGERUD. Mr. Kline.

Mr. KLINE. I want to comment on the medical appointment issue. Nursing homes and institutional care is obviously a very important option and necessity for the aging population, and there are of course many great institutions out there. But a lot of seniors really want to remain in their homes and in their communities. The programs that provide only transportation to doctors and health appointments—they are not shortsighted; it is a question of money—but from our perspective, if that is the only time seniors can get out of their houses, they are not going to last very long in their homes and communities, and in Government practice, if we get

more money for Section 5310—and we will talk about that in a minute—but if the services are geared only toward health systems, the transportation, then it is not going to be a significant step forward in this area, because I do not think that getting to synagogue on Friday night or Saturday, or getting to a nursing home—that cannot be considered a luxury if our purpose is to allow people to remain in their homes and communities.

I think a lot of policymakers think of these kinds of things as fluff, and part of our job is to convince people that more than health care is a necessity when we are talking about transportation for seniors.

Ms. MARKWOOD. Following up on Stephan's point and on Terri's point earlier, the success of the Arlington program is in part because of the local community's support for that program, the fact that it was the board of supervisors in that community who took this on and appointed a transportation committee.

So when you are looking at best practices and surveying them, I think local support is critical as well as a local dependable funding source which could bring in Federal and State funding as well. But there needs to be a dependable funding source, a dependable provider who is trained to be able to work with the older population. Whether they be volunteers, paid or unpaid drivers, people still need to be trained to be able to provide that door-to-door or door-through-door service.

Coordination is critical to be able to maximize service potential. I think the one thing you have heard from everybody is that to ensure the quality of life of older adults, we cannot just limit transportation services to those medically necessary appointments; we need to look at transportation across the board and the quality of life of older adults.

Ms. SIGGERUD. Dr. Rosenbloom.

Dr. ROSENBLOOM. Jon and I have studied what transit operators have done, which I would like to put on the table.

Somebody earlier mentioned that many of the current generation of older people have never really used public transit, and if they did not use it when younger, they would not use it when older. But there are a number of systems that have done transit or travel training for older people, some with disabilities, some without. Their experiences suggest that if you find a group of older people and show them how to use the bus, how to read schedules, how to figure out where to go, how to figure out where the bus stops are, how to use the accessibility features on buses, ridership increases dramatically among the people that you train. A lot of these folks had no idea where the bus went, and they were reluctant to find out, and suddenly realized that although transit was certainly not going to take care of all their trips, it might take care of some trips. Not only that—in I believe it was Eugene some of the drivers who were trained actually gave up driving when they realized what kinds of public transit options were available to them.

I think this is a cheap, long-lasting, and very effective option that we ought to be spreading to other transit operators.

Mr. BURKHARDT. That is a great point, and in particular the Eugene, OR system made riding public transit a real accomplishment in terms of mastering a complex system, so this was not seen

as a second-best option or third-best option but as something that was really a statement of empowerment. Sandi is right—it let people be very happy about walking away from driving.

Ms. SIGGERUD. Thank you for transitioning us to the next subissue I wanted to get to under that topic. Are there other opportunities for communities to make use of their fixed-route transit systems and to make seniors comfortable with using them in addition to those that have already been discussed?

Ms. LYNCH. I guess the one piece I would add to that is—Arlington has the opportunity, so I suspect many other communities do as well—to talk to the transit arranger to change routes. Many times, routes have been changed so they go right in front of one of the senior highrises or the new assisted living or the new whatever, to try to make it so it is particularly convenient.

I will echo what happens when you do some training about how to use Metro's very complicated fare structure. Some of the senior centers did some training of their members, and they started to use it more. So it is a very effective tool.

Ms. SIGGERUD. Other comments?

Dr. KERSCHNER. I think this was mentioned a little bit before, but I think training drivers for public transit becomes a very important issue. In focus groups throughout the country, one of the reasons seniors say they do not want to use public transit is because the drivers are rude to them. They hurry them, they criticize them, and so forth. So I think driver training in public transit becomes a really important contribution to enable seniors to be able to use those programs.

Dr. ROSENBLOOM. Problems is related to driver training is that public transit is geared toward the lowest common denominator. Today, public transit systems try to find a way to cram as many people on a bus as they possibly can, so if they have a few seniors, a few kids, a few commuters, etc., a few that—of course the drivers are always yelling at people to hurry up.

But if we get transit operators to invest in what the industry calls "route restructuring," finding new routes that meet the needs of different people, routing services to naturally occurring retirement communities, trailer parks, senior centers, places where older people want to go or where they live, providing extra service in the middle of the day, it is more likely that it will not be kids and workers riding in the middle of the day during the week—it will be older people. Drivers can then be urged to and trained to provide a better quality of service geared toward the people who are riding at that time of day or using those special services.

I think this is really crucial. If you remember that the majority of older folks living in metropolitan areas are in the suburbs, we must provide effective public transit services in the suburbs, and that can only be done by route restructuring, it can only be done by looking at where routes go and how well they serve the needs of the senior population. Studies strongly suggest that older people will use public transit if it is more geared to their needs, both in terms of time and location.

I think we have a lot of opportunity within public transit services. Why don't transit operators do it? They do not have enough money. That is going to lead into the next issue—it is not that all

public transit services are resistant because they are not smart enough to figure this out. It is not because they go for the lowest common denominator because they know no better. It is because they do not have enough funding to do these kinds of things. We have to be looking at trying to not just fund them, but fund them to do specific things that will make services better for older people.

I feel strongly that the two things have to go together. You cannot just throw money at transit operators. You have to insist on a quality and a kind of service for older people.

Ms. SIGGERUD. That was an excellent transition into our final topic today, and this is where we give all of our expert panelists a chance to get on record and give advice to this committee and others, moving forward on these issues. We have an important reauthorization coming up—the TEA–21 legislation expires on September 30 of this year—and there are also other legislative opportunities coming before the Congress in the next few years.

I would like to ask all of our panelists to comment on the opportunities that the TEA–21 reauthorization and other legislative opportunities provide in terms of improving programs to address senior transportation needs.

I think I will call on Mr. Kline first, since his task force has quite a lengthy list of ideas in that area.

Mr. KLINE. Yes; we have no shortage of ideas in the area.

TEA–21 provides a wonderful opportunity to highlight the issue for Congress to get up and say that the interests of seniors within the transportation planning process and the transportation provider process is really important, and it was the reason that we came together to form this task force.

It is forums like this that provide an opportunity to get Congress to highlight the issue. We have had at this point I would say some success in highlighting these issues with Members. We have met with probably 20 percent of Members or staff who work on transportation on the Hill, and they are receptive. Obviously, they all have seniors in their communities, and they understand this issue empirically.

The problem is that while we have a lot of ideas, and some of those ideas will be picked up, the first issue is really money. The first issue is money, and we have all talked about the need for increased resources in this area. The Section 5310 Program is currently for fiscal year 2003 funded at about $91 million. It is not going in the right direction; the administration has encouraged that the program be cut to $87 million in the next fiscal year as part of its reauthorization proposal, and it would get up to probably a little over $97 million by the end of a 6-year reauthorization process. We think that that is going in the wrong direction.

As I mentioned in my opening remarks, we believe that there is $1 billion worth of unmet needs in the area of senior transportation. Probably the 5310 Program could use $400 million of this for things like paying for operating costs, paying for replacing capital expenses by new capital for the increased need, and paying for some extra point-of-service contracts.

So there is a lot of increased need in this area, and to date, the administration has, I think, failed to step up to the plate and take this on seriously. In their SAFE–TEA proposals—which is their

version of TEA–21—they have taken, I think, some of what we have said to heart, and they are issues that are mainly somewhat peripheral, I think, to the core points.

They have included the concept of mobility managers, which would be kind of a one-stop shop, a person who would be knowledgeable of the interests of seniors and other communities, and it would be kind of increasing what they have done in the senior housing area, service coordinators; it is taking the concept of knowing what are the resources in the community and how can I help the individual consumers who need help. They have taken that idea to heart.

They have included additional funding for planning for transportation. Now, we think there needs to be dedicated funding for planning for seniors, but at least they have tried to bolster some of their planning issues, and that is important.

Probably most important from the funding perspective, while they have not agreed at this point to increase funding for the overall area, they have for the 5310 Program allowed the idea of using matching funds from other Federal sources that could be dedicated to transportation, for instance, from the Older Americans Act. In the previous authorizations, that has not occurred.

Finally, they have an idea for getting some funding for their New Freedom Initiative, and we think that is important. We are hopeful that the money that they are thinking of dedicating for the New Freedom purposes will not come at the expense of some of the other programs.

So I think the bottom line is they have taken some of the issues to heart, but there is a lot more that the administration needs to do and that Congress needs to incorporate into their proposals as the bills go forward this year.

It turns out that at this point it seems likely that there will be a shorter-term—not a reauthorization, but a short-term gap proposal that would last for a year or two, perhaps until after the 2004 election. It is unclear, and that is changing day-by-day, but at this point, there is likely to be a short-term piece rather than one that would last for 6 years.

Ms. SIGGERUD. Ms. Markwood, do you have a comment?

Ms. MARKWOOD. What N4A is urging in the reauthorization of TEA–21 is to really focus in on the issue of coordination. We believe that we need to foster a coordinated approach to human services transportation as we have discussed this afternoon, and we need to provide additional funding to support that planning and coordination, because as we have also discussed, there is a price tag associated with that. We also need to reduce the regulatory burdens and provide incentives for Federal grantees to work cooperatively at the community level on aging and older mobility issue.

Additionally, besides coordination, we too are working toward and we too want more money in the 5310 Program to be able to support older transportation options in the community. We also believe that there should be a set-aside demonstration project funded through the Federal Transit Administration to help establish those innovative programs targeted to meet the needs of older adults and to utilize creative partnerships at the local levels to make these partnerships happen.

We also think that the Federal Transit Administration should develop and disseminate effective models and best practices through a national technical assistance center that would be targeted to meeting the needs of older adults.

In addition to the reauthorization statements related to the Federal Transit Administration, we also think that the National Highway Traffic Safety Administration should focus additional attention—they have already focused a lot, but they need to focus additional attention—on older driver assessments and older driver safety issues, and specifically, public information needs to be disseminated about older driver issues.

Additionally, we focus a lot on older driver safety and senior mobility, and the Federal Highway Administration is also key in that. When you are looking at promoting older driver safety, we have talked initially about the need for more markings, for better left turn exchanges. There is a whole range of different highway improvements that can be implemented that improve driving options for older adults.

Unfortunately, especially in times of budget cuts, which is what the States are experiencing right now, these enhancements are usually the first things to be dropped.

Again, the aging of the baby boomers is upon us. We cannot afford to drop any of these alternatives. We need to focus in on the continuum of senior mobility issues through the TEA–21 reauthorization, from older driver safety to public transportation and paratransit options to redesigning our highways to make them safer for older adults and for all adults.

Ms. SIGGERUD. Dr. Kerschner.

Dr. KERSCHNER. Just a couple of quick points. I would really emphasize the importance of TEA–21 and the reauthorization in the area of 5310. As you can tell, I am particularly interested in senior transportation options and looking beyond the traditional options, particularly funding what we call the "low-cost, low-maintenance" option.

I think it is important to address that in a couple of ways. First, I think we could put in matching funds for startup and operational costs of these kinds of services. I say matching funds because it is very important that funds come from the community or from the organizations themselves, and that they are willing to do that; it would show support at the national level.

I think the second thing is to help programs identify insurance carriers and pay for insurance costs in the early years of the programs. Insurance is the breaker in terms of these community-based transportation programs. In a conversation, people are talking at a meeting about, "Oh, we could really support seniors if we started a transportation program," and somebody raises their hand and says, "But what about insurance?" and the conversation stops. It is really unfortunate, because insurance is available, and it is not always that expensive. For our program, I think we provided total insurance for all the volunteers for the whole program for about $2,500 a year. It is available, and it is possible to get it, but I think people need to know about it, and some of the support would be helpful.

I think travel reimbursement costs for volunteer drivers for these programs could be extremely helpful in supporting the programs and helping them get off the ground and supporting the whole idea of volunteerism. With the increased expense of gasoline now, this becomes a really important issue.

Finally, to support the recruitment and training of volunteers who can be drivers but who can also be transportation caregivers could contribute a lot.

All of that could happen under the 5310 legislation.

Ms. SIGGERUD. Mr. Burkhardt.

Mr. BURKHARDT. I would like to support all the comments that I have heard so far today, and what I would like to do, and speaking as a private individual and researcher, is to wrap this all together into a brand, new program. I would like to see the Senate Special Committee on Aging support a senior mobility initiative as part of the reauthorization of TEA–21.

This should be a multi-agency approach. It would include the Federal Transit Administration, the Administration on Aging, the National Highway Traffic Safety Administration, and the Federal Highway Administration—just to start. There should be other agencies involved in this effort as well.

One of the first key issues is the publicity campaign to let the rest of America understand how important it is to consider the older driver and senior mobility issues that are going to face all of us in the very, very near future.

A very important component of this senior mobility initiative would be demonstration programs. They would be demonstration programs to work with shared-ride taxi options, they would work with the kinds of volunteer options that we have been talking about, they would look at the kinds of coordinated services that we found in Detroit, and they would be supported by Federal funding which then would also be used to say which of these programs could be replicated across the country and under what conditions and circumstances, which are cost-effective in rural areas, which are cost-effective in urban areas.

I certainly support more funds for FTA's Section 5310 program, but that alone is not enough. We really need something new, and if we call it a "senior mobility initiative" or if we call it something else, it does not matter much to me. But it does matter to me that the Administration on Aging gets involved as well as these three agencies that are directly affected by the TEA–21 legislation. I hope that the Special Committee on Aging will push for this.

Ms. SIGGERUD. Thank you.

Ms. LYNCH.

Ms. LYNCH. Thank you.

I would like to build on what Mr. Burkhardt has said. It seems to me that the place we are today is that we need to break down the barrier that exists between transportation and human services transportation. We really need to move forward and make sure that transportation systems in this country focus on the needs of all the users—and that includes older drivers, transportation users, paratransit users, transit users—and take a philosophical leaf from the passage of the Americans with Disabilities Act, which tried to say in very simple language that the fact that a person has a dis-

ability should not prevent them from access to everything in American life. What we need to do in transportation is exactly the same thing.

There was an assistant secretary of aging some years ago who used to talk about the need to "gerontologize" America, to make people understand what it means to have an aging society, and how so many of our systems need to change, and transportation is a wonderful place to start.

Ms. SIGGERUD. Dr. Rosenbloom.

Dr. ROSENBLOOM. Of course I echo what has gone before, but I would like to suggest that we not ghetto-ize these issues. If we focus only on additional 5310 funds, we are only doing triage; we are only taking care of the people with the most serious problems. But we are rapidly becoming an aging society. We have to take care of the older folks who could use public transportation, could use other options, who do not need door-to-door but need something, who do not need an escort with them but need some kind of superior level of service.

I would like to push for additional funding for transit operators to do travel training and transit familiarization for older people, to increase security at bus stops along the way, to increase information and communication en route so a rider will know, if the bus is late, whether it will be possible to make a transfer or not, etc.

I would like to stress that we need more funding for—I would like to echo Jon's point that we need more funding for demonstration projects. I was recently working with the Harvard Project on Civil Rights, which is looking at the civil rights issues in the reauthorization of TEA–21, and those folks are absolutely amazed. They say that DOT is the only organization which does not do major demonstration projects that they follow for years and see how they work.

So I think we need to be looking at that kind of thing that you see at HUD, that you see at Labor. We need to fund projects that deal with various aspects of things that you have heard about today, and then follow them not for a year, not for 2 years, but for 5 or 10 years to see how people do, what the problems are, in what situations they can be transferred to other communities. This is really, really crucial.

I would like to see more funding or more demonstration projects in the whole area of informal providers and private providers.

I would also like to see more funding for "growing" transportation providers. FTA had a demonstration project, a very successful one, in Tennessee where they trained welfare recipients to be small-scale transport entrepreneurs in rural areas where there were no taxis and no volunteer programs. I would like to see some money put into those kinds of ideas.

Also, someone earlier mentioned transportation planning. If any of you know how regional councils of government work, there is always one person—usually a young woman—who is the elderly, handicapped, minority—whatever the PC thematic issue of the day is—and after a long, complicated process goes on, she writes the last chapter of the transportation plan without it having anything to do with the major issues that have been grappled with for the whole process.

I think it is crucial that older folks and people with disabilities should be mainstreamed into the transportation planning process. It is very hard to see how, if the transportation planning process does not consider these issues front and center, providers and people who deliver programs and services are going to see it.

Finally, I think some of you may know that in TEA–21, roadway projects were required to consider the impact of accessible pedestrian facilities, but transit is not. Transit operators who take Federal money for Federal improvements, for improvements in their transit system, are not required to consider accessible pedestrian facilities.

I have a huge collection of pictures of bus stops, accessible bus stops—that are totally unconnected to anything. No sidewalk goes to them. But if you could be put down by a Star Trek transporter right on that landing pad, you could easily get on and off the bus.

In the reauthorization of TEA–21, we need to put the same regulatory requirements on transit operators for the use of Federal money as are now put on highway operators—that the pedestrian infrastructure is absolutely crucial to the use of transportation services.

Thank you.

Ms. SIGGERUD. Now that everyone has had a chance to get their initial set of ideas out on the table, are there any reactions from panelists? Does anyone want a second chance at it? [No response.]

OK. We have had a great panel today. I asked early on, perhaps in our third theme, about what can we do to communicate what we know about best practices and innovative ideas to the rest of the United States and the rest of the communities that are struggling with these same issues we have addressed today. We did not get into that issue in a lot of detail, but I have to say that I think the record of this forum and this panel will in fact provide an excellent starting point to get those ideas on the record, and I hope we can continue to explore that.

Let me thank each of our panelists, who have traveled from near and far to participate with us today. We had an excellent discussion with great participation.

I know it would be very useful to the Senate Special Committee on Aging as they move forward, and as I said, they plan to make a record of the meeting we have had today and share it throughout the Congress, to be able to have an impact on legislation in both the House and the Senate.

Again, I thank the committee staff and the Senators on the committee for giving us this opportunity to raise all of these issues, and thanks to the audience for sitting with us and being a very good audience, rapt, and a very large one as well. So it is great to see this amount of attention paid to these issues.

Thank you.

[Whereupon, at 4:40 p.m., the forum was concluded.]

○