



# WHITE PAPER #6

PREPARED FOR THE STPs MOBILIZER PROJECT

BY THE BEVERLY FOUNDATION

## TRANSPORTATION ALTERNATIVES FOR SENIORS: *High Cost Problems and Low Cost Solutions*

### 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.

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\*This paper was adapted from an article prepared by Helen Kerschner (of the Beverly Foundation) and Peter Kissinger (of the AAA Foundation For Traffic Safety) that was published in the Journal of the International Transportation Engineers in 2003. 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)

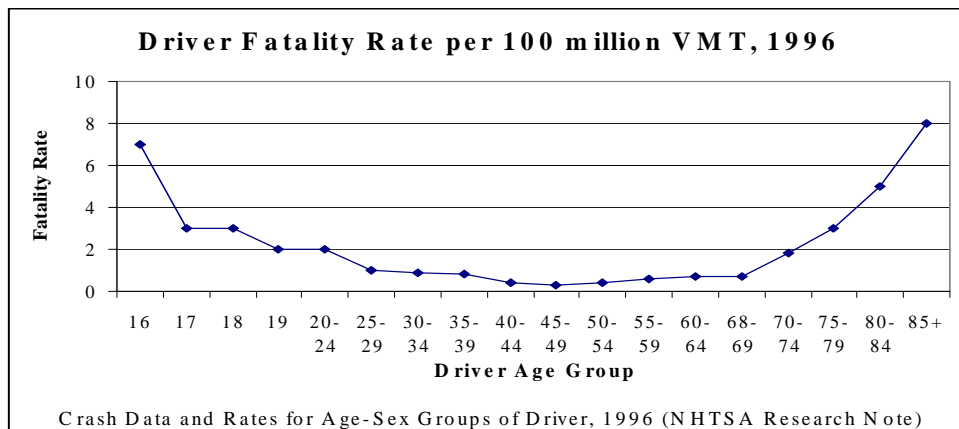


Figure 2: Deaths in passenger vehicles per 100,000 population

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)

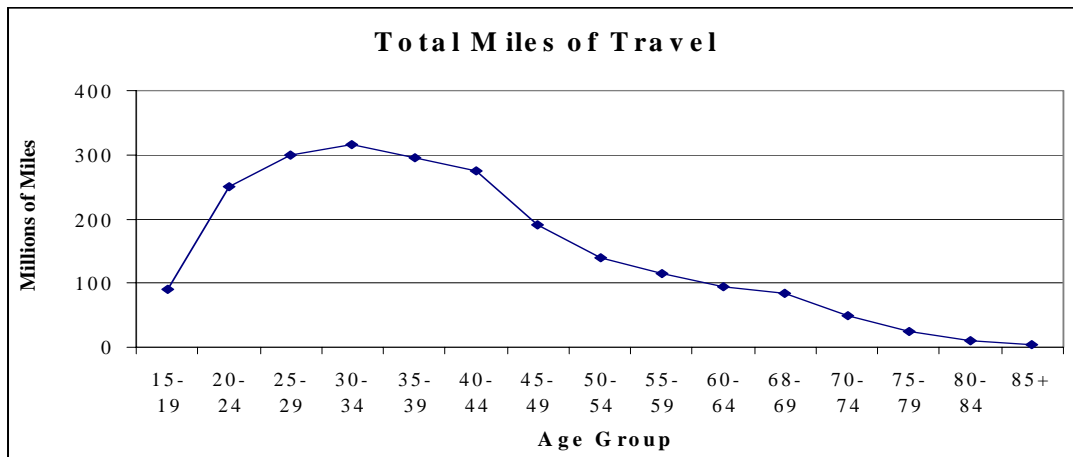


Figure 3: total miles of travel by age group

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)

<u>Men and Women Age 70-74</u>			
	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\***

<b>Availability:</b>	Transportation exists and is available when needed (e.g., transportation is at hand, evenings and/or weekends).
<b>Accessibility:</b>	Transportation can be reached and used (e.g., bus stairs can be negotiated; seats are high enough; bus stop is reachable).
<b>Acceptability:</b>	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).
<b>Affordability:</b>	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).
<b>Adaptability:</b>	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.

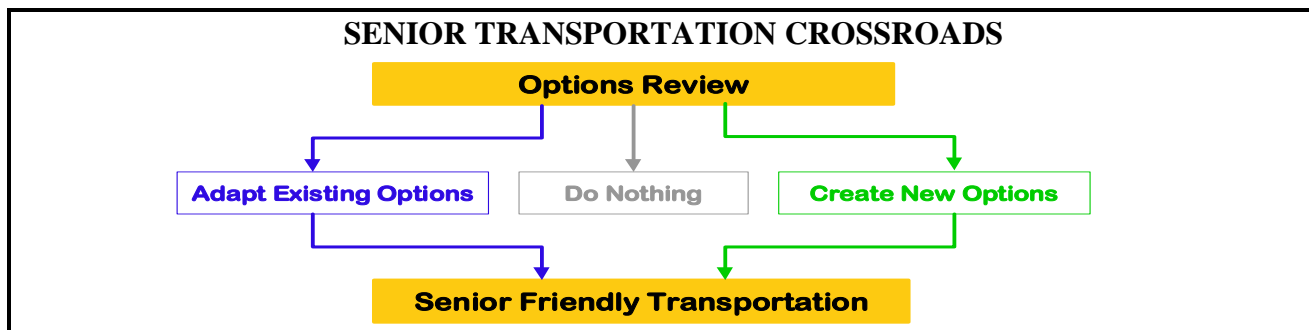


Figure 6: Senior Transportation Crossroads developed by the Beverly Foundation in 2002

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 AAFTS 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/AAAFST 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.

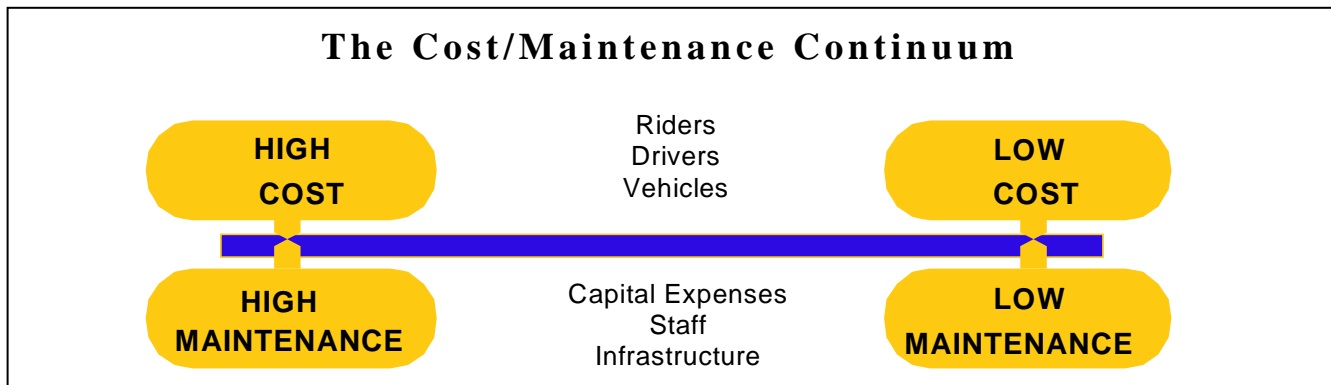


Figure 8: The STPs Cost/Maintenance Continuum developed by the Beverly Foundation 2002

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)

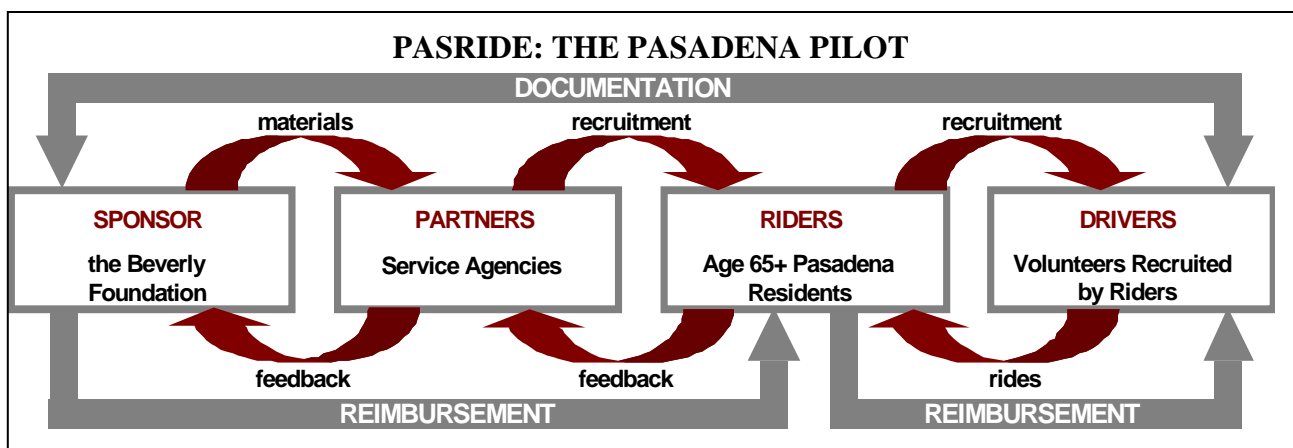


Figure 9: The PasRide Model was developed by the Beverly Foundation, 2002

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 new 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.

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- (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.
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