



TESTIMONY
BEFORE THE SUBCOMMITTEE ON
HOUSING, TRANSPORTATION, AND COMMUNITY DEVELOPMENT
of the
SENATE BANKING COMMITTEE

on

**Promoting Broader Access to Public Transportation
for America's Older Adults and Persons with Disabilities**

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WITNESS:

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Good afternoon, Chairman Menendez and other distinguished Members of the Subcommittee. My name is Lee Hammond and I serve as President of AARP. I appreciate the opportunity to testify before you this afternoon and I'd like to thank the Subcommittee for holding this hearing on a topic critical to millions of older Americans – how they or a family member will maintain their independence as they step away from the wheel of their car.

Transportation provides the access that is fundamental to achieving the health and economic security goals that led Ethel Percy Andrus to create AARP -- whether getting to a doctor's appointment or to a job.

Demographic Shift

The United States is a rapidly aging nation. The leading edge of the baby boom generation reached age 65 this year. By 2030, nearly every fifth person in the United States will be age 65 and older. In the next two decades, the fastest growing age segment will be persons age 85 and older, reaching approximately 8.7 million by the year 2030. The baby boom generation has been accustomed to a high level of mobility and will expect that level of mobility to continue into their later years. Finding ways to ensure mobility as the nation ages is a serious challenge that families are facing today and one for which policymakers must help find solutions.

Quality of Life

Transportation is not an end in and of itself. Rather, it is a means of connecting us with the economic, social, cultural, and civic activities which together

help define our quality of life. It is also essential to maintaining independence, freedom, emotional well-being, and to staying connected to the community. Beyond its impact on an individual level, transportation investment has wide-ranging impacts on society and the economy. The design and placement of roads, transit lines, pedestrian walkways, and bicycle paths can help create vibrant and economically vital communities that support successful aging.

Aging In Place

Our research indicates that nearly 90 percent of persons age 50 and above prefer to remain in their homes as they age; and 95 percent prefer to remain in their communities. About nine out of ten Americans age 60 and above stayed in the same home or nearby in the same county in the five years before the 2000 Census was conducted. When older persons do move, they tend to move within the same county.

This phenomenon of aging in place is occurring to a large degree in the suburbs, to which returning servicemen flocked after World War II, and which continue to be home to their boomer children. The federal government encouraged this movement beyond urban centers through its transportation and housing policies, and we are seeing the effects 50 years later. Over half of individuals age 50 and above now live in the suburbs, resulting in a mobility mismatch between communities designed almost exclusively for the automobile and a growing population that does not drive.

In fact, a recent study by Transportation for America, "Aging in Place: Stuck without Options," finds that by 2015, more than 15.5 million Americans age 65 and

older will live in communities where public transportation service is poor or non-existent. This will include the first edge of the baby boom generation, 83.5 percent of whom want to stay in their homes for as long as possible. The suburbs are becoming grayer as four in ten suburban residents are age 45 and older, up from 34 percent ten years ago. In contrast, only 35 percent of city dwellers are in that age group.

A second report released this month by n4a, the National Association of Area Agencies on Aging, finds that local governments are not prepared to address the needs of their aging populations. When asked to name the top challenges they face in meeting the needs of older adults, transportation ranked second after financial concerns.

Nondrivers: Influence of Public Transportation and Community Design on Mobility

The dispersed location of housing, shops, employment and services in suburban and rural locations can severely limit travel for the nearly eight million nondrivers age 65 and over in the U.S., leading to dependence on others for basic travel needs. The number of older nondrivers is increasing, and has grown by over one million from 2001 to 2009. Older individuals most often turn to family and friends for rides when they no longer drive themselves.

A picture of the older nondriver is emerging. Nondrivers are more likely to be women. They are also more likely to be ethnic minorities (47 percent of nondrivers). Most nondrivers (61 percent) have a medical condition that makes it hard to travel, and about a third live alone. Income is another key factor -- the median household

income for female nondrivers is between \$20,000 and \$25,000, at least \$30,000 less than that of female drivers.

These characteristics were reflected in a Government Accountability Office (GAO) report from earlier this year that reviewed measurement of unmet need in Older Americans Act programs. In addition to the characteristics cited above, it found that an estimated 41 percent of those age 80 and above were likely to need transportation services, compared to just 12 percent of those ages 65 through 69. In addition, an estimated 40 percent of those with less than a high school degree were likely to need transportation services compared to just 10 percent of those with college degrees. Finally, an estimated 54 percent of Medicaid recipients were likely to need services, compared to 18 percent of those who did not receive Medicaid.

For some older people, the economics of car ownership make driving prohibitive. AAA pegs the cost of owning the typical sedan at \$8,500 per year, or about \$5,000 for a small sedan.

Ensuring that a parent or other relative gets where they need to go when they no longer drive is a family issue. In an AARP survey of caregivers, more than eight in ten help their relative by providing transportation. Almost a third used a transportation service for their relative, double the number four years earlier. The average U.S. caregiver is a 49-year old woman who works outside the home and spends nearly 20 hours per week providing unpaid care to a parent. Help with transportation could relieve much of the stress on these individuals. In fact, caregivers rank transportation among their top four priorities they want policymakers to address to help their loved ones.

Although family and friends provide a tremendous number of rides, a 2004 AARP survey found nondrivers were still six times as likely as drivers to miss doing something they would have liked to do because they had no transportation. The activities they missed were shopping, social and recreational, including visits to family and church. These are the types of trips with which older nondrivers do not like to “burden” their friends and families, in contrast to rides to the doctor, pharmacy, and grocery store, which are viewed as more acceptable.

A 2004 Surface Transportation Policy Project report brings the picture into even greater focus: nondrivers made 15 percent fewer trips to the doctor than drivers, 59 percent fewer shopping and restaurant trips, and 65 percent fewer trips for social, family and religious activities. Nondrivers take fewer daily trips than do drivers and are more likely to stay home. According to the 2009 National Household Travel Survey (NHTS), nondrivers average only 1.5 trips per day compared with 3.7 for drivers. Further, more than half of the nearly eight million older nondrivers stay home on any given day compared with less than 20 percent of older drivers.

Beyond these drawbacks, driving cessation can have other deep impacts on the approximately 600,000 older persons who stop driving every year. Individuals who are unable to travel outside their home have difficulty maintaining their connections to the community and are at risk of social isolation. This can have serious health consequences as the magnitude of risk associated with social isolation has been compared with that of cigarette smoking. Studies have also linked “giving up the keys” to depression and to a greater likelihood of ending up in a long-term

care facility. In the words of a suburban participant in an AARP focus group, “My world has been reduced to one square mile since I stopped driving.”

By contrast, older persons living in areas where transportation choices are more abundant experience much stronger connections to their communities. For example, adults age 75 and older in the Rosslyn-Ballston transit-oriented development corridor of Arlington, Virginia take 20 percent more trips each week than those from Northern Virginia suburban areas where fewer transit and pedestrian options are available. And they are much less reliant on driving. According to a survey by the Northern Virginia Transportation Commission in 2005, the share of trips on public transportation by these older persons is double that of their suburban counterparts that do not live near transportation options, and over a fifth of their trips are on foot (compared with just eight percent of trips among suburban adults age 75 and above). The mobility options that are part and parcel of such transit-oriented development enable older individuals to retain their independence and stay engaged in their community.

Public Transportation Is Vital to the Solution

Although public transportation may not be widely available in most of the neighborhoods in which older persons reside, millions of older adults who have convenient access use it for some or most of their trips. Persons age 65 and older took over one billion trips on public transportation in 2009, according to the NHTS. This is an increase of 328 million trips since 2001. Moreover, fifteen percent of all older people reported using public transportation in the past month, taking

approximately two trips per week. Among nondrivers, the share is even higher – 23 percent reported using public transportation in the past month.

Interestingly, older drivers' share of trips by public transportation doubled between 2001 and 2009 (though, at 1.5 percent, it is still an extremely small share of their overall trips).

For the roughly one-fifth of older persons who live in rural areas, public transportation is too infrequently an option. Such individuals are at very high risk of isolation if they do not drive. Forty-five percent of the rural elderly had no car according to the 1990 Census. A study published in the American Journal of Public Health in 2006 found that nondrivers in their semi-rural sample of older adults were four times as likely as drivers to end up in long-term care, not necessarily because they needed long-term care services, but because they could no longer function independently without transportation. Where service is available, older adults are heavy users of rural transportation programs, comprising nearly a third of riders in 2000.

Public transportation programs are vitally important to helping older persons maintain their independence and connection to their community. This includes a range of transit services, including fixed route, specialized transportation, flexible routes, and service routes. I would like to focus in on two of the programs that have a disproportionate share of older riders, the Section 5311 nonurbanized program and the Section 5310 Specialized Transportation Program for the Elderly and Persons with Disabilities.

The Section 5311 nonurbanized program provides operating and capital assistance to transit providers in rural areas. Elderly persons make nearly one-third of the trips provided by Section 5311 transit operators. These riders are likely to have a disability as well. A substantial number of their trips are for medical purposes. As health centers and clinics are increasingly centrally located in more urban locations, transportation to medical appointments, chemotherapy, and dialysis becomes a significant challenge for the rural elderly. As you heard from Federal Transit Administrator Peter Rogoff in your hearing in May, helping people stay in their homes by providing transportation to primary services can save the taxpayer money that might otherwise be spent in the Medicare and Medicaid programs.

Section 5310, operating since 1975, grants providers, mainly nonprofit human services agencies, with capital assistance for the purchase of vehicles and equipment to transport the elderly and persons with disabilities. It operates in both urban and rural settings. These services were intended to supplement fixed route services provided by public transportation agencies where service was unavailable, insufficient or inappropriate. As does the Section 5311 program, 5310 provides trips to pharmacies, senior centers, adult day services, medical appointments, nutrition sites and grocery stores. These rides play a critical role in connecting older persons and persons with disabilities to vital services and helping keep them engaged in their communities.

A significant backlog of vehicles in need of replacement has developed over the years due to limited funding. In addition, high operating costs to cover such items as gasoline, insurance and driver salaries are prohibitive for many nonprofit

providers. AARP believes operating assistance should be allowed as an eligible expense for the Section 5310 program, in line with the policies of the other small formula grant programs. We also call on Congress to direct that basic program information, such as vehicles purchased, trip count, and number of clients served be reported annually.

Some have called for the consolidation of Section 5310 with two other small transit programs, the Job Access and Reverse Commute program (Section 5316), which serves low-income individuals, and the New Freedom program (Section 5317), which provides services to persons with disabilities that go beyond Americans with Disabilities Act requirements. The rationale is that it is administratively burdensome for providers to operate separate programs given the small amount of funding accompanying the programs.

AARP does not support merging these programs and urges that any proposal to do so carefully consider the impact on the populations served, from the perspectives of both quality and quantity of service. We also urge that any proposal build upon the proven success of the Section 5310 program.

While historically underfunded, the Section 5310 program has functioned well for over 30 years. It is the only federal transportation program that was rated in a GAO report on transportation-disadvantaged seniors as achieving all five “A”s of senior-friendly transportation: available, accessible, acceptable, affordable, and adaptable. Section 5310 was also included in the 2007 assessment by FTA and the Office of Management and Budget of three state-administered public transit grant programs (Section 5310, Section 5311, and the Job Access and Reverse Commute

Program, or JARC) which found that the programs “complement without significant overlap, other Federal, state and local programs that fund transit services to the target populations.” It further found that “state administered grants are an effective and efficient method of providing funds, particularly given the numerous small recipients of assistance at the local level under these programs and the emphasis on coordination with human service transportation programs at the State and local level.” The report also noted that the programs are designed to provide support for services not otherwise available through private sector firms, generally because it is not economically efficient to serve these populations.

A 2011 GAO report identified the need to improve cost-effectiveness and enhance services for transportation-disadvantaged persons in light of the 80 federal programs for the elderly, persons with disabilities or low-income individuals that contain a transportation component in fiscal year 2010. These programs may provide bus tokens, transit passes, taxi vouchers or mileage reimbursement to access services or essential destinations. GAO recommends the federal agency member Coordinating Council on Access and Mobility identify and assess their transportation programs and related expenditures and work with other departments to identify potential opportunities for additional coordination, such as the use of one-call centers, transportation brokerages, or shared resources. The GAO also advises that federal departments develop and disseminate policies and guidance to their grantees on coordinating transportation services. Many of these grantees, for instance, are unclear about cost sharing and vehicle sharing among programs. AARP fully supports these recommendations.

Better coordination of human services programs can reduce potential duplication of services and create more efficient services. Coordination efforts can also lower trip costs, extend hours of service, and offer a greater choice of destinations. Current law requires that funding for Section 5310, JARC, and New Freedom be derived from a locally-developed human services coordination plan. AARP supports strengthening this requirement and ensuring a stronger role for older adults, persons with disabilities, and low-income individuals and their representatives in the coordinated human services planning process so that their needs may be more fully addressed.

Coordination can be enhanced through the development of mobility management practices. The mobility management approach provides a one-stop center that navigates multiple provider services to meet individual travel needs. Mobility managers may serve several functions, including helping communities develop coordination plans, brokering transportation services, and working with human service agencies that coordinate their clients' travel. AARP supports the establishment of a supplemental Federal Transit Administration Mobility Management program for older and disabled adults, to connect them with the best available transportation options in their communities.

The challenges presented by the enormous growth of older Americans who need safe, affordable transportation services will require creative and innovative solutions. The demand to find these solutions is very high. The National Center on Senior Transportation was flooded with over 300 applications totaling \$26 million from across the country for about \$500,000 in grants for innovative transportation

programs. Eight grants were awarded in that process. The New Freedom program has also generated new program ideas. Volunteer driver programs, taxi vouchers, ride- and car-sharing and other non-traditional solutions tailored to community needs are also important approaches. Such field-tested innovations can be incubated through further incentives for this purpose.

The National Center on Senior Transportation has been a valuable resource in promoting technical assistance and education to increase understanding and delivery of transportation services for older persons. The NCST should be reauthorized and its funding increased so that it can continue its mission as well as provide additional seed grants for new transportation services.

Nearly every trip by public transportation begins with a walking trip. Yet when sidewalk networks are broken or nonexistent, trips are denied to whole neighborhoods of people. This environment also means that some people who might otherwise use fixed route service must instead get to their destination by using more expensive paratransit service. AARP supports the inclusion of Complete Streets provisions in the transportation authorization bill. These policies will ensure safe access for people of all ages and abilities regardless of mode of travel.

The need and demand for public transportation services greatly exceeds the funding available. We urge you to increase funding for all public transportation programs in your reauthorization proposal. Such funding is critically important to address the needs of the growing population of older adults and to help create more livable communities.

We further urge the following:

- Continue to include public transportation in the core transportation program that receives funding from the gas tax in the Highway Trust Fund;
- Include support for operations to help mitigate the high cost of gas and other expenses;
- Ensure that older individuals have greater involvement in developing transportation plans to meet their needs; and,
- Ensure that state departments of transportation retain their authority to “flex” a portion of highway funds for transit projects and programs.

Thank you for this opportunity to testify before you today. I welcome any questions you may have.