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TRANSPORTATION: A CHALLENGE TO INDEPENDENCE FOR SENIORS

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TRANSPORTATION: A CHALLENGE TO INDEPENDENCE FOR SENIORS

WEDNESDAY, NOVEMBER 6, 2013

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

The Committee met, pursuant to notice, at 2:18 p.m., in Room SD–562, Dirksen Senate Office Building, Hon. Bill Nelson, Chairman of the Committee, presiding.

Present: Senators Nelson and Collins.

OPENING STATEMENT OF SENATOR BILL NELSON, CHAIRMAN

The CHAIRMAN. Good afternoon. I want to thank my dear friend, Senator Collins, for suggesting this hearing today on the need for safe and reliable transportation options for seniors. It is obviously a crucial topic to seniors in order to be able to get around and enhance their quality of life.

The lack of dependable transportation clearly affects a senior's quality of their lives. If they do not have it, they cannot go to the grocery store. They cannot get to the doctor's appointment. They cannot connect with their friends. Having access to transportation helps many older Americans remain independent and self-sufficient, two very important things.

And it is also a cost issue. With transportation representing 20 percent of consumer spending, second only to housing, obviously, that is a big chunk out of a senior's income.

Florida has a few examples that we can learn from. Miami-Dade County helps defray the cost of transportation for seniors through the Golden Passport program, and it allows residents of that South Florida county who are 65 years or older to ride on all the transit system buses and rail for free. Urban, suburban, and rural communities face different transportation challenges, and thus, a variety of options are needed to provide seniors with safe and reliable transportation.

Greater mobility also has a very real impact on health care costs when you consider that elders with available transportation are more likely to use office-based care rather than emergency care with obviously the greater impact on cost to the overall health care system. And, access to transportation has been linked to even reduced hospital readmissions.

But, we have to do a better job with coordinating Federal dollars and working with private partners to ensure that we get the most out of the dollars that we have available. If we stay on our current path, estimates are that the national cost of alternative transpor-

tation for seniors will range anywhere between $572 billion and $2.2 trillion by the end of this decade—correction, by the end of the next decade, by the end of 2030.

The GAO found that while 80 Federal programs fund transportation services for the disadvantaged, the total spending is unknown. Well, we have to find out. The GAO recommended that improved coordination has the potential to improve both the quality and cost effectiveness of these services.

In my State of Florida, the Safe Mobility for Life Coalition has brought together over 20 organizations, agencies, and the universities to improve transportation safety, mobility, and access for our seniors. In addition to promoting safety for all road users, including drivers, pedestrians, and transit users, the Coalition serves as a resource on the options for seniors in each community, connecting those seniors with a range of public and private services. Now, we need coordination like this.

And so it is fairly simple. We need to ensure that those who can drive are able to continue. But if a senior should not be driving, then they ought to have an alternative, and we do not want a senior getting behind the wheel who should not be driving, even though the pressure is there on them to get to where they need to get for whatever the reason is. And so our seniors deserve nothing less.

Now, we are going to do something different here today. Since Senator Collins was so gracious and insightful to suggest this hearing today, what I want to do is I want to turn the gavel over to her. Senator Collins.

OPENING STATEMENT OF SENATOR SUSAN M. COLLINS

Senator COLLINS. Thank you very much, Mr. Chairman, and this is typically gracious of you and I must say it feels so good to have the gavel back in my hand.

[Laughter.]

Senator COLLINS. But, I will pledge right now that should there ever be a change, that I will be as wonderful to you as you have been to me.

And I want to start by thanking you for holding this important hearing. Throughout our committee's recent hearings, we have focused on a number of the great challenges facing our nation as our population ages, and much of that discussion has revolved around health care, Social Security, financial security, scams directed at our seniors, but there is another daunting challenge that has rarely been discussed at a public hearing, and I refer to the challenge of senior transportation.

We Americans love our automobiles. From the time that most of us were old enough to drive, we have been behind the wheel. Cars mean freedom, not in some grand philosophical sense, but in a very real practical sense that matters to us in our everyday lives. Having a car and being able to drive it means the freedom to go where we want, when we want.

But as we age, we find it harder and harder to use that freedom given to us by automobiles. As our abilities decline, driving becomes more and more complicated. Finally, the day comes when we wonder whether we should keep driving at all. And yet, if we do

not, how will we go about our daily lives? And many of us struggle with how to tell our parents or our grandparents that it is time to give up the keys to the car. That is one of the hardest conversations.

That day has already come for millions of our senior citizens. According to the Census Bureau, roughly 19 percent of our population, or 13.9 million people, will need alternative transportation options to continue living independently. The last White House Conference on Aging identified transportation as the third most important issue for seniors out of literally hundreds of options for priorities.

And this issue is particularly a critical concern in rural States like my State of Maine. Not being able to drive takes a particular toll on seniors living in rural, low-density population areas. In 2004, the GAO found that 60 percent of non-drivers in rural areas reported that they had stayed home on a given day because they lacked transportation. In addition, non-drivers over the age of 75 and living in the suburbs reported significant dissatisfaction with how their transportation needs are being met compared to those living in cities. Since three out of four older individuals live in low-density areas, these concerns raise very real policy questions.

Public transportation, which is often hailed as the primary solution, simply does not meet the needs of many seniors. I think of my State. It is only the very largest communities that have any public transportation at all. More than a third of those over age 69 have no public transportation in their communities. And even those who do have to plan around route restrictions, uneven trip frequencies, hours of operations, or advanced notice reservations. In rural areas, the options may not exist at all, but even in cities, if, for example, you have problems with your sight or mobility, transportation on mass transit can be truly daunting.

According to the Maine Office of Aging and Disability Services, of people using State-funded home care services, just 65 percent of those over age 65 reported that they could always get to the doctor when they need it, and only 36 percent could always get to the grocery store. Most of them rely—90 percent—on family and friends to drive them. It is not surprising, since one in five Americans age 65 and older does not drive. So, without driving, seniors must find some other way to get to the places they need to go.

You know, we talk a lot about doctors' appointments and grocery stores, but there is also an issue with social isolation, not being able to drive to go see your friends, to keep up with family members, and that matters, too, and gets even less attention.

The challenge of providing transportation alternatives to our seniors is literally growing by the day as the "Silver Tsunami" starts to hit our country. To meet the challenge, we must find reasonable, practical transportation models that allow seniors to stay active and mobile even after they stop driving. And one such model is ITNAmerica, which has been operating in my home State of Maine since the mid-1990s and has since branched out to other communities across the nation. ITNAmerica, which we will hear more about today, uses private automobiles to provide rides to seniors whenever they want, almost like a taxi service. And Katherine Freund, who is the founder of ITNAmerica, is here with us today.

I am delighted that she is able to join us as well as the rest of our outstanding panel of witnesses.

This is an issue that is only going to grow as people are living longer and as the baby boomers, 10,000 of us every day, turn 65. This is a challenge that has not received the attention, in my view, that it has deserved, and that is why I am so delighted that our Chairman has agreed to shine a spotlight on this issue today.

Now, Mr. Chairman, I understand you are even going to allow me to introduce the witnesses, which is——

The CHAIRMAN. Run the meeting.

Senator COLLINS. [continuing]. Given what a great panel we have, is truly an honor.

First, we are going to hear from Therese McMillan, who is the Deputy Administrator of the Federal Transit Administration, who will talk about the administration's efforts to address the transportation and mobility needs of our nation.

We will then hear from Dr. Grant Baldwin, the Director of the Division of Unintentional Injury Prevention at the Centers for Disease Control and Prevention.

We will then hear from Virginia Dize, the Co-Director of the National Center on Senior Transportation administered by the Easter Seals in partnership with the National Association of Area Agencies on Aging.

And, finally, as I mentioned, we will hear from Katherine Freund, the founder and President of ITNAmerica, who will talk about the innovative transportation model that she developed, and Katherine, I hope you will also tell the story of how you became interested in this issue, and you have done so much over so many years.

We will start with Ms. McMillan. Thank you. Thank you all for being here.

STATEMENT OF THERESE W. McMILLAN, DEPUTY ADMINISTRATOR, FEDERAL TRANSIT ADMINISTRATION, U.S. DEPARTMENT OF TRANSPORTATION

Ms. MCMILLAN. Chairman Nelson, Ranking Member Collins, I am so excited to be able to be here with you today. I am Therese McMillan, Deputy Administrator for the Federal Transit Administration, and I want to thank you for the opportunity to highlight the administration's efforts to address transportation and mobility needs of America's seniors.

Our nation is undergoing a significant demographic shift that will profoundly affect our policies and priorities for years to come. By 2050, the number of Americans age 65 and older is projected to more than double, and the number of men and women 85 years and older could increase fivefold during that period. This population, as you observed, can face significant challenges, including increased poverty, isolation, and the struggle to access medical services.

The Department of Transportation is committed to helping older Americans to age in place and live with dignity in urban and rural communities alike. A key point of collaboration is the Federal Interagency Coordinating Council on Access and Mobility, or CCAM, chaired by the Transportation Secretary. In recent years,

working with several Federal CCAM partners, the FTA awarded competitive grants in more than three dozen States and Territories to help install one-call, one-click access to transportation, with a special focus on military veterans and their families. Through this program, patients at the VA clinic in Lee County, Florida, just to cite one example, will be able to arrange rides on the spot using a computer kiosk installed on site. Importantly, many of these veterans are seniors.

My agency, the FTA, has entered into many other innovative cooperative agreements to improve locally coordinated access to public transportation for older individuals. For example, working with Easter Seals and other industry partners, we have launched a new National Center for Mobility Management. The Center will, among other things, develop a database to identify best practices for delivering transportation to seniors as efficiently as possible.

Mobility Management is a responsible and innovative use of taxpayer dollars that will extend FTA's assistance into communities. This approach improves customer service to individuals by encouraging partnerships among transportation providers, both public and private, at the local level. There is no one-size-fits-all. Those who know their communities best will serve them the best.

In fiscal year 2012, FTA provided over $40 million for Mobility Management projects, a four percent increase over fiscal year 2011. Thanks to ongoing investments in this area, today, there are over 400 Mobility Managers nationwide and over half the States are planning one-call centers.

The funding picture is decidedly mixed, however. On the one hand, MAP–21, our current authorization, enhances funding and services for seniors and others. For example, our program to enhance mobility for seniors and people with disabilities is authorized to receive $28 million more in fiscal year 2012 than under the prior authorization. This includes, for example, providing rides on accessible taxicabs, which is working well in Houston, Texas, Madison, Wisconsin, and elsewhere. MAP–21 also increase spending by 25 percent for rural transportation. Rural States are home to many of the nation's lowest-income and most transit-dependent seniors. And, importantly, MAP–21 enables the Federal Transit Administration to leverage its own investments in coordinated transportation activities with matching funds drawn from a variety of other Federal programs, ranging from Medicaid to Head Start.

But the fiscal year 2013 appropriations, the sequester, and continuing resolutions have left the Federal Transit Administration unable to fund even modest technical assistance to help grantees strengthen service delivery and innovation. This reduces FTA's ability to invest in transportation coordination at a time when it is needed most.

Despite these and other challenges, however, we must continue helping communities to identify and fill the gaps in transportation for seniors and others. Oftentimes, seniors simply may not know what services and transportation options are available to them or how to connect with them. Therefore, we need to support Mobility Managers and similar initiatives across the country to foster even greater connectivity.

Mr. Chairman, Ranking Member Collins, this concludes my testimony and I would be happy to answer any questions.

Senator COLLINS. Thank you.

Dr. Baldwin.

STATEMENT OF GRANT BALDWIN, PH.D., DIRECTOR, DIVISION OF UNINTENTIONAL INJURY PREVENTION, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. BALDWIN. Good afternoon, Chairman Nelson and Ranking Member Collins. Thank you for the opportunity to testify today.

I am pleased to join my fellow panelists and speak about the intersection of transportation and public health and how it affects the health of older adults. I will also discuss what can be done to help older adults remain safe, active, mobile, independent, and healthy as they age.

As the committee is aware, the U.S. population continues to age. In 2012, 14 percent of the U.S. population was 65 years or older, and by 2030, it is projected to reach 20 percent. This is approximately 72 million older Americans. The fastest-growing segment of older adults is those aged 85 and older. This group is at the greatest risk for experiencing frailty and requiring assistance with mobility. Taken together, the upcoming growth in the size and life expectancy of the older adult population will create new challenges for older Americans to get around.

Many older adults are dependent on cars. This is particularly true in suburban and rural areas, where public transportation is often limited. In fact, nine out of ten trips by older adults are made in personal vehicles. As the baby boomers continue turning 65 between now and 2020, the suburbs will see a 50 percent increase in people aged 65 to 74.

But, it is more than the roads that we drive on that can make a difference. More broadly, the built environment, the human made physical characteristics of a community, can present challenges, too. If a community has an abundance of streets with fast and high-volume traffic or lacks infrastructure like sidewalks and safe street crossings, it will be harder and more dangerous to walk, bike, or use other forms of active transportation. But, it is more than safety, though. The built environment can enable, facilitate, and encourage older adults to be physically active, reducing their risk of obesity, diabetes, heart disease, and other chronic conditions.

Mobility, whether by car, public transit, or another form of transportation, are critical for an older adult to remain independent. Ride sharing, shuttles, or volunteer driver services, like those provided by ITNAmerica, offer innovative transportation options for American seniors. Beyond keeping an older adult connected with family and friends, mobility also enables older adults to receive vital health and preventive services. Ease of mobility may also enable older adults to pursue volunteer or paid work opportunities, bringing additional meaning and a sense of fulfillment to their lives and benefiting their communities, as well.

The benefits of mobility underscore the need to improve our understanding of the factors that enable older adults to successfully and safely manage the transition from driving to non-driving. In an upcoming CDC study, we find many older adults anticipate driving for years to come and do not plan for when they will be unable to drive. Some older adults will face limitations in their ability to drive at night, when the weather is bad, or due to age-related declines in vision, cognitive functioning, or physical capacity. Therefore, we are researching older adults' views about having to limit or stop driving. In addition, CDC is developing a tool to help older adults quickly assess their own mobility.

Changes to the built environment can also improve transportation options for older adults. Affordable, accessible, and suitable housing options can allow older adults and others living with disabilities to age in place and remain in their communities. The availability of public transit and the proximity of grocery stores, parks, places of worship, and medical offices, just to name a few places, have an impact, too. These features are even more important when driving is no longer an option.

CDC works to save lives, protect people, and save money through prevention. As America's leading health protection agency, we work with many different partners to identify, develop, and test programs that can make a difference in communities across the country.

One of the strongest and longest standing collaborations is with the U.S. Department of Transportation. We are partners with shared interests. This includes a Memorandum of Understanding with the National Highway Traffic Safety Administration anchored to a mutually agreed upon annual action plan. We work together to reduce the number of motor vehicle injuries by improving data, strengthening policy, synergizing research, and translating evidence-based interventions into real world settings. We are currently discussing ways to include older mobility in our plans.

For those older adults who are able to drive, we must continue to find ways to improve motor vehicle safety and reduce the disproportionate number of fatalities and injuries suffered by older adults, whether they are drivers, passengers, or pedestrians. We understand that more progress can be made through coordinated, sustained, and complementary actions, including by partnerships with organizations like AARP and others.

In summary, at the intersection of transportation and public health are solutions that can help people get where they want to go and keep them safe across the lifespan. By helping older adults remain safe, active, mobile, and independent as they age, we also have an opportunity to help them remain healthier longer. Transportation's impact on health and safety is why these collaborations are a priority for CDC. Good transportation is good for public health.

Thank you.

Senator COLLINS. Thank you very much.

Ms. Dize.

STATEMENT OF VIRGINIA DIZE, CO–DIRECTOR, NATIONAL CENTER ON SENIOR TRANSPORTATION, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

Ms. DIZE. Thank you, Chairman Nelson, Ranking Member Collins. It is indeed an honor to be here today to address the importance of transportation to older adults and the pivotal role of coordination in increasing the availability of public and private transportation options in local communities.

My name is Virginia Dize and I am Co-Director of the National Center on Senior Transportation. In our work with communities, we have seen firsthand the importance of coordinating transportation resources across modes and payment resources and the value of making connections between transportation and health and human services. As our country ages, it is increasingly important that we get this right.

The National Center on Senior Transportation was created by Congress in 2005. It is funded by FTA and is cooperatively administered by Easter Seals and the National Association of Area Agencies on Aging. Our mission to increase transportation options for older adults and enhance their ability to live more independently within their communities is achieved by gathering and sharing best practices, providing information, technical assistance and training, facilitating partnerships and community engagement, and administering demonstration grants. Our work addresses the full range of transportation options, no matter the funding source.

Since 2006, NCST has reached hundreds of communities and provided $1.3 million in grant funding. Let me provide just a few examples of NCST grantees' work.

In Dane County, Wisconsin, they created a time bank system to help provide transportation to dialysis patients. In Knoxville, Tennessee, an NCST grantee combined several funding streams to create a new volunteer force and purchase specially-equipped vehicles to provide older adults the personal travel assistance they needed. In Florida, a small grant to the United We Guide Project developed a one-call system for information about transportation options, safety, and mobility. And, finally, in Wichita, Kansas, outreach to encourage the Hispanic community to use transit resulted in creation by the transit agency of a bilingual Mobility Manager.

Simply put, being able to get around your community is vital to being able to age successfully in place. Missed medical appointments can exacerbate chronic conditions and increase the risk of hospitalization. Social isolation due to lack of transportation can have an equally dire effect on health and mental health and may result in placement in long-term care facilities. Improvements in transit and roadways that address the needs of older adults may benefit the community as a whole by making it easier, safer, and more comfortable for everyone to get where they need and want to go.

As older adults make up an increasing proportion of the overall population in most U.S. communities, their economic and social contributions cannot be ignored. An increasing number of older adults continue working in their 60s and 70s, and we must not forget that, often, it is older adults themselves who are the volunteer drivers and escorts who give rides to other older people.

But, there are challenges. Our communities need to do a better job coordinating programs and funding streams and use public and private mobility resources more efficiently to help older people travel. This is both financially and programmatically sound.

Communities also need support to find unique local solutions that work. Even in urban areas where transit is robust, we know that many more older adults than currently use the system could benefit from the service with interventions such as travel training and safe and secure walking routes to transit.

However, we know that most older adults live in suburban or rural environments with fewer accessible transit options, so creative solutions, such as volunteer driver programs and assisted transportation, funded with a combination of Federal, State, local, and private funds, can help fill the need.

There are several things that Congress can do within exist frameworks to help support communities looking to enhance mobility for older adults. First, there needs to be continued attention to breaking down the Federal and State barriers to local-public-private coordination of mobility assets. The United We Ride Initiative at the FTA provides an excellent framework for interagency coordination.

Second, this hearing can serve as a starting point to explore the following, perhaps forming a small working group of advocates and key decision makers to help to develop recommendations in support of consistent coordination guidance to recipients of Federal transportation funding, adoption of consistent legislative language on transportation coordination in the Older Americans Act, MAP–21, and other upcoming authorizations. As coordination across Federal funding streams is multi-jurisdictional, this committee might seize the opportunity to act on behalf of older adults.

Finally, and perhaps most importantly, we all need to work together to drive systems change to assure that community transportation responds to the needs and preferences of older adults. One option is to infuse the concept of person-centered mobility management, which includes both individual education and counseling on transportation options plus community-wide transportation coordination. That could be infused in all Federal transportation programs.

On behalf of NCST, I truly appreciate the opportunity provided by this hearing to spread understanding of the importance of mobility for all older Americans and the concept of person-centered mobility management as an effective model to better serve those needs that Federal, State, local officials, and communities can embrace. I look forward to your questions and the opportunity to work with you.

Thank you.

Senator COLLINS. Thank you very much for your testimony.

Ms. Freund.

STATEMENT OF KATHERINE FREUND, FOUNDER AND PRESIDENT, ITNAMERICA

Ms. FREUND. Chairman Nelson, Senator Collins, on behalf of the older people we serve, their families, and their communities, I thank you for the opportunity to be here today. My name is Kath-

erine Freund and I am the founder of the Independent Transportation Network and founder and President of ITNAmerica, the first and only national nonprofit transportation service for America's aging population.

I want to begin by thanking Senator Collins for her longstanding support for sustainable senior transportation, and I would like to emphasize how much the Independent Transportation Network and ITNAmerica are a product of public-private collaboration.

I came to senior transportation through a personal experience. In 1988, my three-year-old son was run over by an 84-year-old driver. Ryan survived and is today a healthy young man, but others are less fortunate. In 2011 alone, more than 5,000 older people were killed and 185,000 were injured in vehicle crashes.

With support from AARP, the Transit IDEA program, the Federal Transit Administration, National Highway Traffic Safety, the Southern Maine Agency on Aging, private philanthropy, and the people of Portland, Maine, we created a social enterprise that uses efficient business practices to build transportation that will scale with the aging population. We call our enterprise the Independent Transportation Network, or ITN, and we built it as a replicable model with a goal to connect ITNs into one national system.

Today, ITNAmerica has 25 affiliates in 20 States. We have delivered 600,000 rides. We are serving more than 5,000 people. And we are growing at a rate of 100,000 rides a year. These numbers are small when you look at the aging population, with 10,000 boomers turning 65 every day.

What is important about ITN is that it does not depend on taxpayer dollars for sustainability. A new ITN affiliate may use up to 50 percent public money to launch, but after five to eight years, it must be sustainable through reasonable fares and a diversified base of private local support.

From a policy perspective, it is easy to justify public resources for senior mobility. The classic justifications for policy intervention, public safety and market failure, are clearly present. But the problem of insufficient public resources is a fiscal reality, unlikely to change.

ITN affiliates are nonprofit membership organizations that use automobiles and a combination of paid and volunteer drivers to provide service 24 hours a day, seven days a week. The core business innovations are the Personal Transportation Account and a flexible approach to resources managed through ITNRides, enterprise software that connects ITN affiliates across the country.

The Personal Transportation Account is a mobility portfolio that holds assets in many forms. Older people may trade their cars they no longer drive to pay for rides. Volunteer drivers may save transportation credits to plan for their own transportation future. Volunteers in one ITN community may send their credits to another ITN to pay for rides for a loved one. Merchants and health care providers may help to pay for rides through Ride and Shop and Healthy Miles programs.

The result is an average fare of about $11, with the most common fare $6, which might seem expensive, but with 30 to 40 percent of our members at an income of less than $25,000 a year, our last five years of customer satisfaction surveys tell us that ITN

members, by about ten-to-one, feel the fare is inexpensive for the service they receive. There is dignity and independence in paying for one's self.

More than 40 percent of ITN rides are for health care. About 20 percent are for personal needs and shopping. About eight percent are to work or volunteer. Almost 40 percent of volunteers save their credits for their own future needs. A similar amount donate their credits to the Road Scholarship Fund for low-income seniors.

To assure these innovative practices comply with public policy, ITNAmerica has worked with State and local policy makers in many States, including Florida, Maine, Illinois, New York, Kentucky, Missouri, Ohio, and Tennessee. ITNAmerica has completed a 50 State inventory of policies that create incentives or remove barriers to the use of private resources, and with the National Conference of State Legislatures, we are disseminating the results to 10,000 policy makers.

Our research database is designed to study mobility for seniors. With the Centers for Disease Control and Prevention, we are studying driving transition for seniors in 17 communities across the country, and we have just completed six years of research to expand ITN to rural communities through ITNEverywhere, a suite of software programs that brings together ride share, car share, volunteer transport, and community transport. ITNEverywhere is to community mobility what eBay is to flea markets.

Senator Nelson, Senator Collins, public resources may be scarce, but through the use of information technology and policies that remove barriers to the voluntary use of private resources, the future for community mobility is bright and exciting.

The CHAIRMAN. Ms. Freund, do we get any credit, Susan and I——

[Laughter.]

The CHAIRMAN. [continuing]. For having this hearing, that we could then transfer on?

Senator COLLINS. Or bank for when we need them.

Ms. FREUND. Senator Nelson, you may have all of my credit.

[Laughter.]

Senator COLLINS. Thank you very much for your testimony.

Senator Nelson, would you like to go first on questions, or——

The CHAIRMAN. No, it should be you.

Senator COLLINS. Okay. Thank you.

First of all, Katherine, I am very glad you talked about the personal experience that stimulated your getting involved because so many people would have reacted to that terrible accident with anger, and instead, you looked at the problem of the 84-year-old driver, who clearly should not have been driving, and came up with a solution, and I think that is just so commendable and I wanted you to share that and appreciate that you did.

I am going to start with you, Ms. McMillan. In 2006, so seven years ago, I sponsored legislation that became part of the Older Americans Act that created a five-year demonstration project to be overseen by the Administration on Aging to establish a national nonprofit Senior Transportation Network to help provide some transportation alternatives to our aging population, and I am sad to report that the Administration on Aging really has done nothing

with the program that I created. So, my question to you is would we have better success if we transferred this program to do this pilot project from the Administration on Aging to the Department of Transportation? There seems to be more interest at DOT in the program, oddly enough, than at the Administration on Aging.

Ms. MCMILLAN. Thank you, Senator, for that question. I guess the first thing I would say is that one of the important concepts that I think all of us on the panel have stressed is that dealing with the challenge of transportation for seniors really involves work on a number of levels, and we need to be careful about siloing, any of us, to holes that we have full jurisdiction over this issue, that it is going to be extremely important that the Federal agencies continue to work together.

I mentioned the Coordinating Council on Access and Mobility, and the whole point of setting that up was to make sure that all of the Federal agencies could bring our resources and talents to bear to deliver the program. So, while there may be a lead administrating agency, and certainly we could look at that, I think the important point is that we all need to continue working together to make sure that we are addressing these very complex issues on various levels, and I think that has been one of the major factors that has made the programs, for example, the National Center for Senior Transportation, successful, is this recognition that we need coordination on a number of different levels. And so we would be happy to work with your staff and talk about next steps further, definitely.

Senator COLLINS. Although the GAO has been quite critical on the lack of coordination, I guess I am going to ask you, and I do not mean to put you on the spot, but since the Administration on Aging has yet to provide funding for this program, which has existed for a long time now, I am going to ask, were you aware of this program?

Ms. MCMILLAN. I personally was not, but I do not want to claim that folks in my Department were not.

Senator COLLINS. Fair enough.

Ms. MCMILLAN. Yes.

Senator COLLINS. Fair enough.

Ms. Freund, you talked about how you have been able to transform this program into one that relies on donations, on people who participate paying their way. I think it is important, and I am not trying to take credit for this, but for us to note that there was some Federal funding in the beginning that served as a catalyst. Would it have been—and then you were able to transform it into a self-sustaining program, which is ideally what we always want to see when we are successful in securing some Federal funding.

Do you think you could have gotten off the ground without having that initial Federal funding as a catalyst for your program? Would it have been harder to get it off the ground?

Ms. FREUND. Yes, it would have been much, much, much harder to get it off the ground. The Federal funding came from a number of different places. The FTA funds the Transit IDEA program, which sponsored some of the initial research. And it was, in fact, the Transit IDEA program that directed us to look at technology to create efficiency.

And then, in addition to that, the FTA funded it, I think, three or four different times, first to test some of the ideas, then to deploy the ideas. There was a $1.2 million FTA grant to develop ITN as a sustainable model. And then there was a grant to plan the national rollout. So the government, I mean, it really has been a public-private partnership.

I think one of the difficulties, though, is that there is a tendency to think that if Federal money goes in, that it stays in.

Senator COLLINS. Exactly.

Ms. FREUND. This was almost, you know, venture philanthropy or venture funding on the part of the FTA to create an incentive for private resources and then to be willing to step away and let the private sector do it.

Senator COLLINS. And, to me, that is what is so impressive in your program, is you did have some Federal funding initially, but you used it to establish the program and you are not dependent on the Federal funding today, and other communities have been able to replicate that.

Let me ask you, Dr. Baldwin, and you, Ms. Dize, the same question, and that is if the Federal Government could do one thing to help address the transportation needs of our seniors, what would it be? Ms. Dize, we will start with you.

Ms. DIZE. I think I may have already answered that in my testimony, because I believe that encouraging coordination and recognizing that creating a new program in the community is a very important thing. It can make a difference in some people's lives. By pulling together all the transportation resources and all of the players, including older adults and caregivers and advocates, to look at the whole system, identify where there are gaps, and identify the best way to fill those gaps so that the whole community benefits, I think that benefits older adults. I think that benefits everyone.

Senator COLLINS. Thank you.

Dr. Baldwin.

Mr. BALDWIN. Sure. Thank you for the question. I am not sure I can identify one specific thing, but one thing I did want to highlight is, in my view, there are sort of three sort of goals or touchpoints that we have to be sensitive to that I think many of us have talked about.

The first is making older drivers safer and understanding and managing the transition between driving and non-driving.

The second is making sure that older adults who are in a non-driving mode, and it is my understanding that most of us will live six to ten years after we finish driving, that there are transportation options available to those older adults, and I think some of the innovative solutions have been identified today.

And, lastly, I spoke in my testimony a little bit about the built environment, these sort of community-level solutions that help all of us from a design perspective. I think there are touchpoints in each of those sort of major issues that need attention over time.

Senator COLLINS. Thank you.

Mr. Chairman.

The CHAIRMAN. You may be surprised to know that in my State, there are 325,000 drivers over the age of 85. Now, of course, I know

plenty of 85-year-olds that are quite capable of driving, but it underscores, as the population ages, more and more why this is an important topic.

You all have testified as to a number of ways to go about this coordination. For example, in Florida, there is a coalition, as I mentioned, of 20 organizations, agencies, and universities that try to improve the transportation for seniors. For example, one of them is called Find A Ride, developed by the University of Florida, and the senior goes and identifies the type of visit they need to make, such as it is a medical visit, it is they need help because they are disabled, where they need the ride, and then it is presented with various—the senior is presented with various public and private options.

So, why don't you all share, with Susan and me, some other kinds of innovative efforts other than what you have testified that might stimulate our thinking.

Ms. DIZE. I would like to suggest a couple of things. One is that a couple of years ago, the NCST provided some support to researchers in Missouri, Dr. Tom Meuser, and he developed, along with his colleague, a tool called the Assessment of Readiness for Mobility Transition, and it is a tool that can be used to have a conversation with older adults to help them identify how ready they are to transition, how important driving is to their sense of self and independence, and that way, interventions can be designed to help people become more ready and be prepared for driving transition, because I believe that, unfortunately, so many people are faced with transition as a threat. They have had a fender-bender or a much more serious situation, or family members hide the keys from them. And I think that we really need to start having these conversations earlier. The ARM tool is one instrument to help that happen.

Ms. MCMILLAN. Senator, one of the basic requirements for making a number of the initiatives we have outlined here is you need to really start with good planning and planning that is focused at the community that needs to coordinate the services. And I think the example that you just outlined in Florida is exactly the type of model we need to make work on a much more consistent basis throughout the country.

Under current rules to access the major funding source for enhanced services for seniors and disabled—persons with disabilities, we require this coordinated—it has got a long name—Coordinated Public Transit and Human Services Plan, but the point there is that we require that senior members and persons with disabilities must participate in the development of that plan so the users are helping to design the system. And it might seem a simple thing, but it is incredibly important that when you are designing services, that the people who are going to use them are involved very early.

What we would like to see is not only that be a standard for the transportation planning, but as Dr. Baldwin pointed out, we need to have planning on such things as housing and medical care and the other elements, and so having that type of coordinated planning effort in those sectors, as well, to link with what were happening at Transportation could just make it much clearer in terms of what are the services and activities people need to access and

then connect that with how you get there, which is the transportation end of things.

The CHAIRMAN. Yes, ma'am.

Ms. FREUND. I think that coordination is very, very important, but there are some important numbers to remember. Public transportation for people over 65 accounts for between two and three percent of the trips they take, and since most of the resources for transportation, by a ratio of five-to-one, are private, I think that a major part of the solution is when you engage the community, do not just engage the demand side of the problem, which is the consumers. It is a supply side business problem. There are not enough resources to address this. So, bring the business community to the table. Bring corporate America to the table.

And, I think a huge thing that could happen, perhaps as a result of these hearings or other Federal action, would be to awaken the American people to the social need that we are looking for and encourage everybody to look around them and give an older person a ride. I think the solution is sitting in driveways from coast to coast, and if people will just open their eyes and see the—and I think people are really willing to help each other, but we just do not have a culture of looking around and realizing that older people have this need. I mean, and that is right there. That does not cost any public money at all.

The CHAIRMAN. Is it in your experience that a senior will limit their mobility because they do not want to be a burden on their family members?

Ms. FREUND. Absolutely. Absolutely. I mean, I must have heard an older person say, "I do not want to be a burden," about a quarter of a million times already.

The CHAIRMAN. Right.

Ms. FREUND. Nobody wants to be a burden, and I think that is so at any age.

The CHAIRMAN. Dr. Baldwin.

Mr. BALDWIN. Yes. One of the innovations that I want to bring forward is something that we have been charged with at CDC, that is to think about the connection between clinical medicine and public health. In early September, Dr. Frieden sent all of the CDC leadership a note saying, "How can we improve prevention and health care," and he outlined four specific areas that I think crosswalk nicely with transportation.

The first was to reduce practice variability. An opportunity in this space is as we get better and better about understanding driver fitness and how to evaluate it, reducing practice variability across health care settings is going to be critically important.

The second area was engaging the entire health care team, so assisting with these screenings, understanding these transitions, engaging allied health, occupational therapists, and others, and then, importantly, having those professionals connect with these transportation services.

The third area was to leverage health IT. As electronic health records become more and more ubiquitous in this country, I think there is a real opportunity to leverage those. One of the issues, as we all know, in older drivers is the issue of polypharmacy or medication management. Those electronic health records can sort of

help understand what the issues are at play, and they can help potentially—again, I know there are some HIPAA issues—with connecting potential individuals who may be at risk to informing the Department of Motor Vehicles and others.

And the final is to—you know, I think one of the drumbeats you are hearing from all of us in this case is remaining patient-focused, but thinking about the older adult themselves. So what are their needs? Using some of the older mobility assessment tools that have been discussed, understanding them, and then catering services to that end.

So, I think there is a real opportunity in sort of connecting clinical medicine and public health and I think that is an untapped innovation.

The CHAIRMAN. Dr. Baldwin, how are you all working to promote health and transportation and reaching out between your agency, HHS, and DOT?

Mr. BALDWIN. Sure. So, injuries are the leading cause of death for Americans between one and 44 and the fifth leading cause of death overall. CDC Director Frieden, this is one of his priority topics because of both the burden, the availability of evidence-based interventions that can be readily scaled up.

As part of that, and I spoke briefly in my remarks about the strengthening of the connection that we have made with DOT and particularly the National Highway Traffic Safety Administration, there are some real opportunities there. Because transportation impacts so much of us in public health and so broadly, I think that is one of the other reasons why it is a public health issue.

Earlier this year, the CDC and partners released Aging and Health in America 2013. One of the issues that was spotlighted here by our colleagues in the Healthy Aging program at the Chronic Disease Center was, in fact, mobility. So it both cuts into motor vehicle injury prevention, which is the expertise where I reside, as well as our colleagues in chronic disease and environmental health. So, it is really a cross-cutting issue.

The CHAIRMAN. And I would like the two of you to comment, is there anything in the Affordable Care Act that is applicable to stimulate and to fund transportation solutions.

Mr. BALDWIN. Sure. From CDC's perspective, the biggest touchpoint in the Affordable Care Act that impacts us is through our Community Transformation Grants. It has the opportunity to impact over 130 million Americans, and we are currently working to improve community design to encourage active transportation—walking and biking—for all ages, including older adults.

In the first round of funding in 2011, $103 million were distributed to 61 State-local agencies, including Tribes and non-governmental organizations. And in round two of that funding, an additional $70 million went to 40 communities—these are smaller communities.

In fact, impacting your home State of Florida, we support the Broward Regional Health Planning Council to incorporate complete street standards and smart growth principles, to increase access to safe and comfortable transportation for 1.3 million commuters. And, Senator Collins, in your State, in Portland, Maine, Maine

Health is working to improve active transportation for up to 57,000 people as a result of CTG, the Community Transformation Grants.

Ms. MCMILLAN. Well, just to maybe complement that from our perspective, as you know, the Affordable Care Act is administered by the Centers for Medicaid Services at HHS, and in talking with our partners there, we understand that under the Medicaid expansion for household incomes up to 133 percent of the poverty line, transportation is a required service, and so older adults would be eligible to receive transportation access for medical services within that envelope.

Very importantly, though, I would like to also mention how HHS really has been an incredibly strong partner with FTA on a number of levels, and very importantly—I mentioned it in my testimony, I can elaborate—the ability to leverage the funding sources that we have available for services for seniors for things such as accessing medical care does require, by law, a match. But what is made available is the fact that, unlike in most programs, other Federal funds, such as HHS funds, can be used by communities to match the transportation fund, and that is very important, particularly for communities that may be stretched in terms of their own local sources that might otherwise need to be brought to bear. So, it enables a number of the programs that folks might want to pursue with our transportation dollars, including health access, for that to be not such a financial burden because they can deploy the HHS funding to help get those projects on the ground.

The CHAIRMAN. And, do any of you want to comment on what this last round of sequestration has done and what you might expect this next round, if enacted January 15, of sequestration will do?

Mr. BALDWIN. I will comment on that. Sequestration required CDC to cut about five percent, or more than $285 million, from its fiscal year 2013 budget, and we applied those cuts evenly across all programs, projects, and activities. This, frankly, means that every area at CDC was impacted. In addition, the Prevention and Public Health Fund allocation in fiscal year 2013 was almost $350 million below the fiscal year 2012 number. So, in total, CDC programs lost about $1 billion, or ten percent of the entire CDC budget, below fiscal year 2012 numbers.

Ms. MCMILLAN. Well, sequestration had a very direct impact on the research money that goes to supporting the work of the Technical Assistance Centers that we have here. That, combined with appropriation pressures, really meant that for a number of our centers, we were able to continue funding them for this year, but unless the situation changes for next year, it is going to be very tough to continue providing the technical assistance that is extremely cost effective in terms of, again, having folks on the ground be able to advance the programs that we are administering.

The CHAIRMAN. Thank you all.

Senator COLLINS. According to the Bureau of Labor Statistics, the average household spends about 20 percent of its income on transportation. I will say that was higher than I expected. We tend to think of shelter, food, clothing, when, in fact, transportation is right up there after housing as a large part of household income expenditures.

So, Ms. Freund, when you were talking about seniors being willing to pay the $11, is that because they understand how much a car costs them to maintain, to insure, to drive?

Ms. FREUND. Senator Collins, I am not sure they understand that on any kind of a sort of conscious or cognitive level, but I do think that people truly are willing to pay for a service that they need and that they know will help them remain independently in their homes. Even our ITN users who use the service very, very, very often are spending far less than it costs to support a private automobile.

You know, those numbers are shocking, I know, but numbers are numbers and reality does not go away. Those are free consumer choices. People will willingly spend 20 percent of household income on transportation, and I think that—I mean, to me, that is a big pot of gold. To me, that is not bad news. To me, that is good news. All we need to do is provide a service that they want and they will pay for it.

Senator COLLINS. Exactly. I think that is why when one first hears $11 a trip or $6 a trip, you think, oh, is that going to be a barrier? But when you look at what people are already spending, it translates into a very reasonable amount, and certainly the demand for your service proves that.

But, I think it would be helpful for the committee if you were to describe to us a typical ITN member in the State of Maine.

Ms. FREUND. Sure. I can actually describe a typical ITN member in 20 States.

[Laughter.]

Senator COLLINS. Very impressive.

Ms. FREUND. Well, the numbers are consistent over many years. The typical member, the average age is 80, but the most common age is 85. Eighty percent of our members are women. Most of those women are living alone in the community and most of those women have sort of a lower- to middle-income range and they use their rides most commonly for access to medical care, but also for shopping and social needs and so forth.

Senator COLLINS. And, what about income levels? Could you give us a sense of what the average income level, or what percentage—you mentioned that you have a significant percentage below $25,000 annual income.

Ms. FREUND. Well, more than half of the people who use the service have an income of $50,000 or less, and they use the service between two and four times a week.

The CHAIRMAN. Are any of them in rural areas that you go to pick up?

Ms. FREUND. Some are in rural areas, but most are in suburban areas. The service we are developing for rural areas is ITNEverywhere. That is the next phase of what we are doing. I can also tell you that 50 percent, a little over 50 percent of the people we serve have some kind of a mobility impairment, either a chair or a walker or a cane, and 30 percent are either blind or visually impaired. So, we are talking about a frail population.

Senator COLLINS. And a very vulnerable population that really should not be driving and cannot drive.

Ms. FREUND. Twenty-five percent of the people who use ITN are driving at the time that they sign up, and then they transition voluntarily because they have an alternative. In an evaluation of the project that we did for the Atlantic Philanthropies, we were actually able to determine that after using the service for six months, and again at 12 months, that the amount of mobility people felt themselves to have was equal to the amount of mobility they had when they were driving, which is something that I think nobody thought was possible. But it is possible.

Senator COLLINS. That is really a terrific result. That is great news. I am very eager to see you expand into the rural areas of the State, as you know.

Ms. FREUND. You can have my credits, too, then.

[Laughter.]

Ms. FREUND. Thank you.

Senator COLLINS. Ms. McMillan, Ms. Freund said something I thought was very profound when she said the answer is in our driveways across America and that there is a lack of public awareness that we each could be really helpful by volunteering to drive an elderly person to an appointment or to see a friend or to the grocery store. You mentioned in your opening statement that there are some 400 Mobility Managers. What do these people do and where are they?

Ms. MCMILLAN. Well, they are all across the country, and what Mobility Managers do is, again, they are sort of the master ride match service, you might say, in terms of being able to identify, first of all, what is the customer constituency that you are trying to serve, where do they need to go, and what is the combination of different services that might get them there, whether that be a ride sharing, volunteer or otherwise, service provided by a nonprofit, public transit service, paratransit service, again, a taxi, accessible taxicab service. Within that community, what are all the various options that might be there and then serve to assist in what we hope more and more, through a one-call or one-click web-based service, of how someone can put together the customized ride from A to B that they need to have.

And, again, we have been able to fund those under—in 2005, I believe, one of the important changes in our authorizing law is that those Mobility Management services can be funded from our core funding programs both for urban and rural areas. They are coded Section 5307 and 5311. But the point being that there is an eligibility that was extended to these Mobility Management options that then can be funded with Federal dollars, because we would like to see them more and more.

I think we had 325—let me see, I was trying to think—it was $325,000 was being spent when that eligibility first happened in 2005 and now it is over $40 million are being spent per year on these services. So, we have seen a huge jump in interest.

Senator COLLINS. And, I think that reflects the growing need of our increasingly eligible population, but I am concerned that there is a lack of public awareness about these services and about the Mobility Managers. This is an issue that, because of ITNAmerica, I have followed fairly closely, and as someone who represents a State that by median age is the oldest in the nation, I also have

a great interest in how we are going to meet this need. And, prior to this hearing, I was not aware of these Mobility Managers.

So, I wonder what is being done to increase public awareness to work more closely with, perhaps, seniors, groups in the States, whether it is AARP or just senior centers in various communities. What are you doing to increase the visibility?

Ms. MCMILLAN. Well, there are a couple of things I would mention. I had mentioned before this coordinated plan that is required to access some of our funding. One recommendation that has been made is that there really needs to be an ongoing coordinating council that involves on an ongoing basis the very groups you have just mentioned, whether it is AARP or senior groups within the community, faith-based organizations, that can get the word out that these services are available.

One thing that we did when we had our Veterans Transportation and Community Living Initiative that we funded in fiscal year 2011 and 2012 that I mentioned, we specifically included as part of that program a marketing program. So, there was assistance that was allowed for some folks to come in simply to, as you well observed, be able to get the word out that once we put the service out there for Mobility Management serving not only veterans and their families, but also other community members that needed those same services, that there was a way, as you say, of getting the word out. And so it is a very important point that we need to keep in mind going forward with these programs.

Senator COLLINS. Ms. Dize.

Ms. DIZE. Thank you. I think that one of the issues is that there is, parallel with the development of Mobility Management, there is also an increasing amount of effort, I think, within the aging network and within human services that provide general information and assistance lines to address transportation, because very often, transportation arises out of a panoply of needs. The person may initially call about health care or home- and community-based services and transportation is an adjunct to that need. So, it is important that general information lines are equipped to know about the transportation resources and to connect with Mobility Managers where they exist in the community, and I think a lot of that is happening.

I would say that n4a, which is the association I work for, administers an AOA-funded service called the Elder Care Locator. Last year, the number one reason why people called was about transportation. We got more than 18,000 calls about transportation between July of 2012 and June 2013, and those numbers are increasing. And even though people struggle with financial issues, health care issues, and so forth, transportation remains number one.

I also think there is a lot going on in communities to increase the expertise and the connectedness between the human services programs and transportation so that when people call, they have the full picture.

Senator COLLINS. Thank you.

And, finally, Ms. Freund, in Maine recently, as you know, there have been some problems with contractors who have been hired to provide rides to individuals who receive services through the Medicaid program. Do you assess as part of ITN's evaluation the reli-

ability and quality and customer satisfaction, if you will, of your program?

Ms. FREUND. We have an annual customer satisfaction survey that we do for ITN in Maine and across the country, and the customer satisfaction ratings have been consistent over a number of years. I think 98 percent of the people who use the service would recommend it. Ninety-six percent are happy with the service. About two to three percent think that the service is too expensive for the service they receive. And by about ten-to-one, people think that it is inexpensive for the service they receive. So, we do ask those questions.

We also do a survey of all our volunteers every year and our affiliates every year, because if you are doing something wrong, you want to know it right away, right?

Senator COLLINS. Exactly. Well, I think it is such an impressive program and I have been delighted to see it replicated through your leadership in so many other States. I think it is a great model that we can encourage to be spread. I hope the Federal Department of Transportation, which has been generous in its support in the early years, will take notice of the program and the high satisfaction rates, as well, because this is a problem that is not going to go away, and I think for rural States, in particular, it poses a tremendous challenge for seniors living in very rural areas where, frankly, there simply is no alternative to a car.

That is one of the reasons that I am so grateful to the Chairman for allowing us to have this hearing today, and I just want to thank all of you for adding to our knowledge. When I heard Ms. Freund give those satisfaction rates, I could not help but think that Congress would be happy to have half those rating levels.

[Laughter.]

Senator COLLINS. But, they truly are impressive, so thank you very much, Mr. Chairman, and thank you all for testifying.

The CHAIRMAN. Well, it has been a great discussion and it is a discussion about an obligation of a society to take care of not only the very young, but the very old. And so Susan and I are just very grateful to be a part of this, so thank you very much.

The meeting is adjourned.

Senator COLLINS. Thank you.

[Whereupon, at 3:37 p.m., the committee was adjourned.]

APPENDIX

Prepared Witness Statements

STATEMENT OF

THERESE W. MCMILLAN

DEPUTY ADMINISTRATOR
FEDERAL TRANSIT ADMINISTRATION
UNITED STATES DEPARTMENT OF TRANSPORTATION

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

November 6, 2013

Chairman Nelson, Ranking Member Collins, and Members of the Committee:

Thank you for the opportunity to discuss the Administration's efforts to address the transportation and mobility needs of today's seniors living in urban, suburban, and rural communities around the nation, and to anticipate the related economic and social challenges that an aging America poses for our nation as a whole. This is an issue that cuts across party lines and geographic boundaries, as the majority of us will one day confront the health care and quality of life issues that are a natural part of the aging process, even as many of us wrestle today with caring for an aging loved one.

Our nation is undergoing a significant demographic shift that will profoundly affect our policies and priorities for years to come. By 2050, the number of Americans aged 65 and older is projected to more than double, from 40.2 million in 2010 to 88.5 million in 2050, and in particular, the number of men and women 85 and older is expected to increase fivefold by mid-century. The states with the fastest-growing percentage of older residents over the next two decades will see that growth in both urban and rural communities, from California to Texas, Florida to Virginia, and Maine. The challenges facing this population are significant. For instance, U.S. Census data indicate that nearly half of rural elders live below 200 percent of the federal poverty level, compared to roughly one-third of urban residents. Many seniors combat isolation and struggle to obtain access to medical care and other vital social services, especially in geographically dispersed areas. And yet while many elderly people face similar challenges, strategies to address the needs of elderly populations in rural and urban settings are not identical; there is no one-size-fits-all solution.

The Role of Federally Coordinated Transportation to Address Elders' Needs

Challenges such as these require a carefully coordinated continuum of services at the federal, state, and local level, involving both public and private resources. Transportation, in particular, cuts across every aspect of elder care, from health care and housing to employment and social activities. Transportation is an indisputable lifeline for aging Americans in urban and rural settings alike, and is therefore a major focus of federally coordinated efforts. Nearly one in five Americans over the age of 70 does not hold a driver's license, and those who do drive benefit from enhanced road safety provisions that also protect the rest of the driving public. As older residents cut back on or relinquish driving, they still need to stay connected to their communities, access healthcare services, and other destinations. Transportation can foster livable communities, allowing residents safe and convenient ways to travel by automobile, foot, bicycle, and transit for everyone in the community regardless of age or ability.

The U.S. Department of Transportation (DOT) is committed to taking into account the mobility needs of aging Americans across its core programs and in coordination with other federal departments. Specifically, the Federal Interagency Coordinating Council on Access and Mobility (CCAM), which is chaired by the U.S. Secretary of Transportation, includes representatives from 11 federal agencies, including the U.S. Departments of Health and Human Services, Labor, and Education. The CCAM's mission focuses on developing and implementing initiatives that improve mobility and community accessibility for seniors, individuals with disabilities, and low-income individuals and their families. The CCAM's Strategic Action Plan encourages the creation and growth of coordinated transportation networks that provide streamlined access to health and wellness care, jobs, and community services. The plan's objectives range from improving health outcomes by enhancing coordination of transportation services to promoting local business, economic, and transportation partnerships on behalf of seniors, dislocated workers, and others seeking to rejoin the workforce and access economic opportunities and training.

The most significant CCAM-led outcome in the Obama Administration is the Veterans Transportation and Community Living Initiative. This initiative, launched in Fiscal Year (FY) 2011, and led by the DOT's Federal Transit Administration (FTA), in collaboration with the U.S. Department of Veterans Affairs, the U.S. Department of Health and Human Services (HHS), and the Department of Labor, benefits *all* users of public transportation resources, including veterans, people with disabilities, and seniors. It particularly addresses the Administration's challenge to improve access to jobs and services for America's military veterans and members of the Armed Forces returning from Iraq and Afghanistan, along with their families. The Veterans Initiative has committed over $63 million in competitive grant funds for 86 innovative projects in 38 states, the Northern Mariana Islands, and Guam that help communities to develop or enhance one-call/one-click access to locally coordinated transportation services, ranging from fixed-route buses to on-demand paratransit taxi service.

For example, the Veterans Initiative awarded $1.4 million to Lee County, Florida, to enable the installation of new information kiosks at a new Department of Veterans Administration outpatient clinic in Cape Coral and other locations, where veterans—many of them elderly—will eventually be able to readily obtain real-time information on transit rides and schedules, day or night.

Another important CCAM accomplishment is the United We Ride initiative, which improves the availability, quality, and efficient delivery of transportation services for older adults, people with disabilities, and low-income individuals and families. Established in 2004, United We Ride has been a driver of the movement toward inclusive planning of transportation services, pushing for communities to ensure that the people using these systems, including older Americans, have a say in how and where they are developed. Under FTA's direction, this high-profile initiative encourages states to integrate transportation and social service needs in major urban areas as well as improve citizens' access at the local level to federally funded programs such as Medicaid, aging assistance, workforce training, and other services. The initiative emphasizes coordination that cuts across providers. For example, if there is room for a Medicaid beneficiary on a bus or van operated by the local Administration on Aging bus or van (which in turn benefits from federal transportation dollars awarded to the state), the passenger can hop aboard.

CCAM members are also moving forward to help ensure that transportation assets are efficiently deployed to help evacuate those without personal transportation resources in times of emergency, and to clarify policies on vehicle sharing and cost sharing between federally funded agencies to facilitate collaborative use of transportation assets on the ground. Progress in this area is important in light of devastating disasters such as Hurricanes Katrina and Sandy.

Outside of the CCAM, at the DOT modal level, many efforts are under way to continue to adapt programs and policies to the needs and concerns of seniors. For example, the Federal Highway Administration (FHWA) is working to make roads safer for older users through various initiatives, including a revised design handbook specifically addressing the needs of older drivers and pedestrians, approving the use of enhanced fonts to increase legibility on road signs, and making roadway crossings safer for pedestrians of all ages and abilities. FHWA also encourages States and local planning organizations to use the full range of existing design flexibility to identify and adopt safe and convenient designs for all pedestrians and bicyclists, particularly in urban areas.

The National Highway Traffic Safety Administration (NHTSA) has also published draft guidance for states to use in addressing older driver safety, including guidance on driver licensing and medical review of at-risk drivers and collaboration with social services and transportation service providers. NHTSA has also solicited and received comments on potential modifications to the New Car Assessment Program, including comments on a potential Silver

Car Rating System for Older Occupants, which would help older people identify and select vehicles that would potentially be safer for them.

Progress to Strengthen Public Transportation Coordination and Access

FTA has long addressed the mobility needs of seniors as part of a broader strategy that seeks to invest in transportation choices to meet the needs of citizens at every stage of life. Indeed, activities addressing seniors' mobility management needs are eligible expenses under FTA's transit assistance programs, with an 80 percent FTA share. The remaining 20 percent in matching funds can be drawn from non-DOT federally funded programs that involve older Americans, Medicaid recipients, those with developmental disabilities, work force investment programs, Department of Housing and Urban Development (HUD) programs, Head Start, and more. Providing access to affordable public transit is especially important to the growing number of older citizens who prefer to maintain independence while remaining connected to their communities. FTA has funded a number of initiatives, and collaborated successfully with non-federal partners, to improve access to transit—and improve the coordination of federal, state, and local resources—in ways that benefit the elderly as well as other populations needing more and better access to transportation choices. These efforts leverage federal investments through private partnerships and cooperative agreements, with new and strengthened programs shaped by MAP-21.

MAP-21 Enhances Funding, Services for Disadvantaged Populations

MAP-21, the two-year transportation authorization that is effective through FY 2014, empowers FTA to implement many bold new policies that strengthen and streamline public transportation for the nation's most vulnerable populations, including the elderly. For example, MAP-21 provides $28 million more in FY 2013 for the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program than SAFETEA-LU provided in FY 2012 for the Section 5317 New Freedom Program and the Elderly and Individuals with Disabilities Section 5310 Program combined. Projects for this program are developed through a community-based, coordinated planning process that must involve older adults at the outset. Such activities are an eligible capital expense under FTA's transit assistance programs, with an 80 percent FTA share and the remainder from non-DOT sources. This program also leverages private-sector resources. For example, taxicabs that meet the Americans with Disabilities Act (ADA) accessibility requirements are now an eligible expense under this program. Accessible taxis offer many communities greater flexibility, and cost savings, over traditional transit agency paratransit service. In cities such as Houston, TX; Madison, WI; and Daytona Beach, FL, these services have been well received.

Under MAP-21, FTA also provides funding to technical assistance centers, including the National Center for Senior Transportation and the new National Center for Mobility

Management, both of which provide research and technical assistance resources to support transportation options for older adults.

In addition, FTA's 5311 Rural Areas Formula Grant program under MAP-21 increases spending on rural transportation by approximately 25 percent over the previous authorization (SAFETEA-LU), providing capital, planning, and operating assistance to in areas with fewer than 50,000 residents. Total funding is $600 million in FY 2013 and $608 million in FY 2014. The program includes $60 million in funds over two years specifically for Tribal transit, which is also key to reaching elderly citizens.

Cooperative Agreements Strengthen Local Coordination, Innovation

FTA has further leveraged federal investments through local nonprofit partnerships with entities such as Easter Seals Project Action, whose mission is to promote universal access to transportation for people with disabilities, including the elderly. One of the most pivotal partnerships is the National Center for Mobility Management, which engages FTA with the American Public Transportation Association (APTA), the Community Transportation Association of America (CTAA), and the Easter Seals Transportation Group—all industry leaders in fostering and strengthening access to transportation choices serving diverse communities. This new Center will extend FTA's outreach by helping communities to adopt transportation strategies and mobility options that foster independent living, self-sufficiency, and promote healthy outcomes for older citizens and others. For example, the Center will develop a database that identifies and documents best practices on mobility management. It will also support FTA's grantees and other partners in adopting proven, sustainable, and replicable transportation coordination, mobility management and one-call/one-click transportation information services.

Through the United We Ride initiative, FTA also supports technical assistance centers such as the National Center for Senior Transportation, jointly operated by Easter Seals and the National Association of Area Agencies on Aging, and funded, in part, with $1.8 million from FTA in FY 2011 and FY 2012. The Center is a collaborative effort with the HHS Administration on Aging and is instrumental in assessing the real transportation needs of older adults and delivering appropriate technical assistance and training (such as travel training, which helps seniors and others learn how to navigate their transit systems); volunteer transportation resources and training; and new tools and resources to connect seniors with accessible transportation.

Mobility Management

Mobility management improves customer service by developing partnerships among transportation providers to expand the range of viable transportation options within communities. Mobility management programs, funded by combinations of federal, state, local, and nonprofit resources, often target the needs of seniors, people with disabilities and low-income families.

FTA has a long-standing tradition of supporting the evolution and proliferation of mobility management programs.

The National Center for Mobility Management, referenced above, is the newest component of FTA's ongoing commitment to community-based mobility management programs that often target the needs of seniors, people with disabilities, and low-income families. The majority of FTA formula-based programs under MAP-21 can fund mobility management expenses, including, for example, one-call centers, travel navigators and trainers, and local trip-planning services. In FY2012, FTA programs provided over $40 million in funding for mobility management projects—a four percent increase over FY 2011 funding of $38 million. Since 2006, when mobility management became an eligible capital expense in FTA's formula programs, total annual spending for this activity has grown from just $300,000 to over $40 million. The impacts of these investments are both strengthening and extending FTA's reach and ability to improve access to transit services at the community level. For example, the effort has enabled APTA to work with CTAA on a five-year strategic plan promoting mobility management in the transit industry nationwide; develop a national education program and materials; and make a business case for local mobility managers. Today, there are over 400 mobility managers operating across the country. Over half the states are planning or implementing one-call centers in urban or rural areas.

Programs and initiatives such as these go a long way to help communities assess specific needs to fill gaps in transportation for seniors and others. Determining the appropriate range of options, based on demographic and socioeconomic needs of a particular community, is important to enhancing choices for all residents. The ride-sharing and volunteer driver programs that work in one community may not be the right fit for other communities where fixed-route service is abundant, as it is in urban areas. Very importantly, seniors and others simply may not know what services and transportation options are available to them and do not know how to connect to them. That's why we need to vigorously develop nationwide transportation one-call-/one-click centers that can successfully connect older adults and others to the rides they need. We need to continue advocating for the formation of these centers and use of technology, along with replicating the presence of mobility managers across the country.

By coordinating access to and information about transportation choices, reducing duplication of services, and generally increasing the efficiency of our transportation networks, FTA can help to maximize the impact of taxpayer dollars.

Barriers and Challenges to Future Progress

DOT has made tremendous progress working within and across agencies to improve coordinated access to transportation for seniors and disadvantaged populations, but barriers related to funding and coordination remain. With respect to coordination generally, in 2011, the Government Accountability Office identified 80 federal programs as having great potential to be

coordinated and maximized through the United We Ride initiative, to help "transportation-disadvantaged" populations. But there are legal barriers to maximizing this potential. In order to make the most of each federal dollar and reduce duplication of services, the various players in the transportation sphere, from any part of the federal government, should be required to take part in coordinated planning efforts guided by the populations served. That level of cross-cutting coordination is not now in place. Moreover, some human service agencies still do not coordinate their services with others. States, in particular, need to analyze these impacts on overall delivery of transportation services that older adults depend on. Only by truly working together can we make the most of our efforts. In the meantime, as a result of these barriers, many seniors may be left unserved or underserved, even if local transportation providers have the capacity to serve them.

Effective coordination is key to this effort, and will continue to require hard work at the local level to change traditions, attitudes, and relationships among the many community organizations and agencies that provide human service transportation. Fortunately, there are a growing number of states and local communities that have embraced this notion. DOT is committed to working with our partners at every level to share best practices and to help break down the remaining barriers to effective coordination. We want to maximize independence and economic opportunity by providing the most cost effective and most appropriate rides for those in need.

Our best efforts at coordination, however, are only successful to the degree that actual programs can be implemented and sustained. Notably, significant funding reductions beginning in FY 2013 have reduced FTA's ability to promote transportation coordination through its technical assistance centers.

These funding challenges must also be viewed in the context of rising demand for public transit services, which are at their highest level in over half a century. In addition to making do with less, communities around the country continue to submit proposals for federally funded capital transit projects that far exceed FTA's available resources; demand greatly outstrips supply. Additionally, the largest and oldest transit systems around the nation are in desperate need of billions of dollars in postponed maintenance and modernization. Yet as our population ages, we cannot afford the social costs of ignoring the transportation needs of older Americans. We must find ways to continue investing in transit services that provide safe, reliable rides. These are challenges that the executive and legislative branches of government must solve together if we are to preserve a lifecycle of services—and mobility choices—that Americans need at every stage of life.

We at FTA look forward to working with members of this special committee, along with our federal, state, and local partners, to meet the needs and address the challenges of America's aging population.

Mr. Chairman, this concludes my testimony and I would be happy to answer any questions.

Testimony before the
Special Committee on Aging
U.S. Senate

Aging, Transportation and Health

Grant Baldwin, Ph.D., M.P.H.
Director, Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

Good afternoon Chairman Nelson, Ranking Member Collins and members of the committee. Thank you for the opportunity to testify before you today. My name is Dr. Grant Baldwin, and I am the Director of the Division of Unintentional Injury Prevention in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). In this role, I am responsible for the leadership and implementation of CDC's programs that prevent death and injury due to motor vehicle-related crashes, older adult falls, prescription drug overdoses, and traumatic brain injury.

I am pleased to be here today to speak with you about the intersection of transportation and public health and how transportation affects the health of older adults. I will also discuss what can be done to help older adults remain safe, active, mobile, independent, and healthy as they age.

Health and Transportation

In recent years, public health and transportation officials have been identifying how transportation influences public health and collaborating to incorporate consideration of health outcomes into the transportation decision-making process. This partnership recognizes that many factors outside of the traditional public health sector influence health and that addressing difficult health challenges effectively requires working collaboratively across sectors. For example, in 2010, CDC released the document, "Recommendations for Improving Health through Transportation Policy,"[1] which includes a range of recommendations to reduce injuries associated with motor vehicle

[1] http://www.cdc.gov/transportation/docs/final-cdc-transportation-recommendations-4-28-2010.pdf.

crashes, improve air quality, expand public transportation, promote active transportation, and encourage healthy community design. In 2011, the National Prevention Strategy (NPS) recommended that agencies consider health across multiple sectors, including transportation. CDC has participated in the Transportation Research Board's (TRB) Health and Transportation Subcommittee,[2] which was established in 2011 to develop a research agenda to improve our understanding of the effects of transportation on health. CDC also has participated on other TRB committees that develop future research needs relating to the safety and mobility of older adults. In August 2012, CDC, the Department of Health and Human Services (HHS) and the U.S. Department of Transportation (DOT) co-sponsored a White House roundtable on Health and Transportation in the Built Environment, which brought together representatives of the health and transportation sectors from federal, state and local governments and non-profit organizations to share information and discuss possible future collaborations on public health and transportation.

CDC collaborates with DOT to promote health in transportation. Specifically, CDC has a Memorandum of Understanding (MOU) and an action plan for coordination with the National Highway Traffic Safety Administration (NHTSA) through which we work together to reduce motor vehicle injuries. This partnership facilitates work together within the public health and transportation sectors to improve data, strengthen policy, synergize research, and translate evidence-based interventions into real-world settings. One example of this collaboration is an appraisal of state-based ignition interlock program features that are related to higher usage of interlocks. In addition to the MOU

[2] http://www.trbhealth.org

with NHTSA, CDC is partnering with DOT to develop a simple-to-use transportation and health tool that will help state transportation agencies and Metropolitan Planning Organizations (MPOs) assess how their transportation systems affect the health of the people they serve and how these systems could better promote health. The importance of the MPO planning process to key health outcomes was highlighted in the National Prevention Strategy case example of the Nashville Area MPO's 2035 Regional Transportation Plan,[3] which commits to devoting a minimum of 25 percent of its Federal Surface Transportation Program dollars for active transportation and public transit. CDC also is working with the Federal Highway Administration (FHWA) to assess the Nonmotorized Transportation Pilot Program's (NTPP) impact on health through investment in walking and bicycling infrastructure, such as walking trails, bicycle paths, and other enhancements, in four communities to make active transportation safer and easier. In addition, CDC will be participating with FHWA at upcoming peer exchanges and conferences to discuss how health can be incorporated into transportation planning at the regional level.

Mobility Benefits Older Adults' Health

Mobility – whether by car, foot, bicycle, public transit, or other transportation options, such as ride sharing, shuttles, or volunteer driver services – enables older adults to remain independent, active and socially connected. Mobility concurrently helps older adults obtain needed health care and preventive care services, and access other health-promoting goods and services. Ease of mobility also may enable older adults to pursue volunteer or paid work opportunities, further connecting them with their

[3] http://www.nashvillempo.org/docs/lrtp/2035rtp/Docs/2035_Doc/2035Plan_Complete.pdf

communities, helping bring meaning and a sense of fulfillment to their lives and benefiting their communities as well.

In addition, the opportunity to walk to a destination, or combining walking with another form of transportation – like public transit – enables, facilitates, and encourages older adults to be physically active, thus reducing their risk for obesity, diabetes, heart disease, stroke, depression and other chronic health conditions.[4] Communities need to be safe for older adults and all pedestrians to walk throughout the community, and CDC supports evidence-based interventions that encourage healthy lifestyles while promoting safety.

Aging Population Faces Transportation Challenges

As the U.S. population continues to age in the coming decades, many older adults face safety concerns and challenges to their mobility. In 2012, 14 percent of the U.S. population was 65 years or older, and by 2030, it is projected to reach 20 percent. The vast majority of older adults prefer to "age in place" by continuing to live in their current homes and communities. As of 2000, 80 percent of people aged 65 and older lived in metropolitan areas, with two-third of those living in suburbs. Based on population projections, as the baby boomers continue turning 65, between 2010 and 2020, the suburbs will see a 50 percent increase in people aged 65-74. In addition, the fastest-growing segment of the older U.S. population is those aged 85 or older, and this group

[4] More People Walk to Better Health, CDC Vital Signs, August 2012, http://www.cdc.gov/vitalsigns/Walking/index.html.

is at greatest risk for experiencing frailty and needing mobility assistance. Transportation issues will be of major concern.

Many older adults are dependent on cars, particularly in suburban or rural areas, which typically developed around the motor vehicle as the primary mode of transportation. This is reflected by the fact that about 9 out of 10 trips by older adults are made in personal vehicles. The built environment – the human-made physical characteristics of a community – such as wide roads with high volume, fast traffic, long walking distances, and the absence of infrastructure like sidewalks, safe street crossings or public transportation often presents obstacles to other forms of transportation like walking, bicycling and public transit. Poor street conditions and fear of crime and victimization can also be significant deterrents to walking for older adults. These obstacles can limit older adults' mobility and thus their ability to remain active, mobile, socially connected and healthy.

Motor vehicle travel has become safer over time, but motor vehicle crashes continue to be a leading cause of injury-related death for older adults, who are disproportionately affected by motor vehicle fatalities. They have higher rates of motor vehicle occupant deaths, pedestrian deaths, and overall motor vehicle deaths than younger adults. Earlier this year, CDC published findings in a *Morbidity and Mortality Weekly Report* (*MMWR*) article indicating that pedestrian death rates generally increase with age and that the highest death rate for both sexes is among those aged 75 and older.[5] Older

[5] Motor Vehicle Traffic-Related Pedestrian Deaths – United States, 2001-2010, *Morbidity and Mortality Weekly Report*, April 19, 2013, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6215a1.htm.

adults take fewer walking trips than younger adults; however, when struck while walking, they are more likely than younger adults to die from their injuries.

As they age, some older adults will face limitations in their ability to drive (e.g., inability to drive at night), and some will have to stop driving altogether, due to age-related declines in vision, cognitive functioning (the ability to reason and remember), and physical changes (such as arthritis or reduced strength). When driving is no longer an option, other transportation options may be limited. In rural or suburban areas where public transportation may not be available, other options should be considered to help with mobility, such as ride sharing and volunteer ride programs. CDC research that is pending publication, has found that many older adults anticipate driving for years to come and do not plan for future alternative mobility needs. Therefore, more work is needed to ease the transition from driving to not driving and to help older adults find other ways to stay mobile in their communities. This transition is very challenging, and more research is needed to understand the factors that enable older adults to successfully and safely manage this transition.

Helping Older Adults Remain Mobile and Healthy

Public health can play an important role in working with transportation officials and those with expertise in healthy community design and age-friendly communities to create environments that promote health and address the mobility challenges facing older adults.

Healthy Communities

Designing communities that meet the needs of all road users can help older adults remain active, mobile and healthy. Healthy community design encourages streetscapes that promote opportunities for walking, bicycling and wheelchair access by incorporating safe sidewalks and street crossings, accessible transit and slower traffic speeds. It is also important that exterior walkways and signage are accessible to a population with a proportionately higher prevalence of impairments in hearing, vision, and mobility.

Older adults interact with their communities in ways that reflect changing lifestyles and changing physical capabilities. For instance, after retirement, people have more time to volunteer in their community and enjoy parks, recreational activities, libraries and other community facilities. Local planners can enhance communities by considering the design of neighborhoods so that older adults and others in the community whose mobility may be limited can engage with and participate fully in their communities. At the same time, conditions such as chronic diseases leading to disabilities such as limited vision, hearing or cognition may present barriers to mobility and require strategies to overcome those barriers. An older adult who is no longer able to drive but lives in a community with a safe and secure pedestrian environment that is near destinations such as libraries, stores, and places of worship, and is served by transit and other transportation options has the ability to remain mobile, active and healthy. Affordable, accessible, and suitable housing options can allow older adults and others living with disabilities to age in place and remain in their communities. Housing that is

convenient to community destinations can provide opportunities for physical activity and social interaction.

One tool available to aid communities in making informed choices about improving public health through community design is Health Impact Assessment (HIA), which evaluates the potential health effects of a plan, project, or policy before it is built or implemented and provides recommendations. This information about potential health impacts can inform the decision-making process for plans, projects, and policies that fall outside the traditional public health arenas, such as transportation and land use.

Motor Vehicle Safety and Older Adult Mobility

For those older adults who are able to drive, we must continue to find ways to improve motor vehicle safety and reduce the disproportionate number of fatalities and injuries suffered by older adults whether they are drivers, vehicle passengers or pedestrians. This requires partnerships with organizations like AARP to help improve older adult driver safety. CDC, together with our colleagues at NHTSA, also will continue to identify effective, evidence-based interventions to prevent motor vehicle crashes.

We also must understand the various stages of transition for older drivers from driving independently to relying on other means of transportation. To this end, CDC worked with the Centers for Medicare & Medicaid Services (CMS) to include new questions about older adults' use of various transportation options in its Medicare Current Beneficiary Survey (MCBS), a nationally representative survey of the Medicare

population. CDC also is developing a tool to help older adults quickly assess their own mobility and receive individualized feedback based on their assessment. Currently, we are researching national prevalence estimates of U.S. older adult views on driving cessation, including when older adults predict that they will stop driving. In light of the growing population of older adults, we have recently identified older adult mobility as a new priority area for our motor vehicle injury prevention work, and we expect to undertake additional projects in the future.

Community-Based Transportation Services

The HHS Administration for Community Living provides funding to states, territories and tribes under the Older Americans Act (OAA) to support a variety of home- and community-based services that can be tailored to meet the individual needs of persons aged 60 and older so that they are better able to live independently in their homes and communities. In Fiscal Year 2011, this funding provided nearly 25 million rides to older adults across the country. National surveys indicate that these transportation services play a key role in helping older adults – particularly those who are frail and vulnerable and most in need of this assistance – maintain their independence:

- 62 percent are age 75 or older, and nearly 30 percent are age 85 or older;
- 64 percent live alone;
- More than half rely on these services for the majority of their transportation needs;
- Seven out of ten use these transportation services to get to the doctor and other health care appointments;

- One-third have been hospitalized in the past year;
- 45 percent are mobility impaired, meaning they either do not own a car, or they are unable to drive and do not live near public transportation;
- Three out of four have chronic illnesses that may impair the safety of their driving or prevent them from driving (e.g., stroke, macular degeneration, etc);
- Two-thirds had a doctor tell them they have vision problems (including glaucoma, macular degeneration or cataracts);
- 95 percent take at least one daily medication, and 14 percent take ten or more medications, many of which interfere with safe driving;
- Over one-third use the services to shop for necessities like groceries; and
- 97 percent of these transportation clients rate OAA-funded transportation services as good or excellent.

These transportation services, in combination with other community-based supports tailored to meet individual needs, serve as a vital lifeline for many older adults, allowing them to maintain mobility while safely remaining in their homes and communities as they age.

Conclusion

We recognize that transportation influences public health in a variety of ways and that it is important for public health and many critical sectors, including transportation officials, to work together to ensure that our transportation system, like our entire community, supports health, which is why these relationships and collaborations are so important for our agency. By helping older adults remain active, mobile and independent as they

age, we also have an opportunity to help them remain healthier. We look forward to continuing to collaborate with our colleagues at DOT and other organizations to make progress toward this goal.

Thank you again for the opportunity to be here with you today, and thank you for your continued support of CDC's essential public health work. I look forward to answering any questions you may have.

TESTIMONY OF

Virginia Dize

Co-Director, National Center on Senior Transportation

National Association of Area Agencies on Aging (n4a)

BEFORE THE

U.S. Senate Special Committee on Aging

HEARING ON

"Transportation: A Challenge to Independence for Seniors"

November 6, 2013

562 Dirksen Senate Office Building

Washington, DC

NCST 10/31/13

Chairman Nelson, Ranking Member Collins and Members of the Committee, it is indeed an honor to be here today to address the critical importance of transportation in the lives of older adults and the pivotal role coordination plays in increasing the availability of transportation options in local communities across the United States. My name is Virginia Dize and I am Co-Director of the National Center on Senior Transportation (NCST). In our work with communities, we have seen first-hand the importance of coordinating public and private transportation resources across modes and the value of making connections between transportation and health and human services. We are excited to be part of this hearing that will shine a spotlight on this critical need.

NCST Overview

Older adults rely on public transportation to maintain their independence through access to paid and volunteer work, services, supports and entertainment in their communities. Recognizing the need to improve access to public transportation for older adults, Congress authorized the National Center on Senior Transportation (NCST) in 2005 as part of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Congress reauthorized the program in 2012 as part of the Moving Ahead for Progress in the 21st Century Act (MAP-21).

With funding from the U.S. Department of Transportation, Federal Transit Administration, NCST was launched in 2006 and has been administered by Easter Seals, Inc. in partnership with the National Association of Area Agencies on Aging (n4a). In April 2012, the Federal Transit Administration once again selected Easter Seals, Inc. and n4a to continue NCST's vital work. Easter Seals and the n4 are strong partners with extensive experience in providing technical assistance, training and information on senior mobility issues. We each bring different perspectives and complementary strengths to the work. n4a, which represents the 618 Area Agencies on Aging and 246 Title VI Native American Aging Programs in the U.S., is a highly respected national resource on aging services and a recognized expert on local solutions to the challenges of aging in place. Easter Seals brings years of experience in providing technical assistance on accessibility and mobility for people with disabilities and older adults, as well as a nationwide network of service providers for older adults.

The National Center on Senior Transportation's mission is to increase transportation options for older adults and enhance their ability to live more independently within their communities throughout the United States. The mission is based on the well-documented value of increased mobility to older adults, caregivers and communities. NCST achieves this mission by gathering and sharing best practices; providing technical assistance and training; facilitating strategic partnerships and community engagement to support the development and coordination of senior transportation options; developing and disseminating information; and administering

demonstration grants. Our work addresses the full range of transportation options, no matter the funding source.

Since 2006, NCST has reached hundreds of communities and provided more than $ 1.3 million in grant funding to local communities to develop innovative services and increase coordination of transportation and human services resources to better meet the needs of older adults. The best practices and lessons learned from these grant programs are broadly disseminated and used extensively in our provision of technical assistance to individual communities.

Working with communities, NCST seeks to identify effective and creative approaches for addressing the challenges that impact transportation services for older Americans and strives to build partnerships across aging, human services, and transportation providers to create solutions, breakdown barriers to coordinating federal, state and local funds and harness the collective strength of both public and private resources. Our work supports the full "family" of older adult transportation services, including programs using volunteers both as drivers and to accompany older adults to their destinations; travel training and orientation promoting increased use of public transit; older driver safety; education for older adults and caregivers; coordinated planning efforts and much more.

Local Innovation Examples

Recognizing that each community has different resources and needs, the following stories from the field serve as exemplars of what can be done. These communities not only added new transportation options, but expanded the mobility resources available to older adults as well.

- Dane County, Wisconsin (2012-2013 NCST Grantee): The **Dane County Department of Human Services (DHS)** developed a partnership between a Time Bank and local Renal Dialysis Centers to address the challenge of providing transportation to dialysis patients in the area. Critical to the success of the program was the work of the Dialysis Center nurses and social workers to identify patients who had difficulty arranging transportation. Developing a volunteer transportation program using the Time Banking concept enables "members" (dialysis patients who received rides) to offer an alternative service in exchange. In Time Banking, one hour of service equals one hour, no matter the service provided. The volunteer drivers in this program are a combination of Retired Senior Volunteer Program (RSVP) volunteers and Time Bank members and have been successful in reducing the number of missed dialysis appointments.

- **Florida's United We Guide Project** brings together a coalition of state aging, health and transportation agencies, including the state's Commission for the Transportation Disadvantaged (2008 NCST Coalition/Technical Assistance Recipient). The original pilot project trained and provided support to Community Transportation Coordinators (more commonly known as Mobility Managers) in St. Johns and Putnam Counties. The project developed a "one-call" system which gives residents of these two counties a single telephone number to call for information about transportation options, safety and

mobility. Not only are individuals provided assistance with obtaining a ride where and when they need to go, but the information collected from the calls helps to identify service gaps. The program is being expanded to five adjoining counties near Tallahassee, giving residents access to transportation information across the region.

- **Knoxville-Knox County, Tennessee** (2008-2009 NCST Grantee) has developed its unique Volunteer Assisted Transportation (VAT) Program to meet the needs of frail older adults and people with disabilities who need personal assistance in order to travel safely. With Federal Transit Administration New Freedom funds, the Community Action Agency purchased hybrid vehicles and wheelchair-accessible vans. A cadre of new volunteers were recruited and trained to drive the vehicles and provide passenger assistance as needed. The volunteer training was developed and provided in partnership with the American Automobile Association of East Tennessee, the Patricia Neal Rehabilitation Center, and Pilot Travel Centers, among other community groups. The program continues to grow and expand. Last year (ending in June 2013), 50 trained volunteers provided 3,941trips to 196 county residents. Going forward, the program will continue to weave together funding from multiple programs to purchase new vehicles and expand operations.

- **Northeast Oklahoma:** Pelivan Transit, a partnership of Grand Gateway Area Agency on Aging and Grand Gateway Economic Development Association (a Council of Governments), has created an accessible transportation network serving seven rural counties and Tribal Transit. The rides provided link older adults to medical care, human services and social activities. Pelivan has patched together an array of funding sources, including Federal Transit Administration, Older Americans Act, service contracts with state and local governments, the Medicaid Non-Emergency Medical Transportation Program, nonprofit foundations, for-profit businesses and advertising revenues. Most Pelivan rides are provided on a demand-response basis and may be provided throughout the service area, with a slighter higher charge for travel beyond the city limits. Close coordination with human services supports pooling rides, resulting in improved efficiency while maintaining quality customer service.

- **Wichita, Kansas** (2011 NCST Grantee): Central Plains Area Agency on Aging (AAA), Wichita Public Transit and La Familia, a Hispanic Community Center worked together to reach out to Hispanic elders and encourage that community's greater use of transit. As a result of these efforts, the AAA and La Familia were invited by the Transit Agency to provide sensitivity training on aging and Hispanic culture to all area Transit operators. A bi-lingual Mobility Manager is now employed by the Transit Agency to provide person-centered transportation information and assistance to Hispanic older adults and their families.

These examples illustrate how some communities have worked to develop unique, local solutions for increasing older adults' mobility. However, it is important that we all understand the value of increasing mobility for older adults in every community.

Value of Mobility for Older Adults

Access to transportation and mobility is key to supporting the health and well-being of older adults. Data suggests that too often people cannot access preventative services, may stay in a hospital longer than necessary or rehabilitate in an expensive institutional setting due to lack of transportation. Ensuring access to care for many people is not yet as easy as driving a car, but thanks to the gains of the Americans with Disabilities Act, for many it is becoming easier. Public buses are increasingly accessible and ADA complimentary paratransit services are available within ¾ of a mile radius of the public transportation route. Yet, we still do not have public transit or other accessible transportation options in every community across the United States. A 2011 Brookings report on access to public transportation found this problem particularly challenging in suburban environments where older adults are most likely to live.

At the 2005 White House Conference on Aging, experts and advocates ranked transportation as the third most pressing need confronting older adults. Since then, the pivotal importance of transportation to older adults' well-being and ability to live independently in the community has been underscored in numerous ways. In response to a 2009 survey conducted by NCST, one AAA Director put it simply: "transportation is the service with the greatest unmet need of anything we do." Between July 2012 and June 2013, the Eldercare Locator (the nationwide toll-free number and website funded by the U.S. Administration for Community Living and administered by n4a) received more than 18,000 calls about transportation, which ranks as the number one reason older adults and caregivers call, surpassing financial concerns and home care services inquiries.

We know that older adults want to age in place. In fact, a 2010 AARP survey revealed that nearly 90 percent of adults over age 65 want to stay in their own homes for as long as possible; 80 percent of survey respondents believe they will always be able to live in their current home. To live safely, independently and comfortably in one's own home and community requires access to medical and other essential services. Missed medical appointments can exacerbate chronic conditions and increase the risk of hospitalization. While the health impact of reduced access to needed medical services is obvious, social isolation due to lack of transportation can have an equally dire effect on health and mental health, and may result in the need for placement in a long-term care facility. Such preventable institutionalization drives up individual and taxpayer costs, as nursing home care is far more expensive that home and community-based services.

Transportation is the most frequent type of assistance provided by family caregivers: the National Alliance for Caregiving (NAC) found that 83 percent of caregivers provide or arrange for rides. In 2011, according to AARP, family caregivers provided 1.4 billion rides per year to older adults. Still, older adults who live a long distance from family or who need frequent rides (such as people receiving chemotherapy or renal dialysis) depend on more formal services to meet their needs. The NAC Caregiving Study also indicates that while the level of transportation provided by caregivers has remained fairly constant, a higher percentage of caregivers (from 18 to 29 percent between 2005 and 2009) are also seeking out alternative transportation services.

The economic impact of frequent caregiver absences from work, as well as the fact that many caregivers cannot take time off from work without negative consequences, indicates the need to provide transportation services even when a family caregiver is present.

It is important to remember that many older people live active lives and are still safe drivers or able to use public transit. There is no universally accepted age at which people are no longer safe drivers, even though chronic conditions and disability, which occur more frequently in old age, certainly impact that skill. As we know, the U.S. is a highly mobile culture, valuing the independence to go where you want and when you want to go. It's no wonder, then, that the impact of giving up the keys is profound. More than half of older nondrivers do not leave their homes on most days, make 15 percent fewer trips to the doctor, 59 percent fewer shopping trips and 65 percent fewer trips for social, recreational, family or religious purposes.

While public transit is a viable option in many communities, in most rural and suburban communities—where older adults are most likely to live—transit is either nonexistent or so limited that only certain destinations are served. In areas where transit is more robust, use has increased slightly among older adults but we know that many more could benefit from this service. Communities are doing more to encourage transit use, including offering **travel training** designed to introduce transit to people who have never used the system; adding **transit routes** convenient to where older adults live and want to go; improving the safety and security of **walking routes** to transit stops; and adding **shelters and benches** at bus stops to make waiting for rides more comfortable.

While we need to maximize older adults' successful use of existing transit systems, doing so won't meet everyone's needs. Additional options are necessary. Community transportation options are often creative solutions meant to fill identified gaps and may include such services as **dial-a-ride** which offers curb-to-curb service at an agreed-upon time, **volunteer driver programs** and **assisted transportation** (called "door-to-door" or "door-through-door") for older adults who need more than a ride, providing assistance from the door to the car or an "escort" to stay with them throughout the trip. Such programs are typically funded with a combination of federal, state and local funds. The Federal Transit Administration's 5310 Program and the Older Americans Act Title III B are two federal funding sources that frequently support such programs.

Value to Communities of Mobility for Older Adults

Beyond the obvious benefits to older adults themselves, supporting older adults' mobility has an economic value to the community. Improvements in transit and roadways that address the needs of older adults (such as bus shelters, sidewalk improvements, kneeling buses, etc.) may benefit the community as a whole by making it easier, safer and more comfortable for everyone to get where they need and want to go. An increasing number of older adults continue working in their 60s and 70s, which adds to the tax base of their communities but may require new transportation options for these workers. Furthermore, older adults who are able to get out in the community contribute to the economy by patronizing shops, grocery stores and other local businesses. Older adults make up an increasing proportion of the overall population in most communities; therefore, their economic and social contributions cannot be ignored. Missed

medical appointments are just one example of the economic impact of not providing sufficient transportation services. Another is the missed hours of productivity of family members having to take time off work to transport loved ones to appointments when no alternative is available.

Harnessing the Power of Older Adults: Volunteerism and Leveraging Life Experiences

Older adults, even into their 80s and 90s, extend the reach of community services through their work as volunteers. They lend their expertise and lifetime of experience to schools, hospitals, libraries and community kitchens. In many communities older adults themselves are the volunteer drivers and escorts who give rides to other older people; serve as travel trainers to help their age peers learn how to use transit; answer phones and help others arrange rides; and as volunteer trainers and recruiters, help to expand and ensure the quality of these valuable services. Finally, the wisdom older adults bring to countless community advisory groups, their participation in community planning and as advocates for services cannot be overstated. It is important to note that all of these volunteer efforts depend on access to transportation. Without transportation options, communities are poorer for being unable to tap into the knowledge and enthusiasm of older adults who but for a ride, would continue contributing to improve the lives of neighbors, friends and the community at large.

Our communities need to do a better job of coordinating programs and funding streams and be more efficient in utilizing public and private mobility resources at the local level to help older people get where they want to go and when they need to get there. This is both financially and programmatically sound. Coordination must be across the health, social services and transit sectors, as well as across geographic boundaries, and must also include the full participation of older people and their caregivers. From our work with local communities, we have examples of how broad and comprehensive this work can and should be.

Recommendations

There are several things that Congress can do within existing frameworks to help support communities looking to enhance mobility for older adults.

First, there needs to be continued attention to breaking down the federal and state barriers to local public-private coordination of mobility assets. This includes looking at program rules, geographic boundaries and other limiting factors. The United We Ride initiative at the Federal Transit Administration, and the technical assistance, coordination and expertise housed there, provides an excellent framework for inter-agency work looking at barriers to coordination. The Federal Transit Administration (DOT) and the Administration on Community Living (DHHS) are to be commended for their excellent coordination. More agencies and departments need to be encouraged to work together on this cross-cutting issue.

Second, this hearing can be the beginning of a longer discussion about senior transportation and offer the following policy recommendations as a starting point. Discussion should explore the following activities.

- The formation of a small working group made up of key decision makers and advocates to develop recommendations in support of consistent coordination guidance to recipients of federal transportation funding would be very helpful.

- Congress should craft consistent legislative language on transportation coordination in the Older Americans Act, MAP-21 authorization, the Workforce Investment Act and other upcoming authorizations. As coordination across federal funding streams is a multi-jurisdictional issue with no single Committee or Department primarily responsible for addressing it, the Special Committee on Aging might well seize the opportunity to address this cross-cutting issue on behalf of older adults.

- And finally and possibly most importantly, all of us need to work together as policy makers and advocates to drive systems change to ensure that all transportation resources in the community are responsive to the needs and preferences of older adults. One way to do this is to infuse the concept of person-centered mobility management in federal programs. Existing resources, such as the Enhanced Mobility of Seniors and Individuals with Disabilities program in MAP-21, are available as vehicles for making this happen. We define person-centered mobility management on two levels:

    - **Individual level** – One-on-one or group education and counseling on transportation options and alternatives to driving.

    - **Systems level** – A service to facilitate coordination among transportation and human services providers and ensure the availability of a range of transportation options and modes to support older adult mobility needs in communities throughout the U.S.

This construct provides a framework for the effective coordination and enhancement of services for people with disabilities and older adults. We appreciate the opportunity provided by this hearing to spread understanding of person-centered mobility management as an effective model that federal, state and local officials and communities might embrace in their efforts to better serve the mobility needs of older Americans.

Thank you so much for this opportunity to testify today. I look forward to your questions and the opportunity to work together in the future.

About NCST

The National Center on Senior Transportation's mission is to increase transportation options for older adults and enhance their ability to live more independently within their communities throughout the United States. NCST achieves this mission by gathering and sharing best practices; providing technical assistance and training; facilitating strategic partnerships and community engagement to support the development and coordination of senior transportation

options; developing and disseminating information, including the use of web-based and social media; and administering demonstration grants. A collaborative approach involving a wide range of expert partners and consumers underlies all NCST activities.

About Easter Seals

Easter Seals provides exceptional services, education, outreach, and advocacy so that people living with autism and other disabilities can live, learn, work and play in our communities. Easter Seals has been helping individuals with disabilities and special needs, and their families, live better lives for more than 90 years. From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people with disabilities address life's challenges and achieve personal goals.

Easter Seals programs such as adult day services, in-home support and services, community mobility options, wellness programs and support for family caregivers help people live as independently as possible for as long as possible. The Easter Seals family of services is ever expanding to meet the needs and help promote wellness, independence and connectivity among the growing number of older Americans.

About n4a

The National Association of Area Agencies on Aging (n4a) is the leading voice on aging issues for Area Agencies on Aging (AAAs) across the country and a champion for Title VI Native American aging programs. Through advocacy, training and technical assistance, we support the national network of 618 AAAs and 246 Title VI programs. n4a's primary mission is to build the capacity of its members to help older persons and people with disabilities live with dignity and choices in their homes and communities for as long as possible (www.n4a.org / www.facebook.com/n4aACTION).

ITNAmerica®
Dignified transportation for seniors

Testimony of

Katherine Freund

Founder and President of ITN*America*

Before the Senate Special Committee on Aging

Hearing on

"Transportation: A Challenge to Independence for Seniors"

November 6, 2013

Chairman Nelson, Senator Collins, and Members of the Committee, on behalf of the older people we serve, their families, and their communities, I thank you for the opportunity to be here today. My name is Katherine Freund, and I am the founder of the Independent Transportation Network® and the founder and president of ITN*America*, the first and only national non-profit transportation service for America's aging population.

I want to begin by thanking Senator Collins for her longstanding support for sustainable senior transportation and I would like to emphasize how much the Independent Transportation Network and ITN*America* are a product of collaboration between the public and private sectors.

I came to senior transportation through a personal experience, when my 3-year-old son was run over in 1988 by an 84-year-old driver. Ryan survived and is today a healthy young man, but others are less fortunate. In 2011 alone, more than 5,000 people age 65 and older were killed and another 185,000 were injured in vehicle crashes, according to the National Highway Traffic Safety Administration.

With support from AARP, the Transportation Research Board's Transit IDEA program, the Federal Transit Administration, the National Highway Traffic Safety Administration, the Southern Maine Area Agency on Aging, dozens of private philanthropies and the people of my community in Portland, Maine, we created a social enterprise that uses efficient business practices to address a social issue—sustainable senior transportation that will scale with the aging of the population.

We called our enterprise the Independent Transportation Network or ITN®, and we built it as a replicable model, with a goal to connect multiple ITNs into one national system. We call that system ITN*America*, and today we have 25 ITN affiliates in 20 states. We have delivered 600,000 rides, we are serving more than 5,000 people, and we are growing at a rate of 100,000 rides a year.

These numbers are small when you look at the aging of the population, with 10,000 boomers turning 65 each day for the next 18 years. But what is important about the ITN model is that it does not depend on taxpayer dollars for sustainability. Any new ITN affiliate may use up to 50 percent public money to launch, but after 5 to 8 years, it must be sustainable through reasonable fares and a diversified base of private local community support.

From a policy perspective, it is easy to justify the use of public resources to address the mobility needs of the aging population. The classic justifications for policy intervention—public safety and market failure—are clearly present. The problem of insufficient public resources is a fiscal reality that is unlikely to change, even as the older population continues to grow.

ITN affiliates are non-profit membership organizations. They use automobiles and a combination of paid and volunteer drivers to provide rides 24/7 for seniors and people with visual impairments. The core business innovations are the Personal Transportation Account™ and a flexible approach to resources, managed through ITN*Rides*™, an enterprise software program that connects all ITN affiliates across the

country. The Personal Transportation Account is like a mobility portfolio that can hold assets in many forms. Older people may trade the cars they no longer drive to pay for their rides, or they may save transportation credits by volunteering to drive others and plan for their own future needs. Volunteers in one ITN community may send their credits to another ITN to pay for rides for a loved one. Merchants may help pay for rides, as may healthcare providers through the Ride & Shop™ and Healthy Miles™ programs, all managed through the software.

The result is an average fare of about $11, with the most common fare about $6 each way, which might seem expensive. But with 30 to 40 percent of our members at an income level of less than $25,000 a year, our last 5 years of customer satisfaction surveys consistently tell us that ITN members, by a ratio of about 10 to 1, feel the fare is inexpensive for the service they receive. (See Graph I) There is dignity and independence in paying for oneself.

Willingness to pay is no small matter, because transportation is expensive. As the graph in Graph II shows, transportation accounts for more than 20 percent of consumer spending, second only to housing. According to the Surface Transportation Policy Project, private household expenditures for transportation in 1998 outnumbered public expenditures 5 to 1. (http://www.transact.org/report.asp?id=41) One way to address the mobility needs of the aging population, then, is to develop a service older consumers are willing to buy.

What kind of rides do ITN customers choose? More than 40 percent of ITN rides are for healthcare; about 20 percent are for personal needs and shopping, and about 8 percent are for work and volunteer activities. Other rides are for exercise and recreation, intermodal connections, and professional services. (See Graph III) The diversity of ride destinations may account, in part, for how satisfied older people are with a transportation service that takes them where they want to go, on their own terms. In the 2012 ITN*America* customer satisfaction survey (n= 787), 98 percent of survey respondents said they would recommend ITN to a friend, 96 percent said their overall experience was either excellent or very good, and 94 percent said they were very satisfied with the quality of the service. ITN service impacts more than just the older people who use it, and an evaluation funded by the Atlantic Philanthropies captures this.

In an important public/private effort, the Atlantic Philanthropies funded a business plan to supplement a 2003 FTA planning grant to rollout of the sustainable ITN model. The joint planning effort culminated in the 2005 Stone House conference in Freeport, Maine, that launched ITN*America.* Representatives of the Transportation Research Board, the Office of the Secretary of Transportation, AARP, the AAA Foundation for Traffic Safety, the Corporation for National and Community Service, the Teamsters Union, the Great Bay Foundation for Social Entrepreneurs, the Atlantic Philanthropies and budding ITN affiliates from South Carolina, Florida, California, New Jersey and Virginia attended. A few months later, Atlantic funded ITN*America*'s

national roll out with a $3.5 million grant, including an evaluation of how ITN impacts quality of life, not just for seniors, but for their families and the volunteers who drive them.

The Atlantic Philanthropies evaluation, designed by Dr. Richard Fortinsky of the University of Connecticut Health Centers, (see Table I) found that transportation difficulty for ITN customers declined 21 percent in one year, and confidence in arranging personal transportation increased in non-drivers to the level of drivers in the same time frame. This means that consumer-oriented transportation such as ITN can effectively replace for older people the level of mobility provided by driving an automobile, possibly easing the transition from the driver's seat to the passenger seat. One 90 year old male customer said, "Certainly kept me normal; I am able to keep my appointments. My life with ITN is pretty much the same as it was when I still drove. I'm glad to be a member. It made my transportation problem almost non-existent."

For family of ITN members, the Atlantic evaluation measured a 46 percent decrease in worry about their relatives' transportation adequacy, and a 31 percent decrease in worry about their safety. Before their loved ones used ITN, sixty-four percent (64%) of family members said they were likely to miss work because they had to arrange or provide transportation for an older family member; six months after their loved one had joined ITN, they reported their likelihood to miss work had dropped to 27 percent. In other words, they were 37 percent less likely to miss work because of ITN.

ITN volunteer drivers also experienced benefits reporting improved quality of life (66%) and an enriched social life (36%). Almost 40 percent of volunteers reported saving their credits for their own future transportation needs, and a similar amount said they donated their credits to low income seniors through ITN's Road Scholarship Fund.

To assure that ITN's innovative practices comply with public policy, ITN*America* has worked with state and local policy makers in several states, including Florida, Maine, Illinois, New York, Kentucky, Missouri, Ohio and Tennessee. With support from the Silver Century Foundation, *pro bono* legal research from the Rappaport Center for Law and Public Service at Suffolk Law School and *pro bono* legal supervision from Nutter, McClennen & Fish in Boston, Massachusetts, ITN*America* has completed a 50 state inventory of state policies that either create incentives or remove barriers to the use of private resources for sustainable senior transportation, and with the National Conference of State Legislatures, we are disseminating these results to 10,000 policy makers.

With the understanding that safety and social research informs sound public policy, ITN and ITN*America* have since 1995 compiled a research database uniquely designed to study mobility for older people. Through a contract with the Centers for Disease Control we are now studying the transition from the driver's seat to the passenger seat for seniors in 17 communities across the country.

To help older people in rural and small communities, ITN*America* has just completed 6 years of research to expand ITN through ITN*Everywhere*™, a suite of

software programs that brings together rideshare, carshare, volunteer transport and community transport. ITN*Everywhere* will be to community mobility what eBay is to flea markets.

Information technology and the internet are changing the world around us in ways so profound and so rapid it is often difficult to absorb. Similarly, technology is changing the way we experience transportation, both on a daily basis in our own communities and when we travel farther afield. In the past we created community mobility through traditional mass transportation, because that was the only way to create efficiency. It works by grouping people together in high occupancy vehicles, like buses and trains, and moving them on routes and schedules. Much of the time, this means public funding for expenditures—capital, labor, maintenance, energy, and insurance.

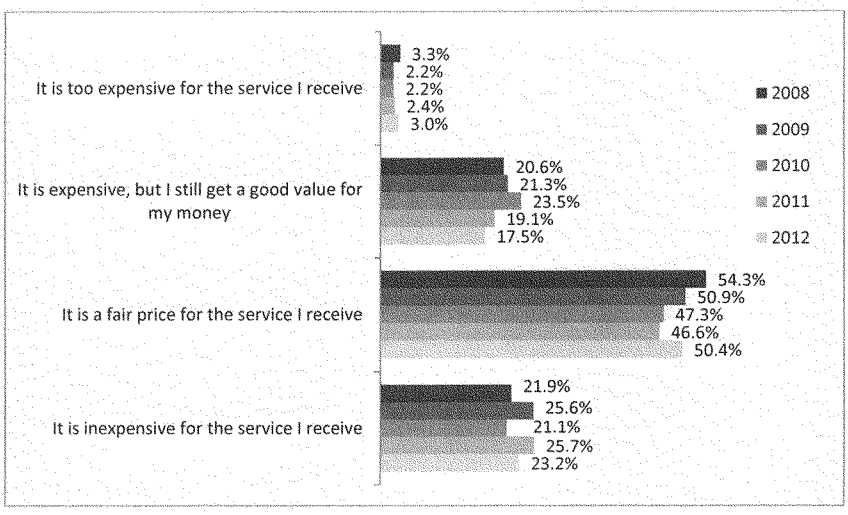
Modern information technology now allows us to know when and where both passengers and personal vehicles are located, and to match them based on free consumer choice to meet their mobility needs. We no longer need predetermined routes or high occupancy vehicles to share rides, and we no longer require public funding to create shared community mobility. We can create community mobility through more efficient use of private transportation capacity, and we can serve people and communities beyond the reach of traditional mass transportation. In other words, the transportation systems of the future will be networked, digital and web-like, rather than linear, analog and mechanical.

Such for-profit rideshare services as Uber, carshare services as Zipcar and RelayRides, and non-profit volunteer driver programs as ITN are all part of the same revolution in transportation, one in which expenditures—capital, labor, maintenance, energy, and insurance—do not need public funding. Traditional mass transit is still one of the best transportation solutions in high density areas, but in small and rural communities, where buses run half empty if they run at all, there is a bright new solution on the horizon.

Members of the Committee, public resources may be scarce, but the future for community mobility through the use of information technology and voluntary access to private resources is extremely bright and extraordinarily exciting. Much work remains to be done, and policy will need to change to remove barriers and create incentives for this exciting future that will be good for the environment, the economy, and the American people, young and old.

Graph I: Willingness to Pay

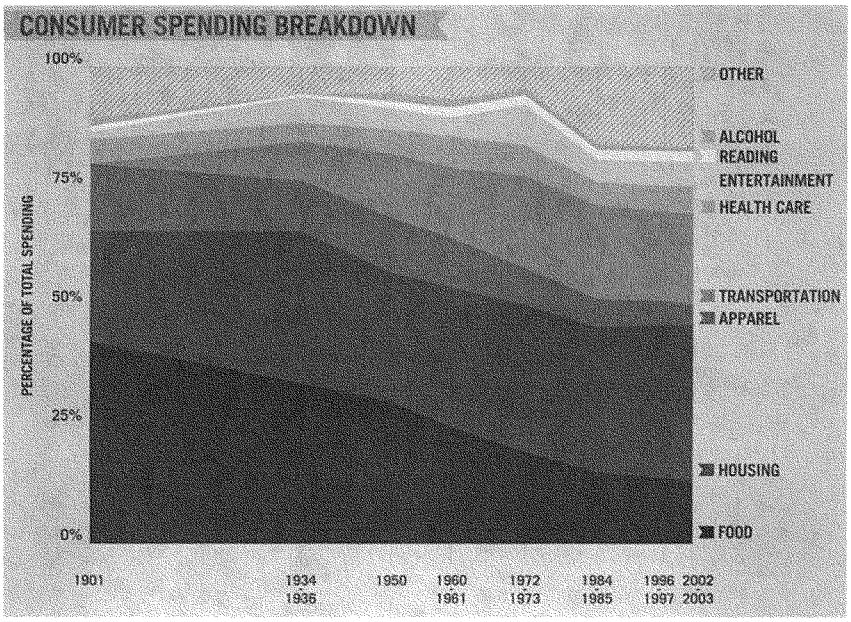
5 Years of ITNAmerica Customer Satisfaction Surveys, 2008 – 2012



Graph II: Consumer Spending Breakdown, 1901 – 2003

Data Source: US Bureau of Labor Statistics (http://www.bls.gov/cex/)

Graphic: VisualEconomics (http://visualeconomics.creditloan.com/100-years-of-consumer-spending/)



Graph III: ITN Rides by Purpose

All affiliates providing rides, through February 2013

N=281,150 ride segments (not including 234,227 home/return rides)

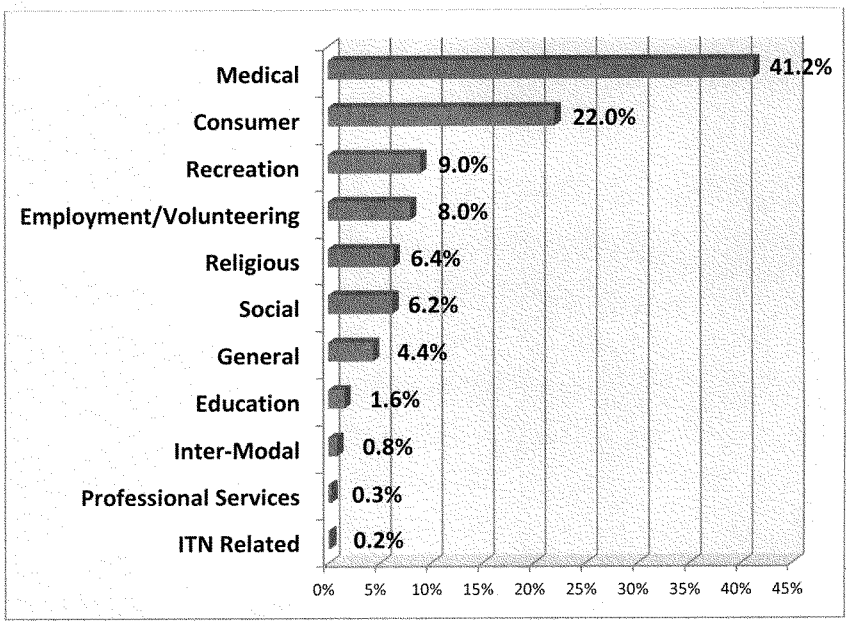


Table I: Atlantic Philanthropies Evaluation May 2007 to June 2010
Sample Location and Size:
How does ITN impact the quality of life for three distinct groups:
• ITN customers (n=191 at T-1; 160 at T-2; 144 at T-3)
• Family members of ITN customers (n=82 at T-1; 53 at T-2)
• ITN volunteer drivers (256 surveys; 141 completed; 56% response rate)
The study included customers and family members from 5 ITN affiliate communities
• Charleston, SC; Lexington, KY; Los Angeles, CA; Orlando, FL; Portland, ME
The sample of volunteers provided rides in those communities as well as in 3 others
• Middletown, CT; East Windsor, CT; San Diego, CA
Results: ITN Customers
Transportation difficulty declined—21% in 1 year
• 64% prior to ITN membership
• 49% 6 months later
• 43% 1 year later
Confidence in arranging personal transportation increased— 22% in 1 year
• 55% prior to ITN membership
• 68% 6 months later
• 72% 1 year later
Confidence in arranging personal transportation increased in non-drivers to level of drivers
• 50% vs. 60% prior to ITN membership
• 68% vs. 70% six months later
• 70% vs. 69% one year later
Depression scores of non-drivers decreased after six months of ITN membership and the trend continued one year later (mean scores 5.0 to 4.1 to 4.2, respectively)
"Certainly kept me normal; I am able to keep my appointments. My life with ITN is pretty much the same as it was when I still drove. I'm glad to be a member. It made my transportation problem almost non-existent."—male customer, age 90
Results—Family Members
Worry about their relatives' transportation adequacy—46% decrease
• 65% worried whether their relative had adequate transportation prior to ITN
• 19% six months after their relative joined ITN
Worry about their relatives' safety when they traveled from home—31% decrease
• 70% worried about their relatives' safety prior to ITN
• 39% 6 months after their relative joined ITN
Experience less emotional stress
• Mean scores decreased from 2.8 to 2.3
Are less likely to miss work because they had to arrange or provide transportation—37% decrease
• 64% prior to ITN
• 27% 6 months after their relative joined ITN
• "I don't have to worry how she is going to her doctor's appointments. And I never have to give up work time to take her somewhere." 54 year old niece
Results—Volunteers
Derive personal and social benefits from this role
• 66% volunteering for ITN has affected their quality of life
• 36% volunteering for ITN has enriched their social lives
Think about and plan for their future transportation needs for themselves & others
• 39% storing ride credits in an ITN account for their own future transportation needs
• 38% donating their credits to the Road Scholarship Fund for low income riders
• "I have a better understanding of senior life and problems. I can prepare myself and family for things to come." 72 year old male volunteer

Additional Statements for the Record

United States Government Accountability Office

GAO

Statement for the Record

To the Special Committee on Aging,
U.S. Senate

For Release on Delivery
Expected at 2 p.m. EST
Wednesday, November 6, 2013

TRANSPORTATION-DISADVANTAGED POPULATIONS

Coordination Efforts are Underway, but Challenges Continue

Statement for the Record by Dave Wise, Director,
Physical Infrastructure Issues

GAO Highlights

Highlights of GAO-14-154T, a statement for the record to the Special Committee on Aging, U.S. Senate

November 2013

TRANSPORTATION-DISADVANTAGED POPULATIONS

Coordination Efforts are Underway, but Challenges Continue

Why GAO Did This Study

Millions of Americans are unable to provide their own transportation or have difficulty accessing public transportation. Such transportation-disadvantaged populations may include those who are elderly, have disabilities, or have low incomes. Older adults represent the fastest-growing segment of the U.S. population, and access to transportation is critical to helping individuals remain independent as they age.

This statement addresses (1) the federal programs that provide funding for transportation services for the transportation-disadvantaged populations, including older adults, and (2) the types of challenges faced in providing services to transportation-disadvantaged populations. This statement is based on GAO's body of work in this area from 2004 through 2012.

What GAO Recommends

GAO is not making any new recommendations. In 2012, GAO recommended that the Secretary of Transportation, as the chair of the Coordinating Council on Access and Mobility, along with its member agencies, should (1) complete and publish a strategic plan that would outline agency roles and responsibilities and articulate a strategy to help strengthen interagency collaboration and communication, and (2) report on the progress of Coordinating Council recommendations and develop a plan to address any outstanding recommendations. DOT has begun taking action to implement these recommendations.

View GAO-14-154T. For more information, contact David J. Wise at (202) 512-2834 or wised@gao.gov.

What GAO Found

In 2012, GAO reported that 80 federal programs in eight different agencies fund a variety of transportation services for transportation-disadvantaged populations, which include older Americans. Within the Department of Transportation (DOT), the Federal Transit Administration (FTA) is a key source of federal transportation funding for older Americans. For example, some FTA programs provide formula funding to states to serve transit-dependent populations with special needs. States typically distribute these funds to local nonprofit human service agencies to buy vehicles to transport older adults and people with disabilities, and the funds may support transportation to access a range of activities, such as grocery shopping. While some federal funding programs are transportation focused, transportation was not the primary mission for the vast majority of the 80 programs GAO identified in 2012. For example, the Department of Health and Human Services' Medicaid program reimburses states that provide Medicaid beneficiaries with bus passes, among other transportation options, to access eligible medical services. Total federal spending on transportation services for the transportation disadvantaged remains unknown because federal departments did not separately track spending for roughly two-thirds of the programs identified in 2012. Through regulations, guidance, or agency initiatives, some agency programs require or encourage their grantees to coordinate transportation services. For example, FTA's Enhanced Mobility of Seniors and Individuals with Disabilities program required grantees to coordinate and establish locally developed, coordinated public transit-human services transportation plans.

While some transportation planning and service coordination efforts are under way at the federal, state and local levels, GAO previously identified continuing challenges such as insufficient leadership at the federal level and limited financial resources and growing unmet needs at the state and local level. For example, in 2012 GAO reported that insufficient federal leadership and guidance about how to coordinate transportation services for the transportation disadvantaged and navigate various federal program requirements might hinder the coordination of transportation services among state and local providers. Selected state officials also said that the federal government could provide state and local entities with improved guidance on transportation coordination—especially related to instructions on how to share costs across programs (i.e., determining what portion of a trip should be paid by whom). Limited financial resources and growing unmet needs challenge state and local providers as well. Several state and local officials expressed concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations. For example, transit agency officials reported to GAO in 2012 that demand for Americans with Disabilities Act paratransit—a service that can be more costly to operate than traditional fixed-route transit and that is often used by transportation-disadvantaged populations including the elderly—has increased because of the growing older population.

Chairman Nelson, Ranking Member Collins, and Members of the Committee:

I am pleased to submit this statement discussing GAO's work on transportation-disadvantaged populations, including older adults. Millions of Americans are unable to provide their own transportation or have difficulty accessing public transportation. Such transportation-disadvantaged populations may include those who are elderly, have disabilities, or have low incomes. Older adults represent the fastest-growing segment of the U.S. population, and access to transportation, via automobile or other modes, is critical to helping individuals remain independent as they age. In the face of limited financial resources, state and local transportation providers are concerned about growing elderly populations and unmet transportation needs.

This statement describes: (1) the federal programs that provide funding for transportation services for the transportation-disadvantaged populations, including older adults, and (2) the types of challenges federally-funded programs face in providing services to transportation-disadvantaged populations. This statement is drawn from a body of work that we completed from 2004 through 2012 regarding transportation-disadvantaged populations.[1] The reports cited in this statement contain more detailed explanations of the methods used to conduct our work. The work on which this statement is based was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[1]GAO, *ADA Paratransit Services: Demand Has Increased, but Little is Known about Compliance*, GAO-13-17 (Washington, D.C.: Nov. 15, 2012); *Transportation-Disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened*, GAO-12-647 (Washington, D.C.: June 20, 2012); *Opportunities to Reduce Potential Duplication in Government Programs, Save Tax Dollars, and Enhance Revenue*, GAO-11-318SP (Washington, D.C.: March 1, 2011); *Older Driver Safety: Knowledge Sharing Should Help States Prepare for Increase in Older Driver Population*, GAO-07-413 (Washington, D.C.: April 11, 2007); and *Transportation-Disadvantaged Seniors: Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information*, GAO-04-971 (Washington, D.C.: Aug. 30, 2004).

Background

Older adults represent the fastest-growing segment of the U.S. population. According to 2010 U.S. census data, the population aged 65 and older grew 15 percent from 2000 to 2010, compared with growth of about 10 percent in the overall population. As people age, their physical, visual, and cognitive abilities may decline, making it more difficult for them to drive safely. Public transportation can be an option for the elderly, but access and ease of use can be a challenge.

Federal programs play an important role in helping transportation-disadvantaged populations, including older adults, by providing funds to state and local grantees that, in turn, offer transportation services either directly or through private or public transportation providers. This includes contracting with private transit providers or providing transit passes, taxi vouchers, or mileage reimbursement to program participants, or some combination of these methods. Some programs may use federal funds to purchase and operate their own vehicles. Federal programs provide funding for transportation under a variety of services including education, employment, medical care, and other human services.

We have previously reported that people in need of transportation often benefit from greater and higher quality services when transportation providers coordinate their operations. Additionally, federal coordination of transportation services can lead to economic benefits, such as funding flexibility, reduced costs, or greater efficiency. The Department of Transportation (DOT) chairs the Interagency Coordinating Council on Access and Mobility (Coordinating Council), which among other things, assists federal transportation program coordination efforts so that transportation-disadvantaged persons have access to improved transportation services. The Coordinating Council launched the "United We Ride" initiative in fall 2003 to act as a forum for interagency communication and to help states and communities overcome obstacles to coordination. Coordinating Council actions included issuing publications such as policy statements and progress reports on efforts taken.

Eighty Federal Programs Fund Transportation Services for the Transportation Disadvantaged and Total Spending is Unknown

In 2012, we reported that 80 federal programs in eight different agencies fund a variety of transportation services for transportation-disadvantaged populations.[2] Within the DOT, the Federal Transit Administration (FTA) is a key source of federal transportation funding for older Americans. For example, FTA's Enhanced Mobility of Seniors and Individuals with Disabilities program—authorized at approximately $255 million for fiscal year 2013 and $258 million for fiscal year 2014—provides formula funding to states to serve the special needs of transit-dependent populations beyond traditional public transportation services.[3] States typically distribute these funds to local nonprofit human service agencies to buy vehicles that transport older adults and people with disabilities, and the agencies funded may support a range of activities including visiting friends or grocery shopping.

While some federal funding is targeted to programs with a transportation-related mission, transportation was not the primary mission of the vast majority of the programs we identified. Other key federal agencies that provide transportation funding include the Departments of Health and Human Services (HHS), Education, and Housing and Urban Development. These departments' programs primarily provide a variety of human services, such as medical care, which incorporate transportation as an eligible program expense to ensure that participants can access a service. For example, HHS's Medicaid program reimburses states that provide Medicaid beneficiaries with bus passes, among other transportation options, to access eligible medical services.

The total spending on transportation services for the transportation disadvantaged—including the elderly—remains unknown because, in many cases, federal departments do not separately track spending for these services. Of the 80 programs that we identified in 2012, roughly two-thirds of the programs were unable to provide spending information for eligible transportation services offered in fiscal year 2010. However,

[2]GAO-12-647. In 2012, we reported on the universe of fiscal year 2010 federal programs that provide funding for transportation services for the transportation disadvantaged.

[3]Moving Ahead for Progress in the 21st Century Act (MAP-21), Pub. L. No. 112-141, § 20028, 126 Stat. 405, 726, codified as positive law at 49 U.S.C. § 5338(a)(2)(D).

total expenditures and obligations[4] for the 28 programs that did track or estimate transportation spending were at least $11.8 billion in fiscal year 2010.

Through regulations, guidance, or agency initiatives, some federal programs require or encourage their grantees to coordinate transportation services. For example, FTA's Enhanced Mobility of Seniors and Individuals with Disabilities program required grantees to coordinate their transportation services and establish locally developed, coordinated public transit-human services transportation plans.[5] Additionally, there are some federal partnership efforts underway, such as the Veterans Transportation and Community Living Initiative Grant Program, a coordinated effort by the Departments of Defense, HHS, Labor, Transportation, and Veterans Affairs to support one-call transportation resource centers.[6]

[4]Spending was reported by program officials, and we did not verify the information. Amounts obligated or expended on transportation are given, depending upon the information available. When actual information was not available, agency officials provided estimates.

[5]MAP-21, Pub. L. No. 112-141, § 20009, 126 Stat., 675-680, codified at 49 U.S.C. § 5310, consolidated DOT's Transportation Services for Individuals with Disabilities and New Freedom programs into the Mobility of Seniors and Individuals with Disabilities program. Among other things, section 5310 further provides for the apportionment of funds for urbanized and rural areas based on the population distribution of seniors and individuals with disabilities. Recipients must certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors and people with disabilities, transportation providers, among others, and is coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.

[6]One-call centers support human service and other specialized transportation services by providing program information such as service characteristics, eligibility criteria, and referrals for appropriate service providers. For example, a regional planning commission in Virginia operates a one-call center that provides clients with information on the public, private, and volunteer transportation options available in the region.

Despite Transportation Planning and Service Coordination Efforts, Challenges Continue

While some transportation coordination efforts are under way at the federal, state and local levels, we have previously identified key challenges to providing services to transportation disadvantaged populations, such as insufficient leadership and guidance at the federal level, changes to state legislation and policies, limited financial resources, and growing unmet needs. In 2012 we reported that insufficient federal leadership and guidance on how to coordinate transportation services for the transportation disadvantaged and varying federal program requirements may hinder the coordination of transportation services among state and local providers. For example, state and local officials in four out of the five states we selected in 2012 said that with the exception of DOT, other federal agencies were not actively encouraging transportation coordination. Officials in each of the five states we selected also said that the federal government could provide state and local entities with improved guidance on transportation coordination—especially as it relates to instructions on how to share costs across programs (i.e., determining what portion of a trip should be paid by whom).[7] To promote and enhance federal, state, and local coordination activities, we recommended that the Secretary of Transportation report on the progress of Coordinating Council recommendations and develop a plan to address any outstanding recommendations, including the development of a cost-sharing policy and the actions taken by member agencies to increase federal program grantee participation in locally developed, coordinated planning processes.[8] We also recommended that the Coordinating Council meet and complete and publish a strategic plan to clearly outline agency roles and responsibilities and articulate a strategy to help strengthen interagency collaboration and communication, which could help address state and local challenges in understanding program requirements.[9] DOT and the Coordinating Council's member agencies responded to this recommendation by issuing a strategic plan for 2011-2013, which established agency roles and responsibilities and identified a shared strategy to reinforce cooperation, and officials have

[7]In 2012, we reported on the types of coordination that occurred at the state and local level by conducting interviews with officials from five states—Florida, Texas, Virginia, Washington, and Wisconsin.

[8]As of November 2013, this recommendation remained open, meaning that DOT has not taken action on the recommendation.

[9]GAO-12-647. In 2012, we reported that the Coordinating Council was largely active from 2003 to 2007, and that the Secretary-level members of the council had last met in 2008.

indicated they will continue to take steps to implement these recommendations. For example, the Coordinating Council's member agencies agreed, among other things, to demonstrate federal leadership on transportation coordination through: developing, promoting, and implementing an effective human service transportation policy that facilitates local- and state-level coordination practices and supports national priorities.

Changes in state legislation or state policies may also pose challenges to coordinating services for the transportation disadvantaged at the state and local level. State officials in four of the five states we met with in 2012 told us that such changes have caused some uncertainty. For example, in 2012 we reported some state coordinating bodies' authority had not been renewed or was about to expire, causing uncertainty in the states' efforts to coordinate human services transportation going forward. In addition, uncertainty regarding how developments—such as a state shifting responsibilities for Medicaid nonemergency medical transportation from a coordinated state-level transportation system to a private managed care system—may affect state Medicaid program's participation in state and local efforts to coordinate transportation services for the transportation disadvantaged.

Limited financial resources and growing unmet needs are also challenges for state and local providers and their ongoing coordination efforts—both now and in the future. Several state and local officials expressed concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations. For example, transit agency officials told us in 2012 that demand for Americans with Disabilities Act of 1990 (ADA)[10] paratransit,[11] a service often used by transportation-disadvantaged population including the elderly, has increased because of the growing older population.[12] However, ADA paratransit trips are much more costly to provide than fixed-route trips because they may, for example, provide door-to-door service. Officials pointed to the growth in

[10]Pub. L. No. 101–336, 104 Stat. 327 (1990), codified at 42 U.S.C. ch. 126.

[11]As defined at 49 C.F.R. § 37.3.

[12]Paratransit service, broadly defined, is accessible, origin-to-destination transportation service that operates in response to calls or requests from riders. It is an alternative to fixed-route transit service, which operates according to regular schedules along prescribed routes with designated stops.

the older adult population as a reason why more people are living with disabilities and need ADA paratransit services. Additionally, some agencies and their potential partners reported that they find it difficult to come up with funding, even when it is a modest local match for grants. Similarly, state and local officials in Virginia told us that state and local match requirements may preclude some entities from applying for federal funds. Given these growing unmet needs in an environment of limited resources, additional information on (1) the current extent of transportation services and funding available for older adults, and (2) efforts to coordinate services, including with the private sector and at the federal, state, and local levels could help identify both challenges and leading practices for providing funding and transportation services for older Americans going forward.

This concludes my statement for the record.

GAO Contacts and Acknowledgements

For further information on this statement, please contact David J. Wise at (202) 512-2834 or wised@gao.gov. Contact points for our offices of Congressional Relations and Public Affairs may be found on the last page of this statement. In addition to the contact named above, Bert Japikse, Delwen Jones, Heather MacLeod, Sara Ann Moessbauer, Maria Wallace, and Betsey Ward-Jenks made key contributions to this statement.

Related GAO Products

ADA Paratransit Services: Demand Has Increased, but Little is Known about Compliance. GAO-13-17. Washington, D.C.: November 15, 2012.

Transportation-Disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened. GAO-12-647. Washington, D.C.: June 20, 2012.

Government Operations: Opportunities to Reduce Potential Duplication in Government Programs, Save Tax Dollars, and Enhance Revenue. GAO-11-318SP. Washington, D.C.: March 1, 2011.

Older Driver Safety: Knowledge Sharing Should Help States Prepare for Increase in Older Driver Population. GAO-07-413. Washington, D.C.: April 11, 2007.

Transportation-Disadvantaged Seniors: Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information. GAO-04-971. Washington, D.C.: August 30, 2004.

Testimony of The Honorable Norman Y. Mineta

Chairman Nelson, Senator Collins, and Members of the Committee, thank you for the opportunity to submit this testimony. My name is Norman Y. Mineta, and I served as Secretary of Transportation from January 25, 2001, until July 7, 2006. My interest in road safety continues, in our country and globally, as I now serve as the North American Chairman of the Make Roads Safe Campaign and as a Member of the Commission for Global Road Safety, which successfully proposed the establishment of the United Nations Decade of Action for Road Safety 2011–2020.

During my service as Secretary of Transportation, we worked to address transportation for older Americans by using public resources more efficiently, and by looking toward private resources as another opportunity to meet the growing mobility needs of our older population. A 2003 Memorandum of Understanding between the Administration on Aging and the Federal Transit Administration sought to develop more efficient use of scarce public resources through collaboration and coordination of services. That effort continues with the United We Ride program but progress has not been easy. Eight years later, a 2011 GAO Report (GAO–11–318SP) "Opportunities to Reduce Potential Duplication in Government Programs, Save Tax Dollars, and Enhance Revenue," reports that "With limited interagency coordination and direction at the Federal level, the United We Ride initiative and the Federal Transit Administration (FTA) have encouraged State and local coordination."

Another 2004 General Accountability Office Report, Transportation-Disadvantaged Seniors, prepared for the Chairman of the Senate Special Committee on Aging, points to another significant issue. The GAO report evaluates existing Federal programs designed to provide transportation for the poorest and neediest older Americans. Defining "transportation-disadvantaged" seniors as "those who cannot drive or have limited their driving and who have an income constraint, disability, or medical condition that limits their ability to travel," the report concludes, as its subtitle suggests, that "efforts to enhance senior mobility could benefit from additional guidance and information." [1]

The GAO determined that Federal programs are not meeting certain types of needs, including "(1) transportation to multiple destinations or for purposes that involve carrying packages, such as shopping, for which the automobile is better suited than other alternatives; (2) life-enhancing trips, such as visits to spouses in nursing homes or cultural events; (3) trips in non-urban areas, especially for seniors in rural communities, where alternatives to the automobile are less likely to be available and special transportation services are limited." [2]

The report was helpful, but because the GAO was charged to look only at the mobility needs of transportation-disadvantaged seniors, and further limited to an evaluation of existing Federal programs, it was unable to address the safety and mobility needs of the majority of aging Americans whose health and income status place them beyond the reach of today's federally funded transportation programs. Keeping in mind that almost 90 percent of trips by Americans age 65 and older are taken in the private automobile, either as the driver or the passenger, and that 8 percent of trips are walking, it is clear that only a small proportion of trips by older Americans are taken on public transportation. Moreover, seniors who stop driving outlive their decision by about 10 years. So while it is certainly important for government programs to be more efficient, and we know they are trying hard to do so, it is also important for us to remember that most older people travel in cars, and they are willing and able to pay their own way.

There is an array of resources available to address senior mobility needs. The business community has a keen interest in older people as consumers of goods and services. A broad look at senior transportation, beyond marginal improvements to existing policies and programs, has the potential to improve services for seniors across all socio-economic groups.

Members of the Committee, I have experienced this transportation need in my own family. Our country needs many approaches, both public and private, to address the unmet transportation needs of our aging population in the years ahead. I encourage you to look openly at both.

Thank you for this opportunity.

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[1] GAO–04–971, Highlights.
[2] GAO–04–971, P. 4.