

Resource Provided by Altarum's Program to Improve Eldercare

Tackling Transportation Challenges in Old Age

Functional decline often disrupts transportation routines in old age: driving becomes unsafe and walking is hard or impossible. Tax-funded and private services can transport seniors to their medical appointments, errands, and community meetings, but the low availability, cost, and complexity of these programs reduces their use. With a growing number of seniors in America and higher rates of disability among the elderly expected,¹ transit offerings must quickly equip for disability and coordinate their activities to help the elderly get the most from the services.

Remaining mobile in the community is possible during functional and cognitive decline in old age, though transportation needs become difficult and costly. Each of us should be able to envision a future rich with visits to family, community centers, and medical appointments. However, this will require door-to-door transportation for those of us who will have impaired mobility.

A decade ago, municipal leaders identified transportation as the second biggest issue for the elderly.² Yet little action has been taken. Without correcting deficits in coordination and access, the largest elderly cohort in American history will be mostly marooned at home.

Expanding affordability supports for seniors, efficient medical transportation, and flexibility for local transit planning can help but will require new investments and initiatives. Growing ranks of elders with disability and serious illness face increasing challenges to remaining at home and they will require costly institutional care if infrastructure systems fail to help them live in the community.

To address the COVID-19 pandemic, the U.S. Congress authorized a \$25 billion package for public transportation operations and capital in the CARES Act, intended as a stopgap for temporary lost ridership.³ However, the continuous need for infrastructure investments and inclusive planning remains evident as COVID presents lasting challenges to the elderly and their mental and physical health.⁴

As society emerges from the COVID-19 crisis, seniors' need for these services will grow apace due to demographics and pent-up demand for services. Likely, several subpopulations will instead be best served by shifting their medical and social services – and perhaps even their socializing – to the home. For many seniors, travel options will be crucial to enriching and protecting the social, emotional and physical health of the elderly.

1 Favreault, Melissa and Judith Dey, "Long-Term Services and Supports for Older Americans: Risks and Financing," Research Brief, ASPE Issue Briefs (U.S. DHHS, February 2016), <https://aspe.hhs.gov/system/files/pdf/106211/ElderLTCrb-rev.pdf>.

2 "The Maturing of America: Communities Moving Forward for an Aging Population." National Association of Area Agencies on Aging, June 2011. https://www.metlife.com/content/dam/microsites/about/corporate-profile/MaturingOfAmerica_FINAL_Rpt.pdf, p. 5.

3 Rosen, Zachary. "CARES Act Provides \$25 Billion for Public Transit." American Public Transportation Association (blog), March 26, 2020. <https://www.apta.com/advocacy-legislation-policy/legislative-updates-alerts/updates/cares-act-provides-25-billion-for-public-transit/>.

4 "Social Isolation and Loneliness." Webinar presented at the Alliance for Health Policy COVID-19 Webinar Series, April 14, 2020. <http://www.allhealthpolicy.org/session-9-social-isolation-and-loneliness-among-the-aging-population/>.



Understanding the Scope and Drivers of Transportation Challenges among American Seniors

1. For the elderly, transportation is necessary to prevent isolation and exacerbated health conditions. Older adults' top destinations are medical visits, supermarkets, and family and friends.⁵ It is no surprise, then, that when adults age 60 and older can no longer drive, they make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips to visit friends and family, than drivers of the same age.⁶
2. In 2018, 15% of adults 60 and older did not drive.⁷ Many seniors face physical decline and serious health issues, and a quarter (26%) lack any friends or family who can drive them. If they were to stop driving, more than two thirds (68%) said they would struggle to find alternative options, based on a survey conducted by the National Aging and Disability Transportation Center.⁸
3. Just 15% of seniors use public transit even “sometimes.” Services to meet elders’ transportation needs are often sparse, unfamiliar, and unaffordable when driving is unavailable. While half of seniors would be comfortable with public transit (50%), in 2018 they cited public transit access as the greatest constraint to mobility in their community. Affordability hinders options for almost half (48%) of those elders, but more than a third did not have access to any transportation, costs aside.⁹
4. These challenges are greatest during functional decline. One-third of disabled seniors over 65 needed assistance or equipment to leave the home (32%), based on a 2004 federal survey. One in nine of the same seniors reported difficulty accessing necessary transportation.¹⁰ And one in 12 disabled seniors never leaves home (9%),¹¹ part of the 24% of seniors who are socially isolated.¹²
5. The consequences of social isolation for seniors are tragic and expensive to public systems: onset of dementia is 50% more likely and death 29% more likely. Among the lonely old, functional decline is 59% more likely, causing long-term care need.¹³

5 “Transportation Needs and Assessment: Survey of Older Adults, People with Disabilities, and Caregivers.” National Aging and Disability Transportation Center, December 6, 2018. <https://www.nadtc.org/wp-content/uploads/FINAL-NADTC-KRC-Polling-report.pdf>, p. 8.

6 “Mobility Management: Introduction, Implementation, Community Service and Seniors” (U.S. Federal Transit Administration, August 2017), <https://nationalcenterformobilitymanagement.org/wp-content/uploads/Pdfs/Mobility-Management-for-Seniors-Implementation-and-Community-Service.pdf>.

7 “Transportation Needs and Assessment: Survey of Older Adults, People with Disabilities, and Caregivers,” p. 18.

8 “Transportation Needs and Assessment: Survey of Older Adults, People with Disabilities, and Caregivers,” p. 7.

9 “Transportation Needs and Assessment: Survey of Older Adults, People with Disabilities, and Caregivers,” p. 45.

10 “Travel Patterns of Older Americans with Disabilities.” Washington, D.C.: U.S. Department of Transportation, Bureau of Transportation Statistics, May 20, 2017. https://www.bts.gov/archive/publications/bts_working_papers/2004/paper_01/entire.

11 U.S. Department of Transportation, Bureau of Transportation Statistics. “Table A2. Number of Days Leave Home,” May 20, 2017. https://www.bts.gov/archive/publications/bts_working_papers/2004/paper_01/table_a_02.

12 National Academies of Sciences, Engineering. “Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.” Washington, DC: The National Academies Press, 2020. <https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>.

13 Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies of Sciences, Engineering, and Medicine, 2020. <https://doi.org/10.17226/25663>.



Considering Policies Governing Transportation for the Elderly

- ▲ In addition to funding local public transit fleets and their operation, the Federal Transit Administration (FTA) funds an Enhanced Mobility for Seniors and Individuals with Disabilities program, called Section 5310 grants, providing affordability vouchers, purchases of vehicles and equipment, and other programming for seniors and those with disabilities.¹⁴
- ▲ Non-Emergency Medical Transportation (NEMT) services drive patients to their medical appointments and are a necessity to many who live in the community with disability. Medicaid, but not Medicare, covers NEMT. States administer Medicaid NEMT with state and federal dollars, providing impoverished older adults with access to medical appointments.¹⁵
- ▲ Paratransit describes services with flexible routes and times. It is needed most by those with disabilities and in rural areas, for whom getting to a fixed transit stop or station is impossible. Paratransit for the elderly includes Medicaid NEMT, Area Agencies on Aging services under the Older Americans Act, and Veteran Affairs' Veteran Transportation Service. Funding for paratransit helps localities access other funds that require a funding match (like the FTA's Section 5310 grants). And paratransit programs can fund volunteer services, which coordinate drivers and compensate them for mileage costs.¹⁶
- ▲ While the FTA convenes the Coordinating Council for Access and Mobility, and local agencies do well by using a mix of federal funding sources, 16 states lacked a state or regional transit coordinating council in 2015.¹⁷ Existing councils reported the most success when funded and legislatively authorized, with a state agency participating, and with representation by their served communities. In particular, the GAO and Transit Research Board have cited NEMT as requiring better coordination.^{18,19}

Initiating Strategies to Tackle Transportation Challenges in Old Age

Use inclusive planning to prioritize and improve access.

- ▲ In an inclusive planning process, transit agencies create forums to learn what trade-offs are encountered by various groups of persons with disabilities and/or serious illnesses. During our emergence from the COVID-19 crisis and its economic fallout, these key groups' needs and risks will shift – inclusive planning can remove guesswork about their priorities and concerns.²⁰

14 "Enhanced Mobility of Seniors & People with Disabilities Fact Sheet." U.S. Federal Transit Administration, November 18, 2019. <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/37971/5310-enhanced-mobility-seniors-and-individuals-disabilities-fact-sheet.pdf>.

15 Gordon, Fay. "Medicaid Non-Emergency Medical Transportation: An Overlooked Lifeline for Older Adults." Justice in Aging, October 2016. <https://www.justiceinaging.org/wp-content/uploads/2016/11/NEMT-Medicaid-Transportation.pdf>.

16 "Nonemergency Medical Transportation Not Well Coordinated, and Additional Federal Leadership Needed." Report to Congressional Committees. Transportation Disadvantaged Populations. Washington, DC: Government Accountability Office, December 2014. <https://www.gao.gov/assets/670/667362.pdf>.

17 Reed, Jim, and Amelia Myers. "State Human Service Transportation Coordinating Councils: An Overview and State Profiles - 2014 Update." National Council of State Legislatures, February 1, 2015. https://www.ncsl.org/Portals/1/Documents/transportation/SCC_transportation_final02.pdf.

18 Transportation Research Board. Handbook for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination. Washington, DC: The National Academies Press, 2018. <https://doi.org/10.17226/25184>.

19 "Federal Coordination Efforts Could Be Further Strengthened." Transportation Disadvantaged Populations. Washington, DC: Government Accountability Office, June 2012. <https://www.gao.gov/assets/600/591707.pdf>.

20 Bogren, Scott. "Thinking About the Transit Re-Start." Newsletter. Community Transportation Association of America, May 1, 2020. <https://myemail.constantcontact.com/Thinking-About-the-Transit-Re-Start.html?soid=1101277684777&aid=0NZnJIMECJc>.



- ▲ Include the frail elderly and their caregivers in planning transportation investment and routes and plan to meet their needs. A series of “inclusive planning” projects funded by the Administration for Community Living (ACL) have demonstrated valuable contributions by frail elders and individuals with disabilities, identifying service gaps and resolving inefficiencies in several communities.²¹ The elderly and their caregivers have special insights on service offerings needed, financial affordability, education and marketing, and investment decisions.
- ▲ Under the most recent federal laws, municipalities must spend at least 55% of Section 5310 funds on capital projects rather than on programs and operating funds.²² Congress should remove these requirements to defer to local priorities.²³ The right investment mix for a community’s elders will shift year by year, as prioritized through inclusive planning.

Expand public transportation infrastructure and target the greatest needs.

- ▲ Expand fleets by investing in new public transit equipment, especially to increase access for rural and disabled riders. Infrastructure legislation should boost the federal transit programs’ capital project funding.²⁴ Today’s capital investments will determine system capacity for the subsequent decade. Most fleets have aged, causing large backlogs for new equipment. In preparation for growing use by the elderly and their caregivers, more funds should be set aside for specialized equipment and inclusive planning projects.

Build platforms—with the frail elderly in mind—for planning trips on any transportation available.

- ▲ Frail elders need travel planning support, due to lack of information about services and frequent need for timely arrival at health care appointments. This need is enhanced when elders require special equipment or physical assistance. For instance, taxis are often subsidized for seniors lacking alternatives, but seniors may not be aware of this opportunity without individualized planning.
- ▲ Universal mobility service platforms provide a single planning, scheduling, and payment interface that lets users plan trips with all available options—requiring public and private collaboration.²⁵ The HCBS Infrastructure Improvement bill before the 116th Congress (S. 3277) would fund state projects to develop a universal mobility service platform and make it accessible across any income, age, ability, and geographic groups.²⁶ Any platform should integrate private options with public programs and voucher payments, and should be usable by those without internet access.

21 Administration for Community Living Transit Planning 4 All Toolkit. “Transit Planning 4 All: Resources,” February 28, 2020. <http://www.acltoolkit.com/p/resources.html>.

22 “Enhanced Mobility of Seniors & People with Disabilities Fact Sheet.” U.S. Federal Transit Administration, November 18, 2019. <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/37971/5310-enhanced-mobility-seniors-and-individuals-disabilities-fact-sheet.pdf>.

23 Bogren, Scott. Surface Transportation Reauthorization: Public Transportation Stakeholders’ Perspectives, Cmte on Banking, Housing, and Urban Affairs (2020). <https://www.banking.senate.gov/imo/media/doc/Bogren%20Testimony%20202-25-20.pdf>.

24 Miller, Virginia. “Public Transportation Infrastructure: Critically Needed Investments of at Least \$232 Billion.” American Public Transportation Association (blog), March 18, 2019. <https://www.apta.com/news-publications/press-releases/releases/public-transportation-infrastructure-critically-needed-investments-of-at-least-232-billion/>

25 Lynott, Jana. “Universal Mobility as a Service: A Bold Vision for Harnessing the Opportunity of Disruption.” AARP Public Policy Institute, September 2018. <https://www.aarp.org/content/dam/aarp/ppi/2018/08/universal-mobility-as-a-service-aarp-ppi.pdf>.

26 Congress.Gov. “Text - S.3277 - 116th Congress (2019-2020): HCBS Infrastructure Improvement Act.” Legislation, February 12, 2020. 2019/2020. <https://www.congress.gov/bill/116th-congress/senate-bill/3277/text>.



Many communities have piloted similar programs called “mobility management,” hiring in-person case workers, or establishing an online or telephone trip-planning system.²⁷ Programs targeting disabled and rural persons can receive specialized federal and philanthropic funds.^{28, 29}

Coordinate transportation across health and human services programs.

- ▲ The FTA’s Coordinating Council funded several demonstrations coordinating NEMT for the elderly and those with disabilities, highlighting the collaboration required at all levels. In one demonstration, the Michigan Access to Wellness Project, state transit and Medicaid-funded agencies have coordinated with health systems and volunteer drivers to increase access and manageability of NEMT, starting in 2019.³⁰
- ▲ Some states effectively coordinate activities and share equipment and funding across programs, maximizing availability of transportation. However, funding to NEMT is routinely threatened in states.³¹ Funding should instead be bolstered: state NEMT dollars have an outsize impact on local transit agency capacity, because of requirements for local matching funds.³² States should fully fund their Medicaid NEMT and AAA paratransit systems and should share the equipment and operations across programs. Coordination activities are ripe for innovation with grant and federal funding.^{33, 34}
- ▲ The HCBS Infrastructure Improvement bill (S. 3277, in the 116th Congress) would fund states to partner their local transit systems and paratransit with NEMT networks to increase access for all seniors. States could also use infrastructure funds to expand Medicaid NEMT benefits to cover trips to employment, places of worship, senior centers, independent living centers, and stores like groceries and pharmacies.³⁵

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27 Federal Transit Administration. “Mobility Management Resources,” August 28, 2018. <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/livable-sustainable-communities/mobility-management>.

28 Federal Transit Administration. “Coordinating Council on Access and Mobility Initiatives.” United States Department of Transportation, March 25, 2015. <https://cms7.fta.dot.gov/ccam/about/initiatives>.

29 Fox-Grage, Wendy, Jana Lynott, Doug Birnie, and James McLary. “Mobility Managers: Transportation Coordinators for Older Adults, People with Disabilities, Veterans, and Other Members of the Riding Public.” Long-Term Services and Supports Scorecard: Emerging Innovations. AARP Public Policy Institute, June 19, 2019. <https://doi.org/10.26419/ppi.00067.001>, p. 3.

30 “Nonemergency Medical Transportation Not Well Coordinated, and Additional Federal Leadership Needed.” Report to Congressional Committees. Transportation Disadvantaged Populations. Washington, DC: Government Accountability Office, December 2014. <https://www.gao.gov/assets/670/667362.pdf>.

31 Reed and Myers, “State Human Service Transportation Coordinating Councils: An Overview and State Profiles - 2014 Update.”

32 “MAP-21 - Fact Sheets - Federal Share,” Federal Highway Administration, September 3, 2015, <https://www.fhwa.dot.gov/map21/fedshare.cfm>.

33 “Access and Mobility Partnership Grants,” Text, Federal Transit Administration (United States Department of Transportation, August 14, 2018), <https://cms7.fta.dot.gov/funding/grants/grant-programs/access-and-mobility-partnership-grants>.

34 Fox-Grage et al., “Mobility Managers,” p. 4.

35 “Text - S.3277 - 116th Congress (2019-2020).”

**Enable volunteer and private-sector supports.**

- ▲ State laws can empower nonprofits to offer volunteer services, often hindered by insurance rules. Vermont set up a statewide insurance policy to cover volunteer driving organizations and has many volunteer driver services that are integrated in its communities' transit systems. Other states support their volunteer driver services with grant funding.³⁶ Volunteer services should integrate with universal mobility services to make payment and ride hailing easy for seniors, as accomplished by the Ride@50+ volunteer-driver program sponsored by AARP in two states.³⁷

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36 "Maximizing Benefits and Addressing Challenges of Volunteer Driver Transportation Programs," text, Transit Research Board Research Needs Statements, February 13, 2008, <https://rns.trb.org/details/dproject.aspx?n=15380>.

37 "Alternative Ride Services - RIDE@50+," AARP, accessed April 20, 2020, <https://feonix.aarp.org/>.

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