

GAO

Report to the Chairman, Special
Committee on Aging, U.S. Senate

August 2004

TRANSPORTATION- DISADVANTAGED SENIORS

Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information





Highlights of [GAO-04-971](#), a report to the Chairman, Special Committee on Aging, U.S. Senate

TRANSPORTATION-DISADVANTAGED SENIORS

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Why GAO Did This Study

The U.S. population is aging, and access to transportation, via automobile or other modes, is critical to helping individuals remain independent as they age. Various federal programs provide funding for transportation services for “transportation-disadvantaged” seniors—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. For those transportation-disadvantaged seniors, GAO was asked to identify (1) federal programs that address their mobility issues, (2) the extent to which these programs meet their mobility needs, (3) program practices that enhance their mobility and the cost-effectiveness of service delivery, and (4) obstacles to addressing their mobility needs and strategies for overcoming those obstacles.

What GAO Recommends

GAO is recommending that HHS’s Administration on Aging take several actions to improve guidance and information on transportation-disadvantaged seniors’ mobility, including developing guidance on assessing mobility needs and publicizing available information on alternative transportation services and on practices service providers can implement to enhance senior mobility.

HHS agreed with the findings and recommendations in this report.

www.gao.gov/cgi-bin/getrpt?GAO-04-971.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Katherine Siggerud at (202) 512-2834 or siggerudk@gao.gov.

What GAO Found

Five federal departments—including the Department of Health and Human Services (HHS)—administer 15 programs that are key to addressing the mobility issues of transportation-disadvantaged seniors. These programs help make transportation available, affordable, and accessible to seniors, such as by providing transit passes or reimbursement for mileage.

National data indicate that some types of needs are not being met, including those for trips (1) to multiple destinations or for purposes that involve carrying packages; (2) to life-enhancing activities, such as cultural events; and (3) in rural and suburban areas. However, there are limited data available to assess the extent of unmet needs. HHS’s Administration on Aging is required by law to provide guidance to states on how to assess seniors’ need for services, but officials said the administration has not done so because it has focused on providing other types of guidance. As a result, the local agencies on aging we interviewed—which are ultimately responsible for performing such needs assessments—used inconsistent methods to assess seniors’ mobility needs. The Administration on Aging plans to conduct an evaluation of one of its major programs and thus has an opportunity to improve its understanding of seniors’ needs and provide guidance to local agencies on performing needs assessments.

Local transportation service providers have implemented a variety of practices—including increasing service efficiency, improving customer service, and leveraging available funds—that enhance mobility and the cost-effective delivery of services. Federal programs provide funding and some technical assistance for these practices, but several service providers we interviewed said that the implementation of such practices was impeded by limited federal guidance and information on successful practices.

Senior mobility experts and stakeholders identified several obstacles to addressing transportation-disadvantaged seniors’ mobility needs, potential strategies that federal and other government entities can consider taking to better meet these needs, and trade-offs associated with those strategies.

Obstacles, Strategies, and Trade-offs Associated with Meeting Transportation-Disadvantaged Seniors’ Mobility Needs, as Identified by Experts and Stakeholders

Obstacles	Strategies	Trade-offs
Seniors are not sufficiently encouraged to plan for driving alternatives	Facilitate a gradual transition from driver to nondriver	Can increase demand for services and, therefore, increase costs
Government policies do not always address seniors’ varied needs	Improve alternatives and include seniors in transportation-planning process	Can be expensive and time-consuming
Funding constraints limit local agencies’ ability to address needs	Increase funding and funding flexibility and improve coordination	Takes funds away from other uses, flexibility can decrease accountability, and coordination requires sustained effort

Source: GAO.

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Abbreviations

AAA	area agency on aging
ADA	Americans with Disabilities Act of 1990
AOA	Administration on Aging
DOT	Department of Transportation
GPS	Global Positioning Systems
HHS	Department of Health and Human Services
ITS	Intelligent Transportation Systems
MEOC	Mountain Empire Older Citizens
MPO	metropolitan planning organization
NHTSA	National Highway Traffic Safety Administration
TCRP	Transit Cooperative Research Program

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United States Government Accountability Office
Washington, D.C. 20548

August 30, 2004

The Honorable Larry E. Craig
Chairman, Special Committee on Aging
United States Senate

Dear Mr. Chairman:

The U.S. population is aging, and transportation is critical to helping individuals stay independent as they age. Access to transportation, whether by automobile or some other mode, is considered essential to independent living, allowing individuals to gain access to the goods, services, and social contacts that support their day-to-day existence and quality of life. Both the number of older people and their share of the U.S. population are growing rapidly. Although many seniors continue to drive for most of their lives, the growing size of the senior population will increase demand for alternative transportation services. For example, one study found that more than 600,000 people aged 70 and older stop driving each year and become dependent on others for transportation.¹ The increase in the potential pool of seniors needing mobility assistance will challenge federal, state, and local government agencies' ability to provide such assistance.

In 2000, 35 million Americans, or 12.4 percent of the total U.S. population, were aged 65 and over, according to the U.S. Bureau of the Census. The Census Bureau projects that this group will double to 70 million people by 2030, representing 20 percent of the total population. A national travel survey found that seniors take most of their daily trips (about 90 percent) by automobile, either as drivers or passengers. For the remainder, approximately 8 percent of trips are by walking, and 2 percent by other modes (including public transportation and bicycles).² As seniors age, their ability to drive, walk, or use public transportation may become limited by reduced reaction time; deteriorating night vision; lessening ability to climb, reach, or stand; or other physical limitations. To help ensure that

¹Daniel J. Foley, MS, Harley K. Heimovitz, PhD, Jack M. Guralnik, MD, PhD, and Dwight B. Brock, PhD, "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States," *American Journal of Public Health*, vol. 92, no. 8 (2002).

²U.S. Department of Transportation, Bureau of Transportation Statistics, Federal Highway Administration, and National Highway Traffic Safety Administration, 2001 *National Household Travel Survey*. See appendix I for a discussion of data limitations.

transportation-disadvantaged seniors³ have access to health and medical care, employment, and other basic services, various federal programs provide funds for a range of senior transportation services to state, local, and nonprofit agencies that actually provide the services and, in some cases, also provide their own funds to support those services.

This report responds to your request for information about the mobility needs of transportation-disadvantaged seniors. As agreed with your office, we identified (1) federal programs that address mobility issues for transportation-disadvantaged seniors, (2) the extent to which federally supported programs are meeting the mobility needs of transportation-disadvantaged seniors, (3) program practices that can enhance mobility and the cost-effective delivery of transportation services to transportation-disadvantaged seniors and the extent to which federal programs support the implementation of such practices, and (4) obstacles to addressing transportation-disadvantaged seniors' mobility needs and potential strategies for overcoming those obstacles.

To identify federal programs that address mobility issues for transportation-disadvantaged seniors, we interviewed federal program officials and senior mobility experts and reviewed pertinent GAO reports. To assess the extent to which transportation-disadvantaged seniors' mobility needs are being met, we analyzed data collected by federal agencies and local agencies on aging; reviewed studies conducted by research organizations; and obtained the perspectives of experts in the fields of aging, disability, and transportation. We also conducted semistructured interviews with officials from a nonprobability sample of 16

³We define 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. Because federal, state, and local programs have different age ranges for seniors (e.g., aged 55 and over, aged 65 and over), we do not use the term "senior" in this report to mean any specific age.

area agencies on aging (AAA)⁴ from urban, suburban, and rural areas in six states,⁵ selected to represent different regions of the country. To identify program practices that can enhance mobility and the cost-effective delivery of transportation services, we reviewed the literature on such practices and conducted semistructured interviews with officials from 10 local transportation providers highlighted in the literature to determine the extent to which federal programs support practices that enhance senior mobility. These 10 providers were chosen to include a diversity of geographic areas (i.e., they were from different regions of the country and from both urban and nonurban areas), types of practices, and federal funding sources. To identify obstacles to addressing transportation-disadvantaged seniors' mobility needs and strategies for overcoming those obstacles, we reviewed the relevant literature and interviewed the AAA officials and transportation service providers previously mentioned. We also interviewed 14 senior mobility experts and representatives of pertinent professional associations and advocacy groups. To ensure the reliability of data used in this report, we reviewed and identified limitations associated with national statistical research methodologies and documented the quality assurance procedures that AAAs use to ensure the reliability of the data they collect. We concluded that the data were sufficiently reliable for our purposes, although we identified several limitations that we discuss throughout the report. We also corroborated much of the testimonial information provided by AAAs, local service providers, experts, professional associations, and advocacy groups by comparing it with the literature and with other interviews. We sent draft copies of this report to the five pertinent federal agencies—the Departments of Education, Health and Human Services (HHS), Labor, Transportation (DOT), and Veterans Affairs—for their review and comment. We conducted our work from November 2003 through August

⁴AAAs were established, following a 1973 amendment of the Older Americans Act of 1965, to respond to the needs of seniors in local communities. There are 655 of these agencies nationwide that use various federal, state, and local funds to provide and oversee the delivery of supportive home and community-based services to older persons and their caregivers. These services include congregate and home delivered meals, senior center activities, legal assistance, family caregiver services, disease prevention and health promotion activities, transportation and outreach to enable seniors to access other services, and other services at the local level. AAAs plan, coordinate, and offer services that help seniors remain in their homes and also act as advocates for improved services for seniors and their families.

⁵This included one semistructured interview with officials from the state unit on aging in South Dakota, which has no AAAs. For the sake of simplicity, we refer to that state agency as 1 of the 16 AAAs in this report.

2004 in accordance with generally accepted government auditing standards. Appendix I contains more information about our scope and methodology.

Results in Brief

Working with experts on aging and federal agency officials, we identified 15 key federal programs that address mobility issues for transportation-disadvantaged seniors. These programs, which are administered by five federal departments, distribute funds through state agencies or make them available directly to local service providers. For example, some programs—such as DOT’s Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310)—allot funds by formula to state agencies, which then distribute the funds to local nonprofit organizations to purchase vehicles, while other programs—such as HHS’s Rural Health Care Services Outreach Program—bypass state agencies altogether and go directly to local service providers. The 15 federal programs help make transportation services senior-friendly, mainly by making them more available, accessible, and affordable (e.g., by providing rides to seniors at reduced fares). In addition to administering the 15 programs, federal agencies also address transportation-disadvantaged seniors’ mobility less directly. For example, the Department of Justice has published rules governing the design of transportation facilities, such as bus stops, to make them accessible to people with disabilities. Seniors with disabilities can benefit from the implementation of such designs.

Data on the nature of transportation-disadvantaged seniors’ mobility needs indicate that federally supported programs are not meeting certain types of needs, but there is little data on the extent of unmet needs. Needs that are less likely to be met include (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; and (3) trips in nonurban areas, especially for seniors in rural communities, where alternatives to the automobile are less likely to be available and special transportation services are limited. However, federal programs generally do not collect data on the extent to which seniors’ mobility needs are being met because there are few federal requirements to assess such needs. HHS’s Administration on Aging is required by law to provide guidance to states on how to assess seniors’ unmet needs, which could include transportation, but officials told us that the administration has not done so because state and local agencies on aging have indicated a greater desire

for guidance on other aspects of providing services for seniors. However, without guidance on assessing unmet needs, local aging agencies have used a variety of methods to collect data, many of which produce information on the nature of needs rather than on the extent to which needs are being met. Officials from the Administration on Aging said that they are developing an evaluation plan to examine, among other things, (1) the extent to which one of the administration's major senior programs⁶ is meeting the needs and preferences of seniors for supportive services—including transportation—and (2) how needs assessments are performed by state and local entities.

According to literature on senior mobility and our own work, transportation service providers have implemented a variety of practices that enhance transportation-disadvantaged seniors' mobility and the cost-effective delivery of these services; however, the providers we interviewed indicated that implementation of such practices was sometimes impeded by multiple reporting requirements and limited federal guidance. We grouped these practices into three categories: (1) increasing service efficiency, (2) improving customer service, and (3) leveraging available funds. For example, one service provider we interviewed plans to improve service efficiency by using Global Positioning System technology to track its vehicles and automatically schedule trips, allowing seniors to obtain same-day service rather than having to reserve rides 48 hours in advance. Another provider addresses customer service by putting its drivers through a sensitivity training program that helps drivers understand seniors' mobility challenges. Several other providers have entered into contracts with public and private entities to leverage available funds and generate additional revenue for senior transportation services. According to these providers, their practices have resulted in more senior-friendly transportation and more cost-effective service delivery. Our review also showed that the 10 local service providers we interviewed were using funds from some of the key federal programs we identified (e.g., DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and HHS's Medicaid Program) to deliver transportation services to seniors, and that the federal program funding supported the implementation of such practices to some extent. For example, some providers said that they received technical assistance while implementing such practices, either directly from federal agencies or indirectly through federally supported professional organizations. However, many of the

⁶Grants for Supportive Services and Senior Centers (Title III-B).

providers we interviewed said that certain characteristics of federal programs, such as what the providers view as burdensome reporting requirements and limited program guidance, can impede the implementation of practices that enhance senior mobility. For example, one provider told us that it had not received technical guidance from one of the DOT programs indicating how the funding process works and that, as a result, it had to seek such assistance from other local organizations.

Experts, advocacy groups, professional organizations, local officials, and transportation service providers have identified a number of obstacles to addressing transportation-disadvantaged seniors' mobility needs. They also have identified potential strategies that the federal government, and other government levels, as appropriate, can take to better address transportation-disadvantaged seniors' mobility needs and enhance the cost-effectiveness of the services delivered. These obstacles and strategies are centered around three major themes, as follows:

- *Planning for alternatives to driving as seniors age.* Several experts have reported that the federal government and other government levels do not do enough to encourage seniors and their caregivers to identify and use multiple transportation modes for their routine trips. As a consequence, seniors may perceive that driving is their only option and may become isolated or drive even when it is unsafe for them to do so. Experts and other stakeholders have suggested that helping seniors plan for alternatives to driving—such as by providing information about the transportation services available in their community—would extend the lifespan of their mobility, and that the federal government could provide a central forum for state and local agencies to provide such information.
- *Accommodating seniors' varied mobility needs.* The growing senior population could benefit from policies that accommodate its varied needs, including differing physical limitations and diverse trip purposes (such as for work, volunteer activities, medical appointments, and recreation), and address the particular challenges that transportation-disadvantaged seniors face in nonurban areas. For example, according to senior mobility experts and others, some federally funded programs are intended for seniors who do not drive and need assistance all the time; yet some seniors need transportation assistance only under certain circumstances, such as in bad weather or when a medical condition worsens. As a result, these seniors do not qualify for these federally funded transportation services. Experts and other stakeholders have suggested that the federal government require or encourage state and

local agencies to focus on seniors' immediate and future mobility needs by including seniors in the transportation-planning process. For example, seniors could advocate for safe walking routes to transit stops and for the use of low-floor buses (which are accessible to both wheelchair users and people with other mobility impairments).

- *Addressing federal and other governmental funding constraints.* Experts and other stakeholders suggested that although public funding resources are limited, strategies exist to leverage them, including increasing funding flexibility among programs and improving the coordination of transportation services at all levels of government. For example, federal programs tend to specify that funds from an individual program can be used only to provide transportation to and from that program's services. Additional funding flexibility and coordination among programs could expand seniors' access to transportation services.

Seniors benefit when the obstacles to their mobility are addressed, but trade-offs also result from implementing the identified strategies. For instance, according to experts and local aging officials, helping seniors plan for alternatives to driving could enable more seniors to maintain mobility while refraining from unsafe driving, but increased demand for services would likely stress already stretched transportation programs. Offering additional transportation services or modifying existing public transit also could help seniors meet their varied needs, but such efforts can be expensive, and additional funds would have to come from new revenues or other programs.

Given the expected growth in the senior population, it will be important for seniors and those who support them to have as much information as possible to plan for the future. Accordingly, our report contains four recommendations to the Secretary of Health and Human Services to improve the guidance and information available to seniors about transportation options and to local agencies about assessments of the need for senior transportation services and successful practices for addressing this need. In commenting on a draft of this report, the Departments of Health and Human Services, Transportation, and Veterans Affairs concurred with the findings, and the Department of Health and Human Services concurred with the recommendations. The Department of Transportation also provided technical clarifications, which were incorporated as appropriate to ensure accuracy. The Departments of

Education and Labor said that they did not have any comments on the draft.

Background

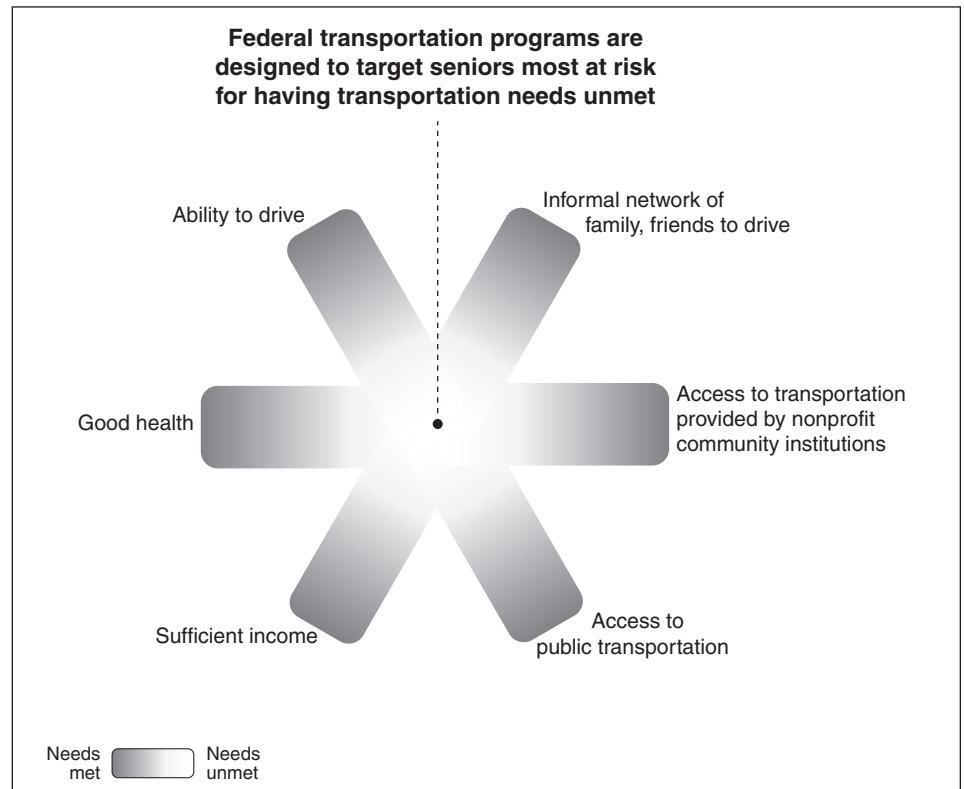
Seniors are a heterogeneous group—many do not require assistance with transportation, and, in fact, most drive automobiles. However, according to data from the 2001 *National Household Travel Survey* conducted by DOT's Bureau of Transportation Statistics, Federal Highway Administration, and National Highway Traffic Safety Administration, approximately 21 percent (6.8 million) of seniors aged 65 and older do not drive. The percentages are higher among minority populations aged 65 and older: approximately 42 to 45 percent of African-Americans and Asian-Americans do not drive, compared with 16 percent of Caucasians. Approximately 40 percent of Hispanics also do not drive.⁷ A person's driving status is correlated with travel behavior. For example, one study found that drivers aged 75 and older made an average of six trips per week, compared with two trips per week for nondrivers.⁸ While some of this difference may be due to individual preferences or to other circumstances, such as an illness that prevents travel, some of the difference may be due to a lack of transportation alternatives.

Those seniors with poor health or a disability, or who have a limited income, may face more difficulty finding and accessing transportation. According to data from the 2000 Census, about 37 percent of persons aged 65 and older reported having at least one disability, and about 10 percent were below the federal poverty line. Although not all of these seniors need assistance with transportation, a sizable number are likely to need such assistance. According to senior transportation experts, the “oldest of the old” (those aged 85 and older) are especially likely to be dependent on others for rides, particularly if they are also in poor health. Figure 1 shows some of the factors that affect seniors' transportation needs. The more of these factors that seniors have, such as a network of family and friends who can drive them and an available public transportation system, the more likely it is that their mobility needs will be met.

⁷Surface Transportation Policy Project, *Aging Americans: Stranded Without Options* (Washington, D.C.: April 2004). This study uses data from the *National Household Travel Survey*, the limitations of which are discussed in appendix I.

⁸AARP, *Community Transportation Survey* (Washington, D.C.: 1997).

Figure 1: Diagram of the Overlapping Factors Affecting Seniors' Mobility Needs



Source: GAO.

Transportation assistance is an important issue for all seniors. In 2001, approximately 26 percent of state units on aging surveyed by the Aging States Project identified transportation as a top health issue for older adults, and 38 percent identified inadequate transportation as a barrier to promoting health among older adults.⁹ Furthermore, transportation was among the top five information requests to the Eldercare Locator Service in

⁹The Aging States Project is a collaborative effort of the Association of State and Territorial Chronic Disease Program Directors and the National Association of State Units on Aging, with support from the Centers for Disease Control and Prevention and HHS's Administration on Aging.

2001, 2002, and 2003.¹⁰ There is, however, a significant gender gap in the amount of time that seniors can expect to be dependent on alternative sources of transportation. A study published in August 2002 in the *American Journal of Public Health* estimated that men aged 70 to 74 who stopped driving would be dependent on alternative transportation for an average of 6 years, while women in the same age group can expect to have an average of 10 years' dependence on alternative transportation modes.¹¹

Although there is no clear-cut definition of mobility need, the literature and the experts we consulted indicate that there are two main categories of mobility need, both of which are important to seniors: (1) “essential” or “life-sustaining” trips, which include medical trips and trips for employment, shopping, banking, and other necessary errands, and (2) “quality of life” or “life-enhancing” trips, which include recreational or social trips that enable a senior to fully participate and engage in the community, such as trips to concerts, theatre, visits with family members in nursing homes or with friends, religious activities, and volunteer activities. For the purposes of this report, we will use this two-fold definition of types of trips as our working definition of mobility need. Unmet need occurs when assistance from others is needed but is not provided or is inadequate. However, according to the experts we contacted, there is no agreed-upon standard or benchmark for the number of trips that an individual requires to take care of essential activities for living (for both life-sustaining and life-enhancing activities),¹² although experts generally agree that government should be concerned with meeting both types of needs for transportation-disadvantaged seniors. The lack of a standard or benchmark makes it difficult to determine an appropriate way to measure the extent to which mobility needs are being met. Researchers have begun to identify

¹⁰The Eldercare Locator Service is a nationwide toll-free service and Web site designed to help older adults and their caregivers find services for seniors. It is funded by the Administration on Aging and administered by the National Association of Area Agencies on Aging.

¹¹Foley, Heimovitz, Guralnik, and Brock, “Driving Life Expectancy.”

¹²In addition, the Federal Interagency Forum on Aging-Related Statistics—an organization comprised of representatives from the Administration on Aging, the Census Bureau, the Department of Veterans Affairs, and other agencies—identified several areas where more data are needed to support research and policy efforts, such as obtaining more information on the effects of transportation on the quality of life, including the number of trips seniors take and the types of transportation they use. See Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2000: Key Indicators of Well-Being* (Washington, D.C.: U.S. Government Printing Office, August 2000).

and evaluate transportation-disadvantaged seniors' unmet mobility needs by comparing the number of trips they make with those of nondisadvantaged populations.¹³ In addition, some researchers have used satisfaction ratings to measure seniors' unmet mobility needs. In the absence of a standard measure of need, we will discuss need and unmet need by comparing the travel of disadvantaged seniors with the travel of nondisadvantaged seniors and by using other measures that federal and local officials have developed.

The federal government has traditionally provided some assistance in mobility, mostly for the purpose of accessing other federal program services. Federal agencies partner with local agencies, nonprofit organizations, and others that actually provide transportation services and also contribute their own funds. The federal agency that has a central role in providing all types of services to seniors is HHS's Administration on Aging (AOA). With a total discretionary budget of more than \$1.3 billion, AOA is the official federal agency dedicated to policy development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers. AOA works through a national aging network of 56 state units on aging; 655 AAAs; 241 tribal and native organizations representing 300 American Indian and Alaskan Native tribal organizations, and 2 organizations serving Native Hawaiians; and thousands of service providers, adult day care centers, caregivers, and volunteers.

¹³One problem with this measure is that it assumes that transportation-disadvantaged populations want to take as many trips as nondisadvantaged populations, an assumption that may be reasonable in some, but not all, cases.

Federal Agencies Address Mobility Issues Mainly through 15 Programs That Help Make Transportation Available, Accessible, and Affordable

Five federal departments administer 15 programs that are key in addressing mobility issues of transportation-disadvantaged seniors. The programs are “senior-friendly” in that they help make transportation available, accessible, and affordable to seniors.

Fifteen Key Federal Programs Fund Services to Enhance Transportation-Disadvantaged Seniors’ Mobility

Working with experts and federal agency officials, we identified 15 key programs in five departments that provide senior transportation (see table 1) out of the many federal programs that are used to provide transportation services. Some of these programs specifically target seniors, such as HHS’s Grants for Supportive Services and Senior Centers (Title III-B). Other programs—including DOT’s Nonurbanized Area Formula Program (Section 5311)—target other groups, such as rural populations, of which seniors can be a part. About half of the 15 programs fund transportation for specific types of trips, including for medical services, employment-related activities, and other services (such as nutrition) that the programs provide. The other half of the programs can be used to provide general transportation for any trip purpose. The programs fund a variety of types of services, ranging from transit passes and training in the use of public transit to vehicle purchases or expansion of public transit service.

Table 1: Characteristics of 15 Key Federal Programs That Fund Transportation for Seniors

Agency	Program	Target population	Type of trip allowed	Type of service provided
Department of Education, Office of Special Education and Rehabilitative Services	Independent Living Services for Older Individuals Who Are Blind	Persons aged 55 and older who have significant visual impairment	To access program and related services, or for general trips	Referral, assistance, and training in the use of public transportation
Department of Health and Human Services, Administration for Children and Families	Community Services Block Grant Programs	Low-income persons (including seniors)	General trips	Taxicab vouchers, bus tokens
	Social Services Block Grants	Target population identified by states	To access medical or social services	Any transportation-related use
Department of Health and Human Services, Administration on Aging	Grants for Supportive Services and Senior Centers (Title III-B)	Seniors (aged 60 and older)	To access program services or medical services, or for general trips	Contract for service with existing transportation provider, or directly purchase vehicles (such as vans)
	Program for American Indian, Alaskan Native, and Native Hawaiian Elders (Title VI)	American Indian, Alaskan Native, and Native Hawaiian seniors	To access program services or medical services, or for general trips	Purchase and operation of vehicles (such as vans)
Department of Health and Human Services, Centers for Medicare and Medicaid Services	Medicaid	Generally low-income persons (including seniors), although states determine eligibility	Medicaid medical services (emergency and nonemergency)	Reimbursement for services with existing transportation providers (e.g., transit passes)
Department of Health and Human Services, Health Resources and Services Administration	Rural Health Care Services Outreach Program	Medically underserved populations (including seniors) in rural areas	To access healthcare services	Transit passes, purchase vehicles (such as vans)
Department of Labor, Employment and Training Administration	Senior Community Service Employment Program	Low-income seniors (aged 55 and older)	To access employment opportunities	Reimbursement for mileage

(Continued From Previous Page)

Agency	Program	Target population	Type of trip allowed	Type of service provided
Department of Transportation, Federal Transit Administration	Capital and Training Assistance Program for Over-the-Road Bus Accessibility	Persons with disabilities (including seniors)	General trips	Assistance in purchasing lift equipment and providing driver training
	Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310)	Seniors and persons with disabilities	General trips	Assistance in purchasing vehicles, contract for services with existing transportation providers
	Capital Investment Grants (Section 5309)	General public, although some projects are for the special needs of elderly persons and persons with disabilities	General trips	Assistance for bus and bus-related capital projects
	Job Access and Reverse Commute	Low-income persons (including seniors)	To access employment and related services	Expansion of existing public transportation or initiation of new service
	Nonurbanized Area Formula Program (Section 5311)	General public in rural areas (including seniors)	General trips	Capital and operating assistance for public transportation
	Urbanized Area Formula Program (Section 5307)	General public in urban areas (including seniors)	General trips	Capital assistance, and some operating assistance, for public transportation
Department of Veterans Affairs, Veterans Health Administration	Veterans Medical Care Benefits	Veterans (including seniors) with disabilities or low incomes	To access healthcare services	Mileage reimbursement or contract for service with existing transportation providers

Source: GAO.

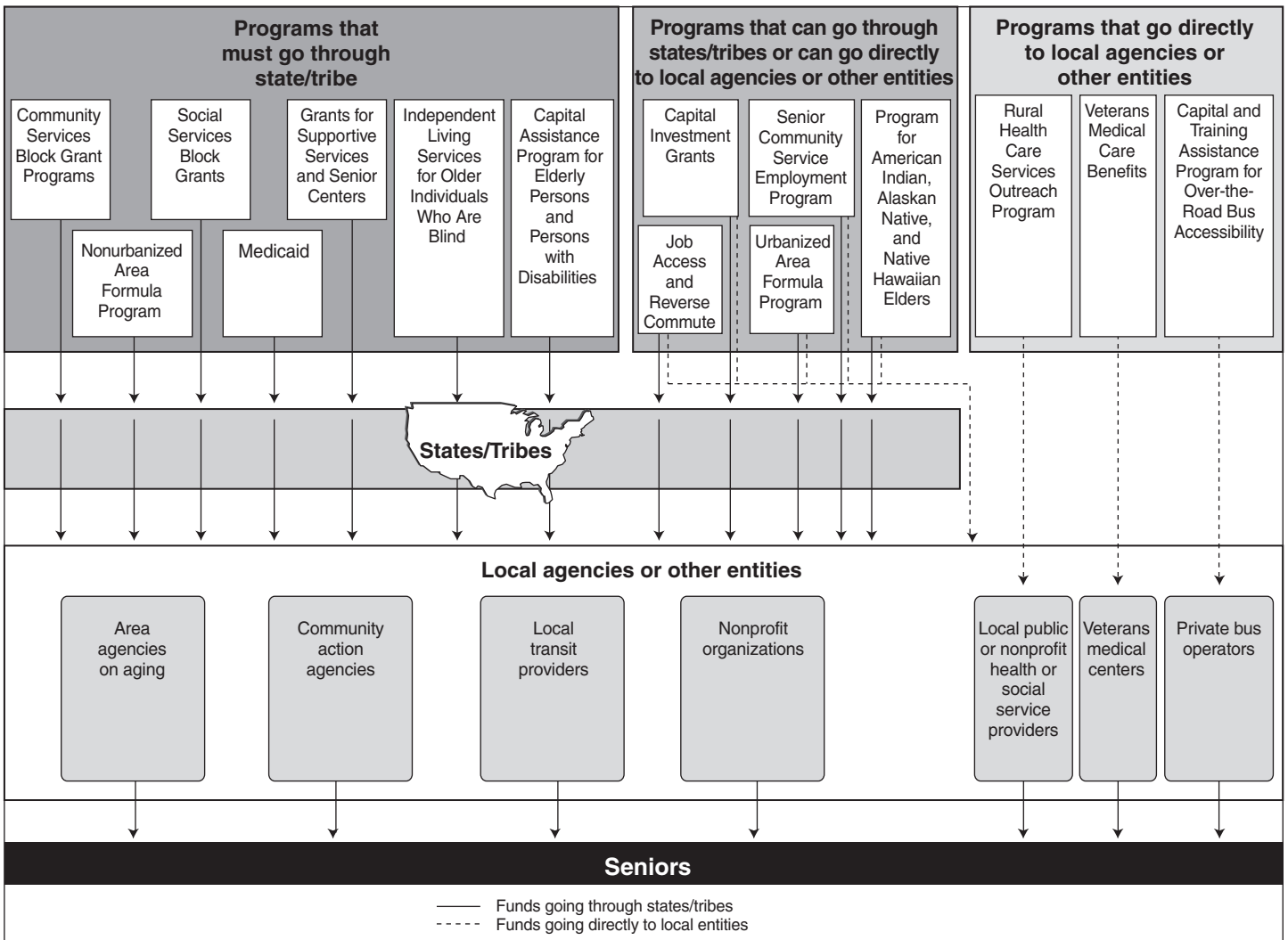
Note: As we previously reported, we were unable to determine the amount spent on transportation services through many of these federal programs. See GAO, *Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697 (Washington, D.C.: June 30, 2003).

Funds from the 15 programs follow various paths in providing transportation services to seniors (see fig. 2). Many of the programs are block grants or formula programs through which funds are distributed to states on the basis of certain criteria, such as population. State agencies then provide services directly or distribute the funds to local agencies, nonprofit organizations, transit providers, and other organizations. For example, funds from DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) are allotted by formula to state agencies, which then distribute the funds to private nonprofit organizations or local public entities (such as transit providers) to purchase vehicles or other equipment. In another example, funds from HHS's Grants for

Supportive Services and Senior Centers (Title III-B) are distributed first to state units on aging according to the number of seniors residing in the state, and then to local AAAs, which generally contract for services with local transportation providers.¹⁴ In other programs, such as the Department of Labor’s Senior Community Service Employment Program, some funds go through the state while other funds go directly to nonprofit organizations or local service providers. Finally, other programs—such as HHS’s Rural Health Care Outreach Services Program—bypass state agencies altogether and go directly to local entities. Local entities can use funds from a variety of federal programs to provide transportation services to seniors. For example, AAAs can receive funds from the Title III-B program, DOT’s Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310), and other federal programs.

¹⁴The exceptions are the states that do not have AAAs, in which case the state unit on aging provides services directly or through contracts with providers.

Figure 2: Flow of Transportation Funds from Federal Programs to Seniors



Source: GAO.

Federal Programs Enhance Senior Mobility by Addressing Certain Attributes of Senior-Friendly Transportation

The Beverly Foundation, a leading independent research organization on senior transportation issues, has identified the following “5 A’s” of senior-friendly transportation service:¹⁵

- *availability* (service is provided to places seniors want to go at times they want to travel);
- *accessibility* (e.g., door-to-door or door-through-door service¹⁶ is provided if needed, vehicles are accessible to people with disabilities, and stops are pedestrian-friendly);
- *acceptability* (service is clean, safe, and user-friendly);
- *affordability* (financial assistance is provided to those who need it); and
- *adaptability* (service is flexible enough to accommodate multiple trip types or specialized equipment).

However, there are trade-offs involved in addressing any of the “5 A’s.” For example, improving the acceptability of service can increase the costs of providing service.

Our review of federal programs’ authorizing legislation and guidance, as well as interviews with federal program officials, indicates that most of the 15 key federal programs we identified in table 1 are generally designed to make transportation more available, accessible, and affordable to transportation-disadvantaged populations, such as seniors (see table 2). For example, HHS’s Medicaid Program provides transportation that is free or low-cost for seniors. Some of the programs address other attributes of senior-friendly transportation, such as acceptability. For example, the Department of Education’s Independent Living Services for Older

¹⁵Beverly Foundation in partnership with the AAA Foundation for Traffic Safety, *Supplemental Transportation Programs for Seniors* (Pasadena, CA, and Washington, D.C.: June 2001).

¹⁶Door-through-door service involves picking up passengers at the door of their place of origin and delivering them to the door of their destination. The driver walks to the passenger’s point of origin, enters that building, and then often provides physical assistance to the passengers to exit the building and board the vehicle. This service offers the maximum level of assistance and is generally reserved for passengers with severe physical impairments or disabilities.

Individuals Who Are Blind program can be used to train seniors in the use of the public transit system, making it both more accessible and acceptable to them.

Table 2: Attributes of Senior-Friendly Transportation Service Addressed by the 15 Key Federal Programs That Fund Transportation Services for Seniors

Agency	Program	Attribute				
		Availability	Accessibility	Acceptability	Affordability	Adaptability
Department of Education	Independent Living Services for Older Individuals Who Are Blind		✓	✓		
Department of Health and Human Services	Community Services Block Grant Programs	✓	✓		✓	✓
	Social Services Block Grants	✓	✓		✓	
	Grants for Supportive Services and Senior Centers (Title III-B)	✓	✓		✓	
	Program for American Indian, Alaskan Native, and Native Hawaiian Elders (Title VI)	✓			✓	
	Medicaid				✓	✓
	Rural Health Care Services Outreach Program	✓			✓	
Department of Labor	Senior Community Service Employment Program				✓	
Department of Transportation	Capital and Training Assistance Program for Over-the-Road Bus Accessibility		✓	✓	✓	✓
	Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310)	✓	✓	✓	✓	✓
	Capital Investment Grants (Section 5309)	✓	✓	✓		
	Job Access and Reverse Commute	✓	✓		✓	✓
	Nonurbanized Area Formula Program (Section 5311)	✓	✓			✓
	Urbanized Area Formula Program (Section 5307)	✓	✓		✓	
	Veterans Medical Care Benefits	✓	✓		✓	✓

Source: GAO.

Note: This table focuses on the senior-friendly attributes addressed by the intent of the federal program as identified in federal program legislation and guidance and in interviews with federal officials. Grantees may actually address more of the five A's when delivering transportation services to seniors at the local level.

In addition to the 15 key programs identified in tables 1 and 2, the federal government helps to make transportation more senior-friendly through other programs and policies that provide or ensure access to transportation services for all disadvantaged populations (including seniors). Although seniors are not the target population of these other programs and policies, they often benefit from them. For example, seniors are eligible for many of the programs we identified in a previous report on the coordination of services for the transportation-disadvantaged.¹⁷ In that report, we identified 62 federal programs that can be used to provide transportation services, including the 15 programs identified above. For instance, seniors can benefit from the Department of Housing and Urban Development's Community Development Block Grant Program, which can be used to purchase and operate vehicles in low-income areas, and the Department of Labor's Workforce Investment Act Adult Services Program, which can be used to provide bus tokens or reimbursement for mileage to access training opportunities.

Another federal program that does target seniors—Medicare, the federal health financing program covering almost all persons aged 65 and older and certain persons with disabilities—was not included in our list of 15 key programs because it funds only a very specific type of transportation service for seniors. Medicare covers medically necessary ambulance services when other means of transportation, such as a wheelchair van or a taxicab, are inadvisable, given the beneficiary's medical condition at the time. Medically necessary ambulance trips include both emergency care, such as responses to 911 calls, and nonemergency care, such as transfers from one hospital to another. Medicare covers nonemergency transports—both scheduled and nonscheduled—if the beneficiary is

¹⁷GAO, *Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, [GAO-03-697](#) (Washington, D.C.: June 30, 2003).

bed-confined¹⁸ or meets other medical necessity criteria, such as requiring oxygen on the way to the destination.¹⁹

Many programs and policies that address the mobility needs of persons with disabilities also benefit seniors. For example, the Americans with Disabilities Act (ADA) has resulted in changes to many transportation-related facilities, including transit vehicles and bus stops, that make transportation more accessible to seniors with disabilities as well as others. Other federal ADA-related activities can also benefit seniors. For example, the Department of Justice's Civil Rights Division is responsible for enforcing federal statutes, including the ADA, that prohibit discrimination on the basis of race, sex, handicap, religion, and national origin. In addition, Justice has published rules governing the design of transportation facilities, such as bus stops, to make them accessible to people with disabilities. Finally, the U.S. Architectural and Transportation Barriers Compliance Board—an independent entity within the federal government devoted to accessibility for people with disabilities—develops and maintains accessibility standards for transit vehicles, provides technical assistance and training on these standards, and ensures compliance with accessibility standards for federally funded facilities.

Data Indicate That Some Types of Mobility Needs Are Not Being Met, but Information on the Extent of Unmet Needs Is Limited

The data on the nature of mobility needs that we obtained from research publications and interviews with federal officials, experts, and officials from 16 local AAAs indicate that federally supported programs are not meeting some of the mobility needs of transportation-disadvantaged

¹⁸Bed confinement is defined as when the beneficiary is unable to get up from bed without assistance, to walk, or to sit in a chair or wheelchair.

¹⁹GAO, *Rural Ambulances: Medicare Fee Schedule Payments Could Be Better Targeted*, [GAO/HEHS-00-115](#) (Washington, D.C.: July 17, 2000), and *Ambulance Services: Medicare Payments Can Be Better Targeted to Trips in Less Densely Populated Rural Areas*, [GAO-03-986](#) (Washington, D.C.: Sept. 19, 2003).

seniors.²⁰ In particular, (1) seniors who rely on alternative transportation have difficulty making trips for which the automobile is better suited, such as trips that involve carrying packages; (2) life-enhancing needs are less likely to be met than life-sustaining needs; and (3) mobility needs are less likely to be met in nonurban communities (especially rural communities) than in urban communities. However, there are few current or planned efforts to collect data for assessing the extent to which federally supported programs are meeting transportation-disadvantaged seniors' mobility needs. In addition, AAAs' methods for collecting and reporting data make it difficult to determine the extent to which transportation-disadvantaged seniors' needs are being met, in part because of a lack of federal guidance on how to assess needs. According to experts and local officials, barriers to assessing the extent of unmet needs include the lack of consensus on how to define or measure needs, a lack of federal guidance, and the difficulties of measuring the unmet needs of seniors who are not attempting to access publicly funded services.

Federally Supported Programs Are Not Meeting Some Types of Mobility Needs of Transportation-Disadvantaged Seniors

Federally supported transportation services are meeting some, but not all, types of mobility needs of transportation-disadvantaged seniors. Although up to 75 percent of nondrivers aged 75 and older have reported being at least somewhat satisfied with their mobility,²¹ evidence from nationally published research and from interviews we conducted with federal officials, experts, and local aging professionals indicates that many of those seniors who are able to meet life-sustaining and life-enhancing needs are doing so because they have access to supportive family and friends who drive them or because they live in transit-rich cities. For those seniors who do not have access to these support structures or who live in nonurban areas, some mobility needs—especially those related to life-enhancing activities—may not be met.

²⁰Our review indicates that these data have limitations, including limited generalizability of focus group findings; lack of documentation to assess the potential for nonresponse bias (the difference between those who responded or participated and those who did not); and lack of objective, quantifiable data on which to base perspectives. See appendix I for a more detailed discussion of the limitations associated with these data.

²¹As compared with the nearly 90 percent of drivers aged 75 and older who reported being at least somewhat satisfied with their mobility. See AARP, *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+* (Washington, D.C.: 2002). According to AARP's calculations, all of the estimates we cite from this study have sampling errors that do not exceed + or - 4.5 percent at the 95 percent confidence level.

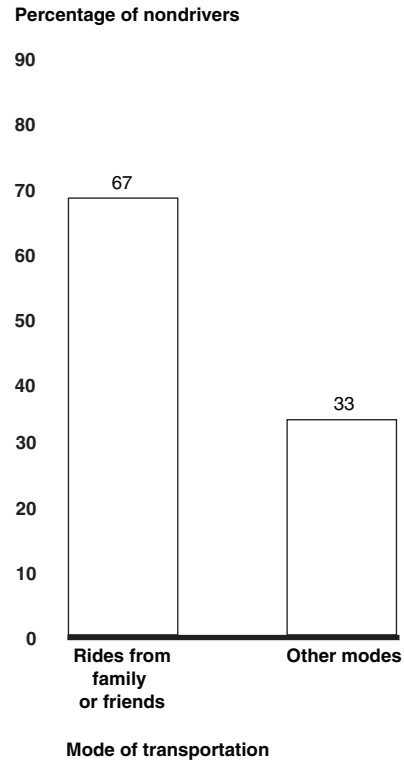
Transportation-Disadvantaged
Seniors Lack Alternatives to the
Automobile That Provide
Comparable Benefits

Data from nationally published research indicate that transportation-disadvantaged seniors prefer the automobile to other modes of transportation because it is readily available, can reach multiple destinations in the course of one trip, and can be used to access destinations that require carrying packages (such as shopping). In focus groups conducted by AARP,²² the general consensus among participants was that access to ready transportation provided by the private automobile is critical to overall life satisfaction. In comparison, seniors perceived other modes such as public transit, specialized transportation (such as senior vans), and walking as having inherent negative attributes—including time spent waiting, waits in bad weather, difficulty carrying items, scheduling requirements, infrequent service, and concerns about personal security and accessibility—that made them less attractive than driving or being driven. Consistent with this, a survey conducted by AARP found that senior nondrivers use automobile rides from family or friends more than other modes of transportation to get where they need to go (see fig. 3).²³

²²AARP, *Transportation and Older Persons: Perceptions and Preferences* (Washington, D.C.: 2001).

²³AARP, *Community Transportation Survey*.

Figure 3: Modes of Transportation Used by Nondrivers Aged 75 and Older



Source: GAO analysis of AARP data.

Note: Other modes include public transportation, senior vans, walking, and taxicabs.

Even if seniors could overcome some of these negative perceptions of alternatives to the automobile, they may not be able to use the alternatives because the alternatives might be unavailable in their community or are inaccessible to seniors. In a survey by AARP, about 33 percent of senior nondrivers who reported that they did not use public transportation said that it was because public transportation was not available.²⁴ In focus groups conducted for the Coordinating Council on Access and Mobility, HHS, and the National Highway Traffic Safety Administration, participants reported having trouble walking long distances, getting to the bus stop, getting on and off buses, and seeing street signs from the bus so that they

²⁴AARP, *Community Transportation Survey*.

Transportation-Disadvantaged Seniors' Life-Enhancing Needs Are Less Likely to Be Met Than Life-Sustaining Needs

knew where and when they should disembark.²⁵ Similarly, more than one-third of the respondents in one study's focus groups reported that they would be unable to walk one-quarter mile to a bus stop.²⁶

Data from nationally published research indicate that difficulty in getting the transportation they needed interfered with transportation-disadvantaged seniors' activities and trip-making, especially for life-enhancing needs such as social or recreational activities. For example, a report analyzing data from the 2001 *National Household Travel Survey* found that seniors who do not drive made 15 percent fewer trips to the doctor than drivers, but made 65 percent fewer trips for social, family, religious, and other life-enhancing purposes.²⁷ In addition, although few seniors in an AARP survey²⁸ reported that a lack of transportation interfered with their activities—such as getting to the doctor, their place of worship, the grocery store or drug store, or entertainment; shopping for clothes or household items; or visiting with friends—nondrivers were two to three times as likely as drivers to report that a lack of transportation interfered with such activities.²⁹ Furthermore, a study that analyzed responses from seniors in focus groups reported that older adults who have stopped driving significantly curtailed their recreational activities. One participant who had stopped driving reported, “What I do now, my daughter tries to take me shopping once a week for heavy items, which is very helpful. But I’m accustomed to going from mall to mall and store to store to see things, you know, and I don’t get around like that. I’m very limited.”³⁰

²⁵Jon E. Burkhardt, Arlene M. Berger, Michael Creedon, and Adam T. McGavock, *Mobility and Independence: Changes and Challenges for Older Drivers*, a report prepared by Ecosometrics, Incorporated, for the Coordinating Council on Access and Mobility, the Department of Health and Human Services, and the National Highway Traffic Safety Administration (July 4, 1998).

²⁶The study included perspectives from the transit industry, including that walking a one-quarter mile distance to a bus stop was a reasonable expectation for a healthy senior. See U.S. Department of Transportation, Transit Cooperative Research Program, Transportation Research Board, *TCRP Report 82, Improving Public Transit Options for Older Persons, Volume I: Handbook and Volume II: Final Report* (Washington, D.C.: 2002).

²⁷Surface Transportation Policy Project, *Aging Americans*.

²⁸AARP, *Understanding Senior Transportation*.

²⁹Other causes of interference with activities may include health limitations or other personal reasons.

³⁰Burkhardt, Berger, Creedon, and McGavock, *Mobility and Independence*.

Federal officials and experts we interviewed also said that the available transportation options are not meeting seniors' mobility needs, especially for life-enhancing trips. Several experts said that, while mobility needs are being met for the majority of seniors who drive—and even for some transportation-disadvantaged seniors who live in transit-rich environments, who have access to supportive family and friends, or who have knowledge of and access to nonprofit or other organizations that provide transportation—the mobility needs generally are not being met for transportation-disadvantaged seniors without these options. Although a few officials and experts said that for most seniors, trips for life-sustaining needs (e.g., medical appointments) are likely being met, others said that such needs are not being met.

Finally, the majority of AAA officials we interviewed said that transportation-disadvantaged seniors' needs were not being met. (Although 3 of the 16 AAAs said that needs were being met with the limited funding available, they also cited gaps in service.) Furthermore, although the AAA officials we interviewed were split in their perspectives on whether needs for travel to critical, life-sustaining activities were being met, nearly all said that needs for travel to life-enhancing activities such as church and shopping at the mall were not being met. In addition, all of the AAAs we interviewed imposed restrictions that limited or prioritized transportation services for life-sustaining activities. For example, many AAAs require advance notification (e.g., 24-hour notification) for service and most restrict service to approximately 9 a.m. to 5 p.m. on weekdays, which limits spontaneous travel and travel in the evenings when many cultural and social events take place. Furthermore, most AAAs offer transportation only within the counties or towns they serve, which limits access to activities. Finally, when we asked AAA officials about the destinations to which they provide transportation, most identified essential, life-sustaining sites, such as nutrition sites, medical facilities, grocery stores, pharmacies, public service agencies, and banks. Only a few AAAs offered transportation for life-enhancing activities, such as for recreational or cultural events, or for visits to spouses or other family or friends in long-term-care facilities, and some explicitly stated that they were unable to provide service for personal or life-enhancing activities. The AAA officials told us that all of these constraints were due to limited funding availability.³¹

³¹See appendix II for information on transportation services provided by the 16 AAAs we interviewed.

Transportation-Disadvantaged Seniors' Needs Are Less Likely to Be Met in Nonurban Areas Than in Urban Areas

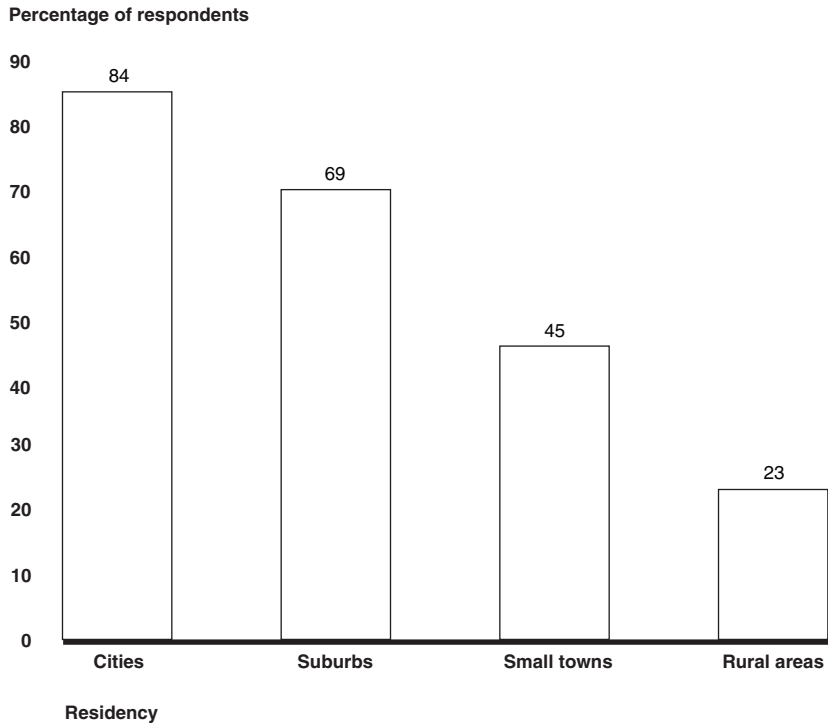
The travel of transportation-disadvantaged seniors living in nonurban communities is more restricted than the travel of transportation-disadvantaged seniors living in urban communities. A study analyzing 2001 *National Household Travel Survey* data indicated that older Americans living in small towns and rural areas who do not drive were more likely to stay home on a given day than their urban and suburban counterparts—63 percent of nondrivers in small towns and 60 percent of nondrivers in rural areas reported that they stayed home on a given day, compared with 51 percent of nondrivers living in urban and suburban areas.³² Alone, these data do not indicate that mobility needs are less likely to be met because of limited transportation options rather than other aspects that distinguish rural communities from urban ones, such as fewer activities and longer distances between destinations. However, data we obtained from other sources support the idea that the lack of transportation is a significant reason for these travel patterns. For example, in focus groups and interviews that AARP conducted in 2001 with seniors aged 75 and older, nondrivers living in the suburbs were less satisfied that their mobility needs were met than urban nondrivers. In addition to identifying feelings of lost freedom, diminished control, and altered self-image, several suburban participants noted that they make fewer trips and pursue fewer activities as nondrivers, whereas the urban nondrivers expressed more satisfaction with their ability to get around.³³ In addition, in a survey by AARP, respondents living in cities reported that they were more likely to have public transportation available to them than respondents living in rural areas (see fig. 4).³⁴

³²Surface Transportation Policy Project, *Aging Americans*.

³³AARP, *Transportation and Older Persons*.

³⁴AARP, *Understanding Senior Transportation*.

Figure 4: Percentage of Respondents Aged 75 and Older Who Have Public Transportation Available to Them, by Area



Source: GAO presentation of AARP data.

Note: Respondents were asked how they would describe their current residence: as a city, a suburban area around a city, a small town, or in the country. According to AARP's calculations, all of the estimates we cite from this study have sampling errors that do not exceed + or - 4.5 percent at the 95 percent confidence level.

In addition, several federal officials and experts we interviewed said that the needs of transportation-disadvantaged seniors are not being met with available transportation options, especially for those seniors living in rural communities. Similarly, when we asked AAA officials whether transportation-disadvantaged seniors' needs were being met, nearly half offered the view that needs were not being met for those living in rural communities because of the long distances required to travel to facilities and the resulting need for the driver to wait to bring the senior back. In addition, some said there are geographic regions in rural areas that are not served at all by public transportation, taxicab, or other transportation providers.

Data Are Limited on the Extent to Which Mobility Needs Are Being Met

Because most of the federal programs that fund transportation for transportation-disadvantaged seniors do not focus specifically on seniors or transportation (instead, seniors may be one of several target populations, and transportation may be one of several supportive services provided by the program), federal agencies have minimal program data about the extent of seniors' unmet transportation needs. Five of the 15 key federal programs that provide transportation to seniors—the Department of Education's Independent Living Services for Older Individuals Who Are Blind program and HHS's Social Services Block Grants, Community Services Block Grant Programs, Grants for Supportive Services and Senior Centers (Title III-B), and Program for American Indian, Alaskan Native, and Native Hawaiian Elders (Title VI)—collect some nonfinancial performance data related to senior transportation.³⁵ Most of the data collected for these 5 programs provide only information on usage, such as the number of seniors receiving transportation services or the number of one-way trips provided to seniors. In addition, for transit programs that serve the general public, the Federal Transit Administration collects data on the number of rides and the number of people served, but these data are not broken out by federal program or by age. However, AOA officials told us that they are beginning to measure performance outcomes related to transportation services under the Title III-B program. On the basis of a national survey it conducted in 2004, AOA estimated that state and area agencies on aging provided transportation services to approximately 440,000 seniors in fiscal year 2003. AOA officials told us that most of the respondents rated the transportation services as good or excellent, and that many respondents reported that they relied on these services for all or nearly all of their local transportation needs. Although this information is useful in assessing the satisfaction of seniors who receive transportation services, it does not measure the extent of unmet needs. Officials from AOA and the Federal Transit Administration currently are assessing the state of data on seniors' mobility needs to identify baseline data on needs and available resources.

Similarly, few AAAs use, or plan to use, data collection methods that enable them to determine the extent of seniors' unmet mobility needs—that is, information on both the extent of need in the community and the capacity

³⁵In a prior report ([GAO-03-697](#)), we found that there were no reliable national program data on federal, state, and local spending for transportation services for the transportation-disadvantaged, including seniors. There were no such data because many federal funding recipients are not required to distinguish transportation spending from other spending when reporting information to federal agencies.

of services, including their own, to provide transportation to seniors to meet those needs. AAAs are required to determine the extent of need for supportive services (which could include transportation) provided through HHS's Title III-B program and to evaluate how effectively resources are used to meet such need.³⁶ However, several AAAs we interviewed reported that they do not collect this type of data at all. Of those AAAs reporting that they do collect data on the extent of unmet needs, most collect data on the number of seniors who called the AAA to request transportation services that the agency was unable to provide (including data such as the number of trip denials and the number of seniors on a waiting list). There are a number of limitations to this type of data. For example, a few AAAs reported that waiting list data were not reliable in measuring the unmet needs of seniors because the data allowed multiple-counting of seniors who are wait-listed by more than one transportation provider or who periodically call for rides and are added to the waiting list each time they call. In addition, AAAs reported that waiting list data were not entirely representative of unmet needs because these data include information only on seniors who call for service and not on seniors who do not call (because no services are available, because they do not know what services are available, because they are tired of being turned down, because they moved to an assisted living facility since they had difficulty obtaining transportation, or because of some other reason) but who may still need rides. Furthermore, the waiting list data do not allow for calculating the number of seniors who were referred to other transportation services and were able to get rides through these other services. Only 2 of the 16 AAAs (the Salt Lake County Aging Services and the Bear River Association of Governments, both in Utah) have a method for determining the gap in transportation service by calculating the difference between the number of seniors who are in need of transportation and the number of seniors who are receiving service through other providers, or through family and friends.

Finally, there is little information from national surveys and studies that addresses the extent to which transportation-disadvantaged seniors' needs are being met; rather, those surveys and studies focus on the nature of needs, as discussed in the previous section of this report. For example, one report prepared by DOT's Bureau of Transportation Statistics analyzes 2002 data from the *Transportation Availability and Use Survey* on the travel behavior of persons with disabilities, but the findings are not broken down

³⁶42 U.S.C. § 3026(a)(1).

by age.³⁷ Another Bureau of Transportation Statistics report analyzing the same data source provides some insights on the types of travel problems encountered by seniors with disabilities, but it does not provide data that can be used to measure the extent of those seniors' transportation needs or to determine whether those needs are being met.³⁸

There Are Several Barriers to Assessing the Extent of Unmet Need

Senior mobility experts told us that there is no clear-cut definition of mobility needs, making it difficult to determine the extent to which such needs are being met. Although many of the experts we contacted mentioned the distinction between life-sustaining and life-enhancing needs, they did not provide a more concrete definition. Many of these experts also said that they were not aware of an agreed-upon standard or benchmark for assessing seniors' unmet mobility needs. One researcher said that the topic of seniors' mobility needs is just beginning to be discussed in the literature, so a standard has not yet been developed.

In addition to the lack of consensus on definitions or measures of need, there is also little guidance on assessing mobility needs. Although some of the 15 key federal programs we identified require state or local agencies to assess the need for services, federal agencies provide little guidance on how to do this. As previously noted, HHS's Title III-B and Title VI programs—through which AOA provides grants to states and Native American tribes for senior services—require AAAs to prepare a plan that includes an assessment of the needs of disadvantaged seniors, which could include transportation needs.³⁹ Furthermore, the Older Americans Act, as amended, requires AOA to provide guidance to states on assessing needs, specifically “to design and implement [for program monitoring purposes]...procedures for collecting information on gaps in services needed by older individuals” and “procedures for the assessment of unmet needs for services....”⁴⁰ Although AOA has developed general guidance for Native American tribes on conducting needs assessments for its Title VI

³⁷U.S. Department of Transportation, Bureau of Transportation Statistics, *Freedom to Travel*, BTS03-08 (Washington, D.C.: 2003).

³⁸U.S. Department of Transportation, Bureau of Transportation Statistics, *Travel Patterns of Older Americans with Disabilities*, Working Paper 2004-001-OAS (Washington, D.C.: July 2004).

³⁹42 U.S.C. § 3026(a)(1) and 42 U.S.C. § 3057d.

⁴⁰42 U.S.C. § 3012(a)(26)(D) and (E).

program, the program guidance that the agency provides to states for its Title III-B program does not include guidance on how to assess and measure needs or on specific data collection methods. As a result of the lack of guidance on assessing need, most of the AAAs that we interviewed reported assessing seniors' unmet mobility needs using a range of data collection methods that resulted in data not specific enough for planning purposes, and not indicative of the precise extent to which seniors' mobility needs are being met. While some AAAs said they did not need additional data, other AAAs we spoke with said that more precise information on the extent of unmet need would be useful in designing services and getting political support and funding for services, but some do not have the staff, funds, or expertise to develop methodologies to do this. They said that guidance from the federal government in this regard would be very useful.

Officials at AOA said that, in the past, they have not provided guidance to state and local aging agencies on how to assess needs for the Title III-B program because they received feedback that state and local aging agencies had a more immediate desire for guidance on assessing the quality of service and collecting information on client characteristics. To this end, AOA is currently developing a plan for evaluating the various supportive services, including transportation, provided through its Title III-B programs. The evaluation effort will address the needs of states and communities for supportive services and the extent to which the Title III-B program is meeting the needs and preferences of the elderly for those services. As part of the evaluation, AOA plans to address questions about the role of AAAs in providing supportive services, how needs assessments are performed by state and local entities, and how the results of those assessments are used by states in implementing the Title III-B program. On the basis of the results of our interviews with AAA representatives, the AOA official responsible for the planned evaluation said that it would be useful to obtain some additional information during the evaluation to determine the need for services under the Title III-B program, including (1) identifying how needs should be defined and measured; (2) determining the range of methodologies that AAAs use for assessing seniors' need for services, including transportation, and unmet needs; and (3) identifying the kinds of guidance that AAAs want from AOA and states to help them perform their required needs assessments. AOA plans to complete its evaluation of this program by January 2006.

Other federal program regulations also require or encourage local agencies to assess need to be eligible for funding. For example, DOT's Capital and

Training Assistance Program for Over-the-Road Bus Accessibility (which provides funds to bus operators to help make their services more accessible to persons with disabilities) lists “identified need” as one of the criteria for selecting grantees, and HHS’s Community Services Block Grant Program (which provides funds for services to address the needs of low-income individuals) requires grantees to assess need for services and report this information to the state. However, these agencies do not provide guidance for assessing need for most of these programs. DOT officials said that they allow local applicants for the Capital and Training Assistance Program for Over-the-Road Bus Accessibility to decide what measures to use to demonstrate need, and the measures vary accordingly. For example, some of these applicants have provided information on the number of trips that were denied for lack of an accessible vehicle, while other applicants demonstrate need on the basis of the number of trips provided using an existing lift-equipped vehicle. For its Job Access and Reverse Commute Program, DOT asks applicants to provide data on the percentage of low-income persons in the area as well as on transportation gaps between existing services and employment opportunities for these persons, and the agency provides some guidance on how to identify such gaps.⁴¹ HHS provides some guidance for assessing the need for services under the Community Services Block Grant Programs, but the guidance is for assessing a wide range of services, of which transportation is only one.

Federal officials report that it is difficult to measure unmet mobility needs largely because of difficulties in measuring the unmet needs of those transportation-disadvantaged seniors who are not trying to access transportation services (such as those who do not call for service because they have given up trying to get transportation or are not aware of services). Some AAA officials and federal officials said that collecting this type of data is time-consuming and expensive. In addition, there may be other difficulties in reaching these seniors. For example, they may have difficulty hearing questions posed over the telephone, may be wary of providing personal information, or may be reluctant to admit that they need assistance or that they can no longer safely drive themselves to activities they need or want to attend.

⁴¹This program has transitioned from one in which DOT competitively selected grantees to one in which the Congress designates the grantees. See GAO, *Job Access and Reverse Commute: Program Status and Potential Effects of Proposed Legislative Changes*, [GAO-04-490R](#) (Washington, D.C.: Aug. 20, 2004).

Transportation Service Providers Implement Practices That Enhance Senior Mobility with Some Federal Support, but Implementation Difficulties Remain

Transportation providers use a variety of practices—which we have grouped into three categories—to enhance the mobility of transportation-disadvantaged seniors and promote the cost-effective delivery of transportation services. These include practices that (1) improve service efficiency through increasing the use of technology and by coordinating services with other providers in the community; (2) improve customer service by providing training sessions for service staff and seniors, using vehicles that can accommodate seniors’ mobility challenges, and increasing the level of service provided; and (3) leverage existing resources by increasing volunteer involvement and forging financial partnerships with public and private entities in the community. According to the local service providers we interviewed, these practices, which were implemented with some federal support, resulted in more senior-friendly transportation services and more cost-effective service delivery. All 10 local transportation service providers we interviewed indicated that they had been able to use funds from 1 or more of the 15 key federal programs in implementing practices that enhance senior mobility. The most commonly used programs were DOT’s Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and HHS’s Title III-B and Medicaid Programs, followed by DOT’s Nonurbanized Area Formula Program (Section 5311), and HHS’s Community Services Block Grant Programs. However, according to the providers we interviewed, certain characteristics of federal programs may impede the implementation of practices that enhance transportation-disadvantaged-seniors’ mobility.

Certain Practices Enhance Transportation-Disadvantaged Seniors' Mobility and Promote Cost-effective Delivery of Services

According to a 2002 report prepared by DOT's Transit Cooperative Research Program (hereafter referred to as the TCRP report),⁴² local transportation providers have implemented a number of program practices to improve public transportation services for seniors. The 10 local service providers we interviewed in urban and rural areas have implemented some of these practices, as discussed below.

Improvements to Service Efficiency

Increasing the use of technology: According to the TCRP report, using advanced technology can improve efficiency, productivity, and cost-effectiveness. Global Positioning Systems (GPS) and other advanced technologies can provide real-time information about where vehicles are located, when they will arrive to pick up a senior, and how long the trip may take. Two of the 10 local service providers we interviewed are using advanced technology to improve their trip scheduling. For example, Sweetwater Transportation Authority in Rock Spring, Wyoming, is using GPS technology on board each bus, connecting the bus to software that will automatically schedule rides and provide an accurate estimated time of arrival to passengers. The Friendship Center, which offers door-through-door transportation services in Conroe City, Texas, is involved in the early stages of implementing a computerized dispatching and mapping system that will allow same-day scheduling to transport seniors to their destinations. In the past, all scheduling was done manually and seniors often had to call 48 hours in advance to schedule a ride. According to Friendship Center officials, the implementation of the computerized mapping system will increase efficiency and coordination of their transportation service, which will also improve the level of service provided to seniors.

⁴²U.S. Department of Transportation, Transit Cooperative Research Program, Transportation Research Board, *TCRP Report 82*. For more information on the service providers discussed in this section, as well as other providers that experts have identified as having implemented practices that enhance senior mobility, also see Community Transportation Association of America, *Senior Transportation: Toolkit and Best Practices* (Washington, D.C.: May 2003) and Beverly Foundation in partnership with the AAA Foundation for Traffic Safety, *Supplemental Transportation Programs*. In addition, the Beverly Foundation released a report in July 2004 that identifies additional service providers. (See Beverly Foundation in partnership with the AAA Foundation for Traffic Safety, *Supplemental Transportation Programs for Seniors: A Report on STPs in America* (Pasadena, CA, and Washington, D.C.: July 2004).)

Coordinating transportation services: According to the TCRP report and our previous work, coordination of transportation services can improve the overall efficiency of operations, increase the productivity of services, reduce service costs, and increase mobility.⁴³ Our previous work indicated that the extent of coordination of transportation services varies. Several service providers we interviewed have implemented a coordinated transportation service, including Mountain Empire Older Citizens (MEOC), which is located in central Virginia.⁴⁴ MEOC recognized that coordination was needed because each human service agency in the area was transporting its own clients exclusively, while other vehicles from other agencies were picking up passengers in the same area. Under its coordination contract, MEOC leases vehicles from other specialized transportation service providers and coordinates all aspects of transporting their clients (including other transportation-disadvantaged groups, such as people with developmental disabilities). As a result, MEOC has maximized the efficient use of vehicle fleet and realized cost savings in service delivery, according to an agency official. Another service provider, the Friendship Center, coordinates its transportation services with medical facility staff to schedule medical appointments for seniors. The dispatchers at the center work directly with the medical providers to schedule medical appointments for seniors when the center's transportation services are available. In addition, the center's hours for transportation services reflect those of the medical centers. By coordinating their services, the center helps ensure that seniors do not encounter transportation scheduling problems. Lastly, Medical Motor Service, which provides transportation and brokerage⁴⁵ services to seniors in Monroe County, New York, coordinates with other nonprofit agencies to provide volunteers who serve as "shopping buddies" to help seniors carry packages or assist them with their groceries.

⁴³See [GAO-03-697](#) and GAO, *Transportation-Disadvantaged Populations: Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist*, [GAO-03-698T](#) (Washington, D.C.: May 1, 2003).

⁴⁴Coordinated transportation services may include the following activities: joint planning among several private or public agencies, brokerage, or the shared use of vehicles among multiple programs.

⁴⁵The Community Transportation Association of America defines brokerage as a method of providing transportation where riders are matched with appropriate transportation providers through a central trip-request and administration facility. The transportation broker may centralize vehicle dispatch, record keeping, vehicle maintenance, and other functions under contractual arrangements with agencies, municipalities, and other organizations. Actual trips are provided by a number of different vendors.

Improvements to Customer Service

Providing training to staff and seniors: According to the TCRP report and a brochure on innovative transit services for seniors developed by the Beverly Foundation and the Community Transportation Association of America (hereafter, Innovations Brochure),⁴⁶ training for service staff—particularly drivers—and for senior riders is important in improving transportation services. The TCRP report states that staff training should address customer service issues, such as the need for polite and courteous interactions by drivers with passengers and the physical constraints seniors encounter while using public transportation. The TCRP report also indicates that customer service training should be part of an overall change in organizational focus, from just operating vehicles to serving customers. Several service providers we interviewed were implementing training to improve customer service by helping seniors feel more comfortable while being transported. For example, Altoona Metro Transportation, which provides public transit service to the general public in central Blair County in Pennsylvania, developed a driver-training sensitivity program through which drivers receive specialized training to recognize the diverse needs of seniors. In what is considered a “hands-on” session, drivers wear special glasses to distort their vision so that they can temporarily experience the physical limitations that some seniors face while riding public transportation. An Altoona Metro official also told us that drivers are encouraged to socialize with senior passengers and foster relationships to make seniors feel comfortable and welcomed. In addition to training for staff, providers are also implementing travel-training programs to teach seniors who are not accustomed to using transit services how to use public transportation. One service provider, North County Lifeline, Inc. (a curb-to-curb⁴⁷ transit service located in the northern San Diego area), developed a travel-training program for seniors to learn about public transit and reduce any concerns they may have about personal safety when using transit. The program includes instruction in how to problem-solve, map out a trip, make transfers, and understand the rights and responsibilities they have while riding public transportation.

⁴⁶Beverly Foundation and Community Transportation Association of America, *Innovations for Seniors: Public and Community Transit Services Respond to Special Needs* (Pasadena, CA, and Washington, D.C.: February 2004).

⁴⁷Curb-to-curb service is a common designation for the paratransit service that involves a transit vehicle that picks up and discharges passengers at the curb or driveway in front of their home or destination. In curb-to-curb service, the driver does not assist the passenger along walks or steps to the door of the home or other destination.

Using vehicles that can accommodate seniors' mobility challenges: Using vehicles that accommodate the mobility challenges of seniors—such as purchasing low-floor buses,⁴⁸ equipping vehicles with lifts, or modifying vehicles to make them identifiable and visually appealing (by using buses with distinctive colors to designate specific routes or with large see-through windows)—may help address some of the physical challenges (such as difficulties boarding a bus or van) and emotional challenges (such as concerns about boarding the wrong bus or personal safety) that seniors may face while using public transportation. For example, the TCRP report states that low-floor buses provide advantages over conventional buses because they shorten the distance between the first step on the bus and the curb (e.g., the first step on a conventional bus is approximately 9 to 12 inches above the curb, whereas the first step on the latest low-floor buses is less than 3 inches above the curb). However, there may be constraints in using such buses—one service provider we interviewed found them impractical for the provider's service area, which contains hilly terrain⁴⁹ and many narrow streets. The majority of service providers we interviewed use lift-equipped⁵⁰ vehicles to transport seniors who use wheelchairs. Several of the service providers are also using vehicles that are easily identifiable and visually appealing to further address concerns seniors may have about using public transportation. For example, several of the service providers we interviewed said that they transport seniors in vehicles that are color-coded to designate specific routes or that have large, nontinted windows to limit the confusion that seniors face while trying to determine which bus to board, to provide a sense of personal security, and to “demystify” public transportation for seniors.

Increasing level of service: According to the TCRP report, increasing overall service levels is vital to meeting the mobility needs of a growing senior population. Some of the local service providers we interviewed said that the practices they implemented allowed them to improve their services

⁴⁸Low-floor buses are public transit vehicles designed to ensure that passengers can board the vehicle using one step relatively low to the ground or sidewalk. Most of the floor space within the vehicle will be at the level of the initial entry.

⁴⁹Ramps on low-floor buses are manufactured for deployment on level ground.

⁵⁰Lift-equipped vehicles are public transit or agency vehicles that incorporate retractable mechanical platforms that are capable of lifting individuals who need a means of access into the vehicle other than the use of stairs from the ground to the level of the floor of the vehicle. Such individuals may include people who use wheelchairs or have other mobility limitations.

by expanding service hours for life-sustaining trips (as much as their funding allows), accommodating all requests as they arise (even if that means temporarily modifying a route), and expanding services to include life-enhancing trips (e.g., field trips sponsored by senior centers and trips to a therapeutic warm-water pool program). For example, a MEOC official told us that the provider expanded its service from 8 hours to 12 hours per day on weekdays to provide transportation for life-sustaining trips (e.g., medical appointments), and that the agency plans to modify an existing route to provide service regardless of how little notice is given. MEOC's computer scheduling system enables dispatchers to radio the nearest driver and ask him or her to modify the current route to fit in an extra pick-up or drop-off. In another example, Gold Country Telecare, a nonprofit agency that provides accessible specialized transportation in rural northern California, learned through interviews with others in the local community involved in senior transportation that seniors were often isolated on weekends, when transportation services were rarely available for them. To address this need, the agency increased its service level by implementing an all-day Sunday transportation service for seniors to get to church or other activities, such as grocery shopping.

Improvements to Leverage Available Funds

Increasing volunteer involvement: According to the TCRP report and the Innovations Brochure, volunteer involvement may lead to cost savings in delivering transportation services to seniors by reducing the need for paid staff. The local service providers we interviewed used volunteers in a variety of ways. For example, Gold Country Telecare implemented a volunteer driving program under which volunteers are reimbursed for mileage expenses incurred in using their personal vehicles to transport seniors to medical and health treatment facilities located in a nearby urban center. According to a Gold Country Telecare official, this program allows seniors to participate in health therapies or medical services not found in their rural community. OATS, Inc., a transportation service provider in Missouri, uses volunteers who act as dispatchers, taking calls in their homes from people in the community who need trips. The volunteers transfer requests to the driver, who then schedules the trips. The use of volunteers allows OATS to provide more cost-effective and more frequent service by avoiding the administrative expense of having an office in each of the 87 counties it serves. Furthermore, according to an OATS official, the value of the volunteer hours (including the in-kind allowance for the use of

their personal telephones and space in their home) translates into approximately \$1.6 million in cost savings per year.⁵¹

Forging partnerships with private and public entities: The TCRP report suggests forging financial partnerships with public and private entities in the community to address funding concerns and to diversify funding sources. Several of the local service providers we interviewed developed private/public partnerships such as (1) contracts with private entities to engage in revenue-enhancing activities, such as using the service providers' vehicles to transport other groups when the vehicles were not being used for senior transportation or transporting seniors to specific locations, such as shopping sites, or (2) joint agreements with human service agencies to provide specialized services for clients who need additional assistance. For example, the Friendship Center contracts with private entities to provide shuttle services from employee parking to employment sites, from overflow parking lots to special event venues, to community churches on Sunday mornings, and other similar transportation services. According to center officials, these additional contracts for shuttle services bring in approximately \$140,000 in additional annual revenue, which is being used to provide additional senior transportation services and represents approximately 15 percent of the center's annual budget for senior transportation. Another local service provider that diversified its funding sources, Medical Motor Service, developed a partnership with a regional private supermarket to supplement its fund-raising efforts. Under this arrangement, Medical Motor Service receives approximately \$300,000 in annual funding from the supermarket to transport seniors to and from the grocery store. This sum represents 18 percent of the provider's annual senior transportation budget. As a result of this arrangement, seniors residing in 55 housing complexes have transportation for grocery shopping or for renewing medical prescriptions at any of the 14 supermarkets located in Monroe County. However, one trade-off in having an exclusive partnership with one grocery store chain is that, unlike seniors (and others) who can drive, seniors who rely on such a service do not have a choice of where to shop. In that regard, Special Transit, a local service provider in Boulder, Colorado, identified a need to diversify its funding sources to reduce dependence on any one source of funds, helping to ensure continuity of service for all of its clients, including seniors. To do so, it hired an outreach coordinator to identify other service providers in the community (such as senior day care programs, senior centers, and local

⁵¹We did not verify this information.

hospitals) that were interested in having Special Transit provide transportation services. In addition, the coordinator was tasked with identifying opportunities for generating private donations. Through its partnerships, Special Transit reduced its dependence on public funding (including federal and local government grants and matching funds) from more than 80 percent of its total revenue sources in the mid-1980s to approximately 65 percent in 2004. Presently, Special Transit's service contracts and private donations account for approximately 30 percent of its total revenues.

Summary of Practices and Funding Sources

Table 3 provides examples of some of the practices and federal funding sources used by the local service providers we interviewed.⁵²

Table 3: Practices Implemented and Funding Sources Associated with Selected Local Transportation Service Providers

Provider name and associated federal funding sources	Practices						Financial partnerships
	Technology	Coordination of services	Training and safety	Vehicle modification	Service delivery	Volunteer involvement	
Altoona Metro Transportation • Section 5307 • Section 5309			Driver sensitivity training program	Low-floor buses	Markets its services specifically to seniors	Senior companion volunteers promote "Bus-Buddy" program	
Friendship Center • CSBG • Section 5310 • Title III-B	Computerized mapping system to schedule same-day service	Coordinates with medical facility staff to schedule medical appointments for seniors		Lift-equipped vehicles	Customer-focused organization		Uses vehicles after hours to increase revenue through contracted services

⁵²See appendix III for additional information on the local service providers we interviewed, as well as information on some of the other service providers identified by the Beverly Foundation, Community Transportation Association of America, and TRCP report as having implemented practices to enhance senior mobility.

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Provider name and associated federal funding sources	Practices						
	Technology	Coordination of services	Training and safety	Vehicle modification	Service delivery	Volunteer involvement	Financial partnerships
Gold Country Telecare, Inc. • SCSEP • Section 5310 • Title III-B				Lift-equipped vehicles	Sunday transportation service and follow-up and preventive healthcare transportation services	Neighbor-to-neighbor volunteer driver program	
Medical Motor Service • Medicaid • Section 5310 • Title III-B		Coordinates with other nonprofit agencies to provide senior shopping buddies		Wheelchair-accessible vehicles	Provides door-to-door escort service		Contracts with regional grocery chain to transport seniors for grocery shopping
Mountain Empire Older Citizens, Inc. • Medicaid • SCSEP • Section 5310 • Section 5311 • Title III-B		Coordinates transit system that provides door-through-door, one-on-one services to special needs populations		Lift-equipped vehicles	Customer-friendly and flexible service to meet the needs of a multicounty rural community		
North County Lifeline • Section 5307 • Section 5310		Collaborates to establish a Web-based referral system to highlight transportation options for seniors and assist social service providers	Travel-Training Program teaches seniors how to use fixed-route transportation	Lift-equipped vehicles			
OATS, Inc. • CSBG • JARC • Rural Health • Section 5310 • Section 5311 • SSBG • Title III-B						Use volunteers to fulfill functions such as dispatching calls to drivers, fund-raising, and serving as liaisons to the community	

(Continued From Previous Page)

Provider name and associated federal funding sources	Practices						
	Technology	Coordination of services	Training and safety	Vehicle modification	Service delivery	Volunteer involvement	Financial partnerships
Special Transit • Medicaid • Section 5310 • Section 5311 • Title III-B			Easy Rider Program teaches seniors how to use fixed-route transportation	Vehicles have large, nontinted windows to alleviate seniors' safety concerns		"Friends and Family" mileage reimbursement program	
St. John's County Council on Aging • JARC • Medicaid • Section 5310 • Section 5311 • Title III-B		Coordinates services with local transit authority and taxicab services	Driver-training program that emphasizes safety and customer service	Vehicles are brightly decorated to attract senior ridership	Customer-focused organization		
Sweetwater Transportation Authority • CSBG • Medicaid • Section 5310 • Section 5311	Global Positioning Systems technology on vehicles to aid in accurate and automatic trip scheduling	Coordinates transportation software with city and county emergency response transportation systems					

Legend:

CSBG	Community Services Block Grant Programs
JARC	Job Access and Reverse Commute
Rural Health	Rural Health Care Services Outreach Program
SCSEP	Senior Community Service Employment Program
Section 5307	Urbanized Area Formula Program
Section 5309	Capital Investment Grants
Section 5310	Capital Assistance Program for Elderly Persons and Persons with Disabilities
Section 5311	Nonurbanized Area Formula Program
SSBG	Social Services Block Grants
Title III-B	Grants for Supportive Services and Senior Centers

Source: GAO analysis of interviews with local service providers and a review of the senior mobility literature.

Local Practices Have Enhanced the Senior-Friendliness and Cost-effectiveness of Services

The implementation of these practices contributed to the improvement of senior transportation services by making them more senior-friendly, according to the 10 local service providers we interviewed. In particular, these practices collectively addressed the five A's of senior-friendly transportation previously discussed—availability, accessibility, acceptability, affordability, and adaptability—as follows:

- The majority of service providers told us that they made transportation services readily *available* for seniors to get to needed medical locations.
- The 10 providers said that their services are tailored to ensure that seniors can *access* the vehicles: that is, pick-up locations are easy for seniors to walk to, one-on-one escort service is available to seniors who need special assistance, or lift equipment is installed in the vehicles.
- Several service providers stated that they use vehicles that are identifiable and visually pleasing to make sure their vehicles are *acceptable* to seniors.
- Most of the service providers also indicated that their services are *affordable* because they are free to seniors or minimal donations are requested at the time of service.
- More than half of the service providers said that their services are *adaptable* and flexible enough to accommodate the service requests and the mobility limitations some seniors may have.

In addition, the majority of the service providers we interviewed said that their organizations realized cost savings and increased the quality and quantity of service by implementing the practices. For example, as previously noted, the coordinated transportation service implemented by MEOC allowed lower per-unit costs, which also resulted in cost savings for all the agencies involved. According to a MEOC official, the cost savings allowed MEOC to increase the number of trips provided, increase the hours of operation, continue to afford dispatchers, hire more transportation managers, and provide adequate training for drivers—all of which translated into improvements in the quantity and quality of service to MEOC's clients.

Federal Programs Support the Implementation of Practices That Enhance Transportation-Disadvantaged Seniors' Mobility to Some Extent

According to the service providers we interviewed, the most common way in which federal programs support the implementation of practices that enhance transportation-disadvantaged seniors' mobility is by providing funding. As previously noted, the 10 providers we interviewed use funds from at least 1 of the 15 key federal programs in implementing practices that enhance transportation-disadvantaged seniors' mobility.⁵³ (See table 3 for the federal funding sources associated with each service provider.) We found that DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and HHS's Grants for Supportive Services and Senior Centers (Title III-B) and Medicaid Programs are the federal programs most often used by the 10 providers we interviewed, followed by DOT's Nonurbanized Area Formula Program (Section 5311) and HHS's Community Services Block Grant Programs.

According to some of the service providers, the federal programs had both a direct and an indirect role in providing technical assistance for the implementation of practices to enhance transportation-disadvantaged seniors' mobility. In some cases, federal programs provided direct technical assistance (by providing information on how to apply for program funding or how to implement the service or by providing contact information for other resources) through program representatives or through the program's Web site. Several providers stated that, as grantees, they obtained technical assistance from DOT's Intelligent Transportation Systems (ITS) program,⁵⁴ which assigned consultants to their organizations to provide assistance in selecting software and hardware and developing requests for proposals. One service provider further added that he found DOT's ITS program Web site to be useful in obtaining information on best practices and on other technology-related resources. Another service provider received technical assistance through both Federal Transit Administration representatives and the state's transit association on how to obtain funding through the Job Access and Reverse Commute Program. In

⁵³The service providers said that in addition to federal funds, they also use other government funding sources (e.g., from state, county, transit districts, and municipalities) to fully fund all the services provided.

⁵⁴DOT's ITS program offers technology-based systems intended to improve the safety, efficiency, and effectiveness of the surface transportation system. One objective of the ITS program is to promote the implementation of a technically integrated and coordinated transportation system across the country. The service provider in this example received ITS program funding to coordinate its transportation software with city and county emergency response transportation systems.

other cases, some providers stated that the federal government indirectly provided guidance or technical assistance. For example, guidance on implementing practices and marketing services to the senior community was provided through federally funded professional organizations, such as the Community Transportation Association of America and the National Academy of Sciences' Transportation Research Board.

Other service providers we interviewed told us that the federal programs did not provide assistance (other than funding) or guidance on implementing practices to enhance transportation-disadvantaged seniors' mobility, so they had to look to other state and regional transit agencies or other local transportation service providers to provide guidance or technical assistance. One service provider said that it researched and sought out other mobility management programs and travel-training programs to learn how to implement such programs, because this information was not available from federal or state agencies. Several providers told us that finding information on successful practices for enhancing transportation-disadvantaged seniors' mobility required considerable staff time and other resources, and that a centralized source—particularly a Web-based source—for such information would be useful. Many of the providers suggested that providing such a Web site would be an appropriate role for the federal government. AOA, the lead federal agency for coordinating programs for seniors and the dissemination of information relevant to seniors, has some transportation information available on its Web site, but there are some limitations to this information, as discussed in more detail in the section below on senior mobility obstacles and strategies.

Local Transportation Service Providers Continue to Face Difficulties in Implementing Practices That Enhance Transportation-Disadvantaged Seniors' Mobility

According to the local providers we interviewed, certain characteristics of federal programs can impede the implementation of practices that enhance transportation-disadvantaged seniors' mobility. Although federal programs provide financial support for practices that enhance senior mobility, an expert in senior mobility and several service providers stated that receiving federal funds entails burdensome reporting requirements. Often, the local service providers receive funding from several federal programs with different reporting requirements and therefore have to submit several different reports calling for different data. One provider stated that submitting all of the required documentation for DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and HHS' Grants for Supportive Services and Senior Centers (Title III-B) Program necessitated the dedication of 720 administrative hours each year

(equivalent to over \$10,000), costing the provider more in administrative costs than the actual funding received through the federal programs.⁵⁵ Another service provider we interviewed said it has designated about 1,690 administrative hours annually to complying with the reporting requirements of the Title III-B program, Medicaid, and DOT's Congestion Mitigation and Air Quality Improvement Program,⁵⁶ including doing such tasks as tracking the different data requested by each program, organizing documents, and following up on required information.⁵⁷ The provider noted that the 1,690 hours (equivalent to about \$60,000 in costs) represented a significant portion (14 percent) of the total federal program funding received under those programs.⁵⁸ Federal officials have told us that the Coordinating Council on Access and Mobility—a federal body, consisting of representatives from 10 federal agencies, including the Departments of Education, Labor, Health and Human Services, Transportation, and Veterans Affairs, that is charged with coordinating transportation services provided by federal programs and promoting the maximum feasible coordination at the state and local levels—is examining possible ways to streamline reporting requirements of the various federal programs that fund transportation for disadvantaged populations. Council officials said that a paper addressing this issue will be developed and presented in 2004 or early 2005.

Some of the local providers said that federal guidance on how to apply for funding and comply with reporting procedures is limited. For example, one service provider stated that it has not received technical guidance from DOT that explains the funding process for the Urbanized Area Formula

⁵⁵We did not verify this information.

⁵⁶The service provider told us that it uses Congestion Mitigation and Air Quality Improvement Program funds for a senior travel-training program, designed to reduce the amount of single-occupancy vehicle emissions by helping seniors use public transportation (fixed routes). The Congestion Mitigation and Air Quality Improvement Program, authorized by the Transportation Equity Act for the 21st Century, is designed to reduce motor vehicle air pollution. It is a flexible funding source for state and local governments for transportation projects and programs to help meet the requirements of the Clean Air Act. Eligible activities include transit improvements and travel demand management strategies, among others.

⁵⁷The service provider told us that this estimate includes the administrative (management and clerical) time spent on gathering, checking, and reporting data for federal programs. The estimate does not include time spent writing grants or any time spent directing, providing, or supporting the services funded by these programs. We did not verify this information.

⁵⁸We did not verify this information.

Program (Section 5307). Instead, the provider contacted other local nonprofit organizations to seek their technical assistance in understanding the funding process, but the funds were delayed in the meantime. The provider said that it contacted local DOT representatives but was unable to determine the cause of the delay in funds. As a result, the provider said that it had to convince its nonprofit board of directors to continue to provide services without the promised federal funds so that seniors would still have transportation services available.

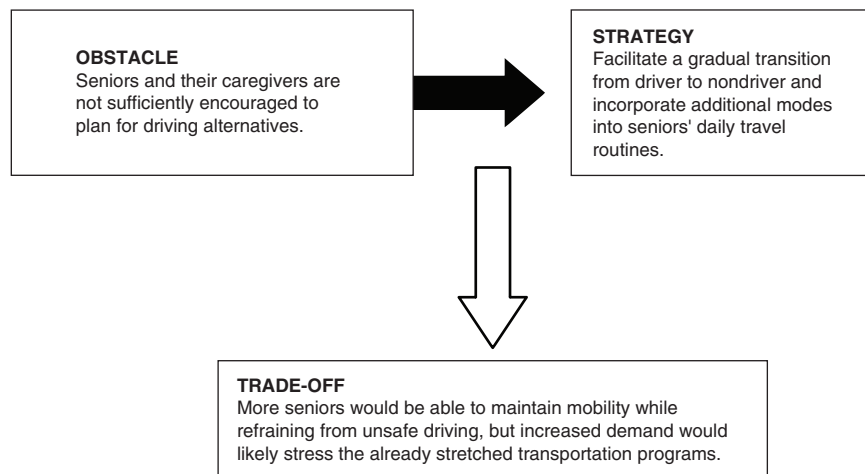
Lastly, several of the service providers perceive that program guidelines are rigid and lack flexibility, although the federal officials we contacted disagreed with the providers' interpretations. For example, one provider stated that the program guidelines for DOT's Nonurbanized Area Formula Program (Section 5311) are very rigid in that the funds may only be used for transportation for the general public. The service provider stated that the Section 5311 guidelines require it to track the type of passenger who requests demand-response service and the trip destination. If a senior requests transportation to a senior center or any other human service program destination, the service provider told us it must find another funding source (e.g., Title III-B) for that trip because Section 5311 funding is designated for general rural transportation services and not specialized services. However, a DOT official told us that rural transit providers receiving Section 5311 assistance may transport a senior to a senior center if the service is also made available to the general public.

Experts and Stakeholders Suggested Strategies for Overcoming Mobility Obstacles

Through a review of the literature and interviews with experts on senior transportation and aging, representatives of pertinent professional associations and advocacy groups, local officials, and transportation service providers, we identified several obstacles to addressing transportation-disadvantaged seniors' mobility needs and potential strategies that the federal government and other government levels, as appropriate, can consider taking to better address those needs and enhance the cost-effectiveness of the services delivered. We grouped these obstacles and strategies around three themes: (1) planning for alternatives to driving as seniors age to extend the lifespan of their mobility, (2) accommodating seniors' varied mobility needs, and (3) leveraging federal and other government funding to better use limited resources. The suggested strategies for addressing obstacles to senior mobility involve certain trade-offs, and these obstacles, strategies, and trade-offs are discussed in each of the following sections.

Helping Seniors Plan for Alternatives to Driving Could Increase the Lifespan of Their Mobility

Figure 5: First Set of Obstacles, Strategies, and Trade-Offs Associated with Meeting Transportation-Disadvantaged Seniors' Mobility Needs, as Identified by Experts and Stakeholders



Source: GAO.

Seniors who have relied on driving as their primary mode of transportation may experience a sharp decline in mobility if their driving becomes limited or ceases. In addition, some seniors may continue to drive even when it is no longer safe for them to do so because they do not have, or do not know about, alternative transportation options. In focus groups conducted by AARP, few participants indicated that they had ever thought about giving up driving in advance of doing so. Sixty percent of the seniors surveyed in another study thought they would get a ride from family members or friends when they could no longer drive themselves. Several experts have reported that seniors and their caregivers are not sufficiently encouraged—by federal and other government entities, family members and other caregivers, the medical profession, and others—to identify and use multiple transportation modes for their routine trips. As a consequence, seniors may perceive that driving is their only viable option, and they may become isolated or risk driving when it is unsafe for them to do so.

For the large number of seniors who routinely drive, experts and local service providers have suggested ways to facilitate a gradual transition from driver to nondriver and to incorporate additional transportation modes into seniors' daily travel. Advocacy groups, such as AARP, have found that seniors have a strong preference for driving as their primary mode of transportation, and the transition from driver to nondriver may be particularly challenging for seniors as they age. While some types of driver-screening programs are currently available in some communities,⁵⁹ the federal government could make them more widely and consistently available by supporting or encouraging state governments to implement such programs to help seniors and their caregivers assess their driving abilities. Seniors could also be offered—through new and existing programs—additional training, physical therapy, or adaptive equipment to address weaknesses identified in the screening (e.g., larger rear-view mirrors and pedal extenders can help seniors who have difficulty turning their heads or reaching the pedals). AOA officials told us that they have historically worked with AARP's Mature Driving Program, the American Automobile Association, and others to provide support to seniors in addressing their driving abilities, but that sustaining an effort in this area would likely require new funding. DOT's National Highway Traffic Safety Administration (NHTSA), in partnership with other federal agencies, the American Occupational Therapy Association, the American Society on Aging, and others, has begun promoting some programs to help seniors extend the lifespan of their mobility by making driving choices that maximize their personal and community safety and using transit before it is their only transportation option. For example, NHTSA is pilot testing a social marketing program to increase awareness of senior transportation challenges and options. In each of the test sites, community groups have surveyed people aged 65 and older regarding their perceptions about safer driving behaviors, other modes of transportation, and how easy or difficult it is for them to get around in their communities. The groups then publicized the survey results and initiated a community discussion about how to help people remain safely mobile and active as they age. According to a NHTSA official, a final report with a prioritized set of recommendations and a booklet containing materials tested by the community groups will be prepared later this year.

⁵⁹U.S. Department of Transportation, Transportation Research Board, *Transportation in an Aging Society: A Decade of Experience* (Washington, D.C.: 2004).

Experts, advocacy groups, and local officials have also suggested providing a continuum of services to accommodate different trip purposes and different levels of need. Such services could include safety programs for older drivers; ridesharing information; and public transportation and paratransit options,⁶⁰ including escorts and financial assistance. The federal government is currently developing ways to support informed driving choices and encourage state and local agencies to provide information on the alternative transportation options available to seniors who can no longer safely drive or are not comfortable driving in certain conditions, such as at night or in poor weather. For example, NHTSA (in conjunction with the American Society on Aging) has developed Web-based seminars to help seniors and their families make appropriate driving choices that maximize their personal and community safety. These seminars can also help communities maximize seniors' mobility options. In addition, the Easter Seals Caregiver Project (funded by the Federal Transit Administration and AOA) has developed a template for identifying all of the transportation options that are available to seniors in a typical community. The template is designed to help seniors and their caregivers know what services are available to them and to help service providers, caseworkers, and city and county planners assess transportation options and identify gaps in transportation services. Experts also suggested a publicity campaign to raise awareness about the importance of planning for seniors' future mobility needs, as well as training programs for seniors on how to access the transportation modes available in their communities.

Local service providers and an expert suggested that the Internet could be a valuable resource in disseminating information. For example, one local service provider collaborated to develop a Web-based database of transportation options for seniors in its service area, which reduced duplication in referral services and provided comprehensive and current information on transportation options to stakeholders and seniors. The service provider stated that the result was an interactive, user-friendly Web site that provided seniors with appropriate, individualized information on transportation and referral services and enabled social service organizations, healthcare agencies, community groups, and caregivers to locate information on transportation options. Such information could also be available in document format for those seniors and organizations that

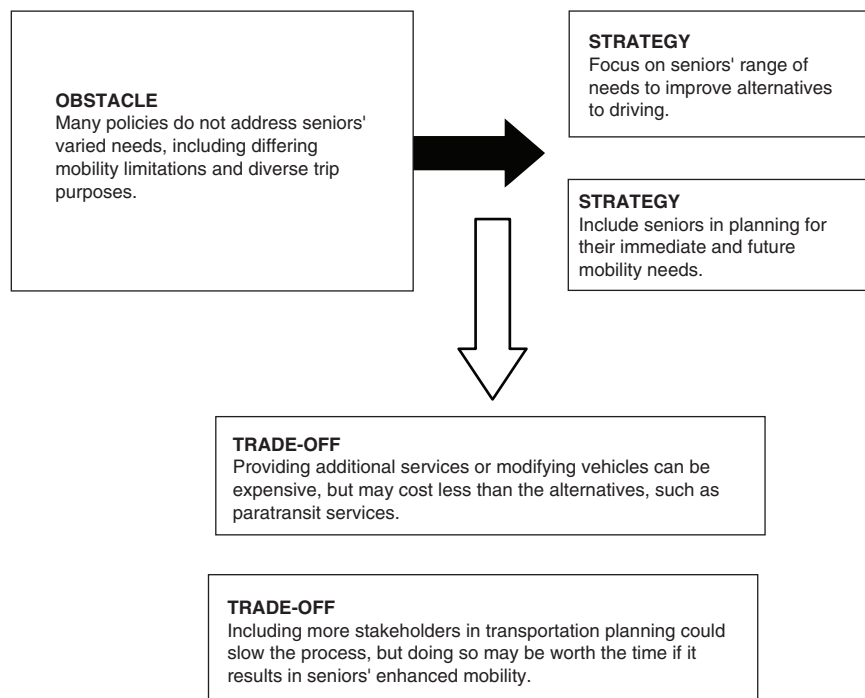
⁶⁰Paratransit often refers to wheelchair-accessible, demand-response van service. The ADA requires that transit operators provide accessible paratransit service for persons with disabilities that is comparable to their regular service.

prefer not to use the Internet or do not have access to it, although experts suggest that future generations of seniors will be progressively more familiar and comfortable with technology, especially as the “baby boomers” join the senior population.

The trade-off in encouraging driver-screening programs and publicizing alternative transportation options is that these strategies would increase their use. Such an increase would have both positive and negative results. According to experts and local aging officials, more demand would put additional pressure on already stretched transportation programs, but also would mean that more seniors are able to access the services available to them or are not driving when it is unsafe for them to do so.

Growing Senior Population Could Benefit from Policies That Accommodate Its Varied Needs

Figure 6: Second Set of Obstacles, Strategies, and Trade-Offs Associated with Meeting Transportation-Disadvantaged Seniors' Mobility Needs, as Identified by Experts and Stakeholders



Source: GAO.

The mobility needs of seniors vary, depending on differing mobility limitations they may experience and the reasons they may need transportation (such as for work, volunteer activities, medical appointments, and recreation). However, according to experts, advocacy groups, and local officials, traditional transportation services are not always designed to meet those varied needs of seniors, particularly transportation-disadvantaged seniors. The health and mobility limitations that prevent seniors (particularly seniors aged 85 and older) from driving may also present obstacles when they use public transit, paratransit,

taxicabs, and other transportation options.⁶¹ Many seniors also live in suburban and rural areas that are not easily served by traditional fixed-route transit. In addition, approximately half of the key federal programs for senior transportation fund services only for specific destinations, such as medical appointments (rather than for life-enhancing needs), which tend to occur during normal business hours. Life-enhancing trips are often needed on evenings (e.g., to a concert) or weekends (e.g., to religious services) when many paratransit and other specialized transportation services for seniors are not available. According to one professional association, the limited amount of funding provided through HHS's Title III-B program, which senior centers use to provide transportation, has meant that providers are often unable to provide life-enhancing trips and restrict service to only medically necessary trips. Finally, as indicated by the data previously discussed, most seniors prefer to travel in private automobiles, which offer greater comfort and flexibility than conventional vans and buses, but many federally funded services for transportation-disadvantaged seniors provide only bus or van travel. Experts suggested that if conventional vans and buses are modified to offer greater comfort and flexibility, they may appeal to seniors in much the same way as private automobiles.

According to federal officials and experts, many federally funded programs are intended for seniors who do not drive at all and need assistance all of the time. However, many seniors do not qualify for the federally funded transportation programs in their communities because they require transportation assistance only under certain circumstances, such as in bad weather or when a medical condition is aggravated. Experts, advocacy groups, and local officials proposed (1) improving conventional public transit services to better accommodate transportation-disadvantaged seniors' needs and (2) familiarizing seniors with transit options while their health is favorable so they feel more comfortable using transit as they age and require the adaptability that transit can provide. To accomplish this, several suggested that the federal government, or other government levels as appropriate, provide incentives for transit agencies to restructure routes to encompass areas where seniors travel or live and improve the safety and security of waiting areas and vehicles. Additionally, several proposed that

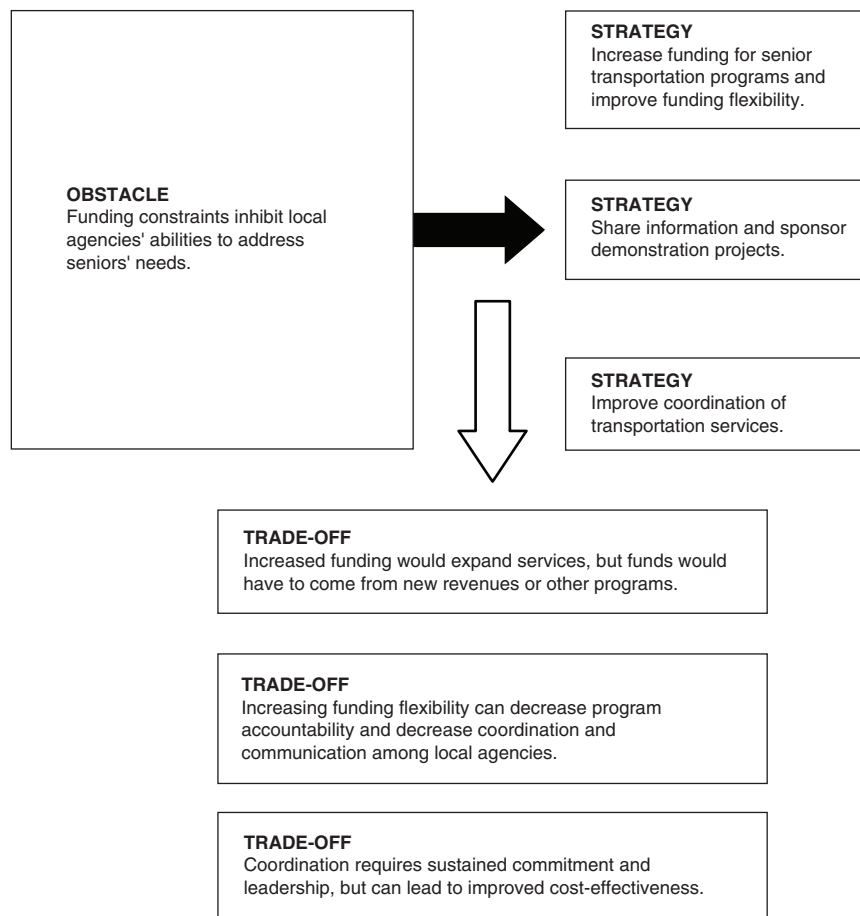
⁶¹However, to improve services for all citizens, including seniors, public transportation systems often provide special programs, such as a half-fare policy for seniors, low-floor or lift-equipped buses for anyone who requests this service, and ADA-complementary paratransit for those who are eligible.

government agencies encourage service providers to provide training for transit operators on how to better serve seniors, as well as training for seniors on how to use transit and the other transportation options available to them. Although such changes could be expensive, several experts countered that they might be less expensive than the alternatives (i.e., providing individual paratransit service or providing emergency medical care or nursing home care).

To accommodate both the immediate and long-term mobility needs of the aging population, experts and advocacy groups suggested that seniors' needs be considered in the transportation-planning process. They suggested that the federal government encourage or require metropolitan planning organizations (MPO) to evaluate the impact of transportation systems on seniors' mobility; include seniors when developing the transportation improvement plan (currently, interested parties are given opportunities to comment on transportation plans, but they are not necessarily included in the planning process); and consider the accessibility of transit facilities to pedestrians. For example, seniors could advocate for safe walking routes to transit stops and for the use of low-floor buses (which are accessible to both wheelchair users and people with other mobility impairments). Currently, AOA is working with the Community Transportation Association of America and the Federal Transit Administration to develop guidance for AAAs and MPOs on considering seniors' mobility needs in the transportation-planning process. Additionally, a local government official proposed that DOT should hold MPOs accountable by ensuring that senior mobility needs are considered in their transportation plans. One senior mobility expert acknowledged that including more groups in the planning process can slow that process down, but she said that it would be worth taking additional time if the planning ultimately results in enhanced mobility for seniors.

Resources Are Limited, but Strategies Exist to Leverage Them

Figure 7: Third Set of Obstacles, Strategies, and Trade-Offs Associated with Meeting Transportation-Disadvantaged Seniors' Mobility Needs, as Identified by Experts and Stakeholders



Source: GAO.

The conflict between meeting the mobility needs of transportation-disadvantaged seniors and addressing the financial burden of providing services to meet these needs was evident in the literature and interviews. Officials and experts reported that funding constraints inhibit local agencies' abilities to address transportation-disadvantaged seniors'

needs. Some suggested increasing funding for senior transportation programs and improving funding flexibility. Others said the government could facilitate the sharing of information between providers, sponsor demonstration projects, and improve the coordination of transportation services.

Increasing Funding and Using Volunteer Drivers

Experts, advocacy groups, and local providers suggested increasing funding for public transit and paratransit as well as for transportation services specifically designated for seniors, persons with disabilities, and rural areas. Additional funding for public transit and paratransit could enable the expansion or improvement of services to benefit both the general public and seniors who depend on those services. Experts and advocacy groups have reported that operators of paratransit demand-responsive, curbside services have been adhering more tightly to ADA eligibility criteria in the face of financial constraints, leading to a decrease in paratransit services for non-ADA-eligible seniors. One DOT official said that very few urban transit providers can provide specialized transportation to non-ADA-eligible seniors because of the high operating costs for ADA-complementary paratransit. An increase in federal funds would allow providers to expand their level of service; however, any funds for such programs would likely have to come either from new revenues or from other federal programs.

Federal and local officials and advocacy groups have also suggested the use of volunteer drivers to expand transportation options for transportation-disadvantaged seniors. However, local service providers report that finding insurance to cover community-based transportation or volunteer driver programs is difficult, and the cost of such insurance is rising. Several service providers told us that they had difficulty recruiting volunteer drivers because of liability issues, such as concern over being responsible for expenses that were beyond their personal insurance limits in the event of an accident. One provider overcame these liability concerns by obtaining insurance coverage through a nonprofit insurance organization that would provide liability coverage for volunteers to drive seniors to their medically related destinations. Several experts and advocacy groups suggested that the federal government could establish insurance pools for volunteer drivers or provide other incentives for volunteer programs.

Increasing Funding Flexibility

Local officials and advocacy groups have proposed allowing greater flexibility in the use of federal funds. According to several experts—as well as local providers and agencies on aging—federal programs tend to specify that their funds can be used only to provide transportation to and from that program’s services, making it difficult to make effective use of transportation resources and coordinate with other service providers. Additionally, some federal programs require transportation providers to seek two separate sources of funding—one for capital and one for operating costs—which can be burdensome, especially for small nonprofits, according to one national senior advocacy organization. For example, funds from DOT’s Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) generally cannot be used for operating costs, such as driver salaries, gas, insurance, and maintenance, and these costs can be considerable.⁶² With operating costs more burdensome than they have been in the past (i.e., higher prices for gas and liability insurance), a local provider and several advocacy groups have suggested allowing DOT’s Section 5310 funds to be used for operating expenses.⁶³ However, DOT officials cautioned that such a change could decrease coordination among local providers because the current need to seek operating funds from different sources results in increased communication among local agencies. Another trade-off is that increasing funding flexibility can decrease accountability because there is less assurance that the funds will be used for their intended population. However, another way that an official from a national transportation association and a local service provider suggested the federal government can increase flexibility is by allowing in-kind services, such as the use of volunteers, to count as part of the required state/local contribution for federal programs. Some federal programs, such as the Department of Education’s Independent Living Services for Older Individuals Who Are Blind program and HHS’s Title III-B program, currently allow this, while others do not. Several advocacy groups and experts also suggested encouraging or allowing federal funds to be used for vouchers for informal volunteer driver programs or taxicabs. (DOT’s Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and Nonurbanized Area Formula Program (Section 5311) funds can be used for vouchers, although one expert says they rarely are.) One study found that

⁶²According to DOT officials, Section 5310 funds can be used for operating expenses when an agency contracts for services.

⁶³A provision allowing this is in the House’s bill for reauthorization of surface transportation legislation (H.R. 3550), though not the Senate’s (S. 1072).

voucher programs were less expensive than the direct provision of transportation services. This strategy would also address the obstacle about policies that do not address transportation-disadvantaged seniors' mobility needs, previously discussed, because seniors could be transported in private automobiles rather than in buses or vans.

Sponsoring Demonstration Programs and Identifying Best Practices

According to experts, advocacy groups, and local officials, no coordinated senior transportation policy exists at the national level, so there is no federal funding stream for local demonstration projects, no lead agency or resource for information on best practices, and limited coordination among federal programs. In response, the experts and officials suggested that the federal government sponsor demonstration programs, perhaps through the Federal Transit Administration, or share information about innovative programs targeted to meet seniors' needs and use creative local partnerships. For example, AOA officials told us that they have an ongoing project to identify best practices in implementing each of the elements in the Framework for Action (a coordination self-assessment tool for states and communities),⁶⁴ such as identifying cost-sharing arrangements and determining technology needs for coordination of services for transportation-disadvantaged populations, including seniors. In addition, the Senate bill for reauthorization of surface transportation contains a provision creating a national technical assistance center for senior transportation to be run by a national nonprofit organization.⁶⁵ Among other activities, the technical assistance center would gather and distribute information on best practices in senior transportation, create a Web site and central clearinghouse for information on senior mobility, and award demonstration grants.

Providing an Information Clearinghouse

Experts, advocacy groups, and local officials said that the federal government could use its prominence and visibility to provide a central clearinghouse for information on successful practices to enhance senior mobility and improve the cost-effectiveness of services. They said that such a clearinghouse could serve as a national technical assistance center where local aging officials, service providers, and others can exchange effective

⁶⁴The Framework for Action was developed by the Departments of Health and Human Services, Labor, and Transportation as a tool for states and communities to identify areas of success and highlight the actions still needed to improve the coordination of human services transportation.

⁶⁵The House bill for reauthorization of surface transportation does not contain such a provision.

program models for senior transportation. They also suggested that the Internet could be a valuable tool in establishing a clearinghouse to store and share information, including information about successful practices and about efforts that federal agencies are taking to enhance senior mobility. For example, both the Beverly Foundation and the American Automobile Association's Foundation for Traffic Safety use their Web sites to distribute information related to programs of excellence and leading practices in providing transportation for seniors, but the audiences for these Web sites may not be as broad as for federal Web sites.

Although AOA's Web site contains transportation information, most of the information is for providers rather than for seniors. For service providers and other professionals, there is a transportation page containing links to other organizations' Web sites (such as the Beverly Foundation and the Community Transportation Association of America) for information on promising practices for improving senior transportation, research and data on senior transportation, and other topics. For seniors and their families, there is a senior transportation "fact sheet" containing some statistical information on senior demographics and travel patterns as well as information on AOA's ongoing coordination activities with the Federal Transit Administration. The site directs seniors and their caregivers to contact their local AAAs or AOA's Eldercare Locator Service for more information on transportation services available. However, our interviews with experts and local service providers suggest that people may not know about AOA's transportation information page or think of the AOA's Web site as a central forum for senior transportation-related information. Federal Transit Administration officials told us that the Coordinating Council on Access and Mobility is working to ensure that there is a "one-stop" federal Web site on programs, policies, and resources available to assist communities and states in implementing and enhancing human service transportation services for seniors, persons with disabilities, and lower income populations. The site would include links to specific federal programs addressing the needs of these specific populations.

Facilitating Coordination

Experts, advocacy groups, and local officials suggested facilitating the coordination of services at all levels of government. The federal government could encourage states to coordinate the transportation components of senior programs with other highway and public transit planning processes. For example, DOT's Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310) and Urbanized and Nonurbanized Area Formula Programs (Section 5307 and Section 5311) require that projects be the result of "maximum feasible

coordination” with other federally funded transportation services. The federal government could also encourage or require the creation of a central coordinated planning entity in metropolitan areas that would allow nonprofit organizations and government agencies to collaborate and maximize routes for senior vans and buses. As previously noted, experts have suggested that seniors should be represented in such transportation-planning bodies so that their mobility needs are considered in the decision-making process.

Although we found in the past that federal efforts to coordinate services for transportation-disadvantaged populations were limited,⁶⁶ we recently reported that the Coordinating Council on Access and Mobility had taken significant steps to improve coordination among federal agencies.⁶⁷ These steps included developing a tool to help states and communities assess their coordination efforts and providing information on best practices in coordinating medical transportation services. The council expanded its original membership—DOT and HHS—to include additional federal agencies, such as the Departments of Labor and Education, that administer significant programs for seniors.⁶⁸

The council used to have a work group—headed by AOA and the Federal Transit Administration—for coordinating senior mobility issues, but council members told us that the council has recently changed its approach, integrating the population-specific work groups (seniors, persons with disabilities, etc.) into cross-cutting groups that will address specific obstacles to coordination. For example, in our previous and current work, experts and advocacy groups suggested that legislating uniform cross-program reporting requirements could be a means to both facilitate coordination and make it easier for small local providers to access federal funds. As previously mentioned, the council’s work group will address the issue of simplifying federal grant reporting requirements and administration procedures and propose some potential solutions. Other work groups will address education and outreach for coordination,

⁶⁶GAO-03-697.

⁶⁷GAO, *Transportation-Disadvantaged Populations: Federal Agencies Are Taking Steps to Assist States and Local Agencies in Coordinating Transportation Services*, GAO-04-420R (Washington, D.C.: Feb. 24, 2004).

⁶⁸An executive order, issued in February 2004, expanded the membership of the council to include an additional six agencies (the Social Security Administration and the Departments of Agriculture, Housing and Urban Development, the Interior, Justice, and Veterans Affairs).

allocation of costs among coordinating agencies, coordinated planning of human service transportation, and other issues. In addition, the Departments of Education, Health and Human Services, Labor, and Transportation recently launched a five-part coordination initiative—“United We Ride”—that is designed to help states and communities overcome obstacles to coordination. This initiative is designed to provide financial incentives for coordination and establish an interagency forum for communication. As we have mentioned in previous reports, coordination at all levels of government requires sustained commitment and leadership but can result in improved services for seniors and others.

Conclusions

As the senior population doubles over the next 25 years, it will become increasingly important to target resources to the areas of greatest need and to know whether current methods and programs are working to reduce transportation-disadvantaged seniors’ unmet needs and improve their mobility and access to services. The 655 local area agencies on aging that are required to gather data to assess seniors’ needs for services could serve as valuable sources of information for federal agencies to use in program planning, evaluation, and resource allocation. However, without guidance from the Department of Health and Human Services’ Administration on Aging on assessing needs for services, including transportation, these local agencies are using a variety of methods—some less comprehensive than others—to assess seniors’ mobility needs. As a result, it is not possible to determine whether current programs are reducing unmet needs and improving transportation-disadvantaged seniors’ mobility and access to services. The Administration on Aging is now embarking on a comprehensive assessment of seniors’ needs for services that affords a good opportunity for the administration to help state and local agencies conduct and use the results of improved needs assessments.

The experiences of other federal agencies, such as the Department of Transportation, that have developed guidance for assessing or demonstrating needs for some of the programs they administer, such as the Job Access and Reverse Commute Program, could be useful in designing guidance for area agencies on aging to assess needs. The Coordinating Council on Access and Mobility is uniquely positioned to provide a forum for such a coordinated effort because all of the federal agencies that administer the key programs we identified are members, and many of these agencies are involved in the council’s efforts to improve mobility for all transportation-disadvantaged populations. As the agency designated by the

Older Americans Act as the lead for gathering information on seniors' needs for services, and as one of the original members of the council, the Administration on Aging is well-situated to lead a coordinated effort to design guidance for assessing seniors' needs.

Not having information on alternatives to driving is an obstacle to both seniors and service providers. Without such information, seniors do not plan for a time when they can no longer drive, and providers waste time and money "reinventing the wheel" and become frustrated with federal programs. Some federal efforts, such as the community awareness pilot project implemented by the Department of Transportation's National Highway Traffic Safety Administration, have already begun to address this obstacle, but the expected growth in the senior population will require broader efforts. As service providers and representatives from the advocacy groups and professional associations we interviewed said, an important role for the federal government would be to provide a central forum for comprehensive information on transportation services, perhaps through a centralized Web site that could enhance seniors' awareness of available services and improve providers' ability to serve them. Such a Web site would also be useful for publicizing activities the various federal agencies are undertaking to improve transportation-disadvantaged seniors' mobility. Although the Administration on Aging (the federal focal point and advocacy agency for seniors) has a Web site with information on transportation services, most of this information is aimed at service providers rather than at seniors or their caregivers. Furthermore, many of the service providers and representatives from advocacy groups and professional organizations we interviewed did not seem to be aware of the presence of such information on the administration's Web site. In addition, although seniors are increasingly comfortable using the Internet, there are still many who do not have access to, or are not at ease with, such technology.

Recommendations for Executive Action

To help enhance transportation-disadvantaged seniors' mobility by improving available information and guidance, we recommend that the Secretary of Health and Human Services direct the Administrator, Administration on Aging, to take the following four actions:

- To improve the value and consistency of information obtained from area agencies on aging on the extent to which transportation-disadvantaged seniors' mobility needs are being met, the Administrator should develop guidance for assessing such needs by doing the following:

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- Expand the scope of work in the administration's planned evaluation of the Grants for Supportive Services and Senior Centers (Title III-B) program to include gathering and analyzing information on (1) definitions and measures of need; (2) the range of methodologies that area agencies on aging use for assessing seniors' need for services, including transportation, and unmet needs; (3) leading practices identified in the needs assessments methodologies used by area agencies on aging; and (4) the kinds of guidance that area agencies on aging want from the administration and the states to help them perform their required needs assessments.
 - Use the results of the administration's evaluation of the Title III-B program, and input from the Coordinating Council on Access and Mobility of other federal agencies that fund transportation services for seniors, to develop and disseminate guidance to assist state and local agencies on (1) methods of assessing seniors' mobility needs and (2) the suggested or preferred method for collecting information on gaps in transportation services.
 - To help address the obstacles that seniors, their caregivers, and service providers face in locating information on available services and promising practices, the Administrator should do the following:
 - Take the lead in developing a plan—in consultation with members of the Coordinating Council on Access and Mobility—for publicizing the administration's Web site and Eldercare Locator Service as central forums for sharing information on senior transportation through workshops, annual meetings, and other outreach opportunities with seniors, their caregivers, and service providers. The plan should include steps for reaching out to seniors and providers who do not use or have access to the Internet to increase awareness of information available in hard copy or other format.
 - Work with members of the Coordinating Council on Access and Mobility to consolidate information about services provided through the participating agencies' programs and to establish links from their programs' Web sites to the administration's transportation Web site to help ensure that other agencies (such as local transit agencies) are aware of, and have access to, such information.

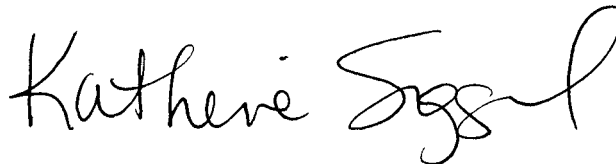
Agency Comments

We provided the Departments of Education, Health and Human Services, Labor, Transportation, and Veterans Affairs with draft copies of this report for their review and comment. The Departments of Health and Human Services, Transportation, and Veterans Affairs agreed with the findings and conclusions in the report. The Department of Transportation also provided technical clarifications, which were incorporated as appropriate. The Department of Health and Human Services provided written comments on the draft of this report, which are presented in appendix IV. The department concurred with our recommendations. The Departments of Education and Labor said that they did not have any comments on the draft.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after the date of this letter. At that time, we will send copies of this report to the appropriate congressional committees and to the Secretaries and other appropriate officials of the Departments of Education, Health and Human Services, Labor, Transportation, and Veterans Affairs. We will also make copies available to others upon request. In addition, the report will be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you have any questions about this report, please contact me at siggerudk@gao.gov or at (202) 512-2834. Additional GAO contacts and staff acknowledgments are listed in appendix V.

Sincerely yours,



Katherine Siggerud
Director, Physical Infrastructure Issues

Scope and Methodology

The scope of this report is limited to a review of the mobility needs of transportation-disadvantaged seniors, who we define 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. In addition, because federal, state, and local programs have different age ranges for seniors (e.g., aged 55 and over, aged 65 and over), we do not use the term “senior” in this report to mean any specific age. We obtained statistics presented in the introduction and background of this report about seniors and their mobility from an article published in the *American Journal of Public Health*, the 2000 Census, the Aging States Project, and the Eldercare Locator Service; because this information is included as background only, we did not assess its reliability.

To identify federal programs that address transportation-disadvantaged seniors’ mobility issues, we asked experts who had participated in a senior mobility forum we moderated in July 2003¹ to identify those federal programs that they consider key for providing transportation services to seniors who cannot drive or have limited their driving. We verified the resulting list of 15 programs with federal program officials. To assess the extent to which the 15 federal programs address each of the five A’s of senior-friendly transportation (as identified by the Beverly Foundation), we reviewed program legislation and guidance and interviewed federal officials and senior mobility experts. We also reviewed prior GAO reports on the coordination of transportation services for disadvantaged populations² and interviewed federal officials, senior mobility experts, and other stakeholders to identify additional ways in which the federal government addresses transportation-disadvantaged seniors’ mobility challenges.

To identify data that could tell us anything about the extent to which transportation-disadvantaged seniors’ needs are being met, we reviewed the literature on transportation, disability, and aging found in statistical

¹U.S. Senate Special Committee on Aging, “Forum: Keeping America’s Seniors Moving: Examining Ways to Improve Senior Transportation” (Washington, D.C.: July 21, 2003).

²GAO, *Transportation-Disadvantaged Populations: Federal Agencies Are Taking Steps to Assist States and Local Agencies in Coordinating Transportation Services*, [GAO-04-420R](#) (Washington, D.C.: Feb. 24, 2004), and *Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, [GAO-03-697](#) (Washington, D.C.: June 30, 2003).

databases and on agency, academic, and advocacy Web sites. In addition, we asked experts—including academics conducting research in the fields of aging, disability, and transportation; advocacy policy analysts knowledgeable about senior transportation; and federal officials responsible for senior transportation programs—to identify sources of data and relevant studies. We included in our review only nationwide surveys or focus groups (1) that were conducted in multiple states or types of communities, (2) that were conducted after 1995, (3) that had variables that analyzed transportation behavior of individuals aged 65 and older, and (4) that were reported in published or soon-to-be-published journals or reports. Also, we identified federal agency performance indicators and other data collected by federal agencies that have key transportation programs for seniors. For the performance indicators and data sources we identified, we assessed the extent to which they provided meaningful information about the extent to which seniors' mobility needs are being met. To assess the reliability of research publications, we reviewed the studies' overall designs and methodologies, including the selection processes for any participants, response rates, and measures used. A social science analyst at GAO was involved in each review of methodological soundness. Table 4 summarizes the limitations of the data sources we used in assessing the extent to which seniors' mobility needs were being met.

Table 4: Limitations of Data Sources Used

Data sources and descriptions	Limitations
Research and statistical publications	
Surveys	
<p>Bureau of Transportation Statistics, 2001 <i>National Household Travel Survey</i>. This is a nationwide telephone survey of approximately 60,000 individuals (including seniors) about travel behavior. It documents approximately 250,000 daily trips. Data were collected between March 2001 and March 2002.</p>	<p>Although the surveys provide some perspective on the extent of the problem, information is not available to determine how representative the responses are, and therefore we are relying on the surveys primarily to provide information about the nature of unmet needs. Limitations include the following:</p>
<p>AARP, <i>Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+</i>, 2002. This is a nationwide telephone survey of 2,422 individuals aged 50 and older, designed to obtain information on problems with transportation and overall satisfaction with transportation, among other things. Data were collected between October 1998 and January 1999.</p>	<ul style="list-style-type: none"> • By their nature, telephone surveys are likely to miss some individuals living in a community, including those who are oldest and have the most severe health problems and disabilities, two factors also related to mobility. For example, for AARP's <i>Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+</i>, AARP estimates that about 16 percent of persons aged 75+ were missed by the survey, and that those missed were more likely to have physical impairments and suffer from activity limitations than those in the 75+ population who were captured by the telephone survey. • For AARP's <i>Community Transportation Survey</i>, the response rate was not presented in the report. However, this survey relied on an omnibus survey—omnibus surveys typically lack a thematic structure and involve minimal callback procedures, which can suppress the response rate. For example, comparisons with prior research suggest that AARP's <i>Community Transportation Survey</i> may overestimate the mobility of the 75+ population. Also, those 85+ were underrepresented in this survey. • For the <i>National Household Travel Survey</i> and the AARP survey that was reported in <i>Understanding Senior Transportation</i>, the response rates were somewhat low (40 percent and 59 percent, respectively). Low response rate could result in nonresponse bias, depending on how the obtained responses were weighted to make the results representative of the populations aged 75 and older, particularly since some weighting factors are themselves correlated with mobility. • For the <i>National Household Travel Survey</i> and AARP's <i>Community Transportation Survey</i>, a complete list of the weighting factors was not available. • For the <i>National Household Travel Survey</i> and AARP's <i>Community Transportation Survey</i>, the methodologies used to calculate the estimates were not fully disclosed, nor were the standard errors reported for the estimates. Without this information, and without further information on the potential for nonresponse bias, we were unable to assess the reliability of the estimates. • For all three surveys, a full description of procedures used to estimate missing values for specific items was not available, so it is unclear whether results are representative. • In addition to possible nonresponse bias, the practical difficulties of conducting any survey may introduce other types of errors. For example, differences in how a particular question is interpreted can introduce unwanted variability into the survey results.
<p>AARP, <i>Community Transportation Survey</i>, 1997. This is a nationwide telephone survey of 710 individuals aged 75 and older, designed to provide a greater understanding of older persons' mobility, as measured by the number of trips they take. Data were collected between October and November 1996.</p>	

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Scope and Methodology

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Data sources and descriptions	Limitations
Focus groups	
<p>AARP, <i>Transportation and Older Persons: Perceptions and Preferences</i>, 2001. This report includes data from focus groups with 28 individuals and in-person interviews with 17 individuals aged 75 and older in urban and suburban communities in Massachusetts. Questions were designed to obtain information on the value and role of transportation, trip-making decisions, and transportation alternatives when customary transportation is unavailable. Data were collected in April 1997.</p> <p>Ecosometrics, Inc., prepared for the Coordinating Council on Access and Mobility, the Department of Health and Human Services, and the National Highway Traffic Safety Administration, <i>Mobility and Independence: Changes and Challenges for Older Drivers</i>, 1998. This report includes data from focus groups with 86 people aged 70 and older and was designed to better define the mobility consequences of reducing or stopping driving. Focus groups were conducted in Florida, Maine, and Maryland between August and December 1996.</p> <p>Transportation Research Board, <i>TCRP Report 82, Improving Public Transit Options for Older Persons, Volume I Handbook and Volume II: Final Report</i>, 2002. This report includes data from focus groups with 88 individuals aged 70 and older, from urban, suburban, and rural communities that have good transit services (New York City; a Maryland suburb of Washington, D.C.; a suburban area outside Akron, Ohio; and a rural county east of Cleveland, Ohio). Focus groups were designed to obtain information on mobility preferences.</p>	<p>Focus groups are adequate in providing qualitative data on the nature, but not the extent, of unmet needs. Limitations include the following:</p> <ul style="list-style-type: none"> • Focus groups are not statistically representative samples of their communities. Responses from focus groups cannot be used to generalize to the broader population of which they are a part. <ol style="list-style-type: none"> 1. For example, in <i>Transportation and Older Persons: Perceptions and Preferences</i>, the focus group respondents were from a single geographic area—that is, in-person interviews were conducted only among residents of the Boston metropolitan area, and the focus groups were only among residents of Boston and Framingham. 2. For <i>TCRP Report 82, Improving Public Transit Options for Older Persons, Volume I: Handbook and Volume II: Final Report</i>, the focus groups were conducted only in environments that were considered transit-friendly.
Expert perspectives	
<p>Interviews with experts and officials in the fields of aging, disability, and transportation research and policy.</p>	<p>Interviews are based largely on the experts' familiarity with these national data sources, which have known limitations, and on conversations with local officials, who may rely primarily on anecdotal data, personal experience, and testing of services.</p>

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Data sources and descriptions	Limitations
<p>Area agencies on aging</p> <p>Interviews with agency officials from 16 local area agencies on aging (AAA) that described obtaining information on transportation from seniors, caregivers, transportation providers, local aging network professionals, and senior center directors through focus groups, surveys, listening sessions, public forums, interviews, waiting lists, and population data.</p>	<p>We were unable to determine if the data were sufficiently reliable to assess the extent of unmet need, but determined that they were sufficiently reliable to describe the nature of unmet need. While several of the AAA officials we interviewed said that they felt fairly comfortable with the data they obtained through these methods, others acknowledged that the data were opinion-driven, anecdotal, and representative only of the seniors who contacted the AAA. As a result, the data tended to focus on concerns identified by clients, caregivers, or transportation providers, rather than on the consensus of all seniors in the community (including those who do not receive services from the AAA).</p>

Source: GAO.

Note: Data from the *National Household Travel Survey* were obtained from the Surface Transportation Policy Project, *Aging Americans: Stranded Without Options* (Washington, D.C.: April 2004).

To better understand the variety of methodologies that area agencies on aging (AAA) used to assess seniors' unmet mobility needs, the reliability of data collected using these methodologies, the barriers to quantifying unmet mobility needs, and the perspectives of local officials on the extent to which seniors' mobility needs are being met, we conducted semistructured interviews with officials from 15 of the 655 AAAs nationwide and 1 state unit on aging. To select the nonprobability sample of 15 AAAs that we interviewed, we asked the 42 state units on aging that have AAAs in their states (8 states—Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, and Wyoming—and the District of Columbia do not have AAAs and instead the state unit on aging is the single planning and service area under the Older Americans Act) to identify 1 urban, 1 rural, and 1 suburban AAA in their state, and for each, to identify the method by which the AAA collects data on seniors' unmet mobility needs. Of the 42 states that have AAAs, 30 responded to our request. From these responses, we selected AAAs to ensure geographic dispersion (West, South, Northeast, and Midwest); representation of AAAs with different population density (urban, rural, and suburban); representation of different data collection methods (survey, focus group, census, or other); representation of input from community stakeholders (service providers, caregivers, seniors, and professionals); and representation of states with higher-than-average and lower-than-average percentages of seniors in their population. In addition to selecting 3 AAAs from each of 4 states—1 in the West, 1 in the South, 1 in the Midwest, and 1 in the Northeast—we also selected 3 AAAs in New York State because it had recently completed an audit of transportation for seniors that included an evaluation of AAAs' procedures for conducting needs assessments. We also interviewed the

state unit on aging from 1 of the 8 states that do not have AAAs (South Dakota). Using a semistructured interview, we asked senior-level management and staff that had responsibilities for assessing seniors' unmet mobility needs at each of the AAAs (and 1 state unit on aging) to provide information on transportation services offered and restrictions to service; on their processes for collecting data on seniors' unmet mobility needs, including information about how they ensure the reliability of the data they collect and their methodology for reporting and maintaining the data; on their perspectives on the extent to which seniors' mobility needs are being met; and on the additional data that should be collected, if any. To assess the reliability of the data obtained from AAAs, we reviewed the data for obvious errors in accuracy and completeness and interviewed agency officials knowledgeable about the data. Specifically, we asked whether any tests were conducted to ensure that data were entered accurately and whether the quality of the collected data had been reviewed. In addition, we asked AAAs to identify limitations of the data and actions taken to correct any limitations. (See table 4 for information about limitations of the AAA data.)

To obtain the perspectives of experts on the extent to which needs are being met, possible barriers to determining the extent of unmet mobility needs, and their knowledge of any standards or benchmarks developed for assessing seniors' unmet mobility needs, we interviewed federal agency officials that have responsibilities for senior transportation programs in the Departments of Education, Health and Human Services, Labor, Transportation, and Veterans Affairs, as well as representatives from research organizations, advocacy organizations, and academic institutions in the fields of aging, disability, and transportation (see table 5). We asked these experts to identify potential sources for data and information on seniors' mobility needs as well as for their perspectives on the extent to which such needs are being met.

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Table 5: Academics, Advocacy Groups, Professional Associations, and Federal Agencies GAO Interviewed about Information on Seniors' Mobility Needs

Type of affiliation	Organization	Information provided	
		Data and information sources	Perspective on mobility needs
Academic/Research	University of Alabama, Birmingham	✓	✓
Academic/Research	University of Arizona	✓	✓
Academic/Research	University of California, San Francisco	✓	
Academic/Research	University of Florida	✓	
Academic/Research	University of Iowa	✓	✓
Academic/Research	University of Massachusetts, Boston	✓	
Academic/Research	University of North Dakota	✓	✓
Academic/Research	Westat	✓	✓
Advocacy	AARP	✓	✓
Advocacy	Beverly Foundation	✓	✓
Association	American Public Health Services Association	✓	
Association	American Society on Aging	✓	
Association	American Medical Association		✓
Association	American Occupational Therapy Association	✓	✓
Association	Community Transportation Association of America	✓	✓
Association	National Association for State Units on Aging		✓
Association	National Association of Area Agencies on Aging	✓	✓
Committee	Transportation Research Board, Committee on Accessible Transportation and Mobility	✓	
Committee	Transportation Research Board, Committee on the Safe Mobility of Older Persons	✓	✓
Federal government	Department of Education, Office of Special Education and Rehabilitative Services		✓
Federal government	Department of Health and Human Services, Administration on Aging	✓	✓
Federal government	Department of Health and Human Services, Administration for Children and Families		✓
Federal government	Department of Health and Human Services, Centers for Medicare and Medicaid Services		✓
Federal government	Department of Health and Human Services, Health Resources and Services Administration		✓

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Type of affiliation	Organization	Information provided	
		Data and information sources	Perspective on mobility needs
Federal government	Department of Labor, Employment and Training Administration		✓
Federal government	Department of Transportation, Bureau of Transportation Statistics	✓	✓
Federal government	Department of Transportation, Federal Transit Administration	✓	✓
Federal government	Department of Transportation, National Highway Traffic Safety Administration	✓	✓
Federal government	Department of Veterans Affairs, Veterans Health Administration		✓
Federal government	Federal Interagency Forum on Aging-Related Statistics	✓	
Federal government	National Center for Health Statistics	✓	
Federal government	National Institute on Aging	✓	✓

Source: GAO.

To identify practices that can enhance transportation-disadvantaged seniors' mobility and local service providers that have implemented such practices, we interviewed experts and federal officials and reviewed the literature on senior mobility. We then contacted these local service providers and requested further information about the practices they employed and the funding sources they used to implement the practices. To learn about the practices and their results, obstacles to implementing the practices, and the role of federal programs in supporting them, we conducted semistructured interviews with officials from 10 of the 29 local transportation service providers that responded to our initial request for information. These 10 providers represented a nonprobability sample, chosen to include a diversity of geographic areas (i.e., 5 were in urban areas and 5 were in nonurban areas, from different regions of the country); types of practices (such as use of technology and coordination); and federal funding sources (to get representation of as many of the 15 key federal programs as possible and to include both providers that used many federal funding sources and those that used only one or two). To determine the extent to which federal programs support practices that enhance transportation-disadvantaged seniors' mobility, we interviewed federal program officials, senior mobility experts, and local service providers and reviewed pertinent GAO reports.

To identify examples of obstacles to addressing transportation-disadvantaged seniors' mobility needs and strategies the federal government could consider taking to improve the ability of federal

programs to meet these seniors' mobility needs and enhance the cost-effectiveness of the services delivered, we reviewed literature on transportation, disability, and aging and interviewed experts, professional associations, and advocacy groups (see table 6). We also interviewed federal officials and officials from the 16 AAAs and 10 local transportation service providers previously mentioned. We organized the obstacles and strategies identified in the literature and through our interviews into three categories: planning for alternatives to driving as seniors age, accommodating seniors' varied mobility needs, and addressing federal and other governmental funding constraints. We presented the proposed strategies to federal program officials to obtain their comments on the potential trade-offs associated with implementing them. The trade-offs were included in the discussion on obstacles and suggested strategies.

Table 6: Academics, Advocacy Groups, and Professional Associations GAO Interviewed about Obstacles, Strategies, and Trade-offs in Addressing Transportation-Disadvantaged Seniors' Mobility Needs

Type of affiliation	Organization
Academic/Research	Mobility for Life
Academic/Research	Westat
Advocacy	AARP
Advocacy	Beverly Foundation
Advocacy	B'nai B'rith
Advocacy	Easter Seals
Advocacy	Gray Panthers
Advocacy	Independent Transportation Network
Advocacy	National Caucus and Center for Black Aged, Inc.
Advocacy	Surface Transportation Policy Project
Association	American Society on Aging
Association	American Medical Association
Association	American Occupational Therapy Association
Association	Community Transportation Association of America

Source: GAO.

We conducted our work from November 2003 through August 2004 in accordance with generally accepted government auditing standards.

Information on Transportation Provided by 16 Area Agencies on Aging

State/City/ Location	Type of service provided and destinations served	Service restrictions (age, day/hours, distance, number of trips)
Connecticut Southwestern Connecticut Agency on Aging (Urban)	<ul style="list-style-type: none"> • Curb-to-curb demand response and some escort service to senior centers, nutrition meal sites, shopping, and medical appointments 	<ul style="list-style-type: none"> • Aged 60 and older • Most are Monday through Friday, normal business hours; some providers may offer services on weekends • Majority of providers restrict service to within the geographical limits of the town they serve. Some may provide transportation to an adjacent town for medical appointments • Most providers restrict service to no more than two roundtrip rides per week; the number of rides a senior can receive is generally dependent on the number of requests received
Connecticut Western Connecticut Area Agency on Aging (Suburban)	<ul style="list-style-type: none"> • Escort, fixed-route, and demand-responsive transportation is provided to grocery stores, medical appointments, nursing homes for spousal visits, congregate meal sites, senior centers for general nonmeal activities, hospitals for spousal visits, and provider agencies (such as the Social Security Administration) 	<ul style="list-style-type: none"> • Aged 60 and older and adults with disabilities • Normal business hours on weekdays; most require 24-hour advance reservation notice • Transportation is provided only within the town in which the service provider operates • Generally, there are no restrictions on how often individuals can receive transportation service
Connecticut Senior Resources Agency (Rural)	<ul style="list-style-type: none"> • Fixed route, demand response, and escort for trips to nutrition sites, shopping, senior centers, medical/healthcare, libraries, beauty salons 	<ul style="list-style-type: none"> • Aged 60 and older • Generally Monday through Friday, 8 a.m. to 5 p.m.; often providers require at least 24-hour notice; some providers offer some limited weekend coverage but this is not publicized • Transportation provider will drop off rider at the border of a region - usually trips stay within the town • No restrictions on the number of trips allowed
New York Westchester County Office for the Aging (Urban)	<ul style="list-style-type: none"> • Curb-to-curb paratransit primarily for medical appointments • Escort to medical appointments • Shared rides for seniors volunteering; buses for group activities, such as going to museums, theatres, educational, or cultural activities; transportation also provided to nutrition centers, for work, health screenings, grocery and other types of shopping, and senior centers • Discounts for taxicab rides and fixed route • Registered driver program 	<ul style="list-style-type: none"> • Aged 60 and older • Must schedule most trips in advance; paratransit does not run on weekends or after 4 p.m. on weekdays; however, buses and vans do run on weekends and during evenings for special events • Most municipalities restrict service to within the boundaries of the municipalities • No restrictions on how often individuals can receive transportation service
New York Onondaga County Department for Aging and Youth (Suburban)	<ul style="list-style-type: none"> • Demand response, fixed route, and escort to senior centers for nutrition and socialization, to medical appointments, and to grocery stores, but not for recreation 	<ul style="list-style-type: none"> • Aged 60 and older • Most operate between 9 a.m. and 2 p.m. on weekdays; very limited service on weekends; required to request service 2 to 3 days in advance • No programs extend beyond the county line, except the call-a-bus • Limited to two roundtrip rides a month on the call-a-bus, but no restrictions on other programs

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Information on Transportation Provided by
16 Area Agencies on Aging

(Continued From Previous Page)

State/City/ Location	Type of service provided and destinations served	Service restrictions (age, day/hours, distance, number of trips)
New York Chemung County Office for the Aging (Rural)	<ul style="list-style-type: none"> • Demand response and escort for trips to medical appointments, congregate meals, senior centers, and public agencies 	<ul style="list-style-type: none"> • Aged 60 and older • No restrictions on time of day or day of week since AAA contracts with a taxicab service that operates 24 hours a day; usually requires 24-hour advance notification • Provider does not transport out of the county or state • No restrictions on how often individuals can receive transportation service
North Carolina Centralina Council of Governments (Urban)	<ul style="list-style-type: none"> • Fixed route, demand response, paratransit, and mass transit for trips to medical care facilities, congregate nutrition sites, senior centers, necessary grocery shopping, banking, bill paying, and other essential trips 	<ul style="list-style-type: none"> • Aged 60 and older; some disability requirements because of funding eligibility requirements • Restrictions on when service may be available, depending on distance; medical destinations are prioritized; may have to wait for trips other than medical • Services for fixed route and demand response have restrictions on distance—for the most part within county boundaries (except for some medical services) • No restriction on number of trips, although some counties may restrict if funding is short
North Carolina Upper Coastal Plain Council of Governments (Suburban)	<ul style="list-style-type: none"> • Fixed route for trips to congregate meal sites; adult day care centers; most counties to senior centers, farmers market once a month when in season • Demand response and bus system for trips for personal care needs, such as medical appointments and grocery stores 	<ul style="list-style-type: none"> • Aged 60 and older • Weekdays in the more rural counties; public transit is available on weekends and evenings; fixed route is restricted to business hours weekdays, except for special events • Funding may limit number of days service is available in rural areas • Some medical trips (e.g., for dialysis) take priority; no restrictions on how often individuals can receive service
North Carolina Southwestern Planning and Economic Development Commission (Rural)	<ul style="list-style-type: none"> • Demand response in rural areas, mostly for medical appointments • Fixed route in more densely populated areas for nutrition programs, shopping centers, community college, and places of employment 	<ul style="list-style-type: none"> • Aged 60 and older • Weekdays during normal business hours • Medical trips are first priority; currently, a service recipient can use up to 100 one-way trips per month for both demand-response and fixed-route services • Counties may set their own priorities due to funding limitations
Ohio Western Reserve Area Agency on Aging (Urban)	<ul style="list-style-type: none"> • Demand response for shopping, medical appointments, pharmacies, and senior centers; escort provided for frail seniors 	<ul style="list-style-type: none"> • Aged 60 and older • Most transportation is limited to 5 days per week, 8 a.m. to 5 p.m. • One county is more rural and limits transportation to three cities • Varies by county (senior centers cannot accommodate everyone due to limited funds); providers tend to prioritize trips (medical appointments/pharmacy and food shopping are higher priorities)
Ohio Central Ohio Area Agency on Aging (Suburban)	<ul style="list-style-type: none"> • Shared rides to senior center, shopping, and beauty parlor • Demand transportation for medical appointments and pharmacy 	<ul style="list-style-type: none"> • Aged 60 and older • Most do not provide weekend service; some do not provide service in evenings; and others require advance reservations for trips • Each provider determines its own service area • Most providers do not restrict the number of trips allowed

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Information on Transportation Provided by
16 Area Agencies on Aging

(Continued From Previous Page)

State/City/ Location	Type of service provided and destinations served	Service restrictions (age, day/hours, distance, number of trips)
Ohio Buckeye Hills-Hocking Valley Regional Development District (Rural)	<ul style="list-style-type: none"> • Demand response for congregate meals at senior centers, grocery stores if on the route the provider serves, in-county medical appointments, and social service agencies • Escort for medical appointments out of county 	<ul style="list-style-type: none"> • Aged 60 and older • Mostly restricted to Monday through Friday, 8:30 a.m. to 5 p.m.; must call 24 to 48 hours in advance • Most providers restrict service at least within the county • Number of trips depends only on scheduling and availability (most providers operate on a first-come, first-served basis)
South Dakota South Dakota Department of Social Services, Office of Adult Services and Aging (State unit on aging)	<ul style="list-style-type: none"> • Demand response and volunteer escorts for essential transportation to congregate meals, senior centers, grocery stores, medical appointments, pharmacies, and banking 	<ul style="list-style-type: none"> • Aged 65 and older • Weekdays; 6 to 8 hours a day and very limited service on weekends • For long-distance travel, the service provider would usually consolidate all the rides for that destination for a particular day • No restrictions on number of rides that an individual can receive
Utah Five County Government Association of Governments (Suburban)	<ul style="list-style-type: none"> • Demand-response services, shared rides, and fixed route in two counties supported through city for congregate meals, shopping, medical appointments, and some recreational activities • Emergency service using ambulances or other vehicles 	<ul style="list-style-type: none"> • Aged 60 and older • For medical appointments, must call in advance; shopping scheduled for specific days of the week, typically twice a week; and services on the weekends and evenings are not available • No restrictions on distance because most services are found within the county • First come, first served; not all can be served
Utah Bear River Association of Governments (Rural)	<ul style="list-style-type: none"> • Fixed route to senior centers • Assisted door to door for trips to doctor appointments, grocery stores, and recreational activities (funded by seniors) 	<ul style="list-style-type: none"> • Seniors and adults with disabilities • Generally weekdays; business hours only • Most providers offer transportation only within the county; outside metropolitan area, offered three times a week; and paratransit offered once per week in one county • No restrictions on how often, but individuals have to call in advance to reserve space
Utah Salt Lake County Aging Services (Urban)	<ul style="list-style-type: none"> • Demand response for life-sustaining activities, such as trips to the doctor, dentist, physical therapy, chemotherapy, visits to see loved ones in a hospital or healthcare facility, trips to the housing authority, and essential banking • Fixed route for less urgent activities, such as trips to the grocery store or senior center • No service for recreational activities 	<ul style="list-style-type: none"> • Aged 60 and older, must be residents of the county and have no other means of transportation • Generally weekdays, business hours; limited night and weekend service provided by volunteers • Within Salt Lake County only • Allows three roundtrip rides per individual per week

Source: GAO.

Note: The AAAs were designated as “urban,” “suburban,” and “rural” in responses we received from state units on aging and therefore may not conform to definitions provided in the U.S. Census or elsewhere.

Local Service Providers and Practices That Can Enhance Transportation-Disadvantaged Seniors' Mobility

Name of provider	Location	Contact information	Type of practice (as described by the providers and in the literature) ^a
ACCESS Transportation Systems	Pittsburg, PA	Karen Hoesch, Executive Director, (412) 562-5380, khoesch@accesstransys.com	Coordinates transportation service with “zero trip denial” policy and uses dedicated funding through state lottery program.
Altoona Metro Transportation	Altoona, PA	Tom Klevan, Director of Business Development, (814) 944-4074, tom.klevan@amtran.org	Provides fixed-route service using dedicated funding from the state lottery program, targets marketing efforts to increase senior ridership, offers a driver sensitivity training program, and uses senior volunteers to promote and teach seniors how to ride fixed-route service through the “bus-buddy” program.
Area IV Agency on Aging (College of Southern Idaho)	Twin Falls, ID	Jim Fields, Administrator, (208) 736-2122, jfields@rmci.net	Provides free rides for seniors throughout an eight-rural-county service area with a 48-hour call ahead using volunteers from the Retired Senior Volunteer Program. Provides senior volunteer companions for homebound seniors through Senior Companions Program.
Butler County Transit (Busy Wheels)	David City, NE	Judy Polacek, Program Administrator, (402) 367-6131, is31540@navix.net	Provides demand-response transportation service with volunteer drivers to transport seniors to medical appointments, grocery stores, pharmacies, senior centers, or other errands.
Capital Metro Transportation Authority	Austin, TX	Nancy Crowther, Specialist, (512) 389-7400, nancy.crowther@capmetro.org	Provides free fixed-route service to seniors. Also provides free transportation to groups of 20 or more seniors during off-peak hours (late evening or weekends) to destinations within the service area (e.g., Senior Games, Senior Proms, Senior Nursing Home Games, Retired Senior Service Volunteer Program luncheons, and AARP events).
City of Napa	Napa, CA	Adrian Cardoso, Transportation Planner, (707) 259-8635, acardoso@nctpa.net	Implemented a volunteer-based transit ambassador program that allows a volunteer, who knows the local transit systems, to assist and provide information to other passengers or people using public transit for the first time. The ambassador program is available to all passengers. However, seniors often take advantage of the program to learn how to ride fixed-route services in Napa, CA.

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Local Service Providers and Practices That
Can Enhance Transportation-Disadvantaged
Seniors' Mobility**

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Name of provider	Location	Contact information	Type of practice (as described by the providers and in the literature) ^a
Council on Aging and Human Services	Colfax, WA	Karl Johanson, Executive Director, (509) 397-4611, coadirector@stjohncable.com	Provides specialized coordinated transportation services for medically fragile, disabled, and elderly to locations such as medical offices, hospitals, and other key destinations. Coordinates transportation services with consumer advocates, social service agencies, government offices, and transportation providers to best meet their clients' needs. Secures transportation funding, takes telephone calls, schedules and assigns trips with subcontractors, provides rides, and reimburses providers.
Elder Services of Merrimack Valley	Merrimack Valley, MA	Rosanne DiStefano, Executive Director, (800) 892-0890, ro@esmv.org	Implemented a medical advocacy program that uses local volunteers to assist elders with medical transportation and advocacy. Program is targeted to all elders and spouses and to working and long-distance caregivers.
Enabling Transportation	Mesa, AZ	Marty Hadley, Coordinator, (480) 218-2221, martyforet@mindspring.com	Implemented a mileage reimbursement program through which seniors find volunteer drivers who use their private vehicles to transport seniors to medical appointments, grocery shopping, church, or other recreational activities. The program was modeled after the Transportation Reimbursement and Information Program, which is listed below.
Friendship Center	Conroe, TX	Gary Louie, Executive Director, (936) 756-5828, glouie@thefriendshipcenter.com	Coordinates with medical facility staff to schedule senior medical appointments to match with transportation availability and is involved in business enterprises with others in the community to generate additional program revenue. The implementation of a computerized mapping system to schedule same-day services is slated for the near future.
Gold Country Telecare, Inc.	Grass Valley, CA	Susan Healy-Harman, Development Director, (530) 272-9958, healy49@hotmail.com	Provides low- or no-cost transportation to low-income seniors and persons with disabilities located in rural communities to healthcare services, provides all-day Sunday service for seniors to go to church and other activities, and offers a volunteer driver program through which volunteers who use their own vehicles to transport seniors are reimbursed for mileage.
Great Falls Transit District	Great Falls, MT	Jim Helgeson, General Manager, (406) 727-0382, gm@gftransit.com	Implemented a travel-training program through which volunteers teach seniors how to use public transportation.

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Can Enhance Transportation-Disadvantaged
Seniors' Mobility**

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Name of provider	Location	Contact information	Type of practice (as described by the providers and in the literature) ^a
Independent Transportation Network	Westbrook, ME	Katherine Freund, Director, (207) 854-0505, kfreund@itninc.org	Offers a range of demand-responsive services (door-to-door, door-through-door, and hands-on assistance) to a broad spectrum of older riders using automobiles driven by both paid staff and volunteer drivers. Operates exclusively on a combination of fares and donations and does not depend on public subsidies. Customers (seniors) become “members” of Independent Transportation Network and prepay (through a variety of payment plans) into their own account in advance of travel.
Lauderhill Transportation Program	Lauderhill, FL	Kurt Blades, Transportation Coordinator, (954) 717-1525, kblaides@laudhill-fl.gov	Provides demand-response transportation services to seniors for grocery shopping, medical appointments, banking, daily nutrition, senior center activities, and other general travel trips.
Medical Motor Service	Monroe County, NY	William McDonald, Director, (585) 654-7030, w_mcdonald@medicalmotors.org	Provides transportation and brokerage services by coordinating with other nonprofit agencies. Services are customized to meet the needs of seniors, using wheelchair accessible vehicles and providing shuttle services to rural areas of the county. Contracts with a private, regional grocery chain to supplement its fund-raising efforts. The grocery store contributes to Medical Motors in exchange for Medical Motors transporting seniors to the grocery store.
Mountain Empire Older Citizens, Inc.	Big Stone Gap, VA	Dennis Horton, Deputy Director, (276) 523-4202, dhorton@meoc.org	Provides transit services to the general public and door-through-door, one-on-one services to special-needs populations in a multicounty region through a coordinated system that is also consumer friendly and flexible to meet the needs of the community.
North County Lifeline, Inc.	Vista, CA	Stacy Zwagers, Director of Transportation, (760) 726-3961, szwagers@nclifeline.org	Targets a travel-training program to the senior population to encourage seniors to use the public transit system by teaching (one-on-one or through groups) and showing seniors how to use the system. Helped establish the Strides Web site, designed as a distribution center for other public transportation service providers as well as a referral service for seniors to learn about transit services in the San Diego area.
OATS, Inc.	Columbia, MO	Linda Yaeger, Executive Director, (573) 443-4516, lyaeger@oatstransit.org	Provides transportation service for the general public, prioritizing its services on senior citizens and persons with disabilities within 87 rural counties in the state of Missouri. Uses volunteers to fulfill a number of functions, such as dispatching calls to drivers, fund-raising, and serving as liaisons to the community.

**Appendix III
Local Service Providers and Practices That
Can Enhance Transportation-Disadvantaged
Seniors' Mobility**

(Continued From Previous Page)

Name of provider	Location	Contact information	Type of practice (as described by the providers and in the literature)^a
Rensselaer County	Troy, NY	Mike Angley, Deputy Commissioner, (518) 270-2732, mangley@rensko.com	Provides flexible transportation services for trips to senior centers, shopping, banking, and medical appointments. Drivers use pagers for efficient pick-up service. Night and weekend trips are available.
Seniors' Resource Center	Denver, CO	Jane Yeager, Director, (303) 238-8151, jyeager@raging.org	Transports older adults and persons with disabilities to medical facilities, grocery stores, meal sites, and adult day centers and for other personal needs.
Shepherd's Center of America (Northland)	Kansas City, MO	Rebecca Gordon, Executive Director, (816) 452-4536, rgordscn@crn.org	Uses volunteers to provide door-through-door medical transportation services to seniors. Services are free to seniors.
Special Transit	Boulder, CO	Lenna Kottke, Executive Director, (303) 447-2848, lenna@specialtransit.org	Provides a variety of services, including demand-response, curb-to-curb transportation service offered to the general public; a circular shuttle route serving the entire community that is also senior friendly; a "family and friends" mileage reimbursement program; and a comprehensive, one-on-one training program developed to teach seniors how to use their community transit alternatives.
St. Johns County Council on Aging	St. Augustine, FL	Cathy Brown, Executive Director, (904) 823-4810, ckbrown@aug.com	Coordinates its services with local transit authority and taxicab services. Provides a driver-training program that emphasizes safety and customer service. Uses brightly-decorated vehicles to attract senior ridership.
Suburban Mobility Authority for Regional Transportation	Detroit, MI	Ron Ristau, Director of Service Development, (313) 223-2100, ristau@smartbus.org	Helps provide vehicles and funding to local communities in the service area. Local communities that receive the vehicles and funding design and operate services independently according to local needs.
Sweetwater Transportation Authority	Rock Springs, WY	Judy Wilkinson, Director, (307) 382-7827, starbus@fascination.com	Provides coordinated demand-response transportation services using computerized scheduling. The computerized scheduling software will allow accurate and on-time scheduling through the use of Global Positioning Systems technology that tracks the location of vehicles.
Transportation Options, Broward County Transit	Pompano Beach, FL	Ed Wisniewski, Paratransit Manager, (954) 357-8321, ewisniewski@broward.org	Provides senior transportation services 7 days a week and serves approximately 40 designated senior nutrition and social center sites. Also implemented a community bus program that circulates within a specific community to encompass shopping areas, senior residences, and senior day programs.

**Appendix III
Local Service Providers and Practices That
Can Enhance Transportation-Disadvantaged
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(Continued From Previous Page)

Name of provider	Location	Contact information	Type of practice (as described by the providers and in the literature) ^a
Transportation Reimbursement and Information Program	Riverside, CA	Richard Smith, Executive Director, (909) 697-4697, richard.smith@pe.net	Reimburses volunteer drivers to transport individuals where no transit service exists or when the individual is too frail to use other transportation.
Treasure Valley Transit	Canyon County, ID	Terri Lindenburg, Executive Administrator, (208) 465-6472, peggy@treasurevalleytransit.com	Operates a demand-response service for seniors who need transportation services to medical facilities. Also works with local senior centers to provide transportation services.
West Austin Caregivers	Austin, TX	Jeanie Teel, Executive Director, (512) 472-6339, wacaregivers@juno.com	Provides free transportation using volunteers, who use their private vehicles to transport seniors to medical appointments, shopping, and errands.

Source: GAO analysis of information obtained through interviews with service providers and reports by the Beverly Foundation, the Community Transportation Association of America, and the National Academy of Sciences' Transportation Research Board.

Note: This appendix includes only those service providers who responded to our request for information, and is therefore not a comprehensive list of providers identified by the Beverly Foundation, the Community Transportation Association of America, and the Transportation Research Board as having implemented practices that enhance transportation-disadvantaged seniors' mobility. For more information, see Beverly Foundation in partnership with the AAA Foundation for Traffic Safety, *Supplemental Transportation Programs for Seniors* (Pasadena, CA, and Washington, D.C.: June 2001) and *Supplemental Transportation Programs for Seniors: A Report on STPs in America* (Pasadena, CA, and Washington, D.C.: July 2004); Community Transportation Association of America, *Senior Transportation: Toolkit and Best Practices* (Washington, D.C.: May 2003); and U.S. Department of Transportation, Transit Cooperative Research Program, Transportation Research Board, *TCRP Report 82, Improving Public Transit Options for Older Persons, Volume I: Handbook and Volume II: Final Report* (Washington, D.C.: 2002).

^aThe practices listed above focus on efforts targeted to seniors and are not intended to represent a complete list of services provided by each local service provider.

Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

AUG 16 2004

Ms. Kate Siggerud
Director, Physical Infrastructure Issues
United States Government Accountability Office
Washington, D.C. 20548

Dear Ms. Siggerud:

Enclosed are the Department's comments on your draft report entitled, "Transportation-Disadvantaged Seniors – Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information" (GAO-04-971). The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dara Corrigan".

Dara Corrigan
Acting Principal Deputy Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for Government Accountability Office reports. OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

**COMMENTS AND RESPONSES ON THE GOVERNMENT ACCOUNTABILITY
OFFICE (GAO) DRAFT REPORT "TRANSPORTATION-DISADVANTAGED
SENIORS: EFFORTS TO ENHANCE SENIOR MOBILITY COULD BENEFIT
FROM ADDITIONAL GUIDANCE AND INFORMATION" (GAO-04-971)**

The Department of Health and Human Services (HHS) recognizes the critical link transportation plays in connecting older adults to vital services, to their friends/family and to essential daily activities. As identified in the GAO report, the majority of the supportive services for older persons funded through HHS are managed through the Administration on Aging (AoA) under the Older Americans Act (OAA). The OAA includes transportation as one of the community services that may be funded under the Act, depending on local needs and resources. In addition, AoA advocates across the Department on behalf of older adults, including on transportation issues.

Since 1986, HHS has worked with the Department of Transportation (DOT) to identify opportunities to improve the availability and quality of community transportation for all recipients of HHS-funded programs. As indicated in previous GAO reports, these efforts have met with some frustration and impatience in the transportation and human services fields. However, the commitment to address transportation issues as represented by a memorandum of understanding signed in 1986 by the Secretaries of HHS and DOT, served to highlight the issues and encourage communication through the original Coordinating Council on Access and Mobility (CCAM). A new CCAM will soon be initiated to include more Federal agencies.

Recently, Assistant Secretary on Aging Josefina G. Carbonell signed a new memorandum of understanding with the Federal Transit Administration (FTA) of DOT on January 9, 2003 that continues the focus on transportation issues. This memorandum of understanding (MOU) outlines activities in five areas: (1) public awareness and outreach; (2) data collection and promising practices, (3) technical assistance; (4) stakeholder input; and, (5) local and State transportation plan development. The overarching goal for the MOU is to improve the availability of local transportation service for older adults to keep elders active and aging in place in their communities.

The AoA/FTA MOU has helped to stimulate a significant amount of interagency work. Focusing on coordinating transportation planning and resources, the United We Ride (UWR) Initiative was originated by DOT, Departments of Education, Labor and HHS and now is managed under the auspices of the new Interagency Coordinating Council on Access and Mobility. The goals of UWR are to: (1) provide a benchmark for progress to States and communities; (2) promote a nationwide dialogue among States and communities; (3) recognize and encourage progress; (4) secure specific State commitments for continued progress; and (5) provide resources to help through funding and technical assistance. The UWR initiative was developed in response to the obstacles to coordination noted in a previous GAO report and highlighted during the Congressional hearing on May 1, 2003. Success in the UWR effort will no doubt result in improved

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Comments from the Department of Health
and Human Services

transportation services for all transportation disadvantaged individuals including older adults.

There are two new tools to assist States and communities to achieve improved mobility. Within the UWR Initiative, *A Framework for Action (FA)* has been developed; a self-assessment tool that States and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. The complete FA and facilitator's guide are available on the CCAM website at <http://www.fta.dot.gov/CCAM/www/index.html>. Additionally, in Chicago on May 11, 2004, Assistant Secretary Carbonell announced the "Options Template" developed by the Beverly Foundation (BF) and funded by AoA's National Family Caregiver Support Program, to help communities assess existing transportation options, gaps and needs. These are only a few of the technical assistance tools available to help communities to assess older adult transportation needs and develop plans to meet those needs. More information on these tools may be obtained through the Community Transportation Assistance Project (CTAP) funded by HHS. CTAP provides access to the Information Station at the Community Transportation Association at <http://www.ctaa.org>.

Effective community planning is essential to improving transportation services. The OAA requires a bottoms up grassroots planning process that gathers data at the community level through numerous forums including town halls, consumer surveys, focus groups and other senior outreach efforts. This planning process results in an aging services strategic plan for how each State will follow OAA guidelines and what programs they will implement. There is, by design, a lot of variation on the 'how' of this process in order to give each State and their commensurate area agencies on aging the freedom to choose the best methods to collect information and prioritize need. Many of these State plans explicitly mention transportation services and do formal needs analysis for older adult transportation services as part of this planning process. At this time, there is no prescription for how States or local area agencies on aging are required to do transportation planning.

AoA is currently in the process of outlining major outcome areas to study transportation coordination results as a part of a promising practices study funded by AoA due to be released in September 2004. In addition, AoA will soon announce an assisted transportation study for door through door transportation. Both studies seek to compile specific and practical information to help community service providers and area agencies on aging meet the critical need for older adult transportation. As mentioned previously, the CTAP project funded by HHS provides hands-on assistance to States and communities in the development and delivery of coordinated human service transportation programs for older adults persons with disabilities and in need children and families.

The President's February 2004 Executive Order for Human Service Transportation Coordination (EO), which includes services for older adults, has provided additional emphasis on developing planning processes and tools. HHS is actively participating in the implementation of the EO, serving on all six of the implementation workgroups.

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Among other efforts, AoA is reviewing planning processes and detailed transportation surveys from the area agencies on aging for a project funded by the Community Transportation Association of America and conducted by the National Association of Area Agencies on Aging.

HHS is appreciative of this GAO report “Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information.” The report provides a useful summary of major research and the major Federal programs to date providing funding for older adult transportation. This report reinforces AoA’s findings and focus to develop more detailed best practices and to disseminate planning guidance to communities for older adult transportation.

In addition, the obstacles to coordination of Federal programs, as noted in a prior GAO report, are extensive. More flexibility is needed for local communities to pool resources to meet their specific needs. HHS advocates the use of information technology, such as intelligent transportation systems. These systems create an integrative infrastructure for resource efficiency and a mechanism for agencies’ outcome reporting—so information required to continue to assess the efficacy of their specific programs is available.

HHS accepts the recommendations of this GAO report to enhance senior mobility through the proposed four actions. This reinforcement of our current direction and that of UWR, we hope will further encourage the inter-agency commitment for the President’s EO. Our strategy is to leverage the inter-agency efforts for collective strength and consistency for communities dealing with Federal agencies while at the same time staying true to the AoA mission to ensure older adults get the services they require. The suggested actions to increase focus on needs assessment technical assistance, best practices and education/outreach, underscore the importance these initiatives hold in creating bold systems change for both the human services and transportation areas.

GAO Recommendation #1:

Expand the scope of work in the Administration’s planned evaluation of the Title III-B program to include gathering and analyzing information on: (1) definitions and measures of need; (2) the range of methodologies that area agencies on aging use for assessing seniors’ need for services, including transportation, and unmet needs; (3) leading practices identified in the needs assessments methodologies used by area agencies on aging; and (4) the kinds of guidance that area agencies on aging want from the Administration and the States to help them perform their required needs assessments.

HHS Response:

AoA recently completed a statement of work for this project to evaluate the Title IIIB program. In further development of this project, AoA will explore ways to address the four above-mentioned points in contract discussions.

GAO Recommendation #2:

Use the results of the American's evaluation of the Title III-B program, and input from the Coordinating Council on Access and Mobility of other Federal agencies that fund transportation services for seniors, to develop and disseminate guidance to assist State and local agencies on: (1) methods of assessing seniors' mobility needs; and (2) the suggested or preferred method for collecting information on gaps in transportation services.

HHS Response:

AoA, working with the UWR effort along with other Federal agencies, is involved in these actions. AoA continues to promote the transportation template developed by the BF and Easter Seals to help communities assess existing transportation options, gaps and needs at the local level. Other tools are in process and, as they are available, will be disseminated. AoA will continue a collaborative and guidance based approach to States and communities in this regard to reinforce their unique needs, processes and assets.

GAO Recommendation #3:

Take the lead in developing a plan—in consultation with members of the Coordinating Council on Access and Mobility—for publicizing the Administration's Web site and Eldercare Locator Service as central forums for sharing information on senior transportation through workshops, annual meetings, and other outreach opportunities with seniors, their caregivers, and service providers. The plan should include steps for reaching out to seniors and providers who do not use or do not have access to the Internet to increase awareness of information available in hard copy or other format.

HHS Response:

HHS, and specifically AoA, agrees that continued access to information on transportation in numerous venues, web, print media, telephone-consolidated access, is important. It will be important to ensure that the AoA efforts are coordinated with the new CCAM website.

The President's EO emphasizes the types of coordinated effort that are encouraged by the GAO report. The EO calls on 10 Federal departments to work together to improve the coordination of transportation services for the human service disadvantaged population. HHS is very active on committees addressing education/outreach and consolidated access—including the Mobility for All Americans project. AoA recommends that any effort for education/outreach, both web and print, should integrate with the UWR activities to ensure States and local communities are not further confused by multiple efforts by multiple agencies to address the needs of one targeted group.

GAO Recommendation #4:

Work with members of the Coordinating Council on Access and Mobility to consolidate information about services provided through the participating agencies' programs and to establish links from their programs' Web sites to the Administration's transportation Web site to help ensure that other agencies (such as local transit agencies) are aware of, and have access to, such information.

HHS Response:

The creation of a consolidated transportation website, the UWR Education and Outreach workgroup has already discussed the development of a fully operational web site. A contract to discuss the strategy and conceptual approach for the development of this web site is imminent. As a member of UWR, HHS, including AoA, is actively participating in this consolidated effort.

In summary, HHS thanks GAO for this compelling, thorough effort and again applauds the recommendations. HHS, through AoA, is committed to providing technical assistance and information to the aging network to support their work in increasing understanding of older adult transportation needs. We look forward to working with the GAO as we continue to develop and implement projects for collecting and disseminating older adult transportation information. Better guidance and information for States and communities stand to enhance already existing programs, projects and initiatives.

GAO Contacts and Staff Acknowledgments

GAO Contacts

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Staff Acknowledgments

In addition to the individuals above, Bert Japikse, Jessica Lucas-Judy, Kristen Sullivan Massey, Sara Ann Moessbauer, Elizabeth Roberto, and Maria Romero made key contributions to this report.

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