

PROMOTING BROADER ACCESS TO PUBLIC TRANSPORTATION FOR AMERICA'S OLDER ADULTS AND PEOPLE WITH DISABILITIES

HEARING
BEFORE THE
SUBCOMMITTEE ON
HOUSING, TRANSPORTATION, AND COMMUNITY
DEVELOPMENT
OF THE
COMMITTEE ON
BANKING, HOUSING, AND URBAN AFFAIRS
UNITED STATES SENATE
ONE HUNDRED TWELFTH CONGRESS
FIRST SESSION
ON
EXAMINING BROADER ACCESS TO PUBLIC TRANSPORTATION FOR
AMERICA'S OLDER ADULTS AND PEOPLE WITH DISABILITIES

JUNE 29, 2011

Printed for the use of the Committee on Banking, Housing, and Urban Affairs



Available at: <http://www.fdsys.gov/>

U.S. GOVERNMENT PRINTING OFFICE

73-204 PDF

WASHINGTON : 2012

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2104 Mail: Stop IDCC, Washington, DC 20402-0001

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

TIM JOHNSON, South Dakota, *Chairman*

JACK REED, Rhode Island	RICHARD C. SHELBY, Alabama
CHARLES E. SCHUMER, New York	MIKE CRAPO, Idaho
ROBERT MENENDEZ, New Jersey	BOB CORKER, Tennessee
DANIEL K. AKAKA, Hawaii	JIM DEMINT, South Carolina
SHERROD BROWN, Ohio	DAVID VITTER, Louisiana
JON TESTER, Montana	MIKE JOHANNES, Nebraska
HERB KOHL, Wisconsin	PATRICK J. TOOMEY, Pennsylvania
MARK R. WARNER, Virginia	MARK KIRK, Illinois
JEFF MERKLEY, Oregon	JERRY MORAN, Kansas
MICHAEL F. BENNET, Colorado	ROGER F. WICKER, Mississippi
KAY HAGAN, North Carolina	

DWIGHT FETTIG, *Staff Director*

WILLIAM D. DUHNKE, *Republican Staff Director*

DAWN RATLIFF, *Chief Clerk*

BRETT HEWITT, *Hearing Clerk*

SHELVIN SIMMONS, *IT Director*

JIM CROWELL, *Editor*

SUBCOMMITTEE ON HOUSING, TRANSPORTATION, AND COMMUNITY DEVELOPMENT

ROBERT MENENDEZ, New Jersey, *Chairman*

JIM DEMINT, South Carolina, *Ranking Republican Member*

JACK REED, Rhode Island	MIKE CRAPO, Idaho
CHARLES E. SCHUMER, New York	BOB CORKER, Tennessee
DANIEL K. AKAKA, Hawaii	PATRICK J. TOOMEY, Pennsylvania
SHERROD BROWN, Ohio	MARK KIRK, Illinois
JON TESTER, Montana	JERRY MORAN, Kansas
HERB KOHL, Wisconsin	ROGER F. WICKER, Mississippi
JEFF MERKLEY, Oregon	
MICHAEL F. BENNET, Colorado	

HAL CONNOLLY, *Subcommittee Staff Director*

JEFF MURRAY, *Republican Subcommittee Staff Director*

C O N T E N T S

WEDNESDAY, JUNE 29, 2011

	Page
Opening statement of Chairman Menendez	1
WITNESSES	
W. Lee Hammond, President, American Association of Retired Persons	3
Prepared statement	23
James Corless, Director, Transportation for America	4
Prepared statement	27
Mary A. Leary, Assistant Vice President, Easter Seals Transportation Group ..	6
Prepared statement	31
Steve Fittante, Director, Middlesex County Area Transit	8
Prepared statement	40
Randal O'Toole, Senior Fellow, Cato Institute	10
Prepared statement	41
ADDITIONAL MATERIAL SUPPLIED FOR THE RECORD	
Statement submitted by Sandy Markwood, Chief Executive Officer, n4a	44

PROMOTING BROADER ACCESS TO PUBLIC TRANSPORTATION FOR AMERICA'S OLDER ADULTS AND PEOPLE WITH DISABILITIES

WEDNESDAY, JUNE 29, 2011

U.S. SENATE,
SUBCOMMITTEE ON HOUSING, TRANSPORTATION, AND
COMMUNITY DEVELOPMENT,
COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS,
Washington, DC.

The Subcommittee met at 2:01 p.m., in room SD-538, Dirksen Senate Office Building, Hon. Robert Menendez, Chairman of the Subcommittee, presiding.

OPENING STATEMENT OF CHAIRMAN ROBERT MENENDEZ

Chairman MENENDEZ. Good afternoon. I am the Chairman of the Senate Banking Subcommittee on Housing, Transportation, and Community Development. I want to call this hearing to order.

I want to welcome all of you to today's hearing on transportation for America's older adults and people with disabilities. Public transportation is a critical element of our transportation network, and recognition of its importance continues to rise. Today, with gas prices at nearly \$4 a gallon and oil companies reaping record profits, with the climate changing, with wealth disparity growing, and being on the verge of a population explosion in the number of Americans over the age of 65, transit is part of the solution for a number of interconnected challenges.

Public transportation brings mobility, access, and personal autonomy to millions of people across our country. It is a lifeline for those who have limited mobility, for those who cannot afford to own an automobile, and for those of us who cannot or prefer not to drive.

Transit creates good-paying, long-term jobs directly and helps create countless more by efficiently connecting workers with their place of employment.

As the oldest baby boomers turn 65 this year, a tidal wave of older Americans stand before us. Transit service is already stretched thin and is getting thinner, and this hits older Americans, people with disabilities, and those with low incomes or living on fixed incomes especially hard.

It also undermines any effort to anticipate and prepare for the increase in the number of senior riders looking increasingly to transit. Transit provides a lifeline to basic goods and services for people with limited mobility, particularly in rural communities that

may have particularly few transportation options. Not only will we have more older Americans, they will work longer, live longer lives than their parents; in some cases they will spend from a quarter to a third of their lives over the age of 65. For about one-third of these Americans, Social Security will constitute 90 percent or more of their income, especially for those who are not married. Those on fixed incomes will be particularly hit hard by the rising costs of health care, transportation costs, prescriptions, and groceries.

You can learn a lot about the culture of a society by the way it treats its elders and the most vulnerable members of our society. I am optimistic that, working together, reauthorization can be an opportunity to streamline program requirements, reduce operational burdens of specialized programs, and save transit providers money as well, as well as maximize the impact of each public dollar while broadening access to public transportation for America's older adults and people with disabilities.

So we look forward to our witnesses' sharing your insights and experience with the Committee today. Let me introduce them.

First we will hear from Lee Hammond, who is the president of AARP. Lee has directed AARP's board since 2002 and is deeply attuned to the broad variety of challenges that America's older Americans are facing. And Lee continuously sends mail to my mailbox at home trying to solicit me into his organization, and I am not relenting yet, Lee, but in any event, we welcome you here.

We will hear from James Corless, who directs Transportation for America. T4 recently released a new report that looks at aging trends for the baby-boomer generation, and Mr. Corless will talk with us about those findings today, and we appreciate you being here.

Dr. Mary Leary is with us. She is the assistant vice president of the Easter Seals Transportation Group and an expert on the needs, trends, and resources available to people who have disabilities. We welcome you.

From my home State of New Jersey, I am pleased to welcome Steve Fittante, who is the executive director of the Middlesex County Area Transit. He draws on extensive private and public sector experience to implement some innovative approaches for coordination and revenue generation in Middlesex County. It is good to have you here, Steve.

Finally, the Subcommittee will hear from Randal O'Toole, who is a senior fellow at the Cato Institute and is here at the invitation of our Ranking Member, Senator DeMint. Mr. O'Toole has spent much of his career promoting free market approaches for solving transportation challenges. He has been before the Committee before, and we appreciate you being here as well.

Let me invite our panel to deliver your oral testimony, around 5 minutes. Your full written testimony will be included in the record, without objection, and with that we will start with Mr. Hammond and work our way down the panel as I introduced you. Mr. Hammond.

**STATEMENT OF W. LEE HAMMOND, PRESIDENT, AMERICAN
ASSOCIATION OF RETIRED PERSONS**

Mr. HAMMOND. Good afternoon, Chairman Menendez, and we will keep trying. My name is Lee Hammond, and I serve as president of AARP. I appreciate the opportunity to testify before you this afternoon on a topic that is critical to millions of older Americans: how they will maintain their independence as they step away from the wheel of their car.

By 2030, nearly every fifth person in the United States will be age 65 or older. Our research indicates that nearly 90 percent of persons age 50 and above prefer to remain in their own homes as they age, and 95 percent prefer to remain in their own communities.

The World War II generation followed the interstate and attractive FHA home financing to the suburbs, where they raised their children, the first generation to grow up in this locale. The baby-boom generation is now aging in place and turning the suburbs gray. Over half of individuals 50-plus now live in the Nation's suburbs, resulting in a mobility mismatch between communities designed almost exclusively for the automobile and a growing population that does not drive.

Lack of transportation imposes serious personal costs for the 8 million seniors who do not drive. According to the 2001 National Household Travel Survey, nondrivers made 15 percent fewer trips to the doctor than those who drove, 59 percent fewer shopping and restaurant trips, and 65 percent fewer trips for social, family, and religious activities. These individuals are more likely to be women and ethnic minorities. Most have a medical condition that makes it hard to travel, and a third live alone. They also tend to have fewer economic resources.

Nondrivers are at risk of social isolation and depression. In the words of a suburban participant in an AARP focus group, "My world has been reduced to one square mile since I stopped driving." This is a particular concern in rural areas, home to one-fifth of seniors. Nearly one-quarter of rural persons age 65 and older do not drive. One study found that the nondrivers in their semirural sample of older adults were nearly four times as likely as drivers to end up in long-term care, not necessarily because they needed long-term care services but because they could no longer function independently without transportation.

Public transportation plays a vital role in addressing these problems and helping older adults maintain their independence and connections to their community. Seniors took over 1 billion trips on public transportation in 2009, an increase of 328 million trips since 2001.

I would like to mention a transit program that has a disproportionate share of older riders: the Section 5310 program for the elderly and persons with disabilities. While historically underfunded, the Section 5310 program has functioned well for over 30 years. It is the only Federal transportation program that was rated in a GAO report on transportation-disadvantaged seniors as achieving all five A's of senior-friendly transportation: available, accessible, affordable, acceptable, and adaptable.

AARP does not support merging 5310 with other programs. We urge that any proposal to do so carefully consider the impact on the population served from the perspectives of both quality and quantity of service. We also urge that any proposal build upon the proven success of the Section 5310 program, that funding for 5310 be increased, and that operating assistance be made eligible for funding.

Better coordination of human services programs can reduce potential duplication of services and create more efficient and effective services. AARP supports strengthening the requirement under current law that funding for Section 5310, JARC, and the New Freedom be derived from a locally developed human services coordination plan. We also seek a stronger role for older adults, persons with disabilities, and low-income individuals in the coordinated human services planning process.

As you move forward to authorize the Surface Transportation Program, we strongly urge you to increase investment in public transportation, including urban, rural, planning, and specialized programs. We also recommend greater emphasis on mobility management programs, incentives for local communities to develop innovative programs, authorization of the National Center on Senior Transportation, and inclusion of Complete Streets in the authorization bill.

Thank you for this opportunity to testify before you. I refer you to my statement for a full set of recommendations for authorization, and I welcome any questions you may have.

Chairman MENENDEZ. Thank you very much.

Mr. Corless.

**STATEMENT OF JAMES CORLESS, DIRECTOR,
TRANSPORTATION FOR AMERICA**

Mr. CORLESS. Chairman Menendez, thank you again for the opportunity to testify today. I am James Corless, director of the Transportation for America coalition. Our coalition consists of over 500 partners in 40 States, and we believe simply America needs a more robust transportation network that provides more choices, guarantees Americans the freedom to choose, to move however we choose, and that leads to a strong economy and greater economic security, a cleaner environment, and a healthier America for all of us.

Before I was director of T4, I served with the Metropolitan Transportation Commission, which is the largest regional transportation planning agency in Northern California, and there I oversaw development of our region's Coordinated Human Services Public Transportation Plan required under SAFETEA-LU, and guided the investment of a variety of Federal transportation funds intended to improve the mobility of seniors, low-income families, and people with disabilities.

As you referenced in your opening statement, we recently released a new report titled "Aging in Place, Stuck Without Options" that finds, alarmingly, that by 2015 more than 15 million Americans 65 and older will live in communities where public transportation service is poor or nonexistent. And that is a 35-percent increase over 2000. In communities like Atlanta, we are looking at

90 percent of seniors with poor or no access to public transportation by 2015.

Now, let me be clear. A majority of seniors will continue to meet most of their travel needs by driving. This is not an either/or proposition. But we do know there will be more seniors with the aging of the baby boomers. We do know they will live longer, and we do know that at some point they are going to need and rely on more transportation options.

A 2002 study published in the *American Journal of Public Health* found that men in their early 70s who stop driving need to access transportation options for an average of 6 years while women will need to access transportation options for an average of 10 years.

So what are the answers? There are as many ways to address the mobility needs of an aging population as there are communities, allowing seniors to age in place, as the vast majority will clearly want to do.

Now, I want to be clear. While we certainly believe the need to maintain and expand investment in traditional fixed-route public transportation to truly meet the mobility challenges of a booming senior population aging in suburban and rural areas is going to require some nontraditional approaches to providing mobility, particularly where the bulk of seniors currently live in suburbs and rural areas.

As this happens, we are seeing more and more small agencies pop up to meet these new challenges, providers like River Cities Transit in Pierre, South Dakota. Here is a small transit agency that started in 1998 with two vans and grew out of the human services side, coordinating rides between hospitals and social service agencies. But as the need grew, so, too, did the agency. River Cities now provides rides to assisted living facilities, every clinic in the region, and job shuttles to two major Native American reservations.

I will also note that in the recent flooding in South Dakota it was that agency and their vans that actually evacuated senior citizens out of the flooding.

The bottom line with this example in particular is that River Cities started as a specialized transportation provider for seniors. Now they serve the entire population. We think this is certainly what the future could look like if we have the vision and the leadership that we believe we need.

I want to touch on our recommendations and certainly put our weight and force behind the renewal and the reauthorization of the surface transportation bill in Congress. We have four basically key areas that we recommend Congress look at in this particular field: coordination, innovation, flexibility, and funding.

Number one, coordination. In the next authorization bill, Congress must provide funding and incentives for transit operators, nonprofit organizations, and local communities to continue to work toward better coordination, particularly through funding and prioritizing a one-stop shop approach known as mobility management.

Number two, innovation. I mentioned earlier the mobility options of the future are not going to look entirely like the mobility options

of the past if we are successful. Congress must do everything it can to incentivize bringing innovation to scale, leaning heavily on new technology, intelligent transportation solutions so the new generation of vans, shuttles, taxis are just a click away from your smartphone, particularly for providers in suburban and rural areas and small towns.

Number three, flexibility. We believe Congress must ensure that State departments of transportation retain their current authority under SAFETEA-LU to “flex” a portion of their highway funds for transit projects and programs. Without this authority, transit operators will be forced to cut service during times of high gas prices when taxpayers need low-cost, affordable transportation options the most.

And, number four, funding. The next authorization bill must increase dedicated funding for a variety of forms of public transportation, such as buses, trains, van pools, specialized transit, and ride sharing.

In conclusion, what is good for the senior population is also good for everybody. It is easy to talk in terms of investments in buses, vans, and shuttles because that is what we do in the transportation community, transit capital. But this issue requires us to take a step back and think in terms of investing in people, in human capital. We can debate what a more robust network of public transportation, van pools, and ride sharing will cost, but we should only do so with a fuller understanding of what it will cost us to have seniors give up their independence and their ability to age in place and to move into assisted or institutionalized care. We need to have this debate with our eyes wide open, understanding the tremendous demographic shifts that are underway in this country and understanding both the economic and the social implications of what is at risk.

Thank you again for the opportunity to testify. Transportation for America stands ready to continue to assist you and this Subcommittee as you move forward.

Chairman MENENDEZ. Thank you very much.

Dr. Leary.

**STATEMENT OF MARY A. LEARY, ASSISTANT VICE PRESIDENT,
EASTER SEALS TRANSPORTATION GROUP**

Ms. LEARY. Good afternoon, Chairman Menendez. Thank you for the honor of being able to share some perspectives from our experiences at the Easter Seals Transportation Group on the very important topic for today’s hearing. My remarks will focus upon the challenges we are seeing, the benefits of public transportation for the people we serve, and Easter Seals’ recommendations for priorities in the reauthorization of Federal Transit Administration programs.

These recommendations are based on community best practices. We manage and work with partners on FTA cooperative agreements that assist communities to increase mobility for older adults and people with disabilities. Our vision is embodied in what one young man with a disability told us: “I want to live a spontaneous life.”

Time and time again, the people that we serve echo this sentiment that access to transportation services is an essential lifeline.

Yet it is a pivotal time in human services transportation for the 54 million people with disabilities and the 38 million adults over 65 in the United States. Demand for mobility options for people with disabilities of all ages is increasing, especially as we have more people over 75 and 80 who often face later-in-life disabilities that impact their desire or ability to drive.

Yet economic conditions are challenging our Nation's transit providers' ability to meet this demand. For many people, public transportation helps them live, learn, work, and play in the community. We know that one of the many barriers to employment for people with disabilities is access to reliable, affordable, and accessible transportation. As an example, only 46 percent of people 21 to 64 living with disabilities are employed versus 84 percent for the same age group without disabilities.

Aging and chronic conditions are also affected by transportation access with implications for health and wellness. The Centers for Disease Control recommends that we all walk at least 22 minutes a day, and studies find that when universal design and neighborhood design support transit, people of all ages walk more. And people with disabilities and older adults may not be able to keep doctors' appointments without transportation options.

As our country last week celebrated the Olmstead decision, it reminded all of us of how far we have come with community-based services for people with disabilities. It also reminds us of the necessity to keep investing in these systems that form the underpinning of both formal and informal long-term services and supports. But gaps remain. We hear many stories from transit agencies about the challenge of providing life-saving services like dialysis. Our hotline is getting more and more calls from people with disabilities about public transit cuts that have the potential to risk their ability to live independently and autonomously in the community, as you noted. But gaps can be filled.

In one community where public transit had to cut routes, the mobility manager coordinated with a nonprofit service provider so that everyone who depended upon transportation could still get the rides they needed.

Family caregivers themselves often face health declines after years of supporting a loved one with a chronic condition. Specialized transportation provided by programs like 5310, the New Freedom Initiative, or the Older Americans Act to respite services and adult day health centers may give a family caregiver a much-needed break to rejuvenate.

This is not the time to further stress this incredibly important system or further reduce funding. So much good has been achieved in the last 20-plus years, and in our testimony we detailed a host of best practices across communities that are helping transit providers deliver needed services for people with disabilities and older adults. So based on those best practices, the Easter Seals has the following recommendations for priorities in the following reauthorization:

Number one, we must continue to invest in transit so everyone has access to transportation options.

Number two, nonprofit organizations must continue to have a role to coordinate and to help fill gaps.

Number three, everyone needs to be at the planning table, especially people with disabilities and older adult riders who will be impacted by decisions.

Four, mobility management should be widely expanded.

And, last, communities need continued technical assistance and education to ensure that they can build and enhance accessible transportation for their oldest citizens and citizens with disabilities.

We have submitted a number of community success stories in the written testimony that we hope will be useful for the Committee, but I would like to close with one of these stories from Arizona that highlights the ways they are building a robust, multimodal transportation system with significant input from their diverse stakeholders.

A local metropolitan planning organization created a Transportation Ambassadors Program where they bring together a broad-based coalition every quarter to build relationships, educate providers, and find ways to leverage the collective transportation resources in the community.

At a meeting with these ambassadors, one social worker discussed the difficulty in getting transportation for her service recipients living with mental disabilities so that everyone could problem-solve the issue. Their local city public transit provider, Valley Metro, showed us their state-of-the-art indoor mobility center where not only do they do ADA transportation eligibility assessments for people with disabilities, but they have a travel training office just a step or a stroll away. This approach to helping a person with a disability get the right mobility resources not only enhances their quality of life, it also enhances the operational efficiencies in the system.

On behalf of all the people we serve, thank you so very much for this really important opportunity, and I would be happy to answer any questions at any point.

Chairman MENENDEZ. Thank you very much, Dr. Leary.
Mr. Fittante.

STATEMENT OF STEVE FITTANTE, DIRECTOR, MIDDLESEX COUNTY AREA TRANSIT

Mr. FITTANTE. Mr. Chairman, I am here today to focus on the need for new transit operating models to efficiently address the mobility needs for the growing elderly population, people with disabilities, and economically disadvantaged persons, particularly in areas with limited public transportation.

Middlesex County, New Jersey, is a suburban county of 800,000 population and is blessed with some of the best interstate commuter transportation in the Nation. My agency, the Middlesex County Area Transit, operates an 80-vehicle fleet of accessible vehicles transporting over 500,000 annual passenger trips and whose mission is to serve the local transportation needs of persons without access to an automobile, including older persons, people with disabilities, and economically disadvantaged.

During the past two decades, urban and rural counties across the Nation have experienced rapid suburban population growth, and while we have seen the growth of commuter and urban transit op-

tions, local community transit growth in low-density areas has often lagged. In Middlesex County, over 150,000 new residents have been added since 1990. Not a single local New Jersey Transit fixed route bus has been added since 1990. The funding is just not there to meet non-mass transit levels of demand.

The challenge is how to efficiently address the growing mobility demands of these populations in the context of the overall transit network, growing trip demand, and limited financial resources.

Over the past 6 years, Middlesex County DOT has developed flexible fixed route bus services designed to serve both local destinations and to provide access to regional bus and rail services. These flex routes are supported by Federal and State categorical funding sources, targeting specific populations, but are also designed to serve all of these groups and the general public.

The result has been a doubling of the efficiency of the overall MCAT system while enabling persons without cars to have access to a broader span of days and hours of service. These benefits accrue not only to our targeted funding populations but also to the general public.

The power of affordable mobility is illustrated by a story about one of our passengers on one of our New Brunswick routes. A working mother of two young children, this individual would use an NJ Transit bus to access the NJ Transit NE Corridor rail service between New Brunswick and Princeton. But between the bus stop and the daycare center, located 2 miles away at the rail station, she had to take a taxi in the morning and evening costing her \$14 per day. When our flex route service began operating in 2007, she was able to replace the \$14 round trip taxi fare with a \$2 bus fare, saving her over \$200 per month. Can you imagine the kind of impact that this would have on a moderate-income household?

This same route serves dozens of senior citizens and people with disabilities, providing a range of access to services and employment opportunities as well as regional bus and rail.

While many community transit operators struggle with capital vehicle replacements, today the common denominator for most systems is the erosion of operating funds.

Recent State funding reductions not only impact the availability of operating funds for transportation, but many local grant applicants cannot provide the required match for Federal grants, particularly USDOT operating grants, including Job Access and Reverse Commute, New Freedom, and the Congestion Mitigation and Air Quality flex funding for transit.

In New Jersey, only 3 of 21 county coordinated systems applied for Federal operating funds under New Freedom and CMAQ in Federal fiscal year 2010. The barrier is the inability to come up with the 50-percent matching funds.

Many counties nationally who desperately need operating funds to meet increasing demands are facing the same issue, applying for capital and mobility management projects which require only a 20-percent match.

Beyond a crisis of funding facing community transit, there is a need for clearer regulation and coordination requirements.

Agencies are helping themselves by developing new sources of funding including advertising revenue, moving from donations to

mandatory fares, and enlisting corporate contributions. However, there is a need to provide incentives to encourage these community transit systems to better coordinate their services through feeder service to traditional bus and rail transit where appropriate.

There are three specific areas where I think Federal changes could assist community transit operators in meeting this mission:

First, strengthen requirements for coordination of service delivery between smaller community transit operators and large urban transportation authorities, including the use of funding to purchase transit tickets.

Second, consider a change in the Federal match requirement for FTA operating funds to create equity between capital, administration, and operating funding requirements, and looking at the CMAQ funding to extend the 3-year limit on the use of that for services that meet threshold requirements.

Third, require the Centers for Medicaid and Medicare Services to issue an opinion on whether antikickback legislation applies to the funding of local community transportation by kidney dialysis centers or does it qualify as a safe harbor.

As outlined today, the challenge of unprecedented growth in nonauto demand from these populations requires that we leverage the investment in our traditional transit systems by expanding the targeted services for these populations. A 30-percent reduction in Federal funding for these programs would eliminate the progress made in establishing more efficient systems that are positioned to address this growth in the future.

I thank you for the opportunity to raise these issues as you tackle the challenges of providing Federal support for mobility.

Chairman MENENDEZ. Thank you very much.

Mr. O'Toole.

STATEMENT OF RANDAL O'TOOLE, SENIOR FELLOW, CATO INSTITUTE

Mr. O'TOOLE. Thank you. As you noted, I testified here last year, and somehow I sensed I was not able to quite persuade everybody of my point of view. So I guess I am here to take another stab at it.

As I mentioned last year, I think our transit systems are broken. I think the breakage is so severe that they cannot be fixed just by throwing money at them. Over the past 40 years, we have thrown hundreds of billions of dollars at transit, public funds at transit, and yet per capita transit ridership in our urban areas today is no greater than it was in 1970. All that money has essentially produced nothing.

One of the reasons for that is that transit has thinned itself out. Instead of concentrating in the core areas where private transit was providing excellent service before it was taken over by the public about 40 years ago, instead of concentrating in those core areas, the FTA has been funding more and more transit to more and more suburban and rural areas and even has a target of funding transit in 75 percent of rural counties.

So we come to what I think is the crux of the issue here. Should transit come to the people or should people come to transit? The Transportation for America report says that people should be al-

lowed to age in place if they want to. Well, I am not so certain of that. Americans move a dozen times in their lifetimes. We move when we leave home and go to school or go to work. We move when our job changes. We move when we want to have our children go to a better school. We move all the time for all kinds of reasons, and at almost no stage of life does the Government step in and say, "You do not have to move this time. We will pay to subsidize your commute. We will pay to subsidize your children to go across town to the school you want them to go to."

And suddenly for seniors we are going to step in and say, "Yes, we are going to subsidize you so that you do not have to move." Why are seniors being singled out? I think that is going to be especially objectionable in the future when seniors are going to be taking so much of our national resources and the people who are working are going to be having to pay for it.

We have another problem. Seniors do not really depend on transit all that much. The average American rides transit for less than 1 percent of all their travel, and for seniors it is an even smaller percentage of their travel, about two-thirds of a percentage of all their travel.

Now, when seniors are no longer able to drive, then they become more dependent on transit, and they enter what we might call the disabled category. People who cannot drive are eligible for disabled transit services, what is sometimes called paratransit or demand-responsive transit. And, unfortunately, our transit agencies have picked very expensive means of providing transit for these people.

The average cost of demand-responsive transit is \$3.80 a passenger mile. That compares to 35 cent a vehicle mile for driving, and if you divide that by the number of people in the car, it is that much less per passenger mile. It compares with less than \$1 a passenger mile for ordinary transit.

The reason why disabled transit costs so much is because the transit agencies limit it to disabled riders. It is a door-to-door service, but there is such a small market of disabled riders that very few people are taking advantage of the service, so they are keeping a lot of vehicles on standby waiting for somebody to call up and pick them up.

If we can expand this service so that anybody could use it, it would be a lot cheaper. We know that is true. SuperShuttle and Coach USA and a number of other companies provide similar services for airports. They will pick you up at your door, at your hotel, wherever you are, take you to the airport, pick you up at the airport and take you to wherever you want to go, and the average cost is about or less than the cost of regular transit—in other words, about one-fourth of the cost that transit agencies are spending on disabled transit.

So if we could open up this paratransit to all riders, we could greatly reduce the cost. Why don't we do that? Basically the taxi lobby. We need to either buy out the taxi franchises or open up the taxi market so that shared-taxi service will be available to anyone. I think that means really a privatized service. I think a private operator will be able to do this for much cheaper than the public.

Today the Cato Institute is releasing a report on private inter-city buses that show that they are faster, more frequent, and less expensive than Amtrak in dozens of markets across the country.

Now, I just want to say one more thing. Last week the Nevada Legislature passed a law directing the State department of transportation to provide for driverless vehicles in the State of Nevada. Google has operated driverless cars over 140,000 miles in California on city streets and on highways. The only accident was when somebody rear-ended a vehicle at a stop light.

Last week Volkswagen announced that it would start selling a semi-driverless car, a car that will be able to drive itself on the highway but not on city streets, within the next year or two. Once driverless vehicles are available, we will not need to worry about special vehicles for disabled or senior citizens because it will not matter how old you are, how young you are, what your physical capabilities are, you will be able to get to where you are going in a driverless vehicle, and within 15 to 20 years, most of the vehicles on the road will be driverless.

Thank you.

Chairman MENENDEZ. Thank you. So there we have it, an array of views. Let me start off the questioning.

Mr. HAMMOND, skeptics think that seniors and people with disabilities do not use public transportation. As the president of AARP, which represents millions of older adults in the United States, do your members use public transportation?

Mr. HAMMOND. Yes, they do.

Chairman MENENDEZ. If you could put your microphone on, that would be helpful.

Mr. HAMMOND. Yes, sir, they do. Our own analysis shows that when we control for adults and seniors with no transit access, seniors ride public transportation on a per capita basis 80 percent as much as their nonsenior counterparts. And I can tell you in my own area, Shore Transit, which operates as a not-for-profit, without that service and without the funding that it receives from Federal, State, and local sources, many of our seniors would be in severe difficulty.

Chairman MENENDEZ. Do you believe that the private sector and nonprofits alone address the mobility of older Americans?

Mr. HAMMOND. I am sorry. Could you—

Chairman MENENDEZ. Do you believe that the private sector and nonprofits alone address the mobility of older Americans?

Mr. HAMMOND. No, sir, I do not. I think the Government has a responsibility there.

Chairman MENENDEZ. Mr. Corless, your report indicates that as we try to meet the transportation needs of seniors, we should be concentrating on expanding fixed-route service, such as bus or rail, rather than just expand paratransit service. Why do you think that is the best strategy?

Mr. CORLESS. Well, as my oral testimony reflected, we believe it has got to be a mix. I think, very importantly, though, fixed-route transit, where it makes sense, is some of the most cost-effective way to provide mobility. But we have a problem here about actually how do we provide mobility in low-density areas where both people are aging and, frankly, there is going to be even more mobil-

ity needs in the future, and I think that is where we have to get innovative. That is where we have to use technology and actually complement fixed-route service, a more robust network of fixed-route service.

Chairman MENENDEZ. So you made a point that I found interesting during the course of your oral presentation. You said, let us look at this also in terms of human capital, as well, not just the question of transportation capital. It seems to me when older adults face severe transportation constraints, that their only alternative very often is to be in federally supported group living arrangements. That outcome can not only lower one's standard of living but also can cost taxpayers more money. Is that not part of what we should be looking at in this balance and equation and determining what is the cost-benefit ratio here?

Mr. CORLESS. Absolutely. And to be clear, we wrote our report about aging in place because we believe the research all shows that is what the vast majority of American baby boomers and seniors want to do. It does not mean that everybody is going to do it. It does not mean we should not be providing more senior housing close in and providing more options for where people live. But it really is—it is going to take a variety of these kinds of approaches.

Chairman MENENDEZ. Dr. Leary, there is nearly a generation who does not know what it is to live in an America without the Americans With Disabilities Act, so if you could take a moment to describe a day in the life of a person with disabilities before the passage of the ADA and give the Committee a sense of how far we have come today and the most important priorities related to transportation in the context of that person's life.

Ms. LEARY. Well, in a day in the life of a person with a disability prior to the Americans with Disabilities Act, probably be underscored by what happened that helped to stimulate the Americans with Disabilities Act and transportation activities that actually created Easter Seals Project action, where people with disabilities could not utilize transportation and were chaining themselves to fences around public transportation arenas because of that, to try to increase the awareness. People with disabilities were in institutions. The Olmstead decision was critical in terms of ensuring that people with disabilities were not being forced in a restricted environment that they did not need to be in.

So, I mean, just imagine a world where people are living in institutions that do not need to be in institutions rather than living in the community. Think about people like Stephen Hawking and the many, many contributions that people with disabilities can now make in our country because we have a public transportation system.

Richard Devylder, who was the first ever senior adviser, was a Presidential appointee, first ever, in the Department of Transportation for accessible transportation, he has a fabulous video that is on the Web. I would say, Google Richard Devylder, and he shows you a day in his life today and it is a very autonomous life. It is a very independent life and there are tremendous capabilities here.

And so that is why, really, the top two things that we want to say is that tremendous gains have been made. As a matter of fact, when we look at the Livability and Sustainability Initiative, we

really think that the housing community has so much to learn from the transportation community, and the thousands of people from the transportation community, transit providers that we talk to, they are champions now for people with disabilities and work very closely with them in their communities.

So coordinating where all the stakeholders are at the table, public transit, nonprofit organizations, people with disabilities affected by the decisions, older adults affected by the decisions, I mean, that is what we really, really have to have. And great innovations are occurring all across our country. Americans are innovative, and it is amazing when we look at the best practices that are happening around the country because of this bridging between the public, the private, and the nonprofit community. It really, really does work.

Chairman MENENDEZ. Thank you.

Mr. Fittante, let me ask you, some suggest that the coordination administering the three separate programs, the elderly individuals and individuals with disabilities and New Freedom and Job Access and Reverse Commute formula, that it is difficult to administer the three separate programs while coordinating the services they offer. From your perspective in the field, what would you say?

Mr. FITTANTE. I think there are a lot of opportunities for being able to bring together the different populations that are served by these individual funding sources and to be able to integrate the use of those funding sources and, as Randal brought up, actually open these services to the general public. And certainly the principle of coordination that the Federal Government has operated under with a lot of our Federal funding sources has been as long as the individual population served by that categorical funding is not displaced, that those empty seats can be used to provide service to other people.

With the kind of demand that we are going to see over the next 20 years, I think it is incumbent on us to develop services that are going to extend the reach of traditional bus and rail transit and also agglomerate these different populations so that we are providing service to people traveling in the same direction at the same time.

Chairman MENENDEZ. Can that be done strictly by the private sector?

Mr. FITTANTE. I do not think it can be done strictly by the private sector. I think the private sector does have a role, and certainly organizations like mine are contracting with the private sector both in terms of shared ride taxi and bus service to use the private sector where their services geographically are appropriate to provide service.

Chairman MENENDEZ. Is not one of the challenges, is that when you have a private entity that is in contract for your specific purposes, that they pick the routes that offer the greatest profitability?

Mr. FITTANTE. Well, the term "cherry picking" does apply, but in many cases, that is not necessarily a bad thing if you are able to provide that service most efficiently with the private sector company in that particular service context.

Chairman MENENDEZ. Oh, absolutely, except for the fact that if you want a greater opportunity—if we only have routes that pro-

vide for the greatest profitability, that does not mean that everybody gets access.

Mr. FITTANTE. That is absolutely true.

Chairman MENENDEZ. I know that my colleague has got a hearing soon, so I will turn to Senator Merkley.

Senator MERKLEY. Thank you very much, Mr. Chair, and thank you all for testifying. It is very helpful in the context of the discussions we are having up here on how to address surface transportation, including metropolitan transit district strategies.

Certainly in my home State of Oregon, we do a lot of wrestling with what strategies will most affect pollution, most affect congestion, how that translates into lost work time, healthiness, happiness, pharmacy, and so on and so forth. Indeed, there is a tool sometimes referred to as strategic scenario-based planning where communities deliberately set out to establish, here are the things that are our goals, and those goals might be in the context of pollution, maximum use of the taxpayers' dollars, best use, congestion and safety and public health and so forth, and create a baseline of those standards and then run a series of scenarios through those to see kind of their impact, if you will.

And that type of strategic scenario-based planning has been used in cities across this country and almost always ends up saving money and also allows people to have a coherent, intelligent discussion. So one person says, let us add a lane of freeway, and somebody else says, let us do streetcars, and somebody else says we had better invest in the bridges, but at least you have something to weigh it against.

I just wanted to ask, and I think, Mr. Corless, you referred to the importance of planning in your testimony, are you familiar with that strategy? What do you think of the results so far? Is it something we should advocate for wider employment?

Mr. CORLESS. Senator, thank you. In my opening statement, I mentioned I was a former transportation planner who not only oversaw a coordinated human services-public transportation plan, but also participated in such a sort of a scenario-based strategic planning effort. I can tell you, right now, the way that we typically plan over the long term in transportation is we staple projects together. That is sort of the business as usual approach. That wastes money. It leads to lack of coordination between not only human services and public transportation, but transportation and housing and land use, and I think we need to take a page out of the private sector playbook and think, as you say, more strategically.

So, with quantitative performance measures, where do we want to be in 20 years? When places like this, the State of Utah, have undertaken this kind of approach, they have found not only do they get more synergy between their development patterns, jobs housing, transportation, but they save taxpayer money, they save infrastructure costs, and they actually get at, I think, one of the things perhaps we on this panel could all agree to, which is more housing opportunities provided by the private sector in places that actually have lower transportation costs.

Senator MERKLEY. Is anybody else familiar with that or would like to weigh in on this? Mr. Fittante.

Mr. FITTANTE. Yes. I think the human service-transportation planning process that has been set up for regional areas over the last seven to 8 years has given us opportunities to begin to set some standards for how we go about expanding transportation and also to go back and critically look at how we can make adjustments to the transportation services that are being provided and how they integrate with the overall network. And I think that sort of holistic approach to looking at how the transportation relates to the overall network, I think is one of the things that has come out of that planning process.

Senator MERKLEY. Yes, Mr. O'Toole.

Mr. O'TOOLE. I have spent the last 35 years of my life studying Government strategic planning—

Chairman MENENDEZ. Mr. O'Toole, if you would put your microphone on.

Mr. O'TOOLE. I thought I did, but I guess I turned it off. Sorry.

I spent the last 35 years of my life studying strategic planning by Government agencies and came to the reluctant conclusion that strategic planning does not work because planning does not change the incentives faced by the agencies and the constituency groups of those agencies. In order to actually have substantive change, you need to change those incentives. If you change the incentives and you get the incentives right, then you do not need the plan because people will do the right thing. That is, you do not need to have broad-range strategic planning. You still need, of course, to have mission-specific planning on exactly what you are doing, but not some kind of broad-based long-range plan.

So rather than focusing on strategic planning, I think we would be much better off focusing on figuring out what are the incentives that are leading to bad outcomes and how do we fix those incentives to produce the outcomes we think are the right ones.

Senator MERKLEY. You know, one of the interesting things about the discussion about this type of scenario planning is because it has created a discussion around what are the goals of the community. It has brought it into the public light, if you will, and enabled people with many different points of view to weigh in on what they think the objectives of the planning should be. That sort of transparency has sometimes worked in ways that I think might be compatible with what you are referring to, which is you are making reference to incentives that perhaps are within certain bureaucracies and so forth driving the process. But having a public discussion with kind of the goals laid out on the table, would that not help to some degree?

Mr. O'TOOLE. Well, as you know, I am from Oregon, too, and I have been watching with great despair as the city of Portland says, we do not have enough money to replace the Sellwood Bridge, even though it is the most heavily used two-lane bridge in Oregon. It has been shut down to buses and truck traffic for 10 years and is falling down. But we do have enough money to build a light rail line that costs five times as much as that bridge and that goes to a county that has voted against light rail every time it has been on the ballot and has adequate bus service today for a lot less expensive than light rail.

And that is the result of that kind of strategic planning that was hijacked by special interest groups that said, we are going to make a lot more profits if they build light rail than if they just rebuild a bridge that is fairly cheap to build and yet is much more vital and will carry a lot more people across that river than the light rail bridge they want to build instead. What, are they breaking ground next week on the light rail bridge? It is ridiculous.

I do not think you are going to agree with the point of view, but that is the point of view I see and that a lot of other people see in Portland. People have voted against light rail the last time it was on the ballot, and yet we see the city saying, oh, we have got this process. People want to have light rail. They do not. They do not want to spend the money and they do want to have that Sellwood Bridge replaced.

Senator MERKLEY. And we do appreciate your bringing your perspectives back time and again.

Mr. CORLESS. Thank you.

Senator MERKLEY. Thank you. Thank you for sharing that.

One of the strategies that I think more communities are taking a look at is bus rapid transit, and we have a community, Springfield/Eugene, that is looking at that as an alternative to light rail in terms of the infrastructure expenses and so forth. Do any of you have any insights on kind of how that fits into the spectrum? Mr. O'Toole.

Mr. O'TOOLE. Well, the Eugene bus rapid transit is interesting because they spent a lot of money building a special bus lane for it, but they built it so narrow that the buses cannot drive any faster than when they were driving in lanes with mixed traffic. And so the people who ride the bus do not save any time, but they also spent a lot of money buying million-dollar buses instead of their \$300,000 buses that they had been running before, and so it looks fast. It is streamlined. And it turns out, 80 percent of the riders think they are getting there faster than they were before just because it is a fancy-looking bus and it is not any faster, and the ridership went up 120 percent.

So what that says to me is that FTA Administrator Peter Rogoff's story, which is that paint is cheaper than trains, is really true. Just paint your buses a fancy color, run them and say they are fast—they do not even have to be any faster—and you will get a lot more ridership, and maybe that is the way to really improve transit cost effectively.

Senator MERKLEY. Dr. Leary.

Ms. LEARY. We have actually done a study on bus rapid transit and it is some perspectives to assisting people with disabilities, and BRT can be a very, very cost effective way to reduce congestion and get people to where they need to go faster through its methodology. So as long as it is structured so that people with disabilities also have access to it, it can be really very effective and a very fast way to implement a system that can add a lot of value in the community.

And I also wanted to just comment on your strategic planning perspective, because this whole planning concept, the plan itself is not the key. The planning is. And dynamic planning, after 18 years—I was in the private sector for 18 years. If you did not plan,

you could never get anywhere in terms of where you needed to be. And so one of the things I think that has been really interesting that has been done through legislation over a number of years is increasing outcomes and program evaluation and metrics and indicators in the Federal sector and the public sector so that we all better understand how to be able to show the results of our programs.

And I think there is a hidden jewel that public transportation has in the scenario planning perspective that we can learn from the public health community. The American Public Health Association today actually has someone who is looking at the intersection between health and transportation. Seventy-five percent of health care costs are for addressing chronic illness. We have to figure out a way in this country to help people stay healthier.

The hidden jewel is there is an ROI, return on investment, perspective around health and wellness and investments in public transportation that help keep everyone healthier, and it is a lot less expensive for somebody to stay in the community, and an older adult, if by the time you are 75 you can stay in your own home, you have a much higher potential of being able to live independently. If we take somebody who has mild dementia and move them out of their house into a place that they do not understand, their trajectory can be like this [indicating], whereas normally, trajectories with illnesses nowadays are more like this, this, this [indicating], as you go down.

So I think scenario planning as it relates to demographics, as it relates to each community's uniqueness, as it relates to the cross-functional benefits of these investments, I think can be really useful to giving people a much broader perspective about the value here instead of looking at it in a very narrow way.

Senator MERKLEY. Thank you all very much. I have to preside and I have to dash and I apologize, Mr. Chair, but thank you very much. This is very helpful.

Chairman MENENDEZ. Thank you, Senator Merkley.

I just have a couple of final questions and then we will let this panel leave.

Mr. Corless, the Ryan budget that passed the House calls for a 30 percent cut for surface transportation. What would it mean for senior transportation and transportation to the disabled if we were to cut by 30 percent?

Mr. CORLESS. Clearly, even with our most recent report, a cut of that magnitude would be devastating. Let us not forget, seniors took a billion transit trips in 2010. That actually went up by 55 percent from the beginning of the decade. And exactly, as I was saying earlier, the wrong direction to head, not that we can do fixed-route transit everywhere, but we need to invest more and we need to overlay that with a much smarter, more mobile network in some of the suburban communities.

Chairman MENENDEZ. Dr. Leary, I want to follow on, I think, a bit to what you were responding to Senator Merkley. When assessing the success of a program that is targeted to serve people with disabilities, what should we use as a measure of success? There is a lot of talk about performance measures to ensure sufficiency and accountability in the delivery of services. What kind of transportation measures would be appropriate for tracking the success of

programs designed to serve people with disabilities? And maybe, Mr. Fittante, you might have some views on that, as well.

Ms. LEARY. Well, I would say there would be two, one that would directly relate to people with disabilities and one that would primarily relate to the public transportation system. One of the really big gains that has resulted from 20-plus years since the Americans with Disabilities Act is the accessibility of the fixed-route systems and public transit. That is a significant savings for public transit and it is a significant benefit for a person with a disability, because what you do not want to do—most of us wake up in the morning, we usually know where we are going to go, but even if we do not, we get in our cars and we drive there.

If you are a person with a disability, you have to be able to navigate across all these different multimodal systems that may or may not be connected. There may not be a way to do easy trip planning. And if you go county to county, it is very difficult. If we can fix things like that and make it easier for people with disabilities to get around, the number one indicator is that indicator for jobs. I mean, the jobs indicator is half of what it should be. We have a tremendous inequity in not being able to provide ways that talented people with disabilities could contribute to the businesses in their communities. So that is one way.

And then the fixed-route differences, and to what extent is a public transportation program accessible? To what extent can a person with a disability avoid having to use the special bus, because they do not want to use that cutaway any more than people want them to use it. They want to use a standard bus. And an older adult does not want to get on that cutaway bus, either. That older adult wants to be able to get on the system.

The biggest barrier we sometimes have are caregivers, or if it is a youth with a disability, parents worrying about their ability to migrate the system. But in New York City, I had a chance to go to the 50th anniversary of a travel training program where youth with disabilities and parents talked about how excited they were to see—and even the fear that engendered in having the idea of their son or daughter out in New York by themselves, but then the tremendous feeling that they got when they could go by themselves and go to a job or they could live on their own.

So there are just so many gains that we can make. So employment, and then also reduced cost by ensuring a higher accessibility within the public transportation system themselves might be a good one. The one that we would not want to use is quality of life, because that is kind of a dangerous indicator. The disability community finds it a little suspect to use those terms, so we try to stay away from it as an indicator, but we still do like to talk about it, particularly as it relates to older adults.

Mr. FITTANTE. Mr. Chairman, I think one of the things that we found in working with individuals with disabilities in using our services is that, as Mary alluded to, many individuals would like to be able to use regular route services, whether they be bus or rail, because of the frequency of service and the availability of choice. And I think in many cases, while our complementary paratransit services since the inception of ADA have afforded a lot of opportunity for being able to have new mobility options, I think

they also tend to limit people's choices and there is, I think, some opportunity here for better integration between services that are provided from the curb or the door to integrate with the fixed-route transportation system. And I think that is something that we really need to focus on more.

Our system, for instance, actually purchases bus and rail tickets where it is most appropriate, so that if an individual is travel trained and is able to use the fixed-route bus and rail network, we provide feeder service to that bus or rail service and then provide them a lower-cost service. So I do not think effectiveness and efficiency need to be mutually exclusive.

Chairman MENENDEZ. Very good. Mr. O'Toole, I read your written testimony and you cite your parents as an example of spouses caring for one another when one spouse loses the ability to drive, and I think that is an example that many, many families would share experiences with and would emulate.

But what if a senior does not have a family member to rely on, or the resources to take a taxi, or the resources to move where there are transit services? Should we simply condemn these people to Government-supported group homes?

Mr. O'TOOLE. Well, I do not think group homes is necessarily the only alternative. First of all, they can move. I do not know why they would not have the resources to move. If they have income, if they have assets, they can exchange their assets for other assets so they can move into a place that has better transit service.

I think the argument that was made previously about how people with mild dementia have a hard time adapting to new circumstances is a valid argument. But they would have just as hard a time adapting to transferring from driving their car to riding transit and might even have a more severe time at that.

I think the real solution is to promote the idea of driverless cars. Accelerate the adoption of driverless cars. We have the technology for driverless cars today. It works. It is safer. It is faster. It is cheaper than transit and than ordinary driving.

Chairman MENENDEZ. Would you use Government money to do that?

Mr. O'TOOLE. I do not think we need to use Government money. I think we need to have some Government coordination. I think the automobile companies are reluctant to make driverless cars.

Chairman MENENDEZ. So how do you get the private sector to do that if there is no Government incentive, no stimulus, no tax directive? How would you do that?

Mr. O'TOOLE. I think the States are going to do it. It is obviously—the States are starting to do it with Nevada passing legislation legalizing driverless cars, and that is the first step. Driverless cars have to be legal. Right now, they are not legal. A person has to be operating each car.

The second step is to change liability laws. A number of States have no-fault insurance which is very favorable for driverless cars, but a number of other States do not have no-fault insurance, and I think until all States adopt no-fault insurance, then automobile manufacturers are going to be reluctant to have driverless cars.

So once we remove those institutional barriers—we will not have to spend any money at it—driverless cars will happen. Driverless

cars will become available. And once they are available, they will serve the needs of seniors and disabled people for a lot less money than our current transit system.

Chairman MENENDEZ. In your response to my question about individuals, you presume everybody has assets, but there are millions of Americans whose only asset is their Social Security check every month.

Mr. O'TOOLE. All right. So, where are they?

Chairman MENENDEZ. What do we do with that universe?

Mr. O'TOOLE. You are saying they cannot move because they do not have enough income, and that does not make sense to me. When people leave home without a job, when they go to school, they do not have income, but they manage to move and they find themselves a place to live in their new location. They find themselves a place to live when they are looking for a job when they get out of school. They manage to move, and I do not understand why, somehow, when you are 65, you can no longer move.

Chairman MENENDEZ. I did not say you could not move, I just—it is the question of do you have the assets to move. Moving costs money at the end of the day. It depends where you are moving to, how far you are moving, what are the conditions you are moving to. I mean, it costs. The last time I checked, even with having friends help me move, it costs money.

Let me ask you this. I am a little surprised that your written testimony is especially critical of transit funding in rural communities. By way of example, the Lower Savannah Council of Governments in South Carolina has been a leader in its Aging and Disability Resource Center, which links older adults and adults with physical disabilities to services that support their ability to live at home. In 2001, South Carolina received one of the first Real Choice System Change Grants from the Centers for Medicare and Medicaid Services, and the program has expanded since 2001. Do you believe this nationally recognized program in South Carolina should have the Government funding cut?

Mr. O'TOOLE. Yes, I do. I do not agree that every county in the country deserves to have Government funding for transit. When I decided to locate in the community of 140 people that I live in that is 15 miles away from a city of 1,000 people and 40 miles away from a city of 75,000 people, I knew I was in what is sometimes referred to as a food desert. I was 15 miles away from a grocery store. I was even more miles away from a transit service. I knew there were tradeoffs in moving there and I accepted those tradeoffs. Just because I live there, I do not think that the Government owes me a supermarket any more than it owes me a transit system, and people—

Chairman MENENDEZ. So for the 8.5 million transit trips taken in South Carolina in 2009, you would think that those riders should basically have to fend for themselves?

Mr. O'TOOLE. I think they would have to look for alternatives, and I think those alternatives might include some kind of private system, and I think those private systems will grow, and in the long run, I think we are going to see people using driverless cars a lot more and this whole transit debate will be rendered moot.

Chairman MENENDEZ. All right. Well, OK. I appreciate all of our witnesses. This will conclude this hearing on transit for older adults and people with disabilities. I think there were some very significant and insightful suggestions that the Committee will want to consider as we move toward a reauthorization. I want to thank the witnesses for participating.

The record will remain open for 1 week to allow Senators the chance to ask follow-up questions in writing, and we urge you, if you get one of those questions, to be as expeditious as you can in responding for the Committee's work to move forward.

With that, this hearing comes to a close. Thank you.

[Whereupon, at 3:05 p.m., the hearing was adjourned.]

[Prepared statements and additional material supplied for the record follow:]

PREPARED STATEMENT OF W. LEE HAMMOND
 PRESIDENT, AMERICAN ASSOCIATION OF RETIRED PERSONS

JUNE 29, 2011

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

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

Demographic Shift

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

Quality of Life

Transportation is not an end in and of itself. Rather, it is a means of connecting us with the economic, social, cultural, and civic activities which together help define our quality of life. It is also essential to maintaining independence, freedom, emotional well-being, and to staying connected to the community. Beyond its impact on an individual level, transportation investment has wide-ranging impacts on society and the economy. The design and placement of roads, transit lines, pedestrian walkways, and bicycle paths can help create vibrant and economically vital communities that support successful aging.

Aging in Place

Our research indicates that nearly 90 percent of persons age 50 and above prefer to remain in their homes as they age; and 95 percent prefer to remain in their communities. About nine out of ten Americans age 60 and above stayed in the same home or nearby in the same county in the 5 years before the 2000 Census was conducted. When older persons do move, they tend to move within the same county.

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

In fact, a recent study by Transportation for America, "Aging in Place: Stuck Without Options," finds that by 2015, more than 15.5 million Americans age 65 and older will live in communities where public transportation service is poor or non-existent. This will include the first edge of the baby boom generation, 83.5 percent of whom want to stay in their homes for as long as possible. The suburbs are becoming grayer as four in ten suburban residents are age 45 and older, up from 34 percent 10 years ago. In contrast, only 35 percent of city dwellers are in that age group.

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

Nondrivers: Influence of Public Transportation and Community Design on Mobility

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

A picture of the older nondriver is emerging. Nondrivers are more likely to be women. They are also more likely to be ethnic minorities (47 percent of nondrivers). Most nondrivers (61 percent) have a medical condition that makes it hard to travel, and about a third live alone. Income is another key factor—the median household income for female nondrivers is between \$20,000 and \$25,000, at least \$30,000 less than that of female drivers.

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

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

Ensuring that a parent or other relative gets where they need to go when they no longer drive is a family issue. In an AARP survey of caregivers, more than eight in ten help their relative by providing transportation. Almost a third used a transportation service for their relative, double the number 4 years earlier. The average U.S. caregiver is a 49-year old woman who works outside the home and spends nearly 20 hours per week providing unpaid care to a parent. Help with transportation could relieve much of the stress on these individuals. In fact, caregivers rank transportation among their top four priorities they want policy makers to address to help their loved ones.

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

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

Beyond these drawbacks, driving cessation can have other deep impacts on the approximately 600,000 older persons who stop driving every year. Individuals who are unable to travel outside their home have difficulty maintaining their connections to the community and are at risk of social isolation. This can have serious health consequences as the magnitude of risk associated with social isolation has been compared with that of cigarette smoking. Studies have also linked “giving up the keys” to depression and to a greater likelihood of ending up in a long-term care facility. In the words of a suburban participant in an AARP focus group, “My world has been reduced to one square mile since I stopped driving.”

By contrast, older persons living in areas where transportation choices are more abundant experience much stronger connections to their communities. For example, adults age 75 and older in the Rosslyn–Ballston transit-oriented development corridor of Arlington, Virginia, take 20 percent more trips each week than those from Northern Virginia suburban areas where fewer transit and pedestrian options are available. And they are much less reliant on driving. According to a survey by the Northern Virginia Transportation Commission in 2005, the share of trips on public transportation by these older persons is double that of their suburban counterparts that do not live near transportation options, and over a fifth of their trips are on foot (compared with just 8 percent of trips among suburban adults age 75 and above). The mobility options that are part and parcel of such transit-oriented development enable older individuals to retain their independence and stay engaged in their community.

Public Transportation Is Vital to the Solution

Although public transportation may not be widely available in most of the neighborhoods in which older persons reside, millions of older adults who have convenient

access use it for some or most of their trips. Persons age 65 and older took over one billion trips on public transportation in 2009, according to the NHTS. This is an increase of 328 million trips since 2001. Moreover, 15 percent of all older people reported using public transportation in the past month, taking approximately two trips per week. Among nondrivers, the share is even higher—23 percent reported using public transportation in the past month.

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

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

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

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

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

A significant backlog of vehicles in need of replacement has developed over the years due to limited funding. In addition, high operating costs to cover such items as gasoline, insurance, and driver salaries are prohibitive for many nonprofit providers. AARP believes operating assistance should be allowed as an eligible expense for the Section 5310 program, in line with the policies of the other small formula grant programs. We also call on Congress to direct that basic program information, such as vehicles purchased, trip count, and number of clients served be reported annually.

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

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

While historically underfunded, the Section 5310 program has functioned well for over 30 years. It is the only Federal transportation program that was rated in a GAO report on transportation-disadvantaged seniors as achieving all five "A"s of senior-friendly transportation: available, accessible, acceptable, affordable, and

adaptable. Section 5310 was also included in the 2007 assessment by FTA and the Office of Management and Budget of three State-administered public transit grant programs (Section 5310, Section 5311, and the Job Access and Reverse Commute Program, or JARC) which found that the programs “complement without significant overlap, other Federal, State, and local programs that fund transit services to the target populations.” It further found that “State administered grants are an effective and efficient method of providing funds, particularly given the numerous small recipients of assistance at the local level under these programs and the emphasis on coordination with human service transportation programs at the State and local level.” The report also noted that the programs are designed to provide support for services not otherwise available through private sector firms, generally because it is not economically efficient to serve these populations.

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

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

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

The challenges presented by the enormous growth of older Americans who need safe, affordable transportation services will require creative and innovative solutions. The demand to find these solutions is very high. The National Center on Senior Transportation was flooded with over 300 applications totaling \$26 million from across the country for about \$500,000 in grants for innovative transportation programs. Eight grants were awarded in that process. The New Freedom program has also generated new program ideas. Volunteer driver programs, taxi vouchers, ride-and car-sharing and other nontraditional solutions tailored to community needs are also important approaches. Such field-tested innovations can be incubated through further incentives for this purpose.

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

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

The need and demand for public transportation services greatly exceeds the funding available. We urge you to increase funding for all public transportation programs in your reauthorization proposal. Such funding is critically important to ad-

dress the needs of the growing population of older adults and to help create more livable communities.

We further urge the following:

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

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

PREPARED STATEMENT OF JAMES CORLESS

DIRECTOR, TRANSPORTATION FOR AMERICA

JUNE 29, 2011

Chairman Menendez, Ranking Member DeMint, and Members of the Subcommittee, thank you for the opportunity to testify today on priorities for transit in the reauthorization of the surface transportation program on behalf of Transportation for America. Transportation for America is the largest, most diverse coalition in the country working to improve our Nation’s outdated transportation policies so that they work for everyone. Our member groups represent ordinary Americans from all walks of life who rely on our transportation infrastructure to be safe, affordable and convenient.

Before taking my current role, I worked at the Metropolitan Transportation Commission in the San Francisco Bay Area of California, where I oversaw the development of the region’s Coordinated Human Services Public Transportation Plan and guided the investment of a variety of Federal transportation funds.

Aging in Place, Stuck Without Options: Seniors and Transit

While many of Transportation for America’s transit priorities relate to the Federal transit program as a whole, I want to begin by focusing on the needs of America’s older adults. My statement is drawn primarily from research conducted by Transportation for America and our partner organizations. That research was the basis for our recent report, “Aging in Place, Stuck Without Options,” which called attention to the shrinking mobility options for our Nation’s growing senior population.

As the Subcommittee is undoubtedly aware, the baby boom generation is our Nation’s largest ever and has the longest life expectancy of any previous generation. Its members are now beginning to reach retirement age, and will do so until 2030. Many will live years beyond their ability to safely operate a vehicle for everything they do. However, our researchers found that by 2015, four in five Americans 65 and older will live in communities where driving is the only viable travel option, because public transportation services are poor or nonexistent.

Where Seniors Live Today

The baby boom generation—more than 77 million people born between 1946 and 1964¹—came of age during the unprecedented economic expansion that followed World War II, which helped fuel the rise of new suburban communities built around the automobile. Suburban expansion was supported in large part by the largest infrastructure project in U.S. history, the construction of the Interstate Highway system and its urban segments. In this period we began to build an entirely new form of human habitat, communities built on the premise that every adult resident would be able to own and operate a vehicle and use it for every trip from home, for all time.

Having grown up and raised their own children in these communities, baby boomers will likely stay where they currently reside. Demographic research shows that after age 55, only a small share of Americans change residences voluntarily. Surveys by AARP and others find that the vast majority of people age 50-plus want to stay in their homes for as long as possible, and when they do move, they most

¹Coughlin, Joseph F. (2009) “Longevity, Lifestyle, and Anticipating the New Demands of Aging on the Transportation System”, *Public Works Management & Policy*, Vol. 13, No. 4, 301–311.

often want to stay in their communities and near existing support networks. Today, 79 percent of seniors live in suburban, exurban, and rural areas.²

Seniors' Use of Transit

Despite inadequate service in many communities, older Americans are taking more trips on transit and choosing public transportation for a larger share of their overall mobility needs. Data from the most recent National Household Travel Survey shows that seniors took more than a billion trips on transit in 2009, which is a 51 percent increase from 2001.³ Given the volatile gas prices and shaky retirement portfolios of recent years, those numbers likely would be higher still if better service were available in more places. Even in areas with transit service, older Americans must overcome barriers to transit use that could be fixed with a relatively modest investment: lack of sidewalks, appropriately timed crossing signals and other pedestrian safety measures and a dearth of bus-stop benches or shelters that offer protection from sun, heat, and rain.

Public transportation offers an affordable alternative to driving. For seniors living on a fixed income, public transit offers a way to connect with health care providers, friends and the larger community without breaking the bank covering the costs of fuel, insurance, and monthly car payments. AAA estimates that the average car owner who drives 15,000 miles a year will spend \$8,700 in 2011.⁴

Public transportation also provides a critical lifeline to older adults when they are no longer able to drive. A 2002 study in the *American Journal of Public Health* found that women in their early 70s who stop driving live on for an average of 10 years, and men of the same age group live another 6 years, on average.⁵ These are years when many will need access to transportation options. Without access to affordable travel options, seniors age 65 and older who no longer drive make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out and 65 percent fewer trips to visit friends and family, compared to drivers of the same age, research by the Surface Transportation Policy Project shows.⁶

What the Future Holds

Research we commissioned from the Center for Neighborhood Technology evaluated 241 metropolitan areas—those for which complete data were available—and found that in 2000, more than 11.5 million seniors lived in areas with poor transit access. By 2015, if seniors follow through on their plans to age in place, this will increase to more than 15.5 million—a 35 percent jump.

A 2008 survey by AARP found that 85 percent of older Americans were either extremely concerned or very concerned about rising fuel prices, leading many to look toward other forms of transportation or to reduce their travel.⁷ These seniors, and millions more, will need access to affordable public transportation and other alternatives to driving if they are to remain active and independent.

The percentage of seniors in metropolitan areas with poor access to transit in 2015 varies significantly. For instance, 90 percent of older residents in Atlanta will have poor access to transit, while only 12 percent of seniors in the San Francisco area will have poor access in 2015.

What Can Be Done

There are as many ways to address the mobility needs of an aging population as there are communities. Some inner suburbs might decide to extend an existing transit system from the urban core into their area. Some outer suburbs and more rural areas might create a call center for dial-a-ride or ride-sharing services. Some communities with an existing public transportation network might encourage senior-friendly housing in walkable neighborhoods near transit stops.

Just as they could not have built the Interstates without Federal involvement, these communities will not be able to address their burgeoning mobility challenges

² Rosenbloom, Sandra (2003) "The Mobility Needs of Older Americans: Implications for Transportation Reauthorization", Brookings Institution, Washington, DC.

³ Lynott, Jana, and Carlos Figueiredo (2011) "How the Travel Patterns of Older Adults Are Changing: Highlights from the 2009 National Household Travel Survey", AARP Public Policy Institute, Washington, DC.

⁴ AAA (2011) "Your Driving Costs 2011", Available at www.aaaexchange.com/Assets/Files/201145734460.DrivingCosts2011.pdf.

⁵ Foley, Daniel, Harley Heimovitz, Jack Guralnik, and Dwight Brock "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States", *American Journal of Public Health*, August 2002, Vol. 92, No. 8.

⁶ Bailey, Linda (2004) "Aging Americans: Stranded Without Options", Surface Transportation Policy Project, Washington, DC.

⁷ Skufca, Laura (2008) "Is the Cost of Gas Causing Americans To Use Alternative Transportation?" AARP, Washington, DC.

without the support that only Congress can offer. It is critical to note, as well, that addressing the needs of older adults through increased transportation options will result in greater opportunity and access for all Americans. Demand for public transportation in the United States has never been greater, with ridership at its highest levels in 50 years and more than 600 new rail, streetcar and bus rapid transit projects proposed throughout the Nation. In 2009, Americans took a total of 10.4 billion trips on public transportation, covering more than 55 billion passenger miles.

New riders have come from a variety of sources. Volatile gas prices have driven many car commuters to switch to transit, while some riders have been lured by the provision of new services—commuter trains and buses, new light rail lines, vanpools, and even the return of streetcars in several cities. Homes and jobs have located around new and existing lines, making it more convenient and easy to ride transit. Others are looking for ways to save money on car ownership or seek a more reliable commute, to act on their environmental values and to relax or be productive during their commutes.

A number of riders use transit because the alternative is to be stranded. These are older Americans whose physical limitations or budgets no longer permit them to drive. They are young adolescents getting to school. And they are low-income families, disproportionately African American and Hispanic, who cannot afford to own and operate one or more cars. Ensuring mobility for these Americans is important to all of us. Among our Nation's core values is the promise that everyone should have access to opportunity and jobs, to be able to support themselves and be contributing members of the community. We believe all Americans, including older adults and those with disabilities, should be able to live full and productive lives whether or not they are able or can afford to drive a car.

Why We Should Make the Investment Now

Public transportation costs money—but it can ultimately save households and businesses thousands of dollars a year. It can also generate profits, jobs, enhanced land values, tax revenue, new development and redevelopment. This helps improve economic competitiveness while reducing congestion and environmental impacts.

- Positions in transit operations and maintenance are blue-collar, green jobs that cannot be outsourced. So, too, are construction jobs generated by building new transit lines and stations, vehicles, and maintenance facilities. Every \$1 billion of transit investment creates or supports 36,000 jobs. Transit agencies employed 390,000 Americans in 2006, a population greater than that of St. Louis, Pittsburgh, or Tampa.⁸
- The American Public Transportation Association reports that on average, every \$1 invested in public transportation generates almost \$4 in economic benefits. In addition, a \$1 billion investment in public transportation results in \$3.6 billion in business sales and generates nearly \$500 million in Federal, State, and local tax revenues.
- According to a recent Reconnecting America study, demand for living near transit in walkable, mixed-use communities is projected to double over the next 20 years.
- The Texas Transportation Institute found that without public transportation service, the Nation's drivers would have suffered an additional 785 million hours of delay and consumed an additional 640 million gallons of fuel in 2010. Absent public transportation in the 439 areas studied, congestion costs for 2009 would have increased by nearly \$19 billion, from \$115 billion to \$134 billion.
- American households can save close to \$8,700 per year on average, or \$724 per month, when they use public transportation rather than a car, according to a 2009 estimate by the American Public Transportation Association.⁹ The Center for Neighborhood Technology, meanwhile, has found that families living in areas where public transit is available spend about half as much on transportation as families in locations without transit.

The savings made possible by transit are also especially important to Americans in low-income households, many of whom are forced to drive by a lack of transit options. As of 2005, 73 percent of households below the Federal poverty line had a car, and on average, working families making between \$20,000 and \$50,000 spend

⁸APTA "2011 Public Transportation Fact Book", Available at http://www.apta.com/gap/policyresearch/Documents/APTA_2009_Fact_Book.pdf.

⁹ American Public Transportation Association, "More Than \$8,600 Saved Annually by Individuals Who Seek to 'Ride Out' the Rough Economy by Riding Public Transportation", News Release, May 6, 2009.

close to 30 percent of their household incomes on transportation—more than they spend on housing.

As our population and energy use grow, increased use of public transportation is the most effective strategy for achieving significant energy savings and environmental gains—without new taxes, Government mandates, or regulations. Emissions from road vehicles are the largest contributors to smog; currently, over 200 million passenger cars and light trucks account for about 50 percent of air pollution nationwide. Even at current levels of use, public transportation saves the U.S. the equivalent of 4.2 billion gallons of gas annually, reducing the Nation's dependence on imported foreign oil. Public transportation also reduces carbon dioxide emissions by 37 million metric tons annually.

What Congress Can Do

Communities around the country are working hard to plan ways to solve their residents' mobility needs: A recent analysis by Reconnecting America found more than 640 major transit projects being planned around the country. Unfortunately, current funding levels are drastically below the amount required to meet this demand.

We recognize that the Congress is grappling with numerous challenges related to our Nation's fiscal situation. However, continued underinvestment in public transportation will only exacerbate the situation by limiting our future growth potential.

The next surface transportation authorization should increase dedicated funding for a variety of forms of public transportation such as buses, trains, vanpools, specialized transit, and ridesharing—including support for operations and maintenance for services essential to seniors in both urban and rural areas. A recent study by the Federal Transit Administration found a backlog of \$78 billion in maintenance needs at our Nation's bus and rail systems, plus \$14 billion in annual maintenance needs going forward. Without additional funds, these needs will go unmet.

Congress must provide funding and incentives for transit operators, nonprofit organizations, and local communities to engage in innovative best practices such as mobility management, programmatic coordination, public-private partnerships, and the widespread deployment of technologies such as intelligent transportation systems. Mobility management can help make the best use of limited resources. According to United We Ride—a Federal interagency initiative—"mobility managers serve as policy coordinators, operations service brokers and customer travel negotiations"—providing a single, user friendly source of personalized information helping people understand how to use transit services. This is accomplished through computer-dialed dispatch, automatic vehicle locations, and rerouting of vehicles to meet passenger needs. Ride Connection, a nonprofit community organization, worked with TriMet—Portland's major transit agency—to reduce its paratransit costs by almost \$2 million. In addition, service coordination is critical to meeting the needs of seniors. The LINX cooperative incorporated in January 2010 by the Yellowstone Business Partnership is an example of coordination to be emulated across the country. The LINX program has integrated transportation providers in 27 counties across three States by providing an easy-to-use and more seamless network.

Congress must also encourage State departments of transportation, metropolitan planning organizations, and transit operators to involve seniors and other community stakeholders in developing plans for meeting the mobility needs of older adults.

Congress must ensure that State departments of transportation retain their current authority under Federal law to "flex" a portion of their highway funds for transit projects and programs. This flexibility is essential for States to respond to their unique transportation needs and avoids locking them into "one-size-fits-all" expenditure requirements.

Finally, the reauthorization should include a "complete streets" policy to ensure that streets and intersections around transit stops are safe and inviting for people of all ages and abilities. A "complete streets" policy would make certain that transportation planners and engineers design and operate the entire roadway with all users in mind.

The future transportation needs of America's seniors—and indeed, of all Americans are great. The Federal Government should play a role in providing a viable solution to this problem by providing greater flexibility, fairness, and funding in the next 6-year transportation law. Increased Federal support for transit and the flexibility to use transit resources more efficiently is critical if we are to realize the mobility, economic, health, and environmental benefits that transit provides. It is our hope that this testimony will help serve as a catalyst for building a system that realizes the myriad benefits outlined above and creates a robust, resilient transportation network that works for all Americans.

We thank the Chairman, Ranking Member, and Members of the Subcommittee for working on this issue of critical importance for the Nation and stand ready to continue to assist the Subcommittee in its work as it moves forward.

PREPARED STATEMENT OF MARY A. LEARY

ASSISTANT VICE PRESIDENT, EASTER SEALS TRANSPORTATION GROUP

JUNE 29, 2011

Introduction

Good afternoon Chairman Menendez, Ranking Member DeMint, and Members of the Subcommittee. Thank you for the honor of being able to share some perspectives from our experiences at the Easter Seals Transportation Group on the important topic for today's hearing: Promoting Broader Access to Public Transportation for America's Older Adults and People With Disabilities. My name is Mary Leary and I am the Assistant Vice President for the Transportation Group at Easter Seals. My remarks will focus on the demographic and economic pressures on transit today, the benefits of public transportation in the lives of America's older adults and people with disabilities, and Easter Seals' Priorities for the reauthorization of Federal Transit Administration programs based on best practices in human services public transportation. The two major themes I will offer are: that person-directed public transportation holds significant cross-cutting economic and quality of life benefits for everyone; and the importance of furthering partnerships and coalition building with nonprofit organizations and customers affected by public transportation policies.

Easter Seals' History in Human Services Transportation

Easter Seals is very proud of our long history to increase the mobility of people with disabilities and older adults through facilitating partnerships between the disability community and the public transportation community through our training and technical assistance center called Easter Seals Project ACTION. Our mission is to assist communities to increase accessible transportation in our Nation. For over 23 years, we have built and enhanced Easter Seals Project ACTION so that today, we provide training, technical assistance, outreach, and applied research across a number of areas including mobility management, travel training, coalition building, Americans with Disabilities Act accessible transportation policies, and livability/sustainability.

In addition, Easter Seals operates the National Center on Senior Transportation (NCST) in partnership with the National Association of Area Agencies on Aging (n4a). The NCST was created in the Safe, Accountable, Flexible, and Efficient Transportation Act—A Legacy for Users (SAFETEA-LU) to be a resource to increase transportation options for older adults. Key initiatives with the NCST are diversity, mobility counseling, healthy aging and mobility, partnerships between public transportation and nonprofit organizations in volunteer driving and livability/sustainability.

Both these centers are cooperative agreements with the Federal Transit Administration (FTA) where we work in close collaboration with the FTA to assist local communities in furthering mobility for older adults and people with disabilities. Our vision is embodied in what one young man who attended a roundtable on transportation for youth with disabilities told us: "I want to live a spontaneous life." The people we serve tell us that we must continue to invest in transportation resources, which 83 percent of Americans feel provides access to the things they need in everyday life.

Demographic and Economic Pressures on Transit

It is a pivotal time in human services transportation for the 54 million people with disabilities and the 38 million adults over 65 in the United States. Twenty-one years after passage of the Americans with Disabilities Act, we have witnessed significant improvements in inclusive community living for people with disabilities. The level of demand for mobility options is increasing and current economic conditions are challenging the Nation's transit providers' ability to respond to this demand. Access to public transportation for many people is their critical link to jobs, education, social, recreational, medical, health/wellness, spiritual and volunteer activities.

The 2010 Harris Poll, funded by the National Organization on Disability, established that 34 percent of people with disabilities report having inadequate access to transportation. This is compared with only 16 percent of the general public. In fact, the problem seems to be worsening, with a jump of 4 percent in the number

of people with disabilities reporting inadequate transportation options since the last study in 1998.

Demographic realities also underscore the systems change we need to enhance transportation options. In the coming years, the fact that we will have record numbers of people over 65—over 70 million in the next 20 years, more than double the number today—is not the key issue as many older adults will continue to drive safely well into their 70s. However, 51.5 percent of older adults over 75 have disabilities; and 71 percent of people 80 and older have a disability. In 2007, there were 31 million older licensed drivers and 1 million people age 70 and up stop driving each year.

In addition to this increased demand for transit, 90 percent of transit agencies see flat or declining local and regional funding and 84 percent have had to either reduce services or raise fares. Many communities, especially rural ones, may not have either public transportation or adequate accessible pathways such that people with disabilities cannot access transit resources without assistance. A frequent term we use is “the last mile” to characterize when residents cannot get to bus stops because their home, streets, and pedestrian environments are not accessible.

Benefits in Public Transportation—Employment, Health, Community Living, and Long-Term Care

Employment Benefits

Access to human services transportation facilitates employment and provides economic benefits to communities. Of the 28 million people aged 21–64 living with disabilities, only 46 percent are employed versus 84 percent of people 21–64 in without disabilities. We know from experience that one of the many barriers to employment for people with disabilities is access to reliable, affordable, and accessible transportation options to and from work. Increased workers increase tax revenues, which is good for everyone. In addition, demographic changes are leading to the need for more direct care workers, many of whom will depend upon transportation options to get to work. Our hotline is receiving more and more calls from people with disabilities who are losing public transportation resources in their communities resulting in people becoming unable to get to work.

Health Benefits

The affects of aging and chronic conditions can have significant health and wellness implications that can be mitigated by access to transit and livable communities. The Centers for Disease Control recommend that adults average at least 22 minutes per day of moderate physical activity such as walking. In a 2010 APTA study, Litman found that universal and neighborhood design features that support transit, such as walkability and mixed land use, also support public health. Of people with safe places to walk within 10 minutes of home, 43 percent achieve physical activity targets, compared with just 27 percent of less walkable area residents. Sustaining or improving public health is not only important for individuals it is important for our economy. Chronic conditions account for 75 percent of healthcare costs (CDC, 2007). This link between healthy, active lifestyles is well known, yet, 32.5 percent of older adults over 65 have no leisure time physical activity. If older adults and people with disabilities have access to public transportation, there is a distinct possibility of improved health outcomes.

There are other ways that research suggests there is a direct link between access to transportation and health status. Well documented studies show that driving cessation often results in depression. Depression often results in reduced health status, and, reduced health status increases healthcare costs. Through our cooperative agreements, Easter Seals, the American Medical Association, and Logisticare are currently working together to study the relationship between transportation access and health and wellness through a study being led by noted public health research Dr. Tom Prohaska of the University of Illinois at Chicago. Dr. Prohaska and colleagues at Texas A&M and the University of California at Berkeley hope to develop an evidence-based model on this relationship. In addition, an important CDC health aging research initiative—the Healthy Aging Network—has recognized the importance of mobility in terms of access to transportation options for people with disabilities and older adults. According to Cecil B. Wilson, former President of the American Medical Association, “Approximately 2.6 million adults in the U.S. don’t get the health care they need because they don’t have transportation. Understanding the relationship between access to transportation and access to care is key to helping patients get the care they need.”

Community Living and Long-Term Services and Supports Benefits

As the country celebrated the Olmstead decision last week, it reminds us of the importance of a strong home- and community-based system of services and supports for people with disabilities. The law of our land reaffirms the civil rights of people with disabilities including the right to live in the least restrictive setting. At the same time, legislative advances are enabling a better home- and community-based long-term services and supports system. In addition to the formal long-term services and supports system, there is approximately \$375 billion in long-term services and supports being provided by family caregivers, almost four times the amount provided by Medicaid. Access to supportive services such as transportation is critical to the success of both our formal and informal long-term services and supports systems. A recent National Association of Area Agencies on Aging study funded by the Metlife Foundation found that transportation was one of the top three issues governmental agencies around the country found was critical for ensuring their communities were supportive of the aging of their citizens. The strong partnership between the Federal Transit Administration and the Administration on Aging is seeking to assist in addressing the increasing transportation needs of older adults as transportation is the second largest expenditure in the Older Americans Act.

Though a number of Federal programs increase access to community living for people with disabilities and older adults, gaps remain. Medicaid transportation is an essential link to covered medical services such as dialysis, yet for people who need dialysis treatment and are not on Medicaid, options are scarce. We hear stories all of the time from community service providers and public transit officials about their concerns for ensuring access to life-saving services such as dialysis.

Caregiver and Employer Benefits

Eighty percent of people older than 60 are living with one chronic illness, and 50 percent of people older than 60 are living with two chronic illnesses (CDC, 2003). When older adults can no longer drive due to a disability, they often rely on family caregivers to provide transportation. This poses significant challenges for families and businesses. One of the number one reasons people take time off work is to take a loved one who cannot drive somewhere. One Metlife study found the caregiving cost to employers due to decreased productivity was \$36.3 billion annually. Caregivers themselves may face a faster health decline after years of supporting a loved one with a disability. Often, strong community resources that help caregivers like transportation resources to respite services such as adult day healthcare give a caregiver a much-needed break that rejuvenates them.

Some programs, such as the New Freedom Program (Section 5317) that have helped develop specialized approaches to increasing community transportation are small, yet have been very effective. Many States and localities have been able to develop mobility management programs and reduce costly ADA paratransit services by developing choice demand-response services, creating public/private partnerships, or utilizing the power of intelligent transportation systems technology. These programs promote a strong partnership between nonprofit providers and transit providers that has been a long-standing mainstay of our community system. In one community where public transit had to cut some routes, the mobility manager worked with local nonprofit providers to ensure that everyone who depended upon the routes that were cut were given other transportation options so they could continue to stay mobile.

As the Nation ages and more demand is put on these specialized systems, our citizens and communities tell us that they need the Administration, Congress, State and local governments, and local transit and human service providers to work together to increase the accessibility of our Nation's transportation network and increase the mobility of all Americans. This not a time to put further stresses on this incredibly important system or further reduce funding. Communities have already begun the important work of coordinating and leveraging their assets to reduce costs through increases in efficiencies. The need to ensure that we do not have three buses going through the same neighborhood picking up passengers in the same hour is well understood and, in many communities, being very effectively addressed. Community coalition building must continue and we need more people who are affected by program and policy decisions to be at the table. Based on our community coordination and coalition building activities, we found a number of successes with creating systems change.

Best Practices in Human Services Transportation

For over 10 years, Easter Seals Project ACTION has led coordination and coalition building events with over 149 community-based teams. We also hold training programs on travel training and outreach to community planning organizations to

discuss the importance of addressing accessibility in sustainable community projects. The best practices we see in these areas are:

- Involvement of older adults and people with disabilities in coordination activities, especially those who use or would use public transportation if it were available and accessible;
- Coalition building between community nonprofit providers, public/private partnerships and public transit providers;
- The development of cross-functional transit coordination plans that maximize the use of community transportation resources;
- Person-directed mobility management;
- Innovative approaches to rural transportation;
- Travel training;
- Coordination between metropolitan planning organizations and local community organizations, especially human services providers; and
- Volunteer driving programs.

Based on these best practices, Easter Seals offers the following priorities for the reauthorization of Federal Transit Administration programs and other surface transportation programs.

Easter Seals Policy Recommendations for Transportation Reauthorization

Access to Transit Options

People with disabilities and older adults are disproportionately reliant on public transportation. If access to transit programs in all areas of the country, including formula grants for urbanized and rural areas and others that provide more targeted funding to vulnerable population groups such as people with disabilities and older adults, is increased, then people with disabilities and older adults will benefit. As the population ages, more people are going to be relying on public transportation options to maintain their mobility thereby increasing demand. However, many older adults will find that transit options are not available in their community as they age and potentially need to cease driving. In fact, according to the recent Transportation for America report “Aging in Place, Stuck Without Options”, by 2015, more than 15.5 million Americans 65 and older will live in communities where public transportation service is poor or nonexistent. Increasing transit services in communities would allow more transit providers to utilize intelligent transportation systems (ITS) to create greater mobility. In addition, more flexibility in funding, particularly using 5310 funding for operating assistance would be a great help to utilizing dollars more effectively. It is critical that we invest in transit at a level that will meet the growing demand for services and allows for affordable, accessible, efficient, and reliable transportation options for all Americans.

Although these are challenging economic times, it is critical that we invest in this important area. If resources for general and specialized transit were significantly reduced more people with disabilities and older adults would be stranded and isolated. All of the advances we have made over the last several years in providing innovative and cost-effective approaches to providing mobility options as well as the planning and coordination efforts that have helped to achieve efficiencies could be at risk if there are significant reductions in resources.

Consolidation

Efforts to streamline transportation programs to create efficiencies and minimize administrative burden are laudable and necessary in the current economic environment. However, we urge that consolidation efforts be undertaken very cautiously and that protections be put in place to assure that needed services are not lost in the process.

The most prominent discussions around consolidation seem to focus on programs that serve unique needs of people with disabilities, older adults, and low-income individuals, particularly the 5310 program, New Freedom Program and the Job Access Reverse Commute (JARC) program. While there are many overlapping issues affecting all of these populations, there are also some distinct needs and competing interests that need to be taken into account in any consolidation discussion. It is critical that there be assurances that projects in consolidated programs continue to address the sometimes-unique needs of these different populations. Without some protections to assure that everyone's needs are represented fairly in the decision-making and priority-setting process, one or more of these communities could literally be left behind. There are some specific things in the planning process that might make sense to help create these protections.

Another issue to consider is the primary role that the 5310 and New Freedom programs have played in helping assure that people with disabilities and older adults have access to services. 5310 has evolved to be a real lifeline for nonprofit service providers and we should do nothing to erode that. The 5310 program is often the sole resource that service providers have to make sure that people are able to attend their programs and participate in healthcare, respite, social and other activities. This partnership between nonprofit service providers and transit also allows 5310 dollars to go further as they are bundled with philanthropic and other private dollars to create better service. We fear that in consolidation, the balance of power in decision making would mean that transit agencies would be less likely to pass through 5310 funding to nonprofit providers and instead create new programs of their own or support existing targeted programs, especially in these very tough fiscal times. The vital partnership between transit agencies and nonprofit service providers that 5310 has created is successful and must be protected. In addition, the New Freedom Program has been used to initiate cost-effective consumer responsive options such as dial-a-ride, taxi vouchers and volunteer driver programs, not just fixed route transit. Having resources that expand mobility options beyond fixed-route transit is something that needs to be continued in any consolidation discussions.

Finally, we recommend that any consolidation of programs should make sure that the resulting consolidated program provides at least the current level of services and support to providers and riders that the programs would have separately.

Planning

One of the very positive things to come out of SAFETEA-LU has been the consolidated human services planning process required for New Freedom, 5310, and JARC funding. We have seen tremendous progress in getting more people with disabilities, older adults, and the people who serve them to the table to help create the priorities for spending. In this reauthorization, we would like to see this process strengthened even further. Easter Seals Project ACTION and the National Resource Center at the Community Transportation Association of America (CTAA) have supported many coordination and coalition building activities. Attendees regularly express the value they received from these programs.

Planning must be accountable, transparent, inclusive, and have real measures of expected outcomes so there is a reference point to define success. In addition, planning processes for different aspects of mobility, including highway planning, should be consistent. In order to do this, more direction is needed on what a truly inclusive process means and further oversight of the process of planning, not just the outcome. In order to make sure that the disability and aging communities are genuinely part of the process, it takes real outreach efforts from transit and planning agencies. Although we all know how critical transportation is to the lives of individuals, it is often not the primary area of expertise for most advocates and individuals who are most likely to be part of the planning process. Too often, I hear that transit planners tried to reach out but were not able to get people to participate. This is not necessarily due to apathy, but often to competing priorities and a lack of understanding about transportation systems and other things that are often second nature to transit and planning authorities.

We recommend that designated agencies be charged with documenting how input from stakeholders was considered in the development of the coordinated transportation plan. The Department of Transportation should review those efforts to assure that they are sufficient and that every effort was made to enable input. Stakeholders should also have an opportunity to review and comment on the plan before it is finalized. We also continue to call for all plans to be quickly and easily available to the public in one central location.

In addition to the specific human services planning process, Easter Seals sees great opportunity to use overall community planning to assure that people with disabilities and older adults are able to have the greatest mobility and independence possible. Efforts such as the Administration's liveable community initiative that help communities think holistically about the entire community environment and plan for the needs of all citizens are critical to people with disabilities and older adults. If we are able to assure that pedestrian access routes, transit stations, bus stops, and other aspects of the community work for people with disabilities and older adults, we will increase the mobility of the entire community. Comprehensive, quality community planning efforts should be applauded and continued.

Mobility Management

Mobility management is a critical concept that needs to be enhanced in this reauthorization. Mobility management focuses on the individual and identifies the best

transportation options, both public and private, for that person's travel needs. Mobility management improves transportation options for those utilizing community services, workforce development centers, education, and health services and ultimately improves mobility options for everyone. Mobility management services also help to maximize the use of Intelligent Transportation Systems and other technology to enhance mobility and creates one-call systems that allow greater ease-of-use for customers. In addition, mobility management includes people with disabilities and older adults in the design of transportation options.

Person-directed mobility management includes:

- identifying needed services and transportation needed to access those services;
- assessing community transportation resources;
- assessing an individual's ability to use those resources;
- filling service gaps, and;
- providing agencies and individuals with information and training on using local transportation.

SAFETEA-LU established an inclusive concept of mobility management, which is an available capital expense throughout the Federal transit program, including Section 5310. Unfortunately, only minimal technical assistance is currently available to help transportation programs develop mobility management efforts and adapt them to people's unique needs. In addition, there are few incentives for local providers to adopt mobility management strategies instead of investing more in vans or buses, since all are treated equally as capital expenses. Mobility management services must be enhanced to better help transit and human services systems meet the needs of people with disabilities and older adults by establishing a dedicated resource for these services. We also recommend that any resources available for mobility management require that human service providers be a critical part of the delivery of services.

The additional advantage to having mobility management resources in as many communities as possible is in the planning process. Once mobility management is set up in a community, there is a single entity charged with knowing the entire array of transportation resources in that community, both public and private. This will help minimize duplication and unnecessary use of Federal and State dollars if there are private resources already available. Recently, the Partnership for Mobility Management hosted the first ever Mobility Managers' Conference at the CTAA Expo. CTAA, APTA, and Easter Seals are three of the founding members of the partnership.

Technical Assistance and Education

While great progress has been made in the accessibility of transportation options since the passage of the Americans With Disabilities Act in 1990; advances in technology, changes in consumer demand, continuing changes in societal attitudes about people with disabilities, and the aging of America all speak to the continued need for targeted technical assistance and education to help people with disabilities, older adults, and communities work together to overcome barriers to mobility.

The funding level for Project ACTION has remained static since 1998. At the same time, the increasing complexity of mobility issues facing people with disabilities and transit providers, as well as the increased prominence of the work done by Project ACTION, has greatly increased demand. By any measure, Project ACTION has done an exemplary job in providing quality, needed, and targeted technical assistance, training and education with limited resources and has managed to significantly expand its reach by increasing efficiency and intelligent use of technologies such as online training to expand their reach. Another thing that has helped Project ACTION continue to thrive has been partnerships with other Federal agencies and private sector entities to undertake targeted projects. These partnerships are critical in not only expanding the reach of Project ACTION, but also in assuring that mobility for people with disabilities is addressed in a variety of venues. However, without additional resources, Project ACTION will not be able to continue to meet the broad range of need that is emerging and quality and access to services will suffer.

The NCST, originally authorized under SAFETEA-LU, has proven to be a valuable resource for helping communities meet the needs of a growing aging population. Since beginning operations in 2007, the NCST has provided necessary technical assistance on best practices for nongovernmental organizations and public agencies and brought together aging and transportation professionals in order to better serve the transportation needs of older adults. Increased funding for the program would begin to help meet existing demand for technical assistance and edu-

cation, and would increase the ability of the center to provide direct support to more communities who are trying to meet existing demands and help promote cost-effective and coordinated mobility solutions to meet the growing demand for services.

Summary

Thank you very much for this opportunity to provide input into this critically important process. We feel that if we continue to invest in our Nation's transit providers, we will be well positioned to deliver the needed services safely and efficiently in communities of all sizes. We hope the success stories and data underscore the employment, health, community living, long-term services and supports, and employer and caregiver benefits of continuing to invest in a robust, national, multimodal transportation system. This investment is good for businesses, it is good for State and Federal economies, and, even most importantly, it is good for our citizens. Public transportation services increase:

- Health—increased quality of life (including for caregivers)
- Access to Community Based long-term care
- Civic engagement—is boosts volunteerism
- Socio-emotional connections enabling empowerment, independence
- Access to jobs for people who cannot drive.

As Jim Williams, our Easter Seals President and CEO says, “accessible transportation for people with disabilities is an important part of Easter Seals’ mission to help people with disabilities and their families live, learn, work, and play in the communities of their choice.” We know that all of our partners in the transit, disability, human services, medical, and healthcare world would echo the same sentiment—rides do change lives.

APPENDIX—HUMAN SERVICES TRANSPORTATION SUCCESS STORIES

Collaboration, Coalitions, and Coordination

Ann Arbor, MI: Coordination and Transportation Funding

The Ann Arbor, MI (2006), Mobility Planning Services (MPS) team’s focus was “to provide universal public transportation services which are seamless and accessible throughout Washtenaw County in a safe, reliable, and efficient manner.” When they returned from the MPS Institute, the Ann Arbor, MI, team learned that service to Ypsilanti, a high demand urban service area, was subject to elimination. Due to the work of the MPS team and rider advocates, the Ann Arbor Transit Authority (AATA) Board of Directors decided that further investigation of funding alternatives was needed and instead of eliminating service instructed AATA staff to reduce expenses to cover the Ypsilanti shortfall.

The team’s focus was to collaborate with human service organizations to establish a coalition of community members, community leaders, and local transit riders to develop a cooperative countywide buy-in for regional transit funding. AATA joined forces with the Washtenaw County Human Services Collaborative (HSCC), whose Adult Action Group shared a common focus with the MPS team. Meanwhile, AATA continued its work to leverage JARC and New Freedom funds and hired a market research firm to assist with developing and implementing a plan to gauge community support for public transportation funding.

Hampton Roads, VA: A Partnership Between Transit and the Disability Community

Accessible transportation has become a focused activity for Insight Enterprises Inc., Peninsula Center for Independent Living of Hampton Roads on the Virginia peninsula. Today, Insight Enterprises works with the local transit company, Hampton Roads Transit, on improving services for people with disabilities. “As a result of the MPS experience, the transit agency and the disability community are truly working together in partnership,” said Donald Fennell. “HRT and people with disabilities work together on issues of accessible service and the ADA eligibility process. Additionally, the User Citizen Advisory Committee for HRT has evolved into an important voice for the disability community on issues concerning public transportation in our region.”

Louisville, KY: Mobility Management

In Louisville, KY, the transportation and human service community is steadily progressing toward a vision of coordinated transportation that is accessible to people with disabilities. Milestones have included formation of a Regional Mobility Council (RMC), launch of a mobility management program, hosting annual Transportation Summits, development of a coordinated transportation plan, design of a Travel Man-

agement Coordination Center (TMCC), funded as a pilot project through the Federal Mobility Services for All Americans initiative, and selection of JARC and New Freedom Program projects. The MPS team was a subset of the larger steering committee that was formed following a 2005 transportation summit convened locally to explore coordinating Louisville's human services—public transportation resources. A second summit was held shortly before the team participated in the MPS Institute in April 2006.

"MPS helped the group solidify their mission and vision," said TARC's Mobility Manager Nancy Snow. Formerly a representative of another organization on the steering committee, Snow was hired by TARC in Sept. 2006 to lead the coordination effort. In addition to hiring a mobility manager, the steering committee was expanded and formalized into the RMC. The group now includes consumers, advocates for seniors and for people with disabilities, representatives from human service agencies, transportation providers, and local governments. The RMC meets on an ongoing basis throughout the year and works toward the goals adopted at the annual transportation summit. It serves as the key advisory group for coordination efforts including development of the Coordinated Public Transit-Human Service Transportation Plan and selection of projects to be funded under the Job Access and Reverse Commute and New Freedom federally funded transportation programs.

San Diego, CA: Full Access and Coordinated Transportation

The San Diego, CA (2005), MPS team formed a nonprofit organization called Full Access & Coordinated Transportation (FACT). FACT's mission is: "to create a transportation system that will provide access and mobility for the people of San Diego County by augmenting existing resources." This is accomplished through the creation of partnerships that eliminate barriers, developing alternative modes of transportation, and accessing additional sources of funding. Accomplishments include: the development of FACT into a Regional Mobility Management Center, establishment of the Community Partnership Program, conducting the North County Pilot Project (NCPP), and spearheading the San Diego County Volunteer Driver Coalition. The Community Partnership Program offers three different levels for agencies and organizations to demonstrate their support for FACT: a Statement of Support, a Partnership Agreement, and an Operating Pledge.

The NCPP worked on such issues as determining the true cost of rides, insurance liability, shared ridership, shared vehicles, and shared drivers. In addition to other accomplishments, FACT sponsored an all-day training with the staff from the California Association for Coordinated Transportation (CAL ACT) and the United We Ride regional ambassador. The training covered coordinated transportation, mobility management, technology, and an overview of how agencies can determine the true cost of their transportation and what cost they can assign to a passenger or mile or length of trip.

Sumter, SC: Coordination and Innovative Approaches to Rural Transportation

Through a larger coalition effort, the Sumter, SC (2006), MPS team implemented a volunteer transportation program, a rural rideshare program, and flex that is more efficient routes in rural areas. They also worked to maximize human service transportation through coordination and better utilization of the open seats on vehicles. In addition, they encouraged employers to use the Federal Commuter Tax Benefit for employees. "Our objective was to bridge the transportation gaps for as many of the neediest individuals in the region—with the primary focus in the rural areas due to less frequent and visible transportation services," said Orlando Papucci. "Working with Easter Seals Project ACTION has been very instrumental in garnering recognition and support (current and future) that has helped to further our efforts of bridging the transportation gaps in our region."

The Sumter, SC, team utilized many strategies to reach their goals including: holding monthly coalition meetings, conducting extensive media outreach, maintaining a consistent objective of increasing accessible transportation options, going to the grass roots level to address the need, partnering with public and private transportation providers, providing assistance to any organization in finding accessible transportation options, ensuring that all transportation plans endorse accessible transportation options for every facet of transportation, and always being available to give a presentation.

Washburn County, WI: Coordination and New Service

Team Washburn County, WI (2006), came together with the intent to increase transportation services in this rural county with a year 2000 population of just over 16,000 people. No public transportation service existed in the county at the time of the 2006 MPS Institute, though several human service agencies provided transportation services for their consumers. The largest provider was the County Unit on

Aging, which provided medical transportation through a cadre of volunteer drivers. The community had a history of working together to share resources for meeting transportation challenges in this remote rural area some 250 miles from Madison.

During the hands-on planning sessions, the team members discovered there were things they could do right away, as well as 6 months down the road and over a long-term basis. Ventures Unlimited and the Unit on Aging realized there was nothing to stop them from opening rides to members of the general public something they put in practice shortly after returning home from MPS. On June 23, 2006, a new "Rides" service began offering weekly transportation to a regional shopping destination in a nearby county, using available seats on a Ventures Unlimited van that was already traveling in that direction. Bob Olsgard noted, "This may seem like a small step for a larger community but it's a huge step for our small community."

The Washburn County, WI, MPS team also quickly set to work on expanding the planning group. At their first meeting back home, they made the decision to work in partnership with human service coordination planning process required by the Wisconsin Department of Transportation. This strategy paid off. At the August 2006 coordination planning meeting, at which the FTA's Framework for Action tools were put to use, other key transportation allies identified by the team joined in support of the team's mission. That expanded partnership formed at that first meeting continues to work. At subsequent meetings, the group formed the Washburn County Transportation Council, developed a mission of providing countywide transportation for all, and worked on a resolution to make the council the official transportation advisory group for Washburn County. "Without the support of the MPS team, I do not feel that we would have made the leaps and bounds in transportation services for our county," said Kristin Frane. "Before the MPS, our service providers were focused on only their silo service and funding, now community transportation leaders and providers are looking for ways to work together to provide more rides to more people."

Travel Training and Building Partnerships With Metropolitan Planning Organizations

Maricopa County, AZ

Travel training programs as well as forging strong partnerships between the public transit, planning, and nonprofit communities are also creating results. In Maricopa County, AZ, the Metropolitan Association of Governments has formed a Transportation Ambassadors Program where they convene quarterly meetings to share best practices and build relationships. Valley Transit in Phoenix has a new state of the art mobility center that not only does eligibility assessments for ADA complementary public transit but also has a travel training office steps away from where people with disabilities have the opportunity to try out the various infrastructure and pavements of the local community to see if they can use the fixed route system or would require paratransit services. In our travel training programs, we find travel training is helping many people with disabilities have more freedom and independence through learning how to use the standard public transportation systems. This can save transit agencies over \$35/ride—with fixed route trips *vs.* paratransit trips costing an average of \$5/ride *vs.* \$30–65/ride—the return on investment impact is very high.

New York, NY

However, the impact on a person is even higher. At an event this year where a school system in the New York City was celebrating its 50th Anniversary for its travel-training program, the program administrator, Peggy Groce, convened a panel of students with disabilities, parents, teachers, transition specialists, and travel trainers. What was the most compelling was hearing students and parents discuss their initial fear of the ability to navigate New York City's vast transit network alone, yet person after person recounting their personal journey and how travel training enabled them or people they cared for to live independently, in their own home, have a job and be able to get to wherever they needed to go. In Houston, Mary Ann Dendor from the Houston Metropolitan Transit Authority has led an initiative for many years in partnership with the Houston School District on travel training. These partnerships between schools, transit, nonprofit organizations, and other human services groups are yielding innovations that reduce costs and improve community life for people with disabilities of all ages.

One Call Centers

In Aiken, SC, officials from aging, transportation, planning, and human services agencies leveraged FTA funding in intelligent transportation systems from the Mobility Services for All Americans Project; AoA funding in aging and disability re-

source centers and an earlier Centers for Medicare and Medicaid Services Real Choice Systems Change grant to develop a one-call center called The Lower Savannah Council of Government's (LSCOG) Aging Disability & Transportation Resource Center. This center is a state of the art model for coordinated transportation access. This center serves six counties in Lower Savannah. Tremendous opportunities exist to leverage one call systems across aging and disability centers, 211 systems, Department of Labor One Stops and other information and referral systems to enable a no wrong door approach to providing easier access to transportation information for everyone. National one-call information and referral systems such as the Eldercare Locator run by n4a which now partners with the NCST, is seeing an exponential growth in questions on transportation services.

NCST Grant Findings

Over the last several years, the NCST has worked closely with 29 communities in over \$700K in grants. We found themes in these communities regarding the importance of Volunteers, Service Expansion, Technology, Alternative Funding Mechanisms, outreach, coordination, and maximizing resources. Thus, based on these experiences with communities have achieved; we have six specific areas for your consideration in future legislation that hold great promise toward improving the mobility of older adults and people with disabilities.

PREPARED STATEMENT OF STEVE FITTANTE

DIRECTOR, MIDDLESEX COUNTY AREA TRANSIT

JUNE 29, 2011

Mr. Chairman, Senators, I am here today to focus on the need for new transit operating models for increasing mobility for the growing senior population, particularly in areas with limited public transportation.

Middlesex County, NJ, is a predominately suburban county of 800,000 and is blessed with some of the best interstate commuter transportation in the Nation. My agency, the Middlesex County Area Transit operates an 80 vehicle fleet of accessible vehicles transporting over 500,000 annual passenger trips, whose mission is to serve the local transportation needs of persons without access to an automobile.

During the past two decades, urban and rural counties across the Nation have experienced rapid suburban population growth and while we have seen the growth of commuter transit and the expansion of urban transit options, local community transit growth has often lagged. In Middlesex County, over 150,000 new residents have been added since 1990—not a single local NJ Transit fixed route bus has been added since 1990—the funding is just not there to meet non-mass transit levels of demand.

The challenge is how to efficiently address the growing mobility demands of aging persons in the context of the overall transit network, growing trip demand and limited financial resources.

Over the past 6 years, Middlesex County DOT has developed flexible fixed route buses designed to serve both local destinations and access to other local and regional bus and rail services. These flex routes are supported by Federal and State funding sources, targeting specific older adults, people with disabilities and low income populations but designed to serve all of these groups and the general public. These services are also operated at lower costs per revenue hour than traditional bus transit services and operate at a higher efficiency than traditional curb-to-curb paratransit services.

The result has been a more than doubling of the system efficiency of the MCAT system while enabling persons without access to an automobile to have greater mobility choices in terms of frequency and the availability of evening and weekend service. These choice benefits accrue not only to our targeted funding populations but to students, passengers choosing to leave their cars at home and the general public.

The power of affordable mobility is illustrated by the story of one of our passengers I met on one of our New Brunswick bus routes. A working mother of two young children, she would use an NJ Transit bus to access the NJ Transit NE Corridor rail service between New Brunswick and Princeton. But between the bus stop and the daycare center, located two miles away next to the rail station, she had to take a taxi in the morning and evening costing \$14.00 per day. When our flex route bus began operating in 2007, she was able to replace the \$14.00 round trip taxi fare with a \$2.00 daily bus fare, saving her over \$200.00 per month in commuting cost. Can you imagine the impact this had on a moderate income household without a car?

This same route provides dozens of senior citizens with access to food shopping and medical destinations and people with disabilities access to a range of services and employment opportunities as well as access to five local NJ Transit regional bus routes and the NE Corridor rail service.

While many public and not for profit transportation providers serving the needs of older persons, people with disabilities and economically disadvantaged persons have critical capital vehicle replacement needs, today the common denominator for most systems is the erosion of operating funds.

Reductions at the State level resulting from revenue shortfalls not only impact the level of direct operating funds for transportation, but many local grant applicants can't provide the required match for Federal funding sources, particularly USDOT/FTA/FHWA grants including Job Access and Reverse Commute, New Freedom and Congestion Mitigation and Air Quality grant transit flex funding.

In New Jersey, only 3 of 21 county coordinated systems applied for operating FFY 2010 funding under New Freedom and CMAQ—the barrier is the inability to come up with the 50 percent matching funds.

Many counties nationally who desperately need operating funds to meet increasing demands are facing the same issue and are applying for capital and mobility management projects which require only a 20 percent match.

Beyond a crisis of funding facing community transit, there is a need for clearer regulation and coordination requirements.

Agencies are helping themselves by developing new sources of funding including advertising revenue, moving from donation to mandatory fare programs and enlisting corporate contributions to support community transit services that benefit their employees and customers.

In the area of fares and corporate contributions, the growth in transportation demand to kidney dialysis centers has accelerated the search for alternative funding. The Anti-Kickback legislation designed to reduce medical company fraud is being used by privately operated kidney dialysis centers to refuse to contribute for the cost of transportation, believing they would be in violation of those statutes if they provided a contribution to local transportation operators. The issue of whether there is a safe harbor for contributions to local transportation is unclear.

Finally, there is a need to provide incentives for encouraging community transit systems to better coordinate their services through feeder service to traditional bus and rail transit where appropriate.

There are three specific areas where I think Federal changes could assist community transit operators in meeting this mission:

1. Strengthen requirements for coordination of service delivery between smaller community transit operators and large urban transportation authorities including the use of funding to purchase transit tickets
2. Consider a change in the Federal match requirement for FTA operating funds to create equity between capital, administration, and operating funding requirements
3. Require the Centers for Medicaid and Medicare Services (CMS) to issue an opinion on whether antikickback legislation applies to the funding of local community transportation by kidney dialysis facilities or does it qualify as a Safe Harbor

As outlined today, the challenge of unprecedented growth in nonauto demand from aging populations as well as other transportation dependent individuals, requires that we leverage the investment in our traditional transit systems in expanding the targeted services for these populations. A 30 percent reduction in Federal funding for these programs would eliminate the progress made in establishing more efficient systems to address the growing demand for transportation in suburban as well as rural and urban areas.

Thank you for the opportunity to raise these issues as you tackle the challenges of providing Federal support for these critical services.

PREPARED STATEMENT OF RANDAL O'TOOLE

SENIOR FELLOW, CATO INSTITUTE

JUNE 29, 2011

A recent report from a group called Transportation for America calculated that, by the year 2015, more than 15 million Americans above the age of 65 will have poor access to transit. The report called for more funding for transit so that these people would be able to "age in place" and still have transit access. The American

Public Transportation Association and other transit-oriented groups have written similar reports.

There are two problems with this line of reasoning. First, for the vast majority of Americans outside of the New York metropolitan area, transit is practically irrelevant as a form of travel. Despite receiving the largest subsidies per passenger mile of any mode of transportation, less than 1 percent of all passenger miles traveled by American rely on transit.

Transit is even less relevant for senior citizens than for other Americans. The American Public Transportation Association says that people over 65 ride transit only 54 percent as much as the national average. By comparison, the 2009 National Household Travel Survey found that people over 65 drive 64 percent as many miles per year as the national average. This suggests that transit is an even smaller share of senior travel than the national average.

There is a good reason for this. Even at today's gasoline prices, driving is less expensive, faster, and more convenient than transit for most trips. Most of America's senior citizens have driven for most of their lives and will continue to do so as long as they are physically able. By the time they are no longer able to drive, few of them will be comfortable walking a quarter- to a half-mile to a transit stop and so they will rely on friends and relatives to transport them.

As a personal example, when my mother was 80 she had a stroke that caused the loss of most of her vision in one eye. After learning how to compensate, she passed her driver's exam and continued to drive for 5 more years. She recently gave up her car due to other health reasons but relies on my father to drive her where she needs to go. Although my parents live in a central city within a tenth-of-a-mile of frequent bus service and a half-mile of a rail transit station, they almost never used transit either before or since retiring. Of course, this is a small sample, but national data suggest my parents' attitudes are typical.

The second flaw in the reasoning behind the Transportation for America report lies in the assumption that senior citizens will "age in place." The Census Bureau says Americans move an average of nearly a dozen times in their lifetimes. We move to go to school; we move to get a job; we move to change jobs; we move to find a better place to raise our children. Few Americans, confronted with the need for one of these moves, will say, "Other taxpayers should subsidize my transportation so I won't have to move."

"Only a small percentage of Americans move after they reach retirement age," says Transportation for America, leading the group to argue for more transit subsidies so that more Americans can "get their wish to 'age in place.'" I suggest that, if most retirees don't move, it is because automobiles satisfy most of their transport needs. The 2009 National Household Travel Survey found that vehicles are available to 90 percent of people between 70 and 79 years and more than 82 percent of people over age 80.

It is more efficient for those who prefer to use transit to move to places with frequent transit service than to ask everyone else to provide even more subsidies to extend service for a relatively small number of transit riders. Such service extensions in the past have significantly reduced transit productivity. The American Public Transportation Association's Fact Book shows that the average number of riders on transit buses has declined from 12 to 9 since 1977, while the Department of Energy's *Transportation Energy Data Book* shows that the amount of energy used by transit buses to carry a passenger mile has increased by 75 percent since 1970.

A significant alternative to increased transit subsidies is to reform our transit systems so that they can provide better service to transit riders at a lower cost. One possible reform is to rely more on shared taxis, a door-to-door service that the Federal Transit Administration calls "demand responsive" transit. Currently, most transit agencies offer shared-taxi service only to disabled riders. Because the market for such service is so small, it is the most expensive form of transit, costing taxpayers more than \$3.50 per passenger mile compared with less than \$0.75 per passenger mile for other forms of transit. (For comparison, subsidies to highways and air travel each cost taxpayers about a penny a passenger mile.)

One way to reduce the cost of shared taxis would be to expand the market by offering shared-taxi service to anyone who wants it. This would increase the average number of passengers carried by shared-taxi vehicles. Companies like SuperShuttle and Coach USA offer shared-taxi rides to airports at fares per passenger mile comparable to or less than the cost of public transit (including transit subsidies), and far less than the costs of public demand-responsive services to disabled riders. But, in most American cities, the taxi industry has successfully prevented either transit agencies or private entrepreneurs from offering shared-taxi services anywhere except to and from airports.

In the 1970s, San Jose's transit district offered shared-taxi service to the general public. This service was highly successful, but local taxi companies successfully sued, saying the transit agency was violating their franchise. The court gave the transit district a choice of buying out the taxi franchise or ceasing the shared-taxi service, and it ended the service. Not all cities have given taxi companies exclusive franchises to carry people door to door, so it should not be necessary to buyout every taxi franchise in order to run shared taxi services.

In retrospect, it would have made more sense for San Jose to buy the franchise than to do what it did instead, which was to build an expensive but little-patronized light-rail system. This, however, is a predictable result of increasing Federal subsidies to transit: in order to get as much "free" Federal money as possible, cities and transit agencies choose high-cost solutions to transit rather than build efficient transit systems.

Instead of focusing on urban cores where transit demand is highest and transit-dependent customers are concentrated, the Federal Transit Administration is intent on extending transit into more and more remote areas. Under the section 5310 program, which Congress created to fund transportation for elderly and disabled people, the FTA provides transit grants for service in increasingly rural areas. In 2007, the FTA even set a target of funding transit service in 75 percent of rural counties by 2012.

Advocates of increased transit subsidies often say they just want to provide people with more options. For example, the title of the Transportation for America report is "Aging in Place, Stuck Without Options." But what good are options if few people want to use them? There are lots of alternative modes of transportation. Flying in dirigibles is an option. Cable cars are an option. Getting shot from cannons is an option. Some people might say these options sound ridiculous, but they are no more ridiculous than spending hundreds of billions of dollars subsidizing transit systems that have been declining in importance for 65 years.

The best option for transit riders in general, and seniors and disabled riders in particular, is to privatize transit. Private transit operators would provide fast, frequent service in urban cores where transit demand is high and on-demand, shared-taxi services in more remote areas.

Today, the Cato Institute is releasing a new report comparing private, intercity bus service with Amtrak. Although subsidies to Amtrak are roughly 100 times greater than subsidies to intercity buses, the intercity buses carry about three times as many passenger miles as Amtrak. In numerous corridors, including New York–Buffalo, New York–Toronto, New York–Raleigh, Washington–Richmond, Raleigh–Charlotte, Chicago–Minneapolis, and Chicago–Indianapolis to name a few, various intercity bus companies provide faster, more frequent service than Amtrak at significantly lower fares.

Amtrak often brags that it carries more riders in the Boston-to-Washington corridor than the airlines. But Amtrak's Northeast Corridor trains also compete with more than a dozen intercity bus companies that collectively carry 50 percent more trips and passenger miles than the trains. While Amtrak fares from Washington to New York start at \$49, and Acela fares start at \$139, bus fares start at \$1.50 and rarely exceed \$25.

Intercity buses outperform Amtrak precisely because they are private. Intense competition has led bus companies to reduce fares and streamline operations. Megabus, which is owned by the same company as Coach USA, introduced yield management (flexible fares starting at \$1) to the bus industry in 2006. Companies such as Vamoose and LimoLiner offer first-class services with plenty of legroom and on-board amenities such as movies and meals. Ending subsidies to Amtrak would stimulate the extension of such services to more parts of the country.

In the same way, transit riders could greatly benefit from privatizing transit. Many elderly and disabled riders in urban cores would have more options than ever. Riders in many suburban areas could choose between commuter buses, bus rapid transit, and shared-taxi services. And, just as people move to be closer to school, jobs, child-friendly neighborhoods, or other amenities, people in remote areas who desire transit service should be willing to move to places that are better served by transit.

Our transit model is broken. If we want transit to save energy, reduce pollution, and serve seniors and disabled riders as well as commuters, school children, and anyone else who wants to use it, we need to run transit systems like a business, not an entitlement. This can be achieved by opening up transit (and taxis) to competition from the private sector or by outright privatization.

ADDITIONAL MATERIAL SUPPLIED FOR THE RECORD

STATEMENT SUBMITTED BY SANDY MARKWOOD, CHIEF EXECUTIVE OFFICER, n4a

Thank you, Chairman Menendez, Ranking Member DeMint, and Members of the Subcommittee for holding this important hearing. As Chief Executive Officer of the National Association of Area Agencies on Aging (n4a), I am pleased to share our thoughts on ways to promote broader access to public transportation for America's older adults and people with disabilities.

n4a represents 629 Area Agencies on Aging (AAAs) and 246 Title VI Native American aging programs in the U.S., which have been coordinating and providing critical home- and community-based services to older adults and their caregivers for more than 35 years. The supports and services provided by the Aging Network reflects and addresses how people want to age—at home and in the community. It also helps individuals avoid unnecessary and more expensive institutional care. Given that home- and community-based services are estimated to cost, on average, one-third of the expense of institutional care, these services save money for Federal and State Governments.

n4a coadministers the National Center on Senior Transportation (NCST) in partnership with Easter Seals. The NCST was created in the "Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users" (SAFETEA-LU) to be a resource to increase mobility for older adults. The NCST is administered through a cooperative agreement with the Federal Transit Administration (FTA). The NCST works in collaboration with the FTA to provide technical assistance, education, and outreach to the aging and transit communities and is the preeminent resource in the country for helping increase the mobility of older adults. n4a also cochairs the Senior Transportation Task Force, a national coalition of organizations working together to advocate for national public policy that increases the mobility of older adults and people with disabilities.

The Demographics

Older Americans represent the fastest growing demographic in our Nation. There is a tremendous need for transportation options for older adults and this need will grow rapidly over the next several years. While many older adults drive, the majority will lose the physical and/or financial means to do so as they age. Between 2010 and 2030, the number of older adults in the United States is expected to increase by more than 79 percent. Currently, there are approximately 40 million Americans age 65 and older. By 2020, that number is projected to grow to nearly 55 million adults age 65 and older, and by 2030, the 65+ population will be more than 70 million. As the older adult population continues to grow, n4a believes it is critical that Congress place greater emphasis on critical community transportation programs that provide a vital link between the home and community for older adults and people with disabilities.

The Need

In many communities, older adults and people with disabilities find it difficult to access essential services because of lack of transportation. This is particularly true for older adults who live in suburban or rural communities where destinations are too far to walk, public transit is nonexistent or poor, and private transportation is limited and prohibitively expensive. Older adults and people with disabilities have an increasing desire to participate in the workforce, to age in place, and to access social and health services. Their ability to achieve these goals largely depends on their access to transportation services.

Accessible and affordable transportation connects older adults to the places where they can fulfill their most basic needs—the doctor, pharmacy, grocery store, employment and volunteer opportunities, friends' homes and recreational sites for social interaction, and houses of worship for spiritual sustenance. However, as individuals age and lose the ability to drive, they can experience a drastic decline in their mobility. Many older adults find it difficult to access essential transportation services in their communities. Transportation limitations resulting in lost mobility increase older adults' risk of poor health, as their ability to obtain the goods and services necessary to promote good health and well-being is reduced. In addition, mobility barriers stifle independence and result in a loss of self-sufficiency that can fuel depression.

Key Programs

Of critical importance are the Federal Transit Administration's Section 5310 Elderly and Disabled and New Freedom programs. The Section 5310 program is the

major transit formula grant program helping communities serve the transportation needs of older adults and people with disabilities, and the New Freedom program funds services to people with disabilities that go beyond Americans With Disabilities Act requirements. With rising fuel costs and budget cutbacks, the New Freedom program provides much needed resources to help ensure that these specialized services are available. A key benefit of SAFETEA-LU was the requirement for a locally coordinated transportation plan. The coordination planning requirement has begun to produce real results in bringing key stakeholders to the table, and ensuring the needs of older adults and people with disabilities are addressed in planning transportation services.

The Challenges

Communities face significant challenges though as they seek to make public transportation more accessible and available through transportation programs serving older adults and people with disabilities. A recently released n4a report, “Maturing of America: Communities Moving Forward for an Aging Population”,¹ funded by the MetLife Foundation, found that inadequate transportation options for older adults have emerged as a dominant concern for communities across the country. According to the report, transportation has risen from a mix of other concerns to the second greatest challenge identified by communities since the first survey 5 years ago. This suggests that communities “increasingly recognize the impact of inadequate transportation options on older adults—hobbling progress in connecting them with services as well as opportunities to contribute.” As the report notes, “this response may also reflect a growing awareness that, no matter how service-rich a community might be, if older adults cannot reach those services, it will be for naught.”

The report found that most transportation services for older adults remain available at approximately the same level as in 2005 (80 percent compared to 79 percent), despite the increased Federal investment in transportation through SAFETEA-LU. Specifically, the survey found the percentages of local governments with the following programs available in their communities:

- 80%—Transportation options for older adults;
- 49%—Public transit (fixed-route buses, rail service) for older adults;
- 58%—Paratransit for older adults;
- 35%—Discounted bus or taxicab fares or vouchers for older adults;
- 58%—Door-to-door, door-through-door, and/or dial-a-ride for older adults;
- 45%—Road design and signage that meet the needs of older adults;
- 75%—Sidewalks and street crossings that are safe and accessible for older pedestrians (*e.g.*, flashing walk signs, sidewalk bumpouts); and
- 25%—Mobility management programs (*e.g.*, person-centered counseling on transportation alternatives to driving suited to older adults’ needs).

Success Stories

Clearly, there is much more to be done to ensure that there is accessible transportation for older adults and people with disabilities. To this end, there are a number of best practices that can assist communities as they seek to expand access to public transportation and provide greater mobility options to older adults and people with disabilities. For example, the NCST has collected the following program success stories:

- Without the close working relationships between the Older Americans Act Title VI Native American Aging Program, Tribal Transit and the Community Health Representative (CHR) in Indian country, elders would be unable to get to needed medical appointments and to other essential services. One example of this is the Laguna Pueblo in New Mexico. Elders with medical appointments are encouraged to contact the Title VI Program first, which matches the individual’s support needs to the type of transportation best suited to the situation. If the Title VI Program has reached capacity, staff coordinates with the CHR or Tribal Transit to provide a ride.
- A few years ago when the county threatened to end funding for public transportation because of low ridership, the Allegany County Office for the Aging (NY) and the Allegany/Western Steuben Rural Health Network joined forces with others, including the ARC. Their partnership led to a successful application for New Freedom funding, development of mobility management to assist older peo-

¹“The Maturing of America: Communities Moving Forward for an Aging Population”, June 2011, Available online at: http://www.n4a.org/files/MOA_FINAL_Rpt.pdf.

ple and people with disabilities understand their transportation options and choose the ride that was right for them and creation of a new “circulator” bus route that includes stops at senior housing, grocery store, and pharmacy and has led to increased ridership overall on public transit.

- Grand Gateway AAA/Economic Development Association established Pelivan Transit to provide flexible, accessible transportation to a rural, seven-county area in northeastern Oklahoma. The program serves an aging and geographically dispersed population, offering demand-response, deviated fixed route and transportation to nutrition sites, work and activities. Pelivan Transit has succeeded in creating an accessible network of rural transportation that helps link seniors to medical treatment, human services and social activities utilizing Section 5311, Section 5310, and New Freedom as well as 5311(c) Tribal Transit funding. Through a diversified approach and close coordination with health and human service providers, Grand Gateway has continued to solidify its transportation network, allowing staff to focus some of its efforts on improved coordination and scheduling of rides. This focus allows for the planning of pooled rides to special events and excursions for seniors.
- The Hyde Shuttles is a coordinated, community-based paratransit operation in King County, Washington. The Hyde Shuttles program provide affordable, accessible, user-friendly transportation to older adults and people with disabilities, providing a vital link to community services for people who otherwise might remain homebound and isolated. The project offers services beyond the requirements of the Americans With Disabilities Act, focusing on unserved and underserved people who fall through identified gaps in public transportation. Through the years the program has replicated Shuttles operations in different areas of King County and now has 25 vans on the road. The program received FTA New Freedom funding through a competitive grant process administered by the Puget Sound Regional Council and will be adding eight more vans over the next 2 years.

The Hyde Shuttles program has developed a broad base of community support including partnerships with King County Metro transit agency, the local Area Agency on Aging, King County Housing Authority, and other human services agencies. These partnerships have allowed the program to expand operations as well as customize service to meet the individual needs of the communities and populations served. The project increases mobility options, creates service efficiencies, maximizes resources, and improves service quality for the special needs population. The program’s success demonstrates that community-based transportation providers are an effective mobility option to meet the current and future transportation needs of many seniors and people with disabilities in King County.

- Ride Connection, a Portland, Oregon, based nonprofit, coordinates a network of over 30 providers. Despite having a world-class transit system, many older adults refrain from using transit because of barriers that must be identified and addressed. Ride Connection created its RideWise travel training and mobility support program to provide older adults with opportunities to learn about and experience public transportation in a relaxed, no-pressure environment and to offer information that is specific to their community and their needs. The RideWise program established as collaborative effort with the greater Porter area’s transit system includes transit orientation and information about the RideWise family of services, customized informational bulletin boards for older adult residential locations with schedules of the bus lines serving the area, facility-based Riders Clubs to provide a relaxed environment for individuals to try the system with their friends, and on-site RideWise transit advocates providing information to their neighbors.
- FriendshipWorks is a network of trained volunteers with the mission “to decrease the social isolation, enhance the quality of life, and preserve the dignity of elders and adults with disabilities in Boston and Brookline.” The Medical Escort Program is one of several programs managed by FriendshipWorks. This door-through-door service provides a trained volunteer to accompany older adults to and from medical appointments, assist them in navigating hospitals and doctor offices, pick up prescriptions if necessary, and attend the doctor visit with the patient if requested. FriendshipWorks’ La Cadena de Amista serves the Latino community by providing the appropriate Medical Escort Program services to Spanish-speaking elders, and also assisting them with accessing the healthcare system, translating medical information, and reducing language and cultural barriers.

The Reauthorization

Without adequate transportation, the growing segment of our population represented by older adults and people with disabilities will either remain isolated in their homes or end up in institutions unnecessarily. While the last reauthorization provided some increased funding for senior transportation, significant new funds are needed to address the unmet transportation needs that now exist for older adults and people with disabilities—needs that will only increase over the next authorization. The reauthorization provides an excellent opportunity for Congress to improve on the planning, coordination, and administration of the Section 5310 and New Freedom programs—while staying true to the original intent to target those with specialized transportation needs—to increase the availability and accessibility of transportation services for older adults and people with disabilities.

Policy Recommendations

n4a supports the following steps to ensure that older adults and people with disabilities have adequate mobility options.

- Increase overall transit funding for programs that enhance and support mobility options for all. n4a supports increased funding for transit programs in all areas of the country, including formula grants for urbanized and rural areas and grants that provide more targeted funding to vulnerable populations, such as older adults and people with disabilities. It is critical that the next authorization increases investment in transit to a level that will meet the growing demand for services and allow for affordable, efficient, and reliable transportation options for all Americans.
- Significantly boost funding for the Section 5310 Elderly and Disabled Formula Grant Program and New Freedom Program. Current funding is nowhere near enough to ensure needed transportation for the millions of older adults age 60 and older and the tens of millions of people with disabilities currently living in the United States, let alone the influx of aging boomers. Communities are in desperate need of assistance to address the mobility needs of their rapidly growing older adult populations.
- Expand use of 5310 funds to operating assistance making funding available for operating costs as well as capital needs. This change would make the program consistent with other Federal transportation programs, including the Section 5307 urbanized program and Section 5311 rural program, and would allow nonprofits to not only obtain new vans and buses but to ensure that they are operational with funding available to pay for preventive maintenance, insurance, rising fuel costs, and driver compensation.
- Continue the current transfer authority or flexing to meet the needs of the designated populations between the 5310 and New Freedom programs and other formula grants, and require that States track and report on each program's funds separately.
- Undertake any program consolidation efforts cautiously and be mindful of the impact program changes will have on the vulnerable populations now being served under current programs. Efforts to streamline transportation programs to create efficiencies and minimize administrative burden are laudable and necessary in the current economic environment. However, we urge that consolidation efforts be undertaken very cautiously and that protections be put in place to ensure that needed services are not lost in the process.
- Provide incentives and support for further coordination of transit and other human services programs by increasing the accountability and transparency of planning processes. Transit planning must be more effectively coordinated with broader community planning efforts. States and metropolitan planning organizations must also do a better job of reaching out to the aging and disability communities and actively and substantively involving them when making planning decisions.
- Ensure that Section 5310 and New Freedom program information is more transparent and program data is publicly available through an integrated national database. Establish more robust and consistent reporting standards for State and local recipients under the programs to increase transparency, better evaluate that the programs are meeting their objectives, and identify and assess unmet needs.
- Support transportation initiatives that lead to livable communities for all ages. This includes planning grants that will assist communities to plan and invest in projects that are environmentally sustainable and promote livable communities for all ages, and adopt "Complete Streets" policies that direct transpor-

tation planners to consider the needs of all users when considering and making transportation investment decisions.

- Enhance access to mobility management services to better help transit and human services systems meet the needs of older adults and people with disabilities by establishing a dedicated funding source for these activities that supplement traditional services provided by transit agencies, the Aging Network and other partners. Look for ways to provide additional incentives to use capital funds for these activities and provide additional technical assistance to help transportation programs develop mobility management efforts and adapt them to the unique needs of the populations served by the program.
- Increase funding for technical assistance and education efforts such as the National Center on Senior Transportation to allow further demonstration, outreach, and training and technical assistance activities to meet the growing needs of the aging and transit communities.

Thank you for considering these ideas. We look forward to working with the Subcommittee on these issues as the reauthorization process moves forward and you develop proposals for the next surface transportation bill.