



# WHITE PAPER #4

BY THE BEVERLY FOUNDATION

## Rural Transportation and Aging

### *Problems and Solutions*

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*Many people move to rural areas to remove themselves from the complexities of the urban environment. Older adults remain in and move there for the same reason. Unfortunately, when they can no longer drive, they often face numerous problems trying to access the basic necessities as well as the fun things of life. Finding solutions to their transportation problems can be a challenge for service agencies, transportation providers, caregivers and older adults alike.*

*This paper describes the rural America that attracts older adults and at the same time presents them with a variety of problems, discusses transportation as a factor that exacerbates their difficulties, and identifies many of the solutions that are available to ease the challenges of living in non-metro areas.*

### **Part I: Aging in Rural America - Implications for Transportation**

**The Older Population.** Approximately 23% of the age 60+ population lives in non-metro areas. According to data reported by the Economic Research Service of the USDA, the non-metro population is older than the metro population, with a median age of 36.0 in 1998 compared with 34.0 for the metro population. Of the age 60 and older population, a larger share lives in non-metro counties (18.4%) than in metro counties (15%). Additionally, the 85+ age group, as a share of the 60 and over population, is slightly higher in non-metro counties (7%) than in metro counties (6.9%).

The proportion of the elderly in the non-metro population has grown as a consequence of aging in place, the outward flow of the younger population to urban areas, and retiree immigration. The first two factors have resulted in a decline in the overall population and erosion of the tax base in non-metro areas. In many communities, the immigration of relatively young retirees who move there to experience a less expensive, less congested or more bucolic lifestyle than they left behind has resulted in a boost of the tax base and sustenance of local businesses. In general, however, the growth of the older adult population results in a relatively low tax base and relatively greater demand for services.

**The Non Metro Elderly.** The non-metro elderly generally tend to be less educated, have lower incomes, have fewer sources of retirement income, and have less housing and transportation than the metro elderly. Older persons living alone are considerably more likely to be poor than older married couples-- 32% of the non-metro elderly who live alone are poor. Poverty increases with advancing age, so, by age 75, 36% of the elderly living alone in non-metro areas are poor. Over half of non-metro persons age 85 and older are poor or near poor, compared with only one-quarter of those age 60-64. The elderly poor have less access to support services, housing, adequate nutrition and transportation; and are apt to be less healthy than the wealthier elderly.

**Services and Activities.** Older adults, regardless of where they live, can require a variety of health and social services. At the same time, they also engage in a variety of quality of life activities that give meaning and purpose to life. In rural areas, the geographic dispersion and isolation of the population, the narrow range of services, the limited alternatives, and fewer service providers complicate the ability of providers to get services and activities to older adults and for older adults to get to services and activities.

An example is provided by a hypothetical picture of two people, Mrs. Smith and Mr. Jones, who live in rural communities. It indicates both the possibilities and problems of getting to essential health care services as well as to quality of life activities.

Mrs. Smith

*dialysis three times a week*

*meal program three times a week*

*visits husband three times a week*

*participates in church activities twice a week*

*dialysis center trip 40 miles*

*senior center trip 8 miles*

*nursing home trip 4 miles*

*church trip 6 miles*

Mr. Jones

*radiation treatments 5 days a week*

*computer learning program 2 days a week*

*volunteers at school 2 days a week*

*grocery store and pharmacy 1 day week*

*hospital trip 20 miles*

*Oasis trip 10 miles*

*RSVP site 4 miles*

*store trips 6 miles*

Mrs. Smith will make a total of 11 trips and travel 168 miles while Mr. Jones will make a total of 10 trips and travel 134 miles. Obviously, transportation will be critical to their ability to make these trips. If they drive their cars, getting to these quantity and quality of life activities may not be difficult (although both may need transportation assistance to get back from their medical care trips). However, if they no longer drive, both of them will have to make some decisions that will be based on their ability to secure and access transportation that meets their needs.

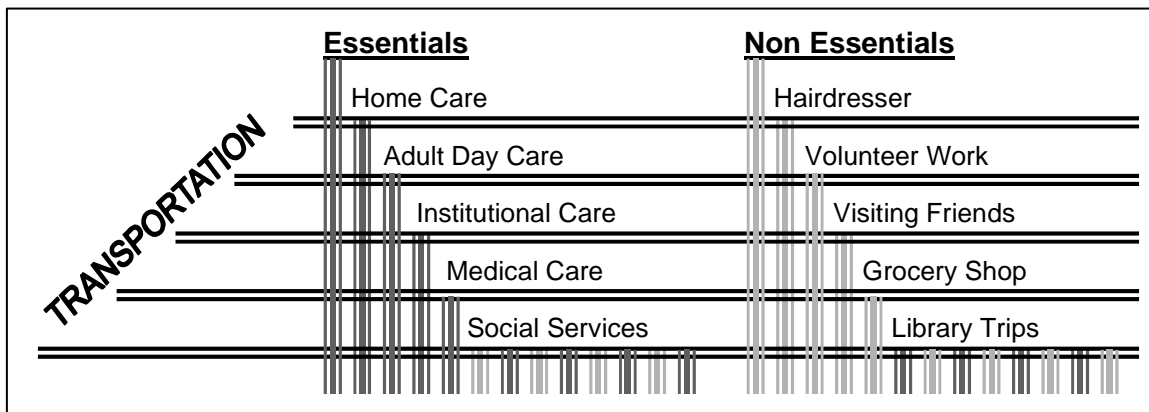
**Implications for Transportation.** For people like Mrs. Smith and Mr. Jones the ability to access services and activities may have a direct relationship to their ability to remain in their homes and in the community. It is clear that in rural areas, the problems can be particularly acute, for there is substantial evidence that the range of health care services for elders living in small towns in rural communities is narrower, fewer health care alternatives are available, and rural health services are less accessible. Therefore, securing access to health care and social services presents a difficult problem for older adults who live in isolated or sparsely populated areas. Additionally, geographic distribution coupled with their health and mobility limitations can complicate the ability of older adults to drive to or travel to services and activities that provide opportunities for community involvement.

The problem is especially acute for those in the 85+ age group. This age group is more likely than other older adults to be at risk for disability and chronic conditions and have a greater need for medical care, rehabilitation, social services, and physical support. As noted earlier, rural areas can be hard-pressed to provide needed services and support. Moreover, the health and mobility conditions of this age group may not only affect their ability to drive, but may result in a greater need for transportation assistance and support. In many instances, such conditions may negatively affect their ability to access traditional transportation options.

## Part II: Transportation Options - Implications for Older Adults

**The Tie That Binds.** While some service providers might view transportation as the avenue for getting services to seniors, it is in fact a two-way street that also enables people to get where they need to go. However, this street can both enable and prevent seniors from accessing quantity and quality of life experiences. In fact, transportation could be described as “the tie that binds” seniors to the essentials of life (the doctor, the pharmacy, the social service program, the grocery store) and to the fun things in life (the movie, the hairdresser, the home of a friend, volunteer activities, education programs). In this respect, transportation is as critical to the lives of the “young old” as it is to the lives of the “old old.”

Transportation: The Tie That Binds\*



\* Developed by the Beverly Foundation, 2002.

**The Preferred Option.** Older adults, like most Americans, often view transportation as getting where they need to go by driving their cars. In fact, driving the car is viewed as the key to freedom, independence and even dignity. The possibility of not being able to drive is anticipated with fear and trepidation for numerous reasons, several of which have been articulated by seniors and caregivers participating in focus groups that helped shape the National Agenda on Transportation for an Aging Society.

*“I have macular degeneration and I am worried about what will happen to me when I can no longer drive.”*

*“I have outlived my friends. I used to provide rides to them.”*

*“If I didn’t drive, I would miss living.”*

*“Crippled, blind, deaf, whatever, I will always drive.”*

*“People feel like they are losing part of themselves if they don’t drive.”*

*“No one wants to lose their freedom.”*

*“I don’t want to be dependent on people all the time.”*

*“Asking for a ride feels like an imposition.”*

*“My parents are too proud to use public transportation.”*

*“Giving up my keys is the most terrible thing that has ever happened to me.”*

The focus groups mentioned above included 240 older adults and their caregivers. The effort included 22 groups three states (Florida, Michigan and California).

**A Special Audience.** In 2000, almost 35 million Americans were age 65 and over. According to the US Department of Transportation, 95% of the men and 75% of the women age 65+ were licensed

drivers, while 3% used public transit. In some communities, as many as 90% of the seniors still drive a car. Because of limitations related to vision, activities of daily living and mental health that occur as people age, the percentage of senior drivers in a community declines with age. A study of driving expectancy reported in a recent article in the American Journal of Public Health suggests that while driving expectancy is similar for men and women, its impact is different.

**Men and Women Age 74**

	Life Expectancy	-	Driving Expectancy	=	Years Not Driving
Men	18 years	-	11 years	=	7 years
Women	21 years	-	11 years	=	10 years

The example above indicates that men and women age 74+ can expect to continue to drive for several years. However, it also indicates that the more than 4 million older Americans in the 85+ age group are especially vulnerable to the transportation problems faced by people who can no longer drive.

**Transportation Options.** According to the University of Montana, lack of transportation is one of the most frequently cited problems by rural residents. The fact that family members or friends are not always available (or willing) to help older adults get where they need to go is generally acknowledged as a reality in our mobile and dispersed society. However, in both urban and rural communities, a broad range of other transportation options (public transit, paratransit, private transit and specialized transit) may be available.

Unfortunately, challenges that make it difficult to provide health and social services in rural areas (large land mass, overall costs and limited availability of services) are the same challenges that make it difficult to provide transportation in rural areas. Traditional transportation services are generally fixed schedule and fixed route systems and paratransit, including ADA paratransit, and generally define their service areas within a mile of the fixed route systems. Thus, such services are not a real option for much of the older adult population. Additionally, the inefficiencies of high occupancy vehicles and time on vehicles due to travel distances, only adds to the practical and physical problems that older adults encounter when they try to access traditional transportation.

**Difficulties with Options.** In 1996 rural or non-metro residents made up 25% of the US population while only 6% of the federal transit funds were spent for rural transit. Alternately, 73% of the population lives in urban areas while 94.5% of federal transit funds are spent there. Buses, paratransit, and private taxi or private transport services do not even exist in many communities. Forty percent of rural residents (37 million people) are said to have no public transit, and 25% live in places where transportation is said to be inadequate. What this means is that in rural areas, funding for transit is not only inadequate, it also is inequitable.

Even when it is available in rural areas, transportation can be difficult for older adults to utilize because of factors such as failing health, loss of mobility and economic vulnerability. For many elders, it can be difficult to walk to the curb, let alone to a bus stop a few blocks or a mile from home; or to climb the steps of a bus or van once they get there. What’s more, it may not be simply a question of getting to or on the transporting vehicle. Some elders may need an escort to physically assist them to get to their destination or to be with them for emotional support if they hear bad news.

Comments from seniors and caregivers participating in the focus groups mentioned previously, highlight the physical as well as the personal aspects of the problem.

*"I need something that goes to my house."*

*"I have lots of problems carrying loads when I use public transportation."*

*"Public transportation does not allow you to do the fun things. Having fun is extremely important. It is therapeutic."*

*"I am concerned about security on public transportation."*

*"Bus drivers have no compassion, especially for seniors."*

*"I couldn't step up on the bus. I would have to crawl."*

*"You have to wait for them on the street, otherwise they take off."*

*"It takes three hours for what would be a ten minute drive with a car."*

*"I want to go places for recreation, but don't find it easy at night."*

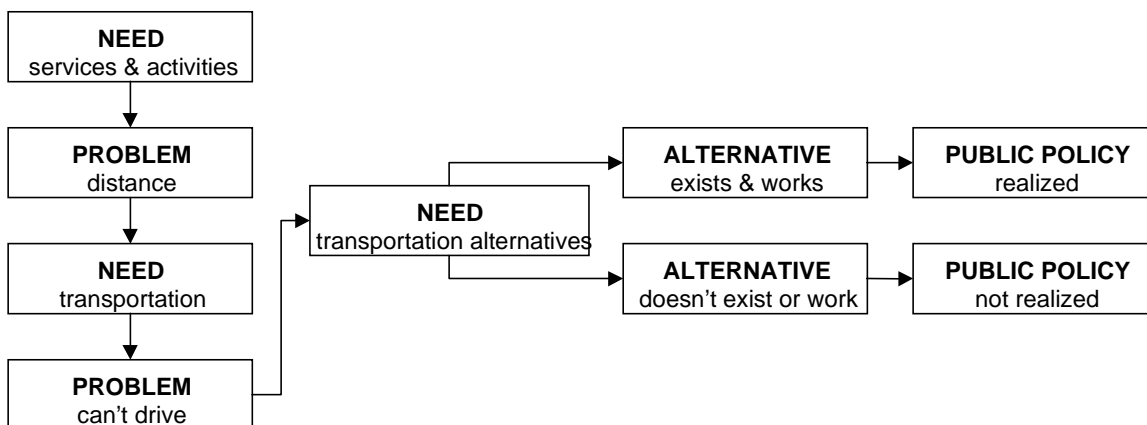
While some people might think that older adults do not use community transportation options because they do not want to or because they are inconvenient, these comments suggest that it is a much more serious problem. In fact, they may not be able to use transportation options if the options do not accommodate their physical needs as well as the emotional concerns.

### **Part III: Transportation Solutions - Modification, Adaptation and Development**

**The Public Policy Interface.** Professionals and service providers in transportation and aging, and older adults and their families are only too aware of the problems that may result from stopping to drive, problems that can make accessing transportation options difficult. They know that these problems do not occur just because a person is 60 or 70 or 80 or 90, but rather are related to the health and mobility consequences of aging. They know that when transportation becomes limited life becomes limited. And, they also know that if transportation options are not available or cannot be accessed, it can mean the difference between independence and dependence, between living in the community or having to go to an institution.

In recent years, our public policy and legislative agendas have emphasized enabling seniors to remain in their homes and their communities as long as possible. The chart below illustrates how the realization of that policy may depend on the availability and usability of transportation services.

**Rural Transit Solutions.** As far as transportation alternatives are concerned, a number of innovative solutions have been developed that accommodate the special circumstances of rural areas. In many instances they support existing public and paratransit options.



- car (or van or truck) sharing programs (by vehicle owners with non-owners)
- shared vehicle use (among organizations in communities)

- group purchase partnership for vehicle(s) (by two or more agencies)
- empty seat use (by car pooling and car sharing)
- community fleet ownership (allowing residents to reserve, pay and drive)
- vehicle renting by transit operators (for rural residents)
- sale of unused capacity (providing service to other users in down times)
- central maintenance facility for small programs (offering economies of scale)
- service program (offering group insurance, driver training or driver sharing)
- limousine or personal auto business (providing drivers for a fee)

While such innovations can help solve many of the transportation difficulties that are faced by service organizations and groups and much of the population in rural areas, they may not address the needs of older adults who cannot drive or who have difficulties accessing traditional transportation options.

**Communities at a Crossroads.** Both urban and rural communities are at a crossroads in helping older adults get where they need to go. Essentially, they have three choices: (1) to modify or adapt existing options; (2) to create new options; or (3) to do nothing. While many communities may opt to doing nothing, the consequences can result in a number of detrimental outcomes for older adults such as an increase in traffic fatalities, inability to access necessary services, isolation and decline in the quality of life. It also can have a negative impact on business and on the overall well-being of the community. The difficult task for most communities is to understand the needs of seniors and to locate criteria for assessing options in terms of their ability to meet those needs.

**Adapting or Modifying Options.** There are numerous ways that communities can adapt existing transportation equipment and programs to meet the needs of older adults. Examples include linking with volunteer groups, providing financial supplements, making physical adaptations, altering or modifying fixed route programs, providing driver training, and changing pick up and delivery locations. It is possible, for example, to purchase buses that kneel. Paratransit programs can provide door-to-door (in addition to curb-to-curb) service. ADA funded transit programs can link with volunteer groups to provide transportation escorts for seniors. Taxi voucher programs can develop driver sensitivity training programs to improve the relationship between taxi drivers and older adults. And, a non-emergency medical care transportation program can be expanded to include “quality of life” in addition to “quantity of life” rides.

However, not all communities are willing or able to make such adjustments and expenditures, and even when they do, older adults may still face many problems getting where they need to go. Additionally, in many instances such adaptations will not make the vehicle or program “senior friendly”.

**Creating New Options.** During the course of the focus group project (mentioned earlier) seniors and their caregivers discussed transportation problems as well as community-based solutions. One of the problems was that transportation options were generally not what might be considered “senior friendly.” Many of the solutions involved specialized transportation programs that communities had developed “just for seniors”.

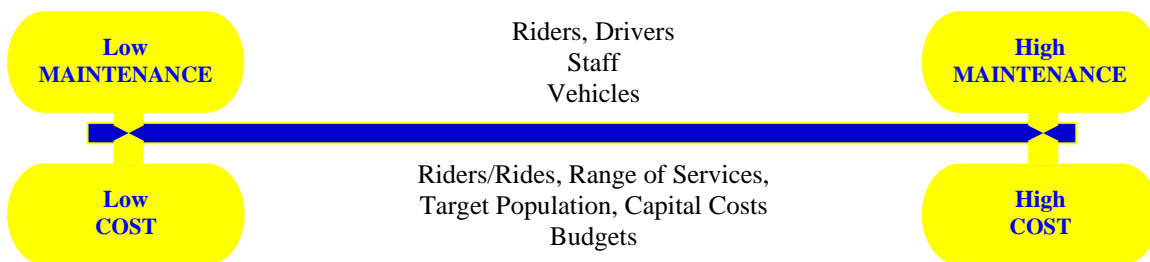
Subsequent studies by the Beverly Foundation in 2000, 2001, and 2002 refined the notion of “senior friendliness” in the context of *The 5 A’s of Senior Friendly Transportation* and identified and indexed more than 300 specialized transportation programs in 50 states. Each program was profiled, and reviews and case studies were developed for eleven programs that received “STAR Awards for Excellence”. The programs were called Supplemental Transportation Programs for Seniors or STPs.

**Supplemental Transportation Programs for Seniors STPs.** Organizations and groups throughout the country are tackling the senior transportation problem by creating grassroots and community-based STPs. However, the idea and support for it is not new. In the 1980s, the US Administration on Aging (AOA) became involved through its National Eldercare Institute and provided financial resources for the start-up of several programs. Today, AOA is the repository of information from those early initiatives.

The fact that STPs provide rides and supplement transportation is important. However, what sets them apart from most other transportation programs is the fact that they reach what might be called a hidden population of older adults (the 85+ age group) who have special mobility needs. STPs are organized to meet those needs through trip chaining, transportation escorts, door-through-door service, and numerous other methods of personal support. Because it is so difficult, if not impossible for traditional systems to provide such “senior friendly” services that can meet the needs of this age group, STPs often function as a critical part of the transportation service system in a community.

There are many similarities and many differences in the organization of STPs. Some provide service in urban areas, others in rural areas, and still others service a mix of areas. Some have large budgets, others small. Some are organized just for seniors, others serve a more varied clientele. Some have paid drivers, others use volunteer drivers, and still others have both. Some provide rides for specific needs (e.g., medical appointments), others provide rides for any purpose. Some provide escorts, others do not. Some require no rider fees but accept donations, others are fee-based, receive tax support, and/or grant funding. Some transport single riders, others offer only ride-sharing. Some use passenger vehicles only, others use a mixed fleet of vehicles. Some pay close attention to risk management issues, others do not. Some provide thousands of rides each year, others provide hundreds of rides. Though there are significant variations in how they are structured and operated, STPs tend to be more flexible than traditional transportation alternatives and are highly responsive to individual needs.

The illustration below indicates the continuum of STPs (from low cost, low maintenance to high cost, high maintenance) and the major variables that will determine location along the continuum. It can be noted that in most instances, purchase of a vehicle will identify an STPs as a high cost/high maintenance program.



Most STPs are affiliated with local community and professional groups and organizations and have established service relationships with aging and social services organizations in their target areas. Organizations sponsoring them include interfaith groups, churches, Area Agencies on Aging, health care programs, senior centers, meals on wheels programs, community service groups, senior volunteer programs such as RSVP, Adult Day Service programs, insurance programs, and transportation providers. Major issues that must be addressed in the start-up and operation include risk management, decisions about vehicle type and cost, rider and driver recruitment and driver training, and costs of service and delivery.

## Part IV: Best Practices in STPs - Rural America and Beyond

Discussions of best practices often focus on the organizational elements of a program. However, the best practices (or “programs of excellence” in the case of STPs) that will be discussed in this section also will address way the programs and their activities meet the needs of rural elders like Mrs. Smith and Mr. Jones, and accommodate the *5 A’s of Senior Friendly Transportation*.

In the Study of STPs (referenced above), one hundred eight (108) of the programs surveyed (35% of the total) identified themselves as being located in rural areas. The following provides a profile of that group.

### Supplemental Transportation Programs for Seniors (STPs) In Rural America

<b>Operation:</b>	17 years average
<b>Purpose:</b>	62% medical appointments only, 46% any purpose
<b>Availability:</b>	56% daytime, 47% weekdays only
<b>Service:</b>	76% door-to-door service; 23% curb-to curb; 11% fixed route
<b>Scheduling:</b>	29% same day reservation; 38% day advance reservation
<b>Escorts:</b>	38% can provide escort services
<b>Occupancy:</b>	27% can provide single passenger rides*
<b>Vehicles:</b>	42% use autos; 54% use vans; 35% use buses;
<b>Rider Fees:</b>	51% no fees; 19% flat rate fee; 13% mileage rate
<b>Drivers:</b>	33% volunteers only; 40% paid only; 24% mix of volunteer and paid

\*NOTE: STPs Survey by the Beverly Foundation in 2000, included 78 Rural STPs respondents

**Meeting the Needs of Rural Elders.** Mrs. Smith and Mr. Jones, who were discussed in part I, required frequent travel to distant health services, and to what might be considered recreational, educational or social activities. Additionally, Mr. Jones traveled to shop and Mrs. Smith traveled to a nutrition program. While it might be difficult and expensive for a public or paratransit program to meet their needs, many of the STPs that identified themselves as being located in rural areas would be able to do so with efficiency and economy.

- #1 The utilization of private autos (42%) and vans (54%) and the availability of single passenger rides (29%) would make it possible for a Mrs. Smith or Mr. Jones to travel to distant locations and do trip chaining for some of their activities rather than having to depend on high occupancy vehicles with point to point transit routes.
- #2 The involvement of volunteers (33%) would eliminate or reduce many of the transportation costs that a Mrs. Smith or Mr. Jones and transit providers might incur.
- #3 The provision of door-to-door service (76%) would make it possible for a Mrs. Smith and Mr. Jones to access the vehicle without having to walk long distances.
- #4 The rides “for any purpose” (46%) would make it possible for a Mrs. Smith or Mr. Jones to take quality of life social, educational and recreational trips.
- #5 The availability of escorts (38%) would make it possible for a Mrs. Smith or Mr. Jones to have someone stay with them during their medical procedures to provide both physical and emotional support.

**Meeting the “Senior Friendly” Criteria.** In general, the STPs that were studied made efforts to accommodate the needs for “senior friendly” transportation, and most managed to address some or all of the 5 A’s.

#### **The Five A’s of Senior-Friendly Transportation\***

**Availability:** (exists and available when needed...weekdays, evenings, weekends)

*Many of the STPs in rural areas recruit and train volunteer drivers to supplement the work of paid drivers so that they can transport in the evenings and on weekends.*

**Accessibility:** (can be reached and used...transit stops, stairs, door-to-door)

*While some STPs provide door-to-door service, others recognize the needs of many seniors for help with wheelchairs and provide door-through-door service.*

**Acceptability:** (meets standards...vehicles clean, transit stops safe, operators helpful)

*A large number of the STPs provide driver training, not just for driving safety, but also for passenger safety and sensitivity.*

**Affordability:** (costs are manageable...low fees, vouchers, coupons)

*Numerous STPs do not charge transportation fees, and while many are supported by grant funding, many also give passengers the opportunity to make donations.*

**Adaptability:** (possibility of modification...for wheelchairs, trip chaining, escorts)

*Not only are the majority of STPs organized in a way that makes trip chaining possible, many involve volunteers who can act as escorts.*

*\* The 5A’s of Senior Transportation were developed by the Beverly Foundation, 2001*

**Other Best Practices.** The winners of the STAR Awards for Excellence (identified earlier and discussed in the report *Supplemental Transportation Programs for Seniors*) demonstrated numerous innovative approaches and service methods in urban and rural communities. Five of the innovative concepts that were developed and put into practice by programs serving rural areas are noted below.

**Friends Helping Friends.** The T.R.I.P program of Riverside, California is a non- profit social assistance program with volunteer drivers/escorts. It is organized with a “friends helping friends” approach to driver recruitment in that riders recruit their own drivers. The program provides reimbursement for mileage. The reimbursement is given to the riders who in turn give it to their drivers. The driver recruitment effort and reimbursement method is meant to empower the rider, to eliminate the need to purchase vehicles, and to reduce the requirement of T.R.I.P. to organize and support a volunteer driver group.

**Elder Experience Travel.** The San Felipe Elderly Transportation Program is a non- profit program operated through the senior center on the San Felipe Pueblo in New Mexico. The program consists of one van that was donated by the San Felipe Pueblo Casino. The Casino continues to support the program by providing inexpensive gasoline. The program serves 90 “elderlies”, charges no fees for service, and is the only transportation available for many of the riders. In addition to providing rides for essential trips, shopping, and social activities, the program also provides transport to religious events and to far away places such as the Grand Canyon and Juarez, Mexico. The distant travel has provided a mechanism for elders to join their wisdom with travel experiences and thus enhance their role as village elders in the eyes of their grandchildren.

**Provider Donation Mobilization.** Shepherd’s Center Escort of Kalamazoo, Michigan is an interfaith transportation program sponsored by 42 churches. It provides rides for medical appointments only; is a volunteer driver program with limited staff; and operates on a budget of less than \$10,000. It does not charge fees for transportation and accepts donations from riders and

from service providers. The program does not explicitly solicit providers for donations. However, drivers who escort riders to doctor's offices and other medical services leave an information card about the program and its service to the community, thus giving service providers the opportunity to contribute to a cause that is in their best interest and in the best interests of their patients.

**Driver Escort Support.** Jefferson County Service Organization of Oskaloosa, Kansas is a non-profit agency that is the sole provider of transportation in the county. Eighty-five percent of the riders are seniors and most are age 75 and older. Although many of its riders still drive their cars, they depend on the service for longer-distance rides to medical appointments. The majority of drivers are retired, and since most of the rides involve long distances, drivers almost always stay with passengers until they are ready to return home. In addition to providing transport, they also help schedule and record medical appointments, and help with shopping, and with carrying grocery and other packages.

**Voluntary Revenue Development.** The Independent Transportation Network (ITN) of Portland, Maine is a non-profit local transportation program that serves a mix of urban and rural seniors and the visually impaired. It is an automobile oriented program and includes owned and volunteer vehicles as well as paid and volunteer staff. ITN has built a voluntary revenue stream from the members of the community who benefit when older people have mobility. Its approach includes gift certificates from adult children, a ride and shop program where merchants help pay for their customers' rides, a ride services program where private contracts are established with local churches and assisted living facilities, and a healthy miles program with health providers.

## **Part V: Conclusion**

Transportation for older adults means mobility to access the essentials (what might be called quantity of life requirements) as well as to the non essentials (what might be called quality of life opportunities). When they no longer drive or want to give up driving, older adults often cannot or will not use traditional forms of transportation...even when they are available. Without adequate transportation older persons may have unmet needs for services and support and for social activities and socialization. The result may impact on their health and well being as well as their ability to remain in the community.

Solving the transportation problems of older adults who no longer drive can present major problems for providers in non-metro areas. Non-metro elders are likely to have to travel greater distances and longer times because of their own geographic distribution and that of needed health care and social services. At the same time, public and paratransit systems in non-metro areas tend to be organized within defined service areas, and generally do not cross city or county boundaries. And, even when transportation is available, the health and mobility problems related to vision, mental health and performance of activities of daily living that limit the ability of older adults to drive, also can impair their ability to use public and paratransit options. For this reason, transportation must be viewed as more than providing point to point transit or fixed or flex route systems and services.

While transportation often is seen as the domain of the public and paratransit systems, the emergence of community based options such as STPs indicates that senior transportation also is the domain of community groups, clubs, senior centers' meals programs and private providers. Organizations and groups throughout the country know that the government cannot do everything, and are taking on the agenda of senior transportation in very innovative ways. In doing so they are addressing the problems that make it difficult for older adults to access transportation. They are providing help to older adults to

get to the essentials as well as enjoy quality of life experiences. They are creating programs that can become part of the tapestry of transportation and senior service programs in both urban and rural communities.

Today, with our public policy focused on enabling seniors to stay in their homes as long as possible, transportation is increasingly identified as one of the major problems and service needs of seniors as expressed by service professionals, caregivers and seniors themselves. In the coming years, as their populations age and they face increased demands on how to allocate transportation dollars, more communities will be experimenting with adapting existing options and creating new ones in the form of STPs. Hopefully, these experiments will consider the “senior friendliness” of the options and ways that they can enhance the quality as well as the quantity of life of America’s older adults.

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This paper was written by Helen Kerschner, PhD., President & CEO of the Beverly Foundation in Pasadena, CA. The author has many years of experience in research and education in both aging and transportation.

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Located in Pasadena, CA, the Beverly Foundation is a 501(c)(3) nonprofit organization whose purpose is to promote quality of life of America's older population through research, demonstration and education that addresses long term care and transportation mobility.

The AAA Foundation for Traffic Safety is a 501(c)(3) public charity located in Washington, DC that is dedicated to research and education about the causes of traffic crashes. It is funded by donations from AAA Clubs, AAA members, and other organizations associated with the American Automobile Association.

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**The STPs Mobilizer Project is a  
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