

STPs Mobilizer Project

WHITE PAPER #7

TRANSPORTATION IN ADULT DAY SERVICES A SPECIAL SECTOR FOR STPs

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Introduction

The number of people who are 65 and over in the United States will more than double from 2000 to 2030 (34.9 to 70.3 million), eventually representing 20% of the population. The increase in the 85+ age group of more that 100% in the 30 years between 2000 and 2030.

THE AGING POPULATION IN THE US			
	Total Population	65+ Population	85+ Population
<u>2000</u>			
Total	275,306,000	34,835,000 (12.7%)	4,312,000 (1.6%)
Men	134,554,000	14,473,000 (10.8%)	1,294,000 (1.0%)
Women	140,752,000	20,362,000 (14.5%)	3,018,000 (2.1%)
<u>2030</u>			
Total	351,070,000	70,319,000 (20.0%)	8,931,000 (2.5%)
Men	171,303,000	31,153,000 (18.2%)	3,215,000 (1.9%)
Women	179,767,000	39,166,000 (21.8%)	5,716,000 (3.2%)

Commonly referred to as the “old old”, the 85+ population is the fastest growing segment of the older adult age group. Its dramatic increase will have major implications for families, for communities, for health providers, and for social service providers.

Traditionally, much of the supportive care for the “old old” has been provided by family members. However, a variety of factors have combined to produce a dramatic decline in the number of informal caregivers, a decline that is expected to have major consequences with respect to the need and requirements for community-based supportive care.

Shortage of Caregivers to Senior Adults Future Projection

<u>Year</u>	<u>Potential Elder-Caregiver Pool</u>	<u>Birth Date</u>
1970	21 caregivers per person age 85+	1885
1990	11 caregivers per person age 85+	1905
2010	10 caregivers per person age 85+	1925
2030	6 caregivers per person age 85+	1945

Robert Wood Johnson Foundation, 1996 study, "Chronic Care in America: A 21st Century Challenge," illustrates change in the ratio of the population in the average caregiving age range (ages 50-64) to America's senior adult (age 85 and

Today, public policy emphasizes the importance of enabling our older population to remain in their homes as long as possible. Such policy is consistent with the preferences of older people. At the same time, it creates a need for community-based health services, social services, and support. In light of the shortage of traditional or informal caregivers, the need will be intensified for paid caregivers who can provide social support and health care to the senior and respite for the caregiver.

The Need For Adult Day Services (ADS)

ADS Programs have been identified as one of the most promising options that can provide community-based care for the senior and respite for the caregiver.

A 2001-2002 national study of Adult Day Services funded by the Robert Wood Johnson Foundation identified 3,407 Adult Day Centers in the United States, 53% of which have been open for 11-20 years or more. 78% of the Adult Day Centers are not-for profit. On the average, they serve 25 people per day at an average daily cost of \$56. Approximately 51% of the costs are paid by Medicaid and other public funds, and 47% are paid directly by families. (1)

Adult Day Center models include: 21% based on medical model, 35% based on the social model (with no medical component), 42% are based on a combination of medical and social. 35% of the people attending an Adult Day Center live with an adult child, and 20% live with a spouse. Adult Day Centers provide a variety of services, including transportation.

According to the study, 26% of the Adult Day Centers have opened in the last five years. This growth however, has lagged behind the need, estimated to total of 8,520. Thus, 5,415 new Adult Day Centers are said to be needed, with the majority need in rural areas.

In 2002, the Beverly Foundation undertook a study of ADS in California. The purpose was to understand the problems, issues, challenges, and opportunities for ADS programs in the future. Research activities included policy maker interviews, provider surveys and focus groups, and caregiver focus groups. While the project did not focus

on senior transportation, the topic of transportation was a concern expressed by policy makers, providers and caregivers. (2)

This white paper reviews why transportation is important in ADS programs, the many transportation challenges that must be addressed, and several solutions that have been suggested. It also presents ideas for how STPs (Supplemental Transportation Programs for Seniors) can help fill some of the gaps.

The Importance of Transportation to ADS

In the Beverly Foundation study, transportation was viewed as a critical issue in the operation of ADS programs by policy makers, providers and caregivers alike. In general, they described transportation as being a major access challenge for ADS programs and a factor, if not the factor, in program success as well as failure.

ADS Transportation Importance

a top service & support need
critical to the success of ADS
especially important in rural areas
provides support to caregivers
gets participants to program

California **policy makers** indicated that they saw transportation as a lifeline for care in ADS programs, a necessary operational feature, and, in some instances, a determining factor in ADS program survival. In the words of one policy maker, “If you don’t have the ability to get a person to the program, that person may not be able to enroll.” Individual policy makers saw transportation as: “necessary to the success of ADS”, “adding value to the program”, and “helping relieve the stress of caregivers”.

California **ADS providers** indicated that their ability to provide or subsidize transportation is critical. They indicated that families often cannot get participants to the program. They also saw transportation as a major factor in access of participants and support for caregivers. According to one provider, “Social day care is about respite for family members. If they have to drop them off and pick them up, where’s the respite?”

California **caregivers** saw themselves as having the major responsibility for providing transportation. At the same time, many of them indicated that it helped them when transportation was provided by the ADS. One caregiver made the comment, “Who is ultimately responsible? I am, but I would like to have options to support me.” The comment by another caregiver that, “I would drive my mother if I

could, but I have to be at work by 6:30 a.m.”, indicated the absolute necessity of having a transportation option.

In summary, transportation was viewed by all groups as a necessary ingredient, a factor in program success or failure, and a critical feature in the ability of participants to access ADS services.

Transportation Challenges for ADS

The study identified a variety of methods used to get participants to ADS programs. They include transportation provided by family members, friends, public transit services, ADA paratransit services, specialized transit of health and social services; and transportation provided by ADS programs.

From the point of view of policy makers, providers and caregivers, ADS programs faced numerous challenges in facilitating or providing transportation for participants. Many were related to direct delivery of transportation by ADS programs, others to linking with or contracting for transportation services, and still others to family member delivery of transportation.

ADS Transportation Challenges

- safety on vehicles
- qualified drivers
- service flexibility
- assistance to participants
- availability in rural areas
- costs of transportation
- paratransit services
- county boundaries
- length of rides
- narrow windows
- wait times

California **policy makers** were especially concerned about the inability of both public and paratransit services to adapt their boundaries and jurisdictional limits to meet the needs of program participant. They saw accessibility as a problem because of the inability of ADS participants to access vehicles and the inability of drivers to help ADS participants. They saw availability of transportation in rural areas as a challenge for the delivery of ADS services in general. They saw the affordability of transportation as presenting challenges to both providers and caregivers.

One policy maker's comment was especially enlightening with respect to challenges in rural areas. "In rural communities it really is a problem. The ADS program in one

rural community I know of covers an entire county, and providing transportation can cost more than the daily rate reimbursed by Medical. “

California **providers** said that maintaining high quality, affordable, safe and secure transportation is their goal. Others said they thought it was important to the length of time that participants had to wait to ride the bus. Still others said that paratransit was critical to them because they did not want to own or run their own transportation program. At the same time, they expressed countless concerns about paratransit services.

“Paratransit is unreliable. Some people have to pay caregivers to bring participants.”

“Paratransit does not want to serve dementia patients.”

“The family members must have a lot of flexibility in their schedules for pick-up and drop-off with paratransit.”

“Our participants use paratransit but are rabid at how much they resent it.”

“Our local Dial-A-Ride said the participants might wet the vans if they are on the bus for longer than an hour, so they won’t take them.”

“It’s curb-to-curb service. They bring them and they drop them. Not everyone can get to the curb.”

California **caregivers** who drove their parents expressed considerable satisfaction in their transportation provider role. One reason was because their parent would not have gone to ADS otherwise. Another was that they could be certain of the reliability of the service. Caregivers who used paratransit services had many complaints similar to those of providers.

“We use Dial-A-Ride. It’s always late.”

“We never know which bus to get on. If you’re not familiar with the bus system, it’s a problem.”

“They talk about a window of time to wait, but it’s more like a door. She sits and waits a long time. For someone with Alzheimer’s it can be a problem.”

“They are so inconsistent. I was getting to work late because they don’t arrive on time.”

“Sometimes mom’s on the bus for more than an hour.”

“They dropped my dad off two times at the wrong location. Now I have to walk outside every time I see a car passing to wait for him.”

In summary, all three groups saw numerous challenges in accessing transportation services to and from the ADS program. It appears that paratransit services, while critical to many ADS programs, presented some of the major challenges.

Transportation Solutions for ADS

In the course of the study, policy makers, providers and caregivers identified a variety of solutions to the transportation challenges faced by ADS programs. One policy maker described what might be called a “take the service to the people” program. The program operated a recreational vehicle that traveled around rural areas, stopping in each town for one-day each week to provide an ADS social program to seven or 8 people. Several caregivers suggested that the way to improve transportation within an ADS program would be for the program to have its own bus.

ADS Transportation Solutions

support through transportation system
multiple levels of reimbursement
make driver part of the team
take advantage of paratransit
participants pay for transportation
ADS provide own transportation

Most providers indicated that they do not especially want to run their own transportation services. One provider said, “Paratransit is critical to us because we do not want to own or run a transportation program.” Nevertheless, many providers said that owning their own transportation service was the best solution. In the words of one provider, “Paratransit is unreliable. We would like to have our own transportation program, regardless of the headaches.” Another provider put it this way.

“We have our own transportation. I’m in control. I lost a client for 2 days with paratransit. They dropped off a demented woman at the curb and she wandered off. I can’t deal with it ever again. We have drivers, but we have aides ride on the vans as much as we can. The driver is trained to be an aide in the program.”

Caregivers who used paratransit services suggested a variety of solutions to the transportation challenges they faced. These included training drivers, adding aides, improving scheduling, establishing limits for time on the van, and initiating door-to-door service.

In summary, all three groups saw the solution as ensuring that transportation is a central part of the ADS program (regardless of who provides it), that participants can access the transportation that is provided, and ADS programs and families have the ability to draw on a variety of funding sources to support the transportation services for their participants.

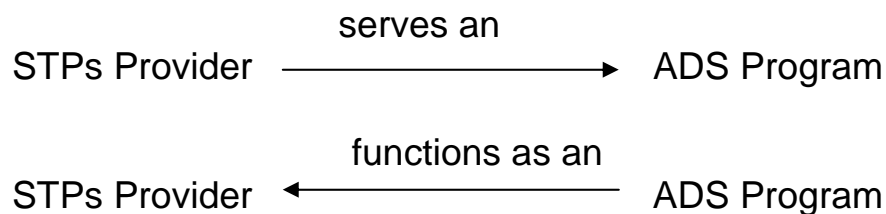
STPs and the ADS Transportation Solution

The report Supplemental Transportation Programs for seniors identified more than 230 STPs around the country. (3) STPs are community-based transportation services that supplement existing transportation services that reach what might be called a hidden population of seniors who have special mobility needs and who might not be able to remain in the community without a specialized transportation option. Additionally, STPs support and complement traditional transportation options in five important ways:

- (1) They meet the needs of or target the 85+ population.
- (2) They provide escort services.
- (3) They fill transportation gaps in communities.
- (4) The volunteer component in many STPs encourages low cost/low maintenance operation.
- (5) They can be described as “senior friendly.” (4)

In some instances, the STPs are initiated by service providers who use the transportation services to transport their clients to and from transportation services. In other instances, the STPs are organized by community groups that develop contractual relationships to transport the clients of service providers.

With respect to their concept, practice and operational features, STPs appear to offer ADS programs an important option for providing transportation to participants. At the same time, ADS programs that own or provide their own transportation services hold out the possibility of serving as STPs that provide transportation to seniors in the community at “down times” when the ADS program is in operation. These two options are illustrated below.



In summary, the STPs approach offers ADS programs an important community-based transportation option that could help solve some of the difficult transportation problems faced by the programs and their participants. The STPs approach also offers ADS programs possibilities for offering low cost transportation, raising their visibility in the community, and supplementing their transportation budget.

It is possible that some ADS programs already are being served by STPs or are operating as STPs. There is no information available about such STPs or about the promising practices that may already exist. This is clearly an area for further research.

Notes

- (1) National Study of Adult Day Services 2001-2001. Funded by The Robert Wood Johnson Foundation and conducted by Partners in Caregiving. 2003.

- (2) Adult Day Services in California. Funded by the Archstone Foundation and conducted by the Beverly Foundation. 2002. This study can be located on the following web sites: www.archstonefoundation.org and www.beverlyfoundation.org.
- (3) Supplemental Transportation Programs for Seniors. The Beverly Foundation, Pasadena, California. 2001. The study was a partnership between the Beverly Foundation of Pasadena, California and the AAA Foundation for Traffic Safety in Washington, DC. 2001
- (4) The criteria for Senior Friendly Transportation has been defined by the Beverly Foundation as The Five A's of Senior Friendly Transportation. The 5 A's include availability, acceptability, accessibility, affordability, and adaptability.