

## #62

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### Q1

Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

Most MTCs in California have coordinated transportation plans which include a range of transportation options for seniors and disabled populations, as well as means for their correlation. For optimal implementation of these plans it is necessary to identify the areas of greatest need—those with high numbers of aging and disabled populations and low levels of available transit.

### Q2

Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

**Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.**

**Goal 2: Livable Communities & Purpose. We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.**

### Q3

Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

**Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.**

**Objective 2.1: California's neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.**

### Q4

Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

The recommendation is to develop a model for identifying areas with high numbers of seniors and disabled populations in conjunction with low levels of available transit in order to guide implementation of MTC coordinated plans. The underlying rationale is that transportation resources provided by the government should benefit those who need them most. Therefore, identifying mismatches in transportation need and supply is a vital step in addressing transportation equity. Data for such a protocol can be obtained from available data sources.

**Q5**

Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

Seniors and disabled populations in areas with limited transportation options.

**Q6**

Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

- Locate necessary data for determining transportation needs for older adults (e.g., Census, and other relevant data and survey sources).
- Finalize model for data analysis.
- Create user-friendly tools to conduct transportation needs analyses.
- Develop report template to be produced by the tool.
- Implement the tool at the city/county level.

## Q7

Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

The number of residents age 65 and older is expected to double between 2012 and 2050, and the number age 85 and above is expected to increase by over 70% between 2010 and 2030. Declines in physical function related to age may reduce mobility options dramatically. Results from a survey of 510 residents age 55 and older in Contra Costa County indicate that a majority of seniors are car dependent. However, some older adults miss important activities due to mobility limitations associated with increasing age, poorer health, living alone, not having a licensed driver in the household, and having a disability. Mobility options are also limited in some geographic areas and demographic groups.

(Ragland, David R; MacLeod, Kara E; McMillan, Tracy; Doggett, Sarah 2019. Assessing and Addressing the Mobility Needs of an Aging Population. SafeTREC. <https://escholarship.org/uc/item/8p7283gg>)

An examination of the links between public transit accessibility and the risks of social exclusion was conducted and the results showed that neighborhoods with high concentrations of low-income and zero-car households located outside of major transit corridors are the most sensitive to having improvements in accessibility increase daily activity participation rates. Therefore, transit investments providing better connections to these neighborhoods would have the greatest benefit in terms of alleviating existing inequalities and reducing the risks of social exclusion.

(Jeff Allen, Steven Farber. 2020. Planning transport for social inclusion: An accessibility-activity participation approach)

Research clearly shows that travelers with disabilities face multiple barriers in every mode of travel. People with disabilities travel less and report more mobility problems than those without disabilities; moreover, almost 2 million Americans report themselves to be homebound. At the same time, the barriers that these travelers face are not necessarily the ones that have gained the most traction in policy debates, particularly debates that center on ADA modal mandates. For example, one-third of people with disabilities have no public transit or ADA-mandated paratransit available to them. The other two-thirds—who have access to these services—rarely use them and generally do not blame their nonuse on their disability. In addition, the travel mode that created the largest barriers for people with disabilities was walking, a mode necessary for the successful use of all other modes, as well as personal mobility.

(Sandra Rosenbloom. 2007. Transportation Patterns and Problems of People with Disabilities)

Transportation barriers are often cited as barriers to healthcare access, resulting in rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and thus poorer health outcomes. The elderly may face a unique combination of health care access barriers due to disability, illness and likely a greater need for frequent visits to their clinician. Among the elderly reporting any barrier to health care access, 3–21 % reported having transportation barriers.

(Syed, Samina T.; Gerber, Ben S.; Sharp, Lisa K. 2013. Traveling Towards Disease: Transportation Barriers to Health Care Access)

The probability of transportation deficiency decreases for older adults who: know how reach destinations using public transportation, are within walking distance of the subway, have lived in the neighborhood for more than 20 years, live in areas with places where one can meet other older adults within walking distance. The probability of transportation deficiency increases for people who: are 75 or older, have a physical disability, are males and have given up driving, are low-income, live with children, live in areas with difficult conditions for pedestrians.

(Joon-Ki Kim, Gudmundur F. Ulfarsson, Keemin Sohn. 2013. Transportation Deficiency of Older Adults in Seoul)

## Q8

Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:

Local: The Coordinated Public Transit–Human Services Transportation Plan (2018), adopted by the Metropolitan Transportation Commission (MTC) of the San Francisco Bay Area examines the question: “How can MTC and its partners provide mobility options for seniors, people with disabilities, veterans, and people with low incomes that are also cost efficient for the region?” and then provides a comprehensive assessment of mobility needs for those populations in the Bay Area. Its recommendations include supporting a range of options centered around shared mobility and accessibility to populations at risk for limited mobility. This plan serves as a model that other agencies can emulate when planning for an aging population with unique transportation needs and challenges. This Plan is similar to plans developed by all MPOs in the State as mandated by Federal FASTACT legislation.  
(Metropolitan Transportation Commission [MTC] of the San Francisco Bay Area)

State: The Older Americans Act (OAA) seeks to enable older individuals to maintain their well-being through locally developed community-based systems of services. The OAA Title III B Supportive Services Program provides a variety of services to address functional limitations, maintain health and independence, and promote access to services.

The Title III B Information and Assistance (I&A) Program is the entry point to services in a Planning and Service Area (PSA). I&A staff assess individuals’ needs, make referrals to local services or programs in the communities, and follow up with individuals to find out if service needs were met. In addition, I&A staff work with local agencies on disaster planning and preparedness activities to address older adults’ needs during local or statewide disasters.

The Title IIIB Supportive Services Program provides a variety of transportation services, including but not limited to:

- Door-to-door transportation, which may include escort services for those who cannot use the public transportation system
- Vouchers for reduced rates on public transit, van transport to congregate meals, medical appointments, etc.

(State of California Department of Aging)

National: Rural public transportation systems serve communities outside of urban areas. Types of rural public transportation include demand–response public transportation (dial-a-ride), traditional and deviated fixed route services (e.g., shuttles, circulators), vanpool, or reimbursement programs. The need for rural public transportation has historically been linked with providing mobility and accessibility to essential employment, goods, and services for older adults, persons with disabilities, low-income persons, and others. In reviewing data from 2000 to 2005, APTA found that nearly 9% of public transportation trips were for medical purposes in areas with populations less than 200,000. AARP emphasizes that “access to health care is a key purpose of local public transportation services and rural public transportation programs.”

Rural public transportation services more broadly support well-being for rural residents by also providing transportation to employment, schools, places of worship, and social and recreational destinations. Access to public transportation in rural areas is limited by travel times and distances, frequency of service, cost, and limitations in funding to address these challenges. Mobility Services for All Americans program is a federally administered initiative to improve transportation services and simplify access to employment, health care, education, and other community activities through technology integration and interagency coordination.

(U.S. Department of Transportation)

### Q9

Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

State Agencies/Departments: [action to be taken by Governor or specific state agencies] Obtain funding for developing transportation deficiency tools.

Local Government: Use transportation deficiency tool to help guide coordinated mobility and fund development of the tool.

Private Sector: Develop data tool for transportation deficiency.

University: Develop data tool for transportation deficiency.

### Q10

Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

Number of seniors and disabled individuals who experience transportation deficiency as determined by transportation deficiency tools. The proposed protocol/tool can be used to generate this number.

### Q11

Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

- Development of protocol/tool for identifying transportation deficiency.
- Number of counties that utilize transportation deficiency methods to help guide coordinated transportation plans.

### Q12

Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020...

**Incorporation of transportation deficiency concept in the Master Plan for Aging.**

Mid term: By 2025...

**Number of counties that utilize transportation deficiency data in transportation coordination, and have established a baseline of aging and disabled populations experiencing transportation deficiency.**

Long term: by 2030...

**Measurable reduction in number of aging and disabled populations experiencing transportation deficiency.**

### Q13

Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Existing data sources:

- California Community Survey (CCS)
- California Household Travel Survey (CHTS)
- Census's Longitudinal Employer-Household Dynamics (CLEHD)
- OSM Editor for ArcGIS (for using Open Street Map)
- General Transit Feed Specification (GTFS)

Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

- Surveys to supplement existing sources in identifying aging and disabled populations at transportation risk (example: addition to the California Household Transportation Survey [CHTS])

### Q14

Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

According to literature on senior mobility and our own work, transportation service providers have implemented a variety of practices that enhance transportation-disadvantaged seniors' mobility and the cost-effective delivery of these services...

We grouped these practices into three categories:

- (1) increasing service efficiency
- (2) improving customer service
- (3) leveraging available funds

... Several providers have entered into contracts with public and private entities to leverage available funds and generate additional revenue for senior transportation services. According to these providers, their practices have resulted in more senior-friendly transportation and more cost-effective service delivery.

(Excerpted from: Transportation-Disadvantaged Seniors: Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information [30-AUG-04, GAO-04-971]).

### Q15

**High**

Prioritize your recommendation: [How would you prioritize your recommendation relative to other needs/priorities?]

### Q16

Contact information: [Let's stay in touch!]

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