Enhancing Mobility Options for Older Americans

A FIVE YEAR NATIONAL ACTION AGENDA

AARP®

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Executive Summary

In the next 25 years the number of Americans age 65 and older will double. Americans 85 and older comprise the fastest-growing segment of the population. As life expectancy exceeds the age at which many Americans typically cease or significantly limit driving, the need for increased and enhanced mobility options to enable Americans to age in place will become more urgent.

Today's transportation infrastructure is unprepared for the transformation in America's demographic shape. Older adults identify mobility with driving. Other options, such as public transportation and walking, are often inconvenient or inaccessible. A recent report has shown that over half of all non-drivers age 65 and older stay home on any given day.

In communities throughout the country, many innovative programs have been developed to help older adults maintain mobile lifestyles. In June 2004, AARP convened over 40 experts, policymakers, and practitioners in the fields of aging and transportation to develop priorities and strategies that would contribute to reaching a five-year goal of increasing the percentage of adults who have the mobility choices they need to remain independent as they age. Meeting this goal will require even more innovations in service, as well as changes in the policy framework and new levels of coordination among policymakers, human services agencies, transportation planners, advocates, engineers, transit agencies, road builders, and other stakeholders.

Background

In early 2004, AARP adopted a Ten Year Social Impact Agenda that focuses on a single overarching goal: **People 50+ will have independence, choice, and control in ways that are beneficial and affordable for them and society as a whole**. One of the primary factors determining people's ability to achieve and maintain independence, choice, and control throughout their lives is the quality of their communities. Today, many Americans age 50 and older live in communities that do not provide access to the services and information they need to stay self-sufficient and mobile as they age.

This document focuses on a key element in developing more livable communities. For many older Americans, a lack of mobility options poses one of the greatest challenges to remaining independent. As one of the ten goals in our Social Impact Agenda, AARP has made a commitment to ensuring that Americans 50+ are able to **sustain mobility as they age**.

In June 2004, AARP hosted a two-day Mobility Forum involving over 40 experts, policymakers, and practitioners in the fields of aging and transportation. Participants included representatives of public and community transportation providers, area agencies on aging, caregivers, and local elected officials; urban planners; public health professionals; consumer advocates; transportation and land use advocates; and government officials from the Administration on Aging, Environmental Protection

Agency, Federal Transit Administration, Federal Highway Administration, and National Highway Traffic Safety Administration.

Two recent reports have underscored the urgency of the mobility challenges facing older Americans. In November 2003, the U.S. Department of Transportation published *Safe Mobility for a Maturing Society: Challenges and Opportunities*. The report articulated a vision of a future transportation system that allows older adults to remain independent and age in place, and outlined seven areas of pursuit in which progress was needed to achieve this vision.

In April 2004, the Surface Transportation Policy Project, in coordination with AARP and the American Public Transportation Association, published *Aging Americans: Stranded without Options*. This national study showed that more than half of all non-drivers age 65 and older stay home on a given day, many because of limited transportation options. The study's recommendations included increasing investment in public transportation systems, increasing funding for specialized transportation programs that provide mobility for older adults, incorporating older Americans' mobility needs into the planning of transportation projects, improving coordination between service providers, and making streets safer for pedestrians.
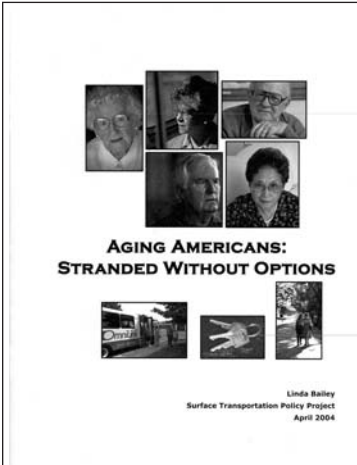
These reports formed a foundation for discussions at the Mobility Forum. Participants developed a framework for translating the reports' goals and recommendations into a Five Year Action Agenda. Which goals and objectives were feasible within this time frame? Which needs were most urgent? Which solutions had the broadest appeal to consumers of all ages?

With these and other criteria in mind, participants developed a set of priorities and strategies toward meeting the following goal: **Increase the percentage of adults who have the mobility choices they need to remain independent as they age**. The following five priorities represent the main thrust of the Five Year Action Agenda:*

1. Individuals can drive safely as long as possible with lessened concern about lack of mobility options when they cease driving.
2. Transportation options are expanded by integrating paratransit and human services transportation into all transportation planning.
3. Federal, state, and local policies provide for expanded and enhanced mobility options.
4. An increased number of communities offers a wide range of transportation options.
5. The public is better informed and more engaged in understanding and acting on the need for increased and enhanced mobility options.

Implementing this agenda will require collaborative efforts with an array of diverse organizations and agencies to change public and private policies and practices. A broad range of approaches at various levels and decision points will be necessary to realize our goal. We must stimulate

*The views of participants in the Forum and the many reviewers' comments on draft versions are reflected in the document that follows. However, AARP takes full responsibility for the content of the report and the strategies and tactics that are recommended.

community-level innovations as well as key changes at the federal and state levels, such as improved coordination of transportation funding programs. Sometimes the needed change will require a focus on policymakers. In many instances, other stakeholders such as transit providers and aging advocates must work in concert. Sometimes there are steps individuals should take to empower themselves or friends and family members. Often, a coordinated effort aimed at all these audiences is needed to effect a desired change.

Many innovative efforts are already under way to enhance and expand mobility options; many organizations and individuals have tremendous expertise in these issues. Realizing the Action Agenda's goal will require that AARP and other organizations join forces to leverage our unique strengths. This document represents an important step in the process.

Mobility **Challenges**

Overview

The next 25 years will witness a doubling of the population of Americans age 65 and older. Americans 85 and older comprise the fastest-growing segment of the population. To live independently and age successfully, older Americans must be able to maintain a mobile lifestyle. Today, in most parts of the U.S., that means owning and driving a car. Yet the process of aging often involves a deterioration of physical and functional skills that can make driving much more difficult.

To a greater extent than previous generations, today's older Americans identify mobility with being able to drive. The coming generation of older Americans will be even more accustomed to driving, and less familiar with other options such as public transportation. For many, the prospect of no longer driving is unthinkable. It often means having to depend on others for rides to the grocery store, to visit friends, and to medical services. Public transportation is unavailable in many communities. Walking is often unpleasant and dangerous, especially for those with visual and other physical impairments who don't have access to sidewalks. Little wonder that most older Americans—and most adults of any age—can hardly imagine a fulfilling life without driving.

To live independently and age successfully, older Americans must be able to maintain a mobile lifestyle.

For too many older Americans, putting the keys down for good is a traumatic experience. Unprepared for the transition, they become isolated from friends, services, and their communities. Increased isolation affects well-being and increases physical vulnerability, preventing older adults from aging in place, increasing health care costs, and adding to the burdens on adult caregivers.

To ensure that the 70 million Americans who will be 65 or older in 2030 participate actively in their communities and enjoy independent living, we need to make a broad effort to increase and enhance mobility options. This includes extending driving lives and expanding other options such as walking, public transportation, and ride-sharing. Implementing transportation improvements that better fit America's changing demographic profile will require new levels of coordination between policymakers, human services agencies, transportation planners, advocates, engineers, transit agencies, road builders, and other stakeholders.

The Crisis Hits Home

Jean, a retired businesswoman and widow, lives in the same house that she and her husband moved into soon after the birth of their son. Many of her closest friends live nearby, and town life keeps her very busy.

But getting from place to place never seemed so hard. The shopping center is on the left side of a five-lane road, and she's come to dread making that turn. Who wouldn't? There's no traffic light, and gaps in the onrushing cars are few and far between. Then there are her board meetings every other Thursday evening. She'd gladly host each one; so little does she enjoy navigating the busy roads and sudden turns.

She wishes she could walk to the store sometimes, or share a ride to some of her meetings. But the nearest store is on the other side of a wide street with fast traffic. And she doesn't want to become dependent on her friends. If her son and daughter-in-law weren't so busy with work and their own family, she might ask them for rides more often. With all of her activities, her car has never been so important to her, even though she'd gladly get around in other ways if they were available.

Today, too many older Americans share predicaments like Jean's—and their numbers will swell over the next 25 years.

In *Aging Americans: Stranded Without Options*, the Surface Transportation Policy Project starkly outlines the mobility challenges facing older Americans. Written and released in coordination with AARP and the American Public Transportation Association, this 2004 national study shows that more than one in five Americans age 65 and older do not drive. Over half of this non-driving population— or 3.6 million Americans—stay home on any given day.

Compared to earlier cohorts, today's older Americans are far more likely to get around by automobile. Between 1983 and 1995 the percentage of trips made by older Americans in automobiles rose from 75 percent to 90 percent. The next generation of older Americans will be even more accustomed to occupying the driver's seat. "By 2012," observes mobility expert Sandra Rosenbloom, "almost every U.S. man and more than nine out of 10 U.S. women will enter their retirement years as drivers."[1]

Older drivers generally are safe drivers. The aging process does affect specific functions related to driving skills, such as vision, hearing, and cognitive and motor abilities, resulting in an increased risk of accident involvement. But older drivers tend to regulate their driving behavior to reduce these risks. Because of self-regulation, older drivers have fewer crashes per licensed driver than any other age group. One study has found that renewing the license of a 70-year-old male driver for another year poses, on average, 40 percent less threat to other road users than renewing the license of a 40-year-old male driver.[2]

But being limited to a single form of mobility serves nobody well, especially older adults.

Because of their increased fragility, older drivers are far more vulnerable to the impacts of crashes than other age groups. Fatality rates per mile driven for 75 to 79 year-old motorists, for example, are more than four times as high as for 30 to 59 year-olds.[3] When driving becomes more difficult, many Americans discover that they have few options. Most live in areas that are not served by public transportation. Others live in areas where transit is difficult to reach on foot and services are inconsistent. Walking is rarely a viable option. Services and social opportunities are too far away, there are no sidewalks, and crossing the road is too dangerous.

When individuals cannot get around by driving, walking, or using transit, the burden often falls on caregivers and human services agencies. As a result, these individuals and organizations are overtaxed with the need to provide transportation services that have essentially been neglected by public policy. Caregivers provide an estimated $257 billion worth of unpaid services each year, and more than eight of 10 caregivers provide transportation assistance either directly or through arranging for the provision of services.[4] Meanwhile, an array of nonprofit service providers has emerged to address transportation needs through vanpools, taxi voucher programs, volunteer driver and escort programs, and other services. While resourceful and effective, these programs must compete for limited funding in a range of government programs.

Of course, older Americans aren't the only ones lacking mobility options. Federal transportation policy over the last 60 years has driven public resources toward building and maintaining roads, leaving relatively little funding for public transportation or pedestrian infrastructure. Road building has spurred and been spurred by land use patterns, as Americans' homes have become ever more dispersed and disconnected from services and employment centers. The development of our road network has resulted in unprecedented mobility gains for many Americans, while enabling countless families to own homes and enjoy a high quality of life. But it has also left us increasingly dependent on a single form of transportation.

For many Americans, aspects of driving become more difficult long before they need to consider putting their keys down for good. Research has indicated that a 40-year-old driver may need 20 times more light to see at night than a driver at age 20.[5] Yet even in areas with relatively strong public transportation services or other community transportation options, many consumers remain unaware of other choices.

So it is that much harder when the 40-year-old driver—five years later or 45 years later—realizes that driving for most of his or her needs is no longer safe. At that point, the prospects of aging in place and retaining independence, choice, and control become far bleaker. Little wonder that for many, driving and living are practically one and the same.

> **When driving becomes more difficult, many Americans discover that they have few options.**

STRANDED WITHOUT OPTIONS

- More than 50 percent of non-drivers 65 and older stay home on any given day.
- 61 percent of older non-drivers stay home on a given day in more spread-out areas, as compared with 43 percent in denser areas.
- Half of all adults cannot choose to take public transportation because service is not available in their area, particularly in rural and smaller towns.
- In the U.S., people 65 and older make eight percent of their trips on foot or bicycle. In Germany, 50-55 percent of all trips for adults age 65 and older are on foot or bicycle.

Source: Surface Transportation Policy Project, *Stranded Without Options* (2004).

The Mobility Arena

Transportation—like electricity—is an element of daily life that we ignore or forget until it is not available. —Joseph Coughlin, Ph.D., director, MIT AgeLab[6]

For most American adults, mobility does not become an issue until driving becomes a problem. Yet by then, it is often extremely difficult to adjust to other mobility options. People also discover that trying to increase those options by changing aspects of the transportation system requires extraordinary patience and perseverance. Making an intersection safer to cross, or making road signs easier to read, can take many years to accomplish.

Providing better mobility for all Americans is partly a question of showing them how to use the options they already have. For individuals who have rarely boarded a train or bus and may have special needs, public transportation services can be confusing and intimidating.

Travel training programs can help. These programs provide one-on-one assistance to help consumers learn how to use public transportation services. Transportation guides listing all mobility options in a given community form another piece of the puzzle. Some communities are going even further and setting up "mobility managers," who can direct residents to different mobility services based on their transportation needs and destinations. Such a "one-stop" resource is extremely valuable for navigating the universe of mobility options in one's community.

But improving older Americans' mobility also requires increasing their options through improving existing services and infrastructure, as well as establishing new services. That involves greater participation by organizations and consumers in the many processes that affect older Americans' mobility.

Every six years Congress sets parameters for how federal transportation funds will be spent. The outcomes of the federal transportation reauthorization process significantly influence communities' mobility investments.

Yet many decisions at the state and community levels also affect mobility. Transportation planning agencies are required to develop long-range transportation plans and short-term transportation improvement programs that allocate federal, state, and local funds for specific projects. In metropolitan regions with more than 50,000 residents, Metropolitan Planning Organizations (MPOs) develop these plans; transportation planning in smaller areas falls directly under the responsibility of state Departments of Transportation. These agencies must solicit extensive public input, although specific outreach to older consumers is not required.

Many transit operators often hold public forums and other events to solicit riders' views on routing, fares, and other issues. Some communities have initiated ongoing dialogues among transit providers, private and public transportation operators, advocates, and other stakeholders to improve coordination and delivery of mobility services. Because land use often greatly affects mobility options, local planning and zoning decisions also represent key processes in the mobility arena.

The processes of deciding how transportation dollars are spent are much more accessible to consumers than they once were. Many individuals and organizations have seized the opportunity to participate vigorously in their communities' transportation planning processes. However, the voices of older transportation consumers have not yet been well heard. A 2004 report by the U.S. Government Accountability Office recommended that the federal government require or encourage state and local agencies to include older Americans in transportation planning processes.[7]

Mobility Options: Incremental Progress, Fundamental Challenges

In many ways, the past 15 years have seen promising trends in American transportation policy toward encouraging other mobility options besides driving. Transit ridership in many urban areas has expanded dramatically. Transit services have become more responsive to the needs of customers with disabilities. New federal programs have been established to fund the construction of walking and bicycling trails and sidewalks.

Yet the influence of these trends on older Americans' mobility has been relatively minor in a landscape where automobile-oriented design remains standard.

Community design profoundly influences consumers' mobility decisions. Wide streets, lack of sidewalks, and large surface parking areas are among the community design features that discourage trips by walking and public transportation.

An increasing percentage of older Americans live in suburban and rural communities that have been designed for automobile travel. Nearly four in five older adults live in rural and suburban areas. Public transportation is rarely used by most of these individuals. A 2002 AARP Public Policy Institute study found that less than half of households in suburban areas are located within a half mile of a public transportation stop or station. In rural areas, less than one in eight households have such access.[8] It is not surprising, then, that public transportation accounts for less than three percent of trips taken by individuals 65 and older, while walking accounts for only five percent of trips.[9]

Residents of rural areas face particular mobility challenges. These areas are home to a growing

proportion of older Americans. Rural transportation providers often must cover vast service areas for relatively few riders, making reliable and cost-effective service a challenge. Thirty-one percent of transit trips in rural areas are made by the elderly; a much higher proportion than in other areas.[10]

Mobility solutions in rural and suburban communities often involve alternatives to conventional "fixed-route" transit. In fixed-route services, vehicles such as trains and buses run along an established path at preset times. Demand-response services, also known as "paratransit," are transit services that pick up and transport passengers upon request to and from their destinations.[11]

While many transit agencies' fixed-route services are expanding and improving, their demand-response services are not experiencing a similar level of support or innovation. Areas served by fixed-route transit are required to provide complementary paratransit for passengers who qualify as disabled under the Americans with Disabilities Act (ADA). But many older Americans are not eligible for this service, although they may have significant health impairments or other limitations that make it extremely difficult to access fixed-route services. More consumers of all ages—both able-bodied and with disabilities—have difficulty using fixed-route services because these services are separated from their homes and destinations by poorly maintained and designed pedestrian environments.

Human services agencies such as senior centers and health care institutions, as well as private transportation providers, have moved in to fill the gap. For many human services agencies, providing transportation assistance has become indispensable to fulfilling their missions. They have become highly resourceful in tapping various sources of human and financial capital to meet their clients' transportation needs. Rural areas are often laboratories for the most innovative approaches.

Entrepreneurial nonprofit organizations in rural communities have developed model volunteer driver programs and made excellent use of advanced technology to improve services, among other innovations.

But these organizations often run into formidable barriers. Securing insurance for volunteer drivers can be a difficult and expensive process. Federal and state funding for human services transportation is scattered among numerous programs, each with its own reporting requirements. A lack of clarity and sufficient flexibility in these programs' requirements often prevents providers from coordinating their services and achieving greater efficiencies. For example, a shuttle service serving older residents being supported by one agency may run on the same route as a van serving people with disabilities being supported by a different agency. But because real or perceived funding requirements have confined each agency to serving a particular client base for a particular need, they continue to duplicate services.

Tough Choices for Older Drivers

Compared to two decades ago, many more opportunities are available for adults to assess and refresh their driving skills. AARP offers a driver safety classroom program and is developing an online driver education program. AARP's classroom program graduates over 700,000 drivers annually. The American Automobile Association offers an online driver education program and a classroom program in some regions. Many Area Agencies on Aging provide information and training on driving to older adults.

Participation in these programs is voluntary, and the most at-risk motorists may not benefit. As stated in *The Policy Book: AARP 2004 Public Policies*, "Traffic safety experts are concerned that there will be an increasing number of at-risk drivers as the population ages."[12] But identifying these drivers for assessment, rehabilitation, and, if necessary, removal of driving privileges is an extremely difficult and sensitive process. Regulation of driver licensing is a state function, and states do not have uniform standards or policies to address this highly emotional issue.

Reliable driving assessment methods have yet to be agreed upon, although assessment programs have been developed that provide a strong indicator of whether additional evaluation is needed. While efforts are under way to expand the number of certified driver rehabilitation specialists, such highly trained practitioners remain unavailable in most communities.

As a result, much of the responsibility for regulating at-risk drivers falls on family members. Discussing driving safety with family members can be difficult, although organizations are increasingly providing help in this area. For example, The Hartford Financial Services Group and the Massachusetts Institute of Technology AgeLab (MIT AgeLab) recently published *We Need to Talk: Family Conversations with Older Drivers*, a guide that offers families a multi-step approach to crafting candid, effective conversations about older driver safety.

Many of the hazards facing older drivers can be reduced with improvements to the driving environment. Poorly designed intersections increase the risk of collision for all drivers but disproportionately affect older drivers and pedestrians. Older drivers tend to experience considerable difficulties reading traffic and street-name signs. Aggressive driving is a major threat to older drivers as well as to pedestrians.

Mobility **Solutions**

Overview

Throughout the country, individuals and organizations are resourcefully addressing the mobility needs of older citizens. They are building community-wide coalitions, setting up volunteer driver networks, and establishing "one call does it all" brokerages enabling older adults to find low-cost transportation. Rural transportation providers are using advanced computer technology to cover vast service territories by concentrating fleets in high-demand areas. Public health professionals are joining with realtors, urban planners, neighborhood volunteers, and others to advocate for more walkable communities. Public transit operators have made major enhancements to vehicles such as low floor buses that are easier to board.

These efforts embrace all travel modes. They include both service innovations and infrastructure improvements. They share one trait: a clear understanding of consumers' needs.

The goal of the Mobility Action Agenda is to increase the percentage of adults who have the mobility choices they need to remain independent as they age.

Such successes inform the Five Year Action Agenda. Participants at the June 2004 Mobility Forum shared with one another a wide range of innovations that are improving older Americans' mobility. This section offers a few of these best practices to illustrate the plan's priorities.

Though effective, current efforts are increasing mobility options for a relatively small number of individuals in some communities. Over the next 25 years, the number of Americans 65 and older will grow by 35 million; the number of Americans 85 and older will grow by 13 million. The sheer magnitude of this demographic shift demands a more coordinated effort to address mobility needs.

To realize our goal, AARP and the Mobility stakeholders must develop, encourage, and support many more innovations in mobility. We must also build support for changes in aspects of transportation policy, design, and planning that affect older Americans' mobility.

The range of participants in the June 2004 Mobility Forum, and the priorities and strategies comprising the Action Agenda, reflect the breadth of approaches needed to realize our goal. These include enabling older individuals to drive safely longer, as well as enabling them to use transit services; advocating for more walkable communities, as well as advocating for improved highway signage.

Broadening mobility options will require special efforts and entrepreneurial approaches within the private sector, as well as changes in law and policy. For example, recruiting volunteer drivers will require both resourceful outreach and training efforts, and more systemic changes in insurance policies to facilitate access to liability coverage for volunteer drivers. No single group can effectively do both without partnerships. The same need for partnership and coordination applies to every strategy in the Agenda.

Action Agenda

1. Individuals can drive safely as long as possible with lessened concern about lack of mobility options when they cease driving.

Challenges

Driving will continue to be the dominant mode of mobility for older Americans. To reduce the risk of driving and ensure continued safe mobility, automobiles and roadway design must become more sensitive to the needs and limitations of older drivers. Sound policies and practices must be developed for fairly assessing driver competencies and assisting at-risk drivers.

Strategies

- **Develop methods and technologies to extend safe driving** (e.g., car manufacturing, road safety, improved and refreshed driver skills).
- **Work with coalition partners, industry, legislative and regulatory bodies to adopt driver licensing and renewal requirements** that fully evaluate driving skills and driving capacity to improve public safety.
- **Promote affordable remediation/rehabilitation options** for those at risk of losing their ability to drive.
- **Create community support for transportation alternatives** for older adults that do not undermine their sense of autonomy.
- **Build opportunities for people transitioning from driving** to learn to use the mobility options available in their communities.
- **Use the Internet as an information resource** and build out AARP Driver Safety course to include comprehensive information on local mobility options.
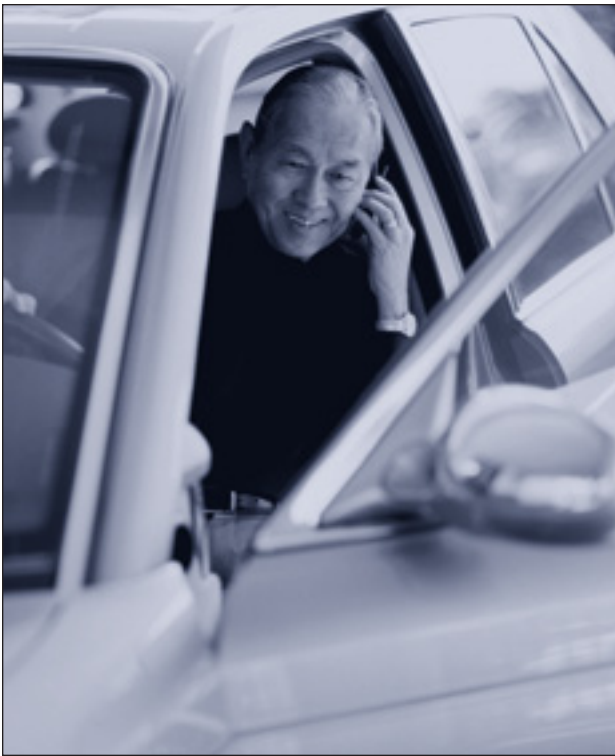
DID YOU KNOW?

In the year since increasing the size of street-name signs, repainting median strips, installing larger and brighter stoplights, upgrading walk lights, and adding left-turn lanes along one busy street, Detroit saw a 35 percent drop in injury crashes for drivers age 65 and older and a four percent drop for drivers age 25 to 64.

Source: *The Policy Book: AARP 2004 Public Policies*, 10-8

2. Transportation options are expanded by integrating paratransit and human services transportation into all transportation planning.

Challenges

Many human services agencies, such as senior centers, provide transportation assistance. Paratransit and human services transportation are important mobility options for older adults, particularly those with disabilities or who are the frailest. Paratransit services tend to be very oversubscribed, and many older Americans do not qualify under Americans with Disabilities Act (ADA) guidelines. Human services transportation does not receive sufficient funding and often is highly fragmented. The federal and regional transportation planning process generally does not adequately consider the need for

TALKING TO OLDER DRIVERS

Decisions about limiting or stopping driving are among the most difficult that older adults may have to face. Constructive advice from family members and other trusted sources can help drivers make better decisions. But who are the right individuals to broach such a sensitive subject? What are the best ways to bring up the topic? How does one prepare for these conversations?

Help in answering these questions can be found in *We Need to Talk: Family Conversations with Older Drivers*, a guide produced in partnership by The Hartford Financial Services Group and the Massachusetts Institute of Technology AgeLab (MIT AgeLab). Published in 2004, *We Need to Talk* is based on a two-year study of older adults' attitudes and driving habits. The Hartford and MIT AgeLab's study included a national survey of licensed drivers age 50 and older, in addition to focus groups with older adults who have modified their driving and interviews with family caregivers of people with dementia.

We Need to Talk offers families a multi-step approach to crafting candid, effective discussions about older driver safety, from positive conversation starters to advice on which family members should broach the topic. The guide also emphasizes the need to observe relatives' driving first-hand over a period of time. A "Warning Signs" checklist contains 30 driving behaviors to watch for, ranging from minor indicators, such as riding the brake and hitting curbs, to such prescriptions for immediate action as failure to stop at a red light or confusing the gas and brake pedals. Families should look for a pattern of problems, not simply an isolated incident.

We Need to Talk is co-authored by Maureen Mohyde, The Hartford's director of Corporate Gerontology, and Joseph Coughlin, Ph.D., director of the MIT AgeLab.

"The good news is that talking to an older person about driving works," says Mohyde. "Our research found that more than half of those who had been spoken to about driving said they listened to and followed their families' suggestions."

The guide is free and can be downloaded on the Internet at www.thehartford.com/talkwitholderdrivers.

Source: The Hartford Financial Services Group

these services, or encourage better coordination of these services with fixed-route transit, partly because older consumers are generally not actively engaged in the planning process. Consumers are often unaware of the range of mobility services in their communities and how to access them.

Strategies

- **Develop an integrated transportation plan:**
  - **Include stakeholder organizations in planning** at the national, state, and local levels.
  - **Support federal agency efforts to integrate funding** for mobility services to create a more seamless system.
  - **Create local coalitions** to support integration and increased access to mobility options.
  - **Train consumers to engage in the planning process.** Community-level transportation planning processes include regional transportation plans developed by Metropolitan Planning Organizations (MPOs) and state Departments of Transportation. Cities and counties also develop transportation plans, which tie in with the regional transportation planning process. Transit agencies develop expansion and improvement plans. All of these planning processes must involve public participation through hearings and other forums. All of these processes overlap in complex ways. All are significantly affected by the federal transportation reauthorization process. Despite public participation requirements, decisions about allocating public funds for transportation remain highly

www.pedbikeimages.com/Dan Burden

difficult for most consumers to understand or influence. In general, older adults have not participated vigorously in the transportation planning process.
  - **Promote use of technology in integrating mobility services.** Advanced computer technologies have helped many providers operate more efficiently and made it easier for customers to arrange for services. Examples include electronic payment programs that eliminate the inconvenience of paying for each trip, Intelligent Transportation System (ITS) applications that provide passengers with real-time arrival information, and computerized scheduling and dispatching systems allowing greater flexibility in scheduling trips so that customers can make same-day reservations. These and other innovative uses of technology need to be replicated in more communities.
  - **Assess current transportation services** available in communities and support expansion to meet needs.
  - **Assure that integrated planning meets changing needs of communities.** Many bus routes and other transportation services could be better adapted to changing settlement patterns and siting of new stores, medical centers, etc. A more transparent and ongoing planning process is needed to make community transportation more responsive to such community

changes. For example, the Regional Transportation Commission (RTC) of Nevada developed a series of new routes for older adults who are not eligible for ADA paratransit service but also are not comfortable or mobile enough to access fixed-route services. The RTC uses special "cutaway" vans to maneuver into parking lots and drop passengers off at the front doors of stores and other public buildings. The route stops were developed after consultation with older adults and other community members.
- **Advocate for one-stop community mobility managers** to navigate local transportation systems on behalf of residents.
- **Highlight best practices** in community transportation integration.
- **Assure access to public as well as private transportation systems by mobility managers.** One-stop mobility managers must have access to taxi services, nonprofit providers, and other private transportation services as well as public transportation systems.
- **Expand role of mobility managers to include "travel training"** (teaching others how to use existing services).
- **Address the obstacles in obtaining vehicle liability insurance** to cover volunteer drivers.
- **Use common language** across all transportation services.

UNITED WE RIDE

According to the U.S. Government Accountability Office, 62 federal programs fund transportation services for older adults, people with disabilities, and individuals with lower incomes. Many local, state, and federal agencies manage these programs. Ironically, for most people who need transportation help, the existence of so many programs has not made getting around much easier. Lack of coordination among the various programs and agencies makes it difficult for citizens to understand and access services.

To improve coordination, the Department of Transportation, with its partners at the Departments of Health and Human Services, Labor, and Education, launched "United We Ride" in December 2003. The five-part initiative now supports an Executive Order on Human Service Transportation Coordination issued by the White House in 2004. The Executive Order calls upon 11 federal departments to identify strategies to simplify access, enhance cost efficiencies, and reduce duplication of federal rules and regulations. To encourage states and communities to coordinate their transportation resources, United We Ride includes a series of activities. The Framework for Action, a self-assessment tool for communities and states, has been developed to facilitate dialogue between stakeholders to assess the current status of coordinated services and opportunities for future action. United We Ride also includes a grants program that supports states in developing plans for coordinating the resources of the many federal, state, and local human services agencies involved in transportation. A technical assistance program, "Help Along the Way," provides highly skilled "ambassadors" who can pinpoint potential trouble spots and bring additional resources to bear in addressing them.

The Council has also established an action plan to address the requirements of the Executive Order that includes six overarching areas: Education and Outreach; Consolidated Access; Regulatory Relief; Coordinated Planning; Cost Allocation; and Useful Practices.

3. Federal, state, and local policies provide for expanded and enhanced mobility options.

Challenges

Lawmakers at every level of government must be better educated about the mobility needs of older adults, including the importance of better pedestrian facilities, more accessible transit services, and more sensitive road design features. Local zoning ordinances often discourage the development of mixed-use, walkable communities.

DENVER'S *GETTING THERE* COLLABORATIVE

In every community, a wide range of individuals and organizations has a stake in older Americans' mobility—social-service providers, medical professionals, transportation operators, aging advocates, merchants, and others. What does it take to develop consensus among such a diverse group, and to sustain collaboration toward a common goal?

The *Getting There* Collaborative may hold some answers. In 2000, Denver-based Rose Community Foundation convened more than 300 area providers, consumers, and advocates at a transportation summit. As a result of the mobility challenges identified, a group called the Senior Mobility Alliance (SMA) was formed to explore ways to improve transportation for older adults in the Greater Denver area, and to ensure that information about services was readily available to those who need it.

Initially, participants were wary because past efforts at collaboration had been ineffective. Rose Community Foundation was able to use its reputation as a neutral party to encourage sustained collaboration. The Foundation also hired a facilitator to keep participants on task. "The facilitator was key in helping soothe concerns about turf," says Therese Ellery, Aging program officer at Rose Community Foundation. "Once the trust was built, the group really began to think big." Part way through the process, another funder with overlapping funding objectives—HealthONE Alliance—joined the project, building even more momentum.

In 2003, SMA identified five specific objectives, including travel training, increased use of volunteer drivers, and establishment of a single call system for clients in need of transportation information. The *Getting There* Collaborative is addressing several of these objectives with pilot projects. One is a metro-wide volunteer driver program based at Seniors' Resource Center. Another provider, Special Transit, now houses a program to assess and train older adults on how to access transportation; the project includes a transit analysis. The Collaborative has also commissioned a statewide analysis of community transportation and older adults' mobility needs, which will be used to advance all five objectives.

In addition, government has gotten involved. The Colorado Department of Transportation has secured funds from the federal United We Ride program to help coordinate the roles of state agencies and transportation providers. With the active participation of funders, providers, government and others, the plan for 2005 is to pursue a one-call number. *Getting There* continues to be a strong collaboration that is making a positive difference for older adults in the Greater Denver area.

Strategies

- **Create a national coalition,** starting with Mobility Forum participants, to support increased mobility options.
- **Use all possible communications vehicles** to bring public attention to the need for citizen support for expanded mobility options as legislative and regulatory decisions arise.
- **Advocate at the national level** for resolution to inequity between rural and urban transportation funding.
- **Conduct seminars for key policymakers** in Congress and state legislatures to educate on mobility needs.
- **Organize best practices forums** for MPOs.
- **Bring attention to transportation/walkability issues** in the media.
- **Advocate for policies for public and private resources** to pay for transportation for older adults.
- **Advocate for and promote walkable communities.**

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THE ST. JOHNS COUNTY COUNCIL ON AGING

The St. Johns County Council On Aging provides an integrated transportation system for elders: it operates a medical paratransit system and an innovative general population public transportation system—the Sunshine Bus. Its medical paratransit system of wheelchair-accessible vans serves a 609 square-mile service area. By using computer technology in planning and operating its dispatching, St. Johns is able to cluster rides in St. Augustine by neighborhood, freeing other vans to serve the sparsely populated rural areas. St. Johns received a technology grant from the Federal Transit Administration to install its computer technology and later received an award for outstanding use of technology.

The Sunshine Bus provides public transportation on low floor vans for the general population of St. Augustine. Its buses have routes but no fixed stops: they stop at any corner on their route when a person waves. Older people or anyone who has difficulty walking more than short distances can use the Sunshine Bus. The Sunshine Bus is an example of the kind of low-cost attractive transportation option to door-to-door paratransit that an innovative public transportation system can provide.

Source: Jane Hardin, presentation, June Forum.

A SMOOTH MOVE TO THE PASSENGER SEAT

Those interested in increasing older Americans' mobility, contends Katherine Freund, "will be wise to listen to older consumers when they tell you what they want: rides in automobiles." Freund is founder and executive director of the Independent Transportation Network® (ITN), a community-based organization that provides people age 65 and older and those with visual impairments with flexible, affordable transportation within a 15-mile radius of Portland, Maine.

Using innovative computer software to coordinate trips, map trip routes, and calculate fees, ITN provides a highly consumer-oriented service that maximizes free choice and independence. ITN users become members, paying $35 annual membership dues and $25 to open a prepaid account. Trips are charged against the balance of the account so that no money or vouchers need to change hands. Fees are based on the distance of the trip, whether the ride is shared, and whether the reservation was made in advance or on the same day. Both members and adult children can add to the balance of the account. Fares are usually about half the cost of a taxi.

> **ITN provides a highly consumer-oriented service that maximizes free choice and independence.**

ITN's "Transportation Social Security" and "Road Scholarship" programs enable older drivers to help others while they plan for their own transportation future. People age 65 and older account for 28 percent of ITN's volunteer drivers, but they deliver 72 percent of the volunteer rides. Volunteers receive either a cash reimbursement or an equivalent credit for every mile they drive. Volunteers may save these credits for their own transportation needs when they limit or stop driving, or they may donate them to family members or low-income older adults.

Merchants and health care providers can help pay for ITN rides to their places of business. Transactions are made electronically through ITN's computerized dispatch technology whenever a merchant or health care provider becomes a member and sets up an account. The CarTrade program allows members to trade their no-longer used automobiles for rides in the service.

All trips are treated equally, regardless of their purpose, and are provided in cars; no buses or minivans. Passengers themselves plan their trips according to their destinations, preferences, and timetables; there are no preset pick-up routes. Passengers can choose to travel alone or can opt to share a ride to save money. The choice is theirs.

ITN has created a national program, ITN*America*™, to help other communities replicate this model.

Sources: Katherine Freund; Center for Home Care Policy and Research, Visiting Nurse Service of New York, *Best Practices: Lessons for Communities in Supporting the Health, Well-Being, and Independence of Older People* (2003).

4. An increased number of communities offers a wide range of transportation options.

Challenges

Most older Americans live in suburban and rural areas that lack sufficient density to support fixed-route transit and where walking for errands and other trips is difficult. Human services transportation providers often must cover large geographic areas and meet a tremendous demand, often without sufficient resources. As the number of Americans 85 and older rises dramatically, so will the demand for door-to-door, door-through-door, and even higher levels of assisted transportation. A common challenge in all communities—even those where walking and transit options are relatively accessible—is a lack of familiarity among most older residents with mobility options other than driving or riding in a private vehicle.

AGING IN PLACE, GETTING IN STEP

In Richmond, Virginia, a demonstration project of AARP's "Active for Life" campaign (which is cosponsored by the Robert Wood Johnson Foundation) is taking place in the East End neighborhood. A team of volunteers learned to use a walking suitability assessment tool and, over the course of one summer, assessed 150 square blocks surrounding the 25th Street historic area.

The assessment results were initially mapped on paper using colored pencils and were later mapped using advanced computer programs. Many of the retired people who studied the maps with Active for Life staff quickly identified patterns of poor walkability between two elementary schools and many missing sidewalks near the area's hospital. They also identified two five-point intersections that were challenging for both young and elderly pedestrians.

Through an "Active Living Tour," city staff, citizens, and media traveled by bus around the city to study examples of good and bad walkability, including the audited East End neighborhood. Within a few weeks of that tour, city staff had improved one of the audited sidewalks along an arterial road. Most recently, city traffic engineers have arranged for almost two dozen engineers and planners to formally discuss ways to encourage and support these types of citizen-initiated assessment projects that will help the city better understand and improve walkability in Richmond.

Source: International City/County Management Association, *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities* (2003).
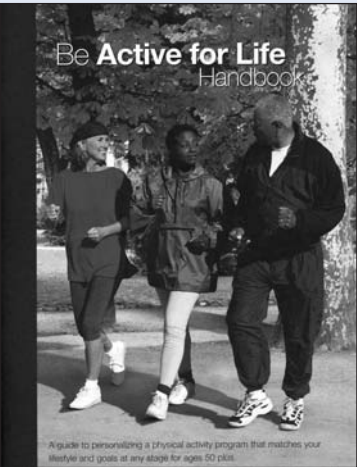
Strategies

- **Conduct community-wide education campaigns** to elicit public support for improved community mobility options.
- **Form alliances/coalitions with non-traditional partners** to advocate for alternatives to driving in their communities.
- **Involve the MPOs.**
- **Broadly publicize success stories.**
- **Develop and promote role for one-stop mobility managers** to include the use of technology and travel training.
- **Promote personal responsibility** for understanding the variety of mobility options offered in one's own community.
- **Encourage rural states** to earmark greater percentages of their transportation dollars for public transportation funding.
- **Support improved signage** and other road design safety improvements in communities.
- **Promote current health findings** on the benefits of walking.

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5. The public is better informed and more engaged in understanding and acting on the need for increased and enhanced mobility options.

Challenges

Public interest in older Americans' mobility is sporadic, often prompted by tragic and well publicized incidents involving older drivers. To move beyond reactions that don't constructively inform public policy, and to enable the public and policymakers to understand the negative impact of constrained mobility on their communities, efforts must be made to engage public audiences in an ongoing dialogue about the challenges to older Americans' mobility. Caregivers and other especially affected constituencies must be educated about the transportation planning process and transportation services in their communities, so that they can become advocates for efforts to broaden mobility options. Health care and social service professionals must become better informed about mobility options, so that they can advise their patients and clients.

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Strategies

- **Educate the public** on issues related to:
  - paratransit and human services transportation;
  - involvement of family, friends, and volunteers;
  - needs of rural areas;
  - optimum integration of an array of mobility options at the community level, to include volunteer networks and mobility managers;
  - important role of improvements to the pedestrian environment to enable people to get to public transportation.
- **Find ways to encourage people** to think about getting around on a given day that's different from their usual pattern.
- **Engage AARP members as advocates** at the local level and urge them to become involved in local planning.

CONNECTING OPERATORS AND CUSTOMERS

For people with disabilities, reliable and accessible community transportation is crucial to participating in their communities and enjoying more independent lives. Providing a level of service that meets these expectations in a cost-effective manner represents one of the greatest challenges for transportation operators. Are there "win-win" solutions?

Easter Seals Project ACTION (Accessible Community Transportation In Our Nation; ESPA) recognizes that the answer lies in effective partnerships between the transportation industry and disability community. To foster stronger collaboration, ESPA recently started the Mobility Planning Services (MPS) Institute, an intensive training course for advocates, transportation providers, and other community members.

The three-day training brings together 20 community teams, each of which must include at least one disability advocate and one public transportation industry representative. Each team is required to complete a draft action plan by the third day. The training offers best practices, a faculty of experts, and a variety of team-building exercises, between work sessions in which the teams develop their plans. "This is not a walk in the park. You're working hard," stresses one participant.

After the training, the teams further develop and implement their plans, with ongoing support from ESPA staff, selected faculty, and other experts. One community team, for example, developed an effective bilingual customer survey with a high return rate from both English- and Spanish-speaking customers. The team then convened a transportation summit. The regional transportation commission has now developed a travel training program. All of this has happened within a year of the team's participation in the MPS Institute. ESPA staff track these efforts and compile a report to share best practices among participants.

One of the most important outcomes of the training is the deepening level of trust that the program engenders among community stakeholders. Before the training, observes one participant, "I knew all these people [in the community team] but they were the providers and I was the citizen advocate." By the end of the Institute, "I felt like we were all equal partners."

Sources: ESPA; Jean Peyton

Appendix: Current Efforts and Potential Partners

Most of the strategies articulated in the Agenda draw on approaches by current practitioners. To guide implementation of the Agenda, this section offers a snapshot of current efforts in the mobility arena. Input on a variety of efforts, from national-level policy advocacy to community-based service innovations, was provided by Mobility Forum participants to develop the snapshot.

We recognize that this picture remains incomplete. To use a different metaphor, it represents a cross-section of the various efforts being undertaken at the national, state, and community levels. In particular, only a fraction of state-based and local efforts are captured here. Our knowledge of the mobility arena is evolving, and we welcome further information about other efforts.

This section is intended both to identify models and to begin to identify gaps where more resources are needed. For example, while further research may yield more information, this preliminary snapshot suggests that relatively few resources go toward consumer education. Educating older adults about the processes that affect the availability of mobility options may represent an important gap.

1. Individuals can drive safely as long as possible with lessened concern about lack of mobility options when they cease driving.

Strategies. *Develop methods and technologies to extend safe driving (e.g., car manufacturing, road safety, improved and refreshed driver skills).*

There is a wide array of research and outreach efforts to extend older Americans' driving lives. The Massachusetts Institute of Technology Age Lab (MIT AgeLab) conducts extensive research on in-vehicle technologies, older adults' attitudes toward driving, methods and policies for assessing drivers, and other topics relating to older Americans' mobility. The Beverly Foundation performs and sponsors extensive research on older drivers and driver assessment programs. Driver education and outreach efforts include CarFit, a community-based education program of the American Society of Aging (ASA) in collaboration with the American Automobile Association (AAA), AARP, and the American Occupational Therapy Association (AOTA); the Traffic Improvement Association's driver education program; ASA's DriveWell program; the American Medical Association's (AMA) Older Drivers project; and National Association of Area Agencies on Aging's (n4a) Older Driver Safety Project.

Work with coalition partners, industry, legislative, and regulatory bodies to adopt driver licensing and renewal requirements that fully evaluate driving skills and driving capacity to improve public safety.

Key partners in this effort include the National Highway Traffic Safety Administration (NHTSA), AAA, AOTA, and the MIT AgeLab. A possible model for functional assessment of driving skills is the Driver Health Battery of functional tests, which has been developed by the Maryland Motor Vehicle Administration and NHTSA.

Promote affordable remediation/rehabilitation options for those at risk of losing their ability to drive.

With support from NHTSA, AOTA is working to increase the supply of highly trained individuals who can provide remediation/rehabilitation services.

Create community support for transportation alternatives for older adults that do not undermine their sense of autonomy. Build opportunities for people transitioning from driving to learn to use the mobility options available in their communities.

Both CarFit and n4a's Older Driver Safety project incorporate resources for familiarizing older drivers with other mobility options in their communities. AOTA's Older Driver initiative trains occupational therapists to help older drivers make informed decisions about their best choices for mobility.

Use the Internet as an information resource and build out AARP Driver Safety course to include comprehensive information on local mobility options.

2. Transportation options are expanded by integrating paratransit and human services transportation into all transportation planning.

Strategies. *Develop an integrated transportation plan:*
Include stakeholder organizations in planning at the national, state, and local levels.

The Eno Transportation Foundation has convened transportation professionals and others to address older adults' mobility needs. According to a 2004 report of the U.S. Government Accountability Office, the Coordinating Council on Access and Mobility (CCAM), a federal interagency group including representatives from the Federal Transit Administration and the Department of Health and Human Services, is working with the National Consortium on the Coordination of Health and Human Services Transportation to develop guidance for state and local transportation agencies to develop and coordinate state and local transportation plans with human services agencies that are involved in providing transportation for their older clients.

Support federal agency efforts to integrate funding for mobility services to create a more seamless system.

Through the United We Ride initiative, CCAM is working to improve coordination among the various government programs that fund transportation. Organizations providing support for this initiative at the national level include the American Public Transportation Association (APTA), the Community Transportation Association of America (CTAA), and Easter Seals Project ACTION (ESPA).

Create local coalitions to support integration and increased access to mobility options.

Two promising local coalitions focused on mobility are the *Getting There* Collaborative in the Denver, Colorado area, and a regional alliance of transportation, social services, planning, and other organizations in the Phoenix, Arizona area. A coalition of government agencies, foundations, and nonprofit organizations, the *Getting There* Collaborative aims to increase volunteer driver transportation, train older adults in fixed-route services, conduct a needs assessment of state transit, improve coordination among state programs and local agencies, and establish a mobility manager system. In Phoenix, the Herberger Center of Arizona State University has prompted the creation of a regional alliance hosted by the region's Association of Governments and Metropolitan Planning Organization (MPO) aiming to increase mobility options for all residents. The alliance has, says Herberger Center Director Mary Kihl, "developed a strategic plan that ties in with other planning strategies of the association of governments."

Train consumers to engage in the planning process.

ESPA's Mobility Planning Services Institute brings together community advocates, transit operators, and government officials in intensive trainings on how to effect change in transit planning. The Administration on Aging (AOA) is working with CTAA and the Federal Transit Administration (FTA) to develop guidance for Area Agencies on Aging and MPOs on considering older adults' mobility needs in the transportation planning process.

Promote use of technology in integrating mobility services. Assess current transportation services available in communities and support expansion to meet needs.

To some degree, Area Agencies on Aging survey residents and compile data on the extent to which current

transportation services meet their needs. AOA and the Federal Transit Administration are assessing the state of data on older Americans' mobility needs.

Assure that integrated planning meets changing needs of communities.
ESPA, APTA, and CTAA would all be crucial participants in this effort; for example, through ensuring that routes and stops for bus services correlate with concentrations of older consumers and consumers with disabilities.

Advocate for one-stop community mobility managers to navigate local transportation systems on behalf of residents. Highlight best practices in community transportation integration.
CTAA, the Beverly Foundation, and the research corporation Westat have researched and published best practices in community-based transportation for older Americans. AOA has an ongoing project to identify best practices in human services transportation coordination. The AAA Foundation for Traffic Safety has published a report describing and cataloguing community-based transportation programs. Through its Older Driver Safety Project, n4a compiles and maintains a database of best practices and resources on older adult mobility on its website.

Assure access to public as well as private transportation systems by mobility managers. Expand role of mobility managers to include "travel training" (teaching others how to use existing services). Address the obstacles in obtaining vehicle liability insurance to cover volunteer drivers.
The Community Association for Rural Transportation in Harrisonburg, Virginia has a model program for enlisting and insuring volunteer drivers.

Use common language across all transportation services.

3. Federal, state, and local policies provide for expanded and enhanced mobility options.

Strategies. *Create a national coalition, starting with Mobility Forum participants, to support increased mobility options.*
The Surface Transportation Policy Project (STPP) is one example of a broad coalition of local, state, and national groups supporting increased mobility options. STPP's advocacy stresses the need for a more balanced transportation system and increased funding for pedestrian, bicycle, and transit projects. STPP has developed the Alliance for a New Transportation Charter (ANTC), which advocates for transportation investments that achieve better outcomes in public health, affordable housing and job access, energy efficiency, and social equity. ANTC's 500 members include environmental and smart growth advocates, businesses, public health organizations, community organizations, and elected officials.
STPP, APTA, CTAA, Smart Growth America, and the American Road and Transportation Builders Association (ARTBA) are among the national organizations that participate actively in the federal transportation reauthorization process.

Use all possible communications vehicles to bring public attention to the need for citizen support for expanded mobility options as legislative and regulatory decisions arise.
There is a wealth of communications resources for timely advocacy and public education efforts. AAA has media officers in every state and issues regular releases that garner media coverage in local and national outlets. STPP's reports generate consistently strong media attention nationwide. Smart Growth America specializes in communications efforts.

Advocate at the national level for resolution to inequity between rural and urban transportation funding.
CTAA is closely attuned to the needs of rural transportation providers, who comprise a significant part of its membership. CTAA advocates for increasing significantly the percentage of federal transit capital funds going to rural areas.

Conduct seminars for key policymakers in Congress and state legislatures to educate on mobility needs.
STPP, CTAA, APTA, ARTBA, and other organizations educate members of Congress on mobility needs; the National Conference of State Legislatures offers a natural entry point for educating state legislators.

Organize best practices forums for MPOs.
The Association of Metropolitan Planning Organizations is naturally positioned to do this. The National Association of Counties and the United States Conference of Mayors work in partnership to educate local officials including many MPO Board members about transportation and land use issues.

Advocate for policies for public and private resources to pay for transportation for older adults. Bring attention to transportation/walkability issues in the media. Advocate for and promote walkable communities.
Advocates and information resources for walkable communities include the American Planning Association, America Walks, the Pedestrian and Bicycle Information Center, STPP, Smart Growth America, the National Association of REALTORS®, the International City/County Managers Association, Partners for Livable Communities, the Center for Neighborhood Technology, the Congress for the New Urbanism, and the Urban Land Institute. The EPA has a strong commitment to smart growth and walkable communities. The Robert Wood Johnson Foundation's Active Living program supports many local efforts to increase walking through improving community design. STPP, the Robert Wood Johnson Foundation, and the EPA can generate broad media coverage of these issues.

4. An increased number of communities offers a wide range of transportation options.

Strategies. *Conduct a community-wide education campaign to elicit public support for improved community mobility options. Form alliances/coalitions with non-traditional partners to advocate for alternatives to driving in their communities.*
The Aging in Place program, a partnership between Partners for Livable Communities and n4a, is working with Area Agencies on Aging and other stakeholders in 20 communities to address issues that hinder aging in place, including mobility challenges. The Robert Wood Johnson Foundation's Active Living program supports the development of coalitions between health professionals, neighborhood activists, realtors, and other constituencies.

Involve the MPOs.
Our research has identified two examples of close involvement of MPOs in community efforts to improve older adults' mobility, although many more surely exist. In the Denver area, the Denver Regional Council of Governments is an integral partner in the *Getting There* Collaborative. In the Phoenix area, the Maricopa Association of Governments participates in a diverse alliance of stakeholders aiming to increase mobility options.

Broadly publicize success stories.

The Active Living program headed by the Robert Wood Johnson Foundation has a strong communications component, which can publicize efforts to create more walkable communities. CTAA and the Beverly Foundation publicize innovations in community transportation.

Develop and promote role for one-stop mobility managers to include the use of technology and travel training.

Promote personal responsibility for understanding the variety of mobility options offered in one's own community.

There are many efforts to increase consumers' awareness of the range of transportation options in their communities. N4a's Older Driver Safety Project, funded through NHTSA, promotes older driver safety and mobility awareness, education, and practices at the community level. ASA, through its DriveWell Expert Speakers Bureau, disseminates information programs to older adults, funders, and policymakers on the connections between enhanced mobility and quality of community life, with a focus on community mobility options. Easter Seals, through its Transportation Solutions for Caregivers program, offers a template for listing mobility options. AARP Mississippi chapters are working with community action agencies to develop and publicize a listing of transportation options available to older adults within their respective areas. In Phoenix, the Area Agency on Aging and a number of local partners have published a similar guidebook. APTA is developing a toolkit for transit agencies on ways to increase awareness of and familiarity with local transit services.

Encourage rural states to earmark greater percentages of their transportation dollars for public transportation funding.

The National Association of Counties is helping rural officials with transportation planning. CTAA and the Beverly Foundation are undertaking a major study of rural transportation.

Support improved signage and other road design safety improvements in communities.

The Federal Highway Administration has published recommendations and guidelines for roadway design that accommodates older drivers and pedestrians. The help of AAA, ARTBA, and the American Association of State and Highway Traffic Officials (AASHTO) is essential to prompting the implementation of these guidelines in states and communities. The Insurance Institute for Highway Safety researches and promotes safer road designs for older drivers and pedestrians.

Promote current health findings on the benefits of walking.

Through the Active Living program, the Robert Wood Johnson Foundation broadly disseminates findings on the health benefits of walking.

5. The public is better informed and more engaged in understanding and acting on the need for increased and enhanced mobility options.

Strategies. *Educate the public on issues related to:*
- *paratransit and human services transportation;*
- *involvement of family, friends and volunteers;*
- *needs of rural areas;*
- *optimum integration of an array of mobility options at the community level, to include volunteer networks and mobility managers;*
- *important role of improvements to the pedestrian environment to enable people to get to public transportation.*

Find ways to encourage people to think about getting around on a given day that's different from their usual pattern. Engage AARP members as advocates at the local level and urge them to become involved in local planning.

One model of a targeted education effort aiming to build citizens' advocacy capacity is Easter Seals' Transportation Solutions for Caregivers, which helps caregivers identify and assess existing transportation options, gaps, and needs in their communities.

NHTSA funds many community-level efforts to educate consumers about mobility options. The NHTSA-funded ASA DriveWell initiative conveys information about mobility options to consumers and providers of aging services at the community level. Many Area Agencies on Aging are educating older adults about enhancing transportation options through the NHTSA-funded Older Driver Safety Project of n4a.

An active public education effort would need to work with a variety of organizations with issue-based expertise, including the following: APTA, CTAA, and ESPA (paratransit and human services transportation); Easter Seals, the National Alliance for Caregiving, the National Family Caregivers Association, AMA, and the Beverly Foundation (involvement of family, friends, and volunteers); America Walks, ESPA, and the Pedestrian and Bicycle Information Center (the role of the pedestrian environment in access to public transportation).

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