

Roadblocks Ahead for Seniors Who Don't Drive

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In less than a decade there will be 55 million Americans over the age of 65. If current trends continue, well over 75 percent of those seniors will live in rural or suburban areas where they are aging in place. Older people are substantially less likely to move home than those under age 65 but when they do, they are twice as likely to move to suburban areas than to urban ones. Over 95 percent of the population reaching the age of 65 in the coming decades will have been active drivers for most of their lives.

Many people believe that services are in place to provide mobility for older people when they can no longer drive. In public forums and in private discussions one often hears someone say, "Oh giving up driving won't be a problem for my parents; the transit operator has a little van that will pick them up at their house and take them anywhere they want to go." Unfortunately, this is simply not true for the overwhelming majority of older Americans. Putting faith in that kind of future without doing anything to actually make it happen is just perpetrating another scam on the elderly.

This brief presents the results of an analysis of the costs and use by older people of demand-responsive services called paratransit. The data show that if we don't intervene now in multiple policy arenas, whole cohorts of older people won't have access to needed services and will face serious and even life-threatening isolation.

The Little Van Provided by the Public Transit Operator

Under the mandates of the 1990 Americans with Disabilities Act (ADA), public transit operators must provide demand-responsive door-to-door services to people with disabilities who cannot use or get to conventional bus services (if, for example, their disability prevents them from safely traveling to a bus stop, even if they can board an accessible bus).

But these services are unlikely to be of much use to the majority of older Americans for the majority of their lives for three reasons. ADA paratransit services are mandated only for people of any age with serious disabilities; must be

offered only in three-quarter-mile-wide corridors paralleling existing bus routes, and only during the hours those buses operate; and are so expensive that many transit operators are trying to reduce these services to the minimum, while simultaneously restricting the number of people who are eligible to use them.

Most older people don't have serious disabilities for most of their senior years. Many physical or medical problems that reduce an older person's driving skills are not serious enough to qualify as a disability—the inability to quickly turn one's neck, or correctly judge the speed of an oncoming car, or understand complicated traffic signs, or concentrate in heavy traffic. Moreover, between one-third and two-thirds of all older people do not live or travel within corridors that parallel existing bus lines. And ADA paratransit services are so expensive that few public transit operators are now willing to go beyond the minimum required by the law. They are even less likely to do so in the future.

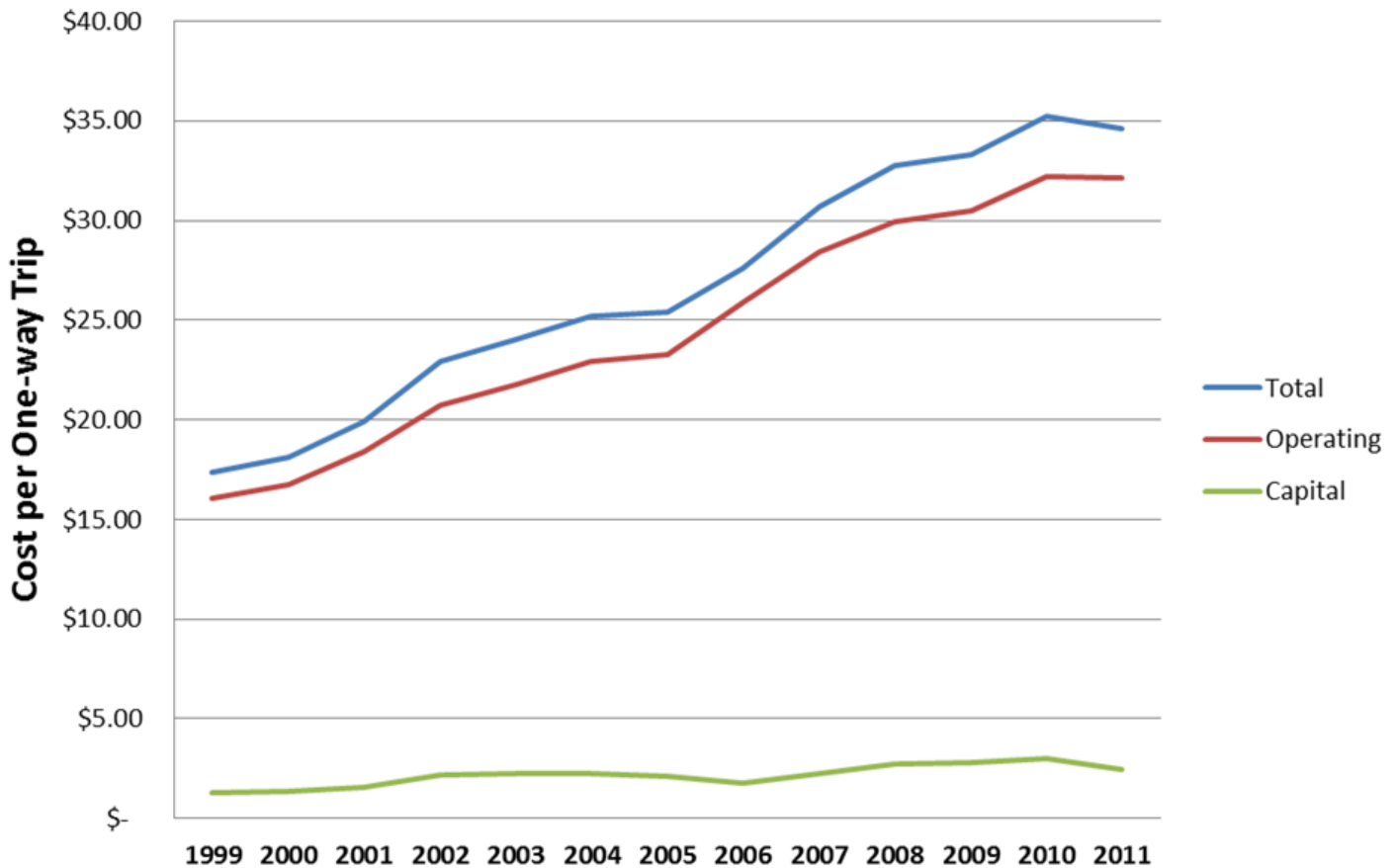
Figure 1 shows the trends in the total costs of ADA paratransit services for all public transit operators in the United States from 1999 to 2011 (computed from the data in the National Transit Database maintained by the Federal Transit Administration; these are nominal dollars). Total ADA paratransit costs rose by an average of 9.6 percent per year over that period, for an astonishing 197 percent increase in costs over the 12-year span. As a result, in 2011 (the last year for which data are available), US transit systems spent \$3.539 billion on paratransit services for people of all ages with disabilities (of which riders themselves rarely paid more than 10 percent).

Ridership also grew rapidly, but at nowhere near the same rate. In 1999, public transit operators provided 68.6 million one-way ADA paratransit trips in the United States. That figure grew by an average of 3.4 percent per year, or a 49 percent increase over the same 12-year period. As a result, the total cost of an average one-way ADA trip went from \$17.39 in 1999 to \$34.59 in 2011.

There is no "average" transit operator, of course, and national figures can be misleading. Table 1 shows the 2011



Figure 1. Cost Per One-Way ADA Paratransit Trip, 1999–2011



ADA paratransit cost patterns for 10 cities chosen to give variety in size, density, and region of the country. The cities are listed in order of the population in the transit operator’s formal service area.

The costs per one-way trip in the ten cities cluster around the national average (\$34.59), although there is wide variation. The main message of table 1, however, is that in all of these communities, transit operators are spending a disproportionate share of their annual budgets on a very small number of riders. For example, the state of Rhode Island (which operates all public transit in the state) spent almost 17 percent of its total operating budget on ADA services for a little over 3 percent of its riders. Yet, in spite of the fact that ADA paratransit ridership is nowhere near regular public transit ridership, these systems are at or over capacity. In fact,

most public transit operators in the United States have been sued (some multiple times) for their failure to meet all the demands of their existing riders.

Who Rides ADA Paratransit Services?

We have very limited information on the percentage of ADA system riders who are over age 65 or how many trips older people make on such systems. Anecdotal evidence suggests that some ADA paratransit systems have a high percentage of older riders. But just because older people may be a significant percent of current ridership does not mean that a significant percent of older people use these services.

A 2002 congressionally mandated study of people with disabilities found that only 7.2 percent of older people with



disabilities, and roughly 12 percent of older people with disabilities who did not drive, had used ADA paratransit in the previous month. The most current data we have, from the 2009 National Household Transportation Survey, show that people over 70 took less than one-half percent of all trips with any kind of paratransit provider. ADA paratransit services are likely an important lifeline for the small number of older

people who qualify and use them, but they are not a meaningful alternative for the overwhelming number of seniors.

Table 2 provides an estimate of current ADA paratransit ridership patterns of older Americans and calculations of the costs for providing more service in the 10 cities previously discussed. Older people in these communities, on average, took remarkably few trips each

Table 1. 2011 ADA Paratransit Cost Patterns

CITY	Total Annual Paratransit Operating Costs		Annual Paratransit Cost Per Trip		Total Annual Paratransit Ridership	Paratransit As A Percent of Total Annual System	
	DR	Taxi	DR	Taxi		Costs	Ridership
Philadelphia							
SEPTA	\$51,222,564	---	\$28.55	---	1,794,068	4.60%	0.50%
868 sq mi service area							
Denver							
RTD	\$43,272,111	---	\$38.11	---	1,135,403	11.00%	1.20%
2,326 sq mi service area							
San Diego							
MTS	\$13,193,864	---	\$28.60	---	461,375	6.60%	0.60%
716 sq mi service area							
Portland OR							
Tri-Met	\$30,002,642	\$3,576,367	\$31.49	\$32.80	1,063,942	9.20%	1.00%
570 sq mi service area							
Cleveland							
GCRTA	\$29,248,299	---	\$50.51	---	579,072	14.20%	1.30%
458 sq mi service area							
Oakland CA							
AC Transit	\$33,500,787	---	\$44.51	---	752,693	10.50%	1.30%
364 sq mi service area							
Rhode Island							
RIPTA	\$14,236,983	\$3,867,150	\$28.00	\$29.06	641,534	16.70%	3.20%
545 sq mi service area							
Albuquerque NM							
ABQ Ride	\$7,384,182	---	\$31.44	---	234,854	17.20%	1.90%
235 sq mi service area							
Sarasota FL							
SCAT	\$6,216,992	---	\$35.92	---	173,058	32.40%	5.70%
213 sq mi service area							
Madison WI							
Metro	\$6,760,622	---	\$25.14	---	268,942	13.80%	1.80%
72 sq mi service area							



Table 2. Ridership Patterns and Additional Costs to Increase Service to Eligible Users Ages 65+

CITY	Average Cost/One-Way Trip	Total Annual ADA Paratransit Trips	Average 1-way Trips/Month Per Eligible 65+ User	Additional Annual Cost To Provide Eligible 65+ Travelers With:	
				4 RT Per Month	8 RT Per Month
Philadelphia, PA	\$28.55	1,794,068	1.1	\$31,625,372	\$63,250,743
Denver, CO	\$38.11	1,135,403	3.3	\$4,477,574	\$8,955,149
San Diego, CA	\$28.60	461,375	0.6	\$18,961,337	\$37,922,673
Portland, OR	\$31.49	1,063,942	2.8	\$19,908,368	\$39,816,737
Cleveland, OH	\$50.51	579,072	1.2	\$33,063,422	\$66,126,843
Oakland, CA	\$44.51	752,693	2.4	\$28,388,798	\$56,777,597
Rhode Island	\$28.00	641,534	0.8	\$18,485,219	\$36,970,438
Albuquerque, NM	\$31.44	234,854	0.5	\$20,888,186	\$41,776,372
Sarasota, FL	\$35.92	173,058	3.3	\$4,220,270	\$8,440,539
Madison, WI	\$25.14	268,942	2.4	\$16,034,473	\$32,068,946

month. Those living in Denver and Sarasota—the cities in table 2 providing the most service—took just over three one-way trips each month. That’s one round-trip each month to either a doctor, grocery store, or church social, and then one-half of a trip someplace else. This is hardly an acceptable substitute for driving. And this is in systems currently at or over capacity.

The last two columns of table 2 show what it would cost the transit operators in each of these cities to expand their services relatively modestly to provide either four or eight round-trips each month to the current population of eligible older people. For example, it would cost Cleveland “only” \$66 million more each year to provide 8 round-trips per month to the current population of older people with fairly serious disabilities, on top of the \$29.2 million currently spent annually. These service expansions still wouldn’t include those people with medical or physical issues that might make them bad drivers but are not serious enough to qualify them for ADA services. And they certainly don’t include the cost of providing realistic mobility options to the people

who will turn 65—and then 75, and then 85—over the coming decades.

There are, of course, other mobility options available to older people with or without serious disabilities, including paratransit services provided by other community agencies. But figure 2 shows that older people mostly drive themselves or ride as passengers in a car to get around. People over 65 never take less than three-quarters of their trips by car; for some trips, shopping for example, they take over 90 percent of their trips in a car. And that’s because older people can drive or ride in a car long after they are no longer able to walk to a transit stop or easily navigate to a seat on a crowded moving bus, even if they actually have transit service close to their homes.

Conclusion

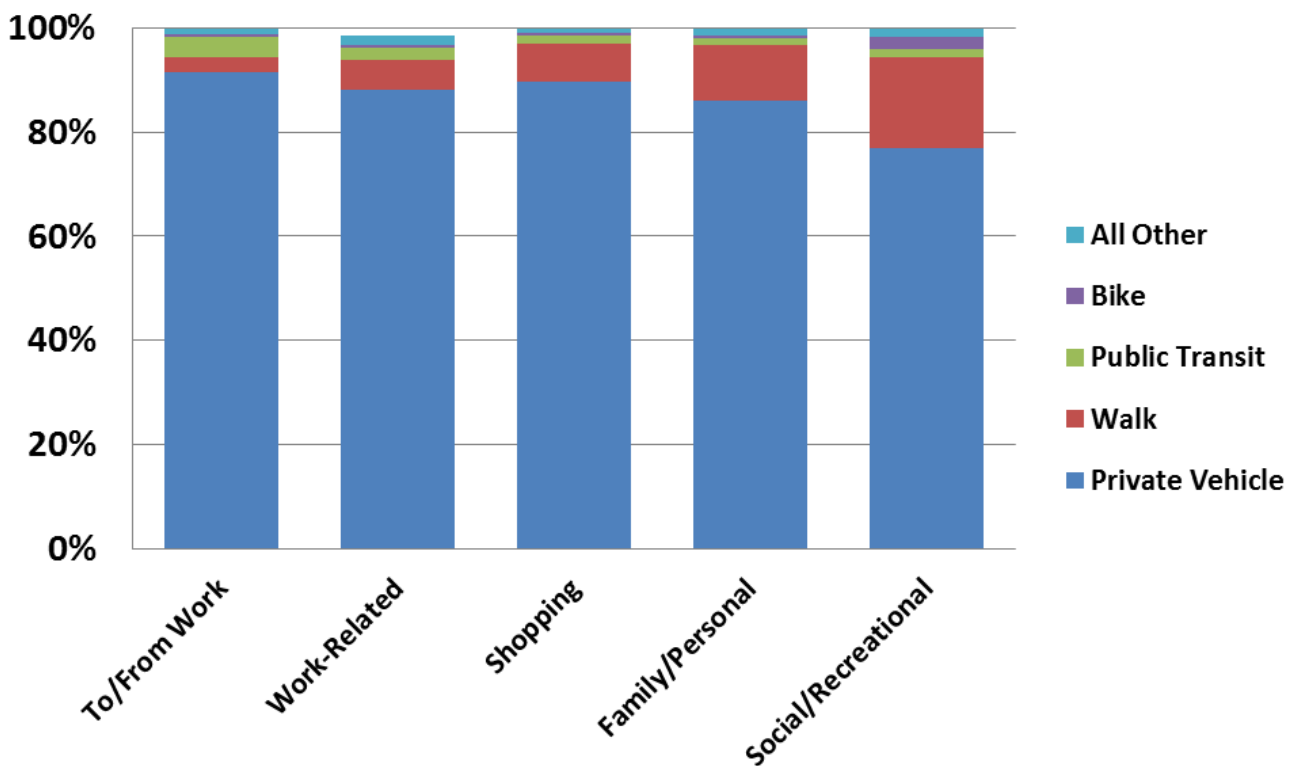
Society faces a huge elderly mobility challenge that we must recognize and address now—because we’re silently condoning another scam against the elderly if we don’t. ADA paratransit services will and should be reserved for those people of any age with serious disabilities; we should provide the funds needed to expand them to areas where older people are aging

in place without such services. Then we need to fund a family of demand-responsive paratransit services for people not seriously disabled but facing mobility problems or who want to stop driving. We must also provide more appropriate public transit options while making it possible for older people to continue driving safely longer. To do otherwise is to cheat our aging population and cheat ourselves of the important contributions older people make to our society through continued employment, grandparenting, volunteering, mentoring, and chauffeuring other older people.

Acknowledgments

Thanks to Nancy McGuckin who ran the mode choice data in the 2009 National Household Travel Survey dataset for figure 2.

Figure 2.
Transportation Mode by Trip Purpose for Older Travelers, 2009





Notes

1. The overwhelming percentage of ADA paratransit ridership in most communities comes from a small percentage of eligible riders who make many trips. The vast majority of eligible travelers never even apply to become certified for ADA paratransit service; even among those who take the time to become certified, many never use the services. (It is likely that some become certified in response to pressure from family, friends, and social workers but never intend to use the service.)
2. To develop rough estimates of current ADA paratransit ridership patterns by older Americans, we assumed that any person above the age of 5 in each of these cities who had a mobility disability (as reported by the American Community Survey for 2011) was eligible for ADA paratransit service. Then we assumed that the elderly accounted for exactly the same percent of all ADA paratransit trips provided by each transit operator as their share of the total eligible population of people 5+ with a mobility disability. Since each community develops its own standards for eligibility (within the confines of the law) there is no way to know if residents with a mobility disability would actually qualify for ADA service. The reverse is also true: people who do not report a mobility disability may have other illnesses or conditions that would qualify them for service. Finally, in order to do a broad estimate, we made these calculations using only the 65+ population of the city in which the transit operator was based. Data on disability status are easily available at the city level but require substantial efforts to determine for the much larger area served by these transit operators. Thus these calculations may well seriously undercount the number of potentially eligible older people within most transit agencies' service area.

Sources

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