

TRANSPORTATION • 10

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TRANSPORTATION

INTRODUCTION

Older adults living independently in their communities need transportation to the places and services that support their independence. Federal, state and local policymakers must understand the mobility requirements of older adults in order to ensure the availability of transportation alternatives to meet their needs. Like people of all ages, older individuals rely most heavily on their automobiles for transportation. For example, suburban men over age 65 make almost 93 percent of their trips by private vehicle. The percentage of trips older individuals make by car is expected to increase with the percentage of the older population licensed to drive. By 2010, 90 percent of women and nearly 100 percent of men over age 65 will have been licensed drivers for most of their adult lives. As they continue to age, however, older people must increasingly rely on alternatives to cars, including ride-sharing, walking, public transportation and paratransit.

TRANSPORTATION

AARP Principle

To ensure the mobility essential for independent living, federal, state and local governments should support safe, accessible, dependable and affordable transportation.

TRANSPORTATION POLICY AND PLANNING

Background

Transportation policy is developed and implemented at the federal, state and local levels. Federal policy is found in large part in the Transportation Equity Act for the 21st Century (TEA-21) and is implemented by various agencies that are part of the Department of Transportation. These include the Federal Highway Administration, the Federal Transit Administration, the National Highway Traffic Safety Administration and the Federal Aviation Administration.

Beginning with the Intermodal Surface Transportation Efficiency Act of 1991, federal transportation policy has required citizen participation in the transportation planning process. Before this, the social and environmental impacts of transportation planning were often overlooked or ignored. Transportation planning is conducted primarily at the state and regional levels—by state departments of transportation for statewide and rural areas and by regional planning organizations (often called metropolitan planning organizations or MPOs) for the more high-density population areas around cities. These entities assess and analyze transportation resources and needs for their jurisdictions and develop long- and short-range transportation plans. Federal law designates the state departments of transportation and the MPOs as the agencies that determine the uses of federal funding for roads, highways and public transportation programs. Historically, planning has focused on roads and highways, but federal law enacted in the 1990s emphasizes the need for planning that promotes mobility, whether by car or other forms of transportation.

Transportation planning that focuses on providing mobility for all community residents—older and younger, local or commuting—is a key component of creating livable communities. One of the attributes of a livable community is that individuals can get where they want to go to accomplish their tasks, whether they are shopping, going to the doctor or visiting friends or family. The creation of a livable community takes sustained coordination between transportation and community planners (for more on livable communities, see Chapter 9, Housing.)

The involvement of older people in the transportation planning process is important to meeting their mobility needs. As citizen advocates, older people can bring the transportation needs of the older population to the attention of transportation planners. Critical to the planning process is identifying areas where there are concentrations of older people so that public transit systems can provide appropriate routes and services. Also needed is infrastructure for pedestrian access to goods and services, and safety upgrades of roads and highways.

FEDERAL POLICY

TRANSPORTATION POLICY AND PLANNING

Both the Federal Transit Administration and the Administration on Aging should encourage state and local governments to provide older Americans with greater opportunities to participate in planning for community-based transportation systems and services.

STATE & LOCAL POLICY

TRANSPORTATION POLICY AND PLANNING

States and metropolitan planning organizations should:

implement requirements contained in federal transportation laws and regulations for public participation in transportation planning;

consider the impacts of transportation planning decisions on the mobility of older people; and

actively promote public participation by consumers, including older people, in transportation planning, including public transportation routing, highway and road siting and design, and investment and deployment of intelligent transportation systems.

SAFE DRIVING

Background

Safe driving is a challenge for all drivers. Safety risks are often related to lack of experience and the failure to exercise good judgment. They may also be related to impairments of the particular skills and abilities required for driving. Older individuals are more likely than younger people to experience health impairments and changes in functioning that may affect their driving skills and put them at risk for being involved in accidents. Traffic safety experts are concerned that as the population ages, traffic safety regulators will have to take steps to identify a growing number of drivers who are at increased risk of being in an accident.

Regulation of driver licensing is a state function, and states have different rules for getting and renewing licenses. Many states require vision testing and rely on license renewal applicants to report medical conditions that might put them at risk. All states have some avenue for referring drivers believed unsafe—whether by health professionals, law enforcement officials or friends and family—to the motor vehicles department. Many states that allow renewal by mail restrict that convenience to those with a clean driving record. Some states require renewal testing for older people that they do not require

for younger people, although only two states—Illinois and New Hampshire—require road tests.

Research has identified some risk factors that are predictive of crash involvement. These include cognitive impairment, such as reduced attention skills, and visual impairment, such as reduced visual acuity or severely reduced peripheral vision. Research is underway to identify other functional impairments that may compromise an individual's ability to drive safely. Better knowledge about indicators of impaired driving skills would enable states to design driver-licensing regulation to identify unsafe drivers.

Most drivers are aware of various safety problems. AARP research shows that drivers age 50 and older are particularly concerned about inconsiderate and aggressive driving. Stepping up enforcement of traffic laws and emphasizing information and public education about defensive driving are two strategies for reducing the risks created by these unsafe driving behaviors.

Traffic safety professionals and specialists in safety and human factors are trying to develop inexpensive and minimally intrusive screening mechanisms to identify people who need to have their driving skills assessed. To date there is no cost-effective test to identify impaired drivers before they encounter driving difficulties. Motor vehicle administration staff report that they rely on personal observation of renewal applicants to identify impairments.

There are also increasing efforts to develop community resources for professional assessment of drivers and for remedying impaired functioning where that is possible. For example, occupational therapists who are trained and certified in driver assessment and rehabilitation can assist older drivers in overcoming functional impairments that affect driving skills. Health professionals, who are often in the best position to spot warning signs and provide counseling, can also provide identification of at-risk drivers. Currently, however, certified driving-rehabilitation specialists are few in number and unavailable in most communities across the US, and many health professionals are unaware of the relationship between impaired functioning and driver risk.

A number of states have instituted task forces to work on how best to keep an aging population both safe and mobile. These task forces look at programs tailored to helping older drivers maintain their driving skills and to identifying compromised skills. They also consider how to provide alternative transportation for those who are driving less or not at all. Among the states that currently have task forces are Maryland, Missouri and New York.

FEDERAL, STATE & LOCAL POLICY

SAFE DRIVING

Federal, state and local governments should support the expansion of programs and the number of qualified professionals performing scientifically based driver assessment, rehabilitation and education.

FEDERAL & STATE POLICY

SAFE DRIVING

The Department of Transportation and the states should promote the development and dissemination of information for health professionals on the interaction between health and driving functions.

FEDERAL POLICY

SAFE DRIVING

Congress should fund additional research by the National Highway Traffic Safety Administration (NHTSA), the National Institute on Aging and the Federal Highway Administration (FHWA) to determine the relationship between driving performance and age-related functional limitations, including dementia and the side effects of prescription drugs. The Department of Transportation (DOT) should actively disseminate results of this research to the public and to health care providers.

Congress and NHTSA should support development of standards for certification of driver assessment, education and rehabilitation.

DOT (including NHTSA and the FHWA) and other agencies should cooperate to encourage states to develop, implement and evaluate a uniform vehicle code and a model driver's license system. This could include improved driver assessment, restricted licensing options, and uniform medical guidelines for counseling and licensing functionally impaired drivers.

STATE & LOCAL POLICY

SAFE DRIVING

State and local governments have an obligation to maintain and improve public safety through driver licensing and road maintenance, and therefore should:

require in-person driver license renewal at regular intervals for all drivers;

require assessment for functional impairments, such as reduced vision or cognitive skills, when there is evidence of unsafe driving and/or of risk factors shown to be related to impaired driving skills;

require that individuals who exhibit functional impairment during assessment be further tested for impaired driving skills—The licensing agency should take appropriate action regarding continued driving based on the results of the driving-skills examination;

adopt driver-testing methods that have proven effective in identifying impairments that hinder driver safety;

issue licenses that permit driving but include restrictions tailored to an individual driver's capabilities and circumstances;

support increased enforcement and penalties for those who continue to drive after license suspension or revocation;

step up enforcement of traffic laws violated by aggressive drivers and provide information and public education about defensive driving;

adopt and implement procedures for appealing license denials, suspensions and revocations; and

appropriate funds for highway provisions as authorized by federal transportation law related to safety management, occupant protection and research.

THE TRAVEL ENVIRONMENT

Background

Driving and pedestrian safety could be increased through improvements in many areas, including sidewalks, crosswalks, roads, highways, signage, and traffic monitoring and information systems.

Proper design and regulation of intersections can reduce the danger of accidents occurring during left turns (the highest risk situation for older drivers). Standardized road markings, larger and more reflective signs (particularly on entrance and exit ramps), better road and sign maintenance and better-illuminated highways would help all motorists drive more safely. Such improvements help lower accident rates and health care and repair costs, which result in reduced auto insurance rates.

Improving the travel environment takes long-range planning and substantial public investment. The Department of Transportation's Federal Highway Administration has developed guidelines for road and highway design intended to improve safety for older drivers. These are in the "Older Driver

Highway Design Handbook," but they are only guidelines and not mandatory; implementation is discretionary with local agencies.

FEDERAL POLICY

THE TRAVEL ENVIRONMENT

Congress should require federally funded highways to have road markings and signs clearly visible to drivers, increased lighting and safe entries and exits.

The Department of Transportation should consider promulgating regulations that implement the guidelines in the "Older Driver Highway Design Handbook."

Congress should provide financial incentives to implement design modifications intended to improve the driving environment for older people using roads and highways.

STATE & LOCAL POLICY

THE TRAVEL ENVIRONMENT

State and local jurisdictions should

- make technological improvements in highway signs, roadway markers and pedestrian signs, and in engineering techniques that increase public safety for all. (This can be accomplished through adoption and implementation of roadway design guidelines as recommended in the "Older Driver Highway Design Handbook.");

- enact handicapped parking laws, including provisions for reciprocity between states and for temporary parking permits, that conform to the Uniform Vehicle Code Model Traffic Ordinance; and

- ensure maintenance of signs and visibility of signs and traffic lights.

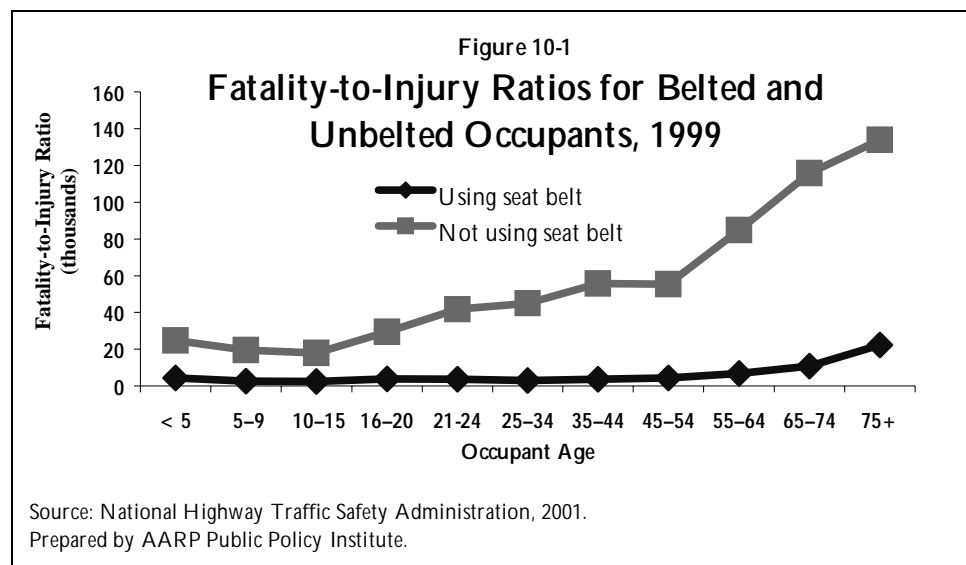
OCCUPANT PROTECTION

Background

Increased seat belt use, airbag installation and safer vehicle design, along with improved highway systems design and operation, could reduce fatalities and the severity of injuries. Some technological advancements in occupant-protection mechanisms that may improve safety include four-point seat belts, safety belt pre-tensioners, advanced front-seat airbags (which adjust their explosive force to the passenger's weight) and side airbags. Although federal law requires airbags in all new automobiles, government research shows that

airbags reduce crash fatalities in head-on collisions by 1.5 percent for drivers age 70 and older compared with 11 percent for all drivers. Further research is needed to explain the disparate benefits for different age groups and develop airbags that mitigate injuries to older people and young children. Currently, National Highway Traffic Safety Administration (NHTSA) regulations allow owners who demonstrate particular vulnerabilities to have on/off switches installed for their airbags.

Research from NHTSA shows a clear correlation between seat belt use and a reduced likelihood of crash fatalities for individuals 55 and older (Figure 10-1). In addition, the Insurance Institute for Highway Safety has reported that the higher fatality rates for older drivers and passengers result from physical fragility and has called for improved occupant-protection mechanisms.



FEDERAL POLICY

OCCUPANT PROTECTION

Congress should, at a minimum, require cars, minivans and light trucks to meet stricter safety standards, such as improved interior components to prevent head injury; antilock brakes; stronger side impact, rollover and roof-crush protections; and antilacerating glass. Federal rules should require driver and passenger airbags in automobiles, minivans and light trucks. In particular, Congress should require the development and implementation of federal standards designed to improve safety for vulnerable occupants of vehicles.

The Department of Transportation should conduct and support research on improving the effectiveness of airbags for vulnerable populations, including older people and children.

FEDERAL & STATE POLICY

OCCUPANT PROTECTION

Federal and state governments should actively promote seat belt use, especially by older individuals.

The Department of Transportation and the states should require automakers to fully disclose the possible consequences of airbag use by vulnerable populations and provide public information and education on ways to improve safe use.

STATE POLICY

OCCUPANT PROTECTION

States should mandate the use of seat belts in automobiles.

VEHICLE DESIGN

Background

Vehicle design features that increase comfort and safety also improve transportation for older people. For example, the right design can make it easier to get in and out of an automobile or enhance the visibility of the instrument panel. Such adaptations can reduce barriers to continued driving. At the same time, low-floor and kneeling buses enhance public transportation services for people with mobility restrictions.

A number of products for aftermarket installation are now marketed as improving safety for individuals experiencing functional changes. These range from low-tech devices, such as nonplanar mirrors (to improve awareness of hazards to the side of a car), to high-tech devices such as hazard-warning and collision-avoidance technologies. However, research showing safety outcomes for older users is limited and generally proprietary to manufacturers.

FEDERAL POLICY

VEHICLE DESIGN

Federal standards governing vehicle design, control and operation should incorporate available and emerging technologies to promote safe driver performance and vehicle crashworthiness.

The Department of Transportation should support research on vehicle designs that enhance both safety and comfort for older people and disseminate the findings to the public and vehicle manufacturers.

The Department of Transportation should research and publish information for consumers on the outcomes of installing and using new technologies marketed as safety improvements, focusing on at-risk subpopulations as appropriate.

ALTERNATIVES TO DRIVING

Background

While most Americans get around using their own cars, other choices are needed, particularly for those who either cannot or choose not to drive. These alternatives should be safe and customer friendly in order to encourage people who rely on alternatives to maintain their connections to the goods, services and social activities in their communities.

Volunteer transportation services are an important resource for older persons. These services are often administered by private nonprofit organizations and may rely on both public and private funding for support. For example, a local aging-services program might sponsor a transportation system, using a mix of volunteer and paid drivers, and receive funding for administration and driver expenses from federal, state and local sources, as well as from its own fundraising activities. Volunteer transportation services face ongoing challenges, such as recruiting volunteers, protecting themselves from liability, covering administrative costs and adhering to regulations from multiple funders.

FEDERAL, STATE & LOCAL POLICY

ALTERNATIVES TO DRIVING

Congress, states and local governments should strongly support the development and implementation of surface transportation programs and services that improve and enhance community transportation resources for older people.

Congress, states and local jurisdictions should promote public-private partnerships and volunteer programs that seek to expand transportation alternatives.

The Department of Transportation, in consultation and coordination with the Administration on Aging, should help meet the transportation needs of nondrivers by conducting or supporting research, acting as an information clearinghouse and providing technical assistance on nondriver needs to state and local transportation agencies.

Federally funded transportation safety research should extend to all modes of transportation, including automobiles, public transportation, specialized transportation (paratransit) and walking. Research and development of safety mechanisms and strategies should consider the needs of frail and vulnerable individuals.

NON-MOTORIZED TRANSPORTATION

Background

Non-motorized transportation modes, such as walking and bicycling, are important both as transportation and as physical activities that promote health. Walking is second only to the automobile as the mode of transportation people age 70 and older most often use. The 1995 Nationwide Personal Transportation Survey showed that nondrivers age 70 and older make nearly one-fifth of their trips on foot.

However, the design of many communities does not encourage use of non-motorized transportation or provide for the safety of non-motorized transportation users. Residential areas are often long distances from commercial facilities, precluding pedestrian access to goods and services. Often there are no sidewalks, and timing of traffic signals for walking across intersections is too quick for older pedestrians with restricted mobility. According to the National Highway Traffic Safety Administration, in 1997 pedestrians age 70 and older accounted for 17 percent of all pedestrian fatalities. The fatality rate for pedestrians age 70 and older is more than twice the rate of fatalities for pedestrians age 35 to 64.

The Transportation Equity Act for the 21st Century (TEA-21) authorizes funding from the highway trust fund for pedestrian and bicycle infrastructure and safety projects and calls for consideration of bicyclists and pedestrians in long-range transportation planning. However, the act created only two major requirements related to non-motorized transportation. The first requirement is that each state transportation department have a bicycle and pedestrian coordinator. The second is that the Transportation Department secretary cannot approve projects or regulatory action that

would adversely affect the safety of non-motorized traffic or sever an existing non-motorized route.

FEDERAL POLICY

NON-MOTORIZED TRANSPORTATION

Congress should strengthen requirements that support walking and bicycling safety and infrastructure.

STATE AND LOCAL POLICY

NON-MOTORIZED TRANSPORTATION

States and local governments should require and fund safe and well-maintained facilities and environments for nondrivers. These would include sidewalks, resting places for pedestrians, bike paths, emergency communications systems and traffic management plans.

PUBLIC TRANSPORTATION AND PARATRANSIT

Background

Public transportation is an important resource for older people. Nearly 10 percent of persons 50 and older report using public transportation at least once per month. Virtually all public transportation providers reduce fares for older riders to encourage their use of transit services. According to the 1995 Nationwide Personal Transportation Survey, nondriving people age 70 and older take 10 percent of their daily trips by transit (bus, subway and commuter rail). People from 70 to 74 years old take nearly 14 percent of their trips by transit, but after age 74 transit use declines. People age 85 and older take only 5 percent of their trips by transit. Public transportation presents barriers to use by older people; nearly one-third of people age 50 and older with physical limitations perceive the failure of public transportation to go where they want to go as a large problem; for nearly a quarter of those with physical limitations, getting to public transit is an issue. People age 50 and older also cite fear of crime and length of time to take trips as obstacles to use.

Public transit in urban and rural areas receives funding from federal, state and local governments, as well as from fares. Federal transportation law authorizes the Section 5307 Urbanized Area Formula Program for capital expenses for transit in urbanized areas and the Section 5309 program for the establishment of new rail or bus projects, the improvement and maintenance of existing rail and other fixed "guideway" (transportation on rails such as light rail and some trolleys) systems, and the upgrading of bus systems.

Section 5311 provides funding for capital and operating expenses in rural areas (see the section below, Rural Transportation).

Under federal transportation law urban transit authorities may receive matching grants of up to 80 percent of the cost of purchasing vehicles or up to 90 percent for the incremental costs of purchasing equipment for compliance with the Americans with Disabilities Act (ADA). In 1998 the Transportation Equity Act for the 21st Century authorized transit systems to use up to 10 percent of their annual apportionment of “formula funds” (the funds they receive from the federal government under the Sections 5307 and 5311 programs) to pay for some of their ADA paratransit operating costs. This expanded use of funds that were previously restricted to capital expenditures applies to both the Section 5307 and the Section 5311 Nonurbanized Area Formula Program and facilitates ADA implementation.

For older people the complementary paratransit required by the ADA is a particularly important component of public transportation. The ADA prohibits discrimination against people with disabilities who wish to use public transportation. Under ADA, fixed-route public transportation—buses and trains—must be accessible to people with disabilities, including those who use wheelchairs. ADA requires public transportation providers to provide paratransit service within three-quarters of a mile of a fixed route for people who cannot use fixed-route transit, even with wheelchair-accessible vehicles. The Federal Transit Administration (FTA) has authority over ADA’s implementation in public transportation.

ADA paratransit service consists of specialized vehicles that are provided through transit authorities and offer door-to-door or curb-to-curb transportation. The services must be comparable to the transit system’s fixed-route services in terms of service area, response time, fares and days and hours of service. In addition, the rider may be accompanied by a friend or family escort (who must pay the same fare as the rider) or by a personal care attendant (who does not pay a fare). The rider must be certified as needing a personal care attendant.

Only qualified individuals may use ADA paratransit services, and providers must determine who is sufficiently disabled to be eligible. However, transportation providers (who lack experience in assessing disabilities) may find eligibility difficult to determine, especially for older people, who can be denied service after years of paratransit use. There are many types of disabilities other than those requiring wheelchair accessibility, each with its own needs. Particularly at risk of being denied eligibility are those individuals with “hidden” disabilities, such as cognitive impairment. Public transportation providers report that demand for ADA paratransit is rising rapidly because human services agencies are no longer offering transportation for their clients who are eligible for complementary paratransit. At the same time riders in many areas complain that the existing paratransit service is expensive and undependable.

In 2000 an independent federal agency, the National Council on Disabilities, issued an extensive review of ADA implementation. On public transportation issues the council found a need for stepped-up implementation and enforcement efforts for a number of reasons:

FTA's interpretation of ADA regulations tends to give transit agencies too much flexibility in implementing the regulations and in complaint resolution, to the disadvantage of people with disabilities.

FTA guidelines permit self-certification of compliance, but the agency does not conduct sufficient independent compliance reviews.

Complaint investigation and the implementation of sanctions are inadequate, and the offices responsible for these tasks are understaffed and underfunded.

Although the FTA provides technical assistance for implementation to transit providers, there has been inadequate public education for riders about use of transit and their ADA-protected rights.

Another area of concern for older persons is nonemergency medical transportation. Some nonprofit and human services agencies provide this special transportation, but there is no targeted transportation funding or program to meet the needs of people who, as a result of a medical condition, cannot get themselves to medically necessary nonemergency medical services, such as dialysis or chemotherapy. Medicaid pays for nonemergency transportation to assure access to medical services for low-income individuals receiving Medicaid-financed services, but Medicare does not cover nonemergency medical transportation unless the patient is bedridden. Nonemergency medical transportation is very expensive, and costs increase when people use ambulances for scheduled appointments because there is no other option, a particular problem in rural areas. ADA-eligible riders may use complementary paratransit, if available, but very ill riders may need higher-level, more personalized service. One solution might be to develop such a service as part of the existing complementary paratransit system. There is no research on how the public transportation system could serve individuals needing nonemergency medical transportation.

Passenger rail is another mobility option for midlife and older people who travel both within congested regional corridors and between cities separated by long distances. The 1995 American Travel Survey found that people age 65 and older make more than a half million long-distance trips (100 miles or longer) by train. Amtrak estimates that nearly a quarter of its national ridership (4.7 million people) is age 55 and older, and that on 13 of 36 routes, more than a third of the riders are age 55 and older.

In addition, passenger rail provides essential service to many rural communities, and it is an alternative to air travel in the more congested

corridors, such as in the Northeast. Many states perceive rail as an important contributor to economic development.

FEDERAL POLICY

PUBLIC TRANSPORTATION AND PARATRANSIT

Congress should:

authorize and appropriate funds to provide states and local jurisdictions with incentives for expanding and improving public transportation;

increase funding for public transportation to improve the quality and quantity of services for persons with disabilities;

appropriate sufficient transit funds for capital assistance, operating subsidies, specialized transit, rural assistance and research;

require research on how to develop and implement cost-effective nonemergency medical transportation programs;

provide adequate funding for Americans with Disabilities Act (ADA) enforcement activities;

support nationwide passenger rail service that is integrated and coordinated with regional, state and local passenger rail; and

establish a dependable funding mechanism that ensures continuing passenger rail service.

The Federal Transit Administration (FTA) and the Administration on Aging should develop guidelines and provide technical assistance to transit authorities on making eligibility decisions under the ADA and providing information on available alternatives to people of all ages with disabilities.

The FTA also should:

conduct public education for the disability community and other rider constituencies about rights under the ADA and use of accessible transportation;

promote research on how to reduce costs of paratransit service while improving quality and dependability; and

ensure the accessibility of all transportation services offered to the public and aggressively monitor and enforce timely ADA compliance by all transportation providers, including operators of public

transportation and intercity over-the-road buses. Specifically, the FTA should use its authority to:

make stronger interpretations of ADA regulations,

conduct compliance reviews,

investigate complaints and

impose meaningful sanctions for failures to comply with ADA regulations.

STATE & LOCAL POLICY

PUBLIC TRANSPORTATION AND PARATRANSIT

States should:

continue and expand support for improved public transit systems, including the purchase of accessible and barrier-free equipment and construction of comfortable, safe and accessible bus stops;

aggressively seek to meet the transit and paratransit needs of frail elderly and disabled people by utilizing the higher federal match for compliance with the Americans with Disabilities Act (ADA);

require public transit systems to implement and enhance safety regulations and mechanisms;

encourage transit authorities to reduce fares for low-income elderly people;

ensure transportation providers' compliance with the ADA, in part by providing technical assistance to local transportation agencies and authorities;

require recipients of community development grants and other state funds to guarantee accessibility to transit and safe access to facilities in their community planning and design efforts;

support passenger rail systems that are integrated and coordinated with the nationwide passenger rail system; and

establish dependable funding mechanisms for investment in passenger rail.

RURAL TRANSPORTATION

Background

Nearly 30 percent of households headed by someone age 65 and older are in rural areas where little if any public transportation is available. The distances between rural residences and necessary services like health care and senior centers exacerbate transportation problems for nondrivers, particularly for the one in four chronically disabled rural residents who live in households with no vehicle.

Federal transportation law addresses the needs of rural residents for public transportation by providing capital and operating assistance to transit providers in rural areas. This program, administered by the Federal Transit Administration, is commonly called the Section 5311 program. Congress initially authorized funding for rural transportation in 1978, and appropriations for rural transportation have grown from approximately \$72.5 million in 1981 to \$203 million in 2002. People 60 and older make 31 percent of rural transit trips; people with disabilities make 23 percent of rural trips.

In many places rural transit systems have evolved from services originally developed for human services clients. They may cover multicounty areas, single counties or single towns. These systems have successfully coordinated funding for specialized transportation for the elderly and individuals with disabilities (Section 5310) with rural transportation funding (Section 5311), as well as with state funding for human services and public transportation. Promoting coordination of multiple funding sources at the state level facilitates development and enhancement of rural transportation services, as does federal authorization for flexible movement of federal funds among programs.

FEDERAL POLICY

RURAL TRANSPORTATION

Congress should

continue funding the operating and capital costs of rural public transportation and

provide for monitoring and evaluation of rural public transportation to help identify needs for improvement and expansion.

States should

ensure funding mechanisms for operating and capital expenses for rural public transportation and

promote and monitor coordination of transportation funding and programs in rural areas.

SPECIALIZED SERVICES FOR THE ELDERLY AND PEOPLE WITH DISABILITIES

Background

Since the 1970s federal legislation has authorized capital assistance grants for specialized transportation for the elderly and people with disabilities. Known as the Department of Transportation's Section 5310 program, this assistance helps state and local transportation agencies and nonprofit organizations (such as senior centers and groups that provide educational and social opportunities for people with disabilities) purchase vehicles to transport clients. Federal transportation law allocates only 2.4 percent of all formula grants program funds to Section 5310. (The formula grant programs include Section 5311, the Nonurbanized Area Formula Program, which gets 6.37 percent of the formula grant funds, and Section 5307, the Urbanized Area Formula Program, which gets 91.23 percent.) In fiscal year 2002, Congress appropriated approximately \$84.6 million for the Section 5310 program.

The Transportation Department's Federal Transit Administration (FTA) administers the Section 5310 program, sending funds to the states based on each state's combined population of people 65 and older and people with disabilities. The FTA reports that recipients in fiscal year 2000 used about 75 percent of these funds to replace old vehicles; 25 percent was used to purchase new vehicles. In recent years about half of the grants have been allocated to programs that serve the elderly and about half to programs that serve people with disabilities. The FTA does not collect information on service demand, ridership or consumer satisfaction with services using Section 5310-funded vehicles.

Section 5310 funds cannot generally be used for operating expenses; these are commonly paid for by the human services or nonprofit programs that receive the funds. However, recipients of Section 5310 grants can use their grants to contract for transportation services for elderly people and people with disabilities. State and local governments typically contribute funding for both capital and operating assistance from general funds. Some states,

however, have dedicated a portion of gas-tax revenues to pay for specialized or public transportation, thereby ensuring ongoing funding.

The need for funding for specialized paratransit for people with disabilities is increasing with their growing integration into mainstream employment and community activities. Since the implementation of the Americans with Disabilities Act (ADA), public transportation providers have experienced large growth in demand for complementary paratransit for people with disabilities. There is no separate funding for the high-cost complementary paratransit that public transportation agencies must provide under the ADA. An expanded specialized paratransit program could provide transportation for people with disabilities where there is no fixed-route public transportation or could reduce some of the demand for complementary paratransit where there are fixed-route services.

FEDERAL POLICY

SPECIALIZED SERVICES FOR THE ELDERLY AND PEOPLE WITH DISABILITIES

Congress should require the Federal Transit Administration to evaluate how well the Section 5310 program meets the needs of riders.

Congress should fund the Section 5310 program at a level sufficient to meet needs for replacement vehicles as well as for new vehicles required for program expansion.

STATE & LOCAL POLICY

SPECIALIZED SERVICES FOR THE ELDERLY AND PEOPLE WITH DISABILITIES

States and local governments should provide sufficient funding to public and nonprofit agencies to provide transportation that is planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities.

States should make gas-tax revenues, as well as general funds, available for funding of transportation alternatives.

COORDINATION OF HUMAN SERVICES TRANSPORTATION

Background

Many human services agencies provide transportation to their services only for their clients. These agencies often receive capital assistance through the Department of Transportation's (DOT) Section 5310 program. The result is a specialized transportation system that may be inefficient, complicated and frustrating. And although federal law has long required some coordination

among services, state and local governments and nonprofit agencies that provide transportation have resisted full coordination.

In response federal transportation law requires DOT to encourage metropolitan planning organizations to coordinate publicly funded transportation services and human services transportation. DOT and the Department of Health and Human Services have produced guidelines in this area (for more information on social services transportation, see Chapter 8, Social Services and Education).

FEDERAL POLICY

COORDINATION OF HUMAN SERVICES TRANSPORTATION

The Federal Transit Administration should ensure coordination of all federally funded transportation programs and services by providing technical assistance to states and local agencies on coordination and carefully monitoring and evaluating the implementation of state-administered plans for federally funded programs.

STATE & LOCAL POLICY

COORDINATION OF HUMAN SERVICES TRANSPORTATION

State and local jurisdictions should ensure coordination of all transportation programs and services that receive public funding (federal, state or local).

Local jurisdictions should provide publicly owned or operated passenger vehicles for the transportation of older people when such vehicles are not otherwise in use.

PRIVATE TRANSPORTATION SERVICES

Background

People over age 65 use intercity and charter buses more than any other age group for long-distance travel. These buses are known as over-the-road buses (OTRBs); Greyhound buses are the most familiar example. OTRBs are subject to Department of Transportation (DOT) motor carrier safety regulation. They are also subject to federal regulation under the Americans with Disabilities Act (ADA). However, because of congressional concerns about the expense of making the OTRB fleet accessible when ADA was enacted in 1990, OTRB operators were not required to comply with ADA as quickly as public transportation systems were. In 1998 DOT promulgated regulations requiring that all OTRBs be wheelchair accessible by the year 2012. Half the OTRB fleet must be wheelchair accessible by 2006.

Intercity and charter buses also provide transportation to recreational opportunities for many older people. However, safety experts increasingly are raising questions about occupant safety in these vehicles. Because of charter-bus crashes in which there were multiple fatalities, the National Transportation Safety Board is considering whether to require charter buses to have safety belts.

In addition to regulating the surface transportation provided by privately owned companies, DOT, through the Federal Aviation Administration (FAA), also regulates air travel. People 65 and older take approximately 8 percent of all commercial airplane trips, according to the 1995 American Travel Survey. The Air Carrier Access Act of 1986 prohibits discrimination against people with disabilities who travel by air and is enforced by the FAA. Unlike the ADA, the Air Carrier Access Act provides no guarantee of equal access for people with disabilities and allows for no injunctive relief in court, only administrative relief. People with disabilities continue to experience many barriers to the use of commercial aircraft and believe that enforcement efforts need to be enhanced.

FEDERAL POLICY

PRIVATE TRANSPORTATION SERVICES

The Department of Transportation (DOT) should test occupancy-protection systems for charter and intercity buses, including safety belts, to determine which is most effective in protecting older people and should require that the most effective occupancy-protection systems be installed.

DOT should accelerate regulation of occupancy safety in charter and intercity buses.

The Federal Aviation Administration should ensure the accessibility of commercial aircraft to people with disabilities through active implementation of the Air Carrier Access Act.

STATE & LOCAL POLICY

PRIVATE TRANSPORTATION SERVICES

States should improve the safety of public and charter vehicles.

TRUCK SAFETY

Background

Truck safety is regulated at both the federal and state level. In accordance with federal regulations adopted in 2000, state laws and regulations must be

compatible with federal law. This requirement effectively creates federal preemption of state truck-safety laws regardless of whether a state law is stricter than federal requirements and is intended to enhance motor carrier safety.

Oversize trucks (those with double and triple trailers) pose a significant highway safety threat. In accidents between other vehicles and oversize trucks, 78 percent of the people killed were in the other vehicles. Occupants of other vehicles are six times more likely to die if they collide with a large truck than if they collide with another car. On a per-mile basis, the fatality rate in truck crashes is one and a half times that of passenger-car crashes. In 1997 the fatality rate in crashes involving trucks increased by 4.5 percent. More than one-third of these fatalities were of people age 50 and older.

In addition to size differential, contributing risk factors of truck accident fatalities include the increased stopping time needed for tractor-trailers, truck-driver fatigue, alcohol and drug use and the lack of protection for cars against going underneath trucks. Jackknifing of oversize trucks is also a major problem; in Europe and Japan all trucks must have antilock brakes, virtually eliminating this hazard. A related problem is that automobile drivers have little information on how to protect themselves in an environment with oversize trucks.

FEDERAL POLICY

TRUCK SAFETY

Federal motor carrier laws and regulations should not preempt state motor carrier laws or regulations that are stricter than federal requirements and intended to enhance motor carrier safety.

Congress should require states to enforce restrictions on oversize-truck travel and freeze the authorization of oversize-truck use at existing levels. Congress should require oversize trucks to have such recognized safety features as under-ride protection, increased exterior lighting and antilock brakes.

The Transportation Department should develop and conduct public education for automobile drivers on how to drive safely when sharing roads and highways with trucks.

STATE & LOCAL POLICY

TRUCK SAFETY

State and local jurisdictions should strictly enforce truck driver and vehicle safety standards, including standards to reduce driver fatigue, and conduct roadside checks to monitor alcohol and drug abuse.