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LITERATURE REVIEW



Reports and Documents (Public, Private, and Not-for-Profit Agencies)

1.) **Advisory Workgroup Report: Livable New York; New York State Office for the Aging, October 2010.**

Livable New York provides recommendations developed by an Advisory Workgroup established by New York State's *Livable New York* Initiative. It is being implemented by the State Office for the Aging in collaboration with 86 individuals that comprise the Advisory Workgroup. These individuals from across the State of New York hold expertise in various areas that focus on various issues involving aging, such as: housing options, housing development, universal design, planning, zoning and land-use, green building, energy alternatives, mobility, and transportation. In addition to a collaboration with an Advisory Workgroup, *Livable New York* is made possible with assistance from professionals, community leaders, and consumers from across the State and the Initiative's affiliate partners: New York State Energy Research and Development Authority, New York State Department of State, USDA Rural Development – State Office, Dormitory Authority of the State of New York, New York State Office for Persons with Developmental Disabilities, New York State Division of Housing and Community Renewal, and New York State Commission on

Quality of Care and Advocacy for Persons with Disabilities.

Livable New York provides a comprehensive understanding of what constitutes a 'livable community,' addresses the aforementioned issues and provides recommendations for them. The results of the various collaborations are presented in the *Report* are meant to advance the goals of *Livable New York*. The goal of *Livable New York* is to create livable communities to accommodate for the changing needs for people of all ages – seniors, younger people, and people with disabilities, families, and caregivers.

2.) **Active Design Guidelines: Promoting Physical Activity and Health in Design; New York City Department of Design and Construction, 2010.**

The *Active Design Guidelines* was developed by a partnership of the New York City Departments of Design and Construction, Health and Mental Hygiene, Transportation, City Planning, and Office of Management and Budget, working with leading architectural and planning academics, and with help from the American Institute of Architects New York Chapter. The *Guidelines* seeks to provide:

1. **Urban design strategies** for creating neighborhoods, streets, and outdoor spaces that encourage walking, bicycling, and

active transportation and recreation.

2. **Building design strategies** for promoting active living where we work and live - for example, through the placement and design of stairs, elevators, and indoor and outdoor spaces.
3. **Discussion of synergies** between active design and sustainable design initiatives such as LEED and PlaNYC and incorporating Universal Design.

While the *Active Design Guidelines* seeks to utilize planning strategies as a method to understand health problems and combat them – it provides cost-effective solutions to make a more livable New York for all New Yorkers - including seniors. It is promoting physical activity and health through design while maintaining sustainability.

3.) ***Annual Plan Summary; New York City Department for the Aging, April 1, 2009 – March 31, 2010.***

Purpose and Scope of Annual Plan Summary:

Under Older Americans Act (OAA), Section 306(a)(6)(D), “ requires that All Area Agencies (AAA) are to develop an area plan. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York State Office for the Aging on programs funded through state and federal resources, the New York State Community Services for the Elderly Program (CSE) and the Expanded in-Home Services for the Elderly Program (EISEP). The Annual Plan Summary is a synopsis of the AIP and presents DFTA’s strategic goals, budget and service levels, and programming. This Plan represents the second year of a four year plan covering the period April 1, 2008 to March 31, 2012.”

The *Annual Plan Summary* identifies transportation as a supportive service need that must be addressed because of the “given function decline in mobility among older adults as they age, the availability and subsidization of appropriate transportation is a critical factor in enabling an individual to live independently.” The *Summary* examines the Surface Transportation Policy Partnership’s report, “Aging Americans: Stranded without Options,” and the U.S. Government Accountability Office’s (GAO) to emphasize that there are research studies and surveys that indicate transportation needs for older adults are not being met.

This report addresses the various services provided by DFTA, such as nutrition benefits, counseling, employment opportunities, legal assistance, in-home services, including the appropriate transportation services.

4.) ***Age-Friendly NYC; Mayor’s Office for Health and Human Services, New York City, August 2009.***

Age-Friendly New York City is a partnership between the New York City Council, the New York Academy of Medicine (NYAM) and the Mayor’s Office to create a blueprint for how New York City can become more age friendly. This report represents an initiative and coordination of ideas from various stakeholders and experts including older adults, advocates, academics, the business community, and others from a variety of fields to get their input.

The report builds on the work of the World Health Organization’s *Global Age-Friendly Cities* initiative (2007), which engaged older adults and others in 35 cities around the world in identifying the core components and features of an age-friendly city. In September 2008, NYAM released *Toward an Age-Friendly New York City: A Findings Report* as a result of a yearlong citywide public engagement campaign consisting of town hall meetings, focus groups and feedback from nonprofit organizations and the academic community. This report is the next stage in the collaborative effort between NYAM, the Mayor’s Office and the City Council. The initiatives are grouped into four main areas – community and civic participation; housing; public spaces and transportation; and health and social services.

The goal of the public spaces and transportation section of the report is to provide age-friendly public spaces and a safe means for reaching them. The selected initiatives highlighted in the report are the following:

- Develop taxi voucher program for older New Yorkers who are unable to use public transportation.
- Redesign street intersections at key locations citywide to improve safety for older New Yorkers.
- Provide environmental stewardship workshops and engage older New Yorkers in planting trees as part of PlaNYC and MillionTreesNYC.

- Promote use of Universal Design Guidelines through education and awareness efforts.

A comprehensive listing of the Public Spaces & Transportation Agenda under the headings of Accessible & Affordable Transportation, Safe & Age-Friendly Public Spaces and Planning for the Future follow:

Accessible & Affordable Transportation

- Improve elevator and escalator service and enhance accessibility of subway stations
- Improve efficiency of Access-A-Ride by equipping vehicles with GPS devices and implementing phone notification system
- Match accessible taxis with users who need them
- Develop model accessible taxi
- Develop taxi voucher program for Older New Yorkers who are unable to use public transportation

Safe & Age-Friendly Public Spaces

- Increase seating in bus shelters
- Install public restrooms at key locations citywide
- Create new, pedestrian friendly public spaces while calming traffic
- Redesign street intersections at key locations citywide to improve safety for older New Yorkers
- Identify age-friendly parks and encourage older adults to utilize them

Planning for the Future

- Provide environmental stewardship workshops and engage older New Yorker in planting trees as part of PlaNYC and Million Trees NYC
- Conduct study to better address the mobility needs of older New Yorkers
- Promote use of Universal Design Guidelines through education and awareness efforts.

5.) **Walk the Walk: Connecting Senior Pedestrian Safety to Seniors in New York City; Transportation Alternatives, 2009.**

Transportation Alternatives (T.A.) a not-for-profit organization has produced this report with the assistance of various organizations, such as NYC Coalition Against Hunger, New York State Department of Motor Vehicles; Tri-State Transportation Campaign; and the NYC Department of Transportation, as well as active cooperation from many senior centers, including, Sirovich Senior Center, Stein Senior Center, and Grand Street Settlement.

This study produced by Transportation Alternatives identifies, “dangerous intersections, street and walking zones of particular use to seniors, and aims to transform them into places that are safe and enjoyable for seniors.”

Transportation Alternatives seeks to “augment New York City’s Department of Transportation (DOT) Safe Street for Seniors program.” The study primarily focuses on Council District 2 of Manhattan.

One of the major recommendations made in this study is that “NYC DOT should create a senior pedestrian zone composed of an one-eighth mile radii around significant residential senior populations of 500 seniors or more and around nearby hospitals.” Within this zone, Transportation Alternatives recommends, “inexpensive safety improvements, including leading pedestrian intervals (LPIs) and a reduction in all signalized crossing speeds to 2.5 feet per second from the current 3.5-4 feet per second.”

Transportation Alternatives also recommends that the NYC DOT should collaborate with the Department for the Aging (DFTA) and/ or the Department of Health and Mental Hygiene (DOHMH), “to conduct research and collect data on senior pedestrian’s injuries and fatalities.” The data should be examined to show how they are related to locations and intersections frequented by seniors.

6.) **A Directory of Transportation Programs for the Elderly; Funded by the New York City Department for the Aging, 2009.**

This year, New York City Department for the Aging intends to provide over 600,000 one-way trips for the elderly (age 60 or older) in New York City through the non-profit organizations with which it contracts.

The community-based transportation programs are located in each of the five boroughs. This service is provided for the purpose of attending congregate meal sites, senior centers, and essential medical and social service appointments and activities.

The services transport frail and older New Yorkers who either have no access or cannot use public transportation. Many programs have vehicles that are wheelchair accessible. Although there is no formal fee schedule, service recipients are given the opportunity to contribute to the cost of the services.

7.) Toward An Age-Friendly New York City: A Findings Report; The New York Academy of Medicine, Fall 2008.

This report was prepared by The New York Academy of Medicine (NYAM). It is part of an international effort led by the World Health Organization (WHO) under the Global Age-Friendly Cities projects that involves more than 35 cities, from Istanbul to Tokyo. The principal objective is to ensure that the great cities of the world not only support their residents as they age, but also tap the tremendous resources older people can offer. The project has support from the New York City Council and the Office of the Mayor.

The NYAM's main effort had centered "on a series of processes to speak with and hear directly from older adults and their caregivers." The Findings Report presents, first the major themes heard during the last year plus secondly, a Technical Report with more detailed information about the City and its older population, and the detailed data collected in the assessment process. The reviews of the literature will be released separately. The third report with concrete recommendations for action will be issued later.

The report highlights the eight domains of an age-friendly city, and discusses these principal issues in detail.

They are; 1. Respect and Social Inclusion, 2. Information and Communication, 3. Civic Participation and Employment, 4. Social Participation, 5. Housing, 6. Transportation, 7. Public Spaces, 8. Health and Social Services.

8.) Upper West Side: Senior Pedestrian Safety Plan; Transportation Alternatives, Assembly member Linda Rosenthal, November 2007.

This report was prepared for Assembly member Linda Rosenthal by Transportation Alternatives under the Safe Route for Seniors Campaign. This safe route campaign is a "New York State Department of Health funded program developed by Transportation Alternatives to improve the cardiovascular health of New York City senior citizens through improved walking conditions."

The study addresses the concern of the senior citizen community about pedestrian safety at intersections and corridors in the west 60s and 70s of Manhattan's Upper West Side neighborhood. The plan covers residential and commercial streets and areas with existing subway entrances and exists. The goal is to reduce conflicts between older pedestrians and motorists with the 67th Assembly District.

This report is a two part series. The first part of the series covers the street conditions and subsequent needs of senior citizens on the Upper West Side. The second report will encompass a larger community outreach project. These findings will be presented to NYC DOT for infrastructure improvements in the future. "The recommendations in this report are typical of those described throughout the Safe Routes for Seniors program and suggest a progressive universal design strategy for every urban street to prevent serious injury or fatality from motor vehicle crashes while significantly enhancing the urban environment for bicycling, walking, and environmentally sensible transportation."

The study area was divided into four "sites."

1. West End Avenue from West 61st street to West 75th Street
2. West 66th Street from West End Avenue to Columbus Avenue
3. West 72nd Street from West End Avenue to Broadway
4. West 71st Street at Broadway and Amsterdam Avenue

Each site was evaluated and maps were drawn to indicate the problems with crossings; final recommendations were then developed for this document. The second larger study of the Upper West Side will include streets north of West 75th Street.

Concurrent to this work, “the New York City Department of City Planning is proposing a rezoning of a 51 block section of the neighborhood bounded by West 110th Street to the north, Central Park West to the east, West 97th Street to the south, and Riverside Drive to the west.”

9.) Promoting Positive Aging Report; New York City Department for the Aging, 2005-2007

This report summarizes efforts under taken by New York City Department for the Aging (DFTA) during 2005 and 2007. DFTA is the largest area agency on aging that provides federal and state programs to older New Yorkers directly and through a network of community partners.

The report gives a synopsis of DFTA’s various undertakings, such as promoting healthy life styles, maximizing independence, helping seniors meet basic needs, connecting to isolated seniors and supporting productive and meaningful aging.

10.) New York City Population Projections by Age/Sex and Borough 2000-2030 Report; New York City Department of City Planning; Population Division, December 2006.

This report summarizes New York City population projections from 2000 to 2030. Population data dating back to 1950 is displayed with future population projections. There are sections that focus on two demographic groups made up of school-age population and the elderly population. The report explains the components of population change, such as natural increase and net migration which must be included to make accurate population projections. The report concludes by stating overall growth from 2000- 2030 is projected to have similar increases as in the past. The demographic with the largest change is the rising elderly population. According to the report, in the next few decades New York City will see a substantial increase in elderly population. It is projected to increase from 938,000 in 2000 to 1.35 million in 2030.

11.) There’s More to Taking a Walk than Moving Your Feet; New York City Department of Transportation, Safety Division, 2005.

This facilitator’s guide and program produced by the NYC DOT are,

“excellent resources for helping older adults reduce the risk of injury while enjoying the benefits of walking.” It is designed to promote lively and informed discussion about the strategies of walking in New York City. Materials and information for older drivers are also included in the last section of the guide.

This facilitator guide discussed the following risk areas:

1. Intersections/Turning Vehicles
2. Conspicuity (visibility)
3. Backing vehicles
4. Environmental
5. Personal

Under the area of personal risk, the major elements are gradual loss in hearing, vision, reflexes, and flexibility that put older adults at risk.

The final section “Walking Wisely” has a series of instructions for older adults that was translated into the four major languages spoken in New York City: English, Spanish, Russian and Chinese.

American Association of Retired Persons (AARP) Documents and Publication Articles

12.) 2007 AARP Driver Safety Program Online Course Evaluation; AARP, Washington, D.C., 2008.

The AARP Driver Safety Program is the first and largest classroom program for drivers 50 and older. Started in 1979, the program is aimed at encouraging safe driving among people age 50 and older. The course teaches participants the effects of aging on driving behavior and how to adjust driving behaviors to accommodate for these changes. AARP has evaluated the classroom-based course in a report called *2007 AARP Driver Safety Program Course Evaluation*.

AARP later created an online driver safety course for participants who preferred an online classroom setting. This document evaluates the result of a web-based survey of online program participants. The study evaluates the responses of over 1,000 participants who took the

course in the latter half of 2007.

The report's conclusions included the following: the majority of the online participants changed at least one driving behavior and many changed multiple behaviors. The majority of the online participants felt that the course had prevented them from being in an accident.

There were age differences among the online participants, with the older participants in the online study more likely to change many of their driving behaviors. However, younger participants would not be expected to change certain behaviors that older participants would as it may not be necessary for younger participants to change their driving behaviors.

There were differences among the online and classroom participants. Classroom participants tended to change more behaviors than online participants.

13.) **New Report Finds Older Downstate Pedestrians at Risk; Tri-State Transportation Campaign, AARP, December 10, 2008.**

The Tri-State Transportation Campaign has recently completed a study that indicates that people age 65 years and older are far more likely to be killed while walking in the streets than younger persons. The study analyzed data for 10 New York downstate counties, including the five New York City counties and Rockland, Orange, Westchester, Nassau, and Suffolk counties, as well as counties in New Jersey and Connecticut. The study examined data obtained from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System (FARS) and the U.S. Bureau of the Census regarding fatality rates by age and gender for each of the analyzed counties.

In the United States, pedestrian collisions are the fifth leading cause of accidental death for people ages 65 and older. Pedestrian fatality rates for older Americans are more than 70 percent higher than for those under 65 years old.

The study indicates that older pedestrians in downstate New York are more at risk to suffer a fatality. In the downstate counties, the pedestrian fatality rates for people 65 years and older are more than four times the rates for those younger than 65 years old. People 75 years and older suffer a fatality rate that is more than five times that

of younger persons located in the downstate area.

The study analysis found that Manhattan, followed by Nassau County and Staten Island, were the most dangerous places in downstate New York for older people to walk.

The study recommends new and expanded efforts to improve pedestrian safety for seniors in New York City and the surrounding counties. The report suggests that transportation departments in the New York metropolitan region should improve senior pedestrian safety with programs that target resources to specific locations where seniors face the greatest risk. The report indicates that such efforts are especially needed on Long Island and in Connecticut where walking seniors face very dangerous conditions.

14.) **Good to Go: Assessing the Transit Needs of New York Metro AARP Members; Published by AARP, Washington, D.C., 2006.**

Study Purpose The purpose of this study was to identify and examine transportation issues and needs among the older population in the New York metropolitan area and to help assess the overall transportation requirements of this population segment. The study assumed that access to goods and services, such as health services and social contact, is essential in order for older people to preserve an independent lifestyle and a favorable quality of life. The study results were to provide information to assist decision makers in their effort to develop transportation and mobility policies that would ensure mobility for the older population. The beneficial policies were to increase older persons' access to goods and services in the community as well as to socialization.

Background In the New York metropolitan area, older individuals have access to generally available public transportation. However, because they also have unique travel needs, their transportation needs may remain unmet by the public transportation system. Also, in both urban and suburban areas, older adults are still very reliant on driving their automobiles for transport. As individuals age, they may experience impediments to driving and public transportation, and alternative travel means must be made available to ensure that the aging population continues to have access to the goods and services they require. Thus, it is vital to identify existing barriers to transportation

accessibility experienced by the aging population.

Study Methodology The AARP New York office administered the study. The New York office staff mailed survey questionnaires to a randomly selected sample of New York City metropolitan area AARP members between the dates June 1, 2006 and July 18, 2006. The sample population included 2,000 members mostly age 75 and older in the following metropolitan area counties: New York, Queens, Kings, Bronx, Richmond, Nassau, Suffolk, Westchester, Rockland, Putnam, and Orange. In response to the survey, 1,128 people returned completed questionnaires by the survey due date, resulting in a 56 percent response rate. Approximately 90 percent of the respondent members were age 75 and older and about 10 percent were younger members. The survey had a sampling error of plus or minus 2.9 percent.

Questionnaire The questionnaire contained 24 multiple choice questions. Fourteen of these questions asked the respondents to provide information regarding their transit options by considering and evaluating elements of their existing and possible alternative future transportation modes. Ten questions elicited demographic information about the respondents, who were asked to describe their personal characteristics including age, sex, education level, current employment, current marital status, type of community in which they resided (i.e., city, suburb, or small town), if they had a driver's license, ethnicity, race, and income.

The kinds of modes of transportation that the study questions referenced for examination as alternatives for the respondents were: to drive, to walk, get a ride with family or friends, take public transportation, take taxis, take community vans for seniors or people with disabilities, and use private drivers.

The kinds of key destinations that the questionnaire asked respondents to consider were: medical appointment, activities with family, activities with friend, place of worship, grocery shopping, drug store/pharmacy, shopping for clothes/household items, entertainment, volunteer activities, and work.

The questionnaire asked the respondents to evaluate many operational elements of their public transportation service including: boarding accessibility, cost, convenience, and fare information.

The questionnaire asked the respondents to consider certain transportation methods that might improve their mobility including: more driving alternatives, more delivery services, improved access to public transportation, improved road and sidewalk conditions, and other methods.

The questionnaire included asking the respondents the following assorted questions: how often they left home and went out somewhere; the primary kinds and frequency of use of transportation modes, for various activities; the kinds of places they need to get to, by transportation mode; their level of satisfaction with their transportation modes, how often transportation problems interfered with getting to certain destinations; the availability, frequency, and favorable and difficult aspects of public transportation in the neighborhood; and what kinds of transportation modes they would require if they become less physically capable, could no longer drive (if they currently drive), or relocated elsewhere.

Findings The survey results indicate that the transportation issues and needs of the respondents vary depending upon the demographic characteristics of the respondents. The results show that how and when the respondents travel about in the community vary both according to whether the respondents drive and also by other factors, such as gender, income, race, and residence location. The full study report presents these differences for the various demographic groups as well as the findings pertaining to the overall surveyed population.

Some specific findings include the following: Having a driver's license is a crucial factor in mobility. Nearly 10 percent of the respondents without a license report that they do not get out at all during a typical week; when they do travel about, it is significantly less frequently than those who have a license. The unlicensed individuals are also more dependent on public transportation and ride sharing. Fortunately, those without a license more often reside near to local public transportation stops.

Declining health conditions may present future problems for those who drive. Licensed members are more likely to state that they may experience difficulties remaining in the existing neighborhood if they could no longer drive. They state that more driving alternatives and better access to public transportation would facilitate their remaining in their current neighborhood if their mobility status declined.

Black members are significantly less likely to be licensed drivers than white members, and they rely more heavily on alternative modes of transportation, especially public transportation.

Black members are less likely than white members to get out of their homes frequently on a weekly basis. They are more likely to experience problems getting to key destinations. Nonetheless, black members are just as satisfied as their white counterparts in their ability to travel around their community.

Members with incomes of \$75,000 per year or more are highly mobile, with the majority going someplace more than five times per week, with few problems and a high level of satisfaction. Members with low incomes tend to get out of their home less often per week.

Low income members are significantly less likely than their higher income counterparts to drive, depending more on family and friends for transport. Low income members are also more apt to experience difficulties getting to their destinations; when using public transportation, they have numerous problems.

Members who live in cities are less likely to have licenses than members in the suburbs and small towns. As such, they are more apt to live close to a public transportation stop and to use public transportation more often than their counterpart members from the suburbs and small towns.

Suburban and small town residents report that having more driving alternatives (senior van, for example), more delivery services, and improved access to public transportation would enable them to remain in their current community if they become unable to drive.

Conclusions The study results indicate that older adults in the New York metropolitan area who are AARP members are very mobile, experience few difficulties traveling to where they need and want to go, and are satisfied with how they get around within their communities. However, how the respondents answered questions about transportation issues were significantly influenced by such factors as having a driver's license, the type of community where they live, income, gender and race.

The study findings show that older New York Metro AARP members

have different transportation patterns and problems based on a number of factors. The results suggest that when planning service options and delivery systems, policy makers should consider all of these factors. The study findings indicate that only one transportation solution will not address the diversity of needs among the aging population.

15.) *In Brief: The Impact of Federal Programs on Transportation for Older Adults*; AARP Public Policy Institute, December 2004.

This *In Brief* summarizes the findings and implications of the report, *The Impact of Federal Programs on Transportation for Older Adults*. This report, undertaken by a transportation consulting firm, provides information about the numerous federal and social service transportation programs serving the elderly. The report identifies the programs' limitations and makes recommendations for improving the federal government's role in ensuring adequate mobility for the aging population. The report findings contain options for strengthening existing programs that are currently providing important transportation resources. These suggestions include: increasing investment in grants to states to support specialized transportation for the elderly and people with disabilities, and for public transportation service in rural areas; increasing investment in grants supporting public transportation in urban areas; supporting older driver research; enhancing transportation as a supportive service under the Older Americans Act; promoting Medicaid nonmedical transportation as a component of home-and-community-based care; expanding Medicare coverage of medically necessary transportation; and promoting research on nonemergency medical transportation.

16.) *In Brief: Understanding Senior Transportation: Report and Analysis of a Survey of Consumers 50+*; Audrey Straight, AARP, Washington, D.C., March 2002, <http://research.aarp.org>.

AARP was commissioned to conduct a telephone survey of older persons to examine the transportation needs and preferences of mid-life and older adults. The survey especially focused on understanding transportation concerns because of the fact that transport mobility decreases with people's age. The purpose of this survey report was to understand how older persons physically connect with their

communities and to explore the problems of persons over the age of 50, and particularly those 75 years and over, in relation to transportation.

Some key findings include the following: health and disability status (HDS), besides age, has an impact on mobility and is a strong predictor of mobility in the population age 75 plus; persons 75 with excellent HDS, as compared with those with poor HDS, are more likely to have gone out each day, to drive, and to walk regularly, and they are less likely to be a passenger in a car (to “ride share”); individuals age 85 and older with excellent HDS are more mobile than younger persons with poor HDS; driving is the usual mode of transportation for persons age 50 and older, although the percentage of those who are licensed and who drive regularly declines slowly up to the age of 85, after which there is a substantial decrease in driving.

The findings suggest two areas for policy development that would help to keep people mobile: 1) break the link between both poor health and disability status and resulting reduced mobility by further research to determine if seniors with poor health and disability status would use various transportation options if made more accommodating; and 2) address the problems identified by older transportation users in regard to driving, ride sharing, public transportation, walking, and taxis.

17.) Transportation and Older Persons: Perceptions and Preferences, a Report on Focus Groups; AARP Public Policy Institute, Washington, D.C., 2001.

The study was created to discern the perceptions and preferences of persons age 75 and older in regard to their transportation options and how they travel about in their community, as well as to assist policy makers to develop policy that would enhance the mobility of older persons. The study results data were derived from the conduct of three focus groups consisting of 28 people in each group, and from personal interviews with 17 individuals. The study participants were age 75 years and older. The study participants were selected to represent diverse demographic groups and also to represent suburban drivers, suburban non-drivers, and urban non-drivers. Excluded from the study participants were older persons living in rural areas and older persons with chronic health problems. The study results suggested the following: a strong preference for automobile-

based transport and explicit reservations about each alternative to driving, but a willingness to use such alternatives, if available; the perception of reliability, convenience, spontaneity, personal security, and flexibility as the qualities that make automobile travel preferable; the preferences for rides from friends and/or family among people who cannot drive themselves, but a dislike for the feeling of dependency or obligation created by requesting the ride; the influence of opportunities for socializing on trip-making decisions; and the lack of information about community transportation resources among suburbanites. The study results indicate that future transportation policies might support the following: facilitation of safe driving as persons age (for example, improving road design or designing driver education to meet the needs of older drivers); facilitation of the transition from driving to non-driving; development of alternatives to driving, including public transportation, that include more of the positive attributes of the automobile; encouragement of ride-giving by friends and family; expanded distribution of information on community transportation resources; and the development of taxi services that are more compatible with the needs of elderly riders.

18.) Coordinated Transportation Systems; AARP Public Policy Institute, September 2000.

The AARP organization has recognized that many persons 65 years and older rely on a broad array of publicly funded transportation services that have evolved over many years. The services may be provided by public transportation agencies for the general public or by social service agencies for their clients. The different service providers may receive funds for transportation services from a number of federal, state, local, and nonprofit programs and organizations – each having its own aims and requirements. The lack of coordination of these transportation services can have many negative consequences for the providers and the consumers. However, there are potential benefits to coordination among the transportation providers, such as cost-effective use of resources, expanded service, more trips taken, lower costs to customers, and savings to the participating agencies.

The purpose of this study was to obtain case study information about ways in which coordination of transportation services improved the provision of the transportation services. The report examines eight case studies of coordinated transportation systems. The case studies

were selected because the coordinated transportation systems resulted in enhanced quality and efficiency of the local transportation services. The case studies represented different approaches in different settings, so the readers would get ideas and examples that were likely to be applicable to their own communities.

AARP Articles

19.) **Streets Safe for Walking, How Cities are Making Their Byways User-Friendly**; AARP Bulletin Today, G.T. Beck, March 2009.

Senior citizens have indicated that while they may wish to walk around in their communities, certain problems prevent them from doing so, including such conditions as uneven sidewalks, steep curbs, and the short duration of green traffic lights. The article discusses how several jurisdictions around the country have been dealing with this issue. The City of Portland, Oregon recently developed a program called Safe Routes to Senior Centers. The program made changes to the walking environment in locations where older people wished to walk, such as in the vicinity of the senior centers. In New York City, the Department of Transportation adopted a program in 2008 aimed at providing older residents with a safer walking environment by various measures such as increasing the time to cross wide streets and making certain that curbs have smooth ramps leading to street level. The program aims to make improvements in 25 pilot locations, and improvements are already in progress in five locations. New York State recently initiated its first statewide program for the purpose of making it easier and safer for older people to walk to everyday destinations. The program, called SafeSeniors, incorporates low-cost enhancements to the transportation system that for example give people more time to cross at traffic signals, pare back landscaping to improve sight distances at intersections, and use high-visibility paint for crosswalks. In Washington, D.C., a new pedestrian program aims to make improvements to streets and sidewalks that older people are likely to utilize and now find dangerous. One improvement is the installation of LED flashers at street crossings with crosswalks but without stoplights along stretches of Connecticut Avenue in Washington, D.C. This improvement has substantially reduced pedestrian accidents. Other techniques underway for making street crossing easier and safer for the elderly include lowering curbs, widening curb ramps, and installing “neckdowns,” which are built by extending sidewalks at the

corner into the parking lane, reducing the width of the pedestrian crossing.

20.) **AARP Poll: Fighting Gas Prices, Nearly a Third of Americans Age 50 + Hang Up Their Keys to Walk but Find Streets Inhospitable, Public Transportation Inaccessible**; AARP New York, August 13, 2008, <http://www.aarp.org/>, PR Newswire. USNewswire via COMTEX/.

An AARP poll in July 2008 indicates that nearly one-third of Americans age 50 years and over are now walking as a way to avoid the high cost of gasoline. However, almost half of these people reported that there are inadequate sidewalks in their neighborhoods, that they do not have nearby public transportation that is accessible, and that they cannot cross the main roadways safely. These findings are especially of concern for people over the age of 65 who have a higher pedestrian fatality rate than the national average. The seniors that were polled said that they would walk, bicycle, and take transit more, instead of using their cars, if the street network amenities were improved. The article describes a complete street public policy which would enable pedestrians, bicyclists, and public transit riders to share the road safely with automobiles. The article indicates that legislation was recently introduced in the U.S. Senate and the U.S. House of Representatives which would ensure that roads, built and improved with federal funds, fully serve everyone using the roadway – including pedestrians, bicyclists, persons catching the bus, and disabled persons.

Newspaper and Magazine Articles

21.) **Cities Revisit Needs of the Elderly**; Haya El Nasser, USATODAY.com, printed June 1, 2009.

This newspaper article documents the transportation needs of two elderly women in rural Colorado. Both women need kidney dialysis and rely on the “County Express,” vans and buses that shuttle elderly passengers, some of them living nearly 100 miles from the nearest dialysis center. Without the service many elderly would have to move from their tiny towns. Without the subsidy that local officials were able to work out with the health center to use government grants to subsidize most of the transportation cost, each trip would cost a passenger nearly \$125.00. As a result of the agreement, each passenger pays \$10.00 per trip.

According to a 2005 survey taken by the National League of Cities, the increase in seniors was the topic that concerned city officials the most. The article concludes by asking a question that many seniors ponder: “Is my community going to meet my needs as I get older?” If communities cannot provide such services, those that need transportation services to meet their needs, especially for health reasons will have to move.

22.) **Taxi! Take Us to Park and 42nd (We’re Strangers);** New York Times NEW YORK Section, May 28, 2009.

The Taxi and Limousine Commission plans to introduce in New York City two pilot programs that are intended to make it easier to find a cab at peak times, to make cab rides cheaper by creating discounts and flat fares, and to potentially increase the earnings of taxi drivers. An indirect benefit to the environment is that gas usage would be reduced. One proposal is for making available up to 1,000 yellow cabs equipped with meters that could calculate two fares at once, permitting cab drivers to stop en route and pick up additional riders. The cabs would be marked as “sharecabs” and would have electronic signage displaying the neighborhood they were traveling toward, making it feasible for passengers going in the same direction to hail the cabs. The riders who share a taxi would have that part of the fare pertaining to the mileage and the waiting time— but not the initial charge—discounted by 50 percent. The second proposal calls for several taxi stands to be designated as group-ride pickup locations during the morning rush period, from 6 a.m. to 10 a.m. The taxis at these stands would travel in a designated corridor and charge the riders a flat fare to be dropped off anywhere along that route. The second proposal would begin in the fall of 2009. The first proposal might be implemented in about 2010. Many program details remain to be determined.

23.) **Bloomberg to Broadway Theaters: Drop Dead;** by MARKM on 05/19/2009.

The article addresses the recent conversion of Broadway to pedestrian use in the theater district. Currently, there is gridlock getting to the theater at show time by car or taxi. The largest demographic group attending the Broadway theaters is comprised of persons over 50 years old, and many of these persons are frail and disabled. Since frail and disabled people cannot use buses, the subway, or bicycle, the

modes of travel that can successfully access Broadway at show time, they must endure the traffic snarls and a late arrival at the theater. The article purports that the closure of Broadway is ageist and creates an anti-theater district. It predicts that older and infirm persons, due to travel hardship, will discontinue attending the theater and that theater attendance will progressively decline.

24.) **Senior Transportation Enhanced in Flint, MI; Passenger Transport - 2009 Bus and Paratransit Conference,** April 27, 2009.

The article describes two new public transit programs that are now available to senior riders age 60 year and older in Flint, Michigan. The programs are offered by the Mass Transportation Authority (MTA), which developed the programs with the help of local senior transportation advisory centers, local senior centers, and non-profit agencies. One program, called “Door to Door,” provides qualified drivers with specialized training to assist senior passengers to and from vehicles and also to and from destination entrances. This personalized assistant helps seniors who have physical and/or mental impairments and may require additional aid. The second program, called “Door Through Door,” is available for riders age 60 and older who need help getting in and out of vehicles and buildings and would not be able to make the trip without extra support. A qualified MTA driver with specialized training helps the passengers to enter their homes and other buildings. The driver may assist the riders with balance, climbing steps, putting on outerwear, or carrying packages and groceries. The driver may escort the passenger to an attendant or caregiver at the destination. The program, which began in March 2008, has been successful during its first year of operation, experiencing continuing growth in ridership.

25.) **City Nears 8.4 Million as Fewer Leave the State; Staying Put, Even Before the big Downturn;** New York Times, March 19, 2009.

Recent census data indicates that New York City lost less population to other states in the 12 months ending July 1, 2008 than during any year in decades. If that trend continues, the City’s population will top at 8.4 million persons in 2010. The gains and slowed losses in New York and a number of other large metropolitan areas in the Northeast, Midwest, and coastal California reflected, in part, reduced growth in traditional domestic population attractors in the South and West. In New York City, immigration from overseas has lessened somewhat since the

1990s; in the year beginning July 1, 2007, the net influx of 73,000 foreigners was nearly enough to offset the outflow to other American places. Also, longer life spans and higher birth rates among immigrants contributed to there being 63,000 added births than deaths. Due to the recent housing and economic downturns, big metropolitan areas, like the New York Metro area, are losing fewer people (who had tended to be in their 30s and 40s) and continuing to gain young people to the area.

26.) **Getting Elderly Motorists Off the Road Poses Myriad of Challenges**; Harriet Baskas, msnbc.com, updated October 9, 2008.

The article indicates that elderly persons have a higher automobile crash rate than any other driving group except teenagers. The statistic will worsen as the baby boomers eventually comprise 25 percent of all motorists in about 2030. Cognitive functions, vision, hearing, and other physical abilities decline with age and can impact driving ability. However, senior citizens are loath to stop driving and to lose the independence that driving affords them. Family members may become concerned when an elderly relative continues to drive despite diminished driving ability, and at the same time the elderly relative does not want to stop driving. David Ackerman, a psychotherapist and filmmaker, made an award-winning short film which finally convinced his reluctant grandmother to stop driving.

27.) **For Aging Pedestrians, a Survey of Street Dangers**; *New York Times*, April 13, 2008.

A New York City advocacy group, Transportation Alternatives, and U. S. Assemblywoman Linda Rosenthal, whose district covers the survey area, have conducted a study to identify and assess the pedestrian safety needs and issues of the aging population living within the study area. The study area covers about 200 blocks, situated from 45th Street to 97th Street in Manhattan's West Side, and includes about 25 neighborhoods. About 200 elderly residents of this area participated in the study, where 13 percent of the population is over 65. A 25-page report was released in November 2007, and a New York City Department of Transportation spokesman said that the City would consider implementing measures recommended in the study, including increasing the crossing times at crosswalks, adding traffic medians, and extending curbs.

28.) **Maintaining Mobility for an Aging Population**; Northwest Public Health, Fall/Winter 2007.

People over 65 are the fastest growing demographic group in the United States population. By 2030, AARP estimates that over 20 percent of the drivers will be older than 65 years. Because physical or mental changes may make it difficult to drive safely, many seniors must cease driving, which may result in diminished health and social isolation. Non-driving seniors may have insufficient transportation options, because public transit tends to be less available the further people live from city centers, and typically, few other consistent and reliable transportation options exist for the elderly. The article suggests that this issue poses a major public health concern that must be addressed in the short and long term.

In the short term, planners and officials in the health and social service fields should be considering programs that realistically can be implemented. These programs include: planning for driving cessation, providing or encouraging alternate transportation options (such as public transit, family assistance, Internet shopping, and perhaps the relocation by seniors to a more pedestrian-oriented, higher density community), and reducing the transportation burden for the elderly by establishing more home-based services.

Long-term solutions aim at the redesign of the physical community to better suit the needs of the non-driving elderly. The article recommends new land use approaches to facilitate neighborhood-based living and to minimize the dependence on automobiles. Policies should allow mixed land use and higher density so that housing, stores, and services are more closely located and accessible. The changed land use planning and zoning policies can result in communities which contain services needed by older adults, such as clinics, shopping, social center, and assisted living facilities, which are accessible by foot and public transportation. The article concludes that the long-term solutions for meeting the transportation needs of the elderly must be a priority of state and local leaders.

29.) **Cities Revisit Needs of the Elderly**, USATODAY.com, May 13, 2007.

A study, entitled *A Blueprint for Action*, was released and funded by the MetLife Foundation, focuses on America's seniors. The report, which contains research by the National Association of Area Agencies

on Aging, Partners for a Livable Community, and other advocacy groups, presents steps that cities and counties can undertake to anticipate and plan for the needs of their older residents. The report aims to induce communities to begin planning for the needs of the 79 million baby boomers who are aging and who are likely to remain where they currently live rather than move elsewhere. The report cites that adequate transportation is needed by the aging population (and that other crucial needs are housing, health maintenance programs, public safety, human services, and civic engagement). The report recommends utilizing the skills and experience of seniors through civic involvement, consulting, and tutoring in schools. Overall, it urges incorporating the needs of seniors into all public planning.

30.) **Residential Moves by Elderly Persons to U.S. Central Cities, Suburbs, and Rural Areas; Journal of Gerontology, Stephen M. Golant, University of Florida, 1987.**

This is a scholarly article. It reports that the 1975-1980 migration stream and net migration patterns of persons younger than 65 years and 65 years plus were examined using data from the 1980 U.S. Census. Central cities and suburbs of metropolitan areas (SMSAs) and non metropolitan areas (Non-SMSAs) were distinguished as origins and destinations. Most elderly movers relocated within a fairly limited geographic area and indicated strong preferences for metropolitan living. Suburban locations were more favored than central city locations. Net migration patterns of the 65 year plus population were similar to those of the 45-to-64-year-old population but differed from those of the more youthful U.S. populations. The findings underscore migration streams of the elderly movers who likely have experienced changes in their life styles or personal resources.

31.) **Transportation Equity Network, a Grassroots Platform for TEA-21 Reauthorization; Washington, D.C.; www.communitychange.org.**

The Transportation Equity Network (TEN) aims to advance equity in transportation planning and policy. The national organization seeks the fair distribution of public resources within all communities, especially paying attention to the environmental and community development needs of low-income and minority communities. Grassroots organizations from throughout the US convened to develop an agenda that will address the requirements of transit-needy and transit-dependent people. The reauthorization of the Transportation

Equity Act for the 21st Century (TEA-21) will be a critical opportunity to advance these proposals. The TEN's platform goals are: increase funding for public transportation to equitably address the needs of all people, particularly transit-dependent communities including low-income communities, students, people with disabilities, and the elderly – in both urban and rural areas; strengthen public involvement and accountability in the metropolitan and statewide transportation planning process; enforce and strengthen the constitutional and civil rights protections for communities that have been negatively impacted by discrimination, on the basis of race, income, ability, age, ethnicity, and national origin, in the conduct of past transportation planning and projects; and promote community development by directing resources to address the negative impacts of transportation projects on low-income and minority communities and improving coordination among social service, planning, and transportation agencies.