Older Adult Transportation and Age-Friendly Communities

**Issue:** Staff has completed a draft study of Older Adult Transportation and Age-Friendly Communities.

**Recommendation:** None, this is for information and discussion only.

**Discussion:** Population projections for the SACOG region show significant growth in the population aged 65 and over in the coming years and decades. The aging of the population, particularly the large Baby Boomer generation, has implications for demands for transportation, housing, community amenities, services, recreation, and more, as well as the region’s economy and prosperity.

Since the preview provided to the Committee in May, SACOG staff has completed the draft study (Attachment A), which examines the aging of the SACOG region and approaches across the country to creating communities that support the ability of older adults to remain independent and thrive. At the Committee meeting, staff will provide a brief update on the study and opportunities for follow-up that are emerging, and seek any Committee input on SACOG’s potential role in this area in future.

Approved by:

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Older Adult Transportation and Age-Friendly Communities

Prepared by the
Sacramento Area Council of Governments
July 2017
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Executive Summary

The Sacramento Blueprint, adopted by the SACOG Board in 2004, is a continuing vision for the region in integrating land use and transportation planning according to principles that include transportation choice, compact and mixed use development, housing choice and diversity, and quality design. Transportation choice is a critical element of that vision for the region’s residents, especially older adults and persons with disabilities, to stay active and thrive. However, the world of transportation options and the land use and transportation pattern of the region are shifting.

This study represents an initial exploration of the current and projected changes in the age spectrum of the SACOG region’s population, and the implications for transportation, housing and community supports that can contribute to the health and quality of life of the region’s residents across the age spectrum. SACOG wishes to thank Caltrans for the Transportation Planning Study Grant that helped support work on this study. In it, SACOG has reviewed the demographics of the region, current transportation services, what agencies and regions are doing across the country to meet older adult needs and preferences, and identified potential strategies for future research, pilot programs and action/implementation.

The following is a summary of key findings and initial goals and strategies resulting from the project. The findings each track to the chapter of the same number.

Key Findings

1. The region’s population is aging and living to older ages, while the socio-economic status of the region’s older adult population varies considerably.

   Between 2000 and 2010, those aged 65+ accounted for 26 percent of population growth in the SACOG region. Between 2010 and 2030, the state Department of Finance projects those aged 65+ to comprise 55 percent of regional population growth, including a doubling of those 85 and over. By 2040, those aged 65+ are forecast to be 1 of every 5 residents in Sacramento, Sutter, Yolo and Yuba counties, nearly 1 in 4 in Placer county and 1 in 3 in El Dorado county. Additionally, regional projections are for a drop in the ratio of working age adults to each person 65+ from 4.4 to 1 in 2010 to 2.3 to 1 by 2040.

   With the emphasis on government, educational and medical employment in the region, a portion of older adults in the region will have regular pensions and/or significant assets to cover their retirement years and likely contribute significantly to the regional economy. However, a portion will have more limited means, relying solely on Social Security or fixed incomes that likely will not grow with costs. These groups will have different opportunities and needs for transportation, housing, activities and services to remain healthy and as independent as possible.

2. Transit operators and nonprofits currently offer a variety of transportation services, including in FY 2015/16 nearly 700,000 demand-response trips provided by public transit operators across the region and another 486,000 rides provided by Paratransit, Inc.’s partner organizations. in Sacramento County alone
Transportation is key to residents remaining active, accessing medical care, shopping and services, employment, recreational, volunteer and life-long learning opportunities, and avoiding social isolation as they grow older. A broad range of transportation services is currently offered in the region. These include: older driver safety courses; public fixed-route transit and travel training for using it; demand-response/paratransit services; supplemental and volunteer transportation services; medical shuttles; transportation vouchers; and mobility management and referral services. South Placer County offers a full continuum of transportation-related services that help older adults and those with disabilities, including the South Placer Transportation Information Center, fixed route transit, combined Dial-a-Ride scheduling for Auburn, Roseville and Placer County Transit, Health Express shuttle to medical appointments, and My Rides volunteer driver program.

3. For some areas, fixed route and traditional public demand-response services may not be the only solutions needed. New models and innovations are emerging for providing public transportation services.

The region’s transit agencies strive to provide quality transit services in their areas. However, spread-out land uses, federal/state requirements, and limited transit funding can make it difficult to provide robust service for anyone who may want to use transit, regularly or periodically. For those who do not drive and cannot access fixed route transit, public demand-response service – either curb-to-curb or door-to-door – is often the service of next resort. Transit operators are required to provide complementary ADA paratransit service within a three-quarter mile radius of an active transit route or station. While a few transit operators in the region provide beyond-ADA or general public Dial-a-Ride service, some agencies limit their services to those legally required due to cost, terrain/weather, distance, limited population and demand, and other factors, which leaves some of the region’s areas unserved with demand-response service at times, or not served at all. Depending on the destination, some trips also require transfers between operators, two reservation calls, and four one-way fares. A range of nonprofit organizations provide supplementary transportation services but only for a portion of the region and often for specific target groups. As a result, local agencies are beginning to explore delivery models beyond traditional public paratransit and supplementary services to increase the mobility options available to older adults and those with disabilities.

Technology is significantly changing the available transportation options. Where most Demand-Response services require advance reservations, Transportation Network Company (TNCs) like Uber and Lyft are now operating in the SACOG region, providing curb-to-curb service on demand through smart phone apps, and often within a few minutes of a ride request. The proportion of the older population using computers, the Internet, cell phones and smart phones is steadily increasing. Pew Research’s 2016 survey found that 80 percent of Older Boomers and Silent Generation members had a cell phone and 42 percent a smartphone, while among Younger Boomers and Older Gen Xers, 97 percent had cell phones, with three-quarters owning smartphones. This technological growth reduces the barriers for older adults to use new services such as TNCs. The Regional Bike Share system began a soft launch in May 2017, while car share options also exist in some parts of the region. Modern three-wheel bicycles are also now on the market that are easier to ride, can carry cargo, and are not much more costly than a standard two-wheeler. These developments are adding to the options for older adults to go where they want, when they want.
This study provides an overview of general public transportation innovations and demonstration projects across the country, including TNC and transit agency partnerships, other targeted ridesourcing services, taxi e-hailing services, microtransit services, FTA Mobility on Demand Sandbox pilot projects, and coordinated mobile apps. Such models could potentially serve not just older adults but the full age spectrum of residents in the SACOG region.

4. **Transit agencies and communities around the country have a myriad of approaches and experiments underway, including pilots with TNCs for on-demand rides for older adults, member-based services, and medical transportation partnerships, to better meet older adults’ transportation needs and preferences. However, federal regulations, uncertainty in the face of rapid technological change, and lack of resources, among others, are still barriers to expansion.**

Existing and new models and pilot programs suggest additional ways the region might be able to meet more effectively the transportation needs of older adults. Notable examples include: TNC specialized services and advanced scheduling; pilot on-demand programs such as in Gainesville, Boston and senior living residences offering TNC rides to older adults and paratransit users; membership-based services such as time banks, Villages and concierges; non-emergency medical and dialysis transportation partnerships; and active transportation support. However, a number of legal and strategic considerations are leading many transit operators to monitor pilots and proceed slowly on using TNC rides as an option for service.

Additionally, autonomous vehicles appear to be on the horizon. At this point, there are many questions about when and how they will roll out in communities. Will older adults turn to self-driving cars for ongoing independence and freedom to travel? Will autonomous vehicles be affordable, individually owned, or shared? Will transit agencies adopt driverless transit vehicles, and will they serve older adults and those with disabilities? As autonomous vehicles come into use, such questions will bear exploration for how they may impact transportation needs and services for older adults, and those across the age spectrum.

5. **Surveys find older adults want to stay in their existing homes or communities, with implications for the housing market, built environment, and transportation options.**

Many older adults who moved to homes in the region’s more rural areas, suburban locations without good walkability or robust public transportation service, or retirement communities for “active seniors” are now beginning to face limitations if they cannot or should not be driving due to declining health, vision, or disability. However, surveys of older adults indicate a strong desire to “age in place.” The California Association of Realtors’ 2016 Baby Boomer survey found that 71 percent of Californians aged 55+ had not moved since 1999, and 64 percent do not plan to sell their home when they retire. Consistent with Blueprint findings, older adults continue to want a wide range of choices for where and how they live, including locations where it is safe to walk, bike, or take transit to daily needs, healthy food, the pharmacy, local services, restaurants and recreational opportunities. Surveys also show strong preferences for receiving supportive care at home, rather than in an assisted living facility or nursing home.
6. Communities across the country are beginning to pursue policies and strategies for becoming more “age-friendly.”

A number of programs offer guidance and resources for local communities seeking to support older adults with the mix of housing, transportation, amenities and services they want and need—such as the Milken Institute Best Cities for Successful Aging program and AARP Network of Age-Friendly Communities. The City of West Sacramento joined AARP’s Network in 2015, and is working on an Action Plan of projects for improving connectivity, public safety and quality of life for city residents across the age spectrum. The Atlanta Regional Commission, Denver Regional Council of Governments, Mid-America Regional Council, and Miami-Dade Transportation Planning Organization have all undertaken initiatives, including research, development of tools, projects and policies, partnerships and coordination, and technical assistance, to help foster an age-friendly physical and social environment for older adults to remain active and healthy.

7. There is potential for future SACOG follow-up in this area.

Through this study, we have identified a number of roles that SACOG could potentially play to help support a more age-friendly region. These include:

- Helping to catalyze and support member jurisdictions in age-friendly planning.
- Assisting transit agencies and member jurisdictions – potentially through SACOG’s new Civic Lab – with developing new programs or pilots for shared mobility, TNC partnerships, membership-based services, volunteer driver programs, or other service models.
- Working more closely with organizations concerned with older adult needs.
- Adding an age lens to the MTP/SCS and other planning work and analyses.
- Examining in more depth the role of the older adult population in supporting the region’s economic prosperity.
- Continuing to research and share information on age-friendly programs, transportation innovations, and best practices from other states, regions, and communities.
- Identifying funding opportunities for age-friendly planning, programs and services.
Introduction

Two divergent perspectives on the implications of aging offer valuable insights for the SACOG region in considering the aging of our region’s population and what may be needed in response.

In May 2016, the Bipartisan Policy Center, a non-profit, Washington, DC-based think tank promoting bipartisan solutions, released a report entitled *Healthy Aging Begins at Home*. The following quotation from the letter introducing that report summarizes a number of issues they identified as associated with the aging of the nation’s population:

> America stands on the cusp of a major expansion of its senior population, a circumstance that will impose unprecedented strains on the nation’s fiscal health as well as its health care and housing systems. Despite the high stakes, public policy has failed to keep pace… By 2030, 74 million Americans, representing more than 20 percent of the overall population, will be 65 years of age or more. Those 85 and above constitute the nation’s fastest-growing demographic group. Unfortunately, absent a comprehensive and sustained national response, the well-being and safety of millions of older Americans will be jeopardized by the following realities:

- The current supply of housing that is affordable to the nation’s lowest-income seniors is woefully inadequate. As more low-income Americans enter the senior ranks, this supply shortage — currently measured in millions of units — will become even more acute.
- The overwhelming majority of seniors say they wish to “age in place” in their own homes and communities. Yet most homes and communities lack the structural features and support services that can make living there independently a safe, realistic option.
- About 70 percent of adults over 65 will eventually require help with bathing, food preparation, dressing, and medication management—assistance that is referred to as “long-term services and supports,” or LTSS. Medicare does not cover LTSS, though the costs of this care can consume a large portion of a household’s budget. In addition, only a small minority of Americans has long-term care insurance covering these expenses.
- Personal savings are a critical source of retirement funding, but for millions of seniors these savings will fall far short of what is necessary to pay for housing, modifications to make homes safer, LTSS, health care, and other retirement needs.¹

In Spring 2015, the Mid-America Regional Council (MARC) issued a report developed to “gauge the potential impact of policies and investments by local governments to make their communities more accessible and attractive to an aging population.” *Economic Impact of an Aging Population in the Kansas City Region* included an analysis by MARC of the economic benefit of reducing out-migration of older adults 65+ to other areas in the country by 10 percent [600 people] each year. The following excerpts provide a different perspective on the potential impact of a growing population of older adults:

¹ [http://bipartisanpolicy.org/library/recommendations-for-healthy-aging/]
The older adult population is not simply growing in number, but in economic contribution… As the older adult share of the workforce has grown, the wage gap between older adults and other employees has narrowed, especially since 2000… Older adult wages may lag, but their spending is still roughly equal to that of younger households. In addition to wages, older adults spend retirement savings and income from Social Security. In the U.S., households with heads 75 years and older spend about 13 percent more than those headed by individuals under the age of 25. Households headed by individuals 65 to 74 years of age spend about 3 percent less than the average household headed by individuals between 25 and 34 years of age…

Older adults are a valuable resource to the region, not only for their financial capital, but for their human capital, as typically each succeeding generation of older adults is better educated than the last… Retaining more older adults produces a cumulative effect on the region’s economy, resulting in a region with nearly 7,000 more people and 2,600 more jobs, if the increased retention of 600 older adults per year continues for 10 years…

Conclusions

- Older adults are an increasing share of the Kansas City area economy.
- This is the result of both growing numbers and growing spending power.
- Retaining older adults who might otherwise leave can be an important part of an overall economic development strategy.
- Strategies — such as providing age-friendly homes and public spaces, improving transportation options, including residents of all ages in activities and decision making, and offering a range of health services — make the region more attractive to older adults and could add thousands of jobs and millions of dollars to the region’s economy, over time.
- We are increasingly a community OF all ages, so we need to invest to become a community FOR all ages.

Conclusions of both the Bipartisan Policy Center and MARC reports are already being manifested in the SACOG region, as discussed in the chapters to follow. In either perspective, transportation options are a critical element for older adults to remain as active, productive, and healthy as possible, and are a key focus of this report.

This study also represents a more comprehensive look at the current and projected changes in the age spectrum of the SACOG region’s population; the preferences of older adults to remain in their homes and communities; and implications, opportunities, and potential next steps to support transportation, housing and community choices that can contribute to the health and quality of life of people across the region’s age spectrum.

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2 Mid-America Regional Council, Economic Impact of an Aging Population in the Kansas City Region, Spring 2015.
Chapter 1: Context for an Aging Region

Demographics

The SACOG region is growing older. The best source for tracking age specific data over time is the Decennial Census. Between 1990 and 2010, the median age increased from a range of 29-36 years of age across the various counties to 30 to 44 years of age. As indicated in Table 1.1, the median age across the region increased by a low of five percent for Yolo County to a high of 22 percent for El Dorado County.

Table 1.1. Median Age by County, 1990 to 2010

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>Increase 1990-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado County*</td>
<td>35.6</td>
<td>39.4</td>
<td>43.6</td>
<td>22%</td>
</tr>
<tr>
<td>Placer County*</td>
<td>35.2</td>
<td>38.0</td>
<td>40.3</td>
<td>14%</td>
</tr>
<tr>
<td>Sacramento County</td>
<td>32.0</td>
<td>33.8</td>
<td>34.8</td>
<td>9%</td>
</tr>
<tr>
<td>Sutter County</td>
<td>32.5</td>
<td>34.1</td>
<td>34.5</td>
<td>6%</td>
</tr>
<tr>
<td>Yolo County</td>
<td>28.9</td>
<td>29.5</td>
<td>30.4</td>
<td>5%</td>
</tr>
<tr>
<td>Yuba County</td>
<td>29.7</td>
<td>31.4</td>
<td>32.1</td>
<td>8%</td>
</tr>
</tbody>
</table>


As shown in Table 1.2., as of the 2010 Census, 23 percent of the region’s population was aged 55 or older, and 12 percent age 65+, slightly above the state average. Sacramento and Placer counties, and the cities of Sacramento, Roseville, Elk Grove, and Citrus Heights had the highest total number of older adults. The county of El Dorado, and the cities of Auburn, Lincoln, and Placerville each had the highest proportion of those age 55 and over, at 30 percent or more of their population, and about one in five age 65 or over.
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Total Jurisdiction Population</th>
<th>Population 55+</th>
<th>% of Total Jurisdiction Pop</th>
<th>Population 65+</th>
<th>% of Total Jurisdiction Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of California</td>
<td>37,253,956</td>
<td>8,283,007</td>
<td>22%</td>
<td>4,246,514</td>
<td>11%</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>2,316,019</td>
<td>543,355</td>
<td>23%</td>
<td>277,653</td>
<td>12%</td>
</tr>
<tr>
<td>County:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Dorado*</td>
<td>181,058</td>
<td>54,640</td>
<td>30%</td>
<td>26,524</td>
<td>15%</td>
</tr>
<tr>
<td>Placer*</td>
<td>348,432</td>
<td>97,680</td>
<td>28%</td>
<td>53,562</td>
<td>15%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>1,418,788</td>
<td>314,188</td>
<td>22%</td>
<td>158,551</td>
<td>11%</td>
</tr>
<tr>
<td>Sutter</td>
<td>94,737</td>
<td>22,095</td>
<td>23%</td>
<td>11,990</td>
<td>13%</td>
</tr>
<tr>
<td>Yolo</td>
<td>200,849</td>
<td>39,930</td>
<td>20%</td>
<td>19,771</td>
<td>10%</td>
</tr>
<tr>
<td>Yuba</td>
<td>72,155</td>
<td>14,822</td>
<td>21%</td>
<td>7,255</td>
<td>10%</td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auburn</td>
<td>13,330</td>
<td>4,644</td>
<td>35%</td>
<td>2,532</td>
<td>19%</td>
</tr>
<tr>
<td>Citrus Heights</td>
<td>83,301</td>
<td>20,711</td>
<td>25%</td>
<td>11,085</td>
<td>13%</td>
</tr>
<tr>
<td>Colfax</td>
<td>1,963</td>
<td>490</td>
<td>25%</td>
<td>224</td>
<td>11%</td>
</tr>
<tr>
<td>Davis</td>
<td>65,622</td>
<td>11,475</td>
<td>17%</td>
<td>5,597</td>
<td>9%</td>
</tr>
<tr>
<td>Elk Grove</td>
<td>153,015</td>
<td>27,758</td>
<td>18%</td>
<td>12,744</td>
<td>8%</td>
</tr>
<tr>
<td>Folsom</td>
<td>72,203</td>
<td>14,295</td>
<td>20%</td>
<td>6,909</td>
<td>10%</td>
</tr>
<tr>
<td>Galt</td>
<td>23,647</td>
<td>4,449</td>
<td>19%</td>
<td>2,280</td>
<td>10%</td>
</tr>
<tr>
<td>Isleton</td>
<td>804</td>
<td>236</td>
<td>29%</td>
<td>135</td>
<td>17%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>42,819</td>
<td>15,162</td>
<td>35%</td>
<td>10,049</td>
<td>23%</td>
</tr>
<tr>
<td>Live Oak</td>
<td>8,392</td>
<td>1,613</td>
<td>19%</td>
<td>896</td>
<td>11%</td>
</tr>
<tr>
<td>Loomis town</td>
<td>6,430</td>
<td>1,722</td>
<td>27%</td>
<td>834</td>
<td>13%</td>
</tr>
<tr>
<td>Marysville</td>
<td>12,072</td>
<td>2,704</td>
<td>22%</td>
<td>1,453</td>
<td>12%</td>
</tr>
<tr>
<td>Placerville</td>
<td>10,389</td>
<td>3,171</td>
<td>31%</td>
<td>1,841</td>
<td>18%</td>
</tr>
<tr>
<td>Rancho Cordova</td>
<td>64,776</td>
<td>13,059</td>
<td>20%</td>
<td>6,634</td>
<td>10%</td>
</tr>
<tr>
<td>Rocklin</td>
<td>56,974</td>
<td>11,917</td>
<td>21%</td>
<td>6,228</td>
<td>11%</td>
</tr>
<tr>
<td>Roseville</td>
<td>118,788</td>
<td>27,813</td>
<td>23%</td>
<td>15,867</td>
<td>13%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>466,488</td>
<td>99,290</td>
<td>21%</td>
<td>49,420</td>
<td>11%</td>
</tr>
<tr>
<td>West Sacramento</td>
<td>48,744</td>
<td>9,758</td>
<td>20%</td>
<td>4,781</td>
<td>10%</td>
</tr>
<tr>
<td>Wheatland</td>
<td>3,456</td>
<td>664</td>
<td>19%</td>
<td>360</td>
<td>10%</td>
</tr>
<tr>
<td>Winters</td>
<td>6,624</td>
<td>1,337</td>
<td>20%</td>
<td>601</td>
<td>9%</td>
</tr>
<tr>
<td>Woodland</td>
<td>55,468</td>
<td>11,848</td>
<td>21%</td>
<td>6,024</td>
<td>11%</td>
</tr>
<tr>
<td>Yuba City</td>
<td>64,925</td>
<td>14,083</td>
<td>22%</td>
<td>7,596</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: 2010 Census  * Includes Tahoe Basin

Between 2000 and 2010 in California, the SACOG region, and the majority of counties and cities in the region, growth rates of the 55+ and 65+ population outpaced the rate of total population growth. The exceptions were Yuba County, Colfax, Marysville, Roseville, Sacramento city, and Yuba City for the 65+ age group, and West Sacramento and Wheatland for both age groups.
Region-wide, the 55+ population grew by 44 percent and 65+ by 26 percent, compared with the regional growth rate of 20 percent.

Table 1.3. 2000-2010 Numeric and Percentage Increases for 55+ & 65+ Population

<table>
<thead>
<tr>
<th></th>
<th>Population Increase - Total</th>
<th>Increase: Age 55+</th>
<th>Increase: Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of CA</td>
<td>3,382,308</td>
<td>2,073,256</td>
<td>650,856</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>380,013</td>
<td>167,212</td>
<td>57,937</td>
</tr>
</tbody>
</table>

County:

- **El Dorado***: 24,759 16% 19,949 58% 7,190 37%
- **Placer***: 100,033 40% 42,073 76% 21,002 65%
- **Sacramento**: 195,289 16% 83,652 36% 22,676 17%
- **Sutter**: 15,807 20% 5,361 32% 2,235 23%
- **Yolo**: 32,189 19% 12,535 46% 3,989 25%
- **Yuba**: 11,936 20% 3,642 33% 845 13%

City/Town:

- **Auburn**: 868 7% 1,246 37% 271 12%
- **Citrus Heights**: -1,770 -2% 2,590 14% 71 1%
- **Colfax**: 467 31% 180 58% 16 8%
- **Davis**: 5,314 9% 4,219 58% 1,593 40%
- **Elk Grove**: 58,722 62% 19,823 250% 8,695 215%
- **Folsom**: 20,319 39% 6,198 77% 2,340 51%
- **Galt**: 4,175 21% 1,681 61% 627 38%
- **Isleton**: -24 -3% 2 1% (1) -1%
- **Lincoln***: 31,614 282% 12,927 578% 8,787 696%
- **Live Oak**: 2,163 35% 504 45% 231 35%
- **Loomis**: 170 3% 427 33% 101 14%
- **Marysville**: -196 -2% 254 10% (149) -9%
- **Placerville**: 779 8% 710 29% 171 10%
- **Rancho Cordova**: 9,716 18% 3,094 31% 1,066 19%
- **Rocklin**: 20,644 57% 6,251 110% 3,092 99%
- **Roseville**: 38,867 49% 9,611 53% 4,301 37%
- **Sacramento**: 59,470 15% 22,647 30% 2,977 6%
- **West Sacramento**: 17,129 54% 3,071 46% 774 19%
- **Wheatland**: 1,181 52% 218 49% 73 25%
- **Winters**: 499 8% 453 51% 124 26%
- **Woodland**: 6,317 13% 3,131 36% 858 17%
- **Yuba City**: 28,167 77% 6,896 96% 3,108 69%

Source: 2000 and 2010 Census  * Includes Tahoe Basin
# This exceptionally high growth rate reflects the expansion of Sun City Lincoln during this period.
Older populations 55 and over accounted for 44 percent of the population growth in the SACOG region between 2000 and 2010. Half of the city of Woodland’s growth came from those age 55+, while El Dorado County, Auburn, Loomis, Placerville, and Winters saw proportions exceeding 80 percent of all growth coming from people age 55+.

Table 1.4. Proportion of Older Age Population Growth in SACOG Region, 2000-2010

<table>
<thead>
<tr>
<th>SACOG Region</th>
<th>Total Population Growth, 2000-2010</th>
<th>% of total growth: Age 55+</th>
<th>% of total growth: Age 55-64</th>
<th>% of total growth: Age 65-74</th>
<th>% of total growth: Age 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>County:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Dorado*</td>
<td>24,759</td>
<td>81%</td>
<td>52%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Placer*</td>
<td>100,033</td>
<td>42%</td>
<td>21%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>195,289</td>
<td>43%</td>
<td>31%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Sutter</td>
<td>15,807</td>
<td>34%</td>
<td>20%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Yolo</td>
<td>32,189</td>
<td>39%</td>
<td>27%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Yuba</td>
<td>11,936</td>
<td>31%</td>
<td>23%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>City/Town:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auburn</td>
<td>868</td>
<td>144%</td>
<td>112%</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>Citrus Heights</td>
<td>-1,770</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Colfax</td>
<td>467</td>
<td>39%</td>
<td>35%</td>
<td>5%</td>
<td>-1%</td>
</tr>
<tr>
<td>Davis</td>
<td>5,314</td>
<td>79%</td>
<td>49%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>Elk Grove/1</td>
<td>58,722</td>
<td>34%</td>
<td>19%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Folsom</td>
<td>20,319</td>
<td>31%</td>
<td>19%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Galt</td>
<td>4,175</td>
<td>40%</td>
<td>25%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Isleton</td>
<td>-24</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Lincoln</td>
<td>31,614</td>
<td>41%</td>
<td>13%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Live Oak</td>
<td>2,163</td>
<td>23%</td>
<td>13%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Loomis</td>
<td>170</td>
<td>251%</td>
<td>192%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Marysville</td>
<td>-196</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Placerville</td>
<td>779</td>
<td>91%</td>
<td>69%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Rancho Cordova/1</td>
<td>9,716</td>
<td>32%</td>
<td>21%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Rocklin</td>
<td>20,644</td>
<td>30%</td>
<td>15%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Roseville</td>
<td>38,867</td>
<td>25%</td>
<td>14%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>59,470</td>
<td>38%</td>
<td>33%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>West Sacramento</td>
<td>17,129</td>
<td>18%</td>
<td>13%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Wheatland</td>
<td>1,181</td>
<td>18%</td>
<td>12%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Winters</td>
<td>499</td>
<td>91%</td>
<td>66%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Woodland</td>
<td>6,317</td>
<td>50%</td>
<td>36%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Yuba City</td>
<td>28,167</td>
<td>24%</td>
<td>13%</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

-- not calculated where population growth was negative
/1: The 2000-2010 Census comparison is not an exact geographic match for the Cities of Elk Grove and Rancho Cordova, both of which incorporated after the 2000 Census was conducted.
Population Projections

The Demographic Research Unit of the California Department of Finance (DOF) produces population forecasts by county and age group for future decades. (Projections are not made for city-level population growth.) As shown in Table 1.5, 57 percent of total population growth in the region is projected by 2030 as coming from the population age 65+.

Table 1.5. Comparison of Projected Total Population Growth by County to Growth of 65+ Population between 2010 and 2030

<table>
<thead>
<tr>
<th>County</th>
<th>Total Increase in Population (all ages)</th>
<th>Total Increase in population 65+</th>
<th>65+ as % of total population increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>El Dorado*</td>
<td>24,002</td>
<td>13%</td>
<td>32,274</td>
</tr>
<tr>
<td>Placer*</td>
<td>104,050</td>
<td>30%</td>
<td>64,814</td>
</tr>
<tr>
<td>Sacramento</td>
<td>341,131</td>
<td>24%</td>
<td>173,333</td>
</tr>
<tr>
<td>Sutter</td>
<td>16,564</td>
<td>17%</td>
<td>8,644</td>
</tr>
<tr>
<td>Yolo</td>
<td>60,066</td>
<td>30%</td>
<td>22,786</td>
</tr>
<tr>
<td>Yuba</td>
<td>14,616</td>
<td>20%</td>
<td>7,201</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>560,429</td>
<td>24%</td>
<td>309,052</td>
</tr>
<tr>
<td>California</td>
<td>6,686,263</td>
<td>18%</td>
<td>4,789,110</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, March 2017  *Includes Tahoe Basin  #Reflects that there is negative growth in other age groups – total growth is projected to be approximately 24,000, but the increase in those aged 65+ is projected at 32,000.

The figures in Tables 1.6 and 1.7 were calculated from DOF’s population forecasts for 2030 to show the projected change in population by age group between 2010 and 2030 for SACOG region counties. While projected percentage growth rates among younger cohorts are negative or in the lower double digits, forecasts for population growth rates among older age groups are in the high double and triple digits.

Table 1.6. Numeric and Percent Change 2010 to 2030 by County & Age Group, 0-64

<table>
<thead>
<tr>
<th>County</th>
<th>Preschool Age (0-4 years)</th>
<th>School Age (5-17 years)</th>
<th>College Age (18-24 years)</th>
<th>Working Age (25-64 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>El Dorado*</td>
<td>710</td>
<td>8%</td>
<td>-4,689</td>
<td>-15%</td>
</tr>
<tr>
<td>Placer*</td>
<td>1,811</td>
<td>9%</td>
<td>-8,940</td>
<td>-14%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>-582</td>
<td>-1%</td>
<td>5,669</td>
<td>2%</td>
</tr>
<tr>
<td>Sutter</td>
<td>56</td>
<td>1%</td>
<td>-717</td>
<td>-4%</td>
</tr>
<tr>
<td>Yolo</td>
<td>868</td>
<td>7%</td>
<td>9,802</td>
<td>29%</td>
</tr>
<tr>
<td>Yuba</td>
<td>-361</td>
<td>-6%</td>
<td>234</td>
<td>2%</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>2,502</td>
<td>2%</td>
<td>1,359</td>
<td>0%</td>
</tr>
<tr>
<td>California</td>
<td>-185,563</td>
<td>-7%</td>
<td>-36,353</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, March 2017  *Includes Tahoe Basin
Table 1.7. Numeric and Percent Change 2010 to 2030 by County & Age Groups, 65+

<table>
<thead>
<tr>
<th>County</th>
<th>Young Retirees (65-74 years)</th>
<th>Mature Retirees (75-84 years)</th>
<th>Seniors (85 or more years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado*</td>
<td>12,577</td>
<td>14,612</td>
<td>5,085</td>
</tr>
<tr>
<td>Placer*</td>
<td>27,703</td>
<td>25,830</td>
<td>11,281</td>
</tr>
<tr>
<td>Sacramento</td>
<td>92,185</td>
<td>63,399</td>
<td>17,749</td>
</tr>
<tr>
<td>Sutter</td>
<td>4,263</td>
<td>3,017</td>
<td>1,364</td>
</tr>
<tr>
<td>Yolo</td>
<td>10,212</td>
<td>9,539</td>
<td>3,035</td>
</tr>
<tr>
<td>Yuba</td>
<td>3,840</td>
<td>2,651</td>
<td>710</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>150,780</td>
<td>119,048</td>
<td>39,224</td>
</tr>
<tr>
<td>California</td>
<td>2,376,928</td>
<td>1,773,893</td>
<td>638,289</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, March 2017  *Includes Tahoe Basin

Projections for the decades 2020, 2030, and 2040 show significant population increases over the coming decades. As shown in Table 1.8, Sacramento, Sutter, Yolo and Yuba counties are projected to see a range of about 1 in 5 residents aged 65 or older by 2040, with El Dorado and Placer counties nearing 1 in 3 and 1 in 4, respectively, by 2040.

Table 1.8. Projected Growth in Total and Older Populations by County, 2020-2040.

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>El Dorado*</th>
<th>Placer*</th>
<th>Sacramento</th>
<th>Sutter</th>
<th>Yolo</th>
<th>Yuba</th>
<th>SACOG Region Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (All ages)</td>
<td>2020</td>
<td>188,543</td>
<td>396,669</td>
<td>1,578,029</td>
<td>101,690</td>
<td>229,726</td>
<td>79,300</td>
<td>2,573,957</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>204,977</td>
<td>454,102</td>
<td>1,762,759</td>
<td>111,423</td>
<td>262,418</td>
<td>86,931</td>
<td>2,882,610</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>221,939</td>
<td>507,740</td>
<td>1,942,004</td>
<td>120,845</td>
<td>296,657</td>
<td>93,517</td>
<td>3,182,702</td>
</tr>
<tr>
<td>Young Retirees (65-74 years)</td>
<td>2020</td>
<td>25,613</td>
<td>46,681</td>
<td>141,189</td>
<td>8,947</td>
<td>18,029</td>
<td>6,520</td>
<td>246,979</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>28,201</td>
<td>57,231</td>
<td>176,129</td>
<td>10,782</td>
<td>21,004</td>
<td>8,060</td>
<td>301,407</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>19,837</td>
<td>55,568</td>
<td>182,198</td>
<td>11,245</td>
<td>21,255</td>
<td>8,199</td>
<td>298,302</td>
</tr>
<tr>
<td>Mature Retirees (75-84 years)</td>
<td>2020</td>
<td>13,179</td>
<td>27,721</td>
<td>65,710</td>
<td>4,921</td>
<td>9,226</td>
<td>3,003</td>
<td>123,760</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>22,632</td>
<td>43,371</td>
<td>115,667</td>
<td>7,012</td>
<td>15,801</td>
<td>4,959</td>
<td>209,442</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>26,009</td>
<td>53,813</td>
<td>148,017</td>
<td>8,780</td>
<td>18,828</td>
<td>6,314</td>
<td>261,761</td>
</tr>
<tr>
<td>Seniors (85 or more years)</td>
<td>2020</td>
<td>4,513</td>
<td>11,466</td>
<td>29,020</td>
<td>2,090</td>
<td>3,720</td>
<td>1,088</td>
<td>51,897</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>8,241</td>
<td>18,636</td>
<td>40,932</td>
<td>2,878</td>
<td>6,040</td>
<td>1,499</td>
<td>78,226</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>15,202</td>
<td>29,013</td>
<td>73,993</td>
<td>4,234</td>
<td>10,722</td>
<td>2,630</td>
<td>135,794</td>
</tr>
<tr>
<td>% of total county population: 65+ age group</td>
<td>2020</td>
<td>23%</td>
<td>22%</td>
<td>15%</td>
<td>16%</td>
<td>13%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>29%</td>
<td>26%</td>
<td>19%</td>
<td>19%</td>
<td>16%</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>28%</td>
<td>27%</td>
<td>21%</td>
<td>20%</td>
<td>17%</td>
<td>18%</td>
<td>22%</td>
</tr>
<tr>
<td>% of total county population: 75+ age group</td>
<td>2020</td>
<td>9%</td>
<td>10%</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>15%</td>
<td>14%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>19%</td>
<td>16%</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>% of total county population: 85+ age group</td>
<td>2020</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>2030</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, March 2017  *Includes Tahoe Basin
These regional changes are illustrated graphically in Figures 1.1 and 1.2.

Source: California Department of Finance, March 2017
Retirement and its Implications

The extent to which older adults have worked and may continue to work has implications for the ultimate quality of their lives in retirement and for the communities in which they live. The amounts workers pay into Social Security and/or retirement plans and put into savings over their working lives is key to how prepared they are personally for retirement, as well as how much public assistance they may require in their later years.

Table 1.9 compares the ratio of “working age” adults ages 25-64 to those age 65 in the SACOG region over four decades. As shown, this population is projected to decrease in proportion to the population age 65 and older. These age categories generalize about the working status of various age groups, since a portion of “college age” young adults 18-24 do not attend college or work during their college years. At the same time, people are retiring across a wide age spectrum, from their 40s/50s to their 60s, 70s or even 80s, so those age 65-74 are not necessarily all “early retirees.” However, projections generally are for a drop in the ratio of working age adults to each person 65+ from 4.4 to 1 in 2010 to 2.3 to 1 by 2040.

This is important because, given the size of the Baby Boomer population, more younger workers are necessary to continue to finance Social Security and pension payments for older adults. The cost vs. benefits to the SACOG region related to this shift in demographics will thus rest in part on the financial preparedness of the region’s older population, and the duration of their retirement years, especially as longevity increases.
Table 1.9. Ratio of Working Age Adults 25-64 to Older Adults 65+, 2010-2040

<table>
<thead>
<tr>
<th>County</th>
<th>Working Age (25-64)</th>
<th>Age 65+</th>
<th>Ratio of Working Age per each 65+</th>
<th>Working Age (25-64)</th>
<th>Age 65+</th>
<th>Ratio of Working Age per each 65+</th>
<th>Working Age (25-64)</th>
<th>Age 65+</th>
<th>Ratio of Working Age per each 65+</th>
<th>Working Age (25-64)</th>
<th>Age 65+</th>
<th>Ratio of Working Age per each 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado*</td>
<td>99,589</td>
<td>26,800</td>
<td>3.7</td>
<td>91,770</td>
<td>43,305</td>
<td>2.1</td>
<td>91,754</td>
<td>59,074</td>
<td>1.6</td>
<td>100,654</td>
<td>61,048</td>
<td>1.6</td>
</tr>
<tr>
<td>Placer*</td>
<td>184,955</td>
<td>54,424</td>
<td>3.4</td>
<td>204,144</td>
<td>85,868</td>
<td>2.4</td>
<td>229,350</td>
<td>119,238</td>
<td>1.9</td>
<td>255,835</td>
<td>138,394</td>
<td>1.8</td>
</tr>
<tr>
<td>Sacramento</td>
<td>755,145</td>
<td>159,395</td>
<td>4.7</td>
<td>806,158</td>
<td>235,919</td>
<td>3.4</td>
<td>881,163</td>
<td>332,728</td>
<td>2.6</td>
<td>973,116</td>
<td>404,208</td>
<td>2.4</td>
</tr>
<tr>
<td>Sutter</td>
<td>47,545</td>
<td>12,028</td>
<td>4.0</td>
<td>50,360</td>
<td>15,958</td>
<td>3.2</td>
<td>55,027</td>
<td>20,672</td>
<td>2.7</td>
<td>59,759</td>
<td>24,259</td>
<td>2.5</td>
</tr>
<tr>
<td>Yolo</td>
<td>97,240</td>
<td>20,059</td>
<td>4.8</td>
<td>99,901</td>
<td>30,975</td>
<td>3.2</td>
<td>111,967</td>
<td>42,845</td>
<td>2.6</td>
<td>131,135</td>
<td>50,805</td>
<td>2.6</td>
</tr>
<tr>
<td>Yuba</td>
<td>36,470</td>
<td>7,317</td>
<td>5.0</td>
<td>39,196</td>
<td>10,611</td>
<td>3.7</td>
<td>42,972</td>
<td>14,518</td>
<td>3.0</td>
<td>47,498</td>
<td>17,143</td>
<td>2.8</td>
</tr>
<tr>
<td>SACOG Region</td>
<td>1,220,944</td>
<td>280,023</td>
<td>4.4</td>
<td>1,291,529</td>
<td>422,636</td>
<td>3.1</td>
<td>1,412,233</td>
<td>589,075</td>
<td>2.4</td>
<td>1,567,997</td>
<td>695,857</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, May 2017 *Includes Tahoe Basin
Older Adults Working Longer

Over 1 in 5 older adults in the region is actually continuing to work. Table 1.10 shows that 21 to 30 percent of those ages 65-74 are currently still in the labor force across the region’s six counties.

Table 1.10. Percentage of Population Aged 65-74 in Labor Force

<table>
<thead>
<tr>
<th>County</th>
<th>% of 65-74 still working</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado*</td>
<td>26%</td>
</tr>
<tr>
<td>Placer*</td>
<td>21%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>22%</td>
</tr>
<tr>
<td>Sutter</td>
<td>22%</td>
</tr>
<tr>
<td>Yolo</td>
<td>25%</td>
</tr>
<tr>
<td>Yuba</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: Reese, Phillip, Almost 750,000 California seniors still working after age 65, Sacramento Bee, June 22, 2016

*Includes Tahoe Basin

People continue to work for many reasons: the need for more income or savings for retirement, waiting until the current Social Security age of 67, the social aspects of the workplace, still finding enjoyment or meaning in work, and/or uncertainty as to how to spend time in retirement.

A common perception is that for an older worker finding employment is extremely challenging. However, a 2012 survey by international human resources firm Adecco of 500 hiring managers found that 60 percent were more likely to hire a worker age 50+ compared with 20 percent for hiring a Millennial. Older workers were seen by survey respondents as more reliable (91%), professional (88%), good listeners (77%), stronger leaders/managers (75%), having a positive work ethic (75%), good problem solvers (61%) and better writers, although 72% felt older workers need to improve their technological skills.3

The Transamerica Center for Retirement Studies conducts annual surveys of workers on retirement issues. The 2016 survey found that among Baby Boomers, 40 percent expect their standard of living to decrease when they retire, and two-thirds plan to work past the age of 65 or do not plan to retire. Half plan to continue to work in retirement, at least part-time, mostly for reasons of income and health benefits; 39 percent envision a phased transition into retirement, with 60 percent anticipating their transition will occur at their current employer.4

The extent of public employment and pension benefits in the region has projected benefits for the regional economy. According to the California Public Employees Retirement System (CalPERS), there are currently over 76,000 public sector and school retirees in the region’s six counties. As

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shown in Table 1.11, CalPERS estimated for FY 2013-14 a total regional economic benefit of $4.6 billion and over 15,000 jobs resulting from CalPERS benefit payments and their multiplier effects.

### Table 1.11. Estimated Economic Impact of CalPERS Benefit Payments by County, FY 2013-14

<table>
<thead>
<tr>
<th>County</th>
<th># of CalPERS retirees</th>
<th>Avg allowance per retiree</th>
<th>CalPERS Benefit Payments</th>
<th>Additional Revenues created</th>
<th>Total Economic Revenues</th>
<th>Employment Generated</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado</td>
<td>7,506</td>
<td>$36,095</td>
<td>$270,926,425</td>
<td>$179,916,660</td>
<td>$450,843,085</td>
<td>1,418</td>
</tr>
<tr>
<td>Placer</td>
<td>12,378</td>
<td>$34,581</td>
<td>$428,045,514</td>
<td>$350,951,516</td>
<td>$778,997,030</td>
<td>2,613</td>
</tr>
<tr>
<td>Sacramento</td>
<td>49,265</td>
<td>$34,228</td>
<td>$1,686,265,476</td>
<td>$1,364,985,680</td>
<td>$3,051,251,156</td>
<td>10,064</td>
</tr>
<tr>
<td>Sutter</td>
<td>2,313</td>
<td>$27,840</td>
<td>$64,393,257</td>
<td>$41,930,289</td>
<td>$106,323,546</td>
<td>352</td>
</tr>
<tr>
<td>Yolo</td>
<td>4,147</td>
<td>$31,875</td>
<td>$132,186,106</td>
<td>$84,422,038</td>
<td>$216,608,144</td>
<td>636</td>
</tr>
<tr>
<td>Yuba</td>
<td>917</td>
<td>$25,084</td>
<td>$23,002,362</td>
<td>$10,958,472</td>
<td>$33,960,834</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>76,526</td>
<td>$34,038</td>
<td>$2,604,819,140</td>
<td>$2,033,164,655</td>
<td>$4,637,983,795</td>
<td>15,163</td>
</tr>
</tbody>
</table>

Source: CalPERS

The California State Teachers Retirement System (CalSTRS) also estimated the economic impact by county of CalSTRS benefits across the region for FY 2013, shown in Table 1.12.

### Table 1.12. Estimated Economic Impact of CalSTRS Benefits by County, 2013

<table>
<thead>
<tr>
<th>County</th>
<th>Total Expenditures</th>
<th>Total Employment Effect</th>
<th>Total Labor Income Effect</th>
<th>Total Output Effect</th>
<th>Total Estimated Economic Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado</td>
<td>$61,300,000</td>
<td>631</td>
<td>$24,100,000</td>
<td>$71,400,000</td>
<td>$522,243,085</td>
</tr>
<tr>
<td>Placer</td>
<td>$138,500,000</td>
<td>1,784</td>
<td>$83,000,000</td>
<td>$213,000,000</td>
<td>$991,997,030</td>
</tr>
<tr>
<td>Sacramento</td>
<td>$283,000,000</td>
<td>3,451</td>
<td>$162,000,000</td>
<td>$421,100,000</td>
<td>$3,472,351,156</td>
</tr>
<tr>
<td>Sutter</td>
<td>$25,000,000</td>
<td>294</td>
<td>$10,800,000</td>
<td>$28,900,000</td>
<td>$135,223,546</td>
</tr>
<tr>
<td>Yolo</td>
<td>$42,800,000</td>
<td>432</td>
<td>$18,100,000</td>
<td>$46,800,000</td>
<td>$263,408,144</td>
</tr>
<tr>
<td>Yuba</td>
<td>$9,500,000</td>
<td>53</td>
<td>$2,100,000</td>
<td>$5,700,000</td>
<td>$39,660,834</td>
</tr>
<tr>
<td>Total</td>
<td>$560,100,000</td>
<td>6,645</td>
<td>$300,100,000</td>
<td>$786,900,000</td>
<td>$5,424,883,795</td>
</tr>
</tbody>
</table>


### Retirement Readiness and Older Adults

With the emphasis on government employment in the SACOG region, a greater portion of older adults have pensions, and others will likely have sufficient assets to cover their retirement years. At the other end of the economic spectrum, a portion will have very limited means, relying solely on Social Security or fixed incomes that will likely not keep pace with increased costs of living. These groups have very different opportunities when it comes to affording transportation and housing options, health care, and necessary supports as they age.
The Employee Benefit Research Institute (EBRI) utilizes a Retirement Security Projection Model® to simulate 'Life-Paths' of those born between 1948 and 1974 to assess whether they are likely to have adequate retirement income to support retirement living expenses and health care costs. According to EBRI's 2013/2014 simulation shown in Figure 1.3, only 57-59 percent of Early Baby Boomers (born 1948-54), Late Baby Boomers (1955-1964) and Gen Xers (1965-74) nationwide will likely have sufficient funds for their retirement years.

**Figure 1.3. EBRI Retirement Readiness Ratings**

<table>
<thead>
<tr>
<th>Percentage of Simulated Life-Paths That Will Not Run Short of Money in Retirement</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Boomers, 2013</td>
<td>55.1%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Late Boomers, 2013</td>
<td>57.5%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Gen Xers, 2013</td>
<td>57.2%</td>
<td>57.7%</td>
</tr>
</tbody>
</table>

Note: The values in this figure represent the percentages of simulated life-paths that will not run short of money in retirement assuming that 100 percent of simulated retirement expenses are paid. Additional information on the percentages that would be able to satisfy less stringent thresholds (viz., 80 and 90 percent of simulated expenses) is provided in Appendix B.

EBRI also conducts an annual retirement survey. In more recent surveys, more retirees report confidence in having a comfortable retirement financially than do workers. In its 2017 survey, almost 80 percent of retirees reported feeling a level of confidence about having sufficient funds to live comfortably through their retirement years; however, only 32 percent of retirees felt very confident. In contrast, despite the economic recovery, the share of workers reporting they felt some level of confidence (60%) was lower than in 2016 (64%), and only 18 percent of workers felt very confident about having sufficient retirement income. As shown in Figure 1.4, Transamerica’s 2016 Retirement Survey by generation, rather than retiree/worker, showed increases in confidence among Baby Boomers since 2012, but still only 15% feeling very confident in a comfortable retirement.

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Older Adults on the Financial Edge

EBRI notes that the retirement future is most uncertain for those who had the lowest incomes while working, as shown in Figure 1.5. While 85-86% of those in the highest income quartile likely have sufficient money for retirement, the percentage drops with each income quartile, down to about 16-17% of those who were the lowest income.

A different tool for measuring older adults’ financial security is the Elder Economic Security Standard™ Index (Elder Index), developed by the Gerontology Institute at the University of Massachusetts Boston in partnership with Wider Opportunities for Women (WOW) and the National Council on Aging. The Elder Index measures the income that older adults need to meet basic needs. The Elder Index is specific to location, singles/couples, housing type, and includes the costs of housing, health care, transportation, food and miscellaneous essentials. Table 1.13 compares the basic monthly income needed for individuals and couples across the region’s counties.
However, the national average for individual Social Security retirement benefits in February 2016 was only $1,318.29 per month. Comparing this average with the monthly costs in Table 1.13 just for an individual (or even doubled for a couple) suggests that a portion of the region’s households may face shortfalls that affect whether they can pay for food, utilities, prescriptions, transportation or other needs.
In the Transamerica 2016 retirement survey, 34% of Baby Boomers nationally expected that Social Security would be their primary income source in retirement. According to the 2016 Survey of Senior Costs released in June 2016 by the Social Security League, since 2000 “Social Security beneficiaries have lost 23 percent of their buying power... COLAs rose a total of just 36.3 percentage points while typical senior expenses have jumped 75.3 percent.” According to the 2016 Survey of Senior Costs released in June 2016 by the Social Security League, since 2000 “Social Security beneficiaries have lost 23 percent of their buying power... COLAs rose a total of just 36.3 percentage points while typical senior expenses have jumped 75.3 percent.”7 Freddie Mac’s 2016 national survey found that, even among homeowners, not renters with the possibility of rent increases, 23% said they have just enough to get by from month to month, while 4% reported not having enough for the basics.8

Another factor in retirement quality of life and security are the living arrangements of older adults. While the share of adults 65+ living alone increased from six percent in 1900 to 29 percent in 1990, a recent Pew Research Analysis of Census data found that between 1990 and 2014, the proportion of men 65+ living alone increased from 15 percent to 18 percent, but for women decreased from 38 percent to 32 percent. Women’s total share of the 12.1 million older adults living alone decreased from 79 percent in 1990 to 69 percent in 2014. The analysis cited a number of reasons for these trends, including male spouses living longer, improved health and longevity among older Americans, and increased rates of women living with children, relatives or non-relatives. However, as shown below, among those living alone, a greater proportion reported being less economically secure than those living with others:

Figure 1.6. Proportion feeling financial security of older adults living alone

Older adults living alone feel more financially strapped than those living with others

% of adults ages 65 and older saying they ...

<table>
<thead>
<tr>
<th></th>
<th>Living alone</th>
<th>Living with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live comfortably</td>
<td>33</td>
<td>49</td>
</tr>
<tr>
<td>Meet basic expenses with a little left over for extras</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Just meet basic expenses</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Don’t even have enough to meet basic expenses</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: “Don’t know/Refused” responses not shown.

Source: Pew Research Center

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8 Freddie Mac/GfK Public Affairs and Corporate Communications, Americans 55+ Assess Current and Future Housing Options: Homeowners Data, June 2016
The Census American Community Survey (ACS) periodically creates a Special Tabulation on Aging, with the most recent for the period 2008-2012. Table 1.14 shows poverty rates for those 60 and over, including across racial/ethnic groups, in all counties except El Dorado where none were found.

Table 1.14. Greatest Economic Need by County for Persons Age 60+, 2008-12

<table>
<thead>
<tr>
<th>County</th>
<th>El Dorado</th>
<th>Placer</th>
<th>Sacramento</th>
<th>Sutter</th>
<th>Yolo</th>
<th>Yuba</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (count)</td>
<td>6,070</td>
<td>23,770</td>
<td>2,136</td>
<td>3,358</td>
<td>1,356</td>
<td></td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>6.8%</td>
<td>8.4%</td>
<td>10.7%</td>
<td>9.1%</td>
<td>9.8%</td>
<td></td>
</tr>
</tbody>
</table>

Poverty Rate by Ethnic Group

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>El Dorado</th>
<th>Placer</th>
<th>Sacramento</th>
<th>Sutter</th>
<th>Yolo</th>
<th>Yuba</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>---</td>
<td>12.8%</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Asian</td>
<td>7.1%</td>
<td>11.5%</td>
<td>18.4%</td>
<td>10.3%</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Black</td>
<td>9.2%</td>
<td>13.9%</td>
<td>---</td>
<td>29.9%</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.2%</td>
<td>14.2%</td>
<td>17.2%</td>
<td>12.2%</td>
<td>13.5%</td>
<td>---</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>---</td>
<td>13.4%</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Multi-Racial/Other</td>
<td>8.4%</td>
<td>11.5%</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>White</td>
<td>6.6%</td>
<td>6.2%</td>
<td>8.0%</td>
<td>7.3%</td>
<td>9.1%</td>
<td></td>
</tr>
</tbody>
</table>

Number of Ethnic Minority Older Adults (60+) in Greatest Economic Need (100% Poverty)

| Total (count) | 1,079 | 12,485 | 1,076 | 1,472 | 394 |

Source: Area 4 Agency on Aging, 2015-16 Area Plan Update - 2008-12 ACS Special Tabulation on Aging

Tables 1.13 and 1.14 use data for years during the recession and the region’s economic picture has generally improved. However, a portion of older adults in the region will still face poverty.

Even putting aside uncertainties concerning the future solvency of the Social Security program and Medicare, financial pressures will affect the ability of a portion of the region’s older adults to afford retirement expenses—including housing, health care, daily needs, support services, and the transportation that connects them.

The following chapters include a more detailed look at some of the region’s existing services and models, efforts in other areas, and challenges and potential opportunities for SACOG and the region to begin to plan for addressing the changing and diverse age spectrum described above.
Chapter 2: Existing Older Adult Transportation Services

Transportation is critical for older adults, especially those who do not drive or curtail their driving. Transportation services are key to residents remaining active, avoiding social isolation, and accessing recreational, volunteer and life-long learning opportunities, medical care, shopping and services as they grow older.

The standard suite of transportation options for older adults and those with disabilities tends to include the following:

- Older Driver Safety
- Public Transit/Fixed Route
- Paratransit
- Planning and Coordination
- Mobility Management
- Door-to-Door, Door-through-Door Services
- Taxi Service
- Transitions
- Transportation Vouchers
- Travel Training
- Volunteer Services
- Neighborhood Shuttles

The SACOG region has examples of all of these services, although they are not uniformly provided across all counties. This chapter provides an overview of the existing services found in the region.

Driver Safety Courses

According to the American Automobile Association (AAA), between 1999 and 2009 the number of licensed drivers over age 65 increased by 20 percent, to over 30 million. AAA estimates that by 2030, those rates will nearly double to about 60 million licensed drivers aged 65+. Older drivers tend over time to avoid driving during bad weather, peak hours, after dark, and on freeways. However, with the exception of teen drivers, per mile driven older adults have the highest fatal crash rate, even though they drive fewer miles.9

Several courses exist to help older adults continue to drive safely. Mature Driver Defensive Driving Classes and refresher courses are offered regularly by the Safety Center in Sacramento, using the safety curriculum approved by the DMV for insurance discounts. AARP’s Smart Driver Course for drivers age 50+ is offered at senior and community centers throughout the SACOG region, as well as online. Additionally, a partnership of AAA, AARP and the American Occupational Therapy

9 http://seniordriving.aaa.com/resources-family-friends/conversations-about-driving/facts-research/
Association offers a CarFit program, where trained technicians and/or health professionals work with each participant on adjustments to their person vehicle so they "fit" properly for maximum safety and comfort.

**Neighborhood Electric Vehicles**

Both Sun City Roseville and Lincoln Hills allow golf cart use for transportation within their communities, and the City of Lincoln has specified legal golf cart routes from Sun City Lincoln Hills to the Lowes and Sterling Parkway Shopping Centers. The City also encourages the use of neighborhood electric vehicles (NEVs), which are similar to golf carts and use minimal electricity to charge, but include some of the safety features of regular cars. NEVs require a driver's license but only travel up to about 25 mph. NEVs may be used not only on any roadway with a speed limit up to 35 mph – most of Lincoln – but in the city’s extensive network of designated NEV lanes.

**Car Share**

The car-sharing company ZipCar has been operating in Sacramento for several years. The Sacramento Metropolitan AQMD is partnering with Zipcar, City of Sacramento, Sacramento Municipal Utility District (SMUD), Sacramento Housing Redevelopment Authority, Mutual Housing and Policy in Motion on a pilot electric vehicle car sharing program to benefit disadvantaged communities. The pilot is funded with a grant from the State's Cap-and-Trade Program. The program is placing eight electric vehicles at three affordable rental communities plus the Sacramento Valley Station. Residents of the three rental complexes have access to the electric CarShare vehicles through a reservation system. The pilot seeks to encourage residents who drive to use the shared electric vehicles also to provide rides to neighbors who do not drive or have a valid license.

**Public Fixed Route Transit**

Eleven local transit agencies operate fixed-route bus service in the region:

- Auburn Transit
- El Dorado Transit
- Elk Grove Transit (e-tran)
- Folsom Stageline
- Placer County Transit (which also now operates Lincoln Transit)
- Roseville Transit
- Sacramento Regional Transit
- South County Transit (SCT/LINK)
- Unitrans
- Yolo County Transportation District (Yolobus)
- Yuba-Sutter Transit

Only Sacramento Regional Transit has light rail in addition to bus service. All regional transit operators offer fare discounts on fixed route services to seniors, students/youth, and people with disabilities. The Capitol Corridor also offers daily heavy rail service between Auburn and the Bay Area, with intermediate stops in the SACOG Region in Rocklin, Roseville, Sacramento, and Davis.
While the region’s transit agencies strive to provide quality transit services in their areas, spread-out land uses, federal/state requirements, and limited transit funding make it difficult to provide robust, frequent service for everyone who might want to use transit, regularly or periodically. The ongoing tension between providing frequent service versus covering most or all neighborhoods within a service area often results in infrequent service in lower density areas. Those who have hourly or less frequent service available can find trips take long enough that they avoid using transit, especially if transfers are required. Transit operators can then struggle with performance on such routes. The decreased cost of gasoline and increased availability of ridehailing services may also be contributors to the decreasing transit ridership being seen in parts of the region as well as across the country.

**Public Demand-Response Transit**

The Americans with Disabilities Act (ADA) requires that all of these public transit operators offer “complementary ADA paratransit service” within three-quarters of a mile of active bus routes and light rail stations to those unable to use fixed route service. Complementary service is largely provided through demand-response or “Dial-a-Ride” service; that is, curb-to-curb or door-to-door service with wheelchair lift equipped buses, with rides scheduled through advance reservations. For riders who are able to use fixed route services, “conditional” eligibility may be provided whereby riders with disabilities may only use complementary ADA service for certain trips due to weather, destination, or other specific conditions.

Public transit agencies that provide demand-response bus service in the region are:

- Auburn Transit
- Davis Community Transit
- Elk Grove Transit (e-van)
- Folsom Stageline
- Placer County Transit
- South County Transit (SCT/LINK)
- Yolo County Transportation District (Yolobus Special)
- Yuba-Sutter Transit
- Sacramento Regional Transit (RT), through a Collaborative Agreement with Paratransit, Inc. to provide RT’s complementary ADA paratransit service. Under an agreement with the City of Citrus Heights, RT operates a demand-response service called City Ride for Citrus Heights residents. As described in more detail below, Paratransit, Inc. also provides non-ADA demand-response service for older adults and those with disabilities in most of Sacramento County.

The ADA’s requirement for complementary service results in a number of overlapping demand-response service areas in the region due to the ¾-mile boundary around fixed route services. These overlaps are shown in Figure 2.1. In cases of overlap, either agency is legally responsible for rides if requested.
Agencies in the region provide demand-response service in different ways:

- Davis Community Transit is the complementary paratransit provider for both Unitrans and Yolobus, providing demand-response service within one mile of all Unitrans and local Yolobus routes within the City of Davis.
Several agencies provide service to older adults meeting age requirements without requiring established ADA eligibility. These include Folsom Stageline (age 55+), Paratransit, Inc. (70+), and Yolobus Special in West Sacramento (62+).

Several agencies offer service through fixed transit routes that “flex” or make deviations to pick up or drop off a passenger at a location within ¼ mile of the regular bus route. Offering such deviations with an advance reservation are:
- Auburn Transit within the city of Auburn and parts of unincorporated Placer County;
- El Dorado Transit between Placerville and Grizzly Flat (Thursdays only);
- Yolobus in Winters and rural communities of Capay, Esparto, Madison, Dunnigan, Zamora, Yolo, and Knights Landing;
- Yuba-Sutter Transit for rural routes serving Live Oak; Wheatland; and Foothills (Tues-Thurs only).

Yolobus Special also provides a mix of local demand-response service offered within the cities of West Sacramento and Woodland, and intercity paratransit service, providing rides between Woodland, Davis, West Sacramento, Sacramento International Airport and downtown Sacramento.

A number of agencies provide demand response services open not just to older adults or those with disabilities but also to the general public. These include City Ride in Citrus Heights, and Dial-a-Ride services of Placer County Transit, Roseville Transit, SCT/LINK in Galt, El Dorado Transit (if space available) and Yuba-Sutter Transit (evenings only).

**Beyond-ADA Service**

A number of operators also provide service beyond their ADA geographic requirements, particularly for health-related appointments, including the following:

- City Ride offers weekday, curb-to-curb service outside Citrus Heights to Mercy San Juan Medical Center in Carmichael and the Kaiser Medical Offices in Roseville.

- El Dorado Transit operates SAC-MED, a shared-ride, non-emergency medical appointment transportation service for senior, disabled and general public passengers. SAC-MED operates Tuesdays and Thursdays for medical appointments in Sacramento between 10:00 am and 2:00 pm.

- The City of Elk Grove’s e-van offers demand-response service beyond the city limits of Elk Grove to the Kaiser and Methodist medical facilities in South Sacramento.

- Folsom Stageline’s Dial-a-Ride service will take riders outside Folsom to Main and Madison Avenues in Orangevale, where transfers may be made to Paratransit Inc. or RT Bus #24.
- SCT/LINK operates medical runs on Thursdays and Fridays that transport passengers from Galt to medical facilities in Elk Grove and south Sacramento.
- Yolobus Special offers premium service at a slightly higher fare for medical appointments outside ADA boundaries in portions of the cities of Sacramento and Vacaville, and for mobility assist repairs (such as to wheelchairs) in Sacramento.
- Besides providing RT’s required complementary ADA service, Paratransit, Inc. offers demand-response services outside of RT’s active hours and locations within most of Sacramento County, and over the Placer County line to key Roseville medical facilities for riders eligible by age or disability.

Supplementary Transportation Services

A variety of supplementary transportation services also exist in the region, described below.

South Placer County: Providing a Continuum of Transportation

South Placer County provides an example of an area facilitating a continuum of transportation services for older and disabled adults.

In 2007, a Regional Dial-a-Ride Study was undertaken by the Placer County Transportation Planning Agency (PCTPA) to evaluate all of the demand-responsive programs operating in South Placer County at that time. The study was prompted by an awareness of the growing population and increasing demand for expensive demand response services and concern for increasing efficiency. This evaluation was specifically concerned with developing strategies for coordinating or consolidating dial-a-ride services.

As a result of study recommendations, the Western Placer Consolidated Transportation Services Agency (WPCTSA) was created in 2008 via a joint powers authority to govern and administer CTSA functions to provide and coordinate social service transportation for the western portion of Placer County. PCTPA was designated as the administrator of the WPCTSA, and PCTPA’s Board of Directors also serves as the WPCTSA Board.

More recently, in 2011, a short range transit plan (SRTP) was completed for WPCTSA that analyzed the demand for dial-a-ride services in South Placer county and made specific project recommendations for the future. The SRTP analyzed the potential need for a higher proportion of State Transportation Development Act (TDA) funds to continue to support existing successful transit programs as well as fund other programs. The SRTP also recommended that the WPCTSA programs be more thoroughly and consistently monitored to assure efficient and cost-effective operation of services.
Mobility Call Center and Combined Dial-a-Ride Scheduling

The public transit operators in South Placer county have developed a unique and collaborative relationship, which led the agencies to create in 2008 the South Placer Transit Information Center (SPTIC). The budget for FY 2016/17 to operate the SPTIC is $360,000, paid for by the WPCTSA.

The Center, operated by the City of Roseville, is a one-stop shop for information on both fixed route and demand response transit services in south Placer. The SPTIC can also connect residents with a Transit Ambassador, a volunteer trained in helping new passengers learn how to use local fixed route transit systems in South Placer County in place of demand response services.

The SPTIC also acts as a combined dial-a-ride scheduling and dispatching center. The majority of calls received are to schedule rides on Health Express, described later in this section, and these three Placer County public transit operators’ demand-response services:

- As noted, Auburn Transit offers a deviated fixed route service that operates within the City of Auburn and parts of unincorporated Placer County. Anyone may request a route deviation for a curbside pick-up and/or drop-off within ¾ of a mile of the bus route. A maximum of three (3) deviations per hour are permitted. The service runs six days a week, with no Sunday service.
- Placer County Transit operates general public Dial-a-Ride services within three municipalities, Rocklin, Loomis, and Lincoln, as well as in Granite Bay and along portions of Highway 49. Separate curb-to-curb services are provided within each geographic area, but users may transfer between the different geographies at set transfer points. Service is offered Monday through Saturday, with no service on Sundays or holidays.
- Roseville Transit provides general public, curb-to-curb Dial-a-Ride service within the city limits of Roseville. Service is offered to the general public seven days a week.

The SPTIC also coordinates rides that require transfers between the various Dial-a-Ride operators, meaning riders need make only one call for a reservation, rather than calling each agency separately. The most popular destinations for which the SPTIC provides information and schedules rides are:

- Roseville Galleria Mall
- Kaiser and Sutter medical facilities in Roseville
- Grocery and big box retail stores (i.e., Raley’s, Walmart, Target, etc.)
- Thunder Valley Casino (via a transfer to a Placer County Transit bus at Galleria Mall)
- Placer County Health and Human Services in Rocklin
- Louis and Orlando Transfer Point for transfers to Paratransit, Inc. or Regional Transit.

Health Express

Health Express, operated by non-profit Seniors First in Auburn, is an added service that provides non-emergency healthcare-related transportation services for Placer County residents who are either
over the age of 60 or have a disability. Health Express costs for FY 16-17 are estimated at $99,530, with $25,000 coming from the WPCTSA, and the remainder from private business and individual donations.

Health Express serves residents in Placer County from just east of Colfax to the Sacramento County line and includes the cities of Colfax, Sheridan, Foresthill, Auburn, Lincoln, Loomis, Rocklin and Roseville. Residents may use the services to reach health, mental health, dental, and vision care appointments when public transit is not an option. Health Express operates Monday through Friday from 7:30 am to 4:30 pm in South Placer, and offers curb-to-curb service unless door-to-door assistance is requested. Locations in most demand are the Kaiser and Sutter healthcare facilities in Roseville, and the Roseville Galleria and Louis and Orlando transfer points, where riders may transfer to various public transit services.

Foresthill and Sheridan service is available Wednesdays from 7:30am to 4:30pm. Health Express also provides Tuesday/Thursday trips to various Sacramento medical facilities for appointments between 10:00 am and 2:00 pm. Available destinations are:

- Kaiser Permanente: Fair Oaks, Point West, Rancho Cordova, and Morse Avenue Medical Offices
- Veterans Administration (VA): Mather and McClellan Clinics
- Mercy San Juan Medical Center and Mercy General Hospital
- Shriners Hospital
- Sierra Vista Hospital (mental health, behavior health and chemical dependency programs)
- Sutter Medical Center Sacramento and Medical Group Care Centers (Sacramento facilities only)
- UC Davis Medical Center

The most popular destinations in Sacramento County are Mercy San Juan Medical Center, UC Davis Medical Center, and Mather & McClellan VA clinics.

My Rides

The My Rides volunteer driver program is also operated and dispatched by Seniors First in Auburn. My Rides program costs are estimated at $216,860 a year (FY 16-17) with $125,000 coming from the WPCTSA.

My Rides provides free transportation services to non-emergency medical appointments and other essential services for eligible Placer County residents. The service is available Monday through Friday, with transportation provided by volunteer drivers who are approved and scheduled by Seniors First. Eligible users are Placer County older adults, individuals with disabilities and families with children age 0-5 who are unable to use conventional transportation services. The My Rides program currently serves the communities of Applegate, Auburn, Colfax, Foresthill, Lincoln, Loomis, Meadow Vista, Newcastle, North Tahoe, Rocklin, Roseville, Sheridan, Weimar and Alta to Emigrant Gap. Currently no wheelchair users or those needing oxygen tanks may use this service due to liability concerns.
Sacramento County CTSA Services: Paratransit, Inc. & Partners

In 1979, Assembly Bill 120, the Social Service Transportation Improvement Act, included a provision calling for the designation of a Consolidated Transportation Service Agency (CTSA) in each California county to better coordinate and increase transportation options for seniors and individuals with disabilities. The nonprofit Paratransit, Inc. was designated by SACOG in 1981 as the CTSA for the urbanized portion of Sacramento County. As the CTSA, Paratransit, Inc. provides non-ADA demand-response service for older adults and those with disabilities, but often sharing rides on vehicles providing RT’s complementary ADA paratransit service for efficiency.

As part of its coordination efforts, Paratransit, Inc. operates a Mobility Management Center, RideQuest, a one-stop call center focused on providing information on transportation options meeting the needs of low income, older, and disabled persons in the Sacramento region. Paratransit, Inc. staff also offer individualized travel training to demand-response users of Paratransit, Inc. and other demand-responsive systems in the region to facilitate shifts by those who are able to learn to use fixed route systems. Paratransit, Inc. also partners with numerous agencies in Sacramento County to provide expanded transportation services for seniors, persons with disabilities and those that are low income. Paratransit, Inc. helps these CTSA Partners through various supports, including older serviceable vehicles, fuel at lower cost, vehicle maintenance, dispatching, driver training, and other assistance. Current CTSA Partners in Sacramento County include the following:

**ACC Rides**
ACC Rides Transportation Services (ACC Rides) provides door-to-door transportation service to Meals on Wheels Café sites, ACC Senior Services (ACC), other senior centers, Triple R, medical and dental appointments, grocery shopping, field trips, and other errands. Transportation services are available to people 60 years of age and over who live in the following zip code areas: 95814, 95818, 95820, 95822, 95823, 95824, 95828, 95831, and 95832, a newly opened service area. In addition, ACC Rides now serves the Delta Region (Walnut Grove, Locke, and Courtland). ACC uses hired drivers for wheelchair equipped vehicles, as well as volunteer drivers/escorts. Many ACC Rides drivers and driver escorts speak a second language, including Cantonese, Mandarin, Hmong, Mien, and Tagalog, to help accommodate riders with limited English.

**St. Johns Women’s and Children’s Shelter**
The goal of St. John's Women's and Children's Shelter Program is to support homeless women and their children in becoming, self-sufficient, independent and positive contributors to the community. St. John’s provides transportation for program participants to access services such as education, job training, and social services.

**Disability Programs**
A number of CTSA Partners, including Easter Seals, United Cerebral Palsy (UCP), and Elk Grove Adult Community Training provide transportation for participants to reach day programs providing skills training, supportive services, and activities for people with physical and/or developmental disabilities. A UCP Shuttle also provides clients door-to-door, demand-response service when they need a ride for shopping, medical appointments, visiting friends or family, etc.
Adult Day Health Programs
As CTSA Partners, Eskaton, Health for All, and Sutter Health each provide transportation to their adult day program sites, which offer health care, personal care, therapy, social services and activities for participants.

Medical Shuttles and Transportation
A number of shuttle and ride programs exist in the region that specifically provide access to medical care, including:

Mercy Hospital
The Mercy General Hospital in east Sacramento provides a free shuttle that connects to the RT 29th Street and 39th Street light rail stations Monday through Friday. The shuttle is open to the general public and is part of Mercy’s Environmental Stewardship policy.

Sutter Health
Sutter Health provides free shuttle services between its hospitals and midtown skilled nursing facility in the city of Sacramento Monday through Friday, as well as between the hospitals and RT light rail and bus stops at 29th Street and 65th Street. Sutter Health shuttles are open to the general public.

UC Davis Medical Center
The UC Davis Medical Center operates a free shuttle service providing transportation between the UCD Medical Center buildings on Stockton Blvd. and Broadway in the city of Sacramento Monday through Friday. The UCD Medical Center shuttle is open to the general public.

Molina Healthcare
Molina Healthcare provides two free neighborhood shuttles in South and North Sacramento on routes serving four of Molina’s clinics, as well as pharmacies, grocery stores, public services, community centers, and other locations. The two routes operate on 1-1.5 hour headways weekdays between 8:30 am and 5:00 pm.

Veterans Medical Transportation
The VA Northern California Health Care System operates a shuttle bus between the Mather Field Light Rail Station and the Mather Field VA Medical Center every 45 minutes between 7:45 am and 4:45 pm. The system also offers regular shuttle service between the Mather and McClellan VA medical facilities, and between Mather/McClellan and VA outpatient clinics and hospitals in Fairfield, Martinez, Oakland and San Francisco.

American Cancer Society Road to Recovery
With four days advance notice and dependent upon volunteer driver availability, the Road to Recovery program may offer transportation to and from cancer treatment appointments for people who are unable to drive themselves and do not have a ride. Patients must be ambulatory or have a caregiver to help them to/from the volunteer’s vehicle. Children under 18 must be accompanied by a legally responsible adult.
Transportation Voucher/Pass Programs

A number of agencies provide additional fare subsidies for eligible older adult users of public transit services:

- Vouchers are offered to adults 60+ with disabilities who are registered for Yolobus Special or Davis Community Transit, and certified by a healthcare professional as needing door-to-door assistance. Vouchers are worth $2-3 and are funded by the Area 4 Agency on Aging via the Yolo Adult Day Health Center to encourage independent community mobility for disabled seniors who need transportation assistance but may find the cost prohibitive. The vouchers may be used for transportation to medical appointments, shopping or a variety of other purposes. They can be redeemed within cities or used between cities in Yolo County (including some locations in Sacramento for medical appointments).

- Also funded through the Area Agency on Aging, FREED Independent Living Center provides $2.00 transportation vouchers for adults 60+ who qualify for Yuba-Sutter Transit’s Dial-a-Ride service.

- The Feather River Air Quality Management District provides grant funding to Yuba-Sutter Transit to support a Discount Monthly Bus Pass Program. The 2016 program offers the regular $15.00 monthly discount pass for only $6.00 to older adults (age 63+) and persons with disabilities, as well as eligible youth (5-18).

- El Dorado Transit has a taxi voucher program that subsidizes taxi rides for registered older and disabled adults within the El Dorado Hills Community Services District boundaries, where there are no public transit services.

Additional Sacramento County Services

The Sacramento County Department of Health and Human Services operates the Senior Companions Program (SCP). SCP volunteers provide assistance to adults with physical, emotional, or mental health limitations, most of whom are elderly. Senior Companions visit clients in their homes to provide assistance with activities of daily living that may be difficult for the client, and offer transportation to needed medical appointments, senior nutrition centers or shopping. SCP volunteers are placed at a variety of agencies and organizations that partner with the DHHS. Each partner has its own criteria for matching clients with volunteers.

Volunteers of America provide transportation to clients, including older adults, at the shelter and transitional living facilities they run in the Sacramento area. VOA clients can access transportation that allows them to access housing, employment and training services.
Additional Yolo County Services

There are a number of additional transportation services within Yolo County, including the following:

**Woodland Community Car Care**
Since 1973, Woodland Community Car Care has been providing volunteer-driven van transportation for residents 55+ to reach lunch at the Senior Center, medical and other appointments, shopping, errands, and leisure activities within Woodland city limits. Transportation is available Monday through Friday 8:00 am-3:00 pm, and Sunday mornings for religious service attendance. Reservations may be made up to four months in advance for medical appointments and 1-7 days in advance for all other trips. A donation of $2.00 is requested but not required. Canes and walkers may be used, but passengers must be able to board the van on their own.

**Yolo Adult Day Health Center**
The Yolo Adult Day Health Center (YADHC) provides transportation services to their clients in Yolo County to access adult day healthcare services. YADHC serves clients throughout Yolo County and fills the gap where traditional demand response services may not be available especially in rural small communities.

**Veterans’ Service Van**
By phone request, this provides volunteer transportation for seniors and disabled veterans by in Yolo County for Veterans Administration medical visits only. If a client resides in Davis, Woodland or West Sacramento they will be picked up and dropped off at their place of residence. If the client lives in the outer areas of Yolo County, they must travel to the office in Woodland at 120 W. Main Street in order to obtain a ride.

**Winters Senior Citizen Medical Transportation**
A volunteer driver, if available, will drive Winters residents ages 50 and older to medical appointments at nearby healthcare facilities or hospitals. The service uses an existing City of Winters vehicle so the rider must be ambulatory, and appointments must be made a week in advance.

**West Sacramento Community Center and Shopping Shuttles**
Through a collaboration between the City of West Sacramento’s Parks & Recreation Department and Shores of Hope (formerly known as the United Christian Center), these two round-trip shuttles are offered in West Sacramento starting at riders’ homes: 1) Shopping Shuttle to The Riverpoint Marketplace Walmart, IKEA, and various restaurants and services on the first and third Mondays of the month; 2) Community Center shuttle to the West Sacramento Community Center on Wednesdays between 9:00 am and noon, and Thursdays between noon and 3:00 pm. Fare is $2.00 per round-trip, with reservations required.
Public Transit Serving Senior Housing

As part of this study, SACOG sought to examine the extent to which public transit services serve senior housing locations and key destinations such as medical care.

Figure 2.2 shows the locations of age-restricted senior housing in the region, overlaid with fixed route transit bus and light rail services. Most locations have at least some fixed route service, although outlying areas are likely to have more limited days and hours of service. Some communities like Galt are served exclusively through Dial-a-Ride Service, and Auburn through fixed route service that flexes with advance reservations for pick-ups/drop-offs. In some age-restricted areas such as Del Webb’s Sun City communities, developments do not see it as their responsibility to provide transportation because they market to “active” 55+ residents. Residents in Sun City Roseville actually opposed public fixed route bus service entering their community, although the Sun City Roseville Foundation provides residents with discounts for Roseville Transit Dial-a-Ride and wheelchair transportation services, and some volunteer to give rides to neighbors.
Figure 2.2 Senior Housing Locations & Public Transit Fixed Routes in the SACOG Region

Source: SACOG
Public Transit Serving Medical Care

One of the elements consistently identified as a barrier to obtaining health care is transportation. With the implementation of the Affordable Care Act (ACA), a majority of people in the region have enrolled in some form of health insurance, with a large influx joining the rolls of Medi-Cal. However, providers are limited both for Medi-Cal patients and Medicare recipients without Medicare Part B or supplemental insurance. At the same time, requirements for new Federally Qualified Health Care clinics serving low-income populations often require siting in outlying areas, which are often not served frequently or at all by transit. As a result, where older adults and low-income persons receive their health care may be far from where they live, or not accessible via any means other than a car.

SACOG has been trying to assess transportation access to health care services in the region, but has found it difficult. While people may live near a hospital or clinic, they may not actually use that facility because of their insurance, location of their doctor or specialist, eligibility for services, language needs/preferences, or other factors. Because of privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it is a challenge for agencies such as SACOG to obtain data on where clients live and where they receive their medical care in order to assess transportation gaps or improvements. Transit planning efforts often focus on individual medical facilities to determine their patient group’s specific needs, but this requires significant resources and lacks a broader lens on transportation access.

SACOG staff is continuing to seek options for obtaining data that will help us better assess transportation gaps to health care services for older adults, and for the region as a whole. One study, however, provided some insights into transit and medical care access. In this study, UC Davis researchers focused on how well lower income people with Medi-Cal as their insurance are able to access services since the expansion of health care eligibility under the ACA. Their research identified locations and quantities of providers in each county (excluding Kaiser) who had actual availability for Medi-Cal appointments for a current medical condition or longer term need. SACOG then overlaid transit routes with the identified appointment locations, as shown in Figure 2.3.

There was a fair congruence between medical provider locations and fixed route transit routes. However, these locations represent only a subset of health care locations, and it is unknown how many patients may still be traveling long distances to reach a facility simply to find available care.
Figure 2.3 MediCal Appointment Locations & Public Transit Fixed Routes in the Region

Source: UC Davis and SACOG
Demand Response Service Performance

As noted earlier, a variety of demand-response services are provided by public transit operators in the SACOG region that meet or exceed the requirements of the Americans with Disabilities Act (ADA). For those who do not drive and cannot access fixed route transit, these public demand-response services – either curb-to-curb or door-to-door – often become an essential service for older adults.

Together, the providers listed below provided nearly 700,000 individual trips across the region. Table 2.1 summarizes ridership, trips per vehicle service hour (VSH), and costs of these key demand response services in the region. Paratransit, Inc.’s CTSA partners provided another 486,000 rides in FY 2015/16 just within Sacramento County.10

Table 2.1. Demand Response Ridership & Costs, FY 2015/16 (except where noted)

<table>
<thead>
<tr>
<th>Operator</th>
<th>Total Trips</th>
<th>Trips/VSH</th>
<th>Total Operating Expense</th>
<th>Cost Per Trip</th>
<th>Cost per VSH</th>
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<tbody>
<tr>
<td>Citrus Heights City Ride (FY 14/15)</td>
<td>9,472</td>
<td>2.5</td>
<td>$376,862</td>
<td>$39.79</td>
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<td>$544,023</td>
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<td>Lincoln Transit*</td>
<td>5,639</td>
<td>1.9</td>
<td>$397,841</td>
<td>$70.55</td>
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<tr>
<td>Elk Grove Transit (e-van)</td>
<td>27,529</td>
<td>2.3</td>
<td>$1,370,997</td>
<td>$49.80</td>
<td>$115.13</td>
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<tr>
<td>Paratransit, Inc.**</td>
<td>359,278</td>
<td>1.6</td>
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<td>1.3</td>
<td>$717,532</td>
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<tr>
<td>Roseville Transit ◊</td>
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<td>SCT/LINK ◊</td>
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<td>Yuba/Sutter Transit ◊</td>
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<td>$1,826,672</td>
<td>$24.31</td>
<td>$75.23</td>
</tr>
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</table>

Source: National Transit Database (NTD), except City Ride and Health Express data from 2016 Triennial Performance Audits.

Notes:
◊ These operators provide general public service demand-response service; Yuba-Sutter Transit is general public only in the evenings.
* Lincoln Transit Dial-A-Ride is operated by Placer County Transit within the city limits of Lincoln
** reflects ADA & Non-ADA trips provided by Paratransit, Inc.; does not include CTSA Partner trips

Public demand response services are generally more expensive to provide than fixed route services, even with shared trips. Paratransit, Inc. is the largest demand response provider in the region, carrying nearly five times the trips of the next largest provider, Yuba-Sutter Transit, whose Dial-a-Ride service also opens to the general public in the evening.

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10 Paratransit, Inc., July 2016 Performance Report
Connectivity and Seamlessness for Riders

Many riders express satisfaction and gratitude for current public demand-response services. Nevertheless, a number of factors affect the efficacy and seamlessness of Dial-a-Ride services for those who depend on them. These include the following.

- Transit operators are required to provide complementary ADA paratransit service only within a three-quarter mile radius of an active transit route or station. Most agencies limit beyond-ADA service due to cost, distance, terrain/weather, limited population and demand, available funding, and other factors. This leaves some of the region’s areas unserved with demand-response service at times or at all, and with much more limited service on nights and weekends. A number of supplemental services exist that provide additional transportation services but only for a portion of the region and often for specific target groups.

- Some services, such as e-van and Yolobus Special, will cross boundaries to take eligible riders to specific medical providers in Sacramento County. However, in other areas or for non-medical trips, users of demand-response services are required to transfer between operators to reach destinations across service boundaries, for example from Folsom Dial-a-Ride or e-van to Paratransit, Inc. Cross-boundary travel can be expensive for both operators and riders. Transfers between routes or operators can be time-consuming and require two reservation calls and four one-way fares – a hardship for frail and low-income riders. SACOG’s Connect Card effort, designed to provide a more seamless payment system across operators, has not to date included most demand-responsive vehicles or riders, instead focusing on fixed-route systems.

- Some supplemental services into Sacramento County, such as El Dorado Transit’s Sac-Med, SCT/LINK’s medical runs, and Placer County’s Health Express, are only offered certain days and times of the week, when appointments may not be available. With many services requiring advance reservations, it can also be difficult to make same-day or drop-in appointments.

- Paratransit, Inc. and Elk Grove have reciprocity, but ADA eligibility for many other operators is established independently, so riders who use more than one system must apply separately to each agency.

- Some systems allow subscriptions in which riders may advance schedule regular/recurring trips. Others do not allow subscriptions, so riders must call to schedule each ride or at most the rides for a few days or a week.
When riders book a ride, they are generally given a time window of 10 to 15 minutes on either side of the desired pick-up time. Drivers will generally only wait a few minutes before it is considered a no-show, so riders need to be ready during the entire window so as not to miss their pick-up.

While demand response services strive to remain on time, pick-ups can be delayed past the pick-up window due to traffic, complications with other passengers, etc. Some operators provide door-to-door service, with the driver assisting the rider from their home or destination to the vehicle, while others provide curb-to-curb service only so the rider may need to wait outside, even during hot or inclement weather.

Shared rides may also be particularly challenging for those with mental health conditions, or for whom a longer ride can exacerbate a physical/chronic condition.

If a rider is transferring between services, they must schedule the second ride long enough after the first ride window to ensure they will make their transfer, which can mean an even longer wait. Users generally have to contact multiple agencies, except where ride requests are coordinated through a one-call center such as South Placer’s Transportation Information Center. Specialized services like Health Express, which provide medical trips between Placer and Sacramento counties across transit operator boundaries reduce these difficulties, but at $99 per trip (FY 14/15 cost), this service model may be difficult to replicate in other areas of the region.

Trip denials are not permitted under the ADA so public demand response operators face a dilemma. Many eligible people are not necessarily aware of their services. Publicizing them more broadly might increase productivity, but could also simply increase demand when service costs are already high and transit funds already limited.

As shown in Table 2.2, three public Demand-Response services are limited solely to those with disabilities, while the definition of “senior” varies across other systems. These variations can make access and fare costs more complicated for users.

Fares vary widely across systems, and higher fare rates disproportionately affect riders with low incomes compared with more affluent riders. Table 2.3 shows senior/ADA one-way fares, and general public (GP) fares where applicable. In 2016, Regional Transit proposed raising its rates for Paratransit’s complementary ADA service to $6.00 one-way. RT’s Board adopted an interim fare hike to $5.50, but left open the option for additional increases.
### Table 2.2. ADA/Non-ADA Services and Senior Age Definitions

<table>
<thead>
<tr>
<th>Operator</th>
<th>Service is ADA-only?</th>
<th>Non-ADA Senior Age</th>
</tr>
</thead>
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<tr>
<td>Auburn Transit</td>
<td>N</td>
<td>60+</td>
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<tr>
<td>Citrus Heights City Ride</td>
<td>N</td>
<td>62+</td>
</tr>
<tr>
<td>Davis Community Transit</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>El Dorado Transit</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Folsom StageLine</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Lincoln Transit*</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Elk Grove Transit (e-van)</td>
<td>Y</td>
<td>70+</td>
</tr>
<tr>
<td>Paratransit, Inc.</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Placer County Transit</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Placer Health Express</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Roseville Transit</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>SCT/LINK</td>
<td>N</td>
<td>60+</td>
</tr>
<tr>
<td>Yolobus Special</td>
<td>Y#</td>
<td>62+</td>
</tr>
<tr>
<td>Yuba/Sutter Transit</td>
<td>N</td>
<td>60+</td>
</tr>
</tbody>
</table>

* Operated by Placer County Transit
# Exception is that Yolobus Special serves West Sacramento residents age 62+ without established ADA eligibility

### Table 2.3. Demand-Response Service Cash Fares, June 2017

<table>
<thead>
<tr>
<th>Operator</th>
<th>One-way Senior/ADA cash fares &amp; General Public fares where applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn Transit</td>
<td><em>Flex Routes:</em> $0.50; $1.00 general public</td>
</tr>
<tr>
<td>Citrus Heights City Ride</td>
<td>$1.35; $2.75 general public</td>
</tr>
<tr>
<td>Davis Community Transit</td>
<td>$2.00; $4.00 premium times</td>
</tr>
<tr>
<td>El Dorado Transit</td>
<td>$3.00; <em>SAC-MED:</em> $10.00</td>
</tr>
<tr>
<td></td>
<td><em>Grizzly Flat Flex Route:</em> $5.00; $10.00 general public</td>
</tr>
<tr>
<td>Folsom StageLine</td>
<td>$4.00</td>
</tr>
<tr>
<td>Lincoln Transit*</td>
<td>$1.25; $2.50 general public</td>
</tr>
<tr>
<td>Elk Grove Transit (e-van)</td>
<td>$3.50</td>
</tr>
<tr>
<td>Paratransit, Inc.</td>
<td>$5.50. <em>To/from Airport:</em> $10.00</td>
</tr>
<tr>
<td>Placer County Transit</td>
<td>$1.25; $2.50 general public</td>
</tr>
<tr>
<td>Placer Health Express</td>
<td><em>Placer County facilities:</em> Advance: $1.25 discount, $2.50 regular</td>
</tr>
<tr>
<td></td>
<td>Same-day: $2.50 discount, $5.00 regular</td>
</tr>
<tr>
<td></td>
<td><em>Sacramento facilities:</em> Advance: $2.50 discount, $5.00 regular</td>
</tr>
<tr>
<td></td>
<td>Same-day: $5.00 discount, $10.00 regular</td>
</tr>
<tr>
<td>Roseville Transit</td>
<td>Advance: $2.50; $3.75 general public</td>
</tr>
<tr>
<td></td>
<td>Same-day if space available: $7.50</td>
</tr>
<tr>
<td>SCT/LINK</td>
<td>$1.75; $2.50 general public</td>
</tr>
<tr>
<td>Yolobus Special</td>
<td>$4.00 local; $4.50 intercity, $6.00 premium</td>
</tr>
<tr>
<td>Yuba/Sutter Transit</td>
<td>$2.00 daytime. <em>After 6 pm:</em> $1.50; $3.00 general public</td>
</tr>
</tbody>
</table>

* Operated by Placer County Transit
Exploring New Models

Costs are rising for many transportation services, challenges continue in serving suburban and rural lower density areas, and there is growing client interest in same-day transportation on demand. As a result, the public transit industry and community transportation providers are continuing to explore and expand delivery models beyond public traditional paratransit and supplementary services to increase the mobility options available to older adults and those with disabilities. Chapters 3 and 4 describe a number of other service models and innovations that could offer potential for the SACOG region.
Chapter 3: General Public Service Models & Innovations

Older adults without significant mobility challenges can and often do use transportation services that serve the general public. This chapter provides an overview of our research into general public services, innovations and best practices that may warrant further exploration and potential piloting or replication in the Sacramento region to serve not only older adults but also the full age spectrum of residents in the region. Services and demonstrations described below include:

- Transportation Network Companies
- Targeted ridesourcing services
- Taxi e-hailing services
- Transit agency partnerships with TNCs
- Microtransit services
- FTA Mobility on Demand Sandbox pilot projects
- Coordinated mobile apps

Transportation Network Companies

The emergence of private providers such as Lyft and Uber has generated a national conversation on how they might expand, supplant, or complement existing services and address a variety of transportation needs, including those of older adults.

Transportation Network Company (TNC) services (also referred to as ridehailing or ridesourcing) allow passengers with an account and credit card on file to arrange rides via a smartphone app. In these systems, drivers are not going to the passenger’s destination, but looking to use their vehicle to make money through taking riders where they want to go. When a rider’s request for a trip between two points is made through the app, an available driver responds, and the rider receives the driver’s name, picture and license plate number. Riders can track the driver’s arrival on their phone, as well as exchange texts with the driver on timing and where to meet. The ride is automatically charged to the user’s credit card, and an electronic receipt and request to rate the driver are sent. Cancellations once a driver match is made are subject to a cancellation fee.

The Major TNCs: Uber and Lyft

Uber currently offers service across the entire SACOG region. Lyft offers service in the greater Sacramento and Yuba/Sutter areas as shown in Figure 3.1.
Prices for Lyft and Uber services are based on a combination of base charges, time and distance rates, type of vehicle (smaller/larger, SUV, black, etc.), service fees, and “surge” pricing with higher rates when rides are more in demand. Depending on the city served, Uber offers various levels of service along with Uber Español with Spanish-speaking drivers. Drivers, who are considered independent contractors, are screened but not required to undergo drug and alcohol testing, unlike drivers for public transit and taxi services. Drivers are rated by riders and drivers who receive low ratings or refuse certain trips are subject to dismissal. In some higher volume areas, Uber and Lyft offer shared ride options, UberPool and LyftLine, that match riders with similar trips to share the ride and costs.
Drivers’ vehicles must be newer and meet company requirements. Lyft’s Express Drive and Uber’s Xchange Leasing programs now provide prospective drivers who don’t have a vehicle meeting company standards to rent or lease a qualified vehicle to provide the service. Lyft has been developing incentives for drivers by reducing or waiving rental fees if drivers provide more than a certain number of rides.

**Liberty Mobility Now**

Liberty Mobility Now is a Mobility as a Service (MaaS) provider that offers an on-demand model with TNC elements but geared to rural and small urban areas. Developed through an FTA Small Business Innovation and Research grant and the NMotion Tech Accelerator in Lincoln, Nebraska as a tech start-up, Liberty launched its first service in 2016 in the panhandle of Nebraska. Liberty serves areas with populations from 14,000 to 350,000. In each service area, a Liberty area manager is the lead for partnership building, management, driver recruitment, background checks and drug testing, as well as being the emergency driver of last resort.

Liberty seeks one volunteer driver per 500 residents. These reimbursed drivers are members of the local community, recruited through outreach, advertisements and local nonprofits. Drivers in proximity to a requested ride use a smart phone or tablet to accept the ride within 90 seconds. The platform uses Amazon’s web service to avoid cell service coverage gaps. Drivers primarily use their own vehicles, while Liberty provides training and insurance that covers everyone in the vehicle. In some cases, a Liberty driver may drive a nonprofit’s wheelchair-equipped vehicle; in others, referrals may be made to a paratransit provider.

Rides have a booking fee of $1.10-$1.25, and a per mile charge of $1.00-$2.00. Twenty percent of the fare pays for Liberty’s infrastructure, while drivers are reimbursed at $0.80/mile, with a minimum $4.00 reimbursement. Nonprofits whose employees volunteer as drivers may reimburse employees at a lower rate, such as the federal reimbursement rate, and retain the difference to support their own organization.

In some areas, Liberty is partnering with the local United Way, one or more hospitals, health departments or other social service agencies to help cover ride costs. Each area manager also convenes a leadership circle that meets monthly within that service area for ongoing discussions of residents’ and clients’ mobility needs. Leadership circles typically include public and private transportation providers; agencies and organizations focused on aging, workforce development, vocational rehabilitation, veterans services, social and human services, mental, physical and development disabilities; tourism and economic development organizations; and medical facilities and managed care organizations.

In 2017, Liberty will serve seven states, and anticipates operating nationwide by 2020. Because of hundreds of inquiries for potential service, Liberty now sets deadlines for applications and charges a small application fee to select areas for the next round of service deployments.

**Targeted Ridesourcing Services**

Some ridesharing services have been developed that specifically provide rides for target audiences:
SheRides is a female, minority-owned service with only female drivers. It provides taxi and black car service in New York City, geared both to increasing the proportion of women drivers in the livery industry, and to women concerned about riding with male strangers.

Several services target children under 18. These include HopSkipDrive (Bay Area, Los Angeles, Orange County), Zum (Bay Area, Orange County) and Kango (Bay Area). Drivers are rigorously vetted for both childcare experience and driving safety. However, an earlier service, Shuddle, closed in Spring 2016 due to lack of capital.

Similar to the TNC model, Lift Hero (renamed Ride Hero) was seeking to engage private health professionals and students (e.g., EMT's, RN's, CNA's, nursing students, and pre-meds) as drivers using their own vehicles to provide transportation specifically for seniors and those with disabilities in the Bay Area. However, the website currently says the service is “coming soon.”

Taxi E-hailing

Increasingly traditional cab companies are using apps to compete with TNCs by allowing passengers to hail a cab via an app instead of making a phone call or hailing one on the street.

The CURB app, available in Sacramento County south to Elk Grove, as well as in West Sacramento and Roseville, allows riders to download the app and request rides from taxi companies that have registered with the site. Yellow Cab of Sacramento is the current CURB partner in the SACOG region. Those needing a wheel-chair accessible van or special assistance may call Yellow Cab’s dispatch number for those services.

zTrip is an alternate app that allows users to book taxi or black car service in select cities, and advance book trips to many airports including Sacramento International Airport. zTrip offers 24-hour customer phone service to allow users to speak directly with someone if they have questions or need support. The service planned to introduce ADA accessible vehicles in March 2016.

In some cities, such as Sacramento, taxi companies are also required to include wheelchair accessible vehicles in their fleets. Four-seat vehicles with roll-in ramps are now commercially available and in use by taxi companies, including vehicles that use CNG. These are lower priced and more fuel-efficient to operate than traditional lift-equipped cutaway vehicles used by most paratransit systems.

Transit Agency Partnerships

A November 2014-February 2015 survey of Lyft users found 25% said they use Lyft to connect to public transit. In March 2016, the American Public Transit Association (APTA) completed a study, Shared Mobility and the Transformation of Public Transit that examined the behavior of shared use/ridesourcing service users in seven cities: Austin, Boston, Chicago, Los Angeles, San Francisco, Seattle and Washington, D.C. The research found that the more people used shared modes (such as TNCs, bikeshare and carshare services), the more likely they were to use public transit, own fewer cars, and spend less on transportation. The study concluded that, “Shared modes complement public transit, enhancing urban mobility. Ridesourcing services are most frequently used for social
trips between 10pm and 4am, times when public transit runs infrequently or is not available. Shared modes substitute more for automobile trips than public transit trips.”

However, since the study’s publication, a number of cities such as New York are reporting transit ridership declines and increasing gridlock, likely due to TNC travel in already congested areas. In 2017, the Natural Resources Defense Council and UC Berkeley will provide newer insights through a study of the environmental impacts of ride-hailing companies like Uber and Lyft, whether they result in reduced car ownership, what other types of trips they replace, and whether services like UberPool and Lyft Line complement or compete with mass transit in cities where they are available.

In the meantime, the APTA study noted an eagerness among transit agencies to explore partnerships with private sector transportation innovators as a way to address "first mile/last mile" connections to transit or areas not well served by traditional transit. Following are key transit-private partnership pilots and services we identified:

Sacramento Regional Transit Station Link

In October 2016, Sacramento Regional Transit (RT) began a pilot partnership with Uber, Lyft and Yellow Cab for first/last mile connections to light rail, motivated primarily by a desire to encourage transit ridership to the new Golden 1 Center. The pilot ended on March 31, 2017. Through the program RT offered a $5.00 subsidy for rides to or from six light rail stations that were booked through the Lyft, Uber, or Yellow Cab Curb apps using RT’s promo code. Rides were limited to 10 rides per customer per service. SACOG has asked RT if data from the pilot might be shared.

Capital Metro Pickup

In June 2017, Austin, Texas’ transit agency, Capital Metro (CapMetro), launched a new on-demand service called Pickup. The currently free pilot program, which replaces a prior flex route experiment, serves three neighborhoods in east and northeast Austin. Pickup operates Tuesdays, Thursdays and Saturdays from 9:00 am to 6:00 pm using 9-passenger, wheelchair accessible vans operated by the transit agency. To access the service, riders use the Pickup app to request a trip. The trip request is matched with others heading to the same destination, and the Pickup vehicle arrives within 15 minutes. A phone number is available for those without access to a smartphone. CapMetro licensed the app technology from Via (described in the later microtransit section), and anticipates assessing ridership, response time, cost per passenger, app downloads and other factors for evaluating the pilot’s success.

GoCentennial

The City of Centennial, Colorado and Denver South Transportation Management Association split the costs for a six-month pilot, now ended, to test providing free Lyft rides to the Dry Creek light rail station as a potentially cheaper alternative to the local Call-n-Ride Service. To meet ADA requirements, the City also contracted with Via, a Boulder nonprofit, to provide service to users requiring a wheelchair accessible vehicle. Lyft usage averaged about 10 trips per day, compared with

11 http://www.apta.com/resources/hottopics/Pages/Shared-Use-Mobility.aspx, p. 2
53 daily trips on the Dry Creek Call-n-Ride during the pilot period – well below the city’s estimate of at 300 trips per day. A final report by the Centennial Innovations Team and Fehr & Peers, issued in June 2017, describes the pilot design, outcomes, and a range of lessons learned.12

Central Florida First Mile/Last Mile Rail Connections

To encourage commuter rail ridership, five cities in Central Florida began a one-year pilot with Uber in July 2016. In the pilot, the cities will cover 25 percent of Uber fares for rides that begin or end at a SunRail commuter rail station, and start or finish within the city's limits, or 20 percent of ride costs for trips beginning and ending within the borders of participating cities. Despite Uber's assertion that they were a trade secret, the five cities released to the Orlando Sentinel the cost of Uber's invoices through January 17, 2017, a bit over half of the yearlong test period. They totaled $24,463 for five communities served, ranging from a high of $14,864 for Altamonte Springs to a low of $325 for Maitland.13

Pinellas Suncoast Transit Authority (PSTA)

In February 2016, the Pinellas Suncoast Transit Authority (PSTA) in Florida began a first-in-the-country, six-month pilot called Direct Connect. In the pilot, PSTA would pay half of a United Taxi or Uber ride, up to $3.00, for passengers unable to walk safely to a PSTA bus stop or home from a stop after work, errands, or an appointment. The trial service was available in the mid-county Pinellas Park area and East Lake area in northeast Pinellas County where bus service was eliminated in September 2015 because of low ridership. Both providers offered ride apps, but the taxi alternative allowed those without a smart phone to pay with cash or a credit card.

Since the pilot, PSTA has expanded Direct Connect. Riders may now use Uber, United Taxi, or Wheelchair Transport to travel from a designated stop within one of eight zones to access a PSTA bus route to their final destination. PSTA pays the first $5.00 of the cost of the Direct Connect ride and riders pay the remainder (per PSTA, usually about $1.00), plus any bus fare. United Taxi and Wheelchair Transport have phone-in options for requesting rides and, besides a credit card, United Taxi accepts cash. Direct Connect is available seven days a week from 6 a.m. to 11 p.m. PSTA offers a bus pass promotion where riders who show their Direct Connect receipt within 60 minutes to the PSTA route driver will receive a free day pass. PSTA has indicated they expect Lyft to become another option in the future.

PSTA also has a Transit Disadvantaged Program that provides reduced price transit passes and paratransit rides to those who are low income and do not have good access to transit. In August 2016, PSTA announced it would make available up to 23 free Uber or taxi rides per month between 9:00 pm and 6:00 am for riders participating in their Transit Disadvantaged program, as well as one free daytime ride. The evening service will assist the county’s large population of hotel, restaurant and service workers, who are not well served by daytime-focused public transit. Program participants can access Uber or taxi service without a smartphone app or computer by calling to schedule a ride.

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12 Available at http://go.centennialco.gov/
**Microtransit Services**

A number of communities have seen the piloting of “microtransit” services aiming to better serve communities with more on-demand bus service. Some have succeeded and some have failed, as described below.

**Ride KC: Bridj**

In March 2016, the Kansas City Area Transportation Authority (KCATA), in partnership with Bridj and automaker Ford, began Ride KC: Bridj, a one-year pilot program. Using the Bridj mobile app, riders could request on-demand shuttle service with access via pop-up shuttle stations. The service area included downtown Kansas City, Hospital Hill, Crown Center, portions of Midtown, University of Kansas Medical Center and the Historic 18th and Vine Jazz district. Service was available weekdays from 6:00-10:00 a.m. and 3:00-7:00 p.m. The introductory fare was $1.50, the same as local bus fare, with the first 10 rides free by using a promo code. Ride KC: Bridj featured free Wi-Fi, a guaranteed seat, no transfers, and fewer stops. The service’s 10 vehicles were built at Ford’s Kansas City plant using a custom 14-passenger seating layout.

A mid-term evaluation conducted by UC Berkeley found that potential riders didn’t know about the service, the service didn’t operate where or when people wanted to travel, and that a majority of Bridj riders were younger and more affluent than typical public transit riders. The service was ended in 2017 due to low ridership – a total of 1,480 in a year. Bridj has since closed down the rest of its operation, including in Boston and Washington, DC, due to a lack of capital and profitability.

**West Salem Connector, Oregon**

The West Salem Connector was a pilot flex-bus project begun in June 2015 by Cherriots, formerly Salem-Keizer Transit. The service runs from 6:00 a.m. to 9:00 p.m. Upon reservation, the bus will pick up a rider at one of 26 Connector points throughout West Salem and drop them off at another Connector point within the service zone, or at the Glen Creek Transit Center or Safeway for transfer to regular Cherriots bus routes. Riders may book trips via the website or phone from two weeks up to 30 minutes in advance. The cost is the same as Cherriots bus service: $1.60 regular/$0.80 discount. The Connector only stops at points where a pick-up/drop-off has been booked, except the Transit Center, where riders may board without booking a trip. There is a 10-minute pick-up window provided, and notifications by text, email, or phone when the bus is on its way. In June, 2016 the Cherriots Board of directors extended the pilot until May 2017; the FY 2017/18 budget continues the service through December 2017.

**Leap Transit**

For several months in 2015, Leap Transit was a private, premium-style microtransit system operating in San Francisco between the Marina and Financial District. Buses ran every 10-15 minutes during peak hours. Each bus had modernized seating arrangements, WiFi, USB outlets, and food for purchase. The LEAP app showed where the bus was and how many seats were left. Payment was via smart phone, paper pass, or automated check-in and payment made via Bluetooth. However, the company ran afoul of California Public Utilities Commission regulations because it had not
completed the conditions of its original approval notice for providing transportation service and received a cease-and-desist order. The company subsequently filed for bankruptcy.

**Chariot**

Serving the Bay Area and Austin, Texas, Chariot defines itself as the first “crowd-funded network of commuter routes.” Using 14-passenger vans, it is a shared ride shuttle that operates based on commuter demand. Chariot's routes each have their own service hours found in its app and Chariot.com's route pages. Service typically runs during commute hours, and one-way rides are $3.50 in Austin, or vary in price from $3.80-$5.00 in the Bay Area depending on peak or non-peak hours. Chariot offers a 30-day unlimited ride pass ($119 in the Bay Area and $95 in Austin), as well as other ride packages, and qualifies for pre-tax commuter benefits. Chariot accepts wheelchair users under certain conditions. In September 2016, Ford announced it had purchased Chariot for cash, complementing its partnership with Motivate to site 7,000 Ford “GoBikes” in the Bay Area.

**Via**

Via offers on-demand shared rides in Chicago, New York, and Washington, DC using vehicles that can carry 3-6 passengers. Users book a ride via a smartphone app, but rather than the customer designating an exact location, the passenger goes to the closest corner for pickup. Via offers 7- and 30-day passes depending on the city; individual ride costs vary from $2.95 to $5.00, plus an additional lower fee for each extra passenger. Usage may be paid for using various commuter benefits. Cancellation and no show fees apply.

**Santa Clara Valley Transportation Authority (VTA)**

VTA conducted a six-month pilot of FLEX, an on-demand connection service between regular transit stops and high-density employment centers and/or retail centers in North San Jose. FLEX did not travel a fixed route or fixed schedule; instead, software automatically routed vehicles to pick up customers along a similar travel route while minimizing travel times. Customers could request and pay for their ride from a smartphone. The pilot ended July 1, 2016, VTA noted that while those who tried it rated the service highly, ridership was far below expectations, with only 0.4 boardings per revenue hour over the entire pilot period.

**FTA Mobility on Demand Sandbox Demonstrations**

In 2016, the Federal Transit Administration (FTA) released a call for applications for a new Mobility on Demand (MOD) Sandbox grant program. FTA made 11 awards totaling **$7,931,080 in demonstration funds to project teams proposing** to “innovate, explore partnerships, develop new business models, integrate transit and MOD solutions, and investigate new, enabling technical capabilities such as integrated payment systems, decision support, and incentives for traveler choices.” Following are pilots that received grant awards for transit agency/shared mobility partnerships.

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Tucson Pilot

The Regional Transit Authority of Pima County, Metropia and RubyRide proposed a partnership entitled Adaptive Mobility with Reliability and Efficiency (AMORE). The pilot, in Rita Ranch, a suburb on the outskirts of Tucson, Arizona, is described as having three components:

- Establish a financially sustainable mobility ecosystem that operates using Metropia points as credits (or reward points) which can be subscribed, purchased, earned, and transferred among families and friends via a range of activities to meet an individual’s mobility needs. This model allows local partners (like employers, local businesses and other stakeholders) to participate and contribute in providing access to an enhanced mobility options pool.

- Introduce a subscription-based ridesharing service (RubyRide) as an affordable option for commuting or first-/last-mile service for transit operations.

- Seamlessly integrate community-based social-carpooling (via the Metropia app’s DUO feature) with the above subscription-based Ruby Ride and existing transit services in order to make the total system capacity dynamic, adaptive and capable of meeting the peak-hour demand surge.15

LA County Metropolitan Transportation Authority/Puget Sound Regional Transit Authority

Another MOD Sandbox grant-supported project is a transit agency pilot in California and Washington to provide Lyft as a publicly supported option for customers to reach transit. Per the application, in LA County, payments for Lyft rides would be incorporated into the regional TAP Pass, allowing for seamless transfer from Lyft to transit service. In the Puget Sound region, Lyft rides would be paid for separately, with pricing determined by customer type (including consideration of low-income or accessible service use) and experimental protocols.

Pierce Transit

Pierce Transit serving Tacoma and surrounding communities in Washington also received a MOD Sandbox grant. The pilot plans to test three strategies to provide: free first mile/last mile connections to transit through rideshare partners; a guaranteed ride home for riders travelling home after transit service has stopped for the night, provided at a cost to the rider equal to standard transit fare; and fully subsidized rides to park-and-ride lots and Sounder Transit stations to reduce lot crowding during weekday peak commute hours.

15 http://www.metropia.com/case-studies/first-last-mile
Coordinated Apps

Sacramento Regional Transit (RT) has two apps: the m.sacrt.com mobile web app to track buses in real time, find stops nearby, and access routes and schedules; and “RideSacRT”, a mobile fare app that was piloted for free to enable riders to purchase, save, and use tickets and passes for RT bus and light rail trips on their smartphones. RT recently selected a vendor to develop a new mobile ticketing app to be called Zip Pass, which could be extended to other transit operators in the region for fare payment, similar to the multi-operator Connect Card.

A variety of public and private entities have also been developing apps that integrate traveler information and fare payment. These include:

- In 2015, Dallas Area Rapid Transit (DART) and Uber began a partnership by which travelers can connect with the Uber application through DART's GoPass℠ mobile ticketing application. DART customers can reach the Uber app to order their ride to begin or finish their transit trip through the "Events & Offers" section of the GoPass app. Both apps are available for Android and Apple smartphones through Google Play or the App Store. To encourage people to try the new combination, Uber was offering a free first ride (up to $20) to new customers. Transit customers can use the GoPass app to plan a transit trip and purchase a DART pass before arriving at the station or stop.16

- The Metropolitan Atlanta Rapid Transit Authority (MARTA) and Uber entered into a similar partnership. Known as the “Last Mile Campaign,” this partnership allows MARTA passengers to link directly to Uber using the MARTA On The Go app for iPhone and Android phones. A guide to “MARTA destinations that are best paired with an Uber ride” is available online at http://martaguide.com/category/uber/ and those new to Uber can receive a free ride.

- Uber has also collaborated with TransLoc, a company that creates real time transit information and trip planning tools, on TransLoc Rider, rolled out in partnership with the Memphis Area Transit Authority in Tennessee, and the GoTriangle transit agency in Raleigh/Durham, North Carolina. Users of the TransLoc Rider app enter their destination, and receive a route plan that optimizes a combination of walking, transit and Uber, including real-time transit information. The app will also book the Uber ride.

- A number of FTA MOD Sandbox grants were also awarded for apps integrating transit and other mobility services, including to Valley Metro Rail in Phoenix; City of Palo Alto with SamTrans, VTA and other partners; Vermont Agency of Transportation (VTran); and Portland TriMet’s OTP SUM project to create a complete open platform for the integration of transit and shared-use mobility options.

Chapter 4: Older Adult Transportation Options & More Specialized Innovations

For many older adults, especially those with mobility challenges, fixed-route transit may not be an option, due to distant stops, infrequent schedules, or lack of routing or service. As described in Chapter 2, many areas, including the SACOG region, offer a variety of paratransit and other transportation services for older adults and those with disabilities.

However, given the costs of traditional paratransit services, geographic diversity from rural to urban, and emerging transportation technologies, communities and agencies across the country are rethinking their strategies for addressing those needs. Other existing and new models and pilot programs suggest additional ways the region might be able to meet more effectively the transportation needs of older adults. Notable examples we identified include the following types of services and emerging technologies:

- TNC specialized services and advanced scheduling
- Pilot on-demand programs
- Strategies to increase shared trips
- Membership-based services
- Residential pilot programs
- Autonomous vehicles
- Active transportation support
- Non-emergency medical transportation partnerships
- Virtual medicine and on-demand house calls
- Dialysis transportation

These are described in more detail in the sections that follow, along with some of the questions and considerations that agencies have been encountering as they assess new models.

TNC Advance Scheduling and Specialized Services

Recognizing the interest in booking rides in advance, such as for airport departures and scheduled appointments, Lyft now offers up to 7-day advance scheduling in certain cities, including Sacramento. The cost is locked in at the rate shown at the time of reservation, and a driver will be requested automatically by Lyft to arrive within the 10-minute window specified by the user. Lyft does not mention what would happen if a driver cannot be matched to the ride.

In June 2016, Uber began its service, Scheduled Rides, whereby riders can request an UberX ride 30 days to 15 minutes in advance – except for rides leaving an airport – with users specifying a 15-
minute pick-up window. Scheduled rides are subject to surge pricing, with an alert sent to riders noting an increased rate. The service was first launched in Seattle and targeted to business travelers, but is now available in most cities. However, advance scheduled rides are not guaranteed. Uber specifically states on its website that, “Scheduling a ride in advance does not guarantee you’ll be connected with a driver. In the rare case a driver cannot be found, you’ll be notified at the end of your selected time window.”

Depending on the city served, Uber offers UberAccess for passengers needing help due to age or disability. For UberAccess, Uber drivers opt to receive extra training on how to work with passengers with walkers, scooters and wheelchairs, and may include tips for working with passengers with developmental disabilities. For passengers who require accessible vehicles, Uber offers UberWAV (wheelchair accessible vehicles) in some markets. However, it has been reported that UberAccess and UberWAV have not been available at the time of many ride requests, or wait times may be significantly longer for UberWAV. Lyft states on its website,

The Lyft app allows passengers with accessibility needs to enable Access Mode. In certain markets, when Access Mode is enabled, vehicles that are specially outfitted to accommodate wheelchairs will be dispatched in lieu of a standard Lyft vehicle. In markets where those vehicles are not available, information regarding local services will be sent directly to the passenger via text message when the ride is requested.

Pilot On-Demand Programs

Gainesville, Florida

In 2015, the City of Gainesville, ElderCare of Alachua County, the Gainesville Area Chamber of Commerce, and Uber began a pilot program, Freedom in Motion, to provide on-demand transportation for seniors age 60+ living at two city residential complexes. Funded with a $15,000 city grant, participants paid $1 to $5 per ride based on their income level. Residents could request a limited capacity smartphone and receive free technology training to feel comfortable requesting a ride with Uber. The program is now being continued and expanded to all seniors in Gainesville.17

Massachusetts Bay Transportation Authority (MBTA)

Following a fare increase, the MBTA in Boston undertook in 2015 a means-testing pilot for users of The Ride paratransit services, offering $1.00 ride discounts to eligible users. The pilot determined the net cost was about $247,000 in increased trips, revenue lost, and administration costs, and MBTA did not extend the program.

17 http://homemagazinegainesville.com/9356-2/
In December 2015, the MBTA began a pilot taxi program with 200 customers with disabilities. Customers paid a flat fare of $2.00 – $1.00 cheaper than The Ride – and the MBTA covered $15.00 towards the cost. Anything above the $15.00 was paid by the rider. Unlike The Ride, where drivers assist customers to/from the doorway, the taxi pilot left passengers at the curb. Demand rose from 21 trips in December 2015 to an estimated 470 in March 2016.

In March 2016, MBTA issued a request for proposals for one or more ride hailing vendors for an On-Demand Paratransit Pilot as another option for users of The Ride traditional paratransit service who do not require a wheelchair lift. The MBTA also sought proposals - and received four - to create a centralized call center for the vendors that provide the regular Ride service.

The pilot is a voluntary program for eligible Ride customers who have a valid email address, phone number, and form of payment (credit card, debit card, prepaid card, Apple Pay, PayPal, Google Wallet/Android Pay). Through the pilot, users can book trips with Uber or Lyft around the clock as a curb-to-curb alternative service. Unlike The Ride’s door-to-door service, drivers are not required to leave their vehicles or perform services not usually provided by Uber or Lyft.

For all eligible trips (service is not provided to Logan Airport), customers pay the first $2.00 per trip, the MBTA will pay up to the next $13.00, and customers are responsible for any additional charges. Uber surge pricing and Lyft "prime time" rates may raise trip costs. For customers without access to smartphones, Lyft pilot customers can use a phone-in option. A limited number of Uber customers can utilize free Uber-provided smartphones for use on a limited basis to book trips, but must return phones upon request or completion of the pilot program. The MBTA reserves the right to limit or cancel the pilot program at any time.

**Pinellas Suncoast Transit Agency (PSTA)**

In addition to its other pilots described above, in 2016 PSTA received an FTA MOD Sandbox grant to pilot on-demand door-to-door paratransit service for ambulatory paratransit users with Lyft and existing partners United Taxi and Care Ride, LLC, a wheelchair and ambulatory transportation service. PSTA’s current Demand Response Transportation (DART) Program serves over 12,500 eligible ADA paratransit customers and provides over 275,000 paratransit trips a year. In the pilot, PSTA will utilize a new centralized dispatching technology that will allow PSTA to offer a rider multiple transportation provider options – DART, Lyft, a taxi ride through United Taxi, or wheelchair van if necessary through Care Ride – based on estimated arrival time and cost.

**Strategies to Increase Shared Trips**

**Montachusetts and Lowell Regional Transit Authorities**

2016 agreements between the Montachusetts Regional Transit Authority, Lowell Regional Transit Authority, and CrossTown Connect Transportation Management Association enabled the sharing of on-demand Council on Aging shuttles across the boundaries of four towns in the region, using a single fare structure. The agreement can reduce the number of individual vehicle trips by picking up riders in multiple towns along a route to a similar destination regardless of where the vehicle
originated. The CrossTown Connect arrangement also thereby frees up capacity on other vehicles for more riders.

**Via**, described in more detail in Chapter 3, hopes to extend its ride-matching technology and algorithms to track Dial-a-Ride vehicles and fill more seats with others wishing to travel along the same route on an on demand basis.

### Membership-Based Services

#### Time Banks

Time Banks organize people to exchange services and skills with each other. In time banks, anyone can offer a skill or service, and receive a skill or service in exchange from that person or someone else in the timebank. Everyone's contributions are valued equally, an hour for an hour, whether one person offers plumbing help, another tutoring for a child, another teaches someone to paint or knit, or a fourth provides transportation. All contributions are considered of value, and the services exchanged fill needs and gaps in the community.

An example is the **Dane County TimeBank (DCTB)** in Madison, Wisconsin, established in 2005. DCTB is a network of over 2,500 individuals and organizations who exchange services and skills to build community, capacity, support and social networks. Anyone can join. Each member earns a TimeBank Hour for each hour of service they provide, and can exchange each earned TimeBank Hour for an hour of help from another member.

The TimeBank also has numerous special projects, including a transportation project that aims to create pools of drivers interested in helping members with various types of rides to medical appointments, restorative justice and youth court related rides, social/recreational rides, errands, rides to work, etc. The TimeBank is always looking to increase its driver pool to increase the chances of finding an available driver for requests.

The project emphasizes medical transportation for people who need ongoing, regular medical treatment such as dialysis but have limited transportation options and resources. The focus of the program has been to find transportation for people living outside of Madison where public transportation is more limited and rides are longer, but all of Dane County is eligible. TimeBank members can arrange for medical or other rides through the TimeBank. Non-TimeBank participants must be approved by Dane County Transportation Services to qualify for medical transportation.

Drivers are generally volunteers who commit to a regular weekly schedule of rides to or from a dialysis center. Non-dialysis rides are matched more with drivers who cannot commit to weekly rides, but are available to help with rides to medical appointments. Drivers and riders are matched based on schedule compatibility and geography. Drivers must pass background screening and have their own vehicle and insurance. Approved drivers earn TimeBank Hours for their time providing transportation and waiting at medical appointments, and a $20 gas card for every 250 miles of wellness-focused transportation they provide. A TimeBank Transportation Coordinator assists with information, referrals, ride scheduling, and more.
**ITNAmerica**

ITN (Independent Transportation Network) America is a national organization whose mission is to “Support sustainable, community-based transportation services for seniors throughout the world by building a senior transportation network through research, policy analysis and education, and by promoting lifelong safety and mobility.” ITNAmerica works with organizations and individuals to help develop Affiliate communities across the country, offering a business model and support that helps communities address senior transportation needs.

**ITNMontereyCounty**, the only Affiliate program in California, emerged from a Leadership Monterey Peninsula Class 2010 Service Project. The leadership team worked through the process to become a nonprofit Affiliate of ITNAmerica, and service began in 2012. The service is membership-based. People age 60 and over and visually impaired adults are eligible to join. Annual membership is $60 for an individual and $80 for a family. Members open a prepaid Personal Transportation Account™ based on estimated usage, and keep a minimum balance of $50 in transportation dollars. Rides in regular automobiles are provided 24/7 for any purpose, and drivers provide arm-through-arm, door-to-door service and help with packages. Rides average $9.00 per ride, and are invoiced monthly. Like with TNCs, no money is exchanged; drivers do not accept tips. Rides may be booked at any time for travel alone or with others, with discounts for advance notice and shared rides.

**ITNEverywhere**

ITNEverywhere is ITNAmerica's newest research and development initiative for rural and small communities. The vision is to establish a non-profit marketplace, supported by technology, where people can share private transportation. Participants would join ITNEverywhere in their rural or small community, become a dues-paying member, open a Personal Transportation Account, and pay for rides through innovative payment options. Individuals, businesses, and non-profit organizations could join. ITNEverywhere users would earn credit by sharing a ride with others, volunteering to drive anyone in need of a ride, or by trading a car they no longer drive in exchange for rides. Drivers could provide their credits to family or friends, or bank credits for their own use when they can no longer drive.

**ElderHelp Concierge Club**

Mid City Senior Enterprises was created in the early 1970s to help meet the needs of older adults in San Diego. In 1991, the name changed to ElderHelp of San Diego and began expanding its services. Today, ElderHelp focuses on providing quality services and programs to seniors within their own homes, including case management and homecare services through the Concierge Club, and the HomeShare program, which matches older adults wishing to stay in their homes with adults of any age seeking a room to rent or a room in exchange for some assistance around the house. In addition, ElderHelp provides tax assistance, legal help, benefits counseling and information and assistance. In 2014, ElderHelp helped nearly 5,000 seniors remain living in their own homes and communities.

The Concierge Club, ElderHelp’s flagship program, is open to those 60+ who reside in the service area and are able to manage their own appointments and schedules. No fees are required to enroll, but donations are accepted to help support and sustain the program. As part of the Concierge Club, members receive volunteer-provided services such as grocery shopping, visits, check-in calls, trusted
referrals, home safety inspections, minor home repairs, gardening, pet care, mail sorting and organization, etc. Members also have access to a social worker Member Care Coordinator for help with care planning, assessment and transitions, advocacy, caregiver support, health literacy, and respite care. Escorted transportation is provided through ElderHelp drivers for Seniors A Go Go for medical and other appointments, errands, social visits, classes, public library, etc. (See Appendix A for Concierge program brochure.)

**Villages**

The Village to Village Network (VtV) is a national peer to peer network to help establish and continuously improve management of “Villages” in urban, suburban and rural areas. In the Village concept, a group of people in a geographic area come together to identify and develop the resources they will need to age in place. Since the first village was begun by a dozen older adults in Beacon Hill in Boston, over 190 villages have developed nationwide, with over 185 more in development. There are over 55 villages open or in development in California. Per VtV, villages generally are:

- Membership-driven, grassroots, nonprofit organizations run by volunteers and paid staff
- Coordinate access to affordable services based on the needs of the community
- Provide volunteer services including transportation, inspiring health and wellness programs, home repairs, social and educational activities
- Offer access to vetted & discounted service providers
- One Stop Shopping: Villages do anything their members need to age safely and successfully in their own homes
- Positively impact isolation, interdependence, health and purpose of their individual members to reduce overall costs of care.18

Most villages are run by a Board of Directors elected by the village members, and funded through a combination of Village memberships, grants and fundraising. According to VtV, transportation is the most requested Village service, with the majority of trips to medical appointments.

ElderHelp of San Diego is a member of VtV, as is SLO Village in San Luis Obsipo. According to the SLO Village website,

> The Village Movement is a grassroots concept that is a new retirement model designed to encourage, protect, and enable at-home independence for seniors. … The purpose of villages is to enable people to age in place as well as they can for as long as they can for as little as they can. Villages do this by providing the services and support people need to be able to age in place, but can no longer safely do themselves. Examples include: climbing on ladders to change a light bulb, doing yard work, driving at night, spring cleaning, simple home repairs, transportation to and assistance with grocery shopping.19

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18 http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=248578
19 http://www.slovillage.org/village.html
SLO Village’s membership fees are $500 annually for a single person, $750 for a household of two. Associate Members ($250 annually) are social and financial supporters of SLO Village, able to participate in all Village events and access vetted businesses, but they do not receive Village services. SLO Village members can be homeowners, renters, living with relatives, or older adults sharing a home in the communities of Arroyo Grande, Avila Beach, Grover Beach, Los Osos, Morro Bay, Oceano, Pismo Beach, San Luis Obispo and Shell Beach.

Volunteers offer assistance such as transportation, home repairs, technology help, in-home services and courtesy calls. Through vetted businesses, the Village also provides access to plumbers, painters, handymen, home health care, housekeeping and more. Village volunteers choose assignments from an active list of service requests from members, based on their schedule and interests. SLO Village’s volunteers are vetted with complete background and driving record checks and are covered by insurance.

**Residence-Based Pilots**

**Brookdale and Lyft**

Brookdale Senior Living is one of the largest senior residence operators in the country, with 100,000 residents at 1,114 facilities in 47 states. Brookdale has facilities in the region in Auburn, Citrus Heights, Elk Grove, Folsom, Orangevale, Roseville, and Sacramento. Like many operators of senior independent and assisted living facilities, they offer transportation service, usually in the form of a lift-equipped van or cutaway, that takes residents to appointments, shopping, and other errands, and on cultural/recreational outings.

Brookdale is now piloting a partnership with Lyft in 10 Brookdale communities around the Bay Area and Phoenix, Arizona. In the pilot, Brookdale residents will be able to book a Lyft ride – on-demand or pre-scheduled – either by learning from a Brookdale tech educator how to use the Lyft app on their own smartphone, or via a concierge in their community. Lyft’s Concierge program, whereby a third party can request a ride, will then dispatch a driver with a vehicle that can accommodate the rider’s needs, including wheelchair-friendly vehicles. Lyft rides will be invoiced to residents so they won’t have to divulge credit card information.

Brookdale anticipates that the partnership with Lyft will allow residents more freedom outside of any Brookdale-provided transport, and if the pilot is successful, says it will consider expanding it across their many facilities.

**UC Berkeley and Nissan**

Nissan and researchers at UC Berkeley Transportation Sustainability Research Center are partnering on a four-year effort exploring older adult mobility improvements. The research project, led by TSRC Principal Investigator Susan Shaheen, will explore the feasibility of a pilot carsharing program at the Rossmoor Senior Adult Community in Walnut Creek. The program would use electric Nissan Leafs, and train residents in using both electric vehicles and the carshare system. The Leafs would include equipment to record travel patterns, energy use, and vehicle performance, for researchers to evaluate business and environmental performance of the system.
Active Transportation Support

Vehicle trips are not the only solution for older adult mobility. Besides walking, newer style three-wheel bicycles, or adult “trikes,” are now on the market that provide stability, cargo-carrying capability, and even electric battery assists. These can help older adults who are not comfortable on a two-wheeler still independently bike to nearby destinations without the necessity of a car.

In Austin, Texas, the Conley-Guerrero Senior Activities Center hosts an educational program for people to learn to use three-wheel bikes. Classes are open to anyone, and begin with a safety briefing. Participants then use the program’s five trikes to learn skills, first riding around the parking lot, then a gravel bike-and-bike trail, and finally graduating to the protected bike lane by the center. The terrain is largely flat, and nearby trails and bikeways connect to a grocery store, a MetroRail station, and the Sustainable Food Center. The pilot course saw nearly 50 registrants, with about half graduating in December 2015. They ranged in age from 60 to 88, and were primarily women. Volunteer class leaders, who mainly come from Bike Austin, are certified League of American Bicyclists instructors, and progressively assess riders’ skills to make sure they can ride safely. Graduates receive a certificate of completion.

A number of bikeshare systems in the U.S. already include e-bikes to facilitate biking longer distances and biking up hills. Some are also now including a number of adult trikes and accessible/adaptive bikes in their bikeshare fleets to serve more riders, although challenges have arisen concerning availability of the more specialized bikes/trikes, ADA accessibility at docking stations, assistance needs for some to unlock and transfer to a bike, mobility device storage, and other issues.

Programs to Educate All Cyclists (PEAC) is a nonprofit in Ypsilanti, Michigan whose mission is to empower individuals with disabilities through cycling, active transportation, and self-advocacy education. PEAC’s belief is that everyone can ride, and that biking and alternative modes of transportation play a critical role in increasing community access, fostering social involvement and self-esteem, and promoting healthy lifestyles among individuals with disabilities. PEAC provides summer bicycling courses, one-on-one biking instruction, family rides, and instruction for sighted individuals to captain tandems with visually impaired riders. On the other end of the age spectrum, PEAC also partners with public special education programs to teach young adults with developmental disabilities to more independently walk, bike, and use transit in their communities. Trainers teach landmarks, time management, routes, and crossing streets, which have proved to be more challenging skills than boarding the bus.

Non-Emergency Medical Transportation Partnerships

Estimates are that 3.6 million medical appointments are missed annually in the U.S. due to a lack of transportation. Medicare does not cover non-emergency medical transportation (NEMT) and California significantly limits the transportation for which Medi-Cal will pay, compared with other state Medicaid programs. Increasingly, health care providers have been partnering with ride-hailing companies to provide older and transportation-limited patients with non-emergency rides to and from hospital or clinics to avoid missed appointments. Examples include:
A number of hospital systems and facilities, including MedStar Health, Hackensack University Medical Center in New Jersey and Sarasota Memorial Hospital in Florida have announced partnerships with Uber. Uber is also integrating with medical communication platforms such as Circulation and Relatient to facilitate patient rides.

Lyft piloted its web-based platform, Concierge, with National MedTrans Network, a privately owned, national non-emergency transportation benefit manager, and CareMore Health System to provide non-emergency medical appointment rides for seniors in New York City and Medicare Advantage beneficiaries in areas of Southern California. As early as January 2016, National MedTrans Network reported that Lyft was providing 2,500 of 25,000 weekly rides in New York City, and that its goal was to eventually move all trips to Lyft. The CareMore pilot in California showed wait time reductions and average per-ride cost reductions of 30%, and 80% satisfaction ratings, according to results of a pilot study released in the Journal of the American Medical Association.20

Veyo, a new San Diego-based company, is partnering with health insurance plans to provide transportation benefits for older adults and those with disabilities or mobility challenges to reach non-emergency medical and therapy appointments. It operates similarly to Uber and Lyft, but uses drivers who are highly screened and trained in disability assistance, first aid, CPR, HIPAA laws and cultural sensitivity. Veyo provided more than 3 million trips in 2016. It currently operates in Arizona, California, Colorado, Idaho, Michigan and Texas, with plans to expand to five more states by the end of 2017. Vehicles range from driver-owned cars to specialized wheelchair and stretcher vans, and services are available in rural areas that may not be served by other ride-hailing companies. Riders also don’t have to have a smartphone to schedule a ride.

The Jacksonville Transportation Authority received a 2016 FTA Rides to Wellness demonstration grant, in partnership with University of Florida Health, Cambridge Systematics, Smart Transit & Health Planning Council. The project will develop a software interface to schedule patients’ medical appointments based on their respective transportation needs. The interface would generate optimal appointment times for patients without vehicle access based on their available options for public transit, cab services, paratransit, walking, and Uber.

Dialysis Transportation

Diabetes, hypertension, and other chronic conditions have led to increased rates of kidney disease and dialysis in the U.S. Patients receiving dialysis treatment for chronic kidney disease have increased 47-fold over 40 years, to 468,000 in 2013 according to the U.S. Renal Data System. Going without dialysis is life-threatening, so transportation to appointments is crucial for dialysis patients.

20 http://jamanetwork.com/journals/jama/article-abstract/2547765
Dialysis can be done at home under very controlled circumstances, but only a limited number of patients want and are able to dialyze at home.

Outpatient dialysis is usually scheduled three times a week, with treatment lasting 3-4 hours. Because of the impacts of the disease on people’s physical condition and energy levels, it is rare for dialysis patients to use fixed-route transit. Many get rides from family, caregivers or others, but those without regular rides tend to rely on public paratransit systems or supplemental providers to reach the clinic. However, traditional Dial-a-Ride service does not necessarily lend itself well for dialysis, for numerous reasons:

- Dialysis is generally organized into early morning, midday, and afternoon shifts, with some offering overnight shifts for patients who work to be able to receive treatment while they sleep. The start or end times of early and late shifts often do not fit with the start or end times of demand-response services, leaving one trip unserved.
- Dialysis patients are assigned to regular days and shift times, usually on a recurring Monday/Wednesday/Friday or Tuesday/Thursday/Saturday cycle. Scheduling is determined by the clinic based on chair availability, preferences (such as early morning or overnight for workers), and other factors. Patients do not always go to the dialysis clinic closest to their home due to their doctor, insurance, specialized needs, or other factors. We found it is also not common for clinics to consider scheduling patients based on where they live to facilitate shared transportation.
- Some services do not accept subscriptions so patients must call to schedule every ride.
- Since an advance reservation must also be made for the trip home from the clinic, patients have to make their best guess as to when they will be ready. Dialysis can create side effects including extreme fatigue, nausea, infection, and bleeding. Waiting for a scheduled pick-up, and/or enduring a longer ride if others must be dropped off first, can be hard for a patient feeling the effects of dialysis. On the other hand, dialysis treatment can sometimes last longer than usual, which necessitates cancelling the scheduled ride and trying to reschedule or find another way home.

Dahlia Pilot: Dialysis Transportation

Ride Connection, a community transportation nonprofit in Portland, Oregon, obtained a grant from the Administration for Community Living Transit Planning for All program, to try to better address the needs of individuals needing regular transportation to dialysis. Ride Connect undertook an inclusive process engaging people with kidney disease, medical and transportation professionals, and community members to better understand the specific transportation challenges facing people who receive dialysis. Building on the research and working with one dialysis clinic and a group of customers and volunteers, Ride Connection began the Dahlia Pilot program to provide more reliable, flexible and affordable dialysis transportation. Ride Connections reports that as part of the pilot it has introduced new methods to address wait times and overall customer comfort and developed a specific training program for drivers providing rides to and from dialysis.
Best Practices

In 2014, the National Center for Transit Research at the University of South Florida released a study, Impacts of Dialysis Transportation on Florida's Coordinated Public Transportation Programs. The study collected quantitative and qualitative data from Community Transportation Coordinators (CTCs) throughout Florida related to dialysis transportation, and made recommendations for how to make improvements. Per the study,

No issue surfaced more frequently in the personal interview process than the issue of “relationships between CTCs and dialysis treatment facilities.” In general, the CTCs that spoke most favorably about their positive relationships expressed the least amount of concern regarding dialysis transportation. 13 counties represented by reporting CTC’s have implemented unique measures to facilitate these relationships including regular and frequent meetings, dedicated personnel to meet with treatment personnel, open communication and dialogue, cooperatively setting up treatment and transportation schedules, giving CTC customers priority in scheduling so as to maximize scheduling efficiencies, grouping dialysis patients from common origin zones, maximizing multi-loading, and ensuring transportation to the nearest treatment facility to the patients home.

Appendix B provides the study's summary of recommendations.

Virtual Medicine and On Demand House Calls

Over time, medicine is also shifting to models where patients may require less transportation due to increased use of house calls or technology.

Telemedecine is increasingly being used to allow specialists to connect with patients, especially in underserved rural areas, via tele-conferencing from a local clinic. This allows communication and education to take place between the specialist, patient, and their primary care provider, who can support the patient’s ongoing treatment plan.

In 2015, Kaiser conducted 52% of its 110 million interactions between patients and physicians via smartphone, videoconferencing, kiosks, and other technologies. Technology-enabled apps such as Pager allow patients to seek advice via live chat for triage and guidance to appropriate services. Pager will then schedule an appointment at a doctor’s office; connect patients with in-network providers, tele- or video-consults or home visits; recommend a nearby clinic or emergency room; and support filling prescriptions. Doctor on Demand, HealthTap, and Teladoc are other services that let patients consult a doctor via a mobile app.

Concierge medicine has also been on the rise. According to the Sacramento Bee, “Under a concierge-style practice, patients pay a monthly or annual fee, typically $1,200 to $2,000 a year, in exchange for longer appointment times, same-day visits and round-the-clock access to their doctor by cellphone, text or email. Some concierge doctors even make house calls.”

based start-up, is recruiting doctors and practices in San Diego, Orange County, Los Angeles, Silicon Valley, and San Francisco specifically to offer house calls through a mobile app. As of October 2016, the company said it had raised nearly $27 million in expansion capital.

Considerations for Moving to Technology-Based Services

Many agencies are assessing the potential benefits for operations and customers that might be realized through emerging transportation technologies that provide more on demand services in real time. As an initial analysis, SACOG obtained ride data from several Dial-a-Ride operators in the region, developed a methodology for assessing the costs of individual rides through Uber compared with current agency Dial-a-Ride costs, and found potential for cost savings. However, a variety of considerations are leading transit operators to wait to see the results of pilot programs and proceed cautiously on using and subsidizing TNC rides for service. These are discussed in more detail below.

Using TNCs for Paratransit Services

There are a number of legal requirements and questions that transit agencies are seeking to answer in approaching new models like TNCs, especially for paratransit services.

- The FTA does not currently allow the use of federal funds to subsidize TNC rides, so rides must be paid for with transit agency local funds. The bulk of transit agency funding is federal, so this can limit the funds transit agencies have available to subsidize TNC costs.

- Public and nonprofit paratransit providers are required to undertake background checks, alcohol and drug testing, and significant training for their drivers. In fact, Paratransit, Inc’s drivers routinely win Roadeo driver competitions. TNCs are not subject to the same requirements. Some older adult riders indicate they feel uncomfortable riding with a stranger without greater vetting and training.

- The ADA requires complementary ADA service during all active fixed route hours and prohibits trip denials. As noted, Uber does not guarantee that a driver will be matched for an advance scheduled ride, and it is unclear if Lyft does. Especially in more suburban or rural areas, in lieu of the guaranteed ride provided by traditional paratransit service, there is potential that a driver might not be matched for a pick-up for a necessary appointment, or for a return trip which could leave the rider without a way home.

- The ADA does not allow complementary ADA paratransit providers to cap rides or limit trip purposes, but there is more flexibility for services offered as “premium” trips. The nature of most advance paratransit reservation services likely limits the number of trips people take. However, it is unclear to what extent rider demand and costs might change if on-demand TNC rides were made routinely available to riders, especially at a comparable fare.
As transit agencies consider TNC partnerships, a number of the region’s agencies currently have a service contract that includes penalties for significant reductions in the services provided by the contractor which would need to be weighed.

It has been reported that TNC assisted trips and wheelchair accessible vehicles are not consistently available when riders who need more assistance request them. Uber has been the subject of a variety of lawsuits over ADA issues, along with Lyft. Wheelchair users have sued over what they see as inequitable service — access to on-demand rides for those who are ambulatory, but traditional paratransit service with its advance scheduling requirements and waits for those with disabilities, especially those who use motorized wheelchairs. Lyft says all of its drivers must now reasonably accommodate people with disabilities, including loading folding wheelchairs and allowing service animals. In June 2016, Uber settled a class action lawsuit brought by the National Federation for the Blind. Uber must require drivers to agree to transport passengers with service animals, terminate contracts with drivers who refuse, and implement a comprehensive nationwide monitoring program. As described earlier, other methods are emerging seeking to provide on demand options similar to TNCs for those requiring greater assistance and accessibility.

TNC services are not available in all parts of the region, and because TNCs generally do not disclose the number of drivers they have in different cities and towns, it is difficult to assess service availability. Since advance rides are not guaranteed by Uber, it is unknown if some riders have started hedging their bets by advance scheduling a paratransit ride but canceling within the allowed window if they are able to get an earlier TNC ride for a trip with flexible timing.

Likely the biggest question for transit operators is whether and which TNCs are here to stay and could be counted on as a reliable source of rides over time. Uber particularly has seen significant driver turnover, and turmoil as it has grown. Neither Lyft nor Uber appear to have become profitable yet, generating concerns about reducing or dismantling public ADA services until the longevity of new services becomes clearer.

For these reasons, SACOG is continuing to actively monitor pilot programs for experiences and lessons learned to share with our region’s transit and member agencies.

**Older Adults Access to Technology**

Another consideration with providing on demand transportation or services via technology for older adults has been smartphone or internet use. However, use is increasing exponentially, even among those over age 65. A Public Policy Institute of California Center (PPIC) 2013 survey found that 92% of Californians had cell phones, with smartphone usage increasing in just two years from 39% in 2011 to 58% in 2013, including 33% of those age 55+. In its 2016 survey, Pew Research Center

22 [www.ppic.org/content/pubs/survey/S_613MBS.pdf](http://www.ppic.org/content/pubs/survey/S_613MBS.pdf)
found that 95% of Americans now own a cellphone, with 77% owning a smartphone. Pew also found that nearly 80% of U.S. adults own a desktop or laptop computer, and about half a tablet computer. Table 4.1 shows the proportion of adults owning cellphone and smartphones. Of Older Boomers and Silent Generation members, 80% had a cell phone but only 42% a smartphone. However, among Younger Boomers and Older Gen Xers, 97% had cell phones, with three-quarters owning smartphones.

Table 4.1. Percent of adults who own the following devices, 2016

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<thead>
<tr>
<th></th>
<th>Any cellphone</th>
<th>Smartphone</th>
<th>Cellphone, but not smartphone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>95%</td>
<td>77%</td>
<td>18%</td>
</tr>
<tr>
<td>Men</td>
<td>96%</td>
<td>78%</td>
<td>18%</td>
</tr>
<tr>
<td>Women</td>
<td>94%</td>
<td>75%</td>
<td>19%</td>
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<tr>
<td>White</td>
<td>94%</td>
<td>77%</td>
<td>17%</td>
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<tr>
<td>Black</td>
<td>94%</td>
<td>72%</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>98%</td>
<td>75%</td>
<td>23%</td>
</tr>
<tr>
<td>Ages 18-29</td>
<td>100%</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>30-49</td>
<td>99%</td>
<td>88%</td>
<td>11%</td>
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<tr>
<td>50-64</td>
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<td>65+</td>
<td>80%</td>
<td>42%</td>
<td>38%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Any cellphone</th>
<th>Smartphone</th>
<th>Cellphone, but not smartphone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than HS graduate</td>
<td>92%</td>
<td>54%</td>
<td>39%</td>
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<tr>
<td>High school graduate</td>
<td>92%</td>
<td>69%</td>
<td>23%</td>
</tr>
<tr>
<td>Some college</td>
<td>96%</td>
<td>80%</td>
<td>16%</td>
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<tr>
<td>College graduate</td>
<td>97%</td>
<td>89%</td>
<td>8%</td>
</tr>
<tr>
<td>Less than $30,000</td>
<td>92%</td>
<td>64%</td>
<td>29%</td>
</tr>
<tr>
<td>$30,000-$49,999</td>
<td>95%</td>
<td>74%</td>
<td>21%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>96%</td>
<td>83%</td>
<td>13%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>99%</td>
<td>93%</td>
<td>6%</td>
</tr>
<tr>
<td>Urban</td>
<td>95%</td>
<td>77%</td>
<td>17%</td>
</tr>
<tr>
<td>Suburban</td>
<td>96%</td>
<td>79%</td>
<td>16%</td>
</tr>
<tr>
<td>Rural</td>
<td>94%</td>
<td>67%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: Pew Research Center, 2016

For those who are low income, California’s LifeLine Program provides free cell phones, including smart phones and limited data plans that could be used for accessing on-demand services. Households of 1-2 with an annual income under $29,500 qualify, as well as recipients of certain public assistance programs.24

As described above, TNCs and other transportation providers have recognized that the oldest adults may still need phone-in options, training on website and smartphone usage, or third party assistance. Over time, these needs may diminish given the continued growth of smartphone use. In the meantime, a national service called GoGoGrandparent has emerged as a third party call-in service for booking rides on services like Uber and Lyft. Older adults or their family members can call a toll-free number to request a trip. GoGoGrandparent books the ride and provides the trip details. The service also monitors the ride for family members, providing text notifications on a per-minute fee basis as the relative requests, boards and departs each vehicle.

**Autonomous Vehicles**

Autonomous vehicles are still in the research and development phase but advancing rapidly. At this point, there are many questions about how autonomous/self-driving vehicles might eventually shape transportation options for older adults and those with disabilities that bear exploration. Will older adults shift to self-driving vehicles as they age to maintain their independence and freedom to travel while letting the car worry about driving safely? Will people of all ages with vision or physical impairments turn to self-driving cars to travel? Will autonomous vehicles be individually owned or called up as needed, such as through car-sharing models? Will autonomous vehicles pose another “digital divide” between those with and without the means to afford them, or a divide between those needing assistance to and from a vehicle and those who do not?

Given the complexity and implications of autonomous vehicles for the region’s transportation system, SACOG has partnered on a joint research effort with the other large MPOs in the state – Metropolitan Transportation Commission (MTC), San Diego Association of Governments (SANDAG) and Southern California Association of Governments (SCAG). The research program is ongoing, designed to help us all better understand, model and plan for shared mobility and autonomous vehicle testing and deployment in our respective regions.
Chapter 5: Older Adult Preferences for Home and Community

Since 2011, 10,000 boomers a day on average have been turning 65 nationally, with the pattern continuing through 2029. Because this generation is so large, their impact on the built environment has been equally large. Immediately after World War II, a huge increase in the national birth rate resulted in enormous demand for consumer goods. As boomers became adults, their demands for housing, cars, college educations and other goods and services continued to grow. By middle age, as they were raising children, they increasingly demanded single-family homes and associated roadway expansions to get them to their jobs.

Now, according to Freddie Mac’s VP and Chief Economist Sean Becketti,

> Baby Boomers and other homeowners over the age of 55 control almost two-thirds of the nation’s home equity – about $8 trillion. There are also more than 67 million 55+ homeowners. Whether they decide to move from their current homes or age in place, the cumulative impact of their decisions on mortgage demand, affordable housing supplies, and the housing options available to Millennials and other aspiring homeowners will be substantial.²⁵

Surveys are finding a majority of older adults want to stay in their existing homes or communities as they grow older, creating new implications for the region’s housing market, built environment and transportation options.

Do I Stay or Do I Go?

As in any generation, different people want different things. Preference surveys conducted with older adults suggest differences in the proportion who say they would like to stay in their home or community (sometimes referred to as “aging in place”) versus moving to a different home or geographic location. In general, the diversity of surveys points to the desire for choices as people get older, whether they keep working or move into retirement.

In 2005, in a national survey of boomers conducted by Del Webb, a builder of 55+ active retirement communities, half or more of survey respondents indicated that they planned to buy a new home for retirement, with 45 percent willing to relocate out of state.²⁶ In Del Webb’s 2013 survey, the proportion had decreased somewhat, to 41 percent of respondents who said they were likely or very likely to move at some point.²⁷ In the 2015 survey, only 13% said they were likely to purchase a home within five years.²⁸

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²⁶ Del Webb Baby Boomer Survey, 2005
²⁷ Del Webb Baby Boomer Survey, 2013
²⁸ Del Webb Baby Boomer Survey, 2015
In contrast, a 2014 online survey conducted by Merrill Lynch and Age Wave, 64 percent of retirees said they were likely to move at least once during retirement: 37 percent had already moved, and the other 27 percent anticipated doing so.29

Other recent surveys have found a higher proportion of older adults preferring to stay in their current home or community:

- AARP in a 2014 survey of adults 50+ found that 71 percent of those between 50 and 64 and 87 percent of those 65+ said they wanted to live in their current community as they age.30
- The 2015 United States of Aging Survey of adults age 60+ found that 75 percent said they planned to live out their lives in their current home.31
- A California Association of Realtors (CAR) baby boomer survey in 2016 found that 71% of Californians aged 55+ had not moved since 1999, and 64 percent did not plan to sell their home when they retired.32
- A Freddie Mac survey in 2016 of homeowners age 55+ found 59 percent were very satisfied with their current community, and 64 percent with their current home or apartment. Comparing preferences between homeowners and renters, as shown in Table 5.1, Freddie Mac’s survey found older and retired homeowners and renters the most likely to want to stay in place.33

### Table 5.1. Prefer to stay in current residence over moving one more time

<table>
<thead>
<tr>
<th></th>
<th>Homeowners</th>
<th>Single Family Renters</th>
<th>Multifamily Renters</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 55+</td>
<td>63%</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Silent Generation</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Boomers</td>
<td>63%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger Boomers</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>70%</td>
<td>55%</td>
<td>49%</td>
</tr>
<tr>
<td>Still Employed</td>
<td>52%</td>
<td>29%</td>
<td>30%</td>
</tr>
</tbody>
</table>

- Closer to home, 91 percent of West Sacramento residents age 45+ who were surveyed in 2016 said it was extremely or very important to stay in their current home.34

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32 Freddie Mac/GfK Public Affairs and Corporate Communications, Americans 55+ Assess Current and Future Housing Options: Homeowners Data, June 2016
33 Livability For All: The 2016 AARP Age-Friendly Community Survey of West Sacramento, California Residents Age 45-plus
In the Merrill Lynch survey, 65% of retirees said they were now living in the best home of their lives. Figure 5.1 from their survey shows the top motivations for staying in place. Figure 5.2 evidences an increasing sense of neighborhood connectedness as people grow older.

**Figure 5.1. Top reasons why retirees would not leave their current home**

- I love my home: 54%
- Family is close by: 48%
- I don't want to lose independence: 44%
- I love my community: 42%
- Friends are close by: 31%
- I can't afford to move: 28%

Base: Age 50+ retirees who don't plan to move

**Figure 5.2 Percent who feel connected to their neighbors and community, by age**

- Under 35: 50%
- 35-44: 55%
- 45-54: 55%
- 55-64: 60%
- 65+: 74%

Base: Age 21+
Older Adults Who Moved

Figure 5.3 from the Merrill Lynch survey shows the primary reasons for moving of retirees who had already done so.

**Figure 5.3 Reasons for moving in retirement**

- Wanting to be closer to family: 29%
- Wanting to reduce home expenses: 26%
- Change in health status: 17%
- Change in marital status: 12%
- Empty nesting/children moving out: 7%
- Wanting the cash from the sale of prior home: 7%

Base: Age 50+ retirees who have moved since retiring.

Those Planning to Move

Of the older adults that Freddie Mac surveyed nationally in 2016, 13 percent of homeowners, 34 percent of single-family renters and 29 percent of multifamily renters anticipated moving within 3-4 years. In AARP’s 2014 survey, a more specific finding was that those who anticipated moving in the next three years (17% total) were more likely to have low incomes, be non-drivers, currently live in metropolitan areas, and be people of color: 23-25% vs. 14% of white respondents as in Figure 5.4.

**Figure 5.4 Do you plan on moving in the next three years?**

- White: 85% Yes, 14% No
- African American: 73% Yes, 25% No
- Hispanic/Latino: 74% Yes, 26% No
- Asian: 74% Yes, 23% No

Samples: Probability-based 50+ white (n = 980); 50+ African American oversample (n = 450); Hispanic/Latino oversample (n = 450); Asian oversample (n = 450).

Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.
The 2016 Freddie Mac survey also asked the likelihood of older adults staying or moving in retirement, and to what types of situations. Fifty-six percent of homeowners predicted that in retirement they would stay in their current home for the rest of their lives. Current renters, whether renting single-family or multi-family homes, were more likely to say they would move in with, or closer to, family members.

Table 5.2. In retirement, responses as to what definitely/probably will happen

<table>
<thead>
<tr>
<th></th>
<th>Homeowners</th>
<th>Single Family Renters</th>
<th>Multifamily Renters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain in current home for the rest of my life</td>
<td>56%</td>
<td>38%</td>
<td>31%</td>
</tr>
<tr>
<td>Move closer to kids/grandkids</td>
<td>17%</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Move closer to other family</td>
<td>16%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Move to warmer climate</td>
<td>13%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Move to retirement community</td>
<td>12%</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Move in with adult children</td>
<td>4%</td>
<td>14%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The Freddie Mac survey also found that 54% of renters and 41% of homeowners said their ideal move would be within the same neighborhood or city/town. Of renters, 63% of single-family renters and 77% of multifamily renters said they would still rent rather than purchase a home, while only about 10 percent of homeowners said they anticipated selling a home and then renting.

Factors in Where to Live or Move

For Freddie Mac survey respondents, primary factors in deciding where to live/move are shown in Table 5.3.

Table 5.3. Factors Rated “Very Important” in Deciding Whether to Move/Where to Live

<table>
<thead>
<tr>
<th></th>
<th>Homeowners</th>
<th>Single-Family Renters</th>
<th>Multifamily Renters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability</td>
<td>46%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>Amenities for retirement years</td>
<td>44%</td>
<td>42%</td>
<td>47%</td>
</tr>
<tr>
<td>Less home maintenance</td>
<td>41%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Reduced property maintenance</td>
<td>30%</td>
<td>39%</td>
<td>44%</td>
</tr>
<tr>
<td>Proximity to family</td>
<td>31%</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Walkable community</td>
<td>28%</td>
<td>39%</td>
<td>45%</td>
</tr>
<tr>
<td>Abundant age-related services</td>
<td>25%</td>
<td>29%</td>
<td>36%</td>
</tr>
<tr>
<td>Public transportation</td>
<td>17%</td>
<td>26%</td>
<td>43%</td>
</tr>
<tr>
<td>Warmer climate</td>
<td>19%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Downsizing</td>
<td>19%</td>
<td>18%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Freddie Mac/GfK Public Affairs and Corporate Communications, Americans 55+ Assess Current and Future Housing Options: Homeowners Data, June 2016
Affordability and amenities were top factors for all groups – greater than proximity to family. A greater proportion of renters ranked walkability, availability of services, and access to public transportation as important compared with homeowners. In other surveys on amenities,

- Del Webb’s 2013 and 2015 boomer surveys found 55% consider community amenities important when choosing a new home.
- In real estate expert RCLCO’s national survey of boomer preferences for amenities, 83% ranked walking, 67% nearby shopping, and 51% bicycling as top priorities.
- AARP’s 2010 poll found that having the following amenities close by were particularly important to older adults (see Figure 5.5). Employment proximity is also becoming increasingly important according to AARP’s Public Policy Institute. The CAR survey found that 79% of boomers anticipate working in some capacity even after retirement.

Figure 5.5 What community amenities do you want close to home?

As part of an analysis of food deserts in the region, SACOG staff compared existing locations of senior housing with the availability of fresh food outlets (grocery stores, smaller food stores, and farmer’s markets) within a 5-, 10- and 15-minute walk. The results are shown in Figure 5.6. A majority of senior housing locations appear to have access within these parameters, however a portion of residents may not have the ability to walk those distances with groceries, plus these complexes represent only a fraction of the older adults in the region. Further analysis would be needed to determine the extent of food access gaps for older adults within communities.
Figure 5.6. Walking Access to Fresh Foods from Senior Housing Locations in the Region
Smaller or Larger Homes? Age-Restricted or Intergenerational?

Some builders and developers see a trend toward more intergenerational and active living closer to friends, family and an extended community. In the Merrill Lynch survey, only about 10 percent of baby boomers said they wanted to move to an age-restricted or retirement community, while over two-thirds expressed a preference for a multigenerational neighborhood (see Figure 5.7).

![Figure 5.7 Type of neighbors people prefer, by age](image)

The majority of CAR survey respondents who planned to sell their home when they retired, and 60% of boomers in the 2015 Del Webb survey, expected to downsize. Of Merrill Lynch survey retirees who had already moved, 51% had in fact chosen a smaller home and 19 percent a similar size home. For those who downsized, their primary motivations were: lower monthly costs (64%), less home to maintain (44%), smaller household size (18%) and wanting cash out of the sale (16%).

Another 30 percent had actually moved to a larger home. For those who upsized, primary reasons were for greater prestige (19%), to have space for friends to visit (16%), and to have more room for family members move in (20%) or visit (33%).

Consistent with the motivation of space for family, according to the Pew Research Center, the proportion of the population living in a family with at least two adult generations (i.e., a grandparent and at least one other generation) increased from 12 percent in 1980. By 2012, the percentages of the population living in multigenerational households included:

- 23 percent of adults ages 85 and older;
- About one in four Hispanics and blacks;
- 27 percent of Asian Americans; and
- 14 percent of non-Hispanic whites.
What about Long Term Care Needs?

According to a 2012 AARP report, the California population age 85 and over – the most likely to need long-term care – will increase by 78% by 2032 and 270 percent by 2050, much faster than the U.S. average. According to AARP, between 2004-05 and 2010, nursing homes and beds in the state decreased but the range of assisted living and residential care options increased significantly, as shown Table 5.4.

Table 5.4. Numbers of California Long Term Care Facilities, 2004/05 to 2010

<table>
<thead>
<tr>
<th>California</th>
<th>2004/2005</th>
<th>2007</th>
<th>2010</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># of nursing facilities</td>
<td>1,325</td>
<td>1,283</td>
<td>1,257</td>
<td>-5%</td>
</tr>
<tr>
<td># of nursing facility beds</td>
<td>125,354</td>
<td>123,228</td>
<td>122,233</td>
<td>-2%</td>
</tr>
<tr>
<td># of assisted living &amp; residential care facilities</td>
<td>6,543</td>
<td>7,471</td>
<td>7,471</td>
<td>14%</td>
</tr>
<tr>
<td># of assisted living and residential care units</td>
<td>154,830</td>
<td>161,586</td>
<td>211,402</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: AARP, Across the States: Profiles of Long-Term Care and Independent Living, California, 2005, 2009, 2012

As shown in Table 5.5, as of 2012, about 1.7% of California’s population aged 65+ lived in long-term residential care communities specifically, with the largest group aged 85+.

Table 5.5. Residential Care Residents by Age Group, 2012

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Approx Total* Residential Care Residents</th>
<th>% of Residential Care Residents</th>
<th>% of all Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65</td>
<td>2,493</td>
<td>3%</td>
<td>--</td>
</tr>
<tr>
<td>65-74</td>
<td>7,479</td>
<td>9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>75-84</td>
<td>24,930</td>
<td>30%</td>
<td>0.5%</td>
</tr>
<tr>
<td>85+</td>
<td>48,198</td>
<td>58%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Total Residential Care Residents</td>
<td>83,100</td>
<td>100%</td>
<td>--</td>
</tr>
</tbody>
</table>

Source: California Healthcare Foundation; California Department of Finance Report P-3, December 2014
*Total numbers calculated from percentage of total Residential Care Residents for each age group

According to the California HealthCare Foundation, with changes in consumer preferences, the nursing home industry has also been undergoing a culture shift to models that provide a more neighborhood or smaller home-like atmosphere for elders requiring greater levels of care. However, Table 5.6. compares the results of two surveys that asked where older adults would prefer to receive long-term care if needed. The vast majority wanted to stay at home, with assisted living a distant second.
Table 5.6. Care Preferences

<table>
<thead>
<tr>
<th>Care Preference</th>
<th>Pew Research: Age 65+</th>
<th>Merrill Lynch: Age 50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own home</td>
<td>61%</td>
<td>85%</td>
</tr>
<tr>
<td>Assisted living</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Family member's home</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Pew Research Center Survey 2014, Merrill Lynch/Age Wave Survey 2014

Home care is already on the rise. As shown in Table 5.7., over 630,000 or about 10 percent of California’s older adults age 61 and over received home care in 2013, with the largest group in the 81-90 age range.

Table 5.7. Home Care Patients and Visits by Age Group, 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Approx Total* Home Health Patients</th>
<th>% of Home Health Patients</th>
<th>% of all 61+</th>
<th>Approx Total* Home Health Visits</th>
<th>% of All Home Health Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and under</td>
<td>167,929</td>
<td>21%</td>
<td>--</td>
<td>3,707,802</td>
<td>27%</td>
</tr>
<tr>
<td>61-70</td>
<td>143,939</td>
<td>18%</td>
<td>2.3%</td>
<td>2,197,216</td>
<td>16%</td>
</tr>
<tr>
<td>71-80</td>
<td>191,919</td>
<td>24%</td>
<td>3.0%</td>
<td>3,021,172</td>
<td>22%</td>
</tr>
<tr>
<td>81-90</td>
<td>215,909</td>
<td>27%</td>
<td>3.4%</td>
<td>3,570,476</td>
<td>26%</td>
</tr>
<tr>
<td>91+</td>
<td>79,966</td>
<td>10%</td>
<td>1.3%</td>
<td>1,373,260</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>799,663</td>
<td>100%</td>
<td>100%</td>
<td>13,732,601</td>
<td>100%</td>
</tr>
<tr>
<td>Total 2013 Est Population Age 61+</td>
<td>6,385,828</td>
<td>9.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: California Healthcare Foundation; California Department of Finance Report P-3, December 2014
Note: Total numbers calculated from percentage of total home health patients or visits for each age group

This is consistent with national declines in nursing home residents and increases in home health care recipients shown in Figures 5.8 and 5.9 for the 10 years spanning 2003 to 2012. California is third nationally after New York and New Mexico in the number of personal care, psychiatric, and home health aide direct care workers per 1,000 population age 65 or older.35

Figure 5.8. Number of nursing home residents, 2003-2012

[Bar chart showing the number of nursing home residents from 2003 to 2012, with data points for each year.

Source: Centers for Medicare and Medicaid Services, 2013.]

Figure 5.9. Number of home health care recipients, 2003-2012

[Bar chart showing the number of home health care recipients from 2003 to 2012, with data points for each year.

Source: Centers for Medicare and Medicaid Services, 2013.]
Staying at Home with Disability

Data compiled by the nonprofit California HealthCare Foundation indicates that approximately 36 percent of all Californians age 65 and over have some form of disability. As shown in Table 5.8., some of these disabilities could make continuing to live at home significantly more of a challenge without other supports.

Table 5.8. Californians Age 65+, Disability by Type, 2013

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision (blindness, serious vision impairment)</td>
<td>335,536</td>
<td>7%</td>
</tr>
<tr>
<td>Self-Care (difficulty dressing or bathing)</td>
<td>487,030</td>
<td>10%</td>
</tr>
<tr>
<td>Cognitive (serious difficulty with memory, concentration, decisions)</td>
<td>494,770</td>
<td>10%</td>
</tr>
<tr>
<td>Hearing (deafness or serious hearing impairment)</td>
<td>702,670</td>
<td>15%</td>
</tr>
<tr>
<td>Independent Living (difficulty with errands/appointments, making trips alone)</td>
<td>845,782</td>
<td>18%</td>
</tr>
<tr>
<td>Ambulatory (serious difficulty with walking or climbing stairs)</td>
<td>1,130,707</td>
<td>24%</td>
</tr>
<tr>
<td>Any of above</td>
<td>1,734,106</td>
<td>36%</td>
</tr>
<tr>
<td>Total CA Population Age 65+ (DOF 2013 estimate)</td>
<td>4,804,159</td>
<td></td>
</tr>
</tbody>
</table>

Source: California Healthcare Foundation; Department of Finance Report P-3, December 2014

AARP’s HomeFit Program asks these questions:

- What if all homes could be suitable for anyone, regardless of a person’s age or physical ability?
- What if a person who wants to live independently, regardless of his or her age or physical ability, could do just that?

AARP has created a HomeFit Guide to “help people stay in the homes they love by turning where they live into a ‘lifelong home,’ suitable for themselves and anyone in their household.” Key features of an age-friendly home include: no-step entries, single floor living (or stair assist or elevator to reach other floors); halls and doorways wide enough to accommodate a wheelchair or mobility device; accessible switches; lever-style door and faucet handles; bathroom safety features such as hand rails and easy to access showers; and accessible countertops and cabinets.

According to Merrill Lynch’s research in Figure 5.10, in 2015, nearly half of home renovations were undertaken by those age 55+ -- and they added about $90 billion to the economy nationwide. While a portion of the home renovations already made by Merrill Lynch survey respondents 50+ were upgrades to individual rooms, another portion were specific accessibility and safety modifications, shown in Figure 5.11, made by homeowners who planned to stay in their homes for their retirement.
Beyond home modifications and home care provision, technologies are also rapidly developing that can help older adults continue to live at home more conveniently, economically, safely and independently. These include emerging medical delivery methods such as telemedicine and remote diagnosis and monitoring options, as well as home-based apps and devices. In the Merrill Lynch survey, a majority of respondents were interested in many different home-based technologies.
Table 5.9. Proportion of older adults interested in home-based technologies

<table>
<thead>
<tr>
<th>% with interest</th>
<th>For purpose of</th>
<th>Technology examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>Reducing home expenses</td>
<td>Smart thermostats, appliance control apps</td>
</tr>
<tr>
<td>76%</td>
<td>Monitoring health</td>
<td>Alerts, sensors, medication reminder apps</td>
</tr>
<tr>
<td>67%</td>
<td>Optimizing health</td>
<td>Air purifiers, sleep aid devices</td>
</tr>
<tr>
<td>64%</td>
<td>Connecting to friends, family</td>
<td>Interactive and video devices</td>
</tr>
<tr>
<td>58%</td>
<td>Maintaining home</td>
<td>Cleaning robots, heated driveways</td>
</tr>
</tbody>
</table>


A portion of older homeowners appear likely to be able to afford such home modifications and technologies. However, about one in five in Freddie Mac’s 2016 survey indicated they did not have sufficient means for such improvements (Figure 5.12)

Figure 5.12 How Renovations Would be Paid For

Base = Homeowners who would need to make renovations to stay in home (n=1,140)

If you had to make major renovations to your home in order to make it easier for you to age in place, how would you pay for the renovations?

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36 Freddie Mac/GfK Public Affairs and Corporate Communications, Americans 55+ Assess Current and Future Housing Options: Homeowners Data, June 2016
Having Choices

According to real estate builders and developers, older adults are looking for choices representing the diversity of their circumstances and preferences. If they move, they may seek a variety of options including:

- Age-restricted or age-targeted communities. A portion of these are active 55+ resort style retirement communities with activities, some including golf courses.
- Downtown/centrally-located urban apartments and condos near diverse cultural amenities and transportation options.
- Suburban or rural locations that offer experiences on site.
- Affordable senior or multigenerational apartments.
- Independent living communities with some level of services.

According to Helen Foster, principal of Foster Strategy in New Orleans, a consultant to developers of housing targeted to 55+ consumers and intergenerational communities, the market “is so diverse and large that no one set of factors is compelling to the whole market… There are boomers who want an urban experience, suburban experience, [or] rural experience, and there’s opportunity in all those areas…. The best places to live are also the best places to retire, with connections to others, choice, mobility, security, and stability. We have to deliver on all of these fronts.”37

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Chapter 6: Beyond Transportation Services to Creating Age-Friendly Communities

The Sacramento Blueprint, adopted by the SACOG Board in 2004, provides an ongoing vision for the region for integrating land use and transportation planning according to principles that include transportation choice, compact and mixed use development, housing choice and diversity, and quality design. In February 2017 the Population Reference Bureau released a report summarizing recent research supported by the National Institute on Aging on the association between neighborhood economic, social, demographic and physical characteristics and the health and well-being of older adults, and that aligns with the regional Blueprint principles. Figure 6.1 provides a summary of this research into physical characteristics that impact health positively as shown by the up arrows, or negatively as shown by the down arrows. \(^{38}\)

**Figure 6.1 Neighborhood Features Related to Aging in Place**

<table>
<thead>
<tr>
<th>Neighborhood Features</th>
<th>Self-Reported Health</th>
<th>Physical Limitations</th>
<th>Cognitive Function</th>
<th>Heart Disease Risk</th>
<th>Obesity</th>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Walkable</strong> — More intersections sidewalks, and crosswalks; few cul-de-sacs or dead end streets; residents view walking in the neighborhood as pleasant and easy.</td>
<td>![Up Arrow]</td>
<td>![Down Arrow]</td>
<td>![Down Arrow]</td>
<td>![Down Arrow]</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
</tr>
<tr>
<td><strong>Compact</strong> — A diverse mix of residences and businesses (mixed land use) in walkable proximity.</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
</tr>
<tr>
<td><strong>Accessible</strong> — Public transportation on the street, and/or barrier-free and well-maintained streets and sidewalks.</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
</tr>
<tr>
<td><strong>Safe</strong> — Residents consider their neighborhoods safe.</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
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</tr>
<tr>
<td><strong>Plentiful Resources</strong> — Public transit on the street; community centers, parks, and libraries; well-maintained public spaces such as sidewalks.</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
</tr>
<tr>
<td><strong>Healthy Air</strong> — Low concentrations of fine particulate matter air pollution that can be inhaled and damage organs, including the brain.</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
<td>![Up Arrow]</td>
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</tbody>
</table>

**Source:** This table summarizes research on the relationship between neighborhood physical environment and health described in this report.

In the United States of Aging 2015 survey, only 47 percent of older adults and 37 percent of professionals who work with older adults said their community was doing enough to plan and

prepare for the physical and other supports needed for the growing older adult population.\(^{39}\) The following sections describe more proactive efforts to support older adults’ needs and preferences by national organizations, regional agencies and communities.

**Best Cities for Successful Aging**

The Milken Institute is a nonprofit, nonpartisan think tank based in Southern California. The Institute’s Best Cities for Successful Aging work focuses on healthy, productive and purposeful aging. Its Mayor’s Pledge (see Appendix C) has been signed by over 135 mayors nationwide, including 20 Mayors in California outside the SACOG region. As part of the pledge, Mayors commit to the following:

*To make our city work for older adults, I will take steps to:*

- Ensure that the well-being of our aging population is addressed by each department, agency and division in our city government.
- Make our city safe, affordable and comfortable for our older residents.
- Provide older adults access to resources promoting health and wellness.
- Support employment, entrepreneurship, education and other services to make our older residents more financially secure.
- Offer housing options that suit the varied needs of our older population.
- Improve access to transportation and mobility options for our older adults.

The Milken Institute also produces rankings of “The Best Cities for Successful Aging” for large and small cities. The Institute examines 84 indicators that most affect the quality of life for older adults, including health and wellness, crime rates, weather, economic and job conditions, housing, transportation, and social engagement factors that help create safe, affordable and connected communities. Results are expressed separately for the 65-79 and 80+ age groups. According to the Institute, top-ranked cities tend to have a strong economy, abundance of health resources, active lifestyles, access to amenities, and opportunities for intellectual stimulation.\(^{40}\) In the 2017 rankings, the San Francisco-Oakland-Hayward and the San Jose/Santa Clara areas ranked #10 and #16 in the top 20, respectively, but the high cost of living was a noted negative.

**Naturally Occurring Retirement Communities (NORC) Programs**

A naturally occurring retirement community (NORC) is a term used to describe a community that, while not originally built for older adults, is home to a significant proportion of older residents. A NORC program is a model that coordinates a broad range of social and health care services to support the community’s older residents. The first NORC program began with private philanthropic support in a moderate-income complex in New York City in 1986. Legislation was subsequently passed in both the state (1995) and New York City (1999) to provide ongoing funding for NORC programs. Across New York, more than 50 NORC programs now operate in neighborhoods and

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\(^{40}\) http://successfulaging.milkeninstitute.org/bcsa-methodology.html
housing developments where more than 50,000 older adults reside. From 2001-2006, Congress approved 43 earmarks to support NORC programs in 25 states, administered by the Administration on Aging.

New York’s original state legislation defined NORCs as communities in which more than half the residents were 50+. Since then definitions have broadened with respect to age, population, households, density, proximity, etc., while still allowing economies of scale. In 2004, the United Hospital Fund, with support from the Daniels Fund and several other foundations undertook a multiyear project to develop a NORC Blueprint to help guide NORC programs following this set of principles:

1) A NORC program plans a core set of integrated services that meet individual needs and promote community change.
2) Effective NORC programs have in place adequate people - resources staff and volunteers with the right skill mix - and other resources, including space, equipment, supplies, and a budget, before the programs are launched.
3) A stable mix of public and private financial resources supports the basic activities and services of a NORC program.
4) A NORC program drills down to identify the component parts of a problem and to set priorities for action.
5) A NORC program plans and launches specific projects that collectively address the many dimensions of a problem.
6) A NORC program measures its progress to determine whether its projects are on track to reach their goals.

The NORC model emphasizes public-private, multidisciplinary partnerships that bring together health care and social service providers, neighborhood association representatives or housing managers, and community residents, especially older adults. Together, the partners organize and develop the mix of on-site services and programs that respond to NORC residents’ changing needs over time, promote successful aging, maximize community health, and expand the role of older people from service recipients to active participants in shaping their communities into good places to age. According to the NORC Blueprint, typical services and programs include:

- Social work services and supports for individuals and caregivers.
- Nursing services, referrals, and activities that address health issues affecting many community residents.
- Broad educational and recreational activities.
- Significant opportunities for community engagement by older residents.
- Ancillary services, such as transportation, housekeeping, and social adult day programs.41

An example is the East Point NORC in Atlanta, Georgia. In July 2003, the Atlanta Regional Commission (ARC), the region’s MPO, the Jewish Federation of Greater Atlanta, and Fulton

41 http://norcblueprint.org/faq/
County Office on Aging joined together to create a NORC program in Atlanta’s East Point neighborhood, with about 40,000 residents. Development of the NORC Program was led by the ARC and involved an inclusive effort of surveying, outreach, data-gathering, story-telling, community mapping, and establishment of priorities for the NORC program, which became public awareness, public safety, transportation, and home repair. The East Point NORC has a small paid staff, and the budget comes largely from federal and local funding and fundraising for specific projects.

To address older resident’s specific transportation needs and preferences, a program was developed of transportation coupons (not “vouchers” as those were negatively perceived as government handouts). The transportation coupons may be used to pay anyone willing to drive older adults wherever and whenever they want to go. Residents pay $10 and receive $100 worth of coupons. Many people have paid family members, neighbors or friends with coupons, negotiating the price of the ride independently, and some people have made driving for coupons a business, spread through referrals for good service.

**AARP Network of Age-Friendly Communities**

Over 150 communities in the U.S., including the City of West Sacramento in the SACOG region, and 11 other cities and counties in California, are participating in AARP’s Network of Age-Friendly Communities, launched in 2012. To join, a community’s elected leadership makes a commitment to work actively toward making their town, city or county a great place for people of all ages. Then in a five-year cycle, the community conducts an assessment phase (Years 1-2) and implementation phase (Years 3-5), including ongoing evaluation and improvement. The eight domains of livability for age friendly efforts are shown in Figure 6.2 below.

**Figure 6.2. Age-Friendly City Domains of Livability**
The first nine communities that joined the Network are now in their fifth year, with learnings and outcomes from that cohort’s efforts being compiled to share with other communities. The AARP Public Policy Institute has also developed a Livability Index as a web-based tool to measure community livability by address, zip code, or community. The tool provides overall livability scores, as well as a score for seven different livability categories: housing, neighborhood, transportation, environment, health, engagement, and opportunity.42

City of West Sacramento

The City of West Sacramento joined the Age-Friendly Network in June 2015. In an interview conducted by AARP, Mayor Christopher Cabaldon explained some reasons for joining, stating,

We've been thinking over the last couple of years about how to redesign our infrastructure and our policies around age-friendliness… When we saw the AARP network, …tool kit, …resources, and … best practices, it was an easy call. Everyone in the city's leadership thought what a great opportunity it was to take what we've wanted to do and make it real. …

[A]s we've tried to create places that are more intimate, that have more of a small town feel but also lots of activity and engagement, people would say, "Oh, but that's not what seniors want. Seniors want quiet, isolated places. It's fine to have those kinds of places with theaters and coffeehouses for the young people, but for seniors you need to be building this other kind of place.

The AARP age-friendly communities' agenda has been so powerful in flipping that whole argument on its head. As we're aging, what we want are more opportunities for engagement. We want to spend less time in our cars. We don't want to be isolated. …There are nuances to it, but I do think that, for me, one of the most powerful impacts of the age-friendly communities' work that AARP and other organizations have been doing is to bring to the party all of us who are aging. Yes, it's about the environment. Yes, it's about the great quality of life, and the arts and everything else, yet it's also about aging in place. …We've tried to create a city, even though we're small, where there's a place that matches what a person's needs are, and where their hopes and inspirations are at each stage in their life.43

Since joining the Age-Friendly Network, the City has been working on completing its two-year planning phase. In partnership with AARP staff and local volunteers, the City has conducted extensive outreach through community meetings and surveys, including a statistically significant AARP community survey of those age 45+ and multiple City-led anecdotal survey instruments. Guided by an ongoing Advisory Committee, the City is developing its Action Plan to be adopted by the City Council, which will be followed by a three-year implementation phase and evaluation. Action items are focused around the eight domains of livability shown in Figure 6.2 on the previous page. The City has grouped its action items into three City-defined categories, connectivity, public

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safety and quality of life, each of which includes multiple projects and effectuates multiple domains of livability. The City’s Measure E ¼-cent sales tax, passed by voters in November 2016, may be a source of funding towards some of the age-friendly initiatives, which the City expects to improve community livability both for older adults and the entire community.

MPOs/Councils of Governments

A number of MPOs and Councils of Governments are supporting Age-Friendly Network efforts in their regions.

DRCOG Boomer Bond Initiative

The Denver Regional Council of Governments (DRCOG) has been working to encourage more age-friendly communities for the last five years. As a starter for conversation at the local level, DRCOG developed a local age-friendly assessment tool with 60 stakeholders. The assessment tool was beta-tested by three communities, and helps focus the conversation and engage the public. As of 2016, 11 communities were engaged in age-friendly efforts. Originally, DRCOG staff were making sales pitches to communities to become involved, but over time, more local governments have sought out DRCOG’s assistance. DRCOG’s role has included process design/coaching; facilitating local conversations; acting as a community connector and resource for local staff leading initiatives; providing referrals to others who are further along; and developing an inventory of best practices and tools, found at www.drcog.org/resource-directory

Miami-Dade Age-Friendly Initiative

The Miami-Dade Transportation Planning Organization (TPO) is a partner with AARP, Alliance for the Aging, Health Foundation of South Florida, Miami-Dade County, United Way, and Urban Health Partnerships to foster a physical and social environment for older adults to stay active and healthy. Age-Friendly Initiative projects include: Safe Routes to age in place, age-friendly public policy, Age-Friendly Business Districts, Age-Friendly parks, and increasing employment opportunities for older adults.

A number of COGs have undertaken research documenting the contributions of older adults to their regional economies, such as the economic research summarized in the Introduction. Some COGs, including DRCOG, also serve as the designated Area Agency on Aging to plan and provide services to address the needs of older adults in their region, facilitating coordination activities.

Additional examples of MPO/COG age-friendly efforts include:

- Atlanta Regional Commission’s Lifelong Communities Initiative. (See Appendix D for overview.)
- Mid-America Regional Council’s Kansas City Communities for All Ages. (See Appendix E for checklist and tools list.)
- Rogue Valley Council of Governments’ Lifelong Housing Certification Project. (See Appendix F for overview and checklist.)
Dementia Friendly Communities

The dementia friendly communities movement has been advancing in Japan, Australia, Canada and parts of Europe. In 2015, the Dementia Friendly America (DFA) initiative was launched in the U.S., building on a model initiative from Minnesota, ACT on Alzheimer’s. In the view of Alzheimer’s Disease International,

Dementia Friendly Communities (DFCs) should not only seek to preserve the safety and wellbeing of those living with dementia, it should also empower all members of the community to celebrate the capabilities of persons with dementia, and view them as valuable and vital members of the towns, cities, villages and countries in which they reside. Worth noting is the two-tiered approach to making communities dementia-friendly: first, there is the “invisible” network of businesses, healthcare workers, emergency services personnel and other civic employees who are trained and prepared to respond to the needs of persons with dementia within the community. This network requires input from persons with dementia in planning services and strategies… Second is the more visible, grassroots, “bottom-up” network comprised by persons with dementia engaging socially in their community. In planning, building and developing DFCs, there is a need to recognise both tiers.\(^\text{44}\)

A report developed by AARP International Affairs compares Age-Friendly and Dementia Friendly processes and , as shown in Table 6.1 and 6.2.\(^\text{45}\)

Boston is one of the first cities seeking to become both an age- and dementia friendly city. A 2014 report, Aging in Boston, encouraged the city to take action. The two initiatives are being developed concurrently with two full-time positions dedicated to furthering the work – one to direct Age-Friendly Boston and the other to lead the Mayor’s Alzheimer’s Initiative. Both efforts are working to incorporate age- and dementia friendly features into a variety of city plans underway.

\(^{\text{44}}\) Alzheimers Disease International, Dementia Friendly Communities (DFCs): New domains and global examples, 2015, p. 3.

\(^{\text{45}}\) AARP/International Affairs, Better Together: A Comparative Analysis of Age-Friendly and Dementia Friendly Communities, March 2016
Table 6.1 Process Comparison

<table>
<thead>
<tr>
<th>AARP Age-friendly</th>
<th>Dementia Friendly America</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Joining the Network (Year 0)</td>
<td>1. Convene</td>
</tr>
<tr>
<td>a. Obtain political commitment</td>
<td>a. Determine community readiness</td>
</tr>
<tr>
<td>b. Organize stakeholders</td>
<td>b. Generate awareness</td>
</tr>
<tr>
<td>c. Establish advisory committee</td>
<td>c. Build an action team</td>
</tr>
<tr>
<td>2. Planning (Years 1-2)</td>
<td>d. Hold a community kickoff and publicize</td>
</tr>
<tr>
<td>a. Involve older people</td>
<td>2. Engage</td>
</tr>
<tr>
<td>b. Conduct a baseline assessment</td>
<td>a. Form a community engagement sub-team</td>
</tr>
<tr>
<td>c. Identify indicators to monitor progress</td>
<td>b. Adapt the engagement process to your community</td>
</tr>
<tr>
<td>d. Develop action plan</td>
<td>c. Hold an interview and focus group training and preparation session</td>
</tr>
<tr>
<td>3. Implementation and Evaluation (Years 3-5)</td>
<td>d. Develop an organized process flow and timeline</td>
</tr>
<tr>
<td>a. Implement action plan</td>
<td>e. Engage the community through interviews or focus groups</td>
</tr>
<tr>
<td>b. Monitor indicators</td>
<td>3. Analyze</td>
</tr>
<tr>
<td>c. Measure progress</td>
<td>a. Compile and interpret the data</td>
</tr>
<tr>
<td>d. Identify successes and remaining gaps</td>
<td>b. Analyze findings and prioritize goals</td>
</tr>
<tr>
<td>e. Submit progress report to community</td>
<td>4. Act</td>
</tr>
<tr>
<td>4. Continuous Improvement (Year 5+)</td>
<td>a. Share the results and involve the community</td>
</tr>
<tr>
<td>Using feedback from evaluation, draw up new plans and continue to monitor and improve</td>
<td>b. Create and implement a community action plan</td>
</tr>
<tr>
<td></td>
<td>c. Gauge progress and set new goals</td>
</tr>
</tbody>
</table>
Table 6.2 Framework Process Comparison

<table>
<thead>
<tr>
<th>AARP Age-friendly Eight Domains</th>
<th>Dementia Friendly America Ten Sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Outdoor Spaces and Buildings</strong>&lt;br&gt;Availability of safe and accessible recreational facilities.</td>
<td><strong>1) Transportation, Housing and Public Spaces (Local Government)</strong>&lt;br&gt;Infrastructure that makes communities more livable for people with dementia and their caregivers.</td>
</tr>
<tr>
<td><strong>2) Transportation</strong>&lt;br&gt;Safe and affordable modes of public and private transportation.</td>
<td><strong>2) Businesses</strong>&lt;br&gt;Dementia supportive customer service and environments and policies that support employee caregivers.</td>
</tr>
<tr>
<td><strong>3) Housing</strong>&lt;br&gt;A wide range of housing options for older residents; the ability to age in place; and other home modification programs.</td>
<td><strong>3) Legal and Advance Planning Services</strong>&lt;br&gt;Legal services that help vulnerable clients express their wishes early and avoid problems such as unpaid expenses.</td>
</tr>
<tr>
<td><strong>4) Social Participation</strong>&lt;br&gt;Access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people.</td>
<td><strong>4) Banks and Financial Services</strong>&lt;br&gt;Dementia friendly practices that help maintain clients’ independence while protecting them from problems.</td>
</tr>
<tr>
<td><strong>5) Respect and Social Inclusion</strong>&lt;br&gt;Programs to promote ethnic and cultural diversity as well as multigenerational interaction and dialogue.</td>
<td><strong>5) Neighbors and Community Members</strong>&lt;br&gt;Raising awareness to help neighbors and community members understand and support people living with dementia.</td>
</tr>
<tr>
<td><strong>6) Civic Participation and Employment</strong>&lt;br&gt;The promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives.</td>
<td><strong>6) Independent Living</strong>&lt;br&gt;Home-based services available to maximize independence and promote autonomy and a high quality of life.</td>
</tr>
<tr>
<td><strong>7) Communication and Information</strong>&lt;br&gt;The promotion of and access to technology to keep older residents connected to their community and friends and family.</td>
<td><strong>7) Communities of Faith</strong>&lt;br&gt;Faith communities use dementia friendly practices to provide a welcoming, compassionate environment and spiritual connection.</td>
</tr>
<tr>
<td><strong>8) Community and Health Services</strong>&lt;br&gt;Access to homecare services, clinics, and programs to promote wellness and active aging.</td>
<td><strong>8) Care Throughout the Continuum</strong>&lt;br&gt;Early diagnosis of dementia and ongoing medical care; patient education; and connecting patients and their caregivers with community resources that promote quality of life.</td>
</tr>
<tr>
<td></td>
<td><strong>9) Memory Loss Supports and Services</strong>&lt;br&gt;A spectrum of settings and services needed by people with dementia – from long term care facilities and assisted and independent living residences, to home care, adult day services, and hospice.</td>
</tr>
<tr>
<td></td>
<td><strong>10) Emergency Planning and First Response</strong>&lt;br&gt;Community planning and family preparation considers safety, security, and needs of people with dementia in disaster planning and emergency response.</td>
</tr>
</tbody>
</table>
Chapter 7: Next Steps

As noted, this project represents a first effort to look more comprehensively at the aging of the SACOG region’s population, and the implications for age-friendly planning and older adult transportation services. Through this study, SACOG has learned much about issues in the region, and what other communities, transit agencies, potential partners, and regions are doing to support older adults.

Building on the research, models, innovations, and guidance gathered during this study, we have identified a number of roles that SACOG could potentially play to help support a more age-friendly region. These are summarized below.

Potential SACOG Roles

Planning

- Help catalyze and support member jurisdictions to engage in age-friendly planning.
- Assess ways to encourage health and human/social service providers to reach out to transit agencies and consider more carefully transportation availability as part of siting decisions.
- Work more closely with Area 4 Agency on Aging, AARP, and other organizations planning for older adult needs.
- Add age-friendly analysis and an age-friendly lens to the MTP/SCS.

Data/Research

- Continue to research and share age-friendly programs and best practices from other states, regions, and communities.
- Assist member agencies with data on older adults in their jurisdictions.
- Examine in more depth the role of the older adult population in supporting the region’s economic prosperity.
- Identify naturally occurring retirement communities or areas of concentration of older adults in the region for potential age-friendly focus or programs.
- Continue SACOG research and joint research program with other large MPOs on emerging transportation technologies, shared mobility and autonomous vehicles.
- Identify other local and regional older adult/age-friendly interests for potential research efforts.

Transportation Choices

- Partner with transit agencies and member jurisdictions on pilots to test shared mobility, TNC partnerships, dialysis transportation, and other models to improve older adult mobility and reduce paratransit costs.
Develop more detail on alternative models for providing transportation services to share with local agencies.

Help support exploration of options such as volunteer or reimbursed volunteer driver programs, vouchers, membership-based services, or other service models, especially in more rural areas with older adult needs but limited transportation services and public resources.

Assess potential for increased sharing of vehicles between organizations, such as service agencies and congregations, to leverage underused resources while addressing funding, maintenance, liability and insurance concerns.

Facilitate Transit Coordinating Committee (TCC) discussions of potential streamlining efforts, such as increasing reciprocal ADA eligibility acceptance or more shared eligibility determinations, expanding travel training to reduce paratransit demand, methods for agency coordination on demand response transfers, and/or extension of the Connect Card to demand response services of more of the Consortium transit agencies.

Continue to explore options for expanding traveler information resources to integrate transit and shared mobility options and provide real-time information.

As part of Transit Asset Management planning, assess the viability and lifecycle costs of smaller accessible vehicles compared with larger cutaways for demand response services.

Assess opportunities for incorporating three-wheel and accessible bike options into May is Bike Month or other bike programs and/or as shared bikes available to senior housing residents.

Assess outcomes of SMAQMD electric vehicle CarShare program for potential extension to senior housing communities, or areas with greater concentrations of older adults.

Continue to support and encourage development of more complete streets, multimodal options, and bike, pedestrian, transit and ADA accessibility and connectivity in the region.

Planning and Program Funding

Identify and share funding opportunities for age-friendly planning and programs.

Assess potential sources of funds for programs/services to help fill transportation gaps.

Incorporate addressing older adult needs into regional funding programs.
Appendix A

ElderHelp of San Diego
Concierge Club Brochure
What Is Concierge Club?

Did you know that to simply get a ride to your doctor or have someone bring you groceries can cost as much as $45 from a home health agency?

ElderHelp has responded to these high costs by creating the affordable Concierge Club. The Club provides caring services to you in your home for less than you will find anywhere else! As a not-for-profit organization, ElderHelp exists solely to provide programs and services that are of public benefit so the savings are passed on to you!

Your personal highly skilled Care Manager will help create a package of services using our network of trusted providers, caring staff and dedicated volunteers who will help you remain independent and in your home longer.

The Concierge Club lightens the load for caregivers and decreases the likelihood that you or your loved one will be a victim of a scam or elder abuse. Your personal Care Manager will be an advocate and support for you when you need it, someone to talk to, and will connect you to the services and resources you need.

What Are The Benefits of Membership?

- Trained & Experienced Personal Care Managers
- Friendly Visiting
- Caring Companionship
- Personal Shopping
- Financial Advocates
- Daily Check-In Phone Call
- escorted Transportation
- Pet Pals
- Trusted Referrals
- Respite
- Minor Home Repairs
- Light Housekeeping
- Gardening
- Plus Much More!

Meet A Member

Ruth became a member of the Concierge Club after a nasty fall which left her a little less steady on her feet as well as on the road. She wanted to remain in her home but needed help she could afford on her own. The Concierge Club was the answer!

Ruth receives regular escorted rides to and from her medical appointments, as well as help with her groceries that are difficult to carry up the stairs to her apartment. Ruth also enjoys time with her friendly visitor who frequently shares Vietnamese dinners and games of gin rummy.

Who Is ElderHelp?

Since 1973, ElderHelp has been committed to providing community and home based services to older adults who seek to remain living in their own homes and neighborhoods. Sometimes just getting a little help from a caring person you can trust is all you need to stay at home and independent!
What Is Concierge Club?

Did you know that to simply get a ride to your doctor or have someone bring you groceries can cost as much as $45 from a home health agency?

ElderHelp has responded to these high costs by creating the affordable Concierge Club. The Club provides caring services to you in your home for less than you will find anywhere else! As a not-for-profit organization, ElderHelp exists solely to provide programs and services that are of public benefit so the savings are passed on to you!

Your personal highly skilled Care Manager will help create a package of services using our network of trusted providers, caring staff and dedicated volunteers who will help you remain independent and in your home longer.

The Concierge Club lightens the load for caregivers and decreases the likelihood that you or your loved one will be a victim of a scam or elder abuse. Your personal Care Manager will be an advocate and support for you when you need it, someone to talk to, and will connect you to the services and resources you need.

What Are The Benefits of Membership?

- Trained & Experienced Personal Care Managers
- Friendly Visiting
- Caring Companionship
- Personal Shopping
- Financial Advocates
- Daily Check-In Phone Call
- Escorted Transportation
- Pet Pals
- Trusted Referrals
- Respite
- Minor Home Repairs
- Light Housekeeping
- Gardening
- Plus Much More!

Meet A Member

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What Is The Cost Of Membership?

The cost of membership varies based on your needs and the amount of services you select. Services are always complimentary for those who qualify. Please keep in mind the Concierge Club hourly breakdown is more than half the cost than other options!

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ELDERHELP

Caring Services
In Your
Own Home

619-284-9281
info@elderhelpofsandiego.org

Contact Us!
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Appendix B

National Center for Transit Research:

Best Practice Recommendations from
Impacts of Dialysis Transportation on Florida’s Coordinated Public Transportation Programs
Chapter 5
Best Practices and Recommendations

The personal interviews with Florida’s CTC have revealed several “best practices” and recommendations which are summarized as follows:

- Four of the reporting CTC’s have designated a staff person to serve as the designated representative to dialysis treatment facilities. This staff person is responsible for conducting regular and frequent (often monthly) meetings with treatment center personnel, identifying issues and challenges that may be inhibiting the effective delivery of dialysis patients, working collaboratively to solve problems, and ensuring that effective communication exists between the CTC and the dialysis treatment facilities.

- Three byproducts of improved communications and relations between CTCs and dialysis treatment centers include:
  - the willingness of some treatment centers to adjust chair times to accommodate the needs of the CTC;
  - a collaborative approach to chair time and transportation scheduling; and
  - the willingness of dialysis treatment facilities to provide chair time priority to CTC customers, which helps maximize operational efficiencies for the CTCs.

- Two of the interviewed CTCs are able to identify dialysis patients who reside within a common geographic trip origination zone and transport them using a single vehicle. Whenever possible, CTCs should maximize multi-loading.

- Community Transportation Coordinators and Local Coordinating Boards may derive value from implementing a process that measures the number of dialysis trips provided annually and a process for forecasting the demand for dialysis trips.

- As documented in the literature review, the dialysis process can be an extremely tiring occurrence for patients and creates side effects including nausea, infection, and bleeding. The physical toll on patients caused by the dialysis treatment process typically requires more personalized transportation from dialysis treatment. To help ease both the physical and emotional discomfort of dialysis treatment, several CTCs attempt to provide the same driver for the same patient.

- Two CTCs for whom “no-shows” were a problem have implemented follow-up “counseling” programs to help better inform and educate patients and family members about the operational and financial impacts of the patients’ failure to fulfill a trip request.
Appendix C

Mayor’s Pledge:
Best Cities for Successful Aging
Best Cities for Successful Aging Pledge

I, ________________________ , pledge to make ______________________ a city for successful aging:

To make our city work for older adults, I will take steps to:

- Ensure that the well-being of our aging population is addressed by each department, agency and division in our city government.
- Make our city safe, affordable and comfortable for our older residents.
- Provide older adults access to resources promoting health and wellness.
- Support employment, entrepreneurship, education and other services to make our older residents more financially secure.
- Offer housing options that suit the varied needs of our older population.
- Improve access to transportation and mobility options for our older adults.

To provide opportunities for older adults to work for our city, I will:

- Promote the engagement of older residents in volunteer and paid roles that serve the needs of our city and its residents.
- Call upon higher education and workforce development programs to help older adults refresh their skills, train, and transition to a new stage of work focused on strengthening our city.
- Recognize older residents as an asset for our city and celebrate their contributions to improving lives for all generations.

Signature: 
________________________________________

Name: 
________________________________________

Date: 
________________________________________
Appendix D

Atlanta Regional Commission:
Lifelong Communities Overview
A Vision for the Region's Future

The Atlanta region is experiencing the most profound demographic shift we have ever faced. By 2030, one out of every five residents will be over the age of 60, and we are not prepared for this new world.

We need more housing and transportation options. We have too few opportunities for maintaining healthy lifestyles. Older adults and caregivers lack information regarding resources needed to make informed choices.

Bringing together local elected officials and government staff, business leaders and community groups in each of the region’s counties and cities, the Atlanta Regional Commission is creating Lifelong Communities — places individuals can live throughout their lifetime.

We have an unprecedented opportunity to transform the way we live together. It's time to get started.
What is a Lifelong Community?

Promote Housing & Transportation Options
Support development of a wide range of housing options that are accessible, close to services, available to a full range of incomes and located within existing communities.
Encourage mobility options to ensure that as individuals age they can access basic services and remain independent.

Encourage Healthy Lifestyles
Create environments that promote physical wellness, social interaction and easy access to healthcare.

Expand Access to Services
Increase both service options to better address the needs of a population that demands choice and opportunities to obtain counseling to evaluate alternatives.

For more information on the Atlanta Regional Commission’s work to create Lifelong Communities throughout the metro area, call 404.463.3243 or visit www.atlantaregional.com/llc
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Appendix E

KCC Communities for All Ages:
Checklist and Tools
he first suburbs of Kansas City, established nearly 60 years ago, have done exactly what they were intended to do — provide homes and services for families that raised the generation of Americans we now call the baby boomers. But, as the baby boomers have aged, and the oldest of the generation known as the millennials (young adults born between 1982 and 2004, now age 10 to 32) have come into adulthood, it is time to reevaluate the role that the suburbs play in housing and serving the American population.

In the Greater Kansas City area, more than 416,000 residents will be 65 or older in 2030, while approximately 633,000 millennials will live here. Historically, the needs and interests of older adults have been seen as vastly different from younger generations and those of families with young children.

Today, research shows that communities that are adapting to meet the needs of its older adult citizens raise the quality of life in ways that also appeal across the age spectrum.
Ample evidence supports the idea that consumer demand for healthy communities — walkable, vibrant places designed around transit and green spaces — has never been higher. Numerous studies show that demand for compact, mixed-use, transit-accessible development far outstrips current supply. Walkable communities are in such high demand, in fact, that homes in such areas bring from 40 to 100 percent higher sales and lease prices than those in more traditional, automobile-oriented communities.

Consumer demand for healthy communities is particularly prominent among millennials, who are increasingly seeking alternatives to the automobile-centered land-use patterns of the generations before them.

Integrating health into planning and development policy can become an economic development strategy — a tool to attract a skilled workforce and to build an innovative and sustainable economic base.* Evidence shows a connection between highly-connected residents and the resilience of their community. Policies and programs that support keeping people in their homes and connected to their networks and communities allows residents of all ages to feel safe and comfortable. This connectedness contributes to a sense of well-being, as well as the ability to respond to unforeseen problems.


The Kansas City region is taking on the challenge of creating communities for all ages by developing this checklist to be used alongside Making Your Community Work for All Ages: A Toolkit for Cities. The toolkit was designed to help local government officials consider measures to improve the quality of life and opportunities for healthy living for older adult residents in the Kansas City region’s older suburbs, as well as address the needs and interests of residents of all ages.

This draft checklist was developed by KC Communities for All Ages and the First Suburbs Coalition for use by officials and staff of the region’s First Suburbs’ communities. Based on the Checklist of Essential Features of Age-friendly Cities, which is being used by hundreds of communities around the U.S., it identifies policy and program options in six categories that city leaders can implement to be considered a community for all ages. Although piloted by First Suburbs cities, all cities will find the policy and program options valuable as they adapt to changing community demographics.
How to use this checklist

Communities throughout the nation face dramatic demographic changes — doubling of the older adult population over the next 20 years, fewer families with children, more millennials and more people of color. In response, communities are beginning to plan for these changes, and conversations focus on how the demographic shifts will impact communities and what actions communities should take to prepare for the future. The Communities for All Ages Program and the First Suburbs Coalition have developed this checklist to help communities evaluate current conditions to answer these questions. Below are some ways you can use the checklist to help your community build a community for all ages.

To raise awareness

Use the checklist to build community awareness of the changing demographics of U.S. communities.

Before a community can develop strategy or take actions to build a multi-generational community, it's best to build awareness of the expected demographic changes and why it's important to address them. This information needs to be shared with not only civic, business and public leaders, but the broader community as well. Following are some suggested steps that will help your community spark a conversation about communities for all ages and build community understanding for action:

1. Determine who will convene the conversation.
   - The local jurisdiction can serve as the convener, OR
   - A third party may serve as the convener of the conversation. This might be a local business, social service agency or other community organization.
   - It is important for the convener of the conversation to have knowledge and connections to the community.
   - If the convener is not the local government, be sure to include elected officials and city staff. They will have important information about the city and be interested to hear the discussion.

2. Define specific goals for the conversation. What is the purpose of the conversation? To provide information so residents are more informed about changes in the city’s makeup? To lay the groundwork for future planning? Also decide what, if anything, will happen after the discussion is completed — participants will want to know what's next.

3. Gather data and information.
   - Get the most up-to-date demographic data for your jurisdiction from:
     - Your local planning department.
     - Mid-America Regional Council — www.marc.org/Data-Economy.
     - U.S. Census Bureau — http://quickfacts.census.gov.
   - Access additional background information from organizations such as the American Planning Association, Urban Land Institute, AARP, Journal of Aging and Social Policy, and the National Association of Realtors. Here are some good examples:
To plan action

By considering the checklist’s policies and actions whenever a city is setting goals and priorities, or when a city is developing or revising its plans (such as a comprehensive plan), it can position itself to be a community for all ages. Here are some suggested steps a city can take:

1. Develop a clear description of how the checklist can supplement other planning or prioritization processes.

2. Gather data and information.
   - Up-to-date demographic data for city and region. (See sources above.)
   - Existing plans (comprehensive plan, parks and recreation master plan, transportation plan, etc.).
   - City policies.
   - Making Your Community Work for All Ages — A Toolkit for Cities. (See source above.)

3. Identify and convene a group including:
   - Elected officials and city staff. Be sure to include planning, parks and recreation, public works, transportation, communication and administration staff.
   - Community partners: community-based organizations, faith-based organizations, businesses such as developers, remodelers, real estate professionals.
   - Residents: diverse, multi-generational resident representation.

4. Document in meeting notes how the checklist was used. Note specific examples if the checklist and toolkit caused the group to reconsider or adjust priorities, proposed policies or actions for the city.

5. Share your feedback with other cities through MARC’s KC Communities for All Ages and First Suburbs Coalition (cboyer@marc.org).
To assess your city

As communities engage in this work, they will want to track whether city policies and actions increasingly reflect those outlined in the checklist, and the impacts policies and actions are having on housing, transportation, outdoor spaces and buildings, social and civic participation and the availability of services. A city could consider these steps:

1. Identify staff or consultant resources dedicated to tracking and measuring progress.
2. Decide on the time intervals for making the assessment; for example, every two years, or every time a specific plan is updated.
3. Determine the extent to which plans have been updated and implemented. For example: comprehensive plan, parks and recreation master plan, transportation plan or Communities for All Ages Action Plan.
4. Measure, to the extent possible, the return on investment, or the benefits (tangible and intangible) that result from using the checklist to periodically gauge progress.
5. Involve stakeholders and the public in the assessment.
6. Document the findings and report them to the community.
7. Share your feedback with other cities through MARC’s KC Communities for All Ages and First Suburbs Coalition (cboyer@marc.org).

The checklist includes both policy development (Policy) and implementation (Actions) criteria.

It was tested by four pilot communities during the spring of 2014 — Gladstone and Raytown, Missouri, and Prairie Village and Mission, Kansas. The testing process has helped in the refinement of the checklist.

There is now regional discussion about criteria and steps toward a Communities for All Ages recognition program and possible certification, based on the foundational work of these four pilot communities.

A workbook version of this checklist, with space for recording your information and progress, will be available in August 2014 at www.kccfaa.org.

This checklist will be revised as necessary. Visit www.kccfaa.org for the latest version.
Locate, design and construct public facilities to allow for connectivity with neighborhoods and other destinations, and enable maximum use and benefit by residents, visitors and employees of all ages.

Cities are responsible for the location, design and construction of parks, trails, community centers, city halls and other public facilities and spaces. Most communities have assessed these facilities to ensure compliance with the Americans with Disabilities Act (ADA), and some have taken steps to make improvements beyond the minimums established by ADA.

Physical limitations and mobility needs must be considered when designing and creating both outdoor spaces and buildings. Residents with physical limitations are more comfortable, safe and active when communities consider and address their needs in the design of public buildings and spaces. The following policies and actions provide guidance on maximizing physical accessibility to public spaces for all levels of ability and age.

**Policy**

1-A The city develops and implements age-friendly policies that consider the needs of persons of all ages in the siting, design and development of public spaces. Examples include: parks and other outdoor spaces, walkways, outdoor seating, streetscapes and buildings.

1-B The city plans and constructs bike and pedestrian facilities to maximize use and safety for all users. Examples include: width, surface material and expected use. The city may use the American Association of State Highway and Transportation Officials’ (AASHTO) Highway Safety Manual standards or other recognized standards for bicycle and pedestrian facility design.

1-C The city designs and builds its public buildings to meet the needs of residents of all ages. Examples include: easy-to-read signage and accessible elevators, ramps, railings and stairs, and non-slip floors.

1-D The city prioritizes safety in parks and neighborhoods. Examples include: providing good street lighting, trimmed trees and bushes and other appropriate safety measures.

1-E The city involves residents of varying ages and abilities in planning for the siting and design of public outdoor spaces and buildings.

**Action**

1-F The city provides seating areas in public outdoor spaces and outside public buildings in recognition that residents have different levels of mobility and stamina.

1-G Stairways on public property, including within park facilities, are designed and constructed to maximize safety. Examples include: railings and painted or taped stair tips to distinguish each step.

1-H The city provides ample parking and drop-off areas near the entrances to public facilities that meets mobility and accessibility needs of all citizens. (ADA requirements are an expected minimum, the composition of the community and the expected use of a facility may dictate additional spaces to improve resident experience at public facilities.)

1-I The city considers the mobility needs and stamina of all citizens in accessing city services and provides flexible customer arrangements. Examples include: separate waiting lines and seating if the wait is long, special queues and service counters and online and mail-in access.

1-J The city encourages walkability in downtown areas.

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
Provide age-friendly housing options.

Studies document that older citizens wish to “age in place.” Buyers and renters of all ages are becoming wary of the costs of commuting long distances. Communities that provide a range of age-friendly housing options will retain their older adult residents and provide an attractive alternative for all ages looking for housing.

Cities have a role in the siting and design of housing and commercial development through their planning and regulatory processes. Through these processes, cities can impact how well development meets the needs of all populations.

**Policy**

2-A The city conducts an audit of its development codes to ensure that a range of housing options are allowed, particularly in places connected to public transit, employment centers and community services.

2-B The city has in place policies to allow for and encourage a range of housing options, including accessory and shared dwellings that meet the needs of all ages and generations.

2-C The city evaluates and streamlines its building code review processes to be consistent with adopted plans and policies, including those that reduce costs and provide housing in a range of cost points.

2-D The city has in place policies that encourage developers to include features in new or restored housing stock that meets the different mobility needs of as many people as possible. Cities may refer to universal design, enabling design, visitability features or other design elements.

2-E The city evaluates its zoning and building code review processes to ensure that the siting and design of commercial properties consider the needs of users of all ages.

**Action**

2-F The city uses its property maintenance enforcement to support neighborhood quality and, as appropriate, assists property owners in identifying resources to maintain their homes.

2-G The city and its partners make information available about housing options within the city that meet different mobility and dependence levels.

2-H The city has a property tax relief program for homeowners with a fixed income who meet defined criteria (if allowed under state law).

2-I The city and its partners offer residents information about assessing and protecting their property to strengthen crime prevention.

(See Making Your Community Work for All Ages — A Toolkit for Cities, Chapter 3)

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
Ensure that the community transportation system meets the needs of all users.

Healthy, vibrant communities provide multiple, accessible transportation options that contribute to the independence of all residents. Young adults, baby boomers and all ages increasingly seek and choose communities where they can walk, bike or access transit to get to school, work, services and entertainment.

There are many resources available to help a city meet this criterion, including guidelines and checklists provided by the National Complete Streets Coalition (www.smartgrowthamerica.org/complete-streets), U.S. Department of Transportation National Highway Traffic Safety Administration Bikeability Checklist (www.nhtsa.gov/people/injury/pedbimot/bike/bikeability/); Bicycle Friendly America (www.bikeleague.org/bfa); and Walk-Friendly Communities. (www.walkfriendly.org/). These guidelines help communities ensure that the transportation system meets the needs of all users. Cities can work proactively with local transit operators to plan and implement transit services to address the needs of their residents and workforce.

**Policy**

**3-A** The city addresses multiple transportation modes in its comprehensive plan.

**3-B** The city has adopted a Complete Streets resolution or comparable policy and is taking steps to implement the policy.

**3-C** The city — with or without a transit partner — works to ensure public transportation stops and stations have infrastructure that meets the needs of all ages and abilities. Examples include: shelter with lighting, benches and curb cuts.

**3-D** The city and its partners review and consider adoption of older driver and pedestrian safety provisions in the region’s long-range safety plan. The city may use Toward Zero Deaths 2013–2017, or other recognized standards as guidance.

**Action**

**3-E** The city works with partners, including transportation providers, to develop and implement strategies to support independence of non-drivers and those with additional needs for assistance in using transportation options.

**3-F** The city and its partners provide resource information on where residents can find transportation options.

**3-G** The city constructs pedestrian facilities to allow for safe travel to transit stops and stations from neighborhoods and other locations.

**3-H** The city and its partners provide resource information for determining older driver competency and the supports available for transitioning from driver to passenger.

**3-I** The city has considered application for or has achieved the Walk-Friendly Community designation from the Pedestrian Bicycle Information Center. (www.walkfriendly.org)

**3-J** The city has considered application for or has achieved the Bicycle Friendly Community designation from the League of American Bicyclists. (www.bikeleague.org/bfa)

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
Include all residents in developing community activities and adapt communication strategies for multiple audiences.

By leveraging the knowledge, skills and abilities of all residents and including them in decision-making, communities create a competitive advantage for themselves. Cities will benefit when residents of all ages are an integral part of a community and the cities are knowledgeable about their diverse needs.

Meaningful participation in affordable community activities helps residents to develop relationships, maintain good health and have a sense of belonging. Cities obtain input from all residents to develop community activities that will engage residents and meet their needs.

**Policy**

**4-A** The city and its partners understand the demographic makeup of residents, engages with the community and then designs programming, including recreational opportunities, that respects the needs and interests of diverse populations.

**4-B** The city has a comprehensive communication plan with marketing and outreach strategies and tools that include diverse public imagery, depicting all ages, cultures and abilities.

**4-C** The city communications plan requires that information about accessibility of facilities and transportation options is included when publishing information about city activities and events.

**Action**

**4-D** The city communication plan includes strategies to work with partners to inform people at risk of social isolation about community activities and events.

**4-E** The city partners with community organizations to develop and implement opportunities for utilizing and showcasing the skills and contributions of all ages, cultures and abilities.

(See Making Your Community Work for All Ages — A Toolkit for Cities, Chapters 2 and 5)

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
Provide opportunities for residents to be involved and keep all residents informed of city affairs and of employment and volunteer opportunities and other ways to be engaged.

With increased levels of involvement in community affairs and civic life, citizens are well positioned to build connections and support communities for all ages.

Cities will benefit from welcoming residents to be employed or become involved in city affairs. Input and participation from residents of all ages will strengthen the city’s programs and services.

**Policy**

5-A The city has a policy in place to encourage civic participation by all age groups in the community.

**Action**

5-B The city maintains and promotes a list of volunteer and employment opportunities within city government and offers an easy means to apply, including drop in, mail, on line and telephone.

5-C The city provides flexible options for volunteers of all ages and abilities, including training, recognition and guidance.

5-D The city encourages stakeholders, community organizations and nonprofits serving its community to work with volunteers of all ages, cultures and abilities, using best practices and guidelines for volunteer engagement and management promoted by organizations such as the Shepherd Center’s Coming of Age, the United Way of Greater Kansas City, United Way of Wyandotte County and Nonprofit Connect.

5-E The city and its partners encourage local businesses to adopt flexible employment practices to meet the needs of citizens of all ages.

5-F The city and its partners develop an outreach plan to ensure residents of all ages are included in community and civic conversations.

5-G The city ensures that meeting locations are accessible to all residents and meet the communication needs and challenges of diverse populations.

(See Making Your Community Work for All Ages — A Toolkit for Cities, Chapter 5)

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
Offer a range of community and health services that address the needs of all ages.

Many residents desire easy access to a range of health and social services. Communities that address the community and health services needs of residents can generate value from both a real estate and a community health perspective.

Local governments may offer a range of direct services at their public facilities or work with private for-profit or nonprofit providers to deliver services using city facilities. In some cases, communities identify health needs and encourage private providers to locate programs and services in the city.

Policy

6-A Applicable city plans recognize the need for health care services that are accessible to all residents and served by transportation options.

6-B The city, in partnership with area health care organizations, makes arrangements to offer health services at community facilities. Examples include: hearing tests, hearing aid cleaning, flu shots, blood pressure checks, etc.

6-C The city, in partnership with the local public health department, publicizes plans and services to improve the rate of immunizations among city residents.

6-D The city has educated personnel to ensure those who work with the public are knowledgeable about specialized needs for citizens of different ages and abilities. Personnel are also trained in applicable reporting requirements of abuse or neglect, regardless of age.

6-E The city promotes and enables the location of full-service grocery stores and retail establishments to expand the availability of healthy food options.

6-F The city works with local ambulance providers to ensure city demographic information is incorporated into planning for services.

6-G The city, in partnership with area health care organizations, has developed and implemented education programs about healthy choices and preventive services, including the benefit of smoking cessation.

6-H The city encourages healthy eating by providing information to residents about programs such as home-delivered meals, food banks or other resources.

6-I The city encourages healthy eating and community participation by supporting community gardens and other initiatives that promote healthy eating.

6-J The city and its partners provide referrals to those residents identified as needing more intensive services.

(See Making Your Community Work for All Ages — A Toolkit for Cities, Chapter 6)

To record your progress, a workbook version of the checklist will be available at www.kccfaa.org in August 2014.
The Mid-America Regional Council’s Creating Sustainable Places initiative offers a wealth of resources to planners, developers and city officials interested in moving their communities forward. From data and reference materials to interactive websites, these tools can help communities make better decisions about how they grow and develop.

Envision Tomorrow
Envision Tomorrow is a powerful software tool that allows users to simulate and compare land-use and development choices. By creating scenarios at multiple levels and adding well-researched data and local market information, planners can use the tool to place a wide range of economic, environmental, transportation, housing and cost information in the hands of decision-makers and communities.

Sustainability Indicators
MARC collects a wealth of data on our region's population, employment, income, transportation, air quality and education levels to help communities identify critical needs, initiate action and measure their progress over time. These data sets are available through an indicators website, which tracks the region's progress towards becoming more sustainable.

Natural Resources Inventory
The Natural Resources Inventory is a detailed and valuable tool for development decisions, giving municipalities and private developers a detailed inventory of what is on the ground, from vegetation and topographical features, to roadways and structures. This data will help communities conserve or restore natural resources during the development process.

Sustainable Code Framework
The Sustainable Code Framework will help local governments evolve their codes and ordinances to accommodate a changing vision for their communities. With this online resource library of building codes and ordinances tied to local examples, communities now have a toolkit at their fingertips when looking to affect positive change in their communities without getting held back by outdated or incomplete policies.

Visualization Tools
New visualization tools include both a reference library and technical assistance to help communities build a vision and analyze potential options for future development. By combining photos of local development with the power of digital image manipulation, city officials and developers will be able to create, refine and clearly communicate their vision for development and redevelopment in their communities.

For more information on the tools available from Creating Sustainable places, contact Dean Katerndahl at 816-701-8243 or deank@marc.org.
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Appendix F

Rogue Valley Council of Governments:
Lifelong Housing Certification
How to have your home certified…

1. The homeowner contacts Rogue Valley Council of Governments (RVCOG) for a list of independent Lifelong Housing Certification Inspectors.
2. The homeowner pays the inspector for evaluation, plus $35 certification fee.
3. After the evaluation, the inspector provides the completed checklist and certification fee to RVCOG.
4. RVCOG issues a certificate to the homeowner and adds the home to its database.
5. The homeowner provides a copy of the certificate and checklist to potential buyers.

“The Life Long Housing Certificate would enable a potential buyer to independently determine which, if any, improvements have been made to facilitate them to “age in place”. The guide would be an asset for any homeowner (future and present).”

JAQUI ROBBINS
Principal Broker, Re/Max Ideal Brokers Inc., Medford, OR

For more information, including a copy of the Lifelong Housing Certification Standards Checklist and a list of certified Inspectors, contact RVCOG at 541-664-6674, www.rvcog.org or lifelonghousing@rvcog.org.

No representation is made regarding compliance with the Fair Housing Act.

“Incorporating accessibility features into our home remodel proved invaluable when my 90-year-old mother-in-law came to live with us. Plus, these features are now in place, should either my wife or I need them in the future.”

DUANE DRAGOO, Medford, OR

Community Partners:
Rogue Valley Council of Governments
155 N. First Street / P.O. Box 3275
Central Point, OR 97502

Rogue Valley Association of REALTORS®

Endorsed by the Home Builders Association of Jackson County, Inc.

A Project of
Rogue Valley Council of Governments
541-664-6674
www.rvcog.org

Developed in Partnership with
AARP® Oregon
Lifelong Housing Certification

When asked, 89 percent of older Americans have told AARP they want to remain in their home and community for as long as possible. And as our population ages and demographics change, more people are thinking about what it will take to live in their own homes as long as possible.

The Rogue Valley Council of Government’s Lifelong Housing Certification Project (RVCOG), is a voluntary certification process for evaluating the accessibility and/or adaptability of homes. Developed in partnership with AARP Oregon, the project is designed to help meet the growing market demand for accessible housing in our region and to enable older adults and people with disabilities to age in place safely and independently.

The certification is appropriate for all homes – rentals, new construction or existing homes. It is based on a checklist developed using established universal design standards and with input from consumers, home builders, rental owners and home inspectors.

How does it work? All Lifelong Housing certification is done by a licensed inspector. Based on the assessment, the home is certified at one of three levels and your home is added to the RVCOG Lifelong Certified Housing database. The database is available to Realtors® and potential homebuyers and renters. The certification may be indicated on the Southern Oregon Multiple Listing Service (SOMLS), which will serve as an alert to potential buyers to obtain additional information regarding the level of certification.

“...As a Certified Aging-in-Place Specialist (CAPS), I have seen the need for the Lifelong Housing Certification program as a means for making accessible housing easier to locate.”

DARRELL BOLDT, D. A. Boldt Construction Co., Ashland, OR

Level 1: Basic Accessibility
The home includes basic accessibility and/or adaptability of architectural features on the ground floor and is “visitable” for guests with disabilities. It has a wheelchair-accessible entrance, plus entertainment area, hall and a bathroom. Other examples of basic features include door handles and faucets that are lever-style and don’t require grasping.

Level 2: Full Accessibility
The ground floor of the home is fully accessible, including all Level 1 features plus an accessible bedroom and kitchen, parking area and entrance. Examples of additional features include raised toilet and appliances; grab bars in bathroom, etc.

Level 3: Enhanced Accessibility
The home includes Levels 1 & 2 features and has been customized for specific accessibility needs (for example, a ceiling track for transfer or electronic care monitoring). Specific features will be noted on the certificate and be available from the seller or listing agent.