



# **SENIOR AND DISABLED MOBILITY STUDY**

## **Acknowledgments**

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# Executive Summary

The Sacramento Area Council of Governments (SACOG) sees the need to address more urgently and intensely the mobility needs of the rapidly growing population of seniors and persons with disabilities in the Sacramento Region. This study presents an analysis of senior and disabled demographic and mode choice trends, the transportation challenges faced by seniors and persons with disabilities, current strategies for addressing these issues, and a series of recommendations to improve senior and disabled mobility in the six-county Region.

The study projects that between 2000 and 2030, the senior population in the Region will grow by 153%. It is also projected that the senior and working-age populations who have severe disabilities that will limit their mobility and qualify them for the Americans with Disability Act (ADA) will increase by 87%. These sectors of the population include a portion with fixed or low incomes. Moreover, among the older population, the proportion of those with driver's licenses and vehicles available to them will drop significantly as people age.

The study also found that this growth is occurring both in more urbanized Sacramento County, and the outlying counties, including in newer suburbs, semi-rural and rural areas with more limited transportation alternatives. Given significant auto dependence in these largely low density areas of the Region, this predicts a substantial lack of mobility among seniors and persons with disabilities who are not able to drive or do not own personal vehicles, and increasing demand for public transportation services. This study documents the substantial variability in access to mobility options depending on residents' location in the Region. For example, residents in the central Sacramento area have more access to fixed and demand responsive transit, but those in suburban and especially rural areas may have little or no access to transit services. Options for mobility as a pedestrian also vary widely.

To obtain input on mobility issues and potential solutions, SACOG with assistance from Odyssey, a nonprofit transportation organization, conducted outreach focused on senior and disabled residents in each county, as well as staff of community-based organizations who serve seniors and adults with various forms of disability. During June 2005, SACOG held six Senior & Disabled Mobility Workshops throughout the Region. Stakeholder input on transportation barriers and solutions was obtained through these workshops, telephone interviews, Internet-based comments and a survey. A summary of this community input on local barriers and solutions was compiled and is included in this report.

To address the mobility issues identified through research, interviews, workshops, and the Study's Technical Advisory Committee (TAC), staff then researched current programs and compiled a series of recommendations with the potential to address senior and disabled mobility needs across the Region. Recommendations include improvements in driver safety and roadways, public and supplemental transportation services,

coordination between services, pedestrian options, and funding, information and training programs.

A Working Session in November 2006 will ask stakeholders, transportation service providers and decision-makers from throughout the six counties to review the Study recommendations, prioritize next steps in implementing them in each county, and identify how these priorities can be reflected in the 2035 Metropolitan Transportation Plan and Long-Range Transit Plan, which SACOG is developing to guide long-range funding for transportation and transit services in the Sacramento Region.

SACOG anticipates that feedback and priorities from the Working Session and any additional demographic projections will be incorporated into this Draft Study, with a final version submitted to the SACOG Board for review and adoption in early 2007. SACOG has produced this Study to draw increased attention to the Region's shifting demographics and their implications for transportation programs and services, and hopes that it will remain a living document supporting needed efforts to plan and implement strategies for greater senior and disabled mobility in the coming years.

## INTRODUCTION

The SACOG six-county Region is similar to many other metropolitan areas throughout the state and country in that it is experiencing a steady aging of the population. Although the current percentage of the population that is made up of seniors is similar to other areas, this group is expected to increase dramatically here in the next 30 years. The population that has severe disabilities that are likely to require transportation assistance is also expected to grow because of overall population growth. These two demographic trends are becoming important factors for transportation planners in the Region.

The Sacramento Area Council of Governments sees an increasing need to plan for and address the mobility needs of these growing segments of the Region's population. While there is currently a range of transportation services available to seniors and persons with disabilities in the Region, gaps in service remain due to geography, limitations in fixed-route and demand-responsive services, program/funding constraints, eligibility limitations, knowledge and training. In particular, there is a growing population of the frail elderly who experience mobility problems but are not considered to be ADA-eligible, who do not consider themselves disabled, and who are aging in place, making obtaining the transportation services they need more difficult.

In more urbanized areas, the significant numbers of seniors and persons with disabilities will mean challenges in meeting the volume of demand for transportation infrastructure and services. In less urbanized areas, although population growth numbers are smaller, challenges will be significant in matching transportation services to those who live in areas that are spread out, low density, and thus more difficult and expensive to serve.

This report presents SACOG's analysis of the transportation issues faced by seniors and people with disabilities in our six-county Region and includes an array of possible solutions to these challenges.

The study report is organized as follows:

- Demographic and mode choice trends for seniors and persons with disabilities.
- Community input from interviews, surveys and public workshops on barriers to senior and disabled mobility and preferred solutions in the various counties.
- Current federal, state and local programs that have sought to address some of the identified mobility issues.
- Recommended action steps to address and facilitate senior/disabled transportation in the future.

# Chapter 1: DEMOGRAPHIC ANALYSIS

The size of the SACOG Region’s population of elders and persons with disabilities is expected to grow significantly in the future. While many will have no difficulty traveling, many others will need various forms of assistance to remain mobile. This chapter discusses projections for these populations in the six-county Region.

|                                 |
|---------------------------------|
| <b>Senior Population Change</b> |
|---------------------------------|

Population projections have been developed by the California Department of Finance (DoF). DoF projections are from a regional economic model which makes assumptions about future levels of migration into each county.

According to DoF projections, the number of people age 55 or older in the Sacramento Region will increase by approximately 580,000, or 153%, between 2000 and 2030. As shown in **Table 1** below, in each of the six counties, growth for each age cohort (55+, 65+ and 75+) is expected to increase as a proportion of the regional total.

**Table 1 - DOF PROJECTIONS** by County for Age and Age Group as a % of total population

|                   | 2000      | 2010      | 2020      | 2030      |
|-------------------|-----------|-----------|-----------|-----------|
| <b>El Dorado</b>  |           |           |           |           |
| Total             | 158,570   | 188,471   | 221,289   | 250,173   |
| 55+               | 35,301    | 54,908    | 75,790    | 85,478    |
| 65+               | 19,595    | 26,235    | 41,213    | 55,310    |
| 75+               | 8,514     | 10,565    | 14,224    | 23,380    |
| % 55+             | 22%       | 29%       | 34%       | 34%       |
| % 65+             | 12%       | 14%       | 19%       | 22%       |
| %75+              | 5%        | 6%        | 6%        | 9%        |
| <b>Placer</b>     |           |           |           |           |
| Total             | 249,471   | 349,113   | 456,040   | 544,690   |
| 55+               | 56,085    | 94,559    | 141,558   | 177,317   |
| 65+               | 32,837    | 50,891    | 78,096    | 108,204   |
| 75+               | 15,475    | 23,970    | 33,166    | 47,406    |
| % 55+             | 22%       | 27%       | 31%       | 33%       |
| % 65+             | 13%       | 15%       | 17%       | 20%       |
| %75+              | 6%        | 7%        | 7%        | 9%        |
| <b>Sacramento</b> |           |           |           |           |
| Total             | 1,230,465 | 1,555,848 | 1,946,679 | 2,293,028 |
| 55+               | 232,364   | 325,949   | 444,771   | 564,526   |
| 65+               | 136,902   | 164,587   | 238,232   | 323,075   |
| 75+               | 65,662    | 76,481    | 90,874    | 138,103   |
| % 55+             | 19%       | 21%       | 23%       | 25%       |
| % 65+             | 11%       | 11%       | 12%       | 14%       |
| %75+              | 5%        | 5%        | 5%        | 6%        |

| <b>Sutter</b> |           |           |           |           |
|---------------|-----------|-----------|-----------|-----------|
| Total         | 79,464    | 95,757    | 111,856   | 126,216   |
| 55+           | 16,886    | 21,696    | 28,132    | 33,083    |
| 65+           | 9,835     | 11,686    | 15,621    | 20,208    |
| 75+           | 4,432     | 5,259     | 6,610     | 9,028     |
| % 55+         | 21%       | 23%       | 25%       | 26%       |
| % 65+         | 12%       | 12%       | 14%       | 16%       |
| %75+          | 6%        | 5%        | 6%        | 7%        |
| <b>Yolo</b>   |           |           |           |           |
| Total         | 169,882   | 222,277   | 271,040   | 320,434   |
| 55+           | 27,713    | 41,581    | 58,936    | 76,746    |
| 65+           | 15,928    | 19,987    | 30,952    | 43,708    |
| 75+           | 7,821     | 8,314     | 11,030    | 18,126    |
| % 55+         | 16%       | 19%       | 22%       | 24%       |
| % 65+         | 9%        | 9%        | 11%       | 14%       |
| %75+          | 5%        | 4%        | 4%        | 6%        |
| <b>Yuba</b>   |           |           |           |           |
| Total         | 60,553    | 71,506    | 84,816    | 98,959    |
| 55+           | 11,303    | 15,117    | 19,710    | 22,424    |
| 65+           | 6,515     | 8,236     | 10,862    | 13,940    |
| 75+           | 2871      | 3957      | 4746      | 6170      |
| % 55+         | 19%       | 21%       | 23%       | 23%       |
| % 65+         | 11%       | 12%       | 13%       | 14%       |
| %75+          | 5%        | 6%        | 6%        | 6%        |
| <b>Region</b> |           |           |           |           |
| <b>Total</b>  | 1,948,405 | 2,482,972 | 3,091,720 | 3,633,500 |
| 55+           | 379,652   | 553,810   | 768,897   | 959,574   |
| 65+           | 221,612   | 281,622   | 414,976   | 564,445   |
| 75+           | 104,775   | 128,546   | 160,650   | 242,213   |
| % 55+         | 19%       | 22%       | 25%       | 26%       |
| % 65+         | 11%       | 11%       | 13%       | 16%       |
| %75+          | 5%        | 5%        | 5%        | 7%        |

DoF county-level projections are based on a different methodology than those used by SACOG. Initial estimates by SACOG for growth in the region suggest that DoF projections may possibly be overstating the growth expected among these age groups. DoF county-level figures also include the South Lake Tahoe basin which is not part of SACOG’s jurisdiction, but no more detailed DoF projections are available to adjust the projections for El Dorado and Placer Counties. This draft Study uses DoF figures as the best available current projections for population growth in the Region. However, SACOG is currently developing its own projections for older age cohorts for potential inclusion in the final version of this Study.

DoF currently projects that the number of seniors will increase both numerically and as a percentage share of the population in each of the six counties over the study period. However, this growth will not be even.

According to DoF's figures, percentage growth rates will be greatest in El Dorado and Placer Counties. The most urbanized county, Sacramento, will see more moderate growth rates. A striking illustration comes from the Census Bureau's 2004 American Community Survey. Between 2000 and 2004, Placer County's population aged 65 and over increased 19.4% while Sacramento County's population aged 65+ increased by only 2%.

The most dramatic graying percentage-wise will continue to occur in outlying counties which presently have low median ages. By the year 2030, El Dorado and Placer counties are projected to have the highest proportions of their populations, 34 and 33 percent respectively, who are 55 and over, compared with about a quarter in the Region's other counties.

Nonetheless, the largest absolute growth will take place in Sacramento County to over 560,000 residents aged 55+ by 2030. This compares with Placer County with about 177,000, or about a third of Sacramento County's senior population, and El Dorado County at about 85,000 seniors or about 16%. (Without the South Lake Tahoe area, these county projections would be slightly reduced.)

**Appendix Figures A-1 to A-3** illustrate the percentage increase in the population by senior age cohorts for three 10-year periods (2000-10, 2010-20, 2020-30) in the various counties. Notice particularly the increases in the last two intervals. By the 2020-2030 period, population growth is nearly entirely within senior age cohorts.

**Appendix Table A-4** provides detail from the 2000 Census on the population aged 65 and over in cities throughout the Region. Unfortunately, DoF does not do growth projections beyond the county level, so more detailed estimates are not available for senior population growth in individual cities in the Region over the coming decades.

### **Persons with Disabilities: Population Change**

The Census Bureau defined a disability in the 2000 Census as a long-lasting physical, mental, or emotional condition. A disabling condition can make it difficult for a person to undertake everyday activities such as walking, climbing stairs, dressing, bathing, learning, or remembering, and can prevent a person from being able to go outside the home alone, to travel independently, or to work at a job or business.

In the 2000 Sacramento Area Household Travel Survey, respondents were asked if they had a disability that limited their ability to go outside their home. Overall, 5% of people who responded reported a disability that limited their mobility. As was expected, the average number of personal trips made by persons with a disability (2.1) was lower compared to persons without a disability (3.8).<sup>1</sup>

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<sup>1</sup> SACOG, SACOG Household Travel Survey, 1999.

For this analysis a “severely disabled” custom category was created by SACOG that consists of only those persons whose disabilities make self-care and leaving the home more difficult. This custom category was created to more accurately represent the population who require some type of assistance to care for themselves or go outside their homes, are frequently reliant on public transportation, and would most likely be dependent on demand-responsive services.

**Appendix Table A-5** provides projections of this “severely disabled” population in 10-year increments from 2000-2030. Research reveals that disability rates among seniors have been falling in recent years but there is a lack of consensus as to whether this trend will continue or how to extrapolate from current disability rates into the future. At the same time, the literature seems to indicate that disability rates may be increasing among younger cohorts due potentially to rising obesity rates.<sup>2</sup> In the absence of more certainty on future disability rates, county-level disability rates have been held constant at 2000 levels to try to account for potential offsetting increases and decreases for different age groups. The 2000 disability rate was applied to DoF county projections to project out the population with severe disabilities at the end of each 10-year increment.

What is striking is that the “severely disabled” population is projected to increase by 87% between the year 2000 and 2030, to over 305,000 people in the Region due to overall population growth. Those currently aged 31-50, a group that according to studies may be showing higher disability rates, will also be ages 55-74 by 2030, the close of the Study period.

As shown in **Appendix Table A-6**, in Auburn, Colfax and Isleton, “severe disability” in the 65 and over population was disproportionate in the 2000 Census, with the rate of disability sometimes twice or more that of the population under age of 65. In all other communities, the percentage of severely disabled among those 16-64 exceeded the percentage of severely disabled seniors 65+.

However, it is not known how this will change by 2030 with projected growth increasingly in the older population sectors. More data will be needed to project the need for ADA transportation services for those with severe disabilities among working-age and senior populations.

### **Location of Population Growth**

From 1990 to 2000, national data in Table 2 below shows there was almost no growth in the senior population age 65 and over in central cities or exurban areas. Instead, the largest growth was in the suburbs outside of central cities. For those age 85+ and whose transportation needs may be even greater, the trend was even more pronounced, with 60% of the growth in suburbs, and only 21-25% in exurban and central city areas.

<sup>2</sup> [www.pubmed.gov](http://www.pubmed.gov), website of the National Library of Medicine and the National Institutes of Health.

**Table 2 - Senior Population Growth inside and outside Metropolitan Areas (in thousands)**

|                       | In Central Cities |       | In Metropolitan Areas Outside Central Cities |       | Outside Metropolitan Areas |       |
|-----------------------|-------------------|-------|--|-------|----------------------------|-------|
|                       | 65 +              | 85+   | 65+  | 85+   | 65+                        | 85+   |
| <b>1990</b>           | 9,647             | 1,026 | 13,357                                       | 1,207 | 8,238                      | 847   |
| <b>2000</b>           | 9,856             | 1,282 | 17,002                                       | 1,936 | 8,134                      | 1,022 |
| <b>Percent Change</b> | <1%               | 25%   | 27%  | 60%   | -1%                        | 21%   |

Sources: U.S. Bureau of the Census, *Profiles of General Demographic Characteristics, 2000* and *1990 Census of Population, General Population Characteristics, Metropolitan Areas*.

Greater dispersion of the senior population has also occurred in the Sacramento region. Over the 30-year period from 1970-2000, Census data shows that, as population spread out from central Sacramento, so did a portion of the senior population. **Appendix Figures A-7 to A-10** illustrate that outlying counties have had increasingly larger concentrations of seniors living in areas that are suburban, semi-rural and rural. Suburban differences are notable in the Sacramento region. Growth in the older population cohorts has been increasing in newer outlying suburbs, such as El Dorado Hills, that have few public transit options and rely extensively on autos for transportation. **Appendix Figure A-11** illustrates the dispersion of those 65+ with severe disabilities in the Region in 2000.

A portion of the growth in the population age 65 and older will continue to occur in newer suburban areas in the outlying SACOG counties that currently have only basic or no access to transit services. However, the SACOG Region diverges somewhat from overall national trends in that more urbanized Sacramento County is also projected to have a large number of senior residents.

### **Low Incomes and Isolation**

Transportation challenges for seniors and persons with disabilities tend in part to be associated with their patterns of living. Census data show that more than 90 percent of Americans retire in place, meaning in the same community and many times the same home they lived in before retirement. This means that many seniors and persons with disabilities will continue to live in the suburbs, semi-rural, and rural areas where people tend to depend on automobiles for transportation.

An issue that makes this “aging in place” of seniors a challenge is the fact that many of them live alone, sometimes without family or others for assistance. **Appendix Table A-12** shows that in the Sacramento Region, over 58,000 people 65+ live alone, or over a quarter of all those age 65 and older. Of these, over 37,000 or 65% live in Sacramento

County. The percentage of elders living alone also increases as people age, from about 11% of those ages 65-74, to 15% of those 75+.

A portion of seniors are also low-income, with limited resources to afford to pay for transportation or other services. **Appendix Table A-13** identifies low-income seniors by age group. Regionwide in 2000, about 6% of all seniors 65+ fell below the 1999 federal poverty line, and about 3% of those 75+. Yuba and Sutter Counties had the highest percentage of low-income seniors 65 and older, while Placer County had the lowest.

A portion of the working-age population with disabilities also faces limited income. **Appendix Table A-14** shows that of the approximately 246,000 people falling below the federal poverty line in the Region, about 57,000 or 23% have some form of disability. About 19% are working-age (16-64) compared with 3% who are seniors 65+. Specific income data is not available to refine this analysis further for those in SACOG's "custom category" with severe disabilities.

The federal poverty line is seen by many as extremely low, especially given the high cost of living in California. Many jurisdictions use a percentage of median income to identify those who are low or very low income in their communities, so the above figures may understate those with difficulty affording transportation services.

**Appendix Table A-13** also shows those seniors with low incomes who live alone. Yolo and Yuba Counties have the highest percentage of low-income seniors 65+ living alone, while El Dorado County has the lowest. Of the cities, Elk Grove, Loomis and Placerville have the lowest percentages in the Region, while Sacramento, Citrus Heights, Roseville and West Sacramento have the highest number of low-income seniors living alone. Nonetheless the numbers are small, as only 6,052 people aged 65+ were low-income and living alone in 2000, or less than 3% of all seniors in the Region.

However, if seniors or persons with disabilities are unable to drive themselves, or to afford a personal vehicle or transportation assistance due to fixed incomes, they can become isolated without affordable transportation options. Isolation, in turn, can lead to greater health problems that ultimately require more costly interventions. Decision-makers may want to consider how to identify and target these seniors and persons with disabilities who have the fewest resources for more transportation subsidies or support.

## Conclusion

The Sacramento Region is facing significant growth in its population of seniors, as well as growth in the working-age population with severe disabilities. This growth is taking place in both more urbanized Sacramento County, and the less urbanized portions of the Region where transportation alternatives are limited. This poses not only a challenge for those who are not able to drive, especially those who have few family or income resources to afford alternatives, but also for all communities who will be called upon to provide expanded transportation services to meet residents' needs.

## Chapter 2: CURRENT AND PROJECTED MODES OF TRAVEL

This chapter discusses what is known about travel modes used by seniors and persons with disabilities nationally and in the Sacramento Region.

### Driving and Private Car Travel

Table 3 below shows that seniors overwhelmingly choose the private vehicle as their primary mode of transportation. These national statistics indicate that those 65+ use private car travel for about 89% of their trips. However, the percentage of trips made as a driver begins to decline as people age and face more difficulties driving. For example, only 60% of elders with disabilities are able to drive, whereas overall, 79% of seniors are licensed to drive.<sup>3</sup> Many seniors replace personal driving trips with rides from family, friends, or volunteers, with the result that the percentage of private car trips remains almost constant for all older age cohorts.

After driving and getting rides, the next most common mode of travel is walking, followed by transit and bicycling. These are summarized in Table 3.

| Age            | Mode of Transportation |                              |       |         |         |       |       |
|----------------|------------------------|------------------------------|-------|---------|---------|-------|-------|
|                | As Driver              | Passenger in Private Vehicle | Walk  | Transit | Bicycle | Taxi  | Other |
| <b>66-70</b>   | 69.00%                 | 20.40%                       | 8.20% | 0.90%   | 0.40%   | 0.00% | 1.00% |
| <b>71-75</b>   | 69.10%                 | 21.30%                       | 7.80% | 0.80%   | 0.50%   | 0.00% | 0.50% |
| <b>76-79</b>   | 63.60%                 | 24.40%                       | 9.30% | 1.20%   | 0.30%   | 0.10% | 1.20% |
| <b>80-84</b>   | 61.60%                 | 27.20%                       | 8.40% | 1.30%   | 0.10%   | 0.10% | 1.20% |
| <b>85+</b>     | 54.00%                 | 33.20%                       | 9.20% | 1.90%   | 0.10%   | 0.20% | 1.50% |
| <b>Over 65</b> | 66.40%                 | 22.80%                       | 8.30% | 1.00%   | 0.40%   | 0.10% | 0.90% |

Source: 2001 National Household Travel Survey.

In future, it is expected that even more elders will be driving . Most current seniors grew up in an era when the majority of adults without impairing disabilities learned to drive. Those aged 85+ have increased the percentage of their trips made by driving from 49% in 1995 to 54% in 2001.<sup>4</sup>

Of course, just the presence of a vehicle does not indicate the use or amount of car travel. National research indicates that older households limit their driving by time of day (daytime rather than night) and type of roads (local streets rather than freeways). Yet

<sup>3</sup> Travel Patterns of Older Americans with Disabilities [BTS]

<sup>4</sup> Nationwide Personal Transportation Study, 1995 and 2001.

households in what are considered “retirement” ages do not all exhibit the same behavior. Households in the 65-to-75 age group look more like “younger” households, while households of residents 75+ show decreases in driving and increases as passengers or in use of other modes.<sup>2</sup>

### **Seniors and Driving in the Sacramento Region.**

A look at Census data on age of household (defined as the age of the householder) and vehicle availability provides additional detail for the SACOG region. **Appendix Table A-15** illustrates that overall about 8% of households in the six-county region have no vehicle available. When we divide households into groups based on age, we see how their vehicle availability changes. The 55-64 age group is similar to the regional average. However, householders 65 and over start to reduce their vehicle ownership.

**Appendix Figure A-16** graphically illustrates the growing share of aging households that have no vehicles available to them. Across the SACOG region, householders 75+ show a significant loss of mobility as measured by vehicle availability. Although these households make up only 2% of total households, householders 75+ comprise 25% of all zero-vehicle households.

California Department of Motor Vehicles (DMV) data on driver’s licenses corresponds with the decrease in vehicle availability as people get older. As shown in **Appendix Table A-17**, licensing in the SACOG region also declines with age, from nearly 80% of all those aged 55 and over, to about 64% of those 75+.

Not owning a vehicle may not necessarily be a factor of income. As illustrated in **Appendix Figure A-16** and **Appendix Table A-15**, Placer County has the highest percentage of senior households without cars, despite having the highest per capita income in the region. In contrast, the second lowest-income county, Yuba, has the highest percentage after Sacramento County of senior households with cars. Similar surprises are present in city-level data that identifies the affluent suburbs of Folsom and Roseville with among the highest proportions of seniors without vehicles. Transit availability and the concentration of retirement communities may explain these differences, but more investigation is needed.

### **Public Transportation**

Public transportation is defined in the Federal Transit Act as transportation by bus or rail or other conveyance, either publicly or privately owned, providing to the public general or special service on a regular and continuing basis. The term “public transportation” is synonymous with the terms “mass transportation” and “transit.”<sup>5</sup>

Public transit, including fixed-route transit and demand-responsive services, is the fourth most important travel mode for seniors. As previously illustrated in **Table 3** on p. 13,

<sup>5</sup> National Transportation Database, [www.ntdprogram.com/NTD/ReprtMan.nsf/Docs/Glossary/\\$File/Glossary.pdf](http://www.ntdprogram.com/NTD/ReprtMan.nsf/Docs/Glossary/$File/Glossary.pdf)

national data suggests the transit mode of travel is approximately one percent for seniors over age 65. This compares with a slightly higher transit mode split of 1.5% for the overall population, indicating that seniors utilize transit somewhat less frequently than the general population.

Public transit includes both fixed-route and demand-responsive transportation services, described in more detail below.

### **Fixed-Route Transit**

All urbanized areas of the six-county SACOG region are served by “fixed-route” transit services, i.e., those that run on regular routes and fixed schedules. A total of 13 operators provide fixed-route bus services, and Sacramento Regional Transit also offers light rail service within Sacramento County. Many of these operators also operate complementary demand-responsive transportation systems for people with disabilities as required by the Americans with Disabilities Act (ADA). **Appendix Figure A-18** illustrates the Sacramento area transit operator service areas.

In fiscal year 2004/2005, the area’s public fixed-route transit operators, ADA/Paratransit and Dial-a-Ride services provided approximately 31 million unlinked passenger trips on some 610 buses, mini-buses and vans, and 76 light rail cars at a cost of \$210.5 million. These services were supported by fares, federal and state subsidies, and local revenues.

The principal state-administered program supporting conventional public transportation is the Transportation Development Act (TDA). Under TDA, in fiscal year 2005/2006, \$71.4 million in sales tax revenue was returned to the localities in which the revenue was collected. These funds were then provided to cities, counties and transit agencies and used either for transit purposes or for local streets and roads where it could be shown that, in accordance with State requirements, there were no “unmet transit needs” that were “reasonable to meet.” Data is not currently available to indicate what portion of total TDA funds were spent on transit vs. local streets and roads.

Traditional fixed-route transit service is most extensive in denser areas of Sacramento, Davis, and certain suburbs, such as Citrus Heights, Elk Grove, and Roseville. Compared to some other parts of the country, relatively generous funding has also allowed transit service to be developed in most of the smaller cities of the region. Many communities in El Dorado, Placer, Yuba, Sutter, and Yolo Counties also have some level of transit service.

While public transportation accounts for a small percentage of travel by older people overall, it is an important option for those who cannot afford a car, are unable to drive or have to limit their driving. Seniors are significant users of public transportation. People 65 and over in the Sacramento metropolitan region use fixed route transit for 4% of their

daily trips.<sup>6</sup> According to national survey data, people age 65 and older account for about 6% of all transit ridership.<sup>7</sup>

Nationally, non-driving seniors are one of the largest groups of transit users, with 14% of non-drivers 75 and over using public transportation as their primary way of getting around.<sup>8</sup> With the projected increases in senior populations, this may have significant implications for transit demand in the coming decades.

### **Demand-Responsive Service**

Research by the National Center for Health Statistics suggests that many people find that their ability to use public fixed-route transit declines with age. The percentage of older people who are limited in their ability to use public transit or cannot use it due to an impairment or health condition increases from only 7% for people age 69 to 74 to 35% for people age 85 and older.

While this means that the majority of older people are capable of riding fixed-route transit if it is available, many younger and older people who have disabilities cannot use fixed-route transit, increasing the demand for demand-responsive service. Among seniors age 69 and older who used to drive but have stopped due to an impairment or health problem, 54 percent are not able to use fixed-route transit<sup>9</sup>.

The ADA made it mandatory for providers of fixed-route transit services to offer comparable demand-responsive services to those who could not use fixed-route services. Demand-responsive services, or transportation services for which the passenger calls in advance for a pick-up, have been provided for many years in the Sacramento region.

Demand-responsive transportation services are offered in many different and diverse forms:

- There are van services (often termed “paratransit” or “ADA Complementary paratransit service”) that transport only individuals who qualify for service under the ADA. These are provided by local cities, transit agencies, transit agency contracts with outside providers, Consolidated Transportation Services Agencies (CTSAs), and nonprofits.
- Some publicly funded services are provided for the use of both ADA-qualified individuals and seniors over a specified age whether or not they have a disability. (This is lumped by many transit agencies under the title of “Dial-a-Ride” services.) A good example of this type of service is provided by the private nonprofit Paratransit, Inc. in Sacramento County, since they transport any eligible

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<sup>6</sup> SACOG, Sacramento Region Transit Rider Survey Results, September 2006.

<sup>7</sup> 2001 National Household Travel Survey, tabulation from data available at <http://nhts.ornl.gov/2001/index.shtml>

<sup>8</sup>Ritter, Straight & Evans. *Understanding Senior Transportation*. AARP Public Policy Institute 2002.

<sup>9</sup> National Center for Health Statistics, *Second Supplement on Aging, 1994 Version 2*, Issued September 1998.

- individual with a disability and anyone 75 years or older regardless of disability within the Sacramento Regional Transit District service area.
- Demand-responsive Dial-A-Ride transportation is often offered in less urbanized areas outside the geographic areas where fixed-route transit services operate. These curb-to-curb services are also sometimes available to the general public.
  - Finally, there are consolidated transportation service agencies (CTSAs) which offer various transportation services to eligible seniors and persons with disabilities.

These demand-responsive transportation services provide an array of transportation possibilities for those with mobility limitations. For those who use ADA demand-responsive service, it provides valuable assistance. Federal rules require operators of ADA demand-responsive service to serve all qualifying trips that are requested and to maintain high standards of service accessibility and reliability.

The demand-responsive transportation services operated by public transit operators are used by significant numbers of seniors and persons with disabilities. For example, in 2005, Paratransit reported that it served 723,345 passengers, although it is not known how many unlinked passengers trips this represents.<sup>10</sup>

Only 63% of disabled persons drive vs. 88% of non-disabled persons. For persons with disabilities who are unable to drive, public transportation is especially important because they are the most transit-dependent group in the country. Of non-driving disabled persons, approximately 26% use public buses or demand-responsive services, and 11% use rail services including light rail, commuter rail and subways. Many persons with disabilities use accessible public transportation to get to work, medical services, school, recreation, shopping, visit friends, and all of the other activities of daily living. Lack of suitable and affordable transportation severely constrains the opportunities for independent living, with 5% of disabled persons never leaving their homes due to a lack of transportation.<sup>11</sup>

The fiscal and service delivery implications are profound given that ADA demand-responsive service is expensive to provide and insufficient federal, state and local funding has been made available to help transit systems comply with ADA mandates.

Additionally, even assuming disability rates remain constant, sheer population growth, especially among senior age cohorts, suggests a significant increase in the population eligible for most demand-responsive services. In 2000, approximately 16% of the total regional population qualified for demand-responsive service. Since most local demand-responsive systems serve seniors over a specified age regardless of disability, by 2030 that percentage is likely to increase even more.

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<sup>10</sup> Annual performance data provided in Paratransit, Inc. FY 2004-05 State Controller's Report

<sup>11</sup> Freedom to Travel, US DOT Bureau of Transportation Statistics, 2002.

## Supplemental Transportation Services

Academic research suggests that filling the gaps left by demand-responsive transportation providers is likely to involve other kinds of supplemental services that may be operated by cities, counties, community-based organizations, or private companies.

Public transportation services are already being supplemented in many parts of the SACOG region with some local services provided by local agencies and community-based organizations. These services include transportation operated in conjunction with services such as senior centers or nutrition sites, disability training or work programs, or adult day health care centers, along with volunteer programs offering rides in private vehicles or agency vans to destinations of particular interest to older people or those with disabilities, including medical appointments and errands.

These supplemental programs sometimes offer door-to-door assistance and/or escorts and usually have low fares or are free. In some cases these programs are partially supported by local sales tax measures for transportation. Others are sustained by local funds, volunteer labor, grants and donations. In many communities, privately operated taxi services further supplement public/nonprofit programs.

A number of research papers point out that supplemental demand-responsive programs and taxi subsidies are typically not constrained by the rules that govern ADA services. As a result, these programs can serve a wider population who do not qualify for ADA demand-responsive transportation, while prioritizing particular types of trips, such as medical trips or meal program trips.

Many of the region's transit agencies, including Paratransit, Inc., *e-tran*, Folsom Stageline, SCT/Link, and Yolobus already offer demand-responsive services to both ADA-eligible riders and seniors over a certain age regardless of disability. Some transit agencies, such as El Dorado, Lincoln, Placer County, Roseville and Yuba-Sutter Transit, also provide Dial-a-Ride service to the general public.

## Walking and Bicycling

As shown previously in **Table 3** on p. 13, nationally walking as a mode of local transportation is second only to driving or riding in a private motor vehicle, accounting for about 8.3% of trips made by those 65 and over.<sup>12</sup>

As shown in the following table, nationally nearly 60% of individuals without disabilities walk for at least some of their trips, as do almost half of those who have disabilities. Bicycle use is lower, with about one-third of those without disabilities using a bike for at least some of their trips, and about 18% of those with disabilities.

<sup>12</sup> Bureau of Transportation Statistics, National Transportation Availability and Use Survey, 2002.

| <b>Table 4 - Percentage of People Nationally Who Walk or Bike for local trips during one month</b> |                 |                     |
|--|-----------------|---------------------|
|  | <b>Disabled</b> | <b>Non-disabled</b> |
| <b>Mode</b>  |                 |                     |
| <b>Walk</b>  | 46.55%          | 57.90%              |
| <b>Ride a bicycle</b>  | 17.53%          | 33.47%              |

**U.S. DOT, Bureau of Transportation Statistics, 2002 National Transportation Availability and Use Survey.** (Note: Walking includes the use of non-motorized wheelchairs and scooters.)

The SACOG Region comes close to national figures with approximately 5% of all local trips taken by walking.<sup>13</sup> Unfortunately, data is not available by age cohort. It is hoped that future travel surveys will obtain more detailed data on mode choices of elders and those with disabilities.

|                   |
|-------------------|
| <b>Conclusion</b> |
|-------------------|

Increased rates of senior driving compared with previous generations, combined with expected numerical increases in the senior population, mean that there will be a larger population of older drivers in years to come. Despite higher rates of driving, however, sheer population increases, especially among the oldest age groups, will also mean that the number of older people needing alternative modes of transportation will almost certainly increase as well.

Offering a variety of viable, affordable mode choices will be important over the coming decades. Supporting safe driving, adequate fixed-route and demand-responsive transit services, supplemental programs, and pedestrian facilities will all be important to keeping the growing population of seniors and persons with disabilities as mobile and independent as possible.

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<sup>13</sup> SACOG, SACOG Household Travel Survey, 1999.

## Chapter 3: COMMUNITY INPUT

From April to June 2005, SACOG with assistance from Odyssey conducted over 100 outreach calls and six workshops to help inform this Study. The purpose of the phoning and workshops was to hear directly from people in each of the six counties in the region, including service providers, older community residents and those with disabilities, about the barriers to mobility that seniors and persons with disabilities face, key locations people want or need to reach, and local preferences for transportation-related improvements that would help people travel more easily to their destinations.

The workshops were held as follows:

| County               | Workshop Date | Location                                      | # of workshop participants |
|----------------------|---------------|---|----------------------------|
| Placer County        | June 4        | Roseville Sports Center                       | 12                         |
| Yuba/Sutter Counties | June 9        | Yuba County New Government Center, Marysville | 15                         |
| Yolo County          | June 9        | Davis Senior Center                           | 13                         |
| Sacramento County    | June 11       | Hart Senior Center, Sacramento                | 19                         |
|                      | June 23       | La Sierra Community Center, Carmichael        | 15                         |
| El Dorado County     | June 14       | El Dorado County Senior Center, Placerville   | 17                         |

Common themes emerged from the six workshops and phone interviews and are detailed below. Results of the workshops are summarized by individual county later in this section. Detailed notes from each workshop are also included in the Appendix.

### Input on Destinations

The following are destinations that people across the region generally felt were important for seniors and persons with disabilities to be able to reach:

#### Medical Services

- Kaiser Permanente facilities: in Folsom, Sacramento (Morse Ave., Point West, South Sacramento), Roseville (Riverside, Eureka Rd., Park Lane Pharmacy), eventually Lincoln
- UCD Medical Center in Sacramento
- Mercy medical facilities in Folsom and Sacramento
- Mather Veterans Administration hospital
- Other local hospitals and clinics (e.g., Auburn Faith, Dewitt Clinic, Woodland Memorial, MedClinics, urgent care clinics)
- Medical complexes/doctor's offices surrounding hospitals
- County health clinics
- County/outpatient mental health clinics

- Dialysis centers
- Specialized services like wheelchair repair centers in Sacramento and Roseville
- Adult day health care

### **Education/Employment**

- Services/centers for people with various disabilities – e.g. programs for blind/visually impaired, deaf/hearing impaired, those with developmental disabilities, independent living programs, disability training programs, adult day programs
- One-stop centers
- CalWORKS
- Employment Development Department
- Department of Rehabilitation
- Adult education programs
- Colleges and universities
- Access to school buses

### **Government Services**

- Federal, state, county offices
- Social Security offices
- Public libraries
- Legal services
- County Social Services
- Post Office

### **Shopping/Errands**

- Grocery stores
- Pharmacies
- Big box stores like K-Mart, Wal-Mart, Target, Home Depot
- Downtown areas
- Shopping malls – traditional and outlets
- Banks
- Pet stores/veterinary clinics

### **Social/Recreational Opportunities**

- Senior centers
- Religious congregations
- Movie and other theaters
- Gyms/athletic clubs
- Community pools
- Community centers
- Sports arenas
- Nature centers/lakes/rivers
- Fairs and special community events

### **Connections for Longer Distance Travel**

- Sacramento International Airport
- Amtrak Station
- Greyhound bus stations

## **Input on Mobility Issues**

There were also a number of barriers to mobility for seniors and persons with disabilities commonly cited in phone interviews and workshops. These were as follows:

### **Barriers to driving:**

- The costs of driving, including gas, maintenance, and insurance, plus high adaptive equipment costs for persons with disabilities where not covered through an employment-related program
- Heavy traffic
- High-speed traffic
- Rainy or snowy weather
- Insufficient parking close to destinations

### **Barriers to use of fixed-route transit**

- Insufficient service, especially midday, evenings, weekends, and also in more rural areas
- Lack of transit service near where people live and serving their destinations
- Ride times that are long, especially if there is a need to transfer
- Drivers not following rules and training concerning riders who are seniors or have disabilities
- Bus stops that are far from destinations and/or have poor physical access
- Lack of system integration and geographic boundaries of providers that result in poor timing and schedule coordination between different providers, make it difficult for riders to connect for intercity travel, and/or require multiple transfers
- Insufficient transit information reaching the public.

### **Barriers to use of demand-responsive services**

- Requirements for advance scheduling
- Insufficient service in terms of hours, capacity, and geographic areas served
- Long waits for pick-ups
- Difficulty of intercity connections
- Curb-to-curb service that is insufficient for those who need additional help to/from the vehicle or to carry packages.

Reaching medical appointments was considered one of the greatest unmet needs for those who must rely on demand-responsive services. Service providers interviewed especially noted a number of challenges for ride-dependent seniors and persons with disabilities.

Those needing to reach medical facilities in another city or county may encounter difficulties trying to cross geographic boundaries, especially where eligibility requirements differ. Most demand-responsive services require advance reservations, making it difficult to reach a doctor for a same-day appointment because of an illness or emergency. It is also hard to predict how long a medical appointment will last, so it is difficult to schedule a timely pick-up. Transit agency demand-responsive programs, which are all curb-to-curb, require clients to wait outside for a pick-up, and if they are late it can be a particular hardship for someone who is frail or ill, especially in hot, cold, or wet weather. Seniors with dementia can be too confused to successfully reach an appointment without escort, while van transportation itself can exacerbate certain medical conditions. Meanwhile demand for demand-responsive services especially by dialysis clients keeps growing, decreasing capacity for other users.

Yet, gap-filling services such as volunteer driver programs are generally oversubscribed, and taxi services are not always available or subsidized for seniors and persons with disabilities with low incomes. Additionally providers reported that taxi services did not offer access for wheelchairs and that there can be cultural differences on the part of taxi drivers that inhibit clients with disabilities, such as the individuals who use service animals.

#### **Barriers to mobility as a pedestrian**

- Busy intersections that are difficult to cross
- Insufficient crossing times at intersections
- Lack of sidewalks or sidewalks in poor condition.

### **Input on Solutions**

Interviews and workshops also generated some common priorities for solutions to improve mobility for seniors and persons with disabilities across the region. These were:

- Driver safety training
- More information on alternatives to driving and mobility training to educate individuals in the use of fixed-route transit. (for a more detailed description of mobility training, see p.44)
- More fixed-route transit service with more buses, evening and weekend service, and greater frequencies of service
- More alternative options, such as shuttles, jitneys, smaller vehicles, volunteer services, and subsidized taxi services
- Safer pedestrian crossings
- Improved sidewalks
- Pedestrian overcrossings in some locations.

The next section of this chapter details the input received from each county. Subsequent chapters outline current and suggested action steps, building on this community input.

Chapters 4 and 5 discuss current federal, state and local programs that have begun to address identified barriers to senior and disabled mobility. Chapter 6 offers a broad array of study recommendations to support planning and services for senior and disabled mobility over the coming decades, including the challenges and parties who will be needed to insure their implementation.

## **INDIVIDUAL COUNTY SUMMARIES**

The following sections summarize current transportation services available in each county in the region, and the input on barriers and solutions obtained through phone interviews and each county's workshop. Detailed workshop notes including specific priority destinations identified for each county may be found in Appendix D.

### **El Dorado County**

El Dorado County is one of the fastest growing counties in the region. It includes the historic city of Placerville, the county seat, communities such as Cameron Park and El Dorado Hills with their expanding residential developments, and older more rural communities such as Camino – home to Apple Hill – and Pollock Pines. (This study did not examine South Lake Tahoe as it is not part of the SACOG Region.)

El Dorado Transit provides all public transit services in the county:

- Fixed-route buses serving Placerville, Pollock Pines, Camino, Diamond Springs and Grizzly Flat, and the Iron Point Light Rail Station
- Commuter buses to downtown Sacramento
- Dial-A-Ride services for seniors and persons with disabilities, and the general public subject to restrictions
- ADA Complementary Paratransit service in Placerville
- Daily service to the Placerville Senior Center
- SAC-MED, shared-ride transportation that takes senior, disabled and general public passengers from five pick-up points in El Dorado County to non-emergency medical appointments in Folsom, Sacramento and Roseville.

The County used to organize volunteers to drive a Veterans Administration-provided van to transport veterans to V.A. hospitals in Mather, Auburn, Reno, McClellan, and Martinez. They are hoping to restart the service in future.

### **Reported Barriers to Mobility**

#### **Driving**

El Dorado County senior and disabled drivers report particular challenges in that Highway 50 is largely the connector between communities in the county. Distances are significant and winter weather can be difficult for driving. There is also much highway traffic, especially on weekends and in the fall when Apple Hill is a prime destination.

Other barriers to driving reported by workshop participants were: bad road conditions, excessive traffic on rural roads, tailgating, inattentive drivers, and the costs of driving. Seniors expressed concerns at being pressured not to drive by their families or being contacted suddenly by the DMV about their driving ability.

### **Fixed-Route Transit**

Participants felt the most important barriers to transit use were long rides, lack of service in some areas of the county, and insufficient night service. Some also specifically noted barriers to reaching bus stops at park-and-ride lots and where there is a lack of paving or location on a steep grade that makes wheelchair access difficult.

### **Demand-Responsive Services**

Because of the rural nature of parts of the county, workshop attendees commented that many people live outside the Dial-a-Ride boundary and so do not qualify for service. They observed that it is expensive to use taxi service, and there were no volunteer programs available. Participants also noted the increasing demands on local demand-responsive services. Daily requests are increasing, and subscription service is full with a waiting list, making it hard for working people to rely on the service as it is first-come, first-served. As in other communities, participants noted the difficulty of having to schedule 24 hours in advance, especially for medical appointments, and the increased difficulty of reaching the Cancer Center since it moved from Placerville to Cameron Park. Additionally, those present mentioned barriers such as service not running late enough; the level of respect afforded some customers; cost; and needs for door-to-door assistance.

### **Pedestrians**

Participants recognized the hilly terrain in and around towns as a major barrier to mobility as a pedestrian. They also described a number of locations without crosswalks, absent or incomplete sidewalks near shopping centers and mobile homes, and missing curb cuts.

## **Preferred Solutions**

### **Driving**

Workshop attendees wanted to see more training and information available on safe driving, including AARP and Car-Fit programs. They also prioritized mobility training on using fixed route transit and alternatives to driving.

### **Fixed-Route Transit**

Participants wanted particularly to strengthen design review to enable better transit access in new developments. Attendees also determined it would be helpful to offer increased information on transit options, additional transit subsidies for lower-income seniors, community shuttles to get riders to bus stops on the fixed routes, and assistance with climbing bus stairs if “kneeling” buses were not physically feasible for certain areas.

### **Demand-Responsive Services**

Participants selected a community-coordinated volunteer program to fill transportation gaps as the most important solution to mobility barriers in the county. They also prioritized expanding demand-responsive service and the Senior Center Shuttle's service area.

### **Pedestrians**

Workshop attendees wanted to see safer pedestrian crossings, especially near Prospector Plaza and at Highway 50 and Spring St., and traffic calming efforts to increase pedestrian mobility.

## **Placer County**

One of the fastest growing counties in the region, Placer County includes the city of Auburn, the county seat; Roseville, considered a regional job center, and its neighbor, Rocklin; the city of Lincoln, home along with Roseville to a large Sun City senior community; and other smaller communities such as Granite Bay, Loomis, Colfax, Foresthill and other more rural areas. (This study did not include communities in the Lake Tahoe area given their significant distance from other portions of Placer County.)

Roseville, Lincoln and Auburn each operate their own bus service within city limits. Roseville and Lincoln Transit also offer city Dial-a-Ride service, including same-day and general public service subject to availability. Roseville Transit also runs extensive commuter service to Sacramento. Placer County Transit (PCT) offers fixed-route service between cities in the county, including routes to Sierra College in Rocklin, and commuter service along I-80 from Colfax to Sacramento. PCT also offers Dial-a-Ride services for Granite Bay, Loomis, Rocklin, and along Highway 49.

The Consolidated Transportation Service Agency of Placer County (CTSA), operated by PRIDE Industries, offers a number of specialized transportation options for Western Placer County residents. Services include weekday service between Foresthill and Auburn, and subscription transportation for clients, especially those with developmental disabilities, participating in specific social service programs. CTSA also provides transportation for a fee for non-emergency healthcare appointments within Placer County.

Senior Independent Services (formerly Foothill Volunteer Center) fills gaps by organizing volunteer drivers to take seniors and disabled adults to local doctor's appointments, grocery shopping, the bank, and other local errands. Service is door-to-door with a minimum of two days' notice for residents of Granite Bay, Colfax, Auburn, Roseville, and Lincoln, with limitations on service hours to avoid traffic. Funding is provided by the Area 4 Agency on Aging, CTSA, Placer County, and fundraising.

## **Reported Barriers to Mobility**

### **Driving**

Workshop participants noted that older drivers tend to avoid highways and high-speed roads, especially at busy times of day, and find it difficult to walk from far parking spaces to retail stores and offices. Yet, they noted that many continue to drive even when they likely shouldn't because of inconvenient transit times and lack of other options. Auburn interviewees reported that over 30 seniors per month take AARP's Driver Safety course for fear of losing their licenses.

### **Fixed-Route Transit**

Workshop attendees and others interviewed felt a major barrier to transit use is insufficient service, especially in Auburn and other more rural communities. Some expressed concern that cities were using TDA (Transportation Development Act) funds for local roads despite greater needs for transit service. Of particular note was the difficulty of intercity travel: from Auburn, Lincoln and other outlying towns to Roseville for jobs, shopping, programs such as PRIDE, and medical services, and across county lines to destinations in Sacramento County. Attendees also noted a lack of coordination between different providers, and multiple transfers that sometimes require multiple fares.

Other barriers mentioned included: small print size used in transit information, insufficient assistance from transit personnel to understand the system, limits on shopping bags/packages, narrow streets that limit bus access, limits on wheelchair access, and stops that are spaced too far apart.

### **Demand-Responsive Services**

Many comments were received concerning barriers to mobility due to insufficiencies in demand-responsive service. Barriers included: needs of some for door-to-door assistance; inconsistent driver assistance or patience with mobility-challenged clients; problems with timely pick-ups on both ends of the trip; lack of telephones at bus shelters and shopping centers to be able to check on a late pick-up; and difficulty of travel across city lines due to providers' geographic restrictions.

Participants and interviewees also noted insufficiencies in other gap-filling services. The Sun City senior communities in Roseville or Lincoln, with their thousands of homes, are pitched to "active" seniors. They do not provide transportation services for residents who, as they age, are no longer able to drive, relying instead on resident volunteers. Volunteer-based services many times cannot transport people who use wheelchairs.

Disability program staff also noted that even though job and day programs are often available, clients with similar profiles may or may not qualify for transportation services to get to them because of eligibility requirements. They also reported that some contracting agencies don't permit CTSA to carry other programs' clients even when going to the same destination.

## **Pedestrian**

The main barriers to mobility as a pedestrian were reported as: insufficient crossing times at intersections; high curbs and insufficient curb cuts; and long distances from parking and transit stops to retail stores and offices.

## **Preferred Solutions**

### **Driving**

Participants felt the DMV should review the licenses of drivers with multiple accidents within a short time period. The group also prioritized education for DMV staff and drivers, including: sensitivity training for DMV staff regarding senior driving cessation; more available information on alternatives to driving through the DMV, community locations and the media; and specific education on stopping for pedestrians and emergency vehicles.

### **Fixed-Route Transit**

Workshop participants were particularly interested in shuttle services: within shopping centers, to medical centers and other key services, and to special/community events from senior residences. They suggested developing shuttles with funding support from retailers and HMOs, in partnership with the transit agencies and/or social service providers. Attendees also prioritized more and better coordinated fixed-route services, an integrated regional fare system, and improved transit stops.

### **Demand-Responsive Services**

Participants looked first for dispatching improvements and public phone availability to insure correct and timely pick-ups at home and destinations. Also particularly important to attendees and those interviewed were better coordination between demand-responsive service providers, and seamlessness of the system for the user, regardless of which program a client is eligible for. Additional priorities were driver sensitivity training, more door-to-door assistance, and increased availability of accessible, subsidized, local and intercity taxi services.

### **Pedestrians**

Participants emphasized improvements for pedestrian safety and access: safer street crossings, longer crossing times, sidewalk connectivity, and pedestrian-friendly development including pedestrian access-ways through parking lots. Participants also encouraged driver education through the DMV on pedestrian right-of-way and unmarked intersections still being crosswalks.

## Sacramento County

As the largest in the region in terms of population, Sacramento County also has a large number of transportation providers. The Sacramento Regional Transit District (RT) operates all light rail and fixed-route bus services in a 418-square-mile service area in the county, with light rail construction underway to reach the Downtown Amtrak Depot, and planning underway for an extension of the South line to Cosumnes River College.

*e-tran* is the City of Elk Grove's transit service. It offers mobility training and local bus service within Elk Grove and Laguna, including special school year service to middle and high schools, and commuter service to Cosumnes River College and Sacramento, including connections to light rail at the Meadowview station and Downtown Sacramento, and to SCT/Link. Elk Grove residents who are 75+ or qualify for ADA service can also call *e-van* for Dial-a-Ride service within Elk Grove, or to medical and other destinations within urbanized Sacramento County, including the airport (provided via a contract with Paratransit).

Paratransit, Inc. is also contracted by Sac RT to provide demand-responsive services. They operate over 150 vehicles and their maintenance shop provides services to 40 other agencies in the Sacramento region. Paratransit, Inc. provides trip planning and services to 24 community partners, ranging from United Cerebral Palsy to the Women's Civic Improvement Center. Paratransit also offers mobility training for county residents on using RT buses and light rail. In some cases, they may also offer mobility training to residents of certain Yolo and Placer County communities.

South County Transit (SCT/Link) operates service in the southernmost part of Sacramento County. SCT/Link offers local bus service within Galt, service to communities in the Delta, and an express route along Highway 99 connecting Lodi, Galt, Elk Grove and Sacramento. SCT/Link also provides Dial-a-Ride service within Galt for seniors with disabilities and the general public, plus limited service between Southeast Sacramento County and the City of Galt for the general public, and trips between Galt and medical facilities in Sacramento for seniors and persons with disabilities.

Folsom Stage Line offers local fixed-route bus service, including connections to Folsom light rail stations, and Dial-a-Ride service within Folsom city limits for persons with disabilities and those 55 and over.

In terms of other community transportation options, many adult day health care programs transport clients to their facilities, and there are also several organizations providing volunteer transportation services. These include:

- United Christian Center's Health Reach program, which transports seniors and persons with disabilities in South Sacramento to medical appointments. Funded through United Way, it is a free service running two vehicles on weekdays.
- The Asian Community Center offers seniors in four zip codes (95831, 95822, 95818, and 95814) transportation from home to classes, social visits, and day

- care, and group shuttles to senior housing, field trips, neighborhood errands, and medical appointments, with volunteer escorts for door-through-door assistance. ACC's two vans, leased from Paratransit, are largely funded through a grant from the Area 4 Agency on Aging and donations.
- Stanford Settlement offers transportation to and from the Sister Jeanne Felion Senior Center for lunch using 15-passenger vans, and door-to-door car transportation and escort for seniors to doctor's appointments using volunteers. To be eligible, seniors must live in zip codes 95815, 95833, 95834, or parts of 95836, 95837 or 95838, and request medical escort at least 3-4 days in advance.
  - United Cerebral Palsy offers weekday fixed route, door-to-door service for people with developmental disabilities to various community educational and vocational programs throughout the Greater Sacramento area.
  - The American Cancer Society's Road to Recovery program provides transportation to ambulatory cancer patients without other alternatives to reach cancer-related treatment and medical appointments.
  - For a donation, Galt Concilio offers Galt seniors and persons with disabilities van or car transportation, provided by volunteer drivers with a week's notice, to medical appointments in Galt, Lodi, Stockton and Sacramento.
  - Cordova Senior Center operates two vans that bring seniors to the center for activities.
  - The Society for the Blind offers transportation for those attending classes at its midtown location, as well as for its senior retreat program and Senior Impact Program.

## **Reported Barriers to Mobility**

### **Driving**

Driving was discussed only at the June 23<sup>rd</sup> workshop. Participants mentioned as barriers to driving memory problems on the part of seniors, and fear of driving in high speed or heavy traffic. They also noted concerns about others' driving, especially inattention, not following the rules of the road, and running red lights. Additional barriers to driving were parking issues, poor street signage, and the costs of operating a vehicle. Service providers interviewed also described seniors' fear of asking for help with their driving as they develop mobility-impairing conditions such as arthritis or hearing loss, for fear of losing their driving privileges.

### **Fixed-Route Transit**

Some workshop participants felt that the transit system is built around standard commute times. Participants generally felt there is insufficient midday, evening, weekend, holiday, and neighborhood shuttle service, including in many areas with large populations of transit-dependent people and to many destinations. Attendees observed that transfers are sometimes across the street and/or very tight, and if a bus is missed there can be a long wait for the next one given infrequent schedules. Providers also noted that riders may not know to ask drivers to communicate where there is a potential to miss a key transfer.

Participants also noted a lack of coordination and integration between different transit systems, and difficulty understanding the system of transit hubs and transfer fares. Service providers interviewed also described seniors' fears of getting lost, of safety at transit stops, and of using transit at hours when many teenagers are present.

Many present also discussed concerns with bus stops that are more than a block or two away from a grocery store or medical office, not clearly marked, in inaccessible locations (e.g., no sidewalk or poor drainage), or without shelters or benches, sufficient lighting or clean conditions. Of particular concern for safe access was the crossing under Highway 50 to the 65<sup>th</sup> Street Light Rail Station.

Participants also offered barriers concerning the transit ride itself. Some reported driver insensitivity to seniors and persons with disabilities, and inconsistency with calling out of stops and following ADA rules and operator policies. Some noted insufficient time to board and exit, risking doors closing on passengers. Some also expressed frustration that bus drivers are unable to enforce priority seating for elderly and disabled persons, and with the limit of two wheelchairs on buses.

Lastly, participants were concerned with the information offered to customers, including incorrect information sometimes provided by customer service agents, and a lack of notice about stop location changes, route diversions, closures, road construction barriers, and the like.

### **Demand-Responsive Services**

Those present observed a lack of coordination between demand-responsive systems across geographic boundaries (e.g., Folsom and Sacramento), and of integration between special needs transportation and other public and private transportation systems. Some felt barriers to use of demand-responsive service include the need for advance appointments, service cost, changing drivers, and lack of door-to-door assistance and priority parking at destinations. Workshop participants and other service providers observed that at times there are long waits for client pick-ups, which can be especially difficult after medical appointments and for frail elders. Additionally, they noted that there can be a lack of next-day space and individuals are sometimes denied a ride because of insufficient capacity. Participants noted the lack of accessible taxi services and of community/volunteer transportation services to fill the gaps, with no system or TMA available to help organize them in neighborhoods.

### **Pedestrians**

Participants suggested that streets are generally designed poorly, with too much focus on cars and not enough on pedestrians. Various participants identified missing or poorly maintained sidewalks, items blocking sidewalks, sloping curbs or curb cuts that don't drain properly, and insufficient lighting as barriers to walking and wheeling. At intersections, crossing times, roundabouts, and lack of "automatic"/loop sensor crossing signals may also inhibit mobility as a pedestrian. Some participants noted that pedestrian access to malls from bus stops can be difficult due to a lack of pedestrian access ways

through parking lot areas. They reported that seniors and persons with disabilities are also inhibited by driver inattentiveness and not noticing or yielding to pedestrians.

### **Preferred Solutions**

There was significant interest in improvements to the transportation planning process in general to include the needs of elders and persons with disabilities, and recognize the county's changing demographics. Participants suggested greater emphasis on universal design and transit-oriented development, and requiring any project listed in the Metropolitan Transportation Plan to demonstrate that the project will work for all possible users. Attendees also recommended examining all aspects/paths of travel and design guidelines and funding that support better design for high speed roads and pedestrian and bicycle access, including such items as resting places on route to bus stops..

There was also interest in increasing public participation through greater public outreach and information on transportation and planning meetings, including those of SACOG, and formation of a SACOG ADA committee to insure senior and disabled concerns are heard and incorporated.

### **Driving**

Priorities for workshop participants were greater enforcement of rules of the road and education of drivers of all ages. Additionally, attendees wanted to decrease insurance barriers for volunteer/community drivers, along with policy maker education and a more cooperative approach to transportation planning.

### **Fixed-Route Transit**

Both workshop groups ranked first more funding for transit. Participants suggested focusing transit funds on more frequent midday, evening, weekend, and Neighborhood Ride service, not just commuter service. Some participants also prioritized bus stop amenities such as shelters and benches, safety mechanisms on bus doors to keep them from closing too quickly, low-floor buses, upgrades to wheelchair restraints, and real-time transit information technology.

Both groups were interested in changes concerning drivers: not only more sensitivity and ADA communication, training, supervision, and accountability for drivers (and customer service staff), but also incentive pay and customer appreciation systems to recognize good drivers, and management support for drivers to remove problem riders. There was also interest in safety improvements at bus stops and on buses, especially downtown, including improved lighting and visibility at stops, and community partnerships to implement improvements.

Lastly, participants recommended making transit systems more seamless, with common transfer points (for Dial-a-Ride, too), universal fare cards, and better linkages of smaller communities to larger ones.

### **Demand-Responsive Services**

In general, workshop attendees and service providers interviewed wanted to see more options and gap-filling services. These included smaller vehicle and jitney services, expanded demand-responsive and community/volunteer transportation programs, and more taxis that are regulated, insured, supervised, offer a variety of passenger payment options and accessible vehicles, and include discounts/sliding scales/subsidies for low-income seniors/persons with disabilities. Workshop participants prioritized more funding for these purposes, as well as looking at distance-based pricing, and priority for rides based on medical need. Participants also observed that developers of senior residential communities such as Sun City should have some responsibility to provide transportation services.

### **Pedestrians**

Participants prioritized walkability and utilizing Universal Design principles (see p. 51 and Appendix C for more detail on Universal Design.) in planning streets for pedestrians and ADA accessibility. They specifically wanted to see increases in crossing times at intersections using federal guidelines for the pace of older and disabled persons, more use of technology to improve pedestrian access, and expansion and improvement of sidewalks, including accessible paths of travel through large parking lots at major destinations.

## **Yolo County**

Besides its larger cities of Woodland, Davis – home to UC Davis – and West Sacramento, Yolo County includes numerous smaller communities such as Winters and Esparto and more outlying rural areas like the Capay Valley. The county is served by three transit providers.

The Yolo County Transportation District (YCTD) operates YOLOBUS, which offers local and/or intercity service to Davis, West Sacramento, Winters, Woodland, downtown Sacramento, Sacramento International Airport, Cache Creek Casino, Esparto, Madison and Knights Landing. YCTD also operates the following curb-to-curb Dial-a-Ride services: local service for persons with disabilities in Woodland; local service and to medical appointments in Sacramento for West Sacramento seniors and persons with disabilities; and intercity service within or between the communities of Woodland, Davis, West Sacramento, the airport and downtown Sacramento. ADA rural service consists of route deviations by fixed-route buses for residents of Winters and other more rural communities.

Within the city of Davis, Unitrans provides fixed-route transit service for UCD students and the general public. The service is funded through a partnership between the Associated Students of UC Davis and the City of Davis, with most employees UC Davis students. Unitrans also operates a UCD Med Center and UC Berkeley Shuttle.

Davis Community Transit operates curb-to-curb Dial-a-Ride service for senior and disabled Davis residents, with service to the general public at a higher fare when space is available.

To fill gaps:

- Woodland Community Care Car operates two vans driven by volunteers to take ambulatory seniors to and from medical, dental and legal appointments, beauty or barber shops, visits to a spouse or relative in a hospital or nursing home, shopping, banking, Social Security, the Senior Center, Concilio, Employment and Social Services Department, library and post office within Woodland. The vans also take passengers to the Woodland Senior Center for their lunch program.
- United Christian Centers in West Sacramento operates several different transportation programs, including transporting disabled adults to the local adult day health care program, and taking West Sacramento, Woodland, and Davis clients to the John H. Jones Clinic for substance abuse or medical treatment.
- Yolo Adult Day Health Center in Woodland operates four vans/mini-vans to bring clients to their program.
- Using two vans driven by volunteers, the Yolo County Veterans Service Office organizes rides for local veterans to medical appointments at veterans hospitals at Mather, McClellan, Martinez, Mare Island, and occasionally San Francisco.

## **Reported Barriers to Mobility**

### **Driving**

Cost and information were considered the main barriers to driving as a means of transportation. Workshop participants reported that the high cost of adaptive equipment and special assistance drivers limit driving as an option for persons with disabilities. Additionally, attendees noted that the DMV does not provide sufficient information on the availability of limited driving privileges or alternative mobility options and mobility training for those who must limit or stop driving. Service providers interviewed also mentioned that seniors fear travel at night and consider driving out of town very far, even if it is only 10 miles.

### **Fixed-Route Transit**

Participants felt a primary barrier to transit use was insufficient availability of bus service outside of regular work hours, on Sundays and holidays in Davis, and between Yolo and Sacramento counties. Also, conditions of the trip itself were considered to be barriers: weather, lack of bus stop sidewalk access and shelters, jolting and lack of a smooth ride on buses, and insufficient driver assistance or sensitivity to clients with mobility impairments. Attendees additionally reported insufficient transit information and a lack of mobility training for passengers encouraged to use fixed route buses instead of demand-responsive service.

### **Demand-Responsive Services**

Workshop participants offered a number of time-related barriers to mobility with current service: required advance reservations (at least 24 hours), waits for pick-ups, long ride times for short distances, and lack of guaranteed rides for emergencies/last-minute medical appointments. Attendees also described the limits to service in the county: insufficient vehicles at peak travel times; little inter-county transport, and especially scarce and insufficiently publicized transportation services to medical care in Sacramento; and inadequate gap service for wheelchair users and in smaller communities, especially for emergencies and unplanned situations. Service providers interviewed also emphasized client difficulties with boarding alone, with understanding the system, and with cost when combined, for example, with congregate meals.

### **Pedestrians**

Attendees identified numerous sidewalk-related barriers to pedestrian travel: lack of curb cuts in older city areas, cracks and awkward angles, and indirect paths that add distance. Participants also reported as barriers busy intersections without signals or with signal times that are too short for safe crossings.

### **Preferred Solutions**

#### **Driving**

Participants prioritized driver safety training along with more information and training in using alternatives to driving, including transit buddies.

#### **Fixed-Route Transit**

Attendees stressed more buses for more service, including nights and weekends and more spaces for wheelchair users, accompanied by enforcement of stop announcements and reserved spaces for seniors and persons with disabilities. Participants also prioritized sensitivity training for all drivers on smooth driving of large buses or Dial-a-Ride vehicles, and including simulations to understand varied impairments.

### **Demand-Responsive Services**

The highest priority for workshop participants was supplemental, subsidized, accessible (ramp-equipped) taxi service, similar to that in San Francisco. The next was for expanded demand-responsive service hours, and greater same-day flexibility for adding riders seeking destinations similar to those with advance reservations. Attendees suggested shuttles to high-demand destinations, and that large medical facilities, such as Kaiser, provide transportation to medical appointments for those needing transportation assistance. Lastly, the group suggested developing a centralized list, managed by a transportation broker or coordinator, of groups or agencies with accessible vehicles who could transport disabled persons during unplanned situations, such as an illness at work or a vehicle break-down.

### **Pedestrians**

Workshop participants prioritized improving street crossings and sidewalks, including more curb cuts, audible signals, trees for shade, and reduced sidewalk barriers.

## **Yuba and Sutter Counties**

Yuba and Sutter Counties are home to two larger cities, Marysville and Yuba City, as well as numerous small cities and unincorporated rural areas. There is abundant new development on the city fringes and in more outlying rural communities, with an increasing population of commuters to Sacramento jobs.

The area is served by Yuba-Sutter Transit which offers fixed-route, Dial-a-Ride and Sacramento commuter services. The Medi-Car program, supported by the Area 4 Agency on Aging and donations, operates one van to transport seniors to non-emergency medical and dental appointments. The American Cancer Society also offers its “Road to Recovery” transportation service to ambulatory cancer patients for cancer-related appointments.

### **Reported Barriers to Mobility**

#### **Driving**

The area faces some unique mobility challenges in that there are numerous river bridge crossings between communities. Additionally, State Highways carry significant truck, RV and car traffic through town. Older and disabled drivers tended to feel deterred from driving by personal factors such as health conditions and the cost of driving, and also environmental factors such as fog and bad weather, traffic especially on the State Highways, poor road maintenance, and insufficient parking and street/highway lighting.

#### **Fixed-Route Transit**

Insufficient service was the most important reported barrier to mobility via fixed-route transit, in terms of both schedules and areas served. Current transit services have limited evening and Saturday schedules, and no service on Sundays or holidays. Transit service in some outlying communities is offered only a few times a week. Residents also reported insufficient transit access in higher growth areas in North and West Yuba City and West Sutter County. Other barriers mentioned were long trip lengths, especially with transfers, and buses that continue to have steep steps that can be hard to climb. Participants also noted barriers due to language, and insufficient information and training on using the transit system.

#### **Demand-Responsive Services**

The majority of comments concerned medical transportation. Although Dial-a-Ride appointments can be made the same day, subject to availability, participants noted that there can be long waits for pick-up, especially since it is difficult to pinpoint when a medical appointment will end. Medi-Car runs limited hours and has a large back-log/waiting list for medical appointments. It can cost \$40-50 to use taxi service. Additionally, some persons with disabilities can only reach vehicles with door-to-door assistance, not just curb-to-curb service.

### **Pedestrians**

Workshop participants felt the biggest barriers to mobility for pedestrians were summer heat, poor or nonexistent sidewalks, and busy intersections with poor design and insufficient crossing times and signals. They also noted the lack of bicycle facilities.

### **Preferred Solutions**

#### **Driving**

Because of the State Highways running through area cities, participants' most preferred improvement was highway bypasses to decrease traffic through cities. Other preferred solutions included mobility training, greater subsidies for wheelchair racks and vehicle modifications, and improving street signage and traffic light synchronization.

#### **Fixed-Route Transit**

Preferences were for more frequent and Sunday bus service, shuttles to key shopping and service locations, and more complete travel planning information.

#### **Demand-Responsive Services**

Participants felt the greatest need was for same-day medical transportation, and suggested that specialized medical facilities, such as dialysis clinics, be required to provide transportation service. There was also interest in developing a local volunteer driving program.

### **Pedestrians**

Workshop attendees felt improving the safety of pedestrian crossings, through crosswalks, longer crossing times, consistently accessible curb cuts, and highway pedestrian overcrossings, were the most important strategies for improving pedestrian mobility.

## **Chapter 4: FEDERAL AND STATE PROGRAMS TO ADDRESS IDENTIFIED BARRIERS**

This chapter describes actions and programs undertaken by the federal government and the State of California to try to address some of the barriers to senior/disabled mobility identified through interviews and workshops in the SACOG Region.

### **Driving, Roadways and Safety**

The preference of seniors in the Sacramento region for travel by private vehicle, and the large number of older drivers expected in the region by 2030, call for steps that will enhance the safety of older drivers and other road users, and allow people to keep driving safely as long as possible. As shown in **Table 1**, increasing numbers of older people will live outside the urban core of Sacramento County in outlying counties. In these counties, newer, low density suburbs or exurban areas with more limited transit options underscore the importance of maintaining the ability to drive safely.

#### **Federal/State Actions**

In recent years there has been extensive research and activity directed at improving the safety of older drivers as well as pedestrians. Much of this work has been sponsored by federal agencies, including the National Institute on Aging, the Centers for Disease Control and Prevention, and the National Highway Traffic Safety Administration. A major report published in 2001 by the Federal Highway Administration was the *Highway Design Handbook for Older Drivers and Pedestrians* and a companion volume, *Guidelines and Recommendations to Accommodate Older Drivers and Pedestrians*. These publications include recommendations such as delineation of curbs and medians, protected left turns at signalized intersections, increased pedestrian control-signal timing, and easier-to-read roadway signs. Also, alternate modes of pedestrian travel are now being considered when planning for safety of pedestrians using assistive devices such as wheelchairs, walkers, scooters, Segways, etc.

Nationally, programs have been developed to educate older drivers, help them better assess their own driving ability, and make appropriate decisions to reduce their risks. Some insurance companies provide discounts to seniors who have taken a senior driving safety course. A well-known example is AARP's Driver Safety Program (formerly known as "55 Alive"), which can be taken in-person or now on-line. A new program, CarFit, has been developed by the American Society on Aging with help from AAA, AARP and the American Occupational Therapy Association to help seniors insure their seats, mirrors and steering wheels are properly adjusted for driving safety (<http://www.asaging.org/carfit>).

In California, the Older Californian Traffic Safety (OCTS) Task Force was established in March 2003 to improve traffic safety for California seniors through education and training, implementing recommendations from the 2002 report, "Traffic Safety Among

Older Adults: Recommendations for California,” and increasing awareness of the problem of traffic-related injuries among older Californians.

The OCTS Task Force is jointly coordinated by the Center for Injury Prevention Policy and Practice and the California Highway Patrol, and includes representatives from the Departments of Aging, Consumer Affairs, Health Services, Motor Vehicles, and Transportation, and AARP, the Automobile Clubs, California Council of the Alzheimer's Association, Commission on Aging, Congress of California Seniors, California Medical Association, and California Association for Nurse Practitioners.

The OCTS Task Force currently has seven workgroups that are charged with implementing the recommendations from the 2002 report, which are to:

- A. Institutionalize a statewide system for the prevention of traffic-related injuries among older adults;
- B. Institutionalize effective and equitable driver assessment and licensing practices within the California Department of Motor Vehicles;
- C. Facilitate older adult risk identification and risk reduction practices;
- D. Improve the ability of health care and service providers to assess traffic safety risk and minimize the impact of health impairments on safe mobility;
- E. Establish roadway infrastructure and land use practices that promote safety;
- F. Promote safer motor vehicle designs; and
- G. Expand the existing research and knowledge base about older adult traffic safety.<sup>14</sup>

The Task Force also hosted a statewide Senior Safe Mobility Summit in October 2006.

The California DMV has developed a California Senior Driver Information website ([http://www.dmv.ca.gov/about/senior/senior\\_top.htm](http://www.dmv.ca.gov/about/senior/senior_top.htm)) that provides information to older drivers statewide, including on license renewals, health issues that can impact driving, alternatives to driving, and a driving self-assessment tool. The DMV also maintains a list of approved Mature Driver Improvement Courses that can qualify drivers age 55 and older for insurance discounts ([http://www.dmv.ca.gov/vehindustry/ol/md\\_programs.htm](http://www.dmv.ca.gov/vehindustry/ol/md_programs.htm)). Additionally, the California Department of Motor Vehicles (DMV) is evaluating a three-tier system of driver assessment that promises improved accuracy in predicting safe driving ability.

## **Public Transportation**

Increased attention was brought to public transportation by the passage of the 1990 Americans with Disabilities Act (ADA). Foremost, this act required that all public transit vehicles and facilities be wheelchair accessible. Vehicles and facilities were usually made available to disabled individuals through the addition of vehicle lifts and changing the

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<sup>14</sup>Traffic Safety Among Older Adults: Recommendations for California, August 2002, <http://www.eldersafety.org/images/stories/finalrpt.pdf>

configuration of transportation facilities to accommodate all individuals, disabled or otherwise.

### **Fixed-Route Transit**

Since the passage of the ADA in 1990, area public transit systems have worked to improve their delivery of services to seniors and persons with disabilities on fixed-route transit. In terms of equipment, the ADA requires operators to provide more visible signage, to have drivers consistently call out the stops, and equip buses with kneelers and level-entry devices. In response, Sacramento Regional Transit and other operators are providing more benches at bus stops and acquiring low floor buses, which allow for easier entry and exit. Light rail trains and some area buses also utilize on-board automatic vehicle locators that automatically call out stops as well as display stop information. Furthermore, transit operators offer reduced fares and priority seating on fixed route transit in order to remain qualified to receive federal funds.

### **Demand-Responsive and Supplemental Transportation Services**

In February 2004, the President signed an executive order creating the Interagency Coordinating Council on Access & Mobility (CCAM). The 11 federal agencies that make up CCAM were charged to work on better coordination of federal human services transportation programs to simplify access, reduce duplication, and enhance cost efficiencies within existing resources.

In 2005, Congress adopted SAFETEA-LU, the reauthorization of federal funding for surface transportation programs. Among many things, the legislation increased 5310 funds for senior and disabled projects. It also included the New Freedom program, which is designed to provide incremental funding to public demand-responsive transportation providers to expand their services from curb-to-curb to door-to-door or door-through-door for those who need additional assistance. In the Sacramento Region, these formula funds will be distributed via SACOG.

The Federal Transit Administration (FTA) also established and administers the United We Ride Grant Program to provide funds and technical assistance to facilitate state human services transportation coordination efforts. United We Ride offers a portal at [www.unitedweride.gov](http://www.unitedweride.gov) to help transportation and human service providers, government agencies and individuals obtain information on a variety of special transportation-related topics, including funding and planning assistance, mobility management tips, technical assistance and training, outreach options, a service finder, and more.

California State Assembly Bill 120 (AB 120), the Social Service Transportation Improvement Act, was originally passed in 1979. The primary goal of this legislation was to improve transportation services offered to seniors and persons with disabilities through the consolidation and coordination of transportation resources allocated to a variety of social service programs throughout California. The passage of this bill led to the consolidation and centralization of the management of many social service transportation

services via Consolidated Transportation Service Agencies (CTSAs). Since then, however, state requirements have decreased due to funding constraints, and only some CTSAs are still functioning at varying levels.

In 1999, SB 910 was adopted and established a Long Range Strategic Plan for an Aging California Population (LRSPA). The LRSPA cites mobility to be critical to the well-being of California's elderly and contains numerous transportation recommendations, including conducting a Mobility Summit. An Olmstead Advisory Committee was also established by the state Health and Human Services Agency to facilitate de-institutionalization of persons with disabilities, and recognizes that transportation is a critical component of that effort.

Caltrans' Division of Mass Transportation received a United We Ride grant to convene a Mobility Summit in March 2005. The purpose of the Summit was to provide a comprehensive discussion of the state of human services transportation coordination in California. The recommendation of the Mobility Summit participants was to establish a formal structure in California to address mobility and coordination barriers and implement mobility management at the state, regional, and local levels.

Building on those recommendations, a Transportation Task Team, spearheaded by Caltrans' Division of Mass Transportation, recently completed a state Mobility Action Plan. The Plan encourages more coordination of human services transportation services across the state through: state leadership in reducing legal and regulatory barriers to the most efficient use of transportation resources; a Strategic Implementation Plan to address how transportation funding programs can be coordinated; a waiver-demonstration pilot program to implement strategies that remove identified funding barriers and gaps; data collection to measure and publicize available human services transportation programs; and establishment of a formal California Mobility Council and Mobility Task Force to oversee coordination efforts long-term. Caltrans has secured another United We Ride grant for a consultant to help begin implementation of the Plan.

### **Pedestrian Travel and Safety**

Caltrans has also taken steps to incorporate pedestrian safety into departmental activities. A March 2001 directive on "Accommodating Non-Motorized Travel" makes it Caltrans policy to fully consider the needs of non-motorized travelers, including pedestrians, bicyclists, and people with disabilities, in all its activities. Caltrans also released in 2005 a guidance manual for the department's planners and engineers entitled "Pedestrian and Bicycle Facilities in California." In the past two years, pedestrian safety, including safety of older people, has also been a focus area for Office of Traffic Safety awards, which total about \$30 million per year grants to local jurisdictions.

## **Chapter 5: REGIONAL AND LOCAL PROGRAMS TO ADDRESS IDENTIFIED BARRIERS**

Within the SACOG Region and other localities, public and nonprofit agencies have undertaken many efforts that overcome barriers and help facilitate travel by seniors and persons with disabilities. This chapter provides a number of “case studies” offering examples of strategies that could be used more broadly to address the identified mobility barriers in communities in the Region.

### **Driver Safety and Alternatives**

#### **Information and training programs**

Until recently when seniors or persons with disabilities had to stop driving, their driver’s licenses were simply taken away with no information given on possible recourse or alternative transportation modes. In 2005, the Sacramento County Adult and Aging Commission and others created an informational booklet on local alternatives to driving. After much encouragement, the DMV began a pilot project in Sacramento County whereby local DMV offices give out county-specific informational brochures entitled “Are You Ready for Someone Else to Do the Driving?” on alternative transportation options available to older adults who have lost their licenses or voluntarily surrendered them. For more information, call the California Dept. of Motor Vehicles at (800) 777-0133.

Local agencies also provide information along with courses on safe driving skills for older drivers. Many senior centers and organizations throughout the Region host AARP’s Driver Safety courses. (For schedules, check [http://www.aarp.org/families/driver\\_safety/](http://www.aarp.org/families/driver_safety/)) The Area 4 Agency on Aging in Sacramento has also offered classes called the “Road to Driving Wellness” where proper driving techniques and exercises are performed in a classroom setting to help seniors compensate for slower reflexes, loss of peripheral vision and loss of flexibility.

#### **Encouraging Planning Ahead for Aging**

Where people choose to live as they age has significant implications for their mobility, especially in more rural areas. Recognizing this, the Yuba City Senior Center and the Sutter County Commission on Aging partnered to sponsor a series of three workshops in 2005-2006 entitled “Where Will You Live Tomorrow?” to focus on issues facing seniors concerning health, housing and transportation. They organized the workshops to provide information to current seniors, baby boomers and the sandwich generation (those caring for parents and grandchildren) on how to prepare themselves and family members for dealing with changing decisions brought about by aging.

The **housing workshop** was designed to address such issues as universal design, available housing options including affordable housing, the future of Section 8, housing location choice and ways to avoid assisted living, including through home modifications for continued independence.

A **transportation workshop** discussed ways the community can increase much-needed transportation to medical appointments, kidney dialysis and hospital testing, and sufficient transportation services to allow seniors in Yuba and Sutter Counties to remain mobile and independent.

For more information on the series, contact Verna Cook-Stoddard at the City of Yuba City Senior Center, (530) 822-4608.

## **Fixed-Route Transit**

Transit providers, including those in the Sacramento area, have attempted to increase local bus services and support for fixed-route transit use. A few models include:

### **Free Shuttles**

The City of Menlo Park has used creativity to offer a variety of free local shuttle services. They began with free commuter shuttles to take employees from the local Caltrain station to business parks on the east side of town. Some older students also use the shuttle to reach the Mid-Peninsula alternative high school. A parent request resulted in routing the shuttle so it could also pick up children at the K-3 elementary school and take them to the grade 4-6 elementary school so in the afternoon parents could make one pick-up of their children who otherwise attend separate schools.

Realizing that the same shuttle buses could be used in between commuter hours for other purposes, the City began a free midday shuttle service from 9:30 am to 3:30 pm. The Midday shuttle is a free community service route open to the general public, but designed to meet the needs of Menlo Park seniors. It offers access to several medical clinics, Stanford Hospital and the Veterans hospital, two public libraries, grocery stores, downtown Menlo Park, Stanford Shopping center, two local senior centers and the Menlo Park Caltrain station.

The City also offers a Shopper's Shuttle that every Wednesday takes seniors with a standing or one-time reservation from their homes to two shopping areas, downtown Menlo Park or Safeway. The shuttle allows riders about 1-1/2 to 2 hours to complete their shopping, banking, or other errands. The same driver covers the route each week and knows all the regular passengers.

The City has maintained all shuttles as free services because they calculated that the expense in collecting and accounting for a small fee would equal or exceed the fare revenue. Funding for the shuttles comes mainly from grants from the City-County

Association of Governments, Transportation for Clean Air Funds from the Bay Area Air Quality Management District, city redevelopment funds, and a 10 cent per square foot ongoing assessment on new commercial developments. Until the economic downturn in Silicon Valley, the City also used to receive voluntary contributions from local employers,

For more information: <http://www.ci.menlo-park.ca.us/departments/trn/shuttles.html>, or call Debbie at the City of Menlo Park's Transportation Department, 650-330-6770.

### **Neighborhood Shuttles**

When federal Congestion Management Air Quality funds became available, the Sacramento County Adult and Aging Commission, Paratransit, Inc. and numerous community-based organizations, joined together to encourage Sacramento Regional Transit to undertake a pilot neighborhood shuttle program in Del Paso Heights and Carmichael. The first "Neighborhood Ride" shuttle began in Del Paso Heights in 2000.

Neighborhood Ride shuttles are smaller buses accommodating 12-17 people including up to two wheelchairs. Now fully operated by SacRT, Neighborhood Ride shuttles run regularly scheduled routes within specified neighborhoods at a lower fare than other fixed route buses: \$1.00 per trip or 50 cents for passengers paying a discount fare. Monthly, daily and ADA/paratransit passes and transfers are also accepted.

Neighborhood Ride shuttles also offer special curb-to-curb service through "deviations" up to  $\frac{3}{4}$  of a mile off the regular route to pick up and drop off seniors age 62 and older, and disabled passengers who have a valid ADA/paratransit pass. For a deviation, passengers must make a reservation at least one day ahead and most pay an extra \$1.00.

Sac RT has worked with numerous neighborhoods and agencies and now operates 10 Neighborhood Ride shuttles in Carmichael, Del Paso Heights, Sacramento, and Citrus Heights. For more information contact Sac RT at 916-321-BUSS or [www.sacrt.com](http://www.sacrt.com).

### **Mobility Training**

Since 1982, Paratransit, Inc. has been providing free Mobility Training for seniors and people with disabilities to learn to ride Sacramento Regional Transit fixed-route buses and light rail. The program offers one-on-one and group training in the cities of Sacramento, Rancho Cordova, Citrus Heights and Elk Grove and Sacramento County, and in some situations Folsom and portions of Yolo and Placer Counties.

Paratransit's mobility trainers help people learn how to read and understand schedules, get to and from the bus stop or light rail train station, maneuver mobility aids on and off transit vehicles, identify landmarks, and travel to specific destinations. Participants receive a free RT identification card and bus pass for the month of training. Mobility trainers also help seniors 75 and older obtain a free lifetime bus pass from RT as part of the training process.

The program emphasizes greater independence, freedom and lower costs for people rather than using Paratransit's own demand-responsive services. The program is funded by Paratransit, Regional Transit, a federal Community Services Block Grant and other sources, and has served over 9,750 people since its inception.

For more information, call Paratransit, Inc.'s Mobility Options Department, (916) 429-2009 or visit [www. http://paratransit.org/html/mobility\\_training.html](http://paratransit.org/html/mobility_training.html)

*e-tran* also offers Elk Grove residents mobility training. For more information, call 916-687-3031 or visit [www.e-tran.org/paratransit.htm#Mobility](http://www.e-tran.org/paratransit.htm#Mobility).

The Society for the Blind in Sacramento offers orientation and mobility (cane travel) training for those with visual impairments, including navigating streets and crossings, and how to access fixed-route transit. For information, contact Michelle Bruns at 916-452-8271, ext. 328 or visit [www.societyfortheblind.org](http://www.societyfortheblind.org),

Odyssey, a nonprofit transportation organization based in Sacramento, has also worked with Unitrans and other transit agencies to organize presentations and "field trips" to familiarize seniors with available fixed-route transit services, reading schedules and making transfers. For more information, call Sharon Sprowls at Odyssey at 916-448-1687, ext. 305.

### **Adopt-a-Stop Program**

Transit agencies around the country are beginning to implement "Adopt-a-Stop" programs, similar to the highway adoption programs that have existed for many years. In California, the Valley Transportation Agency (VTA) has created an Adopt-a-Stop program to keep its transit stops cleaner and free of debris. The Adopt-a-Stop program seeks to match up the 4,500 bus and light rail stops in Santa Clara County with individuals, families, clubs, congregations, organizations and businesses who want to demonstrate civic pride and clean up the community. Participants in the Adopt-a-Stop program agree to pick up litter at the adopted site, and empty the trash receptacle and recycle or dispose of trash properly. They also are charged with informing VTA of graffiti or other problems with their adopted stop. A sign recognizing the clean-up efforts of the adopter is installed at the stop and VTA will also feature the participant in publications and programs.

For more information, visit [http://www.vta.org/services/adopt\\_a\\_stop.html](http://www.vta.org/services/adopt_a_stop.html) or call 408-321-7577.

## **Demand-Responsive Services**

There is a growing need for demand-responsive services as the SACOG region's population of seniors and persons with disabilities grows. Transit agencies or Consolidated Transportation Services Agencies (CTSAs) provide these services, but

already some report that demand is greater than what they can offer. Additionally, transit providers, CTSAs and social service agencies only operate within certain geographic boundaries, meaning some people have no available service at all, and others find it difficult to travel when they live in one jurisdiction but have a healthcare provider or destination in a different city or county.

A number of efforts have been made by demand-responsive transportation providers to expand and improve needed services. Some notable examples include the following:

### **Addressing Geographic Disconnects**

Because of the need for seniors and persons with disabilities to travel across city lines, the Placer County Transportation Planning Agency has obtained a planning grant from Caltrans to study improved coordination and/or consolidation of four demand-responsive services in the Southern part of Placer County. For more information, contact David Melko, Senior Transportation Planner with PCTPA, at 530-823-4090.

### **Non-Emergency Medical and Rural Transportation**

El Dorado Transit began SAC-MED four years ago to provide transportation for seniors, persons with disabilities and the general public to non-emergency medical appointments in Sacramento County. The service operates by advance appointments Tuesdays and Thursdays, serving most commonly Kaiser's facilities in Folsom and in Sacramento at Morse Avenue. El Dorado Transit uses either a mini-van or a cut-away accommodating 22 passengers (or 16 with two wheelchairs) depending on the demand on each day.

To assist residents in extremely rural parts of the county, El Dorado Transit offers service on Thursdays from Grizzly Flat, and also began a two-year demonstration project in July 2005 to provide service on Tuesdays for Mt. Aukum, Somerset and Fairplay in South County. Through each, rural residents can connect to SAC-MED, various shopping centers, and El Dorado Transit's other fixed route services in the county.

For more information, call El Dorado Transit at 530-642-5383, or [www.eldoradotransit.com](http://www.eldoradotransit.com)

### **Improving Passenger Notice on Demand-Responsive Service**

A common concern of clients of demand-responsive services is the inability many times to know when a pick-up is going to be late, especially in situations where a rider might need to wait or stand outside in the heat, cold, or rain.

Paratransit is working on improving this situation by implementing an Interactive Voice Response (IVR) system. Paratransit's vehicles are already equipped with Mobile Data Computers that relay to dispatchers real-time information (through an automatic vehicle location system) on both the location and progress of drivers on their daily schedules. Currently dispatchers monitor this information to see how early or late vans are and

inform passengers of significant changes in the schedule. In the new system, the IVR will automatically call a passenger if his/her pick-up will arrive at least 10 minutes early or 30 minutes late. When reserving their rides, riders will submit the phone number(s) where they would like to be called by the IVR for portions of their trip (e.g., home phone, cell phone, doctor's office, etc.). The IVR's automatic phone call will also allow passengers to transfer to a dispatcher for more information.

Paratransit began a pilot with a limited number of passengers in February 2006. If the pilot is successful, Paratransit hopes for system-wide implementation later in 2006.

The IVR system will also help reduce wait times on the phones by enabling passengers to confirm, cancel, and possibly schedule their own trips using a touch-tone phone. The IVR system will also be able to call passengers to remind them of trips scheduled for the next day. For more information on the IVR system, call Ed Radza, Paratransit's Information Systems Manager, at 916-429-2009, ext. 309.

### **Driver Sensitivity Training**

Incorporated in its driver training program, Paratransit, Inc. includes training components to sensitize drivers to the challenges that people with disabilities face in using transit. These elements are included in training for new drivers and reinforced through refresher training and at safety meetings for all drivers on an ongoing basis.

Information is provided through both lectures and hands-on exercises. For instance, drivers board, ride, and navigate vehicles in controlled situations using wheelchairs and other mobility devices while being blindfolded. Trainees experience how it feels to be left alone to navigate in unfamiliar settings, to be treated with indifference, and to be transported in an improperly secured wheelchair without the ability to use their arms or legs to achieve balance. This is contrasted with proper training protocols and reinforced throughout the training program as other skills are learned. Training takes place in realistic settings, including bumpy roads, parking lots, shopping centers, confusing transit stops, and other environments.

For more information on Paratransit's driver sensitivity training process, please contact Ninh Dickinson at (916) 429-2009, extension 324.

## **Supplemental Transportation Programs**

Supplemental Transportation Programs play an important role in filling the gaps in transportation services available to many seniors and persons with disabilities. However, these services are often under-funded, uncoordinated, have limited service available, and may be restricted to travel within a city, even when the city is part of a larger metropolitan area. Inter-county travel is a particular problem in the region, notably between South Placer and Sacramento Counties. In addition, community-based organizations and volunteer programs that provide rides are limited by concerns about

insurance and liability, federal rules about drug testing, and difficulty recruiting volunteers.

Information can be difficult to find or confusing, especially when seniors first find they need alternatives. In other parts of California, there are some efforts to address these issues. For example, San Diego County initiated Specialized Transportation Referral & Information for the Disabled and Elderly (STRIDE), a web-based service with information on more than 190 local specialized transportation programs

### **Volunteer Driving Programs**

Varied examples exist in the region and beyond of successful volunteer transportation programs for seniors and people with disabilities.

**Woodland Community Care Car** began in 1973 and was the first program in the nation to offer volunteer-driven vans for senior transportation. Today, the program operates **two weekday vans that are driven by volunteers with assistance from a helper**. These volunteers take ambulatory seniors to and from appointments with a doctor, dentist, attorney, beautician or barber, to do shopping or banking, to see a spouse or relative in a hospital or nursing home, or to visit Social Security, the Woodland Senior Center, Concilio, Employment and Social Services Department, library or post office, or anywhere else within Woodland city limits. One van also takes seniors to the Woodland Senior Center for their lunch program.

The program is financed through donations from riders. Passengers must reserve at least one day in advance, and can reserve up to four months in advance for medical appointments, or one week for other types of trips. In 2004, the program provided about 7,500 round-trip rides through about 2,340 volunteer shifts. For more information, call Woodland Community Car Care at 530-662-7800.

In Placer County, senior transportation was the first direct service program of **Senior Independent Services (formerly Foothill Volunteer Center)** starting in 1971. The program has expanded over the years, adding disabled adults under 60 in 1991, and destinations beyond medical appointments in 1994.

The program now serves over 400 residents of Granite Bay, Colfax, Auburn, Roseville, and Lincoln in Placer County. The program **organizes individual volunteers to drive their own cars** to take seniors and disabled adults to local doctor's appointments, grocery shopping, the bank, and other local errands, mostly midday to avoid peak traffic. Annually volunteers drive over 85,000 miles and work over 6,500 hours. Service is door-to-door with a minimum of two days' notice. Funding comes from the Area 4 Agency on Aging, Pride Industries/CTSA, Placer County, and donations.

For more information, visit [www.seniorsiserve.org](http://www.seniorsiserve.org), or call Senior Independent Services at 916-782-4202 or 530-885-7706.

**Riverside County’s TRIP program (Transportation Reimbursement and Information Program)** was begun in 1993 by the Riverside County Office on Aging and Riverside County Transportation Commission to supplement local public transportation services. The program **reimburses volunteers to transport individuals** where no transit service exists or when the individual is too frail, ill, or unable to use public transportation for other reasons. TRIP is operated by the nonprofit Partnership to Preserve Independent Living, and funded by Older Americans Act funds through the County Office on Aging, Measure A county sales tax funds for transportation, the Palo Verde Valley Transit Agency, and donations.

In general, the program’s goal is to encourage seniors and persons with disabilities who truly cannot use either fixed-route or demand-responsive service, and do not have family to provide them rides, to remain engaged and independent. Eligible individuals, often referred by social service agencies, are supported in locating one or more volunteers who can take them for medical appointments, errands, social engagements, and more. With encouragement and suggestions from a written rider manual and TRIP staff, about 75% of riders locate their own volunteer drivers. TRIP has a driver pool to assist the remainder who cannot locate volunteers on their own.

Volunteer drivers must register with TRIP and carry their own vehicle insurance, plus they are covered by an additional TRIP insurance policy for volunteers through the Nonprofits’ Insurance Alliance of California. At the end of each month, riders submit a mileage reimbursement form for all rides from volunteer drivers, and are issued a check with which to reimburse each volunteer for the rides s/he provided (which for more rural residents can exceed 100 miles per trip). Because the payments are reimbursements, they are tax-free to the driver and drivers are not considered “common carriers.”

Since 1993, TRIP has offered 4,500 riders over 945,000 free escorted trips totaling more than 8 million miles at an average one-way trip subsidy of about \$5 each.

For more information, visit <http://www.livingpartnership.org/Transportation.htm> or call 951-867-3800. A free toolkit on how to start a volunteer driver program, including a “Volunteer Friends” program such as TRIP’s, has also been developed by TRIP and the Beverly Foundation and may be downloaded through <http://www.beverlyfoundation.org/turnkeykit/>.

### **Improving Taxi Service: City of Sacramento Taxi Ordinance**

In 2004, the City of Sacramento began a City Taxi Study. In September 2005, the City Council adopted recommendations on taxicab reforms and directed staff to return with an ordinance to implement the adopted reforms. On January 24, 2006 the Sacramento City Council adopted City Code Chapter 5.136 on Regulation and Operation of Taxicabs. Sacramento is the first city in the SACOG region to regulate private taxi services, which currently are not regulated by the State of California beyond vehicle laws enforced by the

DMV. The City would also like to see similar changes in the regulation of the taxi industry implemented regionally.

The City of Sacramento Taxi Ordinance contains many regulations regarding general practices within the local taxi industry, as well as specific requirements pertaining to senior and disabled users. In general, the Taxi Ordinance requires taxi fleet associations which must have a minimum of 25 vehicles. Permits for taxicab fleet associations, taxicab drivers, and taxicab vehicles must be renewed annually. Each fleet association is required to have at least one accessible vehicle for wheelchair users within six months of being permitted. Each fleet is required to have one accessible vehicle per 25 vehicles within 18 months of being permitted. Accessible vehicles must be operational at all times that service is offered. The ordinance also instituted a “Passenger’s Bill of Rights,” established maximum rates, and eliminates a flat or minimum rate. Refusal of fares due to trip length are prohibited, to prevent the earlier practice in urban areas of refusing service to people wanting short trips to the grocery store and errands.

For more information on the City of Sacramento Taxi Study and Ordinance, contact Tina Lee-Vogt at [tlee-vogt@cityofsacramento.org](mailto:tlee-vogt@cityofsacramento.org) or Brad Wasson at [bwasson@cityofsacramento.org](mailto:bwasson@cityofsacramento.org).

## **Pedestrian Safety and Improvements**

The percentage of senior and disabled trips made by walking is still relatively low but this is mainly due to actual and perceived problems with walking as a mode of transport.<sup>15</sup> In interviews and workshops, seniors and persons with disabilities cited many reasons for not walking regularly including: insufficient street crossing times, no sidewalks or crosswalks, drivers not stopping, insensitive/unaware drivers, uneven/difficult to negotiate surfaces, etc.<sup>16</sup> There are numerous examples in the region of efforts to try to improve land use and transportation planning to support more pedestrian travel.

### **Sacramento Region Blueprint**

SACOG spearheaded an effort to develop solutions to many of the barriers currently inhibiting pedestrian transportation. With widespread community input, the Blueprint Project developed preferred scenarios for the region in which homes, services and jobs would be located in closer proximity. This higher density mixing of uses would increase the opportunities to walk to activities and services. Nationally nearly 35% of senior non-drivers in denser “livable” neighborhoods walk somewhere on a given day versus only 8% of those elders living in low density neighborhoods separated from daily needs. The

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<sup>15</sup> Surface Transportation Policy Project, *Aging Americans: Stranded Without Options*, April 2004.

<sup>16</sup> Bureau of Transportation Statistics, *Travel Patterns of Older Americans with Disabilities*, July 2004.

Blueprint seeks to increase housing choices that can provide seniors and persons with disabilities more affordable options for living closer to their daily needs, thereby reducing the transportation challenges in being able to reach them.

## **Universal Design**

In October 2005 the Sacramento Transportation and Air Quality Collaborative released a report entitled “Best Practices for Universal Design.” Also known as “inclusive design” or “accessible design,” Universal Design practitioners seek to design the public environment to be usable by all people without the need for adaptation or specialized design. Advocates and practitioners of Universal Design as it applies to transportation assert that “mobility and accessibility are largely determined by the built environment”<sup>17</sup> and that many times transportation systems, sidewalks, roads, transit vehicles etc., are designed to be used by the average person, leaving out many other users of the system.

Universal Design seeks to remove barriers to mobility through a comprehensive approach, meaning that it “results in seamless mobility options from origin to destination for the greatest possible range of potential users.” Universal Design tends to be more flexible than accessibility requirements because they aren’t a “rigid set of standards” but attempt to make the system usable for a majority of users regardless of their mobility level.<sup>17</sup> Universal Design Principles are included in Appendix C.

## **City of Sacramento Pedestrian Master Plan**

The City of Sacramento completed its Pedestrian Master Plan, begun in 2003, in September 2006. The City’s purpose for the plan is to make Sacramento a pedestrian-friendly place or the “Walking Capital.”

To develop the Plan, the public and stakeholders were involved through public workshops and a Steering Committee. The Steering Committee and City staff participated in walkability audits, review of other City documents, and looked at current walking patterns and challenges to come up with the existing conditions for pedestrians.

The Plan has two primary objectives to:

- “Institutionalize ... consideration for pedestrians into all City policies, standards, and procedures ... to gain the best pedestrian environments from new land use developments and transportation projects,” and
- “Improve current pedestrian deficiencies.”

The final section on Implementation suggests updating current City documents and processes to include consideration of pedestrian issues, as well as making physical improvements such as fixing or widening sidewalks and upgrading the pedestrian environment. The Plan includes a prioritization process for identifying priority projects

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<sup>17</sup> North Carolina State University – Center for Universal Design, Principles of Universal Design ([http://design.ncsu.edu/cud/about\\_ud/udprinciplestext.htm](http://design.ncsu.edu/cud/about_ud/udprinciplestext.htm)), April 1997.

for funding, combining a Pedestrian Demand Score that determines areas with high demand, i.e., potential walkers and low walkability.

The City anticipates creating a prioritization of pedestrian improvements in the City's Transportation Programming Guide. Funding is derived from the new Pedestrian Improvements Program in the City's Capital Improvement Program. Other sources for funding projects in the Pedestrian Master Plan include Measure A, SACOG's Community Design Program (competitive), SAFETEA-LU, SACOG's Regional Bicycle and Pedestrian Program, as well as other state and local sources such as developer fees.

For more information call Ed Cox, 916-808-8434, or visit [www.cityofsacramento.org/transportation/engineering/publications.html](http://www.cityofsacramento.org/transportation/engineering/publications.html).

### **Sacramento County Pedestrian Plan**

In 2002, Sacramento County began a parallel process to develop a Pedestrian Master Plan in concert with an ADA Transition Plan in order to comply with the Americans with Disabilities Act of 1990. From the beginning, the County involved the public in many different ways, including a survey of walking/pedestrian users, the formation of a Technical Advisory Council and Community Advisory Group, and the inclusion of the Community Planning Advisory Councils from the many communities throughout Sacramento County.

The process to create the Pedestrian Master Plan for Sacramento County had five parts. First an existing conditions discussion paper by the study team highlighted the major pedestrian-related issues in the unincorporated county. Second, a pedestrian policy paper featured issues and items that arose from the advisory committee discussions as well as from the study team's expertise. Third, the prioritization methodology described how the overall 20 year capital improvement project ranking would be created, from which projects would be recommended for the Sacramento County's five-year Capital Improvement Program. Fourth, a funding plan was created to recommend funding sources that can be used to implement the capital improvement program, and provide funding estimates to help develop an implementation schedule. Last, an implementation paper will be done to summarize the prioritized CIP, and will document how the County will implement it; the CIP will include pedestrian-related projects and programs such as law enforcement, marketing and education, and will have a time horizon of 20 years. A Pedestrian Design Guidelines paper was also added and completed in 2005.

The Sacramento County Pedestrian Master Plan and EIR is currently scheduled for completion in early 2007. For more information contact David Franke at 916-874-6291, [franked@saccounty.net](mailto:franked@saccounty.net), or [http://www.sacdot.com/projects/atp\\_pmp/ped.html](http://www.sacdot.com/projects/atp_pmp/ped.html)

## **Placerville Non-Motorized Transportation Plan**

The City of Placerville's Non-Motorized Transportation Plan was completed by the El Dorado County Transportation Commission in April 2005, with significant input from a Non-Motorized Transportation Plan Advisory Committee, the City of Placerville, and community residents.

The goal of the Plan is to "provide a safe, efficient and convenient network of non-motorized facilities that establish alternative transportation as a viable option in the City of Placerville." A portion of the plan addresses the needs of bicycle commuters, and includes proposals for nearly 20 miles of new bikeways to provide better bicycle access to the various activity centers throughout the city.

Running through the middle of Placerville, Highway 50 is a major impediment to pedestrian travel from homes on the north side of the highway to the south side where a majority of the city's services are located. There are crosswalks at controlled highway intersections, and bicycle/pedestrian overcrossings at Center and Bedford Streets, but for seniors and disabled people crossing six lanes of highway traffic can be daunting, especially for anyone with a mobility impairment or using an assistive device.

In the Pedestrian Element, the plan includes an inventory of the key existing sidewalks in Placerville and identifies missing links in the pedestrian system. The plan also includes pedestrian-friendly and traffic-calming concepts that can be utilized to improve the conditions of local pedestrian travel.

The Plan includes a supplement entitled the "Placerville Downtown Trail Feasibility Study," which addresses the feasibility of developing a multi-use trail through downtown Placerville from Clay Street to Forni Road. The City, El Dorado County, Trails Now, and some community members' ultimate vision for the "El Dorado Trail" is a continuous non-motorized trail that spans the entire length of the County.

This is the first such study for Placerville and will likely affect the City's General Plan Update and Circulation Element to improve the pedestrian environment for local disabled and senior populations. For more information, go to [www.edctc.org](http://www.edctc.org) or call Jerry Barton, EDCTC's Senior Transportation Planner, at 530-642-5260.

## **Walkable Neighborhoods for Seniors**

*WALKS* Sacramento's objectives are to preserve, develop and improve the Sacramento Region's pedestrian environment and resources. *WALKS* Sacramento was one of three organizations statewide funded by a grant from the Robert Wood Johnson Foundation, through the California Department of Health Services and UCSF, to undertake a Walkable Neighborhoods for Seniors project. The project's goal was to develop and implement a new seniors' advocacy program to improve the neighborhood walking environment for seniors, and in doing so, encourage more seniors to walk.

*WALKS*Sacramento's approach included developing a steering committee with a broad spectrum of interests and professions, and selecting the communities to participate, including the Fruitridge Pocket community in Sacramento County, with its socio-economically and ethnically diverse population and larger proportion of older adults.

With participation from concerned residents, a walkability audit was completed to document infrastructure needs and suggest improvements to the pedestrian environment for all users, especially seniors and persons with disabilities, including looking at street widths, crossing times, pedestrian signals and curb cuts. From the audit, proposals for a walking group and a defined community walking route emerged, and ideas for infrastructure improvements and other projects to promote walking and community were presented to neighborhood representatives.

The County's 50+ Wellness program and Fruitridge Pocket Community Services then organized a walking group that meets three times a week. The walkers were the core group to work with *WALKS*Sacramento and advocated for needed improvements to create a one-mile route known as the Fruitridge Pocket Path.

However, through the project and similar work in other neighborhoods, *WALKS*Sacramento concluded that while forming senior walking groups is a positive goal, considering time and financial limitations it may be more effective to work for infrastructure changes that benefit a neighborhood through walk audits (or similar workshops with community participation) without focusing as much on the creation and development of walking groups as the primary advocates for change – especially if there is not at least one identified neighborhood champion to lead a walking group.

For more information on Walkable Neighborhoods for Seniors, call 916-446-9255, or visit [www.walksacramento.org](http://www.walksacramento.org).

## **Chapter 6:**

# **ACTION STEPS/RECOMMENDED SOLUTIONS**

This chapter highlights recommendations developed from the interviews, public workshops, and Technical Advisory Committee for action steps to overcome the range of barriers identified to senior and disabled mobility, along with those who could most likely be responsible for any implementation and potential funding sources to support action.

A prioritization of recommendations by the Study Technical Advisory Committee is included in Appendix B, and a summary of individual county suggestions and priorities for solutions can be found in the individual county workshop notes in Appendix D.

SACOG encourages decision-makers, transit operators, local governments, health care and service providers, organizations, committees, and individuals concerned with seniors and persons with disabilities, to work with SACOG and each other to consider seriously these recommendations, and to begin to take action to plan, seek funding for and implement those that will best facilitate senior and disabled mobility in each county.

## **RECOMMENDED ACTION STEPS**

### **TRANSIT SERVICES**

#### **Fixed-Route Transit**

##### **Service Recommendations:**

- Increase frequency of service
- Increase midday service
- Extend service hours in the evening
- Extend service hours on weekends and holidays
- Increase service to more rural and underserved areas of counties
- Provide more alternative options, such as:
  - Neighborhood shuttles, smaller vehicles, and jitney services (Sacramento)
  - Destination-oriented shuttles (Placer, Yuba/Sutter)
  - Community shuttles (El Dorado)
- Increased driver training, accountability, and support, improve enforcement of ADA rules, stop announcements (Sacramento, Yolo)
- Address on-board safety concerns of seniors, persons with disabilities.
- Develop a program of “transit scrip” to enable seniors and low-income persons with disabilities to reach fixed-route transit services via a connection by taxi, volunteer driver, or community organization. Work with CBOs to become scrip recipients for

services and/or distribution mechanisms to populations needing the most financial assistance for transportation connections.

- Incorporate issues and recommendations raised into local transit operator studies, such as Short-Range Transit Plans.

### **Equipment Recommendations:**

- Increase low-floor or kneeling buses. Assist senior/disabled passengers with stairs in stop locations where it is not physically possible to use low-floor or kneeling buses.
- Add safety mechanisms on bus doors to keep them from closing too quickly. (Sacramento)
- Increase number of spaces for wheelchair users. (Yolo)
- Evaluate options for allowing more or providing space for groceries/shopping bags

### **Challenges:**

- Funding increased equipment and operating costs.
- Ongoing maintenance and security staffing and costs.

### **Responsible Parties:**

Area transit operators, local governments, SACOG.

### **Funding and Support for Implementation**

Potential funding from local jurisdictions (TDA, sales tax measures, etc.), federal transit grants, SAFETEA-LU, and SACOG regional funding programs. There is also potential for:

- Partnerships with business/retailers on local shuttles or other targeted services.
- Requiring developers of “active” senior communities to provide transportation or to contribute funds to mitigate the costs of local transportation services that will be needed as residents age through development agreements, developer fees, or other mechanisms.

### **Transit Stop Recommendations:**

- Conduct bus stop audits for proximity to major destinations (e.g., grocery stores, shopping centers, medical facilities, educational institutions), pedestrian and wheelchair access, markings, security issues, and conditions.
- Improve cleanliness at bus stops.
- Increase amenities at bus stops, including shade or shelters, benches, restrooms at transfer points, bike lockers/storage facilities, water fountains.
- Increase safety at bus and light rail stops through lighting and additional security.

### **Responsible Parties:**

Area transit operators, local governments.

## **Funding and Support for Implementation**

Potential funding from local jurisdictions (TDA, sales tax measures, etc.), federal transit grants, SAFETEA-LU, and SACOG regional funding programs.

Also potential for:

- Volunteer bus stop audit teams composed largely of seniors and/or persons with disabilities
- Partnerships with business/retailers and educational institutions on bus/light rail stop safety and amenities
- Ongoing transit stop improvement programs
- Adopt-a-Stop programs
- Requiring developers to pay for shelters and transit stop amenities

## **Demand-Responsive Transportation Services**

### **Recommendations:**

- Incorporate issues and recommendations raised into local transit operator studies, such as Short-Range Transit Plans.
- Expand demand-responsive services, including shuttles
- Offer door-to-door assistance
- Provide and/or prioritize same day non-emergency medical transportation
- Encourage priority parking for Dial-a-Ride vehicles at common destinations
- Improve passenger notice on changes to pick-ups
- Increase driver training concerning rules and practices for transporting seniors and persons with various forms of disability.
- Catalyze shared driver cooperatives, in which a full-time driver provides service to a regular group of seniors and/or persons with disabilities who share the monthly cost of the driver and receive personalized transportation service when desired.
- Work with hospitals and clinics to offer on-site escort services for patients using curb-to-curb transportation services but needing more assistance to reach doctor's offices.
- Increase availability of regulated, accessible, subsidized local and intercity taxi services (Placer, Sacramento)
- Establish a community-coordinated volunteer driver program (El Dorado)

### **Challenges**

- Funding for equipment, operating costs and staff time
- Capacity for providing same-day transportation
- Passenger's lack of access to pay or cell phones for notice
- Driver turnover
- Availability in more rural areas of taxi companies, relationships with taxi companies/drivers
- Volunteer driver recruitment and retention

### **Responsible Parties**

CTSAs, transit agencies, contracted transportation providers, local governments, social service providers, health care institutions, taxi companies, volunteer driver programs

### **Funding and Support for Implementation**

Potential funding from local jurisdictions, federal transit monies (5310), and SAFETEA-LU. Also potential for:

- Partnerships with large medical care providers and specialty health services like dialysis clinics
- Partnerships with retailers on pay phones at common major destinations (Placer)

## **Public Transportation Coordination**

### **Recommendations:**

- Improve coordination between transit providers. Examine options for a more seamless system, coordination between fixed-route and demand-responsive systems across geographic boundaries, common transfer points, eligibility coordination, and a regional/zonal fare system.
- Identify and develop solutions to transportation eligibility differences for clients of different programs trying to access the same destinations.
- Examine alternative options on behalf of communities throughout the region, such as community shuttles, grocery shuttles, Supplemental Transportation Programs including volunteer voucher programs (similar to TRIP program), accessible subsidized taxi services, catalyzing transportation service businesses, casual carpools, etc.
- Convene HMOs, dialysis clinics on partnerships to improve non-emergency medical appointment transportation, same-day medical appointment options, and geographic coordination of patients using demand-responsive services.
- Work with Transportation Management Associations (TMAs) on expanding their role in neighborhood transportation.
- Convene taxi companies on community issues with service.

### **Challenges**

- Staff time for coordination.
- Ongoing leadership/facilitation of various efforts.
- Private sector participation.
- Funding for coordination and implementation efforts.

### **Responsible Parties**

SACOG, county transportation planning agencies, transit agencies, local governments, client programs, HMOs/health care providers, TMAs, taxi companies.

### **Funding and Support for Implementation**

State, federal grant funds, agency funds

# ROADSIDE IMPROVEMENTS

## Roadway Design for New and Existing Areas

### Recommendations:

- Encourage use of universal design and complete street principles by local governments in the region.
- Develop a checklist for planners and designers of transportation projects to use in the preparation of proposals and for application review teams to utilize at the local level.
- Develop and adopt local pedestrian master plans.
- Require pedestrian improvements when streets are repaved or rehabilitated.
- Prioritize addressing ADA requirements for pedestrian access.
- Implement local Pedestrian Master Plans and pedestrian access improvements in the planning, design, construction, maintenance and rehabilitation of local transportation infrastructure, including:
  - Improve design at key destinations for seniors and persons with disabilities by requiring buildings to front the street, or providing safe pedestrian access ways through large parking lots.
  - Increase pedestrian safety in crosswalks by increasing crossing times or installing “extra-time” pedestrian request buttons at major intersections, insuring accessible curb cuts, adding pedestrian refuge islands in wide streets, audible/countdown signals and/or in-pavement lighting.
  - Adopt narrower street designs and traffic calming strategies to slow traffic.
  - Add pedestrian resting areas with amenities such as benches in downtown and suburban settings.
  - Improve pedestrian access and comfort by providing ample sidewalks, sidewalk connectivity, reducing sidewalk obstacles (poles, garbage cans, etc.), adding lighting for safety and shade for comfort, and using noise-reducing materials and acoustic processes to reduce street and freeway noise.
  - Insure good bus stop design and access.
- Implement roadway measures to increase safety, such as:
  - Street sign improvements to increase readability and provide address and directional information
  - Traffic calming strategies.
  - Highway bypasses to separate high-speed through-traffic from local traffic
  - Pedestrian overpasses.

- Require the consideration of the Federal Highway Administration (FHWA) Older Driver Highway Design Guidelines in SACOG review of federally funded transportation infrastructure projects. There is potential for a Street Design Group of traffic engineers and road/highway designers, planners and landscape architects to determine which of the guidelines to include through a technical review and utilize public input to help determine which guidelines from the FHWA Older Driver Guidelines to incorporate in the checklist.

### **Challenges**

- Funding and time to develop plans, guidelines, conduct reviews, and implement improvements.
- Local government commitment to street improvements.
- Implementation of guidelines needs to be tailored to local community needs.
- Buy-in from communities to adopt new plans and guidelines, and community advocates to ensure implementation. Different policies among the various jurisdictions may make it difficult to gain buy-in from the jurisdictions.
- Educating project applicants and reviewers on the need and strategies to improve mobility for the senior and disabled communities.
- Some residents may not want various traffic calming measures in their neighborhood.

### **Responsible Parties**

SACOG and Bike/Pedestrian Advisory Committee, local government elected officials, planning and public works departments, Caltrans, local pedestrian advisory groups, local advocates.

### **Funding and Support for Implementation**

SACOG Community Design Program, federal grants, developer fees, local funds, SACOG bicycle/pedestrian regional funding program.

## **Pedestrian-Oriented Mixed Use Development**

### **Recommendation:**

Promote pedestrian-oriented mixed use development in local communities as encouraged by the Blueprint.

### **Challenges**

- Each local government is responsible for local land use and project decisions.
- Local government plans and zoning codes that limit mixed uses.
- Developer initiative and participation in developing mixed use communities and projects.

### **Responsible Parties**

SACOG, local government elected officials, planning and public works departments, local advocates.

## **Local and Regional Planning**

### **Recommendations for Increasing Participation in Planning:**

- Develop and train city-based Senior/Disabled Mobility Audit Teams to go on-site to review local plans and take part in the transportation project review process at SACOG and local governments.
- Establish an Advisory Committee of seniors, persons with disabilities, and persons representing those groups at SACOG.
- Develop and post a master calendar of land use and transportation planning meetings in the region.
- Publicize SACOG meetings more widely.
- Publicize more widely how to register concerns with transit service and participate in transit unmet needs hearings.

### **Challenges**

- Gaining full participation from local governments and SACOG
- Commitment by local agencies to integrate Senior/Disabled Mobility Audit Teams into the existing review process.
- Recruiting, training and retaining volunteers.

### **Responsible Parties**

SACOG, local governments, senior and disability groups, pedestrian groups, AARP.

### **Funding and Support for Implementation**

Potential for technical assistance from AARP, SACOG, local jurisdictions, pedestrian groups.

## **PROGRAMS**

### **Funding Programs**

#### **Recommendations:**

- Undertake a more comprehensive inventory of transportation spending in the SACOG region, particularly of resources that support senior and disabled mobility through various transportation modes.
- Encourage cities, counties, transit agencies and others to develop community design grant projects that address senior and disabled mobility within the new SACOG community design grant program. The community design program could provide planning and capital grants that: 1) encourage pedestrian, transit, and/or bicycle trips,

2) provide for compact development of housing and downtowns/regional activity centers, 3) are part of a community's development or redevelopment activities, and 4) enhance a community's mobility, access, identity and quality of life.

### **Challenges**

- Resources for grant programs.
- Ensuring grant award criteria so that senior and disabled mobility and access is an important factor.
- Educating grant applicants about the need to improve mobility for the fast-growing senior and disabled communities.

### **Responsible Parties**

SACOG, local governments, local advocates

### **Funding and Support for Implementation**

SACOG Community Design Program, federal grants, developer fees, and local funds as match

## **Information and Training Programs**

### Recommendations:

- Educate more people about the complex issues around aging and mobility. Better publicize the effects of housing choices on senior and disabled mobility, and the public and personal costs of individual choices to locate away from transportation and other services.
- Develop partnerships with Realtors®, visitors' bureaus, and other sources of information for those seeking housing in an area to help inform potential senior buyers and renters and their families of transportation and other services that are or are not available in the area, to encourage more informed choices.
- Increase outreach and education on alternatives to driving and availability of mobility training programs.
- Establish mobility training programs in all jurisdictions to make transit and alternatives to driving more accessible and user-friendly to seniors and persons with disabilities, including those who may never have utilized it before.
- Expand and promote cane travel training for people who are blind/visually impaired in independent mobility and how to access fixed-route transit.
- Develop transit ambassador/buddy programs to provide personal assistance to seniors and persons with disabilities who are learning to use fixed-route transit.
- Publicize the availability of limited driving privileges.
- Publicize the availability of ride-sharing and matching programs.
- Increase outreach and information on Senior Driver Safety Courses and the CarFit program
- Increase training in adaptive devices such as vehicle hand controls.

- Add a component to driver safety courses where it is missing on physical activity (including walking for transportation) to improve health and lengthen the ability to drive.
- Increase publicity on public transit services.
- Improve the readability of transit schedules, including producing large print versions
- Share findings on sensitivity to elder license revocations with the DMV.
- Encourage driver training, questions on the DMV test about pedestrian right-of-way and unmarked crossings
- Encourage expansion to other counties of the DMV Sacramento pilot program to provide transit information to those to whom they deny licenses.

### **Challenges**

- Funding and volunteers for additional programs and publicity.

### **Responsible Parties**

Transit providers, agencies serving the blind/visually impaired, DMV, AARP, Area Agencies on Aging, Senior Centers, Health community

### **Funding and Support for Implementation**

Possible national/local grants, SACOG regional funding programs, technical assistance from FHWA.

## **CONCLUSION/NEXT STEPS**

SACOG has produced this Study to provide data, information and recommendations that SACOG, local governments, service providers, community-based organizations and leaders, advocates, and community residents can use to begin to address the needs for mobility and transportation options among the Region's increasing population of seniors, and those with mobility-impairing disabilities.

Through the Study, SACOG has identified a significant need to address mobility issues for seniors and persons with disabilities in the Sacramento Region and many possible strategies for doing so. Some of these solutions are simple and inexpensive, some are more costly, and some require significant coordination and funding to implement.

In the coming months, SACOG will be encouraging next steps by stakeholders throughout the Region in prioritizing, planning, and seeking to implement appropriate Study recommendations in each county. As a first step, SACOG is organizing a Working Session for November 2006 which will bring together stakeholders, transit providers, and decision-makers from throughout the six counties to review the Study recommendations, prioritize next steps in implementing them in each county, and identify how these priorities can be reflected in the 2035 Metropolitan Transportation Plan and Long-Range Transit Plan, which SACOG is developing to guide long-range funding for transportation and transit services in the Sacramento Region.

SACOG anticipates that feedback from the Working Session and any additional demographic projections will be incorporated into this Draft Study, with a final version submitted to the SACOG Board for review and adoption in early 2007.

SACOG produced this Study to focus increased attention on the Region's increasing populations of seniors and persons with disabilities, and on the growing demand for transportation programs and services. SACOG expects that this Study and follow-up efforts will support the partnerships needed to begin planning strategies now to facilitate senior and disabled mobility over the decades to come.