

# **Proceedings**

## ***CONVENING AGING & MOBILITY LEADERSHIP***

### **United We Ride Mobility Summit**

**Monday, March 7, 2005  
Sacramento Convention Center  
Sacramento, California**

**SPONSORED BY  
CALIFORNIA DEPARTMENT OF TRANSPORTATION  
CALIFORNIA COMMISSION ON AGING**

# United We Ride

## California Mobility Summit

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*Improving mobility and access to services through  
interagency cooperation and greatly improved coordination*

## **Background**

California is home to nearly four million people over age 65—the largest older adult population in the nation. The number of older Californians will grow exponentially over the next few decades. Baby Boomers are already beginning to retire and California is not ready.

The *Strategic Plan for an Aging California Population—Preparing California for the Retirement of the Baby Boomers*, was written in response to Senate Bill 910 (Ch. 948/99, Vasconcellos) to help California prepare for the demographic shift caused by the aging of the baby boomer generation. The plan was signed by the Governor in October of 2003.

The California Commission on Aging (CCoA) agreed to monitor implementation and periodically update the Plan. For the past 18 months the CCoA convened eleven stakeholder teams one of which is the Transportation Task Team (TTT), chaired by Peter Steinert, Chief of the California Department of Transportation's Office of State Transit Program Management. The TTT has been working since June of 2004 to implement Strategic Plan recommendations dealing with service integration and coordination. Holding this Mobility Summit was one of those recommendations.

In fall of 2004 the TTT's dream was realized when the California Department of Transportation received a Federal Transportation Administration, United We Ride grant to conduct the Summit. The Summit took place on March 7, 2005 and was the first day of a three day event entitled: **Convening Aging and Mobility Leadership**. The second day was an invitation forum sponsored by the CCoA, *Planning for an Aging California*. Day three was the *White House Conference on Aging Solutions Forum*.

These proceedings are a transcription of the actual presentations and participant feedback which took place at the March 7, 2005 *United We Ride Mobility Summit*. Occasional license has been taken to correct grammar. Transition and housekeeping comments have not been included.

# THE SUMMIT

Monday, March 7, 2005

## **I. Opening Remarks**

**Moderator: Brian Smith, Deputy Director, California Department of Transportation**

*After necessary accessibility and “housekeeping” remarks, Peter Steinert, LRSPA Transportation Task Team Chair and Chief, Office of Transit Outreach and Enhancement, introduces Brian Smith.*

*It’s my great pleasure to introduce Mr. Brian Smith who will be our moderator of the session. Mr. Smith is the Deputy Director of Planning and Modal Programs for the California Department of Transportation. He oversees the activities of six divisions with over 350 staff and an annual budget of about \$1.3 billion dollars. The divisions he oversees are Aeronautics, Local Assistance, Mass Transportation, Rail, Transportation Planning, and Transportation System Information. In addition, the Department’s System and Organizational Performance Measures Project Manager reports to Brian. Please welcome Mr. Brian Smith.*

Good morning and welcome to the United We Ride Mobility Summit. We’re very honored this morning to have a number of speakers who are going to help us set the stage for what I believe is going to be an exciting and provocative day of discussion and planning for future mobility needs for some of California’s most mobility challenged citizens. As you know this is the first of a three day coordinated event commencing aging and mobility leadership to develop action steps to address human service transportation improvement and coordination issues.

**Will Kempton, Director, California Department of Transportation**

*It is now my pleasure, and it is always my pleasure, to introduce my boss, Mr. Will Kempton, who is Director of California Department of Transportation. Mr. Kempton began his career in transportation with Cal Trans and I won’t say when, but he spent enough time there to eventually become the assistant director for legislative and congressional affairs. He left the department in 1985 and went to the Santa Clara Valley Traffic Authority, as it was called at that time, where he managed the sales tax measure.*

*Those of you who are from California may be familiar with how many of the counties in California have imposed a sales tax voluntarily upon themselves to pay for transportation*

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*projects and related projects. Santa Clara was the first and probably the most successful of those counties in terms of taxing themselves, getting that money together, getting somebody like Will to come in and take charge, and actually using that money to deliver transportation projects on time and pretty much under budget.*

*After that he spent about a decade working with Smith, Kempton & Watts, a consulting firm that helped a lot of other counties do similar kinds of things. He then spent a couple of years as the assistant city manager at the City of Folsom and decided to come back to Cal Trans when we had a projects like the Bay Bridge and a lot of other issues that needed to be resolved. We couldn't be luckier to have somebody with Will's experience both in the department and outside the department - with the legislature and the local officials - come into that position. So it's my distinct pleasure to introduce Mr. Will Kempton.*

I really am pleased to be here. I think this is a long overdue confab of this group to help us deal with some of key problems facing this constituency. On behalf of Governor Arnold Schwarzenegger, Business, Transportation and Housing Secretary, Sunne Wright McPeak, and Cal Trans I do want to welcome you to the United We Ride Mobility Summit. The mission of our department as some of you may know is to improve mobility across California and certainly I think that goes hand in hand with this event which is the first of a three day event, Convening Aging and Mobility leadership.

As director of Cal Trans it is my honor to co-sponsor and help kick off this event. I want to thank the California Commission on Aging, the California Association for Coordinated Transportation and my staff for working in concert to make this Mobility Summit a reality. As I said, I think it's a much needed event. Thanks also to the California Health and Human Services Agency for their cooperation and guidance. I want to take a special opportunity to thank our federal partners from the *Interagency Coordinating Council on Access and Mobility* and especially the Federal Transit Administration for their support via the United We Ride grant program that is funding this event. Leslie Rogers, thank you very, very much on behalf of California.

We are here today to discuss mobility and accessibility which are key components of the Governor's new *Go California* vision. Many may have read in the newspaper that the Governor has rolled out a new vision for California, a 10 year building block program. This will do several things related to mobility and accessibility:

1. We are going to be setting performance metrics as part of this exercise. We need to begin to measure our success in providing transportation services to your constituencies and this will [happen]. *Go California* will provide us with the tools necessary to see how well we're doing and whether or not we're meeting the needs of the older adults and individuals with disabilities.
2. Mobility is essential to the well being to all Californians and is especially critical to the above group of people. A prosperous economy, quality environment and social equity cannot be fully achieved without addressing mobility and accessibility needs. Access to employment, health care, education and other community services for all Californians is a

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basic requirement fulfilling our quality of life standards here in the State. Cal Trans takes pride as a leader in managing the transportation system efficiently and effectively and promoting the flexibility and mobility choices including making transit a more practical travel option.

3. We recognize that we need to place more emphasis on improving system efficiency, effectiveness and diversity. For example, the department has increased our efforts in approving roadway and facilities designed to promote safe driving for seniors.

4. Another important area of effort is our Federal Transit Administration Section 5310 program which provides capital grants, mostly vehicles, to non profit and public agencies providing transportation services to older persons and persons with disabilities. Demonstrated coordination with other service providers is a criteria used to rank applications for these annual grants.

5. We also provide support to the State's 1.1 billion dollar annual investment of transportation development act funds. This is the little quarter cent on the state sales tax that goes for transit and is the primary source of funding for public transportation in California. This is a very important **increment** of tax dollars. We provide training and technical assistance to local and regional agencies in the use of these funds.

6. Cal Trans will continue to develop innovative interagency and public private partnerships to identify mobility barriers and strategies to remove those barriers.

This summit will set the stage to address many issues and will bring together a diverse group of leaders to establish an interdisciplinary task team for cooperation and program coordination. Please join me and the other members of the California leadership here today to work together to improve interagency coordination and develop more efficient and effective human service transportation services. Let me tell you I wish you all the best of success in this event. Thank you very much.

### **Sarah Steenhausen, Assistant Secretary, Health & Human Services Agency**

*It's now my pleasure to introduce Ms. Sarah Steenhausen. Ms. Steenhausen has recently been appointed by Governor Schwarzenegger to the position of Assistant Secretary for Long Term Care. She will be working at the Health & Human Services Agency under Secretary Kim Belshe. Sarah will assume the principle staff role for the Long Term Care Council and the Olmstead Advisory Committee. This will allow her to work closely with agency colleagues and other departments such as Cal Trans, community stakeholders, and legislative partners to advance collective interests in identifying and addressing barriers that stand in the way of integrated community based services for California residents.*

*Ms. Steenhausen has a Master's of Science degree in gerontology from the University of Southern California and has most recently served as consultant to the Senate Subcommittee on Aging and Long Term Care. Please welcome Ms. Steenhausen.*

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I want to thank all of you very much for inviting me to be here today. It's very exciting to be here in my new capacity as Assistant Secretary for Long Term Care and representing Secretary Kim Belshe. As you know, I recently started at the Health & Human Services Agency and my primary responsibility is to staff Olmstead related issues including the new Advisory Committee that will be meeting for the first time this Friday. The reason I bring this up is because [Olmstead is about] helping individual's remain at home and in the community [and mobility] is an example of a closely related issue. You need good access to transportation services and mobility. What good is it to have a good support systems in the community if you can't access the services? This builds on the whole theme of needing to be connected, between agencies and between departments. That's what much of my job will be.

I think it's all too easy in our jobs ... to start focusing on what you consider your primary area of responsibility and not take into account all the outside issues that may also impact what you're working on. I give credit to everybody here for bringing together the health and human services component with the transportation component to really address the broader issues that affect all of us in accessing services. I think ultimately what we need to remember, what I always try to remember, is that this is about the consumer. My challenge is not to get stuck in the state bureaucracy, but to think of what can we do to make services more accessible for the consumer and help them remain in the community. I'm looking forward to working with everybody on figuring out how we can develop a more collaborative process so that we can figure out concrete ways to move forward.

It is exciting to see this event come together. I was actually part of the SB910 Strategic Plan on Aging planning committee and this was obviously an issue addressed in the plan. We had the participation of Peter Steinert and Pete Spaulding and Cheri Jasinski leading the effort. One of the recommendations in the plan was to hold a mobility summit. I think it's significant to see that it has actually happened and we've come together. I think it's a testament to the leadership of the California Commission on Aging, as well as to the California Association for Coordinated Transportation and for the real leaders within those movements such as Sandy Fitzpatrick of the Commission on Aging and Cheri Jasinski and Peter Steinert, etc.

It's wonderful to see a report that actually becomes a viable living document and doesn't just become a bookcase filler. This is something that I am going to strive to do with the Olmstead Plan. As you all know the State Olmstead Plan came out in 2003. Many advocates worked very hard on the Plan, as did the Health and Human Services Agency, but our challenge today is to figure out ways to keep moving that plan forward and extrapolating those parts of it that are feasible, that are possible opportunities just as you've done today in putting together this event.

In terms of how I see our being able to work together, today many different recommendations on different possibilities for collaboration will be discussed. At the end of the day we'll have an idea of concrete steps that can be taken between the Health & Human Services Agency and the Department of Transportation, as well as the Business Transportation & Housing Agency. I'd like to continue working with all of you through the

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process of the Olmstead Advisory Committee and the Long Term Care Council. Again, I think that if we can identify specific achievable goals and get as much input as possible from consumers, providers and advocates, [achieving them] really is possible. It just takes the will and the leadership and I believe we really do have it today. It's very exciting to see so much opportunity and enthusiasm for this. So, I hope you all know that I have an open door policy and I really value all the feedback that you can provide. Please let's follow up after this conference and figure out ways for us to continue partnering. Thank you again for inviting me to be here today.

### **Leslie Rogers, Regional Director, Federal Transit Administration**

*I would now like to introduce Mr. Leslie Rogers. Mr. Rogers is the Regional Administrator for the Federal Transit Administration's Region 9 Office in San Francisco where he has also served as the Deputy Regional Administrator. Prior to coming to San Francisco, he held the position of FTA Regional Council in both New York City and Denver and was Staff Attorney to the Office of the Chief Counsel in Washington, D.C. As Will mentioned earlier, Leslie's leadership and involvement in the United We Ride Program to establish relationships and develop coordination between state, federal and local partners working on human service transportation has really been instrumental in getting the funding and support that was needed for this conference. Mr. Rogers is a graduate of Northwestern University in Evanston, Illinois and Howard University School of Law in Washington, D.C.*

Thank you Brian and much appreciation to all of you for your attendance at this event today and many thanks to all of our sponsoring organizations for their generous contributions of staff time, resources and most importantly, their commitment to making transportation services work better in our local communities. I would particularly like to thank Cal Trans, California Commission on Aging and two gentlemen I refer to as the two Peters, Peter Steinert and Pete Spaulding here. So again our sincere thanks for the efforts you've brought to bear today to bring us together. For those of you who have plowed this field of transportation coordination with your sister agencies, I don't need to tell you, you know the soil can be very, very rocky. For those of you who have done it season after season, you know most of us have been at this for longer than we care to admit, I commend all of you for your sustained efforts.

Ladies and gentlemen on behalf of Transportation Secretary Norm **Mineta** and the FTA Administrator **Jena Dorn** thank you for coming and a warm welcome to this California United We Ride Mobility Summit.

For most of us, how we will get to the doctor's office, a job, classes or the grocery store is not something we worry about much in our personal lives. Most of us just hop in our cars and off we go to get to and from work, visit the doctor, go to the movies, run errands, but for older Americans, people with disabilities, and low income families who can't afford or can't drive a car these essential everyday activities are quite often out of reach. I know that many of you in this room work professionally everyday with, and represent, people who face these daily transportation challenges. But I'd like you think for a minute just about your own personal life. How many of you know someone who must depend on someone else for

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transportation. Can I see a show of hands? Quite a few of us.

It could be an elderly parent, a disabled child, a neighbor or an acquaintance at church. Every time I ask for a show of hands, it's never surprising. We know that one in every ten households does not own a car, most because they simply can't afford a car. One of every four Americans is an older American or a person with disability, many of whom either cannot drive or cannot afford a car. But statistics really don't tell the whole story -- real people do. It's a confusing and scary problem for people we all care so much about.

But the really good news, and I mean this in a very sincere fashion, is that there are sixty-two federal programs that recognize the importance of transportation. That didn't happen ten years ago or even five years ago. At this summit we have state and local leaders who receive funds from many of those sixty-two federal programs, stakeholder leaders who represent the customers who receive these services and leaders who obtain these grants. We're all trying to help an ordinary person who is desperately seeking a ride to his doctor's appointment, to the grocery store, or maybe even a part time job. I talked about the good news. Well the flipside is the bad news. For this ordinary person there are 62 federal programs! These programs fund hundreds of state programs and thousands and thousands of local agencies that could give this person a ride. Without common sense solutions at every level, however, this person may not get that ride he so desperately needs. Is it any wonder that he or she has a hard time figuring out how to get where they need to go among all these various programs? This, ladies and gentlemen, is the coordination story we at the Federal Transit Administration use to tell our fellow colleagues and community leaders.

It's pretty clear that we probably don't need one more new transportation program to solve this problem. That won't do it. But we do need to sort through, figure out, and sort all the flexibilities and complexities to provide common sense coordination options for our community. Everyone here knows this only too well. You know the story; many times our programs have different eligibility rules, restricted designations which can lead to confusing reservation systems for Joe or Jane Client. There are perplexing overlapping routes, not to mention different reporting requirements, different billing systems, and different funding cycles. So is it any wonder that the ordinary person is indeed confused, frustrated and vulnerable.

We're particularly pleased that we were able to provide funding for this session. A fairly small grant in the universe of the FTA's funding programs, but probably none as important as this small grant that has led us to convene this summit.

I was talking about common sense solutions -- common sense, yeah right -- you know that's much easier said than done. It takes time and effort to communicate effectively among all of our colleagues here who speak so many different languages: IEP, IFSP, DOC, IWRP, CMS, HHS... it goes on. Patients, clients, consumers, riders -- we're all talking about the very same thing and we know it does take some resources to coordinate, initially at least. But coordinating transportation services helps states do more with money they have and that's good news especially here in California. Imagine the headline if you will, "State Saves Money -- Increases Transportation for Medicaid Clients." Who wouldn't love such a positive

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headline? That's the kind of headline we all like to see and the kind of service we'd like to provide to customers and to the taxpayers.

Across America, we at the FTA witness all sorts and great wonderful progress being made in tackling this issue of coordinating transportation services and we've already begun to see the impact of these efforts on the bottom line. Other states are a bit more ahead of us here in California but in Kentucky that state has issued a regional mobility system. They've reduced the costs of providing transportation by 35% and they were able to double the number of customers served. In Miami, Dade County, Florida they created a Medicaid Transit Pass program that is used by only one percent of Medicaid clients but it saves the Medicaid program there over \$7 million dollars annually – money that can be plowed back into services. Even on the East Coast, in Philadelphia, there are the coordinated services provided by the Wheels Program [which] has reduced costs from an average of \$21 per ride to an astonishing \$8 per ride! In fact the National Academy of Sciences has estimated that states could generate over \$700 million dollars in savings by coordinating human services. Just imagine the opportunities that await us.

There are many, many coordination stories and we look forward to hearing about those as we plow through our agenda today and over the next two days in terms of the aging forums also. These stories vary in scope and detail, but at the FTA we've learned from visits and discussions in communities across the county that behind every coordinated transportation system are two things: leadership and a plan for action. One of the most important things that we have embarked upon here is our framework for action.

I am particularly encouraged to see so many familiar faces. We have the Federal Funding Agency here, our partners from HHS, education, labor, there are six of us. I'm going to leave somebody out. Right, ten, right.

We convened a session in San Francisco last November. This summit builds upon initial success of that session. The framework for action that we talk about looks so simple. We even have a brochure. [The framework] is a self assessment tool that we developed to try to help states and communities where they are. It's an effort to create a customized road map to success and we believe this is the key element of United We Ride. Later today and throughout the next few days we will have the opportunity to continue working with the framework for action to identify issues that will be critical progress here in our dearly beloved state. One of the things that we've learned at the FTA is that every state is different and every state is in a different place on the continuum towards a fully coordinated human service transportation system. That's okay. Start where we are and all progress is good. It all comes back again to people and policies. We know the inspirational stories throughout all the communities and in our states. They are just waiting to happen. We see this replicated throughout the country.

Those of us who have worked and have formed this United We Ride partnership, we thank you for what you're doing every day and, again, we thank you for your presence here today. We're far from complete at our work at the federal level but we are dialoging. At the FTA you know they say what gets measured gets managed and what gets managed gets measured

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and that's what we are about. We're developing our performance standards to track our success, but we're far from complete. We've essentially just started. After 20 years we have new momentum, new energy surrounding this effort and we believe that by working with ordinary people in our communities we can develop a common sense transportation solution for the people who are counting so very much on all of us. Thank you.

### **Brian Smith:**

*I was reminded by listening to Leslie that it's very easy when confronted with very large and quite often politically contentious issues, it's too easy to marginalize special needs mobility. I want to thank Leslie for the very graphic reminder, via the show of hands, that there are many of us here today that have members of our family or friends that are permanently in need of mobility assistance.*

### **Bill Cather, Legislative Director, Department of Motor Vehicles**

*Many of us have had or will have temporary needs for assistance. Even though at Cal Trans we are working on wider road stripes and bigger lettering on signs for our aging population, aging driving population, quite frankly I plan on living long enough that at some point in time, somebody is going to ask for my license -- in the interest of my safety and everybody's safety. So it is with that mind that I would like to introduce our next speaker Mr. Bill Cather.*

*Mr. Cather began his career with the Department of Motor Vehicles as a driver license examiner in 1974. Over the next few years he worked as a supervisor in several field offices around the state and in 1981 he was promoted to a management position in Sacramento. Since then has held a variety management positions in the area of driver licensing, program automation, statewide facilities coordination, legislation, vehicle registration, and information services. In 1991 he became the assistant director for legislation and has primary responsibility for DMV's legislative program. Bill is the principle spokesperson for the department on legislative matters and he testifies before legislative committees in support of DMV initiatives.*

*Just to prove that we are more than our bureaucratic titles and assignments, Bill also demonstrates that a lot of bureaucrats do have a human dimension as well. He's given greatly of his free time to serve as director of the DMV childcare center and as president of the employee owned club that operates the DMV Cafeteria Food Services. He was the departmental chairman of the United Way Campaign. He was chairman of the Motor Vehicle Conference which is a statewide association of transportation related agencies from both the public and private sectors.*

Thank you very much Brian, panel members. Welcome everyone. I am happy to be here. I know that this conference is really transportation mobility related. We're in that early stage of trying to figure out how best to accommodate our aging population. Many of you probably know that we have a little over 22 million licensed drivers here in California. Fully 25%, or 5.5 million, are over the age of 55. In fact, 2.5 million are over the age of 70. Persons who are 65 years of age and older are the fastest growing segment of our population.

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It's a reality and something that we all have to deal with.

The other thing that's true, in deference to all my good friends in the transportation area, is that people still prefer to make their trips using their own personal vehicle. Studies show that in suburban and rural areas fully 90% of personal trips are made by personal automobiles. Even in urban areas where transportation is more readily available, 75% of the trips are still made by car. So we think that driving your own personal passenger vehicle will remain the preferred method of travel. However, it is true that we do have to make traffic safety – not only the safety of the driver, but of others on the highway -- a very high priority. Accident rates among seniors are probably the best when we look at that age group in *total*. However when we factor in the miles driven unfortunately then the senior driver [moves] next to the teenagers group with the highest accident rate of all of our drivers. However, the thing we find with seniors is that they have a much higher rate of maturity than do other categories of drivers. That is shown in the fact that many start to modify their driving habits. They reduce the amount of miles they drive. They only make necessary trips in their cars. Quite honestly, a lot of folks give up night driving when [they realize that] vision and those sorts of things that are compounded during the night time hours have a negative impact on ability to safely drive.

Now, I want to say right out of the box, that DMV's mission is *not* to take away your driver's license. Quite to the contrary, our mission is to keep safe drivers on the road and driving for as long as we possibly can. We look at things that can help facilitate that, even if it means restricting some of the driving that you do. If you are found to have some difficulties with regard to mobility, like not being able to turn your neck and that sort of thing, we can require that you have additional mirrors on your car so that [turning your head] does not become as critical an issue as it would under normal circumstances. Many of you who have disabilities of the lower extremities know that there are restrictions that allow you to drive provided you have hand controls. There are lots and lots of things that we can do to try to keep you mobile and to keep you in your own car and still have our primary goal of protecting you and the other drivers on the freeways and highways of our state.

One of the things that we're looking at and constantly trying to do is to better, is assess drivers and facilitate rehabilitative services. It's true that the most common example is glasses. Some of us go years without visiting the optometrist and the first time we realize that our vision has deteriorated is when we come in to take the DMV visual acuity test. [A person may not] even see the chart let alone read the letters on the chart. So often in that circumstance we have to refer the person to their eye care professional to get a new prescription and it's like, "Hallelujah, I can see again!"

So DMV does in fact play a very, very important part and we think that many folks with today's modern medicine can benefit from those rehabilitative services. We want to help facilitate that interaction and make sure that you are aware of the available options. Now one of the things that has been talked about for the last couple of years, and which I have been asked to specifically address this morning, is the Department's efforts to better examine individuals when they come in for their renewal of their license, so I'm going to talk a little bit now about the three tier testing system. I think many of you have heard generally about

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this and I'm going to go into a little bit of detail on each of the three tiers.

Basically right now when you come into renew your license you're going to take a law test, the standard written test. That is going to tell us whether you are familiar with the laws that govern the operation of vehicles on the highways. We're also going to do a visual acuity test which is the standard eye chart on the wall and that's about it. Unless you demonstrate some sort of obvious problem relative to mobility or something like that, no driving test is required on the renewal of your license. And, to dispel any urban myths, there is no standard relative to requiring additional tests at any given age. It does not make any difference whether you're 16 or 75. As long as you pass the written test and the eye test okay and everything else appears to be fine, you're going to get a renewal of your license -- and you're going to get a 5 year renewal, just exactly the same. Now some of the problems that we see with that is there is more to driving than just being able to see at distance, to read the handbook, and pass the written exam.

Tier 1 - Under the three tier system, the first tier will add some additional tests to the [above] criteria. The first is a *structured observation*. [This means] that as you come up to the window to present your written test to have it graded ... our technicians will be trained to do a sort of unobtrusive, but a visual analysis of how you physically present yourself. For example, if you are walking with the aid of an assisted device or are in a wheelchair or you actually have someone with you whose helping you up to the counter, that technician will first review the record to see if we had a record of that disability in the past. If not, there is an obvious need to go further and to try and figure out exactly what is causing the limited mobility. Again that will be done in an unobtrusive way, but better training and specific tests for our technicians will help us understand [how to] recognize possible problems.

They will ask some general questions to get an idea about your cognitive abilities. For example, you will be asked to tell the technician your date of birth and your social security number ... just some general common questions that you should probably know to see how quickly you respond. They will also show you a diagram of an intersection with various traffic situations and present a situation to you and ask you how you would respond in that circumstance. [They will look for] some kind of feedback on just how your cognitive abilities are assessing, analyzing and [look at] your ability to verbalize a response.

The other thing is in the next segment that I want to talk about -- a contrast sensitivity test. There is more to driving with regard to visual needs than just distance vision. Contrast sensitivity is a big one. This next test which would become part of the tier one of the three tier system is called commonly a Fog Test. It is a chart that shows different letters on a light background. It may show outlines of vehicles in a light background. It will then show a darker vehicle in a shaded background and it really assists in telling just how your contrast sensitivity is working. This is a very important and critical part of the ability to see possible hazards out in front of you as you're moving through the traffic.

These four segments, the current written test, the current visual acuity test, then the structured observations along with the cognitive and contrast sensitivity tests provides the technician with a lot of information in a relatively short period of time. We don't want to

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extend the time that we are taking from your perspective or from our perspective. All of these tests can be done rather quickly and yet a lot of information is received through those processes. There will be a graded criteria on how you fair during those various tests and if it is determined that there is a problem and that additional testing is required, you will then be asked to go to the second tier of the three tier system.

Tier 2 - The second tier is comprised of two computer based touch screen tests. The first one deals with your ability to quickly and accurately identify objects on a screen. There will be an outline of a passenger vehicle car and a commercial vehicle, a truck. Those outlines will be flashed for less than a half of second on the screen. You will be asked to differentiate whether [you see] the car or the truck and then that test will be accelerated. In other words, the image will appear for progressively shorter amount of time. The pass/fail [is based on your ability to] identify the correct image that was displayed on the screen 75 percent of the time.

The second computer based test is a random placement of numbers on the screen and you're asked to touch the numbers one through 15 in ascending order, and then in a descending order do the same thing on another screen where they are scrambled differently. Again it's your ability to quickly spot, recognize and then to touch the correct sequence of numbers on the screen.

Finally the driving habit survey will part of that second tier. We will ask you what kind of self regulation you may do on your own. Again, the results of that battery of tests will determine whether we renew your license, whether you go on your way or whether it's important to go ahead and put you through a third and final tier of the test.

Tier 3 – The third and final step is an actual on-road, behind-the-wheel examination. This will be a special supplemental driving performance evaluation which will include some freeway driving.

Any time that you pass you will get your license.... Only as we identify problems would you need to be referred to the next steps. I want to mention the mover and shaker at DMV who has been behind this, Dr. David Hennessey had a rather serious heart condition and underwent surgery a little earlier this year and is just starting to come back to work. We're expecting the results of a pilot study to be published this summer and we will be looking at moving forward with that three tier system as soon as we can come up with the proper recommendations to the administration and the governor.

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### **Emory Lee, Executive Officer, US Department of Health & Human Services**

*Mr. Lee is the Executive Officer of the Office of the Regional Director of the U.S. Department of Health & Human Services for Region 9. Region 9 has its headquarters in San Francisco and it includes the states of California, Hawaii, Arizona and Nevada and the territories of Guam, American Samoa, the Commonwealth of the North Murrieta Islands, Republican of Marshall Islands, and the Republic of Palo.*

*Mr. Lee first joined the department in 1971 when he was one of eight HEW fellows selected for the U.S. Department of Health Education & Welfare in Washington, D.C. In 1972 he was recruited by the Regional Director (RD) to come to Region 9 where he has remained. He has served 9 different RDs during his career. As the executive officer he assists the Regional Director in coordinating the administration and implementation of the Secretary's policies in Region 9. He serves as the Secretariat for the Federal Regional Council, a consortium of 23 different federal agencies and departments in Region 9. I've always been very glad they do have that council because it is an opportunity for them to get together and [coordinate] for those who have to deal with many of them. We appreciate that. He also chairs the Council's Outer Pacific Committee.*

I bring greetings from our regional director, Calise Munoz, who could not be here today. She is the personal representative for Secretary Michael Levin in our region and she extends greetings for a very successful conference over the next three day. I'm certainly personally excited about it because of the number of issues and background problems that we've had leading up to this.

Even though Health and Human Services has the largest domestic agency budget, in terms of transportation, the Department of Transportation, FTA, certainly has a lot more of the discretionary dollars that provide activities and important events such as this Mobility Summit that we have here today.

I wanted to spend a little time giving a federal context of transportation coordination. For us the big event was when President Bush signed an executive order in February of 2004.... This executive order provides for enhancing access for transportation services for purposes of employment opportunities, for increasing mobility, and for providing access to community services by those who are transportation disadvantaged. The executive order then established an Interagency Council for Transportation Coordination for Access and Mobility and that's chaired by Secretary Norman Mineta. Obviously we're very grateful for his leadership and his tremendous background in transportation issues. It was the transportation experience that he has brought to the table that is one of the reasons why the City of San Jose named the international airport in San Jose after him. With the Interagency Council being established by the executive order, we have the charge of working together in the Council to do the coordination that we talk about so much.

Leslie referred to the 62 federal programs that have been identified as providing transportation services. What Leslie didn't say was that the Government Accountability

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Office (the GAO), did a study of transportation issues related to access to transportation services and discovered that indeed there were 62 programs that were focused upon transportation services. The problem was, however, the fact that none of them or very few of them worked together. Leslie gave you a litany of all of the bureaucratic obstacles that have occurred [such as] the different reporting requirements, different timeframes for applications, etc. So the charge of the Interagency Council is to provide the coordination to be able to work more closely together.

Now there are six goals that the Interagency Council has established for each of its federal agencies which include not only the Department of Transportation and Health & Human Services, but also include the Department of Labor, Department of Education, HUD, USDA, the Veterans Administration, and Department Labor. It also includes the Social Security Administration which is our local part of the government in that it is located in each and every community **including the Attorney General's Office**. Now each member of the coordinating council is charged with coming with up with plans. There are six goals that have been established for the FTA Council and these goals include:

1. Education and outreach so that you start to provide more information about transportation services
2. Consolidated access
3. Regulatory barriers, referred to by Leslie
4. Coordinated planning
5. Cost allocation issues
6. Useful practices ... model practices that we need to focus upon.

Now every department is charged with coming up with a plan that meets these six goals. **The regional directors report to the Director of Intergovernmental Affairs in the immediate office of the Secretary of Health & Human Services in Washington, D.C. The Director of Intergovernmental Affairs is the chief liaison for HHS in putting together the plans that are before HHS.**

For many of you our programs in HHS are major players. We have for example the Centers for Medicare and Medicaid Services offering programs from Medicare/Medicaid to the state Children's Health Insurance Program. We have the Health Resources and Services Administration that provides the funding for all the community health centers and the rural health centers up and down in each of the communities. The key player in this particular mobility summit and the Aging Forum is the Administration on Aging. We also have the Administration for Children and Family which is responsible for the Head Start, the Early Head Start programs and the TANF program that provides a lot of transportation services within the counties. Usually when executives orders and initiatives are headquartered [in Washington, DC] the focus seldom reaches down to the regions, but I'm pleased to report for Region 9 that we are the only region in the country – there are 10 regions throughout the United States – that has a Federal Regional Council.

Our Federal Regional Council was something that was started back in 1996 when the welfare reform legislation was passed and Health and Human Services was faced with the task of how to implement the welfare reform and all that it means. The elimination of AFDC

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program in the various time limits and how to begin to plan for such important changes was historic. What we did was to establish a federal Interagency Welfare Reform Task Force that included the Department of Labor and the USDA as principle partners because of welfare-to-work and the food chain programs. That particular task force has led to the creation of a Federal Regional Council because we discovered by working together we can certainly do a lot more for the people that we serve. So, in 1998 we officially established the Federal Regional Council which now includes up to 30 different federal programs that are represented on the council itself. The council is pleased to be one of the sponsors of putting together the United We Ride regional workshop and that was held in San Francisco. The important thing from the standpoint of those of us who have been involved in transportation coordination over the years is the issue of, for example, trying to find a pilot demonstration for the state of California on Medicaid non-emergency transportation. I think it's been over 10 years since people have been talking about that and possibly more.

This United We Ride regional workshop gave us an opportunity for all the four states in our regions as well as the three flag territories in the Pacific to come together. Out of that [came] the framework for action. Each state representative put together a plan and we were really delighted that, thanks to the FTA funding, that California is now the first state in our region to begin to implement some of the work plans and goals that were identified in that framework to action. I am pleased to thank the State of California for the leadership in putting [this summit] together. We look forward to working with you on the outcomes of the next three days including the implementation of the goals that were identified in the November regional workshop. We look forward to continue building this relationship between the federal government and the state and local partners. Thank you very much.

### **Assemblymember Patty Berg, Chair, Aging & Long-Term Care Committee (Video)**

*Our last schedule guest, Assembly Member Patti Berg could not be here today due to an unexpected conflict. She was able to actually prepare, but she did provide a video that we are going to see in just a moment. Providing quality services to elderly and being able to advocate on behalf of the aging community has been a passion of Assembly Member Berg's for along time. In February 2004 she was appointed as the Chair of the Aging and Long Term Care Committee after having served Vice-Chair of the committee for the a year. Prior to her tenure in the assembly, Ms. Berg was the founder and executive director of the Humboldt and Del Norte Counties Area Agency on Aging which she directed for 19 years. She also has extensive background in social work having worked as a medical and psychiatric social worker in California. We'd now like to show the video from Assembly Member Berg.*

Good morning I'm Assembly Woman Patti Berg. I'm very sorry that I can't be with you in person today but I look forward to hearing the results of your discussions as we plan to move forward for our aging population.

As you are all well aware, the aging of California's baby boomers will have a tremendous

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impact on our state. Right now there are about 3.2 million Californians over age 65. That's about one in ten of us and the number is already starting to climb. It's expected to double to more than 6 million senior citizens in the next 15 years. That's something like 200,000 more elders each and every year on average. Let's not kid ourselves. We are not ready for them. The sad truth is we're hardly meeting the needs of our existing 3.2 million.

The good news is that California has begun to plan. Senator Vasconcellos, SB910 and the long range strategic plan on aging have laid the groundwork, but we need is a single policy vision to guide us through the 21<sup>st</sup> century. My master plan on aging baby boomers will provide just that. The clock is ticking. There is no way to avoid the inevitable and we must insure that our vision is comprehensive and complete because challenges confronting older adults are everywhere. They are intertwined with every aspect of our lives. We simply cannot for example look at health care access and ignore transportation. Think about it. How good is it to make a doctor's appointment if the patient can't get to it? Mobility is critical to the well being of older Californians and persons with disabilities. To live full lives and avoid isolation people need access to friends and relatives, health care services, shopping and social activities.

We must develop alternative transportation services, driver safety education, walkable communities and better access to public transportation. If we are to adequately serve California's seniors today, tomorrow and for decades to come, we must all join together. You've been active in improving services for older Californians and we're going to need all of you and more if we are truly going to meet the growing challenges before us. Again, thank you all for your efforts. I look forward to working closely with you as we develop a comprehensive plan to guide us through the coming decades. Have a good conference.

### **Brian Smith:**

In closing, I think that our speakers have done what we set out for them to do .... set the stage for a day of exciting and provocative discussion and planning.

There are a couple of catch phrases that have come along with the new administration. One, in the words of our Secretary of Business Transportation and Housing Sunne Wright McPeak, is the discussion of the three Es. Everything really needs to address the three Es: Economy, Environment and Equity. I think that within the context of this conference it's very clear that we understand that we've got to do more than just discuss and plan if we're really going to provide access for people for special mobility needs to jobs, to recreation, and to services. As for the other catch phrase, there's a one word that also permeates this administration and that's the word "action, action, action." So my challenge to you all is to do more than just discuss, do more than plan. My performance metric on that will be if Peter and Gail and Kimberly and the rest of the Cal Trans staff that are here today come home with homework then I'll know that we've been successful. Thank you and have a great successful summit.

**II. SESSION 1 – THE STRATEGIC PLAN FOR AN AGING CALIFORNIA POPULATION** (AKA: The Long Range Strategic Plan on Aging/LRSPA)

*Sandra Fitzpatrick was hired in August 2004 to be the Executive Director for the California Commission on Aging. Prior to moving to Sacramento she was the Executive Director for the Area 1 Agency on Aging serving the counties of Humboldt and Del Norte. Sandra has over twenty years experience in the administration, design, and evaluation of programs for older adults. She has spoken at national, state and regional conferences on topics related to innovative rural service delivery methods. She has a bachelors and masters degree in communications and has taught courses at Humboldt State University.*

**Moderator: Sandi Fitzpatrick, Executive Director, California Commission on Aging**

I'm Sandy Fitzpatrick, the Executive Director of the California Commission on Aging. It's an honor to be asked to moderate today's first panel. On behalf of the California Commission on Aging, I'd like to salute the efforts of the California Department of Transportation, Cal ACT, the Transportation Task Team, and the members of the Summit Planning Committee that orchestrated today's meeting. Your decision to integrate this summit with two additional days of California Commission on Aging hearings illustrates the connectivity of issues that face California as our population ages.

The California Commission on Aging was established in 1973 in response to requirements of the Older American Act. We were confirmed in the original Older Californians Act of 1980. We're 30 years old! The Commission serves as principle advocate in the state on behalf of older individuals and acts as an advisor to the Governor, state legislature and federal, state and local departments on issues that affect the nearly 4 million older Californians. The Commission also has the administrative responsibility for the California Senior Legislature and Area Agency on Aging (AAA) Council of California, who are well represented at today's session along with many commissioners.

The Commission is made of 25 members, 19 of them are appointed by the governor, 3 by the chair of the senate rules and 3 by the speaker of the assembly. As part of its responsibilities the Commission believes that it has a mandate to help the state recognize that the demographics are changing and with this change will come the need for sweeping reform that thoughtfully responds to the increase in service demand. Already at the local level we see shrinking or stagnant service dollars and waiting lists. We can't meet today's demand. We must do better in the future.

**Cheri Jasinski, Consultant and Primary Author of the *Strategic Plan for an Aging California***

*Our first speaker will provide a historical perspective on elder planning issues. Cheri*

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*Jasinski started her career in microbiology rising to the position of Public Health Laboratory Director. After a number of years she stepped away from microbiology and has spent the last 24 in management consulting. Breaking away for a time to work with the several states Medicaid managed care programs as Director of Quality Assurance for Benova, Inc. and then as National Director of Revenue Management for Apria Health Care. Her love for public service brought her to Sacramento in 2002 and to the Health & Human Services Agency. There she participated in the development of California's Olmstead Plan and managed the development of SB910 project. She is the primary author of the Strategic Plan for an Aging California, Preparing for the Retirement of the Baby Boomers. Cheri returned to corporate management consulting in 2004 but the work of her heart is her role as a Consultant to the California Commission on Aging supporting the implementation of the Strategic Plan.*

There is nothing more joyful to me than having an opportunity to talk to you about this Plan. It was really an extraordinary experience putting it together.

Are you aware that California actually has the longest life expectancy in the nation – a year longer than the average of our nation as a whole. We are approaching 4 million older adults and rising quickly. This gives us the largest older adult population in the nation -- Florida has a higher percentage of older adults but California has the highest numbers. This increase in this population will have a huge impact on our state. As most of you know, there was a “baby bust” after the baby boom. Our workforce is aging and there are fewer working people to fill in after the boomers.

Health care and social services will be seriously affected. Most of you know that we are staying healthier longer. It is interesting to note that there is a decline in disability prevalence rates ranging from 0.5 and 3.0% annually, which signals a reduction in our proportionate need for long term care, that is proportionately less demand, but since there's going to be such a large number of older adults, there will still be a lot of pressure on the long term care system. This, in turn, relates to the allocation of public resources.

Additional impacts will be economic security, technology, and housing, to name a few. We want to age in place and be independent as much as possible. We are less likely to live with our relatives and our children. Our desire to stay in our homes is putting pressure on the housing market and impacting land use planning. We're building more assisted living facilities and a range of different housing options including modifying existing housing stock. Housing meets transportation and mobility head-on.

We've only got about six to eight years to move a mountain. Thank heaven that Senator Vasconcellos had vision. In 1999 his Senate Bill 910 passed which required that the California Health and Human Services Agency create the plan that we are working from today. The bill called for the University of California to do research so that we could wisely develop a plan. The UC's California Policy and Research Center (CPRC) developed ten position papers and two statistical analyses. Most of the major papers were finished in 2001. You all remember what happened in 2001, several seminal events changed everything. We actually had to go back and do additional research before we could start writing the plan.

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Senate Bill 910 called for the agency to seek the advice of the California Commission on Aging, The California Council on Gerontology and Geriatrics, consumer's and other stakeholders. Therefore we created a process that included forming a plan development task team. A number of people you have heard this morning were on it: Sarah Steenhausen, Peter Steinert, Pete Spaulding. Other people you're going to be seeing today were also part of the plan development process, including Linda Deavens and Nina Weiler-Harwell. This Plan Development Task Team included broad representation from important stakeholder organizations representing a range of older adults needs throughout California. We also invited representatives from other stakeholder organizations, consumer organizations, private business and state department staff to share their specific expertise on topical areas the plan would address.

All of these dedicated people provided vision and ideas. As a result the plan has 321 priority recommendations, in 17 categories, averaging 18 recommendations per category.

The thing I simply have to take time to mention is that we had support from 18 state departments. Their help was critical. Of course these included California Department of Transportation, obviously the Department of Aging, Employment Development, the Chancellor's Office bringing in higher education, Veterans, Department of Justice and obviously Health Care Services, Mental Health, Rehabilitation, Social Services. It's was a tremendous effort over a ten month period of time.

The Plan is virtually an encyclopedia of the needs of California's older adults. The elements are:

- Influencing Federal Policy
- Economic Security and Work
- Transportation
- Housing Continuum including Assisted Living
- Healthy Aging, including Civic Engagement/Volunteerism and Illness Prevention
- Health and Dental Health
- Alcohol and Medication Overuse
- Mental Health Care
- Long Term Care and Support
- Family and Informal Caregivers
- Data and Data Systems
- Health and Human Services Workforce
- Higher Education
- Hospitals and Clinics
- Technology/Assistive Technology

Those of you who are going to come tomorrow are going to hear more about these elements.

In addition to these areas the plan also deals with a number of cross cutting issues: our diverse population, our diverse geography, and our state's fiscal challenges. It's the good news and the bad news with regard to the fiscal challenges. The bad news is that the strategic plan was developed during a time of significant fiscal constraint at the state level. While the current budget reality inhibits the state's ability to respond to many of the recommendations in the short term, the recommendations represent an important blueprint to guide state priority setting in developing an infrastructure capable of responding to a rapidly growing aging society. The good news is that we knew what we were facing as we wrote the plan. This enabled us to work shared responsibility into the Plan and not make the state the

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primary entity responsible for implementation. Besides, this is a societal change. It's not just about the state. Everybody has some level of responsibility -- personal responsibility, private, and public responsibility have to be woven together to adequately prepare California for the boomers.

The work has begun! To tell you how the rubber hit the road, Sandy Fitzpatrick will now talk about how the California Commission on Aging is making things happen.

### **Sandi Fitzpatrick, Executive Director, California Commission on Aging**

The California Commission on Aging really has three functions as it relates to the strategic plan for an aging California:

1. Monitoring the progress of that strategic plan - We're currently doing that by convening a variety of stakeholder task teams and meeting with them regularly to receive progress reports on their activities. We're also monitoring the top 15 priority action actions.
2. Updating of the plan - As we know our environment changes and priorities and events occur. One objective of the [Invitational Forum] that we're holding tomorrow is to receive reports from the task teams as to on what should be updated.
3. Report to the legislature on a bi-annual basis – We'll report on the activities of the plan and to keep this issue on the forefront.

What has happened to date at the California Commission on Aging (CCoA) has been the encouragement and facilitation of work on the strategic plan implementation. This has been accomplished by convening nine new stakeholder task teams and partnering with two previously formed teams.

The CCoA facilitated the initial meetings of the new task teams. The teams consist of volunteers who have stepped forward because they believe that the issues are important. Tomorrow, the Commission and state leadership are conducting a dialogue, which includes some private nonprofits. The goal is to determine the which issues and recommendations are being address and what has been accomplished by various state departments as well as the task teams.

We have distributed a questionnaire and we will be compiling those results as a way to give California a baseline across the issues or elements of the strategic plan. We are in the middle of writing a report to the legislature that identifies the progress on the strategic plan to date with the intention of presenting that in May of '05.

If you would like to see or download the whole Strategic Plan there are two ways to access it. CA Commission on Aging Website:

[http://www.calaging.org/work\\_in\\_progress/population\\_files/population.pdf](http://www.calaging.org/work_in_progress/population_files/population.pdf)

CA Health & Human Services Agency Website: <http://www.chhs.ca.gov/SB910.html>

**Peter Steinert, LRSPA Transportation Task Team Chair and Chief, Office of Transit Outreach and Enhancement**

*Our next panelist has demonstrated his commitment to long range planning in the transportation and mobility area. Peter Steinert is the Chair of the Mobility Summit Planning Committee, which put this Mobility Summit together, and the Chair of the Transportation Task Team working to develop strategies to implement the transportation recommendations contained in the Long Range Strategic Plan on Aging. Mr. Steinert currently serves as Chief of the Transit Outreach & Enhancements Branch in the Caltrans Division of Mass Transportation, where his group works on projects, which enhance mobility choices through strategic partnerships. He has also overseen several other branches in that Division.*

*In the 1980's, Mr. Steinert worked in the Division's Planning and Full Mobility Assistance Branch as a Project Manager, implementing a number of programs serving older persons and persons with disabilities. Other Caltrans experience has included acting as Chief of the Transit Programming Branch in the Division of Transportation Programming.*

*Mr. Steinert's non-Caltrans state experience has included: Statewide Transportation Coordinator for the Department of Developmental Services, and positions at the Department of Aging, DMV, and the Department of Food & Agriculture. In the mid-1970's, he started state service as a social worker at Sonoma State Developmental Center, and also served as Director of the Foster Grandparent/Senior Companion Program, and transportation coordinator at the Center. He holds degrees in Business Management and Psychology.*

*Mr. Steinert will be presenting the high-priority Long Range Strategic Plan on Aging transportation recommendations, and specific implementation strategies developed by the Transportation Task Team.*

Today I want to talk a little bit about the transportation recommendations contained in the long range strategic plan on aging that Sandy and Cheri talked about. The Transportation Element has 12 recommendations under two categories. Those categories are: 1) transportation services and 2) service integration and coordination. The 12 recommendations were developed to address the mobility needs of older persons, and are also be applicable to those need of disabled persons, those on low incomes, and other transportation disadvantaged groups.

The establishment of the Transportation Task Team, or TTT, was led by the Department of Transportation. The team consists of approximately 55 people from the aging, transportation, disabled and economically disadvantaged communities and other stakeholders. We met monthly since June of 2004 and our first charge was to select the highest priority recommendations from the plan and develop implementations strategies for those recommendations. The TTT has selected four priority recommendations. Those are:

1. Support pedestrian-oriented facilities and services via
  - Fostering healthy pedestrian lifestyles

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- Improving connections between destinations with safe walking routes
  - Providing recreational and fitness opportunities such as elder-friendly trails
  - Improving pedestrian access to transit
2. Plan and implement integration and coordination strategies, such as
    - Convening today's Mobility Summit
    - Improving access to Medi-Cal services; address problems with the eligibility and reimbursement processes
    - Making recommendations to address service gaps and inadequacies
  3. Provide a continuum of coordinated services through the CTSA's to
    - Take the lead in facilitating coordinated services and perform several of the mobility management functions
    - Promote regional interconnectivity
    - Maximize the use of state funds
  4. Strengthen Consolidated transportation Service Agencies (CTSA's) by
    - Increasing their funding and authority
    - Establishing them as mobility management centers, and the
    - Source of travel and mobility training

You'll be hearing in session later today more about different CTSA roles.

Some barriers were identified to implementing the strategies as we developed them. Some of the barriers included:

- Lack of state and local leadership to coordinate programs and services
- Lack of regulatory authority to mandate CTSA's be established and perform service coordination and improvement functions
- Lack of incentives to coordinate or improve services
- Lack of consensus by stakeholders due to programs being funded from different "silos" and subject to differing requirements
- Lack of resources, particularly funding and staffing, at the local and state levels

In the next sessions we will further [explore] the mobility barriers identified by consumers and their possible solutions, the structures necessary to eliminate those barriers and to establish mobility management step centers and to develop action plans, legislation and funding mechanisms to implement the coordinated solutions.

[As an] outcome of today's summit we hope to establish a statewide dialogue with the California leadership to foster decisions for effective action steps. We'll also address mobility and coordination barriers between programs and set the stage for federal, state and local partnerships to forge cooperative solutions to these problems.

In conclusion, only through strategic partnerships will we be able to coordinate services and leverage California's resources for improved mobility choices for all. Thank you very much. Please contact me if you have any questions about the long range strategic plan or if you

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would like to help advance the results of this summit.

### **Moderator Sandi Fitzpatrick:**

We have an opportunity for one or two questions for Cheri or Peter.

Q: How much priority will you say the overall plan will be able to get from programs that fund transportation?

Repeat: Your questions was, "How much emphasis or priority would this plan get by funding sources?"

Yes, particularly under Medicaid.

A – Jasinski: Is anyone from the Department of Health Services (DHS) here who can respond? (No response.) I'm not in that agency, but I would say that it's extremely difficult to respond to this. We certainly know that there's a federal push right now to coordinate these activities. You heard that this morning. At this point we are targeting other things that we know can happen faster. We hope that early success will get the momentum going for more difficult issues.

Steinert: I would like to add that we do have a subcommittee as part of our Transportation Task Team that encompasses Medicaid transportation. And we welcome new members.

Q: I have been disabled for years. **Paratransit** has been a saving grace. I have found that one of our problems is suburbs. People who live there are dependent on cars.

A – Steinert. Yes, I really think that maybe a solution could be Mobility Centers where services are in the suburbs.

Q: The solution may be rezoning. Would either of you like to comment on that?

A – Jasinski - I can tell you that we have a Commission Task Team on housing and rezoning is a topic under discussion.

I want to reiterate that there are comment cards in your registration packets. Please fill out your comment cards for the next session, Session 2. The comment cards some of you mailed in have already been compiled. We'll combine those with the new comments and highlight the most significant ones for the panelists to address. Because we can't deal with all the issues today, we will list them our Mobility Summit proceedings so your comments will be carried forward.

### **III. SESSION 2 – CONSUMER ISSUES RELATED TO MOBILITY**

*Patty Yanochko, MPH, Project Coordinator for the Center for Injury Prevention Policy and Practice, San Diego State University calls the session to order and introduces session moderator, Loree Levy.*

*Ms. Levy was appointed Deputy Director of the Public Affairs Branch of the Employment Development Department (EDD) in November 2002. The Public Affairs Branch is comprised of the Marketing and Constituent Services Office, the Communications Office, the Senior Worker Advocate Office, and the Governor’s Committee for Employment of Disabled Persons. Ms. Levy works closely with the Department, California Labor and Workforce Development Agency, and the Governor's Press Office to release information about EDD programs and policies to the news media.*

*Ms. Levy began her career at EDD in April 2001 when she was appointed Assistant Director of the Communications Office. Prior to her appointment, Ms. Levy spent 15 years in television news. In the Sacramento area, she was an on-air reporter for NBC-affiliate KCRA-TV Channel 3 and a news anchor for "Good Day Sacramento" at KPWB-TV Channel 31. Ms. Levy is a native "Sacramentan." She holds a Bachelor's degree in Communications from California State University, Sacramento.*

#### **Moderator: Loree Levy, Deputy Director, Public Affairs Branch, California Employment Development Department (EDD)**

It’s very nice to be with you here today on a very important topic as we explore not only the barriers that we face, but some of the possible solutions as well. At any age mobility is vital to being able to fully participate in community life. Mobility is intrinsically linked to physical and mental health, economic viability, housing and many other issues important to living a successful and healthy life. The purpose of this session is to gather your input on barriers that prevent seniors, disabled and economically disadvantaged consumers from fully participating in community life.

Our panelists will highlight issues related to these particular barriers: Conflicting state and federal requirements, unwalkable communities, problems with physical path of travel, confusing transportation services funding programs, lack of quality, problems with ease of use, lack of connectivity in coordination and planning, lack of programs to extend safe driving years, and lack of state level coordination. Any of these sound familiar to any of you in the audience?

We have a limited amount of time today so we have selected barriers from your comments that are representative of important issues in the [above] categories. We know that there are many more important issues than we have time to cover here today, therefore all of the comments that we receive today as well as those submitted through the registration process and other venues will be included in the conference proceedings. We want to assure you that all of your voices will be heard. Thank you very much for filling out the comment cards.

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We'll get to those shortly.

### **Bonnie Parks, Executive Director, Senior Worker Advocate Office, Economic Development Division, CA EDD**

*Our first panelist is Bonnie Parks. Bonnie has served as a management consultant and senior executive in both the private and public sectors for over 20 years. She presently serves as the Executive Director of the Senior Worker Advocate Office, Employment Development Department striving to improve the employment opportunities of workers age forty and over.*

*Bonnie has previously held such diverse positions as Deputy Director of the Legislative Liaison Office at the Employment Development Department, Chief Deputy Director of the Department of Fair Employment and Housing, Senior Consultant for the Pacific Gas and Electric Company and Senior Consultant for the Assembly Revenue and Taxation Committee. As Chief Deputy Director of the Department of Fair Employment and Housing she was responsible for the implementation of California's laws protecting workers age 40 and over from employment discrimination.*

*Bonnie graduated from the University of California, Berkeley with a Bachelor of Arts and a Masters of Business Administration. She also has a Life Teaching Credential in Business Administration.*

I'd like to share the perspective of older workers. The long term trend is that increasing numbers of older persons will be in the workforce. The AARP study, *Staying Ahead of the Curve*, states that 69% of employees over the age of 45 plan to continue working past 65. The Census Bureau reports that the number of working 65 year olds that are either working or looking for work grew 50% since 1980. The number of workers 65 and older will increase nearly 30% in the next 8 years. That's not very long from now. The number of workers 75 and older is expected to increase nearly 14%. Many older persons need to continue earning money. I'm sure many of you in this audience are very well aware of that. Their retirement savings are not enough to cover their living and health costs. With people living longer healthier lives, they can and may even *want* to work. In addition, the eligibility age for full social security retirement benefits is increasing to 67 and it's predicted that it will go up even higher.

Yet, at the Senior Worker advocate office we continually hear concerns about the lack of quality transportation and the effort required to use transportation services. We hear of limited hours, limited scope of transit operations, and lack of specific destinations.

A frequently-mentioned issue is the lack of programs to extend safe driving years. There is an obvious concern with keeping one's driver's license if one needs to work. We hear complaints about DMV's driver assessment screening process. We hear that driving rehabilitation needs improvement. We hear that there are not enough occupational therapists or specialists who can assist and remediate health issues related to driving.

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Often the problems facing older workers are temporary. They may need better glasses for eyesight issues. They may be on temporary medications or have other health issues that temporarily impair their ability to drive. We hear that it takes too long to get DMV to reissue a driver's license after the health issue has been improved or been resolved with an operation or physical rehabilitation.

The lack of adequate transportation routes causes problems for all workers, including older adults who cannot afford to move out of homes that they already own. Many individuals seeking employment as they age live in older neighborhoods. The growth, therefore, the employment is not very close to them. It is not uncommon for many of us to have a half hour or more commute to our job, but that can become a one or two hour commute for someone who has to take public transportation and make transfers. And sometimes there is no public transportation at all to a work location.

According to the Institute of Transportation Studies at UC Berkeley, 70 percent of all jobs in manufacturing and trade are in the suburbs. The Institute also reports that if you live in San Francisco and have to commute to a job in a nearby suburb, it will take you 3 to 4 times longer to take public transportation than to drive in a car. And this study is about San Francisco, which is quite dense, unlike Los Angeles which is extremely spread out.

Hopefully the action set in motion by this Summit will address these issues. Thank you.

### **David Wilder, Chairman, San Bernardino County AAA Advisory Committee and Vice Chairman of the State Independent Living Council**

*David W. Wilder is a resident of San Bernardino County, and currently serves as the Chairman of the County Triple A Advisory Council; is a member of the Triple A Council of California; as well as a member of the State Independent Living Council, where he is serving as Vice-Chairman. Mr. Wilder is blind and physically impaired, and has been an active advocate for elders and individuals with disabilities in the community for a number of years.*

Good morning everybody. I'm glad so many of you are here. This is really exciting for someone that's an advocate as I am. We advocates routinely find that the impacts of barriers to full mobility are poorly understood at both the grass roots level and at the decision making level.

What is a barrier? One of the barriers is attitude. For example, in the 2000 federal census, the number of people over 65 that had a disability was calculated at 42.2% of the population. That's a high number. I heard somebody out there whistle. But the federal definition of disability is lower than the State of California definition of disability. Disability under federal law is "a substantial or significant limitation on one more activity of daily living unless mitigated." So the glasses we spoke of earlier come into it. On the other hand, under state law, disability is defined as a limitation of one or more activities of daily living *regardless* of mitigation. Many of us are willing to bet that if we did recounts on the census

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under the California definition, up to 80% of those over 65 might have a disability.

Do you think that an organized disabled community has anything in common with a senior community? Since the majority of the senior community “lives” in the disabled community, the chances are pretty good. When we talk about advocacy, we’re talking about explaining the issue, explaining the concern that you have to decision makers in such a way as to influence them – to help them understand effectively what your concern is.

For example, housing that has no in and out access it is not housing - we call it prison. Grocery stores that you can’t get to, aren’t grocery stores. They’re a dream, but not one that can be realized. If the only way you can get to a pharmacy is to hire somebody, you just doubled the cost of your prescription medication. These are the types of barriers that we’re talking about. These are the types of collaborations that seniors and adults with disabilities can and should jointly address for the long range benefit of everyone in the community.

In San Bernardino County we address this by going through the County EEO Office which is the Americans with Disabilities Act (ADA) coordinator for the County. We explain to them the impact as well as the legal requirements. More important we take them into the community and show them a demonstration of what we’re talking about. There is a brand new half million dollar library and has zero accessibility for people of disabilities or seniors. The front doors take 20 pounds of pull to open. Some seniors, some friends of mine, would actually break an arm if they tried to open that door.

When the County saw this they got a better idea of what we were talking about then they took off on their own. Now the County has reestablished an ADA coordinator in every single department, all 48 of them. They established a mandated reevaluation of accessibility barriers in every program and every service, including employment and the use of volunteers. Senior volunteers that are volunteering to perform service in the community *are* employed. They’re not getting a paycheck, but they provide service. They should be accommodated.

The amazing thing that we found, and there are a couple of people in the audience that were there at this time, we found that no one was maliciously trying to keep anybody from access. They simply didn’t perceive it the same way we do! They went and looked at a building. They drove to get there. When they said meet me over there, I said fine. I’ll leave at 8 AM and I’ll be there by 11:30 and they said, “No, no you need to get there earlier.” I said, “I can’t. Public transit doesn’t go anywhere near there.” That raised their awareness as to the lack of connectivity in the transportation system and allowed us to come to the table, to talk to them and address these barriers.

That’s why I’m here. That’s why I’m an advocate. This is a passion of mine. It’s not that you don’t understand what a blind person goes through because until you become blind, you can’t really understand it. What do you think, Dan? Dan Kaiser is here from the California Council of the Blind. He has been a long time friend of mine and we understand that difference. But when you become blind, it’s too late to try and figure out how you’re going to advocate for a sighted community. So I’m hoping that we can address some of your questions and give you some guidance based on our experience, but also learn from you

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some of the questions we hadn't even thought of yet that we need to address. Thank you.

### **Clay Kempf, Executive Director, Seniors Council/AAA of Santa Cruz and San Benito Counties**

*Clay Kempf is Executive Director of the Seniors Council/Area Agency on Aging of Santa Cruz & San Benito Counties. He is the Vice-President of C4A, the California Association of Area Agencies. In addition to his work at the AAA, Clay is a former director of Lift Line, the C.T.S.A. (Consolidated Transportation Services Agency) of Santa Cruz County. Clay is past president of the California Association for Coordinated Transportation, known as CalACT. Clay is also the past president of the Human Care Alliance, a collaborative of over 60 community non-profit agencies working together to maximize the coordination and delivery of human services in Santa Cruz County. Clay is a recognized leader in interagency collaboration, and in advocating for community support for the delivery of services to seniors and individuals with disabilities.*

I'm going to take a little different approach to barriers. I am going to start by telling a story of one particular area, the area that I call home which is Santa Cruz County. I'm going to talk about what sounds like the successes there. I think you'll figure it out as I go through.

First of all Santa Cruz County is very progressive. The City of Santa Cruz, for example, has a mayor who is a bicycle rider. He's into community empowerment. He's a self proclaiming socialist and feminist and the mayor is actually the conservative member of the council! So that kind of tells you about the approach Santa Cruz County has.

In terms of human services and senior transportation, they try to be very progressive on how to make things happen. So there's this whole line up of benefits that seniors and disabled people can get. I'll walk you through those a bit.

If you want to take the bus and you're disabled, you can get a discount card which allows you to ride for a much smaller price. All you have to do is go down to the transit station, fill out a little form, get your picture taken and then you're set to go. Not too bad. However, if you can't ride the bus and you need paratransit then you need to go down to another office and get assessed to see whether or not you can ride the bus. You get a determination of what your eligibility level is for paratransit. You get a different ID card, a different eligibility standard, a different number to call and then you're all set to go and ride paratransit. However if you just need to get to a senior meal site, there's a different program which will take you there and all you need to do is call up the senior meal program, go down there and have an interview with them, fill a little bit of paperwork, get set up and you're ready to go on that program. But if you need a little more care, if you need adult aid health care for example, and really need more hands on service throughout the day, well there's a program for that, too. Just call up the ADAC, go down, get interviewed, fill out their eligibility form and pretty soon a van will be sent out and will take you there. But if you can't afford any of that, and you're Medi-Cal eligible, there's great Medi-Cal transportation in Santa Cruz .... All you have to do to become Medi-Cal eligible is go through the sixteen page Medi-Cal

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application and after that, if you can prove that you can't get around on your own. If you are approved, you can get Medi-Cal transportation assigned to you and you're given the number to call.

The list goes on. There are four or five more things on my list and they all have the same story. All these different services have their own funding pool and their own requirements. There are so many hoops for a consumer to jump through that it becomes very difficult to access the system, to understand the system, or to make it work better. Sarah Steenhausen said it all in her opening comments with a very short phrase. She said, "We need to be about the consumer." Regarding what I just described, every one of those funders will say that their services are about the consumer. However, it's clear that the whole system is not about the consumer at all. It's very funder-friendly and user hostile.

This is what we need to change. I think that's our big challenge and that's a huge barrier that we need to overcome. It seems relatively simple. Probably everyone out here in the room is just thinking, "Why do you have to do it like that? Why can't there just be one number to call where there's one person managing an individual's mobility - one person who figures out what that person can qualify for; one person who can get them moving forward with the most efficient, effective quickest transportation that's out there.

What I'm describing will save money for everybody! It's easy to see the benefits from that approach. Yet we're told that it doesn't happen "because there's not enough funding to do case management for all of our clients." Well, I got news for everyone. All of them *are* doing case management for their clients. They're just doing it separately from each other.

Instead of just having one case management system, we've got seven or eight out there. All these resources are being spent believing that there are not enough case managers, when there's actually far more case managers than it would take to get the job done! Our big challenge is to figure out how to make that happen.

Many of us embrace the framework: think globally and act locally. But I think we need today to take a little different approach to that. I think we need to start *acting globally*, at least statewide globally, in order to effect locally. It's all these state and federal mandates that are making us create these really dysfunctional systems which ultimately **doesn't do anyone any good**. It doesn't get us the service we want. It's not cost efficient. It wastes money, and makes all of us to spin our wheels. No pun intended.

So I think that's the challenge today. I think one of the big things we have to do is make sure that at the end of the day that we have an action plan. At the end of the day we're moving forward. We're not just having a great meeting where everybody feels righteous that we're all on the right side of the issue. If that's all we do then we could have all stayed home and accomplished that.

I repeat, what's going to be important are the action plans that are developed this afternoon. It's really all of our responsibility to get elected and get decision makers engaged. Any elected or decision maker whose here today needs to step forward and say they will part of

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the team that puts together the action plan to get these issues resolved. All of you need to make sure that the elected and decision makers who aren't here or who don't embrace these concepts are reminded constantly that these changes need to occur.

I think that's our charge today. We need to have more than just a nice day or a nice few days worth of meetings. No more plans sitting on shelves. Our plan needs to be action and not a report. I'm going to stop with that.

### **Jerry Smith, California Senior Legislature**

*Jerry Smith is a retired corporate training director. He served on Riverside County Office of Aging Advisory Council, and was Past President and member of PSA 2 serving Shasta, Siskiyou, Trinity, Lassen, and Modoc Counties. He is currently a member of California Senior Legislature (serving the same counties) and the 2005 California Senior Legislature Legislative Committee Chair. Jerry also chairs the Local Transportation Agency and Modoc County Transportation Commission. He is a member of the Alturas City Council, and TAAC.*

Being one of the truly elderly people on this panel .... I'll give you a perception of what an older driver is considered in California. There's a bad joke going around that a fellow was called by his wife on his cell phone while he was on the freeway. His wife said, "Honey be careful, somebody said there's a wrong way driver out there." He said, "Call them and tell them there's about a thousand."

There are these perceptions! We've studied people's perceptions of older drivers. We're probably the most studied group in the world, but if we stop driving we still don't have really good or even acceptable transportation in most cases.

I've chosen to represent the rural poor aged community. I've been involved in it for several years. In fact I was privileged to be with Cheri and Peter last spring at the CalACT Conference that Pete Spaulding was kind enough to invite us to. I tell a story that involves Dave Wilder. Dave and I have been friends and worked together for a long time. Let's say I wanted to visit David in San Bernardino from my home in Modoc County. Modoc County is the farthest north, farthest east, unsettled county in the State of California. We have one incorporated city which is Alturas, it has about 3,000 population. Yet we have big geographic area that's almost as big as the state of Delaware (which has 10,000 people).

Our Executive Director back home in Modoc County is a great fundraiser, but that's also our curse. Each grant that set up by any governmental agency is set up to compete with another grant by another or the same agency. David and Clay both alluded to this. Grantsmanship has become gamesmanship and "jobmanship." We don't have a coordinated set of rules or guidelines to follow except for that one particular grant that's forthcoming.

I wrote down some of the things that are both barriers and opportunities. I'll start with availability. Everybody knows what availability is - there's no bus coming on the corner when you want it. Next are: accessibility, accountability, affordability. Connectability and sustainability should also be at the top of our barrier/opportunity list. Connectability is when

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I can't visit David because there is no single place out of Modoc County that I can call that will give me the schedule of the five to six transportation agencies that I'd have to use to get from to Alturas to San Bernardino. There is no scheduled common carrier.

We do have bus service three days a week to Reno. Transportation in Reno is the state of Nevada, which we don't have any control over. Then we have a bus service that goes down through Tahoe area and we have another one that goes from Bishop on down to Lancaster and so on down the line. But none of those have a schedule that coincides with each other or a fare schedule that coincides with each other. So, instead, David and I communicate by e-mail and the only time we get to see each other is when we're scheduled to speak on a panel some place.

So what I'm telling you is that we're creating our own mess. We have programs that talk to programs, but we don't move people. We have studies that study studies. They don't move people.

I want to tell you something about when I was young. Up until War World II or so, coming from the farm, I could walk down to the end of the turn road to the highway and get a bus every Tuesday morning at 10:00. I could ride that bus to a station in the nearest town then I could buy a ticket to any place in the United States that was scheduled. It was affordable, and it was sustained. If I didn't want to ride the bus, I could go to the train station and I could do exactly the same thing. The bus companies and the train companies took pride in being on time, they quartered for business and they did a service. The funding mechanisms were totally different. There was one grant for transportation for each one of them. They were subsidized. So what we've done with all the progress that we've made in the last few years is to create more programs that require more funding and deliver fewer services than we did 60 years ago!

What I'm saying is that you're going to be in the position I'm in one day. You're going to be in the  $\frac{3}{4}$  of a century bracket and you're going to be looking for a bus to go to the hospital or to go to the nutrition center or just to go visit David, I think he'll still be around then.

So ... today, this week, please think of solutions that get us back to the day when we had transportation that worked for everybody. Thank you very much for your time.

### **Helen Russ, American Association of Retired Persons**

*Helen Russ worked for the Employment Development Department for twenty-three years. During that time, she developed and conducted classes in all areas of Supervision and Management Skills, developed a Team Building model used for management teams and project or working teams, facilitated team building, planning and goal setting sessions, and managed a team of supervision and management trainers.*

*Since her retirement in 1996, she has been an active volunteer with AARP as well as with other nonprofit organizations, using her skills to develop training programs in team building,*

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*planning and goal setting and stress and time management. She was the AARP State Training Coordinator from 1996-2002, was Acting Regional Volunteer Director in 2000 and Acting California State President in 2002. She was appointed State President in 2003. She serves on several national staff/volunteer teams, including the Volunteer Restructure Design Team, the National Leadership Conference Planning Team and the National Training/Facilitation Team.*

As President of the California AARP I welcome this opportunity to address the United We Ride Mobility Summit regarding the mobility needs of older persons.

AARP has identified livable communities as a high priority in meeting our social impact goal and mobility is a major component of that effort. Mobility is about more than simply moving from point A to point B – it is about independence, freedom, emotional well-being, and staying connected to your community. Older persons, much like their younger counterparts in our automobile-dependent society, rely primarily on cars to meet their mobility needs. Today's older generation is the first to have relied on the automobile almost exclusively from the time they were old enough to obtain their driver's licenses. But a growing number of older Americans are looking for other choices, either because they have given up the keys, want to reduce their driving, or because they want to be more physically active.

Today, nearly seven million Americans 65 and over do not drive. By 2025, if the same proportion of non-drivers holds as today, there will be over 13 million older Americans who will need to find a way, other than driving themselves, to meet their day-to-day transportation needs. A 2002 study<sup>1</sup> found that men who are driving at age 70 will later spend on average six years not driving; for women, an average of 10 years will be spent not driving. If all things were equal and non-drivers could easily replace driving trips with bus, paratransit, and walking trips, there would be little cause for concern. Regrettably this is not the case.

A report<sup>2</sup> co-released by AARP last year found that over half of older non-drivers (3.6 million people) stayed home on any given day compared to only 14 percent of older drivers who stayed home. We can be fairly certain that underlying this large disparity are important trips that are being deferred, delayed or discarded. Indeed, the report found that non-drivers make 15 percent fewer trips than do drivers to doctors' offices, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips for social, family and religious purposes. Further, according to the AARP's "Understanding Senior Transportation" survey,<sup>3</sup> non-drivers age 75 and above predominantly take only one or two trips out of their home per week.

We do not believe that non-drivers want to stay home, but rather that they cannot find reliable, affordable, and convenient mobility options in their communities. Most non-drivers rely on family and friends for rides, but they limit their requests for fear of being a burden. A

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<sup>1</sup> Foley, DJ, Heimovitz HK, Guralnik JM, and Brock DB, 2002. "Driving Life Expectancy of Persons Aged 70 years and Older in the United States." American Journal of Public Health, vol. 92, no. 8 pp.1284-1298.

<sup>2</sup> Bailey, L, 2004. "Aging Americans: Stranded Without Options." Surface Transportation Policy Project.

<sup>3</sup> Stowell Ritter, A, Straight, A, and Evans, E, 2002. "Understanding Senior Transportation: A Report and Analysis of a Survey of Consumers Age 50+." AARP.

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non-driver in an AARP focus group related that his and his wife's "world had been reduced to one square mile" since he had stopped driving. Prolonged isolation has serious consequences and can lead to depression, creating a downward spiral affecting physical health as well.

The good news is that where safe alternative transportation is available, older persons make regular use of it. More than half of older non-drivers use public transportation occasionally in more dense communities where homes are built closer to shops and services, while only five percent do so in more spread-out areas. The AARP survey shows the greater role that public transportation plays for non-drivers age 75 and above. While only five percent of all persons age 50+ consider public transportation to be their primary mode, one in five non-drivers age 75+ said public transportation was their primary mode of transportation.

Walking is the most common mode of transportation for older persons after the automobile. While walking trips are a small percentage of all trips that people 65 and over make (eight percent on foot or bicycle), over half of these individuals make walking a regular activity.

Land use is relevant here again. In metropolitan areas where homes and services are built closer to one another, fewer non-drivers stay home on a given day. For example, in Philadelphia only a third of older non-drivers stay home on a given day, compared to 53 percent in the Los Angeles metro area. Many of these trips outside the home are likely on foot.

The not-so-good news is that far too few older individuals have access to the public transportation and pedestrian facilities that can allow them to remain independent and thriving in their communities, and many find that existing service is inadequate. In the San Francisco Bay area, for example, a Metropolitan Transportation Commission (MTC) report<sup>4</sup> found that 53 percent of seniors in the area had no access to basic transit services.

AARP's survey identified several problems older persons have in using public transportation. These include not being able to reach desired destinations, accessibility, fear of crime, and the length of trips (fewer than 25 percent of respondents in each instance).

Problems were also cited with walking in the survey. The most common of these were the distances involved, physical difficulty, poor sidewalks, lack of resting places, and fear of crime. An additional concern for older pedestrians is their greater vulnerability to death and injury when struck by a car. In 2000, 40 percent of all pedestrians killed in traffic crashes were older Californians. Their deaths constitute the highest rate of any age group.

What can be done better ensure mobility for all of us as we age? A multi-faceted approach is needed – one that encompasses planning, better management of resources, and increased funding to expand mobility alternatives. One of the most important steps that can be taken by individuals and by government bodies is to plan for future needs. Most of us take

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<sup>4</sup> Nelson/Nygaard Consulting Associates, 2002. "San Francisco Bay Area Older Adults Transportation Study, Final Report." Metropolitan Transportation Commission, p. 3-17.

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transportation for granted until it is no longer there. We need to ask ourselves how we will get around when we are unable to drive, and policymakers and practitioners should encourage this discussion. The mobility needs of an aging population should be an integral component of the plans of state transportation agencies and Metropolitan Planning Organizations (MPO). The MTC has taken strides in this area, but they are an exception. AARP supports increased funding for MPOs in the federal transportation reauthorization to help meet this need. In addition, transportation and land use planning should be better coordinated to encourage more transit services and to allow more walkable communities.

As the United We Ride (UWR) initiative demonstrates, joint planning is also essential among all agencies, including human service agencies that provide transportation services. For example, there should be coordination between plans produced by area agencies on aging and transportation planning agencies that are serving the same populations. AARP supports UWR and is a member of a national consortium of organizations that promotes coordination strategies among human service agencies.

Progress in meeting seniors' mobility needs, including those of persons with disabilities, also requires striking a better balance in existing federal transportation funding towards public transportation and pedestrian safety and access. Analysis has shown that where transportation dollars are allocated directly to MPOs rather than to states, transit receives a larger share of the state's federal funding. California is an outstanding example of how this shift in the ability to make decisions about funding can result in projects that are more closely aligned with local needs. We believe this practice should be implemented across the country. We are also working to ensure greater transit funding in the reauthorization of the transportation law, Transportation Equity Act for the 21st Century (TEA-21).

Federal and state policymakers can help create a safer and more extensive pedestrian network by instituting a policy, known as *Complete Streets*, which requires that the needs of pedestrians and bicyclists are considered in all transportation projects. California is again in the forefront with such a policy. In addition, more federal transportation dollars should be directed to increasing pedestrian and bicycle access to our roads. Over 13 percent of fatalities nationally are pedestrians and bicyclists, yet states spend less than two percent of their federal safety funding in the area of pedestrian and bicycle safety and access. We urge the adoption of Complete Streets policies and policies that require that states spend their federal safety funds more proportionally to pedestrian and bicycle fatalities.

Tomorrow's seniors are today's baby boomers and they will expect the high level of mobility to which they are accustomed to continue into their later years. We all have a part to play in meeting this challenge and we cannot afford to wait.

### **Loree Levy, Moderator, Facilitates Response to Participant Comment Cards:**

We'll be as brief as we can in answering some of these questions. I will address the panel and ask them to provide responses here for you. We have a question regarding intercounty services.

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Q: "What are some potential solutions to the challenge of providing intercounty services?"  
Jerry you want to start with that.

A - Smith: I think probably the best solution would be for the various agencies to link together. I'm not a great fan of computer scheduling, but I think that should, for example, link from our county to San Bernardino County ... to get the information together in one spot. [There are] about 15 bus schedules ... from the different areas where I come from. Get that together and have one schedule and one fair. Make connectivity between the funding streams fit the scenario so that each agency competing with each other is not earning the fair bucks recovery dollar, but the funding stream that they're entitled to.

Kempf: I want to add something .... Between Santa Cruz County and Monterey County [there was] the same sort of thing, people living in one county needing services that were only available in the other. So we just got together and tried to make sense of how to do this without transferring somebody and without having **incompatible** schedules. What we came down to was Monterey County picks up on the way in and we take them home. I mean it was that simple. That's all we had to do. Then about 7 or 8 years later one of our funding agencies heard about that agreement and said, "What you're doing exceeds the program requirements of the ADA, so you have to stop."

The solutions to this shouldn't be that hard - there are things to do out there, it just takes a little creativity and cooperation.

Q: What's being done statewide to eliminate artificial barriers established and used by transportation services such as paratransit and other access services?

A - Wilder: [The answer is] education ... Literally it is a matter of raising the level of education about the barriers, about the extent of the barriers. Educate decision makers about the impact of their decisions. When I talked to the board of supervisors and said, "Are you aware that I cannot go from here (and I gave them an address) to there with the public transportation that you provide?" They said, "No, I'm sure you can." And I said, "Here's the map, show me." They never looked at it from that perspective that I have. So it's literally a matter of raising the level of education, **such as is being done** at the Commission on Aging, at the California Senior Legislature, at the State Independent Living Council, at the Local Independent Living Center. As we raise the educational level, we're breaking down artificial barriers.

Q: There were quite a few comments like this one: **Given the ADA pressure on ridership priorities, what can be done to provide a balance between servicing the disabled community and the non disabled older adults.**

A - **Kempf (?) Ck TAPE 2 side B**: That's really a challenge before us. One of the things we look at all the time is cost per ride, rides per hour, how many people are being transported. The way to get very efficient in all those things is to transport the people who are the easiest to transport or who need it the least. And that's the problem. We're driven by efficiencies and effectiveness and complying with funding sources and proving that our services belong

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so we can go out and get new money! Now, these things are all well and good and you need those kinds of measures, but your political will has to be to look at what the community needs to be successful and be willing to get a *healthy* community out there and not necessarily a cost efficient community. A community can point to its rides per hour and say, “Look, we’re successful.” But you really need to look at the entire community and see that transportation is just one component of a person’s life. Elevating a person’s well being takes in social welfare, mental health, and physical health. Transportation becomes a tool to achieve all of those. I think it goes back to what David said. It takes an increase of awareness, consciousness raising, and education to get a community to set the priorities required to make a better community, as opposed to better statistics about what we’re all doing.

Wilder: To add to that... I think we also need to go back to what I said at the beginning and look at the different definitions between federal and state law and disability. If in excess of 80% of seniors have a disability where is the push and pull between the disabled community and the senior community? I talked to my father just a couple of weeks ago and he says he is not disabled. He’s adamant that he is not disabled. He shattered his pelvis; he can’t walk more than 5 steps without a cane; and he can’t drive his car anymore. I said, “Thank heaven, you’re not disabled, Dad. Could you suffer from an impairment?” Maybe it’s just changing the language, making seniors understand you don’t have to be disabled, but you can have a limitation that would entitle you to the same protections. Maybe that’s what we need to do.

Levee: Fear of how to use public transportation is a present barrier to it being used more often. Education on the use of public transportation is a real and present need.

Hunt: Yes, it comes back to David’s word, this word is *education*. This is helpful training. This is neighbors helping neighbors and families helping families. I don’t think there’s anything more organizational that can be done except to give people some assistance on the first time. The first time you do anything it’s a little bit scary. You don’t learn to drive a car by yourself. You’ve had help. You don’t learn to ride the metro in Paris by yourself usually you have a guide or somebody else whose done it, or someone who speaks French would be helpful. It’s an educational process. People will use the systems if they learn the comfort level.

Levee: I’ll refer here to Bonnie. There is the EDD One Stop Career Center system whose whole point is to educate some of those folks who come into the system.

Parks: There are many good overlaps on this whole panel and certainly with the Workforce Investment Systems, with the Career One Stop for people trying to ... get assistance. When we get telephone calls from individuals asking us how to get transportation we try to help them locally. We refer them to a place that can tell them how to get where they need to go.

Levee: We have a question that refers to the earlier question [about] Medi-Cal transportation.

Q: Coordination of Medi-Cal transportation is the single biggest coordination need. It

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cannot be left to ‘hoping they come along.’ So what can be done?”

Smith: There’s no simple answer to any of this stuff. I think we all know that. Medi-Cal basically is a beast with its own burden and the transportation system that we try to coordinate with it is a beast with its own burden. Down in Riverside County some years ago we created a one stop intake form and I think that this probably could remove most of the barriers that face all of us with accessing any service including transportation. So let’s have a one stop shop intake form. Right now, as Clay said, wherever you go you must fill out a form so they know who you are. Well, they should already know who we are. I mean they ask for your social security card and everybody knows who you are then. So if I go to one agency I should be able to transfer my information from agency to agency to agency to agency .... Information sharing between agencies would remove most of the barriers.

Wilder: One of the ways I think we can get Medi-Cal to work more effectively and efficiently on consumer based transportation is to remind the state licensing entities that they are legally required under state law to license compliant facilities. When they license a medical facility that is being built in the outer regions (where there may not even be paved roads yet) the chances of that being on its face compliant with existing state law is pretty slim. If you can’t get there, you can’t use it. I use an example in presentations all the time – there’s free housing all we want you to do is swim to Maui. You know I mean? We actually should formally ask Department of Health Services to please recognize that transportation dependent people are a large segment of the Medi-Cal population. To fail to include their needs when you license a contractor is just ridiculous not to mention cost prohibitive.

Smith: Public agencies seem to talk in terms of *resources* and people like me talk in terms of *money*. It’s always assets and resources public agencies, but the person on the street talks about how much money it’s going to cost to do something. And one of our friends here asked me today what we are going to do about the governor taking our money. I said, “You know what, you’re wrong. The governor didn’t take any money from you. He proposed a budget the legislature has to act on that budget.” So I remind each one of you concerned about resources for transportation, remind the legislator from your district not to reduce money transportation when they vote on the budget. That would be a long ways toward solving some of the problems that we face on this panel today.

Q: Regarding persons with disabilities who need to travel throughout the state and each county requiring an identification card to utilize transportation services, why can’t we get the identification card better coordinated.

A - Wilder: This comes down to public education. In Public Utilities Code Section 99155.5e, the state legislature has already stated that every transit property that received transportation development act money must accept the identification issued by another transit property. I live in San Bernardino County. I’m paratransit eligible in the **Omni Transportation** service area. If I call for a ride over in Riverside they have no legal authority under state law to say I’m not eligible in their system. The legislature has already stated that I’m eligible.

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Also under 99155.5, a public transit entity is not entitled to mandate the use of their own in house ID card. When I went to ride the first time on fixed route, they told me I had to apply for one of their discount cards. I said, "But I have a Medicare card." They said, "Well I'm sorry, that's not good enough." I said, "Okay, I'm sorry. I was in California when I left the house. Where am I now?" They said that's not fair. I said, "No, it's not fair. The legislature passed the laws and you've chosen not to comply with them."

Again, it comes down to education. We need to remind public transit that the law is there. I've talked to a lot of my friends in transit and they didn't even realize that PUC actually regulates some of transportation in California. They thought it was all embodied in the TDA, Transportation Development Act. So it's a matter of education. We've got decision makers here and people here that can start promoting that education. Not to mention the consumer should stop giving in.

They demanded that I put my social security number on my ID card. Is identify theft just real a dumb idea? I told them, no. They said, "No? Then we're not going to let you ride the bus." I said, "I've got a cell phone. Do you want to call the police or do you want me to?" It's education. We need to start promoting the existing laws and understand how they affect us and protect us.

Levee: All of our panelists have talked about a kind of coordination dialogue across various services and agencies. This last question gets to the heart of that.

Q: The Ventura County commission has just approved a paratransit study focused on coordinated service. As we prepare the RFP and assemble a committee of transit operators, non profits, etc. what resources can we assemble to help and guide us? How do we go about getting off the ground with something like this.

A - ?: Invite the Independent Living Center for the region to get involved because they will bring the perspective of the disabled community. Also you'll need the AAA Council in your region, the area agency on Aging Advisory Council (which is the advocacy group and the public education group for seniors on senior issues). And bring the Work Force Investment Board to the table. With this multitude you could meet the [funding criteria for a broader range] of funding sources. When you go for a grant you'll be asked to list all the groups you work with. If all you can say is that you work with the people in your office, you probably won't get the money. Funders are looking for collaboration. But collaboration must be real, so it's important to include as many of the relevant issues in the application that you possibly can.

Kempf: Also include transportation operators no matter how large or small. Often small operators like taxi companies can see what's going on the street and can really address some of the challenges that are out there. So include them. And, make sure you have the political will to implement whatever the study says. and that's all of it not just the part people like because that's what going to happen. The study's going to come out and actually there's somebody that did a great study in my area in this room .... Parts of that study that were really creative and would have increased coordination and quality of service were

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conveniently ignored.... Make sure your consumer groups are aware that the study is happening. Make sure they have an active voice in carrying out the plan's implementation so it can't be ignored.

Snith: Get involved with the Area Agencies on Aging (AAA). If you don't know what an area agency is, find out. There are 33 of us in the state and we're involved right now in updating the 4 year plans and SB910. SB910 is the long range strategic plan on aging that was passed a few years back. This summit came together because of SB910.

So, find the people who belong to your area agency and get involved. Let them know that transportation is the key element in any area plan for aged, disabled or a citizen on the street. Without transportation there's no access from or to housing, there's no access to medical care, there's no access to nutrition programs, there's no access to education, no access to jobs. So get involved with your local agency; gets the attention of the decision makers by getting the attention of the staffers that implement what the decision maker's decree has to be decreed. Thanks.

Levee: We've tried to identify the various barriers and identify where we can go to address solutions. Mobility, whether it is walking, driving or using transit, is a complex issue critical to enabling seniors, the disabled, and economically disadvantaged people to fully participate in community life. While we have highlighted a number of important barriers I think we can all agree that there are many more to be identified and discussed.

As we mentioned, all the various comments provided will be included in the [proceedings]. The next session will look at structure of how we can work together to address these barriers collaboratively and I think we can all agree that certainly is the key to really progressing from this point forward.

Smith: Can I take just two seconds before you go? Standing over against the wall is a young lady named Patti Yanocho who has worked her heart out [coordinating this session]. She's been the force behind safety issues and driver's issues .... One day she is going to be [as old as] us and [she'll] be aware of what she's going to be facing. This Summit will help her generation. I would like to personally thank you Patti for all the work you did to put this session together.

Levee: I want to thank each of our panelists for bringing your expertise here and sharing with all of us today. And I want to thank all of you in the [audience] for the input as well as some of your questions. I hope we've done a good job of trying to address as many of them as we could. Thank you and here's to a greater and much more success even throughout the day. Thank you.