

Assessment of Fiscal and Other Effects of Alternative Strategies to Improve Mobility Options for the Elderly in the Baltimore Region

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This report is a preliminary assessment of the fiscal and other effects of alternative strategies to improve mobility options for the elderly in the Baltimore region. The strategies discussed in this report were identified in the study entitled "Naturally Occurring Retirement Communities in the Baltimore Region" (Regional NORC Study). This study, which was completed in June 2004, was prepared for the Baltimore Regional Transportation Board (BRTB) by the staff of the Baltimore Metropolitan Council (BMC). The Regional NORC Study has been presented to the BRTB and the BMC Technical Committee for their review and consideration.

The format of this report is similar to that used by the Maryland Department of Legislative Services (MLIS) in the Fiscal Notes reports that are required for each piece of legislation introduced in the Maryland General Assembly. The Fiscal Notes reports discuss the potential effects of proposed legislation on State Government, Local Governments, and the Private Sector. The MLIS reports provide estimates of the expenditures, revenues, and other effects that could be associated with proposed legislation. When specific estimates are not available, the MLIS reports provides legislators with general assessments of the probable effects that bills could have on the public and private sectors.

It is beyond the scope of this report to provide cost estimates associated with particular strategies identified in the Regional NORC Study. The possible effects of each strategy on State Government, Local Government, and the Private Sector are discussed in this report. In addition, this report also includes an assessment of the Individual Effects (on the elderly) associated with each strategy.

The possible costs and effects associated with potential elderly mobility options are expected to be of long-term duration (at least two decades) since the period of high elderly population growth in the region is expected to last until at least the year 2030.

Future Elderly Demographic Characteristics

The following information describes projected elderly demographic characteristics, and related elderly travel needs in the Baltimore region by the year 2030. This information is from the Maryland Department of Planning, the 1999 Baltimore Region Elderly Travel Study (1999 BRET Study), and other sources:

- The elderly will increase to 21 percent of the total population in the region with 81 percent of the region's elderly concentrated in suburban jurisdictions. In 2030, the last of the Baby Boomers (born between 1946 and 1964) will have entered the traditional elderly age group (age 65+), and the oldest Baby Boomers will be age 84.

- The elderly will increase to 26 percent of the driving age population (age 16+) in the region. This does not mean that all elderly residents with driver's licenses will still be operating their own cars. However, it does indicate that the number of elderly drivers will continue to increase through the year 2030. The expected growth of elderly driving clearly indicates that it will be necessary to proactively address older driver issues for the foreseeable future.
- The elderly population in the year 2030 will likely be widely distributed throughout the region (predominately in suburban jurisdictions) at low intensity levels similar to those documented in the Regional NORC Study. Past, present, and future residential locations and housing densities are expected to result in the continued low intensity distribution of the elderly.
- The aging-in-place (aka in-place retirement) phenomenon is expected to be the dominant factor associated with where the elderly live, and how they meet their travel needs. The reason that aging-in-place is so directly associated with elderly travel is because people as they age continue to retain past activity patterns, travel behavior, and dispersed travel destinations.
- Other factors are expected to affect elderly travel needs and mobility options in the future. These factors include: 1) significant growth in the "old elderly" population group (age 80+) due to increased longevity, 2) loss or impairment of a spouse or acquaintance that can drive, 3) increase in age-related physical and cognitive problems, 4) smaller family size and fragmented family structure, and 5) widespread lack of familiarity with public transportation.

Assessment of Elderly Mobility Options

It is clear from the information presented in the Regional NORC Study that a range of mobility options are needed to meet the travel needs of a widely distributed elderly population in the region - both now and in the future. The following is an assessment of the elderly mobility options identified in the Regional NORC Study:

Automobile Driving

The number of elderly drivers is expected to increase significantly in the future. In-place retirement of the elderly, especially in lower density suburban areas, has made the automobile the primary means of elderly travel to widely dispersed trip destinations. The trip destinations of the elderly that have aged in-place are largely the product of activity patterns that were developed over a long period of time. These trip-making and activity patterns are not expected to change significantly, and are not conducive to being served by transit or paratransit service.

To minimize the number of elderly drivers that could lose their ability to drive safely, every effort should be made to increase the awareness of older drivers to changes in their driving-related physical and cognitive abilities, and to provide elderly-friendly testing, training, and remediation programs that can extend their safe driving and independent living abilities for as long as possible. Such programs are the active focus of the Maryland Motor Vehicle Administration (MMVA), the MMVA Medical Advisory Board, and the Maryland Research Consortium. These programs should be continued and strengthened.

State Government Effects: The administrative costs of the MMVA could be increased due to new license renewal requirements, driver testing, and driver remediation services for the growing number of elderly drivers. Such costs could be partially offset by elderly driver and other administrative fees. However, it should be pointed out that current state policy is to facilitate safe elderly driving for as long as possible to help maintain independent living and the quality of life for elderly Maryland drivers, and to ensure the safety of other motorists. Capital costs for safety-related improvements on the state highway system could be increased to facilitate elderly driving. These improvements tend to be limited in scope, and focused on removing specific safety hazard conditions. Such capital expenditures benefit all highway user groups, and are not solely attributable to elderly drivers. State traffic enforcement costs could also be affected.

Local Government Effects: The administrative costs of the local court system could be affected - primarily related to elderly traffic accidents and traffic violations. Capital costs for safety-related improvements on the local highway system could be increased to facilitate elderly driving. Like the safety-related improvements on the state highway system, such improvements can benefit all highway users. Local traffic enforcement costs could also be affected. Local governments may be able to minimize costs for mobility options for the elderly by supporting the state policy that encourages safe elderly driving for as long as possible.

Private Sector Effects: No significant effects are anticipated.

Individual Effects: The elderly themselves could be the most effected by public policy and regulations that affect their ability to drive. Efforts to restrict elderly driving could result in limitations on independent living and quality of life, and higher institutional living costs for an extended period of time.

Transit and Paratransit Service

Elderly use of transit and paratransit service is limited to portions of the region where such services are available. Public transportation services are limited or non-existent in other areas, primarily in the suburbs, where an increasing majority of the elderly live. The dispersed travel patterns of the elderly are not well served by public transportation. Expense and regulatory requirements limit the expansion potential of these modes.

However, the Regional NORC Study documented that there are concentrations of elderly population in portions of Baltimore City and in certain suburban transit corridors that could be encouraged to make greater use of public transportation. Elderly residents that grew up using public transportation could be re-educated on how to use transit for certain trips. To do this, ongoing elderly travel training programs (such as those available from Easter Seals Project Action) could be provided as well as more elderly-friendly transit route and schedule information services. It is unknown whether the Baby Boom elderly population could be trained to use public transportation since they have little prior transit use experience.

Paratransit service would seem to be a flexible way to meet the dispersed travel needs of the elderly. Legally, both the elderly and younger individuals with disabilities are eligible to use paratransit. However, to depend on paratransit services to meet the travel needs of the rapidly growing and largely ambulatory elderly population could jeopardize the ability of paratransit service to meet the needs of both non-ambulatory elderly and younger populations with disabilities. Expansion of paratransit services to meet the growing mobility needs of the elderly is technically possible, but may not be economically feasible.

Private shuttle bus service is provided by some retirement communities and continuing care facilities. This type of service typically serves only elderly residents of such facilities, and can be limited in meeting the broader range of travel needs of elderly residents. While the number of elderly living in such facilities is expected to grow, these residents will probably continue to be a limited part of the total elderly population because of higher residential cost and elderly preferences for non-institutional living.

State Government Effects: State funding is required to cover much of the operating deficit of fixed route transit and paratransit services. The cost of existing public transportation service is already set. Within limits, additional ridership by the elderly could be accommodated without additional costs. However, this applies only in existing transit corridors. As pointed out in the Regional NORC Study, most of the elderly that will age-in-place will do so in low density suburban areas beyond existing transit corridors. To extend fixed route transit service to serve the elderly and other riders in outer suburban areas could be financially prohibitive due in part to ADA requirements for complementary paratransit services in such new corridors. It is also unlikely that new fixed route transit service in suburban areas would meet the mobility and activity needs of the elderly because of their widely dispersed trip destinations. Two possible transit service alternatives should be considered for suburban applications - community shuttle routes (like the Hampden Shuttlebug), and deviated fixed route transit service which has the potential for meeting ADA paratransit service requirements. However, efforts to attract new elderly riders (especially the Baby Boom elderly) are expected to require further expenditures for transit advertising, travel training, more elderly-friendly transit information services, and enhanced transit security to meet real and perceived concerns.

The provision of ADA lift-equipped paratransit service can be an expensive way to serve the travel needs of the elderly. This type of flexible route service provides curb-to-curb service, and is primarily intended to serve the travel needs of individuals that require lifts to

enter and exit transit vehicles. The elderly that are largely ambulatory do not need lift-equipped transit vehicles. Elderly individuals (in the moderate and high travel need categories) could benefit from other elderly travel options that provide door-to-door service - a service feature that is generally not provided by ADA-type paratransit service.

Local Government Effects: While local governments receive grants through the state to cover part of the costs of locally-operated transit systems (LOTS), the expansion of curb-to-curb bus service in low density suburban areas to meet growing elderly mobility needs could substantially increase the need for local government funding for such service. It is recognized that expanded local bus service could also serve non-elderly riders. However, differences in transit travel characteristics of elderly and non-elderly riders could make it difficult to develop cost-effective service that is satisfactory to both groups. Use of deviated fixed route service could increase the flexibility of local transit service to accommodate elderly and disabled riders, but it could lengthen travel times and decrease schedule dependability for non-elderly riders.

The continued growth of the large dispersed elderly population in Baltimore County is expected to significantly increase the demand for the county's flexible route CountyRide service. It is not known whether existing funding sources for this service will be sufficient to permit this service to be expanded to keep up with the anticipated demand. It should be noted that CountyRide serves both the elderly and individuals with disabilities, and as such is subject to ADA regulations.

Private Sector Effects: No significant effects are anticipated.

Individual Effects: The elderly could potentially benefit from expanded public transportation service. However, there are growing indications that fixed route transit and related paratransit services can only meet a small portion of the dispersed travel needs of the elderly. If this continues to be the case, expenditures to expand and operate transit and paratransit services could fail to improve the mobility of the elderly, their ability to live independently, and their overall quality of life - especially in low density suburban areas.

Smart Growth-Related Improvements

Planning studies (including a recent study prepared by the Atlanta Regional Commission) suggest physical improvements in NORC areas and NORC clusters to facilitate elderly mobility and daily living. These studies propose more compact housing arrangements, improved mixes of land uses, and enhanced pedestrian and bicycle facilities to encourage non-motorized travel by the elderly. Many of these development concepts are already being incorporated in retirement communities, assisted-living facilities, and other new residential developments. These Smart Growth-related development concepts have considerable merit, and should continue to be pursued as part of longer-term strategies for dealing with elderly mobility needs, and to encourage non-motorized travel.

However, some Smart Growth-related concepts may have limited applicability in low density suburban communities where the majority of the region's elderly live. Many elderly

residents that have aged-in-place (especially in outlying areas) have very immediate mobility needs. They do not have time to wait for physical solutions that are part of a longer-term development process, or multi-year capital improvement programs. In addition, the 1999 BRET Study has shown that only a limited portion of the dispersed trips made by the elderly could be served by Smart Growth-related solutions.

State Government Effects: The state has several policies and programs which seek to improve bicycle and pedestrian (bike/ped) facilities. While these state initiatives are not specifically focused on meeting elderly mobility needs, the elderly could benefit from them. These initiatives could provide facilities that serve some of the short trips and recreational trip needs of the region's elderly population. Because of the extended distances between residential origins and many non-residential destinations in low density suburban areas, it is unlikely that such improvements could replace the elderly's need for motorized travel. Significant increases in state funding for bike/ped facilities are not expected in the near term.

Local Government Effects: Local governments currently fund bike/ped improvements through their capital improvement programs. Such improvements are expected to continue in the future since they are politically popular, and can benefit all population groups, including the elderly. While local government funding for bike/ped infrastructure is discretionary, these improvements could assist in providing non-motorized travel options for the elderly and others over a period of time.

Local governments through their planning and zoning powers have the potential to shape the location and character of new land development and redevelopment projects in order to encourage non-motorized travel and other objectives that benefit the elderly. The cost of implementing such provisions would only increase if local governments were to provide financial incentives to encourage developers to incorporate enhanced Smart Growth-related design features in their projects.

Private Sector Effects: No significant effects are anticipated.

Individual Effects: Elderly residents that relocate to new developments that have been designed to minimize dependence on motorized travel could benefit from such improvements.

Supplemental Community-Based Transportation Service

As pointed out in the 1999 BRET Study, the elderly in the region have a strong propensity to accept rides from others. The study documented that 34 percent of elderly trips are made as passengers in non-transit vehicles driven by elderly and non-elderly drivers. According to this finding, the elderly have the highest ridesharing rate of any group in the region.

This unique elderly travel characteristic is the basis for a new type of elderly mobility option that is beginning to emerge throughout the United States, and in the Baltimore region. This

emerging mobility option is referred to by different names - supplemental transportation, and community-based transportation. Regardless of name, these innovative programs share a common feature - elderly ridesharing. The service provided by supplemental community-based transportation programs does not replace any existing elderly travel programs, including taxi vouchers, but rather supplements such efforts. This type of service is highly adaptable to serving the dispersed travel needs of the elderly, and is focused on serving the ambulatory elderly that make up a large percentage of the total elderly population.

The Baltimore region has two operational examples of supplemental community-based transportation service. The Ride Partners program opened in April 2003, and provides rides for the ambulatory elderly, and ambulatory adults with disabilities in Anne Arundel County and the City of Annapolis. This program was developed through a partnership of three organizations (Partners in Care, Volunteer Maryland, and the Annapolis Department of Transportation). Ride Partners uses volunteer drivers to provide individual and shared-ride trips for the elderly and other qualified users.

The Neighbor Ride program in Howard County opened in November 2004. This program, developed under the auspices of the Transportation Advocates of Howard County, uses volunteer drivers to provide trips for ambulatory elderly county residents. This program is operated by a private non-profit community organization. Public funding was not used in the planning and operation of this program. Like the Ride Partners program, Neighbor Ride is a fee-based service. The modest fees are used for program administration, and to reimburse volunteer drivers for their travel expenses.

The Maryland General Assembly has also formally recognized the importance of supplemental community-based transportation service. In the 2004 session, it passed legislation to establish pilot programs for supplemental community-based transportation service to serve ambulatory elderly residents.

Supplemental community-based transportation programs can be implemented in a variety of ways, and can be flexibly expanded as travel demand increases. Programs can be established by individual local groups, or by consortiums of local groups. The following are some of the common characteristics of this type of service:

- Provides trips for ambulatory elderly that have higher levels of travel needs
- Serves a wide array of trip purposes, especially trips that are quality-of-life related
- Provides individual trips or shared rides
- Provides door-to-door service (when needed)
- Provides flexible 24 / 7 transportation (when needed)
- Provides waiting service for the elderly at travel destinations (when needed)
- Provides travel companions for the elderly (when needed)
- Provides rides for elderly residents regardless of their ability to pay
- Provides for local as well as longer distance trips
- Uses volunteer drivers and administrative staff trained to assist the elderly

- Charges modest trip fees for travel expenses of volunteer drivers and administration
- Operated by private non-profit community organizations or faith-based groups
- Does not use public funds

State Government Effects: In the 2004 session, the Maryland General Assembly enacted legislation (SB 294 and HB 626 - Maryland Senior Ride Demonstration Program) to establish pilot programs for volunteer community-based transportation service to provide door-to-door transportation for ambulatory elderly residents. The law, which will take effect on July 1, 2005, will provide up to \$400,000 each year from FY 2006 through FY 2010 for grants to assist community organizations and faith-based groups to establish supplemental community-based transportation services for the elderly. The program will be administered by the Maryland Transit Administration, and will require applicants to provide 25 percent matching funds. State expenditures to continue or expand this program will depend on the success of the initial demonstration program, and future support from the General Assembly and the Governor.

Local Government Effects: This alternative elderly transportation program does not require local government expenditures. The two existing programs in the region were developed without local or state government financial assistance. However, the Annapolis Department of Transportation provides some in-kind assistance to the Ride Partners program in Annapolis and Anne Arundel County. This assistance included helping with background checks of potential volunteer drivers, and trip scheduling activities. Any commitment of local government funds toward the planning and operation of supplemental community-based transportation programs would be a discretionary decision by local officials.

With the approval of the BRTB, the BMC staff may continue to provide technical assistance in the planning of this type of elderly transportation service as part of its annual work program. The BMC has already conducted regional studies to document elderly travel characteristics, and the distribution of elderly residents throughout the region. BMC has also been an active participant in the planning of the Neighbor Ride program in Howard County.

Private Sector Effects: This program utilizes local community organizations and faith-based groups that can function as sponsors or providers of door-to-door transportation services for nearby elderly residents. Participation in this program is strictly voluntary. Interested organizations can develop and operate such programs individually, or as part of a consortium of local organizations. Funding to support the planning and operation of these local programs comes from private sector funding sources. Additional funding from nominal trip fees paid by elderly riders, contributions made by adult children of elderly residents that use this service, and community contributors are used to reimburse volunteer drivers for their travel expenses and for program administration. It should be noted that funding for the two existing programs in the region came from private sector contributors. An AmeriCorps volunteer assisted in the planning and early operation of the Ride Partners program.

Individual Effects: Ambulatory elderly residents that have moderate and high levels of travel need are the primary focus of supplemental community-based transportation services. This group accounts for up to 25 percent of the elderly population in the region. Without this type of supplemental service, conventional lift-equipped paratransit service could become saturated by the rapidly growing elderly population. This type of service charges a nominal travel fee to elderly riders. The travel fee can be mileage-based or zone-based. Elderly residents that are unable to pay can also use this service. Travel fees for these elderly residents are paid from an operating reserve funded by voluntary community contributions. It is expected that qualified elderly drivers and other volunteers will be used extensively to provide individual and shared ride trips for ambulatory elderly residents with higher levels of travel need.

Next Steps

This report is intended to provide the additional background and understanding needed to support a continuation of efforts to improve mobility options for the growing elderly population in the Baltimore region.