

**Meeting the Mobility Needs of an Aging Population**

**Texas Silver-Haired Legislature  
2005 White House Conference on Aging  
Solutions Forum**

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Mobility enables us to gain access to goods, services, social contacts and other needed activities on a daily basis. Transportation is consistently listed as a top concern of older adults, their caregivers, friends, and service providers--in many forums I have attended where older adults gather, it is number one.

We tend to approach the topic of "transportation" and mobility from four (4) general perspectives.

1) We address mobility and transportation from a **highway** perspective—how to build infrastructures to move people through the community. We have also learned a great deal about how improvements such as increased lighting, size of letters, colors, and things such as left hand turn signals can help improve driver performance and reduce crashes.

2) We have made significant improvements to our **vehicles**—through power steering, anti-lock brakes, wider mirrors, we can assist the driver in recognition and response, and through seatbelts and airbags, we have done a better job of **protecting the occupant** in the case of an accident, especially important for older adults who are more likely to be injured or die in a crash than other drivers.

3) We must recognize that we are a society of drivers. Therefore, transportation and mobility discussions must also focus on the **individual driver**. This is true for the **77%** driving a vehicle as their primary method of transportation.<sup>i</sup>

However, we recognize that some individuals do experience functional declines that can impact safety while on the road. We have the benefit of scientific evidence collected and empirically tested in recent years that have linked certain visual, cognitive, and physical impairments to adverse outcomes such as crashes,

and our research has resulted in the development of valid and reliable functional assessment tools to identify these high-risk individuals. We know that impairments can happen at any age, and there is general consensus that functional ability should be the determinant of driver capability, and not chronological age.

Research has also focused on the evaluation and efficacy of education and rehabilitation among high-risk drivers that serve to improve function and coping with decline. Studies have demonstrated that individuals who begin to experience visual, cognitive, and physical impairments, but remain legally licensed to drive, can in fact improve performance and stay on the road as long as it is safe to do so.

But our efforts to translate this research into public policy practice is lacking:

State licensing offices should utilize screening and assessment tools that have been empirically linked to negative outcomes such as traffic violations and crashes. For example, most license screening exams involve visual acuity testing despite weak relationships between this measure and crash risk.

Education and rehabilitation services should be offered at all at state licensing offices where at-risk individuals are identified. These services are currently not available at these locations, and the availability of education and rehabilitation resources for high-risk older drivers in the community are limited making it difficult to find places to refer individuals when needed.

Certified Driving Rehabilitation Specialists are an example of individuals who are trained to use evidence-based assessment tools and provide education and rehabilitation services, yet their services are sorely underutilized. Insurance companies—in both automobile and health care industries—should reimburse the cost of such driving assessment services for older adults, as well as other persons with disabilities. These services provide not only a

diagnostic benefit for individual health and wellness, but serve to address public safety as well.

4) Driving cessation may be the only realistic option for the proportion of drivers who have more severe, irreversible functional impairments. At this point, the individual or now “non-driver” enters the “**alternative transportation**” system.

In broad terms, our support of the non-driver is to put money into public transportation—buses, taxis, vans, etc. But studies show that:

- only 2% of older Texans use public transportation as primary method<sup>ii</sup>
- only 1% of older Texans use senior or community vans,<sup>iii</sup>
- even fewer walk (0.7%)<sup>iv</sup> or use taxis (0.5%)<sup>v</sup>

So non-drivers are left to depend on family and friends, yet only 18% report this resource as their method of transportation. Are you doing the math?

The remaining older non-drivers may be actually disengaging from the community. For example, more than half of all non-drivers over age 65 stay home on a given day.<sup>vi</sup> Older non-drivers go out only three times a week<sup>vii</sup>, make 15% fewer doctor visits, 59% fewer trips for shopping and dining and 65% fewer trips for social, family and religious activities.<sup>viii</sup> Approximately 35% of older Texans report being unable to get where they **needed** to go due to lack of transportation.<sup>ix</sup>

Thus, older adults are among the population at risk of becoming “transportation disadvantaged” – issues also faced by people with disabilities and those with low incomes.

It is important to recognize the many improvements made by transportation providers that serve the non-driving population to make services more affordable, accessible, and available for those who need it. There are many transportation initiatives throughout our state and nationally that have made significant progress toward better coordination, efficiency, and delivery of service. But, repeatedly

When individuals are told they must give up the keys, they fight, lie, drive without licenses, and may drive when it is unsafe because the options we have to offer are not desired.

We must develop an alternative transportation system that truly matches the mobility needs of older drivers. While an assessment of travel 'patterns' and usage as I just reported is informative, we need a more comprehensive assessment of travel preferences and mechanisms to better match them with unmet consumer needs. Why are only 2% using our traditional public transportation system?

Perhaps the delegates could call for activity similar to President's New Freedom Commission that focused on issues such as mental health. Such efforts serve to gather leaders in the field, study the evidence and practices we have to date, and take a comprehensive look across the system and formulate policies needed to improve efficiencies while remaining responsive to the diverse and changing population.

Finally, when we discuss transportation, I hope that we will appreciate the critical role it plays in overall MOBILITY. Transportation is essential to every component listed on the White House Conference on Aging agenda. Without it, will not achieve our goals for access to health care, employment, social interaction, and the like.

Thus, our policies should reflect that transportation is an **Instrumental Activity of Daily Living. (IADL).**

From a policy perspective, we tend to treat transportation as the means to an end— we often provide transportation to get to and from another service we provide. Could we modify our service plans and rate structures to promote mobility? I do not believe that we can move our system forward until we are willing to see transportation as the END- the source of our relationship with our community, our independence, our freedom.

Current older adults and aging baby boomers will continue to change mobility patterns and travel demand. I am pleased that the White House Conference on Aging has included this issue on their agenda and hope the delegates will take the lead by passing resolutions calling for policy improvements in this area.

Solutions:

1. Utilize screening and assessment tools that have been scientifically tested and empirically linked to negative outcomes such as traffic violations and crashes.
2. Promote the use of evidence-based education and rehabilitation services for at-risk individuals.
3. Insurance companies—in both automobile and health care industries —should reimburse the cost of driving assessment, education, and rehabilitation services for older adults, as well as other persons with disabilities.
4. Create policies which support transportation as an Instrumental Activity of Daily Living (IADL).
5. Develop an alternative transportation system that truly matches the mobility needs of older drivers. Activity similar to President's New Freedom Commission that focused on issues such as mental health would gather leaders in the field, study the evidence and practices we have to date, and take a comprehensive look across the system to formulate policies needed to improve efficiencies while remaining responsive to the diverse and changing population.

## References

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- <sup>i</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
- <sup>ii</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
- <sup>iii</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
- <sup>iv</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
- <sup>v</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
- <sup>vi</sup> Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)
- <sup>vii</sup> Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)
- <sup>viii</sup> Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)
- <sup>ix</sup> Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).