

Spending **Tomorrow's Dollars** On **Yesterday's Problems**

A joint report released by groups concerned about transportation issues and an aging population in Sacramento...

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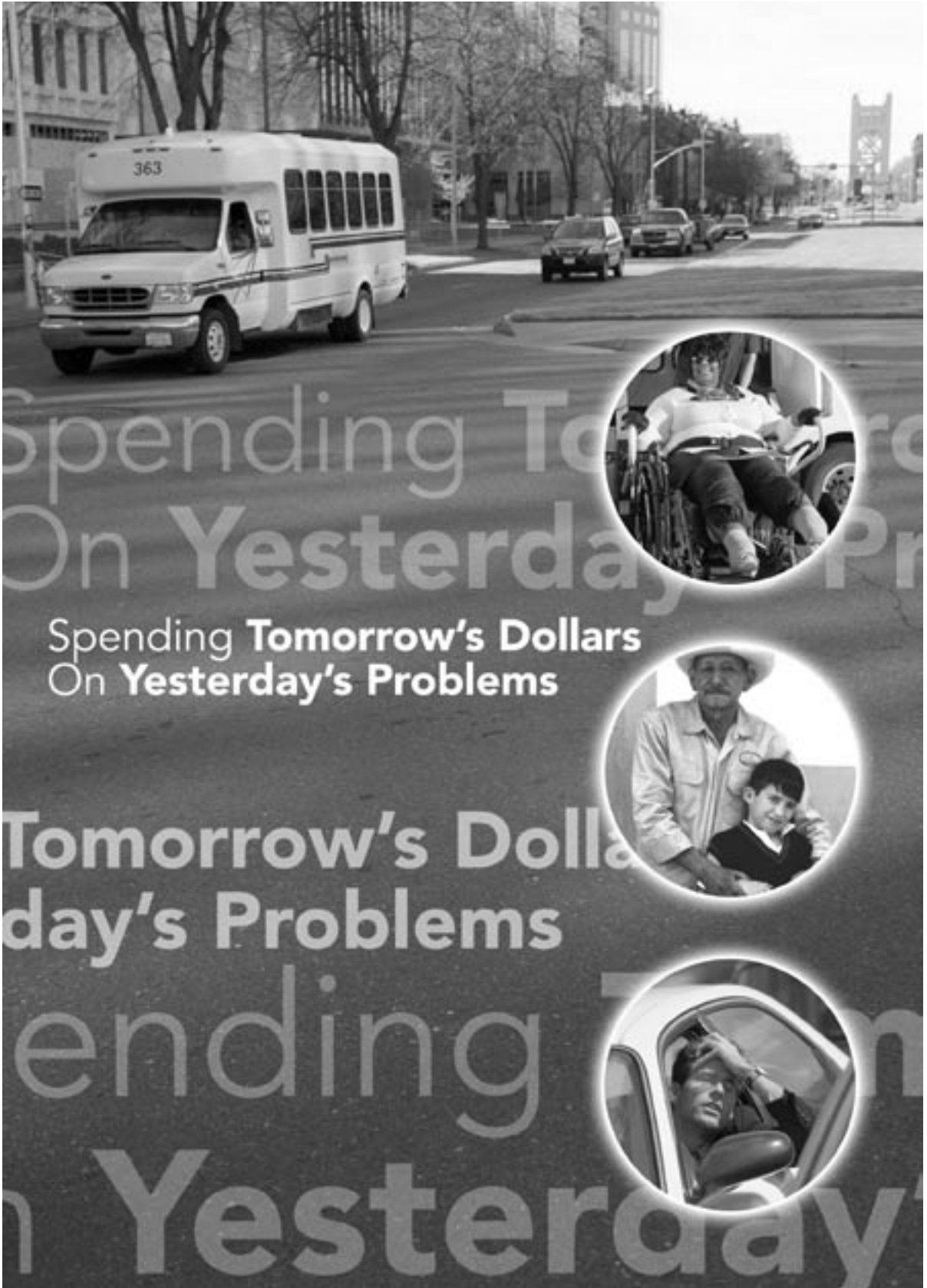
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Executive Summary

Background:

There's no doubt: Sacramento has grown and will continue to grow in the future.

The six county region has expanded quickly since 1990 — rising in population from above 1.6 million in 1990 to nearly 2 million people in 2000. And, planners expect rapid growth to continue — to almost 2.4 million by the year 2010.¹ The Sacramento region was identified by the US Census Bureau as one of the top ten fastest growing in the nation.²

Sacramento's growth isn't simply in numbers of people; it's also geographically outward, into areas once thought rural or remote. One indicator is the decreasing population density of the region. In 1950, there were about 5,327 people per urbanized square mile in the region. Since then, the amount of urbanized land has increased by 450%, and the number of people per urbanized square mile has dropped to 4,479.³

This growth and dispersion outward raises issues as to how residents in the Sacramento region will get around an increasingly spread out community — going to work, shopping and doing business, visiting family and friends, using key services like doctors or pharmacies, and participating in civic events.

But, that's not all. The region is also graying.

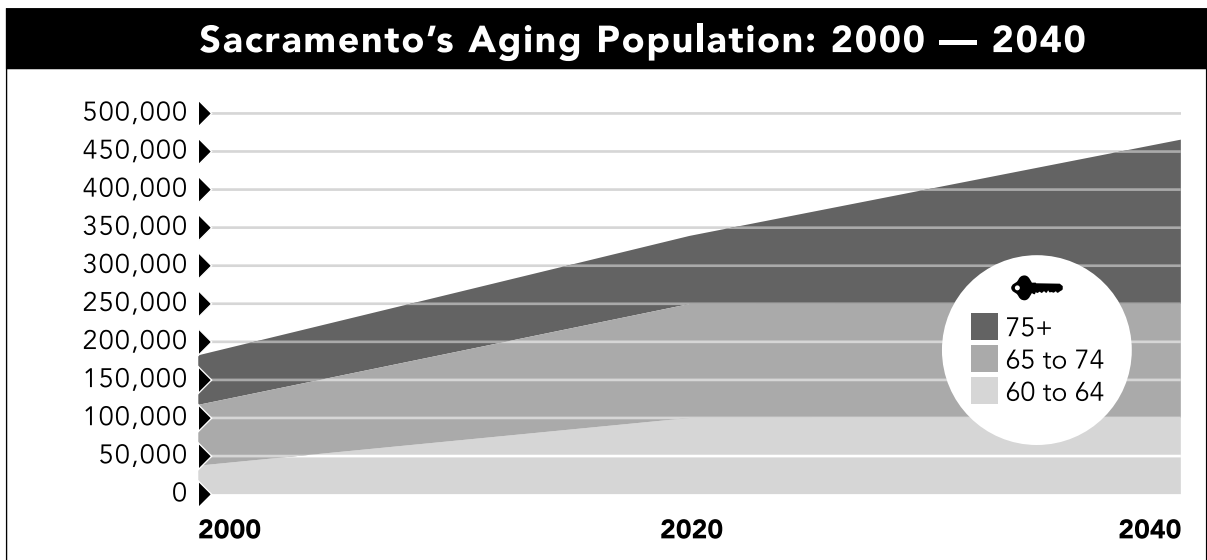
That's what this report is about — we hope to remind key decision makers that they need to think not just about geography, but also about the kinds of people who will live in the six county space, our capacities, and what we will need to safely navigate through Sacramento in the future.



Findings:

1. Sacramento is growing older, faster.

According to *Quality of Life Index 2002*, a report by three local organizations, “the region’s population is concentrated in two age groups, one in the range between 30 and 55, and another of people under 20. Twenty years from now the older group will be nearing retirement age.”⁴



Sacramento’s Aging Population

2. Older populations face special challenges and needs in order to move around the region.
 - a. Only 9% of drivers over the age of 65 travel for the purpose of earning a living, meaning that they travel to different locations and at different times than work hour commuters.⁵
 - b. In 1995, 44% of older persons in the United States lived in suburban areas, most of which are designed so that residents must drive from place to place.⁶
 - c. Older drivers are at greater risk when they drive for a variety of reasons:⁷
 - Specific functions related to driving skills (vision, hearing, sensation and cognitive and motor abilities) may be impaired. For example, reaction time decreases by almost 40% on the average from age 35 to age 65.⁸ A driver at age 40 may need 20 times more light to see at night than a driver at age 20.⁹
 - The driving environment may also interfere with the safety of older persons when they drive. “Transportation planners have given little consideration to

designing roads in ways that accommodate the increasing number of drivers with reduced vision or reaction time. Highways separate residential areas from commercial areas, thereby increasing both the complexity and distance involved in reaching necessary services.¹⁰

- Accordingly, a growing number of driving-dependent Sacramento area residents will be forced out of their vehicles, a situation already facing more than 13,000¹¹ Sacramento County citizens. One recent study of DMV records found that statewide, some 55,000 persons, many beginning to show age-related disabilities, lose their driver's licenses "due to a failure to pass a visual test or a written test or a behind the wheel test."¹²
 - Sacramento is one of the most dangerous communities for pedestrians in the US, and in California. A recent study¹³ by the Surface Transportation Policy Project (STPP) identified the region as the 8th most hazardous metropolitan area in California for pedestrians and 24th in the nation. The STPP research shows that the most dangerous places to walk are newer low-density developments where wide, high-speed arterial streets offer few sidewalks or crosswalks.
3. Much of this graying takes place in sprawling suburbs. One recent study found that "While the 65 and over population grew by 20% in suburbs in the 1990s, it grew by only 2.4% in cities."¹⁴ The study also identified Sacramento as one of the top 20 communities in the US with growth in this 65 and over age group. As density in the region decreases, older persons (and there will be more and more of them) will either continue to drive, or planners must provide added alternative services (fixed route mass transit, or paratransit-type door-to-door services) so that these suburban residents can continue to participate in their communities. If planners and elected decision makers fail to address these issues, the families of seniors will either step in and fill this need wherever possible, or seniors will find themselves isolated and imprisoned in their suburban homes.
4. The comprehensive *Metropolitan Transportation Plan for 2025*,¹⁵ recently adopted by the Sacramento Area Council of Governments (SACOG), should offer clear information on the scope of these issues in this region and include plans to accommodate future needs. While very generally acknowledging the issues of aging and mobility, the MTP does not adequately examine the reality and challenges of a rapidly aging population. The plan lays out clear information on expected growth of work-related trips and proposes specific roadway construction; but fails to offer an equally clear analysis of anticipated population changes in the region, or to quantify solutions for the changing needs that result:
- There is no analysis of the growing numbers of older Sacramentans, and the special challenges that this growing frail elderly and disabled population will face.
 - There are no clear and specific provisions for these special needs, aside from brief mentions of "including a large increase in service for elderly and disabled persons."¹⁶

If anything, the document betrays a bias that current concerns about work-related trips will continue to dominate transit priorities, measuring accessibility as “the ability to reach job centers in a reasonable period of time by auto and transit.”¹⁷ When policy decision makers are forced to choose between different priorities to receive inadequate transportation financing, they will naturally look to those that are better argued and supported with facts, and with precise costs attached.

There are costs to be borne from this incomplete study and ensuing allocation of resources. One study estimates that the average national cost of a non-emergency medical trip in an ambulance to be \$434, while the average paratransit trip costs only \$16.75 (and Sacramento County costs for paratransit are only \$14.95). The savings to long-term care programs in the United States could be as much as \$265 million per year for an adequate alternative transportation program that can address non-emergency medical travel.¹⁸ All too often, transportation and human services agencies conduct planning processes and implement services in isolation and independently of each other.

5. Existing programs are already inadequate to meet current demands. While “the Americans with Disabilities Act requires public transportation agencies to provide complementary paratransit services for persons with disabilities wherever the public transit agency provides fixed-route, accessible transportation,”¹⁹ local service providers state that they are already turning down requests.

These are serious challenges — our elected officials, and the analysts they depend on to guide their thinking, are planning to spend tomorrow’s dollars on what will then be yesterday’s problems. While we worry now about congestion, we should also think ahead to a new range of mobility problems.

There’s hope, if our transit planners and leaders will see the problem:

Fortunately, we can point to groundbreaking work by other groups.

The San Francisco Bay Area Metropolitan Transportation Commission (the MTC is similar in purpose to SACOG here) established an Elderly and Disabled Advisory Committee (EDAC) in 1991, shortly after passage of the Americans with Disabilities Act. The Committee is comprised of one senior and one disabled representative from each of the nine Bay-area counties, as well as three at-large members. EDAC advises the Commission on matters regarding transportation for seniors and persons with disabilities. In 2000, MTC and the EDAC hosted a “Mobility Matters” conference to introduce and explore transportation issues of concern to seniors.

The conference identified a number of issues, including:

- No one solution will meet everyone’s needs. Barriers to senior mobility are complex and present in numerous arenas. Solutions will be found in land use planning and policy, community and road design and development, driver safety, as well as public transportation.

- Paratransit eligibility will grow significantly over the next two decades.
- Paratransit costs are escalating. In the Bay Area, costs have increased over 84% in the past five years.

As a result of issues raised there, MTC commissioned a follow-up project, *the San Francisco Bay Area Older Adults Transportation Study*, which released a final report in December of 2002. The study analysed:

- Barriers that limit the mobility of older adults.
- Actions to address those barriers that can be taken by all types of jurisdictions.
- Steps that MTC, as a regional planning agency, could take to advance these efforts.

Transportation leaders in the Sacramento region must take action now to conduct a similar study of Sacramento’s dynamic population as it changes over the course of the next twenty years. They must look at special obstacles that will arise or increase for growing segments of that population, and corrective efforts we should include in the region’s Metropolitan Transportation Plan (MTP). The MTP must address these future needs concretely and with the clarity that allows the region to prepare for the future, not the past. The outcome should be a well drawn *life-long transportation system*.

“Transportation — like electricity — is an element of daily life that we ignore or forget until it is not available.”

Joseph F. Coughlin, PhD, Director of the MIT AgeLab²⁰

Recommendations:

1. SACOG must develop a better profile of the region’s transportation needs, one that reflects an increasingly aging population. The MTP must be revised or amended to address this emergent reality. Just as the plan adopted last year identified specific job centers and the likely transit corridors serving those needs in the next two decades, the new plan must seek to identify where seniors will concentrate, identify barriers, inventory existing transportation services, assess future gaps and craft a realistic strategy for putting in place feasible solutions to these problems. This study should look at issues of funding, planning, transit service, paratransit and supplemental transportation, walking (including wheelchair access), medical transportation and development and design.

2. Transit funding must grow to meet the increasing demands on paratransit services, so that frail seniors and persons with disabilities are not locked away in suburban homes, unable to travel or to participate in community life. We estimate that the current 2%²¹ of the half-cent local sales tax for transportation in Sacramento County (Measure A) will be wholly inadequate to deal with this growing demand. If renewed at a half cent level, this local sales tax should set aside an annual allocation between 15% to 20% for paratransit services.

3. SACOG must look at the role that other jurisdictions play. SACOG and the local governments and transportation agencies that receive regional transportation funding need to focus resources, both financial and human, on coordinated planning activities (general plan circulation elements, community plans, community and circulation design, and the ensuing local capital expenditure budgets) that recognize the transportation needs of a dynamic population. Where appropriate, SACOG can point toward or develop common strategies or guidelines that provide consistency and efficiency.
 - Land use and services planners in the region should pay more attention to the connections between where senior populations reside, and services that are critical to their needs. For example, the number of dialysis facilities has grown in the Sacramento region from 3 in 1980 to over 20 in 1998. But most of these dialysis centers are located in the southern portions of Sacramento County — while much of the concentration of aging populations is currently in the northern areas of Sacramento and southern portions of Placer Counties. Planning agencies must include planning and design guidelines for new residential and commercial development, especially those created for seniors, providing for pedestrian access and convenient access to transit and paratransit.
 - Public works agencies must consider the challenges of a growing senior population who must walk or use wheelchairs to travel to neighborhood services and transit stops as they design local circulation elements. Arterials, roads and intersections must be designed so that everyone, including seniors and children, can safely navigate on foot. These entities must incorporate measures favoring safety for all pedestrians, including pedestrian-activated longer crossing signals, audible crossing signals, countdown signals and regular repainting of crosswalks. Safe road and highway design should take into account the changing needs of the growing population of older drivers, ranging from improved signage to slower speed limits in some areas.
 - Transportation planners must be drawn into the process, working with land use planners to develop comprehensive pedestrian safety plans, and broadening bicycle planning to include senior concerns such as tricycles; or in some places, making special allowances for electric golf carts and low powered neighborhood electric vehicles.
 - Public safety planners and enforcement agencies must begin to look more carefully at how their parking and traffic enforcement will affect pedestrian safety.

Spending **Tomorrow's Dollars** On **Yesterday's Problems**

Sacramento is growing

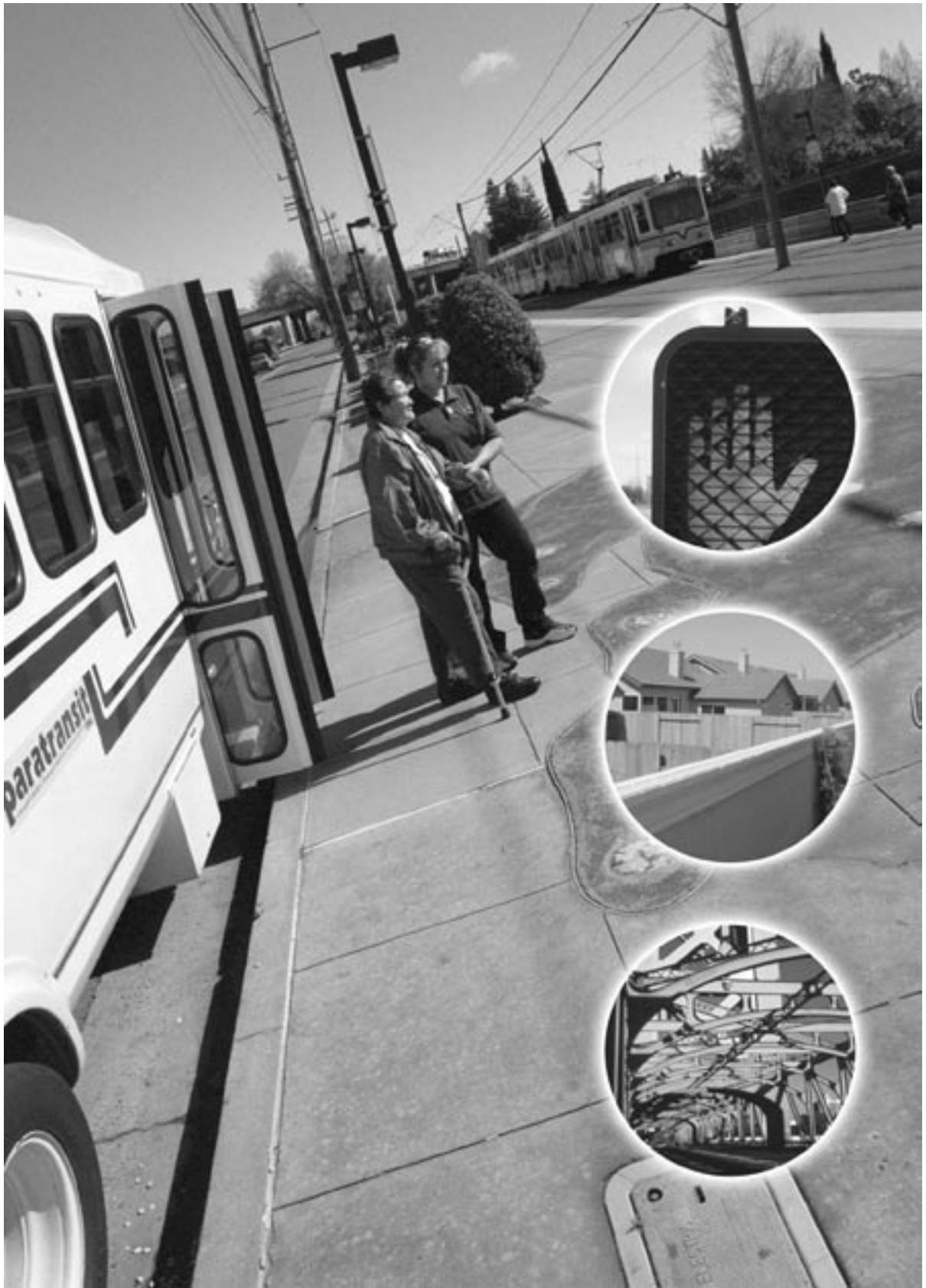
There's no doubt: Sacramento has grown, and will continue to grow in the future.

The six county region has grown enormously since 1990 — rising in population from above 1.6 million in 1990 to nearly 2 million people in 2000. And planners expect that exponential growth to continue — to almost 2.4 million by the year 2010.²² The Sacramento region was identified by the US Census Bureau as one of the top ten fastest growing in the nation.²³

Top Ten Fastest Growing Counties in the United States

	County	Numerical Increase	% Increase	Estimated Population on 7/1/2001
1	Maricopa (Arizona)	122,649	4.0%	3,194,798
2	Los Angeles (California)	118,156	1.2%	9,637,494
3	Riverside (California)	90,501	5.9%	1,635,888
4	Clark (Nevada)	88,888	6.5%	1,464,653
5	Harris (Texas)	60,011	1.8%	3,460,589
6	San Bernardino (California)	56,803	3.3%	1,766,237
7	Collin (Texas)	49,728	10.1%	541,403
8	San Diego (California)	48,986	1.7%	2,862,819
9	Broward (Florida)	45,542	2.8%	1,668,560
10	Sacramento (California)	45,271	3.7%	1,268,770

That growth isn't simply in numbers of people. It also includes growth outward, into areas once thought rural or remote. One indicator is the density of the region. In 1950, there were about 5,327 people per urbanized square mile in the region. Since then, the amount of urbanized land has increased by 450%, and the number of people per urbanized square mile has dropped to 4,479.²⁴



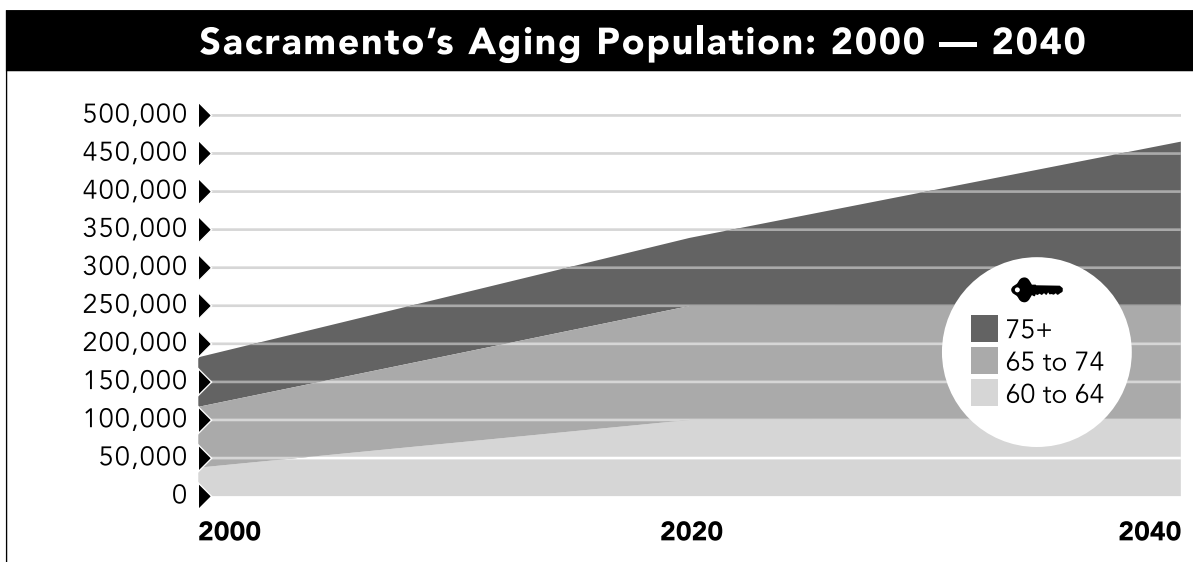
This growth and dispersion raises issues as to how residents in the Sacramento region will get around — to go to work, to shop and do business, to visit family and friends, to use key services like doctors or pharmacies, and to participate in sports and community events.

At the same time that Sacramento is growing, the population is disproportionately growing older.

“Beginning just after the year 2000, the first wave of 80 million baby boomers will reach their late fifties and begin transforming America into a place, where, for the first time, there will be more older adults than children and youth.”

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According to a report called *Quality of Life Index 2002*, authored by three local organizations, “the region’s population is concentrated in two age groups, one in the range between 30 and 55, and another of people under 20. Twenty years from now the older group will be nearing retirement age.”



Sacramento's Aging Population

In 2000, 11.1% of Sacramento’s population was 65 years of age or older (compared to 10.6% statewide). In 2020, demographers expect that percentage to reach 14.2% and 17.4% by 2030 (compared to a statewide average of about 17.1%).²⁶

This is not a localized trend. Statewide, according to the California Department of Aging, the 50-plus age group will increase 232% from 1990 to 2020.²⁷ “By 2030, the number of older Americans (age 65 and older) will have more than doubled to 70 million, or one in every five Americans.”²⁸

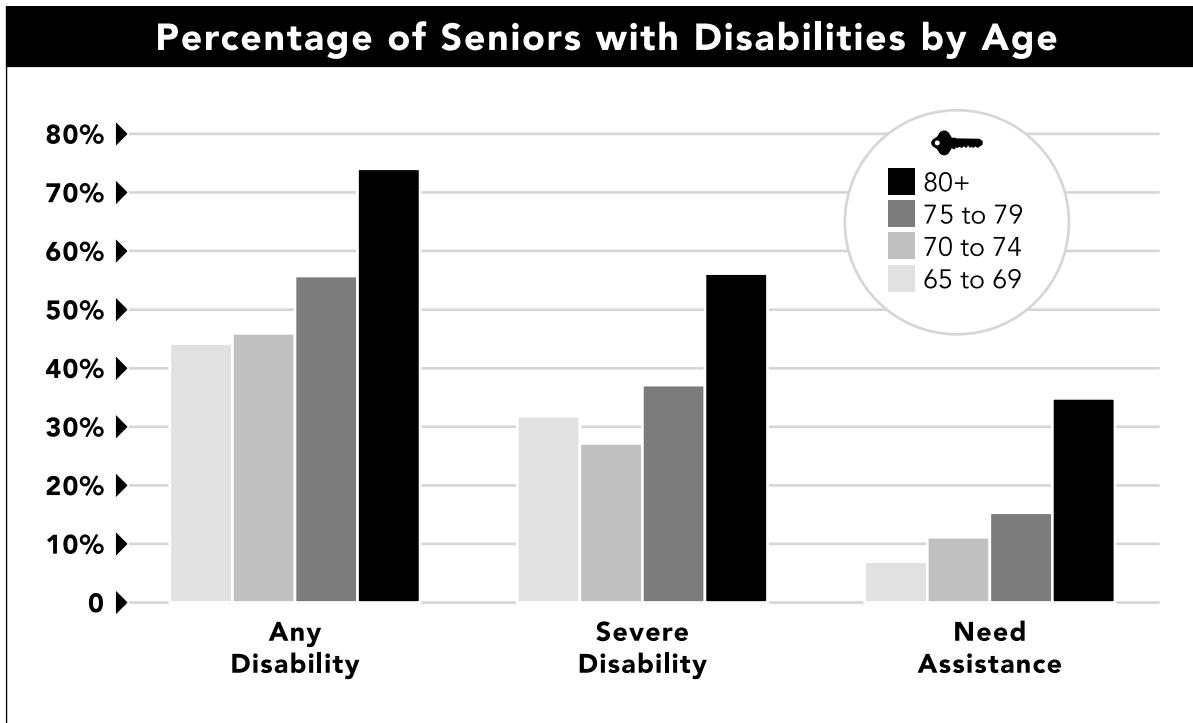
Older populations face special challenges and needs in order to move around the region.

Much of transportation planning is aimed at speeding people to and from work during the commute hours of 7:30 a.m. to 9:00 a.m. and 3:30 p.m. to 6:00 p.m. Yet, only 9% of drivers over the age of 65 travel for the purpose of earning a living.²⁹ As the region’s population grays, a larger percentage of trips made locally will be for other purposes — and at other times, to other locations — than rush hour commutes.

Older Americans, certainly in increasingly spread out Sacramento, live in less dense communities. In 1995, 44% of older persons in the United States lived in suburban areas, most of which are designed so that residents must drive from place to place.³⁰ One recent study found that “while the 65 and over population grew by 20% in suburbs in the 1990s, it grew by only 2.4% in cities.”³¹ The study also identified Sacramento as one of the top 20 communities in the US with growth in this 65 and over age group.

These population concentrations make it hard to get around without a car. Yet, for a variety of reasons, older drivers are at greater risk when they drive:³²

- Specific functions related to driving skills (vision, hearing, sensation and cognitive and motor abilities) may be impaired. For example, reaction time decreases by almost 40% on the average from age 35 to age 65.³³ A driver at age 40 may need 20 times more light to see at night than a driver at age 20.³⁴
- The driving environment may also interfere with the safety of older persons when they drive. “Transportation planners have given little consideration to designing roads in ways that accommodate the increasing number of drivers with reduced vision or reaction time. Highways separate residential areas from commercial areas, thereby increasing both the complexity and distance involved in reaching necessary services.”³⁵
- Accordingly, a growing number of driving dependent Sacramento area residents will be forced out of their vehicles, a situation already facing more than 13,000³⁶ Sacramento County citizens. One recent study of DMV records found that statewide, some 55,000 persons, many beginning to show age-related disabilities, lose their drivers licenses “due to a failure to pass a visual test or a written test or a behind-the-wheel test.”³⁷



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Walking is an unlikely solution. Aside from the spreading out we’ve already described, Sacramento is one of the most dangerous communities for pedestrians in the United States, and in California. A recent study³⁹ by the Surface Transportation Policy Project (STPP) identified the Sacramento region as the 8th most hazardous metropolitan area in California for pedestrians and 24th in the nation. The research shows that the most dangerous places to walk are newer low-density developments where wide, high-speed arterial streets offer few sidewalks or crosswalks.

As the population ages in these dangerous and poorly designed neighborhoods, the risk for frail seniors will be highest. “The rate of pedestrian fatalities is indeed associated with advancing age.”⁴⁰ “‘Most traffic engineers in our country were trained to move traffic and move it very well and very efficiently,’ says Dan Burden, a town planner from northern Florida. ‘They were not trained how to move pedestrians.’”⁴¹

Community planning and design that fails to take into account the needs of an aging population adds different challenges to the threat posed by inadequate traffic planning and design guidelines. For example, the specialized services that seniors need are scarce, requiring additional travel to those few available geriatric physicians. “There are also more practical issues for frail elderly patients, such as transportation to the doctor’s office, and longer appointments because of multiple health problems.”⁴² Local examples of these challenges abound. “Taking a bus to Kaiser’s Fair Oaks Boulevard offices requires walking from Munroe or Howe — a longer walk than most people are willing to make. The Rancho Cordova offices were built on the edge of civilization, very difficult to get to by anything but car — bus service is only once an hour.”⁴³

There are costs to be borne from the MTP's incomplete study and SACOG's ensuing allocation of resources. One study estimates that the average national cost of a non-emergency medical trip in an ambulance to be \$434, while the average paratransit trip costs only \$16.75 (and Sacramento County costs for each paratransit ride are only \$14.95). The savings to long-term care programs in the United States could be as much as \$265 million per year for an adequate alternative transportation program that can address non-emergency medical travel.⁴⁴ All too often, transportation and human services agencies conduct planning processes and implement services in isolation and independently of each other.

As density in the region decreases, older persons (and there will be more and more of them) will either continue to drive, or planners must provide added alternative services (fixed route mass transit, or paratransit-type door-to-door services) so that these suburban residents can continue to participate in our communities. If planners and elected decision makers fail to address these issues, either the families of seniors will be required to step in and fill this need, or seniors will find themselves isolated and imprisoned in their suburban homes.

The Americans with Disabilities Act requires proactive steps by local governments.

Not all of us will become disabled at birth or through sudden disease or injury, but most of us are still only temporarily enabled. The aging process — which few of us will avoid — adds to the likelihood that any and all of us will confront some form of disability that affects our independence of movement. That's one key reason why we must all pay close attention to programs and funding for disability-related transit programs — all of us or our families will need these services at some point.

Public Law 101-336 is the Americans with Disabilities Act enacted July 26, 1990. The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. Needless to say, the ADA has made an impact on the transportation industry: the Act's various titles prescribe an extremely comprehensive program that affects every aspect of transportation.

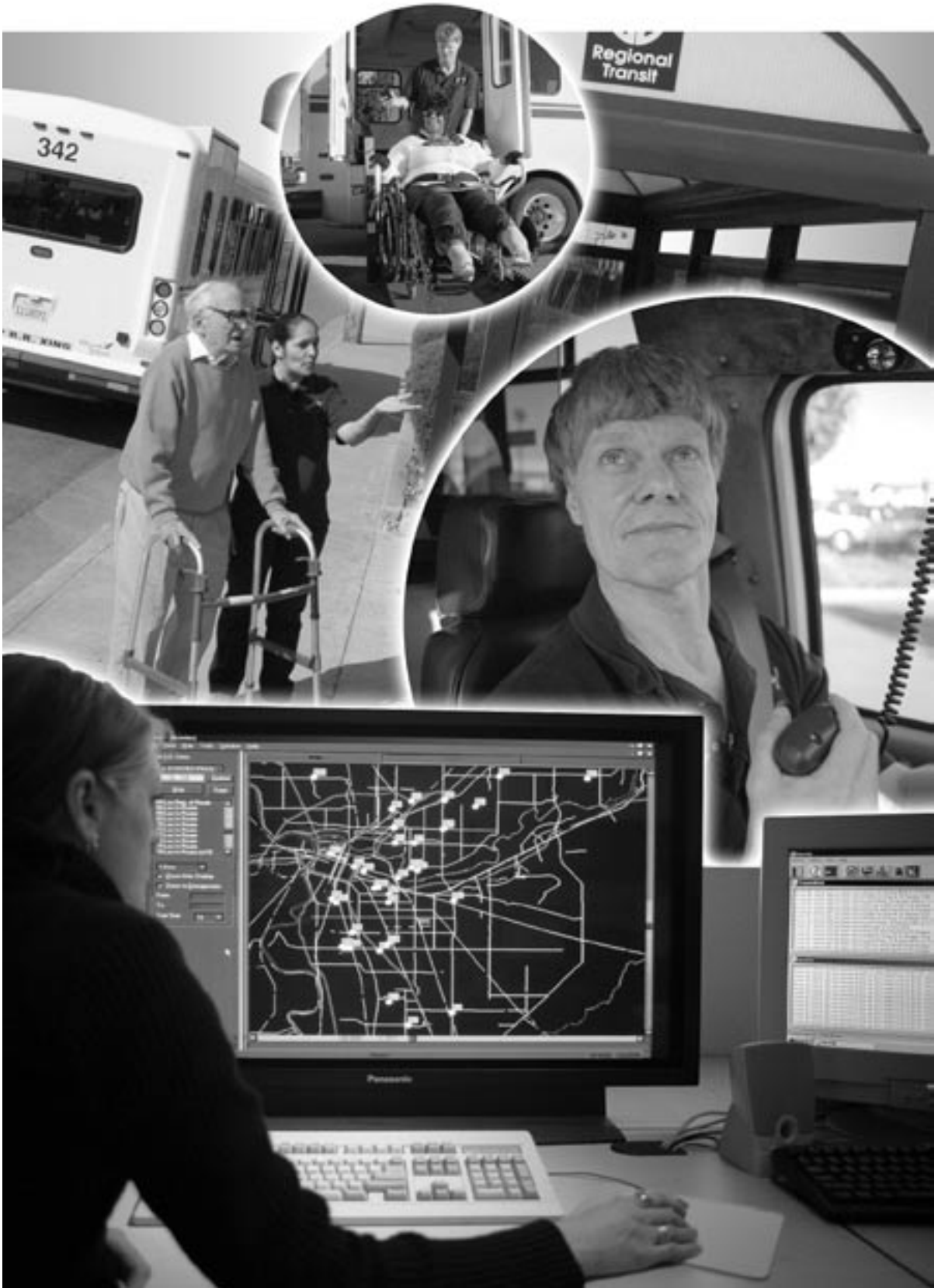
Public transit is used by millions every day to get to and from work, for shopping, and for recreation. Since 1991, the ADA requires that all current and future fixed rail and bus systems across the country be fully accessible; it also requires that supplemental paratransit service be provided — that is, demand-responsive service for people with disabilities who cannot independently access fixed-route service. Many communities in the United States provide some form of alternative door-to-door transportation, generically termed *paratransit*, by using combinations of vans, coaches or small buses that can negotiate neighborhood streets, taxi vouchers, sedans and van shuttles.

Public transit is generally an expensive proposition; paratransit even more so. It is in transit agencies' best interests to ensure that their stations, stops, and equipment are accessible for people with various disabilities. But, in a policy world where most transportation dollars are spent on autos, transit for the growing numbers of frail seniors and disabled has been sent to the back of the bus.



In 1980, new California law, the Social Service Transportation Improvement Act (AB 120), created a system of Consolidated Transportation Service Agencies (CTSAs) to expand the availability of specialized transportation services by improved use of existing resources through coordination. In Sacramento County, the designated local CTSA, Paratransit, Inc., provides assistance to organizations and agencies to increase the availability and effectiveness of specialized transportation throughout the County. The key to successful transportation coordination is matching available resources with existing needs. The CTSA accomplishes this by working closely with social service agencies, local governments, private operators and other transportation providers. The result is the CTSA helping to make the best use of vehicles, drivers and other resources needed to provide transportation services to a community.





Case Study in Creating Independence for Seniors and People with Disabilities: *Paratransit, Inc., in Sacramento County*

What is paratransit?

Many Sacramento residents can't drive or use mass transit like buses or light rail. Most are frail elderly or disabled persons who can't maneuver a vehicle themselves, or walk dozens of blocks to transit stops.

Many communities in the US provide some form of alternative door-to-door transportation, called *paratransit*, by using combinations of vans, coaches or small buses that can negotiate neighborhood streets, taxi vouchers, sedans and van shuttles. Since 1990, the federal Americans with Disabilities Act (ADA) requires all transit operators to provide a comparable service for those unable to use regular bus transportation because of their disability. Here in Sacramento, a nonprofit company called Paratransit, Inc., has filled this gap since 1978.

History of Sacramento County's Paratransit, Inc.

Paratransit, Inc., expands mobility in the Sacramento area by advocating for a fully accessible, useable and integrated public transportation system and providing innovative community transportation services.

- July 1978, Paratransit, Inc., incorporated as a private nonprofit corporation aiming to provide flexible, responsive transportation on demand to individuals and to agencies serving people with disabilities and the elderly within Sacramento County's urban area.
- October 1980, Paratransit, Inc., celebrated the first 100,000 rides provided.
- In 1980, the Legislature created the Social Service Transportation Improvement Act (AB 120), an act that created CTSA's in each County in California. Since Paratransit, Inc., already had several years of experience consolidating and coordinating transportation for social service agencies, it became the model for the new law.
- After the Sacramento Area Council of Governments (SACOG) completed an independent study comparing Paratransit's performance to Regional Transit's, it consolidated Regional Transit's Care-Ful Coach transportation program with Paratransit's door-to-door program for frail elderly and disabled riders.
- In 1982, Paratransit, Inc., pioneered the industry's first efforts to fully automate the routing and scheduling of demand-response trip booking.

- November 1985, Paratransit, Inc., celebrated the first 1,000,000 rides provided.
- In 1988, Sacramento voters adopted a local sales tax measure (Measure A) creating a new revenue source for transportation projects. Measure A expanded existing paratransit services to the elderly and disabled. Paratransit, Inc., was instrumental in helping to develop the ordinance and in its passage.
- In 1990, the Americans with Disabilities Act (ADA) became law. Regional Transit became responsible for providing a new service to complement its existing service for certain people with disabilities. Regional Transit determined the most effective and efficient method to complement its service would be to partner with Paratransit, Inc.
- In 1992, Paratransit, Inc., was recognized nationally by the Community Transportation Association of America as the Transit System of the Year for its progressive leadership in coordinating service, training, and maintenance for the Sacramento area.
- October 1996, Paratransit, Inc., was again recognized nationally by the Community Transportation Association of America with the 1996 Community Transit Leadership Award.
- July 1998, Miss Arika Koomorian donated a former car dealership on Florin Road so that Paratransit, Inc., could relocate and expand its maintenance, bus parking, fueling, and administrative facilities.
- June 2001, Paratransit, Inc., moved into its new state-of-the-art facility, opening the region's first high-tech dispatch center, which tracks in real-time the progress of its fleet using mobile data computers equipped with satellite receivers and onboard navigation devices. Soon reservations will become available on a same-day call-in basis via the internet, via interactive voice response technology, or through old-fashioned personal service with real people.
- In December 2002, Paratransit, Inc., was selected by the US Environmental Protection Agency to receive the Energy Star Small Business Award for the innovative application of efficiency upgrades at its new facility. The number of upgrades and the demonstrated cost savings per square foot were the basis of the EPA's decision in making this award.
- Paratransit, Inc., has two other immediate goals. One is to construct and operate a childcare center during nontraditional hours for its employees, children with disabilities, and children in Paratransit's neighborhood, including those who get there via Regional Transit's Florin Road Light Rail Station or public bus. Second is to reduce its energy costs by installing photo voltaic roof and bus shelter panels at its new headquarters.



What does Paratransit, Inc., do?

Paratransit, Inc., expands mobility in the Sacramento area by advocating for a fully accessible, useable and integrated public transportation system and providing innovative community transportation services. “In 2002, we provided an average of 57,000 rides per month to Sacramento’s frail elderly and disabled residents. By 2030, we expect the demand for our special services to rise to over 140,000 per month or over 5,000 trips per day. But, in addition, we offer a range of other services for the entire community, as well as the disabled and elderly,” says Executive Director Bill Durant.

Offering Americans with Disabilities Act (ADA) Demand Response Service

Using 170 specially designed small buses, Paratransit, Inc., provides door-to-door transportation for elderly and disabled individuals residing in Sacramento County, offering a transportation safety net for those who cannot use Regional Transit’s fixed route system. Eligible participants

can call to schedule a ride up to two days in advance. Paratransit, Inc., provides rides in its own buses or brokers travel in other transit modes, depending on destinations, the needs of riders, and the available vehicles.

The Consolidated Transportation Services Agency (CTSA) Transportation Service

Set up under a California law modeled on Paratransit’s pioneering 1970s programs, this service stretches resources for local community groups, offering specialized transportation services to the agencies’ clients. Paratransit, Inc., has been designated as Sacramento County’s CTSA, coordinating transportation needs with more than 80 neighborhood and social service organizations. Paratransit, Inc., offers low-cost training programs, centralized maintenance and fueling services, and cost sharing with partner agencies. Paratransit’s partners include the Developmental Disabilities Service Organization, Voluncare, Easter Seals of Superior California, Eskaton Carmichael, Eskaton, Health for All, Sutter Senior Care, Jewish Family Services, Sacramento Lao Family Community, Robertson Adult Day Health Care Center, Senior Nutrition Services, United Cerebral Palsy of Greater Sacramento, and many others.

Operating Flexible New Neighborhood Transit Routes

Paratransit, Inc., operates or coordinates several community shuttles — offering neighborhood transportation for all riders — in partnership with Sacramento Regional Transit. The shuttles connect residents with neighborhood stores and services following a regular route, but are flexible enough to go “off route” utilizing intelligent transit system technologies to collect individual riders needing service at their door. These new “smart transit” services also link riders to conventional transit light rail and buses, expanding access to the region.

Training Sacramento Residents to Use Transit and Gain Independence

Paratransit, Inc., offers mobility training services, helping individuals learn how to use public bus and light rail transportation. More than 7,500 graduates of this training program have become more independent and active participants in their community. Paratransit’s mobility trainers — skilled professionals with years of experience — take referrals from participating social service



agencies (such as the Alta California Regional Center, Pride Industries, Turning Point, Crosswood Oaks Senior Community, Multiple Sclerosis Support Group, Stanford Settlement, Resources for Independent Living and the Sacramento Employment and Training Agency). Successful trainees can read bus schedules, know how to make a transfer, know the basic rules of the transit system, and know specific routes they need to safely get to school, work, shopping and other important destinations. In 2001-2002 this program saved \$1.3 million by diverting nearly 75,000 trips from on-demand paratransit rides to Regional Transit's less costly fixed-route and neighborhood ride services.

Providing Maintenance Services for Community Organizations

The Maintenance Department provides maintenance to Paratransit's fleet of 170 vehicles, to partnering CTSA agency fleets, to the community transit fleet, and to other outside agencies' fleets (such as California State University). Paratransit's maintenance facility is able to handle full-sized transit vehicles as well as lift-equipped small buses and vans adapted for people with disabilities. Paratransit, Inc., has specialized in accessible, small-vehicle fleet maintenance for over 23 years, becoming a regional expert in that niche. Today, Paratransit, Inc., maintains about 200 vehicles for over 40 agencies and outside customers, and keeps them safely rolling on Sacramento's streets, providing thousands of rides monthly.





Why the new Metropolitan Transportation Plan doesn't fully or even-handedly address the future transit needs of the region:

Under federal law, the Sacramento Area Council of Governments (SACOG) is responsible for long-range transportation planning in a six-county area comprised of Sacramento, Yolo, Yuba, Sutter, El Dorado and Placer Counties. In 1999, SACOG embarked on a three-year process to revise a key document, the Metropolitan Transportation Plan (MTP). To receive federal or state funding, projects put forward by cities, counties and other local agencies must be consistent with the MTP.

The new *Metropolitan Transportation Plan for 2025*,⁴⁵ recently adopted by the Sacramento Area Council of Governments, does not adequately address the reality and challenges of a rapidly aging population as outlined above in this report. The final published version states, “(T)he State forecasts the share of the population older than 75 years of age, with a lower propensity to drive, to increase by 30%.”⁴⁶ Despite these occasional references to a growing aged population, the MTP fails to consider the implications, and betrays a bias that current concerns about work-related trips will continue to dominate transit priorities 20 years from now.

Despite general language on the matter, there is no comprehensive assessment of changing population trends in the region. For example, the most definitive analysis of the matter of a

growing older population contained in the May 15, 2002 Final Draft Plan is a statement in a section on Access and Mobility: “If you are elderly or disabled or live in a remote suburban or rural location, the lack of transit or other alternatives when you need to get to jobs, shopping, and services, is daunting. As the elderly become a larger proportion of the population and as growth continues farther from central Sacramento, access becomes a larger issue.”⁴⁷

The report states that its demographic projections are based on adopted general and specific plans from area jurisdictions. “In these Plans, residential land is almost completely consumed by 2025. The supply of commercial land, on the other hand is much larger.”⁴⁸ Statements like this, as well as travel modeling categories heavily weighted toward work travel⁴⁹ further exhibit the notion that most travel will continue to be commute related. Note for example that the report offers corresponding and adjacent maps of Current and Future Housing and Current and Future Employment.⁵⁰ Furthermore, the final published version of the MTP measures accessibility as “the ability to reach job centers in a reasonable period of time by auto and transit.”⁵¹ In public administration, you often get back from others only what you measure.

There is a grave danger in this lack of clear comprehensive analysis of change. What changes in the population should we expect in the next 20 years? What obstacles will they face, and special needs must we address in order to help them maintain independence? How much and what types of senior and disabled transit should we prepare for? The MTP is painfully vague in this regard.

There are no clear or specific provisions for these special needs, aside from a brief mention of “including a large increase in service for elderly and disabled persons.”⁵²

Yet, the report outlines a number of projects that the region should undertake to address transit during the period covered by the plan. For example, the plan puts a specific price tag on projects in the “Undefined Category,” such as \$80 million of flexible funds for access across the American River between Howe and Hazel.⁵³ Pages 22 to 24 of the agendized report adopted by SACOG list, in precise detail, the specific connector projects that must be built. But the MTP is very hazy when discussing the future needs of Sacramento’s seniors. Sections like Table 4a of the



MTP do include broad and unquantified prescriptive narratives, saying only, “Expansion of bus and van service region wide, including a large increase in service for elderly and disabled persons.”⁵⁴

And the problem is?

Granted, the public outreach for the new MTP was extensive and well-intended. Nor did the participants intentionally or negligently ignore the need for paratransit and accessible transit for frail seniors and the disabled.

But in a situation where there is never enough money to meet all the needs, the resources are likely to go to the most clearly described and most clearly justified projects. Thus, we have put this report together to remind local planners and our elected decision makers that something has been left out.

Existing programs are already inadequate to meet current demands. While “the Americans with Disabilities Act requires public transportation agencies to provide complementary paratransit services for persons with disabilities wherever the public transit agency provides fixed-route, accessible transportation,”⁵⁵ local service providers state that they cannot meet all demand for service.

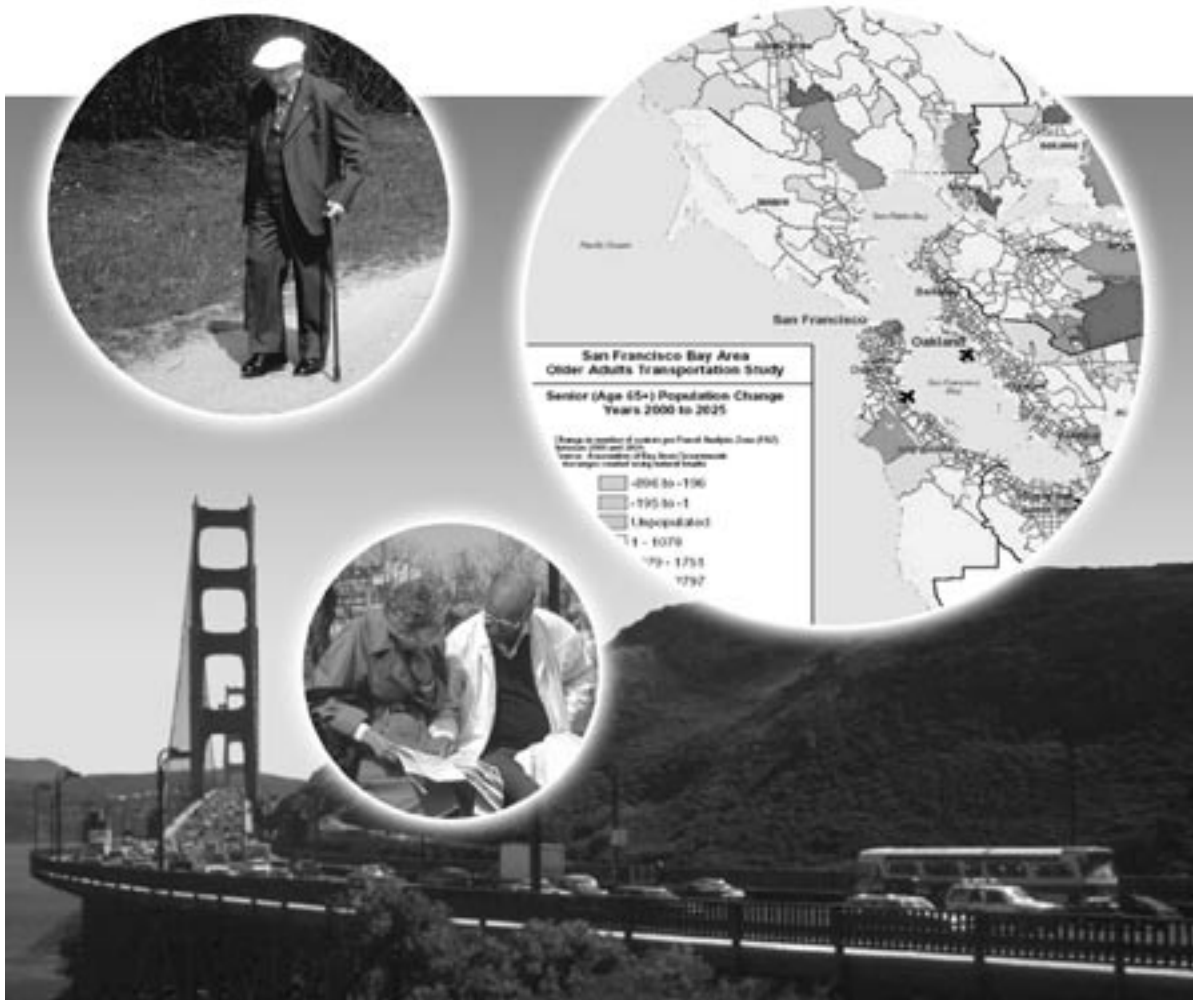
We understand that the price of a successful attack is a constructive alternative. Thus, we offer some suggestions that will help to address these deficiencies in a later section.

What are others doing?

The Bay Area Metropolitan Transportation Commission (the MTC is similar in purpose to SACOG here) established an Elderly and Disabled Advisory Committee (EDAC) in 1991, shortly after the passage of the Americans with Disabilities Act. The Committee is comprised of one senior and one disabled representative from each of the nine Bay-area counties, as well as three at-large members. EDAC advises the Commission on matters regarding transportation for seniors and persons with disabilities. In 2000, MTC and the EDAC hosted a “Mobility Matters” conference to introduce and explore transportation issues of concern to seniors.

The conference identified a number of issues, including:

- No one solution will meet everyone’s needs. Barriers to senior mobility are complex and present in numerous arenas. Solutions will be found in land use planning and policy, community and road design and development, driver safety, as well as public transportation.
- Paratransit eligibility will grow significantly over the next two decades.
- Paratransit costs are escalating. In the Bay Area, costs have increased over 84% in the past five years.



As a result of issues raised there, MTC commissioned a follow-up project, *the San Francisco Bay Area Older Adults Transportation Study*, which released a final report in December of 2002. The study analyzed:

- Barriers that limit the mobility of older adults.
- Actions to address those barriers that can be taken by all types of jurisdictions.
- Steps that MTC, as a regional planning agency, could take to advance these efforts.

Transportation leaders in the Sacramento region must take action now to conduct a similar study of Sacramento's dynamic population as it changes over the course of the next twenty years. They must look at special obstacles that will arise or increase for growing segments of that aging population, and what corrective efforts we should include in the region's Metropolitan Transportation Plan (MTP). The MTP must address these future needs concretely and with the clarity that allows the region to prepare for the future, not the past.

“Safe and responsive transportation is the enfranchisement to fully participate in life. Now that we have invested billions to live longer, we must now invest and take action to invent how we will live. National political and policy leadership is necessary to bring attention to transportation and to other pillars of health and productive aging that will compel us to think beyond health and retirement.”

Joseph F. Coughlin, PhD, Director of the MIT AgeLab⁵⁶

Recommendations:

1. SACOG must develop a better profile of the region’s transportation needs, one that reflects an increasingly aging population. The MTP must be revised or amended to address this emergent reality. Just as the plan adopted last year identified specific job centers and the likely transit corridors serving those needs in the next two decades, the new plan must seek to identify where seniors will concentrate, identify barriers, inventory existing transportation services, assess future gaps and craft a realistic strategy for putting in place feasible solutions to these problems. This study should look at issues of funding, planning, transit service, paratransit and supplemental transportation, walking (including wheelchair access), medical transportation and development and design.
2. Transit funding must grow to meet the increasing demands on paratransit services, so that frail seniors and persons with disabilities are not locked away in suburban homes, unable to travel or to participate in community life. We estimate that the current 2%⁵⁷ of the half-cent local sales tax for transportation in Sacramento County (Measure A) will be wholly inadequate to deal with this growing demand. If renewed at a half cent level, this local sales tax should set aside an annual allocation between 15% to 20% for paratransit services.
3. SACOG must look at the role that other jurisdictions play. SACOG and the local governments and transportation agencies that receive regional transportation funding need to focus resources, both financial and human, on coordinated planning activities (general plan circulation elements, community plans, community and circulation design, and the ensuing local capital expenditure budgets) that recognize the transportation needs of a dynamic population. Where appropriate, SACOG can point toward or develop common strategies or guidelines that provide consistency and efficiency.

4. Land use and services planners in the region should pay more attention to the connections between where senior populations reside, and services that are critical to their needs. For example, the number of dialysis facilities has grown in the Sacramento region from 3 in 1980 to over 20 in 1998. But most of these dialysis centers are located in the southern portions of Sacramento County — while much of the concentration of aging populations is currently in the northern areas of Sacramento and southern portions of Placer Counties. Planning agencies must include planning and design guidelines for new residential and commercial development, especially those created for seniors, providing for pedestrian access and convenient access to transit and paratransit.
 - Public works agencies must consider the challenges of a growing senior population who must walk or use wheelchairs to travel to neighborhood services and transit stops as they design local circulation elements. Arterials, roads and intersections must be designed so that everyone, including seniors and children, can safely navigate on foot. These entities must incorporate measures favoring safety for all pedestrians, including pedestrian-activated longer crossing signals, audible crossing signals, countdown signals and regular repainting of crosswalks. Safe road and highway design should take into account the changing needs of the growing population of older drivers, ranging from improved signage to slower speed limits in some areas.
 - Transportation planners must be drawn into the process, working with land use planners to develop comprehensive pedestrian safety plans, and broadening bicycle planning to include senior concerns such as tricycles; or in some places, making special allowances for electric golf carts and low powered neighborhood electric vehicles.
 - Public safety planners and enforcement agencies must begin to look more carefully at how their parking and traffic enforcement will affect pedestrian safety.



Endnotes

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- 11 Paratransit, Inc., reports 10,500 ADA-qualified riders after a November 25, 2002 update of its lists, and estimates an annual increase of some 300 new riders registered by RT every month or 13,000 users of paratransit services by the end of 2003.
- 12 Page vii, “Transportation in California for Individuals Who No Longer Drive,” Report to the Legislature of the State of California, In Accord With Senate Bill 335, Chapter 985, 2000 Legislative Session, April 2002.
- 13 *Mean Streets 2002*, by Michelle Ernst and Barbara McCann, a publication of the Surface Transportation Policy Project at www.transact.org.
- 14 “Boomers and Seniors in the Suburbs: Aging Patterns in Census 2000” by William Frey, University of Michigan, The Living Cities Census Series, January 2003, The Brookings Institution.
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21 After administrative costs for the guiding agency, the Sacramento Transportation Authority (STA), and shares for the Sacramento County Air Quality Management District (SCAQMD) and the cities of Folsom, Isleton and Galt are deducted from the whole.

22 Page ii, *Quality of Life Index 2000*, Valley Vision, CSUS and SACOG.

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- 49 See Ibid, page D-1. “Trip Purposes — Home base [sic] Work, Home based Shop, Home based School, Home based Other, Work based Other, Other based Other, Commercial Vehicles, External to External Vehicles.”
- 50 Ibid. pages 8 and 9.
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