Use of Transportation Services among OAA Title III Program Participants

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Since passage of the Older Americans Act (OAA) in 1965, the Administration on Aging (AoA) has supported the delivery of services to elderly Americans, helping them maintain independence and remain in their own homes. Through its “Aging Services Network,” including State Units on Aging (SUAs), Area Agencies on Aging (AAAs), local service providers and tribal partners, AoA works to provide services designed to mitigate the effects of declining physical health and functioning experienced by frail older adults. This brief, the sixth in a series that presents findings from AoA’s National Survey of OAA Program Participants, explores the use of transportation services among OAA Title III program participants.

Background

While the majority of older Americans (97 percent) live in the community, their level of independence varies widely (Werner 2011). Primarily, independence is determined by a person’s ability to perform tasks and activities that allow them to care for themselves and maintain their household. One important activity older adults often associate with their ability to remain independent is being able to travel outside the home. Ready access to family, friends, health care, food stores, and social activities is vital to full participation in daily life (Coughlin 2001). For many older Americans, this means being able to drive their own cars. Yet, due to chronic conditions, poor vision, and other illnesses, it often becomes unsafe for older adults to continue driving (Edwards et al. 2009). Thus, access to alternative forms of transportation becomes crucial for older adults to remain independent.

Family, friends, and neighbors often help fill this transportation gap for older adults once they can no longer drive. However, relying on others can be inconvenient and may not be an option for everyone. Mass transportation is another viable option for many older adults. While public transportation use among older adults has increased between 2001 and 2009, it still remained a small share (2.5 percent) of their overall travel (Lynott and Figueiredo 2011). Whereas lack of options for suburban and rural populations is often cited as the reason for low ridership rates, debilitating health conditions and fear of the unknown are also contributing factors. In focus groups, people aged 75 and over reported that barriers to using public transportation included difficulty getting on/off the vehicle, trouble finding a seat, being jostled, time spent waiting, waiting in bad weather, inconvenient schedule, and a fear of teenage passengers (Coughlin 2001).

To help older adults adapt to a life without personal vehicles, alternative means of transportation are necessary to improve access to health care, minimize social isolation, maintain social interaction, and reach community and social services (Cvitkovich and Wister 2001). As part of the funding provided to states via the OAA, transportation services are offered to people age 60 and older for a voluntary contribution. Typically, these services are arranged for or provided by AAAs
or Aging and Disability Resource Centers (ADRCs) to older adults who are frail, disadvantaged, or “mobility impaired” (i.e., have no car; do not drive or do not live within ¾ mile of fixed route stop) (National Center on Senior Transportation 2010). AoA data suggest that 25.6 million rides were taken by transportation service users in 2010, and this brief offers information about who those individuals are, how often they use the services, and why they use them (AoA 2012). This information will help AoA better prepare for the large cohort of aging baby boomers who are likely to have more and different transportation needs than previous generations.

**Title III Transportation Users More Vulnerable than Overall Population**

There are approximately 54.6 million community-dwelling older adults in the U.S. (AoA 2012). Among these older Americans, persons who used the Title III transportation services tended to be more vulnerable—compared with the general population, they were more likely to be older, female, live alone, reside in a non-metropolitan area, have fair or poor health, and need the help of another person to complete activities of daily living (ADLs) (Figure 1).

These differences between users of Title III transportation services and the overall U.S. population indicate that the services are reaching those who need them most. As shown in Figure 1, transportation users were older than the overall population: they were almost twice as likely to be age 75 and older, and over 3 times as likely to be age 85 and older. The vast majority (85 percent) of transportation users were female, compared with only 55 percent of the general population. Compared with older adults as a whole, transportation users were nearly 3 times as likely to reside outside a metropolitan area and more than 2.5 times as likely to be living alone.

The average health of transportation users was worse than the national average for those aged 60 years and older. About 2 in 5 transportation users said they had “fair” or “poor” health, while a little more than 1 in 5 in the general population rated their health that way. ADLs are basic activities people complete to care for themselves, including: personal hygiene activities, such as bathing or using the toilet; dressing; eating; walking without an assistive device, such as a cane; and transferring from a seated to a standing position and getting in and out of bed. Needing the assistance of another person to complete 3 or more ADLs has been associated with an increased likelihood of nursing home placement in numerous studies (Gaugler 2007). In the U.S. population, 2.5 percent of people aged 60 and older need the assistance of another person to complete 3 or more ADLs (see Figure 1). Among AoA transportation users, that figure is more than twice as high. While not necessarily reporting that they needed assistance, an even greater proportion of AoA transportation users—17.2 percent—reported having difficulty with 3 or more ADLs (no national comparison data are available). Difficulty with ADLs is more common with increasing age: among the oldest users—those 85 years and older—25.3 percent reported having difficulty with 3 or more ADLs.
Transportation Services Meet Varied Needs of Users

Title III transportation services allow users to travel to different destinations, both to meet individual needs and to participate in community activities. As shown in Figure 2, visiting a physician to obtain medical care was the most commonly-cited reason for using transportation services, with two-thirds of participants using the services to reach a medical appointment. Approximately four in ten participants reported that transportation services allowed them to go shopping, take part in social events, and attend activities at a senior center (Figure 2). Almost three out of ten participants used transportation services solely for medical appointments, while about four of ten used services for healthcare as well as for other reasons (data not shown).

Users were extremely satisfied with the transportation services provided; this satisfaction was reflected in their ratings of the services as well as in the longevity and frequency of use. Queried on seven different aspects of the transportation’s reliability and convenience, over 70 percent of users were “always” satisfied and close to 20 percent reported that their needs were “usually” met (Figure 3). Most users of Title III transportation services (59%) had been using the transportation services for at least two years, and almost one-quarter of participants had been using the services for more than 5 years (data not shown). Over one-third of participants used the transportation services two or more times per week.

There are almost 10 million older women nationally who live alone. In terms of Title III transportation services, approximately 85 percent of users were women, and about 68 percent of all users lived alone. The transportation services provided under Title III appear to serve a particularly important function for these very vulnerable older adults. Living alone has been shown to be a predictor of nursing home admission (McCann, Donnelly, and O’Reilly 2011; Miller and Weissert 2000). While females living alone represent almost 1 in 5 older adults nationally, they accounted for 3 in 5 transportation users. Older adults who live alone used the transportation services more frequently than those who lived with others.

**Figure 2. Percentage of Title III Transportation Users Using Services to Reach Each Destination, 2009**

<table>
<thead>
<tr>
<th>Destination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical appointments</td>
<td>68%</td>
</tr>
<tr>
<td>Social events*</td>
<td>40%</td>
</tr>
<tr>
<td>Shopping*</td>
<td>40%</td>
</tr>
<tr>
<td>Senior center</td>
<td>38%</td>
</tr>
<tr>
<td>Congregate meal program</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Fifth National Survey of OAA Program Participants (2009).

* Social events include volunteer activities; clubs and meetings; visits to friends and relatives; recreational activities; and religious services. Shopping might include shopping for groceries, clothing, and other necessities.

**Figure 3. Title III Transportation Users’ Ratings of Services, 2009**

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do the drivers pick you up when they are supposed to?</td>
<td>Always</td>
</tr>
<tr>
<td>How often are the drivers polite?</td>
<td>Always</td>
</tr>
<tr>
<td>How often are the vehicles easy to get into and out of?</td>
<td>Always</td>
</tr>
<tr>
<td>How often are the vehicles comfortable?</td>
<td>Usually</td>
</tr>
<tr>
<td>How often do you arrive at your destination on time?</td>
<td>Usually</td>
</tr>
<tr>
<td>How often can you get to the places you want or need to go?</td>
<td>Usually</td>
</tr>
<tr>
<td>How often do you get rides at the times and on the days you need them?</td>
<td>Usually</td>
</tr>
</tbody>
</table>

Source: Fifth National Survey of OAA Program Participants (2009).
frequently than those who live with others for doctor visits, social activities, and shopping. One out of three participants who live alone used transportation services at least twice a week.

Figure 4 shows use of transportation services among females living alone, with differences across those in good versus poor health. Of females living alone, approximately 28 percent were in poor health, defined here as having 2 of the following 4 indicators: self-reported “fair” or “poor” health status, 5 or more medical conditions, 3 or more ADL difficulties, or 5 or more instrumental activities of daily living (IADL) difficulties. IADLs are complex skills needed to live independently, including going outside the home, managing finances, managing medications, preparing meals, doing light housework, using the telephone, and driving a car or using public transportation. These users were more likely to use transportation services to visit their doctor—almost 8 in 10 females living alone who were in poor health used the transportation services to obtain medical care, compared to over 6 in 10 of those in better health. Persons in better health still relied on transportation services for other, more socially-oriented but still vital interactions. Although persons in better health appeared to use the service to reach social activities more than those in poor health, these differences were not statistically significant.

While women accounted for the vast majority of transportation users, men made up 15 percent of those using these services. Compared with female users, men were more likely to use the service 2 or more times a week and to use the service to reach medical appointments; men were less likely to use the service to attend a congregate meal program or go shopping, which might include buying groceries, clothing, and other necessities.

**Transportation Services Important Lifeline for Community-Based Elderly**

A major goal of the AoA and the Title III programs is to provide services that help older Americans function independently and thus remain living in the community. The percentage of different types of participants reporting that the service helps them to continue living at home is shown in Figure 5. Those with multiple indications of poor health were most likely to feel that the transportation service was useful: 94 percent said that the service helps them to continue living at home, compared with 82 percent of those with multiple indicators of good health. Transportation participants who used the service to go to medical appointments or to attend a congregate meal program were more likely to feel that the service helped them to continue living at home compared with those not using the service to reach those destinations (94 percent vs. 76 percent and 93 percent vs. 86 percent, respectively) (congregate meal program data not shown). These findings highlight the integral role transportation services are fulfilling by providing access to essential destinations, such as medical appointments and congregate meals.
Implications

The ability to travel from one’s home to routine destinations is a critical element of overall life satisfaction, both for the daily necessities of life and for maintaining social ties with family, friends, and community (Coughlin 2001). Once an older person begins to have difficulty travelling in their usual ways, it becomes vital that they have other options available to them to retain their independence and reduce any feelings of isolation. As this brief shows, transportation services funded by the OAA, through the AoA, meet the needs of a diverse group of community-dwelling older adults. As was intended by the OAA, the transportation services play a key role in maintaining independence for older adults and, in particular, for those frail and vulnerable adults who are most in need of the service.

Acknowledgment

We would like to thank the Office of Performance and Evaluation, Center for Disability and Aging Policy, Administration for Community Living for their guidance and feedback while completing this Research Brief. Our thanks also go to Cynthia Saiontz-Martinez of Social & Scientific Systems, Inc. for her programming support.
About This Series

This series is funded by AoA, and presents analyses conducted by Social & Scientific Systems using data from AoA’s National Surveys of Program Participants. These surveys collect information from Title III participants about their demographics, socioeconomic status, health, and functioning, as well as their service use and client-reported service impact and quality. For more information about this study, please contact Kristen Robinson at Social & Scientific Systems, krobinson@s-3.com.

References


Lynott, Jana, and Carlos Figueiredo. “How the Travel Patterns of Older Adults Are Changing: Highlights from the 2009 National Household Travel Survey.” AARP Public Policy Institute Fact Sheet 218. April 2011.


