

Elderly Mobility & Safety Focus Group Research Report

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Abstract

This research project was undertaken by the statewide Elderly Mobility & Safety Task Force and SEMCOG, the Southeast Michigan Council of Governments. The goal is to gather input on challenges and barriers to elderly mobility and safety in order to develop recommendations for overcoming those challenges and barriers. The results will be used by the Task Force to develop a statewide strategic plan of action.

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Executive Summary

This research project was undertaken by the statewide Elderly Mobility and Safety Task Force and SEMCOG, the Southeast Michigan Council of Governments. The goal of the Task Force is to conduct an assessment of elderly mobility and safety issues and develop a comprehensive and strategic plan of action designed to guide state policy. The assessment was requested by the Michigan State Safety Commission and is funded by the Michigan Office of Highway Safety Planning.

The goals of the focus group research are:

- Develop a comprehensive list of mobility and safety challenges facing the elderly as expressed by elderly service providers, transportation planners and engineers, alternative transportation providers and the elderly themselves;
- Discuss the real and perceived barriers to addressing those challenges;
- Develop a resource list of the activities and programs that currently work well and should serve as models for programs elsewhere; and
- Develop a set of specific recommendations for overcoming the identified challenges and barriers.

Four focus group sessions were conducted by MORPACE International, Inc., a marketing research and consulting firm. Session participants included traffic engineers and planners, service providers, alternative transportation providers and older adults. The sessions generated valuable input. While each of the groups offered some unique insights, many of the comments were similar, indicating a consensus on some important issues.

The following recommendations are based upon in-depth discussion, in each of the sessions, of the challenges and barriers to elderly mobility and safety.

Driving issues:

- Generate awareness of elderly mobility and safety issues among legislators, traffic engineers and land use planners.
- Revise engineering design standards to better accommodate the elderly driver and pedestrian; educate traffic engineers and planners about elderly driver and pedestrian issues. Increase the size and brightness of road signs.
- Increase enforcement on freeways to curb speeding and road rage.

- Influence automotive manufacturers to improve in-vehicle safety features for the elderly.
- Expand availability of elderly driver education programs.

Alternative transportation issues:

- Increase funding for alternative transportation and facilitate coordination of funding and information through a centralized clearinghouse.
- Improve the level of alternative transportation services to better accommodate the needs of elderly riders.
- Implement policy changes necessary to remove jurisdictional boundaries on alternative transportation services.
- Improve Michigan Department of Transportation procurement procedures to facilitate the wide-spread purchase of low-floor buses.
- Facilitate education and awareness of available alternative transportation options for the elderly as well as their families and care givers.
- Educate society about the importance of lifelong mobility planning.

The results of this focus group research, including the specific recommendations for improvement, will be considered by the Elderly Mobility & Safety Task Force in developing a statewide strategic plan of action.

Introduction

This research project was undertaken by the statewide Elderly Mobility and Safety Task Force and SEMCOG, the Southeast Michigan Council of Governments. The goal of the Task Force is to conduct an assessment of elderly mobility and safety issues and develop a comprehensive and strategic plan of action designed to guide state policy. The assessment was requested by the Michigan State Safety Commission and is funded by the Michigan Office of Highway Safety Planning.

Research Goals

The goals of the focus group research are:

- Develop a comprehensive list of mobility and safety challenges facing the elderly as expressed by elderly service providers, transportation planners and engineers, alternative transportation providers and the elderly themselves;
- Discuss the real and perceived barriers to addressing those challenges;
- Develop a resource list of the activities and programs that currently work well and should serve as models for programs elsewhere; and
- Develop a set of specific recommendations for overcoming the identified challenges and barriers.

Research Methods

SEMCOG contracted with MORPACE International, Inc., a marketing research and consulting firm to complete the focus group research sessions. Key stakeholder groups were identified by SEMCOG as integral to the work of the Elderly Mobility & Safety Task Force. The groups correspond to four areas of concern including:

- Environmental/physical factors affecting the elderly's ability to drive an automobile and to function as pedestrians; stakeholders include local traffic engineers and community planners and the Michigan Department of Transportation.
- The provision of support services to the elderly that enhance their mobility and safety; stakeholders include the Area Agencies on Aging, disease and disability support groups and community-based senior services.
- The provision of alternative transportation services; stakeholders include private and non-profit transportation providers serving the elderly population and the Michigan Department of State, Bureau of Urban and Public Transportation.

- Personal challenges to elderly mobility and safety; stakeholders for this area of concern are older adults.

Four focus groups were conducted with participants recruited from the above mentioned areas of concern. The focus group sessions with stakeholder groups were conducted as follows:

- Traffic engineers and planners April 27, 1999 12:00 noon
- Service providers April 28, 1999 11:00 a.m.
- Alternative transportation providers April 28, 1999 1:00 p.m.
- Older adults June 8, 1999 10:00 a.m.

The first three groups (engineers and planners, service providers, alternative transportation providers) were conducted at MORPACE's focus group facility in Farmington Hills, Michigan although, as will be separately described, each of these groups included participants from outside the region via teleconferencing. They were moderated by Michael Dawkins from MORPACE. The fourth group with elderly participants was conducted in Grand Rapids at the Western Michigan University regional facility focus group center. This group was moderated by Linda Retford, also from MORPACE. Respondent refreshments were served at all four sessions. Participants in the elderly adults session were paid an incentive of \$50 each.

The moderator guides for the sessions varied from each other in certain details, but followed a common format of exploring mobility and safety challenges facing older adults, discussing barriers to addressing these challenges and developing a prioritized list of recommendations for supporting elderly mobility and safety. Copies of the individual moderator guides are found in Appendix A. The following sections present the results and findings by group. Please note that *italicized text* represents paraphrasing of focus group participants' input.

Environmental/Physical Concerns Traffic Engineers and Planners

Participants

Participants for this focus group included traffic engineers and planners from municipalities, county road commissions, planning commissions, regional planning organizations and the Michigan Department of Transportation. Six participants were present at the focus group facility while three more joined the session via conference call.

Challenges

After brief introductions, the group embarked on a serious discussion of the current mobility and safety challenges faced by older adults in Michigan. The discussion is categorized into two areas: driving challenges and alternative transportation challenges.

Driving challenges

It was agreed that older adults need more light to see, so bigger and brighter signs may be necessary to increase visibility. For example, present signage requirements set only a minimum lettering size and do not require the size of lettering desirable for older drivers. Also, it was noted that many older adults become more nearsighted over time — developing nighttime myopia. Peripheral vision also decreases with age, making intersection design an important factor to analyze. Older adults often have difficulties merging onto freeways and busy streets. There may also be a need for wider and more reflective lane markers.

It was suggested that older adults are overwhelmed by the “*visual busyness*” of the modern roadway system. Signs for fast-food restaurants and other local attractions may be distracting. Even helpful signs, such as freeway message boards, may distract the older population by offering too much information for them to read and absorb in a timely manner. Intelligent Transportation Systems (ITS) signs on highways could possibly be used to aid the elderly, “*or are they just another distraction?*”

It was noted that many older drivers begin to experience delayed reactions and slower reflexes. As the population has aged, however, the speed limits in the state have increased and there has also been a perceived increase in the amount of “*road rage*.” Transportation planners and engineers speculate that most elderly drivers do not want to drive on the freeways now, as they are considered too “*competitive*.”

The possible effects of increased driving costs were mentioned. As many older drivers are on a fixed income, they may not be able to afford the luxury of driving a new vehicle, which automatically contains up-to-date safety features and equipment. The cost of safe transportation may be out of their reach.

Also discussed was the fact that some older drivers are learning to drive for a second time. Often, when a spouse dies, the remaining spouse must relearn driving skills. This relearning experience can be very difficult and stressful late in life. Newer driving laws may also not be understood (i.e., awareness of the turn-on-red laws).

New road construction can be very stressful. Even after the construction is complete, relearning once familiar routes becomes necessary. Wider roads with changing landmarks and higher speed limits can intimidate older drivers.

Alternative transportation challenges

Land use planners noted that the trend away from integrated residential and commercial development is affecting the older population's mobility. Communities with convenient downtown areas have given way to fringe suburban areas without downtowns. Many of the new residential communities are located off two-lane roads with no alternative (non-automobile) access to commercial areas. Nor is future public transportation likely in these areas, since the distances between residential areas and commercial and other services are so spatially disparate.

Walking is also a serious issue within our cities and suburbs. Many office and retail buildings have large setbacks. These buildings are not pedestrian-friendly or conducive to access via public transportation. The distances from curb to door are not walkable, particularly for the older population. New residential developments often do not have continuous sidewalks linked with other amenities. In addition, many older people do not have enough time to safely cross streets at signalized intersections.

Alternative transportation options are inconsistent across Michigan for older people, particularly in rural areas. Ann Arbor's Good As Gold program is held up as a model of "very good" alternative transportation for the elderly, while Detroit's traditional line-haul service on major routes is considered "not good." "Hit or miss" modes of alternative transportation are problematic for the older population of Michigan.

However, even in Ann Arbor, older adults often cannot use alternative transportation when it is convenient due to the reservation system. If a senior takes a shopping trip, they are only allowed a limited number of bags per trip. Also, recreational trips are few and far between. Medical trips are given top priority, followed by work, shopping, and finally, recreational trips. The overwhelming success of one city's program providing free bus trips to view Christmas lights during the holiday season indicates the desire for more recreational trips.

Even in communities with alternative transportation available, challenges abound. Scheduling is difficult as is the timing of buses. Convenience and affordability are also issues. "Sometimes because of scheduling, the best dial-a-ride can do is get you to your doctor's appointment two hours ahead of time and then you have to wait two hours after your appointment to get home." It is difficult for planners to determine the best routes and schedules for transportation. In metropolitan areas, buses may operate only in the city proper; there is a lack of service outside the center of the city.

Prioritization of challenges

As the discussion concluded, the group agreed that older citizens in Michigan must rely on family and friends for safe mobility at present. Most of the older population does not routinely utilize public transportation, even if it is available. The population that is currently aging has always had automobiles at their disposal and has no lifestyle orientation to public transit. *“There is a huge void without a car.”*

When asked to prioritize challenges, the group categorized them into three areas: codes and regulations related to policies and politics (i.e., zoning and land use); education or re-education of the elderly and development of alternative transportation. Land use challenges were considered to be the most significant and pervasive challenge by most. Traffic engineering and education solutions were considered to be *“tinkering options”* that can offer improvements at the margin. Developing effective alternative transportation modes is also considered to be a top priority.

Barriers

There was agreement that funding is the number one barrier to improvements. However, the payoff in reduced crashes involving the elderly offsets the additional cost of engineering and planning improvements. The benefit-cost ratio needs to be taken into account when making funding decisions. *“We should promote conducting economic benefit-cost studies that could provide the impetus and rationale for doing a lot of this work.”* *“We need to educate the legislators and build up a constituency outside the Michigan Department of Transportation (MDOT) to support and pay for these research efforts and the corrective actions.”* *“We also need to educate MDOT personnel and local engineers to be sensitive to these matters.”*

There is also an institutional or perception problem. When it comes to engineering standards *“there is a lot of tradition and inertia. It’s part of the engineering mentality. The minimums (for sign lettering size, for example) become the maximum or the standard. It’s not so much that the standards need to be changed — they will allow most of the traffic engineering corrections that need to be made — it’s that the mind set or practices of traffic engineers needs to be changed.”* *“Many of our engineers and managers are in their 30’s and 40’s and just are not aware of these problems.”* *“There is no incentive to institute the kinds of corrective traffic engineering changes needed.”* Policymakers also need to recognize elderly drivers as an important segment of the driver mix. *“Simple recognition of these issues would be a big deal for now.”*

There are also zoning and other legislative barriers to solving land use issues. For example, current zoning discourages pedestrian travel. However, one participant noted that even in the most pedestrian-friendly developments, the elderly will still need vehicle transportation because of limitations on their walking ability. Other participants voiced the opinion that pedestrian access is still very important for the elderly. One cited the statistic that *“three percent of elderly trips are via public transit while 17 percent are pedestrian trips”* and stated that *“baby-boomers are expected to be healthier than the current older population as they age.”*

Recommendations

Several examples of model programs supporting elderly mobility and safety were offered including:

- American Automobile Association and AARP have education and driving training programs for the elderly. They help older adults improve their driving skills; remain aware of their limitations and accommodate for them; learn about new driving environments/laws; and make driving cessation decisions when necessary.
- Ann Arbor Transportation Authority has a program to familiarize elderly with the bus system and schedules (i.e., transit training).
- There are developments in new bus technology and design that can assist elderly passengers, e.g., wheelchair lifts and low-floor buses.
- Pedestrian refuge islands are used in some cities to provide safe havens for elderly pedestrians who get halfway across a wide, signalized highway and have to wait for the next signal cycle to finish crossing.

The highest priority recommendation is generating awareness of elderly mobility and safety issues among legislators, traffic engineers and land use planners.

Also recommended is an expansion of elderly driving education programs statewide. *“We need to find a champion, such as insurance companies, to fund and organize these programs.”* There should also be defensive-walking programs.

Engineering design standards and codes should be revised in terms of letter size and brightness, working through such agencies as the American Association of State Highway and Transportation Officials (AASHTO). AASHTO should develop a brochure on how traffic planners and engineers can improve traffic design for the elderly. This would educate engineers about the issues, lend credibility to the effort and provide tools for how to accomplish the goal. (It would be similar to AASHTO’s document on traffic calming.) A similar document could be developed by the American Institute of Certified Planners (AICP) or American Planning Association (APA) pertaining to land use issues. The Michigan State Safety Commission should work to influence Michigan legislators and educate them about these concerns.

Increased funding for alternative transportation is another top priority. Improvement is needed in the trip reservation area because *“24 hours in advance is too long.”* More buses are also needed and communities need to better coordinate resources.

Finally, there is a need to influence automotive manufactures to improve the readability of instrument panels, especially for night driving. Automobile manufacturers should evaluate the interior of cars to ensure that they are “*elderly-friendly*.”

Support Services for Older Adults Service Providers

Participants

Participants for this focus group included representatives from Area Agencies on Aging, Commissions/Councils on Aging, Alzheimer’s Association and other elderly support agencies and senior centers. Five participants were present at the focus group facility while four more joined the session via conference call.

Challenges

After brief introductions, the group embarked on a serious discussion of the current mobility and safety challenges faced by older adults in Michigan. It was determined that there is a significant difference between mobility challenges and safety challenges and discussion ensued on both points.

Mobility challenges

Mobility challenges involve lack of resources and appropriate alternative modes of transportation. For example, there are communities where there are no means of alternative transportation available, or it is only for severe medical needs (i.e., emergency services). In rural areas, particularly, there is a lack of alternative transportation options and funding. Jurisdictional barriers also limit services for the elderly.

Transportation for frail seniors is another challenge. Frail seniors need “*assisted transportation*.” They need assistance getting to the bus and a companion to accompany them to their destination and back. “*There is a severe lack of appropriate transportation for this population group.*” Volunteer drivers generally use their own vehicles and are unable to handle people with wheelchairs who need lifts. Dial-a-ride services generally go only to the curb as opposed to the door. Driver liability is a challenge that prohibits personal assistance from the elderly person’s house to the vehicle.

Transportation services are not well coordinated between communities and jurisdictions, or between private providers (particularly taxis, which are expensive) and public transit agencies. Individualized care plans are needed to determine the best and most efficient means of transportation, utilizing the various modes available. “*Mobility planning is a big need.*” A centralized clearinghouse for developing these plans and documenting service needs is required. “*We’re a long way from centralized resources and scheduling, but at least if we were able to centralize information about mobility resources, it would be a big help.*”

The ability of the elderly to get information about alternative transportation services is another challenge. Automatic voice systems are a problem for the elderly. They are unable to negotiate the system by pushing buttons; they need to speak with a human being but lack of funding often necessitates more automated systems. Language barriers are also problematic. For example, people with Alzheimer's often go back to their native language as they regress and there is not always a spouse or relative available who can provide translation.

Safety challenges

Changes in physical status, particularly sudden changes in health leading to the cessation of driving, are significant safety challenges for older adults. The ability of elderly people to judge their driving abilities in a non-threatening way is also a major safety challenge. There is a concern that the elderly do not feel they can get the assistance they need to improve their driving skills and avoid crashes without being reported to the Secretary of State. However, the ability to get assistance can keep the elderly driving longer and more safely. For example, people with Alzheimer's can function independently for many years after diagnosis and they often don't want to give up the independence of driving. *"A lot of Alzheimer's patients are able to handle driving very well with medications for some period of time."*

Barriers

The group categorized the barriers to serving the elderly into three broad areas: transportation service and funding barriers, social system barriers and medical barriers.

Transportation service and funding barriers

"Transportation for the elderly is a huge problem." The growing need of the elderly for transportation services statewide is not well recognized by politicians and funding agencies. There is no increase in funding and funding sources are not well coordinated. Agencies are often competing for the same small pot of funds and duplicating services. *"No one has a handle on the big picture — coordinated funding, coordinated programs and coordinated information."*

Even where public transportation is available, it is most often designed for a younger population and does not take the special needs of the elderly into account. For example, *"most drop-off points for public transit are in places like shopping malls, where teenagers congregate. We need drop-offs at senior centers or police stations within neighborhoods to provide a sense of security for the elderly."*

There is also a general lack of funding and staff for handling mobility planning and scheduling and a lack of staff or volunteers to provide transportation, particularly for the frail elderly.

Bureaucratic barriers are often encountered by public transit agencies when crossing jurisdictional boundaries. Communication between localities is often a problem. *"Sometimes*

you cannot even get the elderly to the hospital because it's in the next locality. Unfortunately, there is a lack of initiative among political leaders to resolve these problems.

Social system barriers

Aging services, in general, represent a very complicated system. The elderly need assistance navigating through the system — and transportation is just one small part. It is a secondary activity linked to all the other activities an elderly person needs to schedule. *“Transportation is always listed as a top need but finding the appropriate service can be confusing, even to people who are experts in the field”*. It is also difficult finding and assisting the isolated elderly. There is no real system for this in place and the elderly are generally reluctant to come forward to ask for help.

Another barrier exists in the way the elderly perceive their own mobility options. *“The elderly often think there is a conspiracy to take their driver's licenses away — they are reluctant to come forward or admit they have any problems.”* They have difficulty facing the fact they might have to give up driving and do not like to ask for help from family and friends. They also have a strong sense of independence.

Medical barriers

“We need to focus attention on the medical community.” For example, physicians are not always aware how Alzheimer's affects driving. They are often unwilling to make the necessary diagnoses and recommendations to prevent people from driving because of liability issues. The medical community often doesn't want to get involved in driving decisions. Physicians don't make the referrals they should (to the Alzheimer's Association or local Area Agency on Aging, for example). *“The Michigan State Medical Society has been wrestling with this issue for two years regarding what role physicians should play. Admittedly, this is a very difficult issue in this state.”*

Recommendations

Several examples of model programs supporting elderly mobility and safety were offered including:

- Ann Arbor's Good As Gold program is a good model. But Ann Arbor is unique because the downtown is so concentrated and services are easier to access.
- EZ Ride operated by John Slater on the east side of Detroit is very innovative. It involves a centralized clearinghouse for scheduling different transportation resources and is now getting funding from the state. Washtenaw County is trying the same thing by coordinating all of its transportation funding and resources.

- The Alzheimer's Association has a training program for police officers and other legal officials emphasizing how to deal with persons with dementia, such as referral to the national tracking program and local Alzheimer's Associations.
- The Independent Transportation Network In Portland, Maine has developed a unique volunteer program that offers transportation services seven days a week, 24 hours a day. The rides are provided in private automobiles and innovative funding options (e.g., gift certificates) are available.
- Area Agency on Aging 1-B offers a driving re-education and mobility counseling program that definitely needs to be expanded.

The highest priority recommendation is coordination of funding and information through a single point-of-entry (clearinghouse) for transportation services. *"We need a world class transportation system for the elderly."* *"The problem is that we are too dedicated to our private automobiles."* For 90 percent of older adults the car is the preferred means of transportation. The image and quality of public transportation is a problem. People are concerned about reliability, safety and wait times — these challenges must be overcome.

There is also a need to educate individuals about the need for *"mobility planning."* People must begin thinking about their mobility future, *"such as not buying that retirement house that is way out in the middle of nowhere."* People need to be educated to think about what they will do when they can no longer drive — to plan for their long-term mobility just as they plan for their retirement and long-term health care. *"Mobility planning needs to be a priority."* An unresolved issue, however, is whether this education effort should be national or local. The fear is that at the national level the program would be so general that it may not be applicable to the local level. Federal funds should therefore be applied at the local level.

Alternative Transportation Transportation Providers

Participants

Participants for this focus group included representatives of public transit agencies, specialized and paratransit service providers and the Michigan Department of Transportation, Bureau of Urban and Public Transportation. Six participants were present at the focus group facility while three more joined the session via conference call.

Challenges

After brief introductions, the group embarked on a serious discussion of the current mobility and safety challenges faced by older adults in Michigan. It was determined that the most serious challenge for the elderly is losing their independence when they can no longer drive. *“They lose flexibility and they dread this.”* Even in larger metropolitan systems, where there are both fixed-route and specialized paratransit services, many transportation needs continue to fall through the cracks. *“There is no safety net when you have to stop driving, especially within rural areas.”* There are also negative stigmas associated with not being able to drive a car; therefore, seniors are often reluctant to give up driving.

Many challenges exist for agencies attempting to provide alternative transportation to the elderly and a discussion ensued on the following:

- Service accessibility — Vehicle accessibility is a challenge. Many elderly are concerned about making the big step up to the bus safely but find a stigma associated with using the lift. Not surprisingly, 80 to 90 percent of *“slip-and-fall accidents”* involve the elderly. Winter conditions are also a problem for the elderly. *“Snow is a real problem with a cane, walker or wheelchair.”* Many transportation services are *“curb-to-curb”* as opposed to *“door-to-door.”* The driver is unable to assist the passenger from their door to the vehicle and this represents a significant challenge for some elderly riders. Volunteer driver programs are able to overcome some of these challenges. *“The drivers can aid passengers, use private automobiles and are efficient from a funding standpoint.”* Unfortunately, *“we never have enough drivers. People don’t have time to care anymore. Getting volunteers can actually be a full-time job.”* The entire elderly experience with using transit needs a full evaluation. *“Maybe there are some things we are not paying enough attention to.”*
- Service dependability — The dependability of public transit can be a challenge. *“Sometimes seniors have to wait a couple of hours to be picked up at the doctor’s office. If this happens to them, they never want to use transit again.”*
- Geographical barriers — Alternative transportation, particularly paratransit services, are highly localized. The elderly often need to go to other localities (for doctor appointments, for example) but many services can not take them. There is also no central clearinghouse to call for information and assistance traveling between localities.

- Service for frail elderly — There is currently a societal push for *“independent living.”* The Home and Community Based Waiver for the Elderly and Disabled program allows clients who are eligible for Medicaid-covered nursing home services to obtain home-based services instead. Although there are many positive aspects to this program, the increasing number of frail elderly needing transportation services represents a significant challenge for transportation providers. *“As you get older and frail, a bus is not your best ride. It’s a bumpy, hard, long ride.”*
- Lack of information — Lack of information and familiarity of seniors with alternative transportation options is a problem. It is difficult for seniors to start using public transit if they’ve never done it before. *“It’s a big adjustment. Even if the service is available, a lot of seniors can’t ever adjust to using it.”*

Finally, the challenges to pedestrian safety were addressed. *“Approximately 15 percent of traffic fatalities are pedestrians and the elderly are disproportionately represented among this group.”* However, as a society, we spend only a small proportion of our transportation funds on pedestrian issues. Pedestrian safety is further hampered by community land use and housing choices.

Barriers

Several significant barriers to providing quality alternative transportation were discussed. There is no coordinated brokerage system and, therefore, no *“seamless”* transportation service. *“We are all funded by our geographic region, so there are barriers to our carrying passengers across boundaries.”* There are good examples of coordinated systems of information and service; however, *“no one is funded to do this.”* There are many diverse sources of funding, but the programs, at all levels of government, are fragmented. The fragmentation of service delivery among jurisdictions and agencies severely impacts service to the elderly. *“A brokerage and clearinghouse system for transportation services must be a priority.”*

Funding for public transportation is decreasing statewide rather than increasing. *“You have a state government that doesn’t support public transit. Their whole transit support system is weak. There is no advocacy. We are a roads state.”* The perception, even at the local level, is that everyone is always going to drive an automobile. This is very apparent in the lack of emphasis on pedestrian infrastructure and alternative transportation options. *“The automobile mind set is a significant barrier to elderly mobility planning.”*

Recommendations

Several examples of model programs supporting elderly mobility and safety were offered including:

- SMART (Suburban Mobility Authority for Regional Transportation) is currently developing a *“travel agent clearinghouse”* model. Each community would have the ability to schedule a trip on SMART or on another community’s system. The software would also coordinate schedules. Washtenaw County is attempting to develop a similar service.
- Ann Arbor Transit Authority’s Good As Gold program effectively meets the needs of the elderly and makes it easier to decide to stop driving.

It was agreed that the highest priority recommendation is to *“put more money into public transit.”*

Another recommendation is to improve Michigan Department of Transportation’s procurement policies to facilitate purchase of low-floor vehicles and routine vehicle replacement. The ultimate goal is to improve vehicle comfort and quality for everyone, not just the elderly. *“By improving the image of public transit, we can attract riders who can benefit from the services.”*

Another recommendation is to improve the level of service available. A continuum of service options for the elderly should be developed — from volunteer driver programs to regular transit services. Both private and public services are needed to adequately meet the needs of the elderly. Policy changes are also needed to eliminate the jurisdictional barriers to service.

Finally, the lack of awareness of existing transit options needs to be addressed through educational programs. There needs to be more partnering between transit agencies and the Secretary of State. For example, *“when driver’s licenses are not renewed, information about transit options should be provided.”* Another option is to work through the Area Agencies on Aging, perhaps providing information on the Internet to reach a wider audience. *“It’s not just the elderly that need information, but their children and care givers as well.”*

Personal Challenges Older Adults

Participants

Participants for this focus group included 14 older adults between the ages of 71 and 87, representing urban, suburban and rural areas of the Grand Rapids, Michigan metropolitan region. There were seven men and seven women in the group. All 14 participants were present at the focus group facility.

Challenges

After brief introductions, the group embarked on a serious discussion of the current mobility and safety challenges faced by older adults in Michigan. The discussion was focused in three areas: current transportation options, mobility planning and driving issues.

Current transportation options

The participants were asked to discuss their views on the current transportation options available within their communities. It was agreed that driving is a privilege. However, it is also considered a necessity, providing independence, flexibility and the ability to help others.

Pedestrian travel is not considered to be a viable mode of transportation. A few participants reported that they can walk to stores and the library from their homes. However, most stressed the inconvenience of walking, particularly when carrying packages or bags.

The participants agreed that a good public transportation system is important. However, few know how to use the Grand Rapids public transit system — GRATA — and only two have actually used it. *“I have an elderly neighbor who doesn’t drive and has to wait on everyone to take her places. I think she might use public transit if she knew how.”* Approximately half the participants thought they could get on a bus within a block or two from home but few had seen schedules or knew how to get where they were going via the bus. It was agreed that *“the bus system needs to be advertised better.”* Although GRATA is considered to be reasonable in terms of cost, there is concern about the frequency and accessibility of service. According to one participant, *“it doesn’t go where or when you want to go.”* Although most of the participants do not currently use the public system, they still see it as a valuable service. *“It’s sad that no one uses it, because I’m sure it doesn’t pay for itself and here we all want to make sure we have it available if we ever need it. We don’t use it because we all drive cars.”*

GRATA also operates Go!Bus — van and shared-ride taxi services — for elderly and disabled riders. The participants agreed it is good to have such a program and have heard the dispatchers and drivers are *“very pleasant to deal with.”* However, none of them had ever used it. Another participant reported the service is expensive — *“on Sunday, it costs one of our members \$20 to get to church.”*

Mobility planning

Next, the participants were asked to discuss their views on mobility planning and whether they had begun to make plans for the day they stop driving. Some participants have thought about eventual driving cessation but none had made any definite plans for that time. Some felt they could rely upon their children for transportation while others reported they have no family or friends in the area. Still others would prefer to utilize other options before becoming dependent on family and friends.

Most participants would look into public transit and assumed they could rely on public transit or other volunteer programs to take care of at least some of their needs. However, as previously discussed, there are perceived challenges to public transportation. *“We would probably be a lot more willing to give up driving when we need to if good alternative transportation were available at reasonable rates.”*

Driving issues

Finally, participants were asked to discuss their views on driving issues. Many participants indicated they have self-regulated their driving — restricting driving at night and in inclement weather such as rain and snow. Others were more cautious driving during peak traffic hours and in unfamiliar areas and have shortened the number of hours they drive, without stopping, on long trips.

Participants find that driving on expressways is a significant challenge, particularly because of the increase in the speed limit. It was generally agreed that everyone drives too fast. *“I have a problem with the state raising the speed limit; you can’t merge in anymore. They pass you at 70 miles an hour.”* They also feel road rage is a challenge to safe driving and feel there should be more police enforcement on the expressways. Drivers using cellular phones are considered a challenge as well.

Participants also find roadway signs a challenge. It was agreed that street name signs are too small for proper visibility. Signage can also be confusing if not implemented properly (e.g., missing signs, lack of consistency in street names, failure to indicate directional information, etc.).

The participants were not in agreement on driver license testing for the elderly. Some approve of age-based testing including additional tests for things such as reaction time. Others strongly object to any additional testing. *“That’s discrimination for sure.”* Others find it acceptable to test seniors only if they are involved in a crash or receive a moving violation.

Finally, participants agreed that there is a lack of available education programs such as AARP’s 55 ALIVE. No participants were aware of that program being conducted in the area.

Barriers

Participants discussed mobility and safety barriers in the areas of expressway driving, pedestrian travel and public transportation.

Many participants reported they have stopped using expressways because of aggression on the part of other drivers. It is felt that speeds on the expressways are excessive, making merging on and off difficult. The lack of police enforcement on the expressways is seen as a significant barrier.

The pedestrian infrastructure is seen as a barrier to walking. It was agreed that there are not enough continuous sidewalks and existing sidewalks are often not properly maintained. Pedestrian walk times at signalized intersections are thought to be inadequate to accommodate the slower walking speeds of the elderly. Shared pedestrian/bicycle paths are also considered a barrier.

Several barriers to utilizing public transit exist. A lack of information on how the system works represents a significant barrier, especially to those who have never used it before. The system is perceived as inconvenient due to frequency, location of drop-off points and route availability. The system is also thought to be too expensive. *“Reasonable transportation is affordable transportation.”*

Recommendations

Participants made a number of recommendations in the following areas:

- Driver education — Offer AARP’s 55 ALIVE program for elderly drivers. The program offers vision testing, defensive driving tips, information on new driving regulations and assistance in reviewing your own driving capabilities. The program should be optional but linked to auto insurance discounts.

- Enforcement — Increase enforcement of teenage drivers, drunk drivers, speeding and road rage. Increase enforcement in construction zones and support senior patrols enforcing handicapped parking zones.
- Roadway signage — Increase the size and brightness of signs to increase visibility. Place signs over the roadway.
- Alternative transportation — Increase education of public transit service and schedules. Post the schedules in areas accessible to the elderly (e.g., senior centers) and make the schedules easier to read. Improve service for seniors to decrease wait times, etc. Utilize low-floor buses and grab rails to assist in getting on and off the bus.
- Automotive engineering — Improve the design of vehicle interiors to assist elderly drivers and passengers (e.g., bigger mirrors to eliminate blind spots, grab bars and more convenient safety belts).

Summary

The four focus group research sessions generated valuable input from older adults and professionals dealing with older adults in some capacity, including traffic engineers and planners, service providers and alternative transportation providers. While each of the groups offered some unique insights, many of the comments were similar, indicating a consensus on some important issues.

In general, the challenges, barriers, model programs and recommendations discussed can be categorized into three areas of elderly mobility and safety: driving issues, pedestrian issues and alternative transportation issues. Following is a summary of the key ideas generated in the focus group research sessions. For simplicity, references to the individual focus groups are by group number as follows:

- Group 1 — Traffic engineers and planners
- Group 2 — Service providers
- Group 3 — Alternative transportation providers
- Group 4 — Older Adults

Challenges and Barriers

Driving issues

The following observations are made with respect to driving issues:

- Participants in Groups 1, 2 and 4 discussed the issue of driving and the elderly and agreed there were challenges and barriers to safe driving. Each group recognized that driving cessation generally results in a lesser degree of independence.

- Group 1 focused on engineering and planning design issues such as road signs, pavement markings, intersection configuration and land use patterns. Group 4 also indicated a need for bigger, brighter signs and increased enforcement on freeways to curb speeding and road rage. Group 1 recognized a lack of awareness on the part of engineers, planners and policy-makers that the elderly driver group requires attention.
- Groups 1 and 4 indicated a need for affordable and accessible automobile safety features such as bigger mirrors and larger, brighter dashboard instrumentation.
- Groups 1, 2 and 4 all indicated a need for driver education and retraining programs for the elderly to help them keep driving safely. Groups 2 and 4 recognized that the elderly are concerned about their ability to manage their own mobility decisions without outside interference (e.g., Michigan Department of State).

Pedestrian issues

Groups 1, 3 and 4 addressed the issue of pedestrian safety. Each of the groups recognized the trend toward separating residential and commercial facilities is prohibitive for many pedestrians. Lack of continuous and well-maintained sidewalks and emphasis on cars as opposed to pedestrians in engineering design are considered significant challenges.

Alternative transportation issues

The following observations are made with respect to alternative transportation issues:

- Participants in all four groups recognized and discussed alternative transportation challenges.
- Much of the discussion focused on providing appropriate levels of service to accommodate the needs of elderly riders. Real or perceived short-comings in terms of schedule frequency, convenience of pick-up/drop-off points, reservation requirements and dependability represent significant challenges.
- Groups 2 and 3 discussed specific challenges to serving the frail elderly. High steps and lack of door-to-door assistance, for example, are additional barriers to the less mobile. Groups 1, 3 and 4 recognized the benefit of low-floor buses.
- Groups 1 and 4 expressed concern about the affordability of more flexible paratransit services for the elderly.

- Groups 2, 3 and 4 recognized a lack of information pertaining to service availability among the elderly. Those who do not know how to use the service will be less likely to do so. Group 2 stressed the need for a centralized clearinghouse where one can call for information and assistance.
- Groups 1, 2 and 3 discussed the lack of coordination among service providers in terms of service and funding. The majority of existing services operate in only specific jurisdictions, limiting service flexibility. By coordinating funding, more seamless and efficient transportation can be provided, thereby eliminating the current gaps in service.

Model Programs

The following programs were offered as models to be replicated in other areas:

- 55 ALIVE/Mature Driver Program — Offered by AARP, this program helps older adults improve their driving skills, remain aware of their limitations and accommodate for them, learn about new driving environments/laws and make driving cessation decisions when necessary.
- Good As Gold — The Ann Arbor Transit Authority offers this shared-ride taxi service to elderly riders in their service area.
- EZ Ride — This innovative program features a centralized clearinghouse for scheduling paratransit service.
- Alzheimer's Association — The Alzheimer's Association has a training program for police officers and other legal officials emphasizing how to deal with persons with dementia, such as referral to the national tracking program and local Alzheimer's Associations.
- Independent Transportation Network — This Portland, Maine program features a unique volunteer transportation service seven days a week, 24 hours a day. The rides are provided in private automobiles and innovative funding options (e.g., gift certificates) are available.
- You Decide: Senior Driving Awareness Program — This program, offered by the Area Agency on Aging 1-B features information and counseling sessions for older adults to assist them in making their own mobility decisions.

Recommendations

Driving issues

- Generate awareness of elderly mobility and safety issues among legislators, traffic engineers and land use planners.
- Revise engineering design standards to better accommodate the elderly driver and pedestrian; educate traffic engineers and planners about elderly driver and pedestrian issues. Increase the size and brightness of road signs.
- Increase enforcement on freeways to curb speeding and road rage.
- Influence automotive manufacturers to improve in-vehicle safety features for the elderly.
- Expand availability of elderly driver education programs.

Alternative transportation issues

- Increase funding for alternative transportation and facilitate coordination of funding and information through a centralized clearinghouse.
- Improve the level of alternative transportation services to better accommodate the needs of elderly riders.
- Implement policy changes necessary to remove jurisdictional boundaries on alternative transportation services.
- Improve Michigan Department of Transportation procurement procedures to facilitate the wide-spread purchase of low-floor buses.
- Facilitate education and awareness of available alternative transportation options for the elderly as well as their families and care givers.
- Educate society about the importance of lifelong mobility planning.

Appendix A
Moderator Guides

Moderator Guide

Traffic Engineers and Planners

Tuesday, April 27, 1999 at 12:00 noon

Introductions:

Roles/rules in focus groups.

This research project is being conducted for the statewide Elderly Mobility and Safety Task Force. The Task Force was convened by SEMCOG, the Southeast Michigan Council of Governments, to assist in a study requested by the Michigan State Safety Commission and funded by the Michigan Office of Highway Safety Planning. This Task Force is in the process of documenting the primary mobility and safety concerns facing the elderly population within Michigan. The Task Force is interested in developing and prioritizing a comprehensive list of mobility and safety challenges facing the elderly as well as planners and traffic engineers as a result of this problem. The Task Force is also interested in identifying areas for action as part of a long-term strategic plan to support Michigan's aging population while increasing both their mobility and safety.

Your responses will not be recorded as the official position of your agency. Only a summary report of our discussion will be made available to SEMCOG's Task Force. No comments made here will be attributed in the written report to any individual or agency.

Let's start by introducing ourselves to each other. Please tell us briefly what role or experience, you or your agency has with older persons' mobility and safety issues.

A. Mobility and Safety Challenges Facing Older Adults

1. What are the current challenges and issues related to safe mobility of older adults in Michigan?

List challenges and prioritize by the severity of concern.

2. What future trends do you see that will impact these challenges and issues, either negatively or positively?

3. What road, highway, traffic flow and walkway design issues impact older persons' mobility and safety?

List and prioritize design issues.

A-4

4. How well do current public and alternative transportation systems meet the needs of older persons? What are the problems and concerns?
5. What challenges will planners and traffic engineers face as a result of the expected large increase in elderly drivers and pedestrians?

B. Barriers to Addressing Mobility and Safety Concerns of Older Adults

1. What barriers are there to addressing the issues and challenges we have identified, in terms of older persons' mobility and safety?

C. Recommendations for Supporting the Mobility and Safety of Older Adults

1. What current activities and programs do you know of that work well in supporting improved mobility and safety for older adults?

List and document.

2. What are **specific** recommendations for overcoming challenges to older persons' mobility and safety?

List and prioritize these recommendations.

3. What is the primary role of transportation planners and engineers in implementing these recommendations?
4. What type of educational information would assist older adults in getting around safely?
5. What kinds of alternative transportation services are needed? What innovative services might be implemented?
6. What public and private resources should be engaged in formulating an action plan for elderly mobility and safety?

Moderator Guide

Service Providers

Wednesday, April 28, 1999 at 11:00 a.m.

Introductions:

Roles/rules in focus groups.

This research project is being conducted for the statewide Elderly Mobility and Safety Task Force. The Task Force was convened by SEMCOG, the Southeast Michigan Council of Governments, to assist in a study requested by the Michigan State Safety Commission and funded by the Michigan Office of Highway Safety Planning. This Task Force is in the process of documenting the primary mobility and safety concerns facing the elderly population within Michigan. The Task Force is interested in developing and prioritizing a comprehensive list of mobility and safety challenges facing the elderly as well as professional service providers. The Task Force is also interested in identifying areas for action as part of a long-term strategic plan to support Michigan's aging population while increasing both their mobility and safety.

Your responses will not be recorded as the official position of your agency. Only a summary report of our discussion will be made available to SEMCOG's Task Force. No comments made here will be attributed in the written report to any individual or agency.

Let's start by introducing ourselves to each other. Please tell us a little bit about how your agency interacts with older adults. Particularly, what role or experience does your agency have with older adults' mobility issues?

A. Mobility and Safety Challenges Facing Older Adults

1. What are the current challenges and issues related to the safe mobility of older persons in Michigan?

List challenges and prioritize by the severity of concern.

2. What future trends do you see that will impact these challenges and issues, either negatively or positively?
3. What are older drivers' emotions and attitudes toward mobility issues (whether these relate to driving, walking, or alternative transportation)?

A-6

4. To what degree do older adults think about, and make plans for, the time when they stop driving?
5. How well does relying on family and friends for rides work for older persons? What are the issues and concerns, if any?
6. How well do current public and alternative transportation systems meet the needs of older persons? What are the problems and concerns?
7. How aware are older persons of transportation services available to them?
8. What challenges will service agencies face as a result of the expected large increase in elderly drivers and pedestrians?

B. Barriers to Addressing Mobility and Safety Concerns of Older Adults

1. What barriers are there to addressing the issues and challenges we have identified, in terms of older persons' mobility and safety?

C. Recommendations for Supporting the Mobility and Safety of Older Adults

1. What current activities and programs do you know of that work well in supporting improved mobility and safety for older adults?

List and document.

2. What are **specific** recommendations for overcoming challenges to older persons' mobility and safety?

List and prioritize these recommendations.

3. What is the primary role of professional service agencies in implementing these recommendations?
4. What type of educational information would assist older adults in getting around safely?
5. What kinds of alternative transportation services are needed? What innovative services might be implemented?
6. What public and private resources should be engaged in formulating an action plan for elderly mobility and safety?

Moderator Guide

Alternative Transportation Providers

Wednesday, April 28, 1999 at 1:00 p.m.

Introductions:

Roles/rules in focus groups.

This research project is being conducted for the statewide Elderly Mobility and Safety Task Force. The Task Force was convened by SEMCOG, the Southeast Michigan Council of Governments, to assist in a study requested by the Michigan State Safety Commission and funded by the Michigan Office of Highway Safety Planning. This Task Force is in the process of documenting the primary mobility and safety concerns facing the elderly population within Michigan. The Task Force is interested in developing and prioritizing a comprehensive list of mobility and safety challenges facing the elderly as well as transportation service providers. The Task Force is also interested in identifying areas for action as part of a long-term strategic plan to support Michigan's aging population while increasing both their mobility and safety.

Your responses will not be recorded as the official position of your agency. Only a summary report of our discussion will be made available to SEMCOG's Task Force. No comments made here will be attributed in the written report to any individual or agency.

Let's start by introducing ourselves to each other. Tell us just briefly what role or experience, your agency has with older persons' mobility and safety issues.

A. Mobility and Safety Challenges Facing Older Adults

1. What are the current challenges and issues related to the safe mobility of older persons in Michigan?

List challenges and prioritize by the severity of concern.

2. What future trends do you see that will impact these challenges and issues, either negatively or positively?
3. What are older adults' emotions and attitudes toward mobility issues (whether these relate to driving, walking, or alternative transportation)?

A-8

4. How well do current public and alternative transportation systems meet the needs of older persons? What are the unmet needs and concerns?
5. How aware are older persons of transportation services available to them?
6. What challenges will transportation providers face as a result of the expected large increase in the elderly population?

B. Barriers to Addressing Mobility and Safety Concerns of Older Adults

1. What barriers are there to addressing the issues and challenges we have identified, in terms of older persons' mobility and safety?

C. Recommendations for Supporting the Mobility and Safety of Older Adults

1. What current activities and programs do you know of that work well in supporting improved mobility and safety for older adults?

List and document.

2. What are **specific** recommendations for overcoming challenges to older persons' mobility and safety?

List and prioritize these recommendations.

3. What is the primary role of transportation service providers in implementing these recommendations? What can transportation providers do to support older drivers?
4. What type of educational information would assist older adults in getting around safely?
5. What kinds of alternative transportation services are needed? What innovative services might be implemented?
6. What public and private resources should be engaged in formulating an action plan for elderly mobility and safety?

Moderator Guide

Older Adults

Thursday, June 3, 1999 at 10:00 a.m.

Introductions:

Roles/rules in focus groups.

This research project is being conducted for the statewide Elderly Mobility and Safety Task Force. The Task Force was convened by SEMCOG, the Southeast Michigan Council of Governments, to assist in a study requested by the Michigan State Safety Commission and funded by the Michigan Office of Highway Safety Planning. This Task Force is in the process of documenting the primary mobility and safety concerns facing the elderly population within Michigan. The Task Force is interested in developing and prioritizing a comprehensive list of mobility and safety challenges facing the elderly. The Task Force is also interested in identifying areas for action as part of a long-term strategic plan to support Michigan's aging population while increasing both their mobility and safety.

Only a summary report of our discussion will be made available to SEMCOG's Task Force. No comments made here will be attributed in the written report to any individual.

Let's start by introducing ourselves to each other. Please tell us whether you still drive on a regular basis, whether you now drive only occasionally or have you given up driving?

A. Mobility and Safety Challenges Facing Older Adults

1. What are the current challenges and issues related to the safe mobility of older persons in Michigan?

List challenges and prioritize by the severity of concern.

2. What future trends do you see that will impact these challenges and issues, either negatively or positively?
3. What are older adults' emotions and attitudes toward mobility issues (whether these relate to driving, walking, or alternative transportation)?
4. To what degree do older adults think about, and make plans for, the time when they stop driving?

5. How well does relying on family and friends for rides work for older persons? What are the issues and concerns, if any?
6. How well do current public and alternative transportation systems meet the needs of older persons? What are the unmet needs and concerns?
7. How aware are older persons of transportation services available to them?

B. Barriers to Addressing Mobility and Safety Concerns of Older Adults

1. What barriers are there to addressing the issues and challenges we have identified, in terms of older persons' mobility and safety? Why aren't these issues being addressed?

C. Recommendations for Supporting the Mobility and Safety of Older Adults

1. What current activities and programs do you know of that work well in supporting improved mobility and safety for older adults?

List and document.

2. What are some **specific** recommendations for overcoming challenges to older persons' mobility and safety?

List and prioritize these recommendations.

3. What type of educational information would assist older adults in getting around safely?
4. What kinds of alternative transportation services are needed? What innovative services might be implemented?
5. What public and private resources should be engaged in formulating an action plan for elderly mobility and safety?