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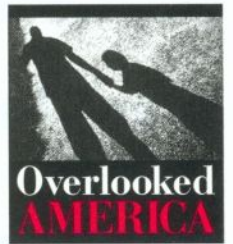
Saving Ranchland

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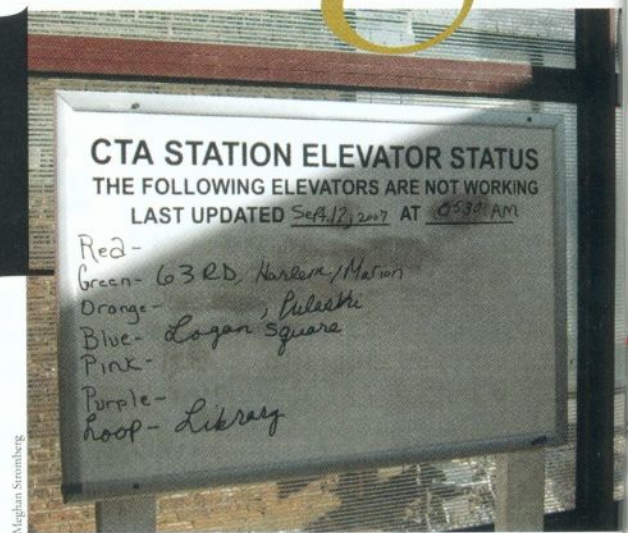
Reviving North Carolina Mill Towns



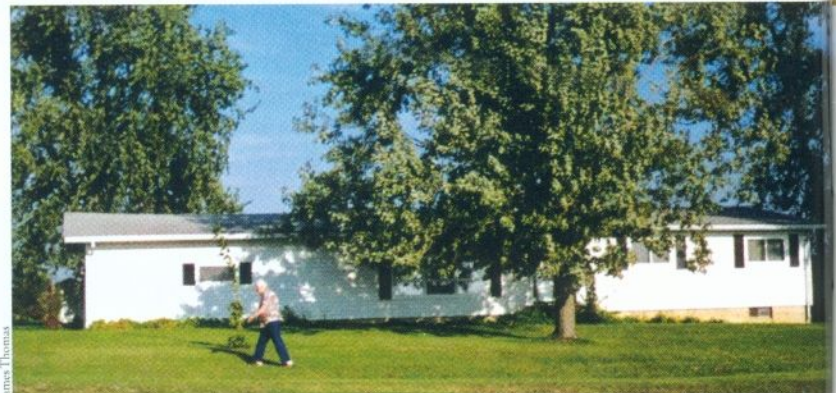
By Meghan Stromberg

Growing Old

Americans
love their
automobiles.
What does
that mean
for an aging
nation?



in a Car





In Chicago and other big cities, many older people walk to get places. Transit is not always practical: This Chicago Transit Authority sign updates which elevators are out of order. Below left: Margie Thomas's house in rural Iowa.

Meghan Stromberg

My grandmother, Margie Thomas, is 80 years old and widowed. She has lived on the same land in southeastern Iowa for 62 years. Before that she lived 10 miles down the road. Her house was paid off long ago, and a portion of her income comes from payments she receives from the Department of Agriculture to keep her farmland out of production.

Thomas is one of many older rural Americans who depend on their cars. Her house is two miles from the nearest paved road and from the closest town, What Cheer, which shrank from a population of 1,400 in 1940 to 678 in 2000, and has lost most of its stores, restaurants, and churches along the way.

The grocery store, pharmacy, and Wal-Mart—her three top destinations, which she tends to tackle all at once—are 20 miles away. A couple of times a month she travels 30 miles to see her doctors. She doesn't make many social visits. Yet, even with so few trips, she keeps two cars in case one breaks down.

What will happen when she must hang up her car keys? "Won't you come take care of me?" she jokes. She says she may have to move to a bigger town or relocate to northern Illinois, where her daughter lives. She doesn't even consider staying put.

More and more Americans are getting to be just like Margie Thomas. Some 39.9 million

people (12 percent of the total U.S. population) were over age 65 in 2000, and of those, 12.3 million were over 75. The Census Bureau projects that 71.4 million people (almost 20 percent of the total population) will be 65 or older in 2030.

Two decades from now, seniors will account for a quarter of all drivers. Older drivers tend to have lower accident rates than other drivers but also slower reaction times and more physical problems. However, not every senior will be behind the wheel.

Maintaining mobility for older Americans is already a huge challenge, and it's going to get more difficult. The oldest baby boomers turn

-centric World

Left Behind

The evacuation of New Orleans before Hurricane Katrina struck was both a great success and a miserable failure. Years of planning and coordination among transportation planners, emergency managers, and the police led to an effective contraflow system that gave anyone with a car the ability to evacuate. Unfortunately, the carless were literally left behind.

In the days following the hurricane, the world watched in disbelief as all systems indiscriminately failed to respond, affecting young, elderly, poor, tourists, and the disabled alike. However, seniors living independently were disproportionately victims of the flood. As I evacuated, I recall feeling guilty and somewhat responsible that my profession, transportation planning, failed to deliver an effective plan for a disaster that everyone knew would happen. It became part of my mission to ensure that we do not repeat past mistakes—not just in New Orleans but across the country.

Within days of the storm I launched the Transportation Equity and Evacuation Planning Program at the University of New Orleans Transportation Center. Its charge is to provide research and outreach to improve evacuation planning and practice for all members of society. In the research I have conducted since Katrina, I have come to learn that New Orleans is not unique when it comes to its carless population or disaster vulnerability. Cities like New York and Washington, D.C., have no option but to learn from our lessons. And as our population ages, the risks are even greater.

In February 2007, the UNOTC hosted the first National Conference on Disaster Planning for the Carless Society, which brought together planners, emergency managers, and transportation and health care providers. Speakers and attendees at this conference represented a diverse group of stakeholders from nonprofit organizations, government, universities, and the community. Not surprisingly, a variety of topics surrounding carless evacuation were widely discussed. (A free webcast of all presentations can be downloaded at www.carlessevacuation.org/Program.htm.)

The UNOTC is also leading a four-year national study of carless evacuation planning, sponsored by a grant from the Federal Transit Administration. Our goal, in both the conference and research, is to bridge the transportation, emergency management, and health care professions as well as establish communication among local, parish/county, state, and federal governments. The FTA grant will focus on carless evacuation efforts in Chicago, Miami, New Orleans, New York, and San Francisco.

On August 16, 2007, we conducted the first set of focus groups in New Orleans. One meeting brought together leaders from the nonprofit community and the other involved government representatives. The nonprofit meeting revealed an interesting dynamic in post-Katrina New Orleans: Although confidence was high regarding recent government efforts to create a carless and special needs evacuation plan, most community agencies said they would not rely on the government in the event of a hurricane because they have created their own plans. Virtually all community nonprofits noted that while they feel prepared for hurricane evacuation, which allows for a warning period, no-notice emergencies would present a serious challenge.

The government focus group (which included a representative from the private motor coach industry) exposed a continual disconnect between federal, state, and local policy. While officials from all levels of government called for better federal guidance on these issues, one of the most important issues in planning for carless evacuation remains a local issue: the identification of carless people who need help.

This fall, our team will be conducting focus groups and interviews in all five cities. The Center for Hazards Assessment, Response and Technology at UNO is working closely with the university's transportation center. CHART is focusing on a number of local and regional carless evacuation planning issues, including issues surrounding elderly evacuation.

For more information on the FTA carless evacuation study, contact John Renne at jrenne@uno.edu.

John Renne, AICP

John Renne is assistant professor of Urban Planning and Transportation Studies and associate director of the University of New Orleans Transportation Center. He wrote a diary of the days before and after Hurricane Katrina; "Evacuation and Equity" ran in the May 2006 issue of *Planning*.

61 this year, and while most of them drive, will they have enough transportation options when they choose not to drive, or are unable to?

To drive or not to drive?

While environmentalists and others tout the benefits of a car-free lifestyle, people who are involuntarily carless can feel quite isolated.

That's especially true in rural areas and suburbs—which are, coincidentally, where an increasing number of older Americans live. That's partly because people are choosing to age in place. At the same time, young people are leaving their rural towns. Taken together, those factors help to explain why Maine and Wyoming are projected to be second and third (behind Florida) in the Census Bureau's ranking

of states by percentage of residents over age 65 in 2030, even as they rank among the least populated, at 32nd and 44th, respectively.

Today, one in five older people does not drive. Personal preference is one reason why, but there are other reasons as well: Some have no access to a car, or they're prevented from driving because of a physical impairment, or they self-

regulate—choosing not to drive out of concern for their own safety.

In a recent survey in northern Virginia, 42 percent of respondents age 75 and older indicated that they had not driven in the past week because of general physical problems. One in five said they were not confident about driving due to slow reaction times, and another 18 percent had vision problems. Frequency of driving tends to decline after people reach age 75, says Jane Hardin, coordinator of the senior transportation program of the Community Transportation Association of America, but age isn't a decisive factor. Health, lifestyle, and location play a bigger role. "An older person often keeps the car and uses it where he's comfortable," she says.

Are we there yet?

Elinor Ginzler, director of AARP's Livable Communities program, points to the "sheer weight of this demographic wave" of aging baby boomers—those born between 1946 and 1964—as either a challenge or window of opportunity for planners. "We have to ask ourselves: Are we doing what we can?" Ginzler says.

By at least one account, the answer is: not



New Orleans police help an older couple onto a National Guard truck after they were rescued from their Lower Ninth Ward home, which flooded from Hurricane Katrina.



Miss Daisy, a Driving Simulator developed by MIT's AgeLab and the New England University Transportation Center, is used to understand how older drivers use new technology for safe driving. Miss Rosie (below) is an on-road experimental vehicle that assesses driver strength and flexibility.



Courtesy MIT AgeLab and New England University Transportation Center

really. "It's a classic example of a problem you could see coming, and for whatever reason, government, businesses, and individuals haven't planned for it," says Joe Coughlin, director of the AgeLab at MIT, a multidisciplinary, government- and business-funded research program focused on older Americans.

In a nationwide online poll of 378 metropolitan planning organizations, the New England University Transportation Center (which Coughlin heads) and the AgeLab asked whether the organizations were prepared to meet the needs of older people. Fifty-six percent indicated that current transportation services were inadequate, and 68 percent said that the needs of baby boomers will require a fundamentally different transportation system. Only 11 percent agreed that their region is adequately funding infrastructure, vehicles, and services to meet the needs of aging baby boomers 20 years from now.

The good news is that almost a third of the MPOs have developed a specific plan estimating the needs of future boomers, and 18 percent already have projects under way to meet those needs. "The planning has got to be done," Coughlin says. "As a baby boomer myself, I'm hoping we'll get the job done by the time I need it."

The 'longevity paradox'

Coughlin says we are facing a "longevity paradox." In 1900, the average life expectancy was 47. Today, people can live 40 or even 50 years beyond that. "Humanity's greatest success is also our greatest challenge," he says. "We are living longer and better, in terms of health, but we have not built the physical infrastructure to envision

how we would live, work, play, and move."

"It took 60 years to get the urban form and land uses that are in place today—even doubling the pace of change wouldn't get us there fast enough," he says. Besides, it doesn't appear that we are about to abandon our spread-out land-use patterns any time soon.

For Americans, cars are a sign of independence. That is particularly true for baby boomers, says Bobbie Beson-Crone, the manager of the Wisconsin Department of Transportation's Human Services Transportation Coordination program. In comparison to previous generations, "both men and women were raised to be independent," she says. "We all come from two-car families."

And while boomers may see signs that they are getting older, how many of them picture themselves living without a car? "Driving is so much a part of the American identity," Coughlin says. "Not being able to drive is not just giving up a certain mobility mode, but also changing how we define independence and freedom."

Stuck at home

Many people who don't drive are either homebound or go out only to visit the doctor and grocery store. According to AARP, whose 39 million members are age 50 and older, remaining active is a key component of "successful aging," defined as the ability to make choices, have a

positive influence on others, and be involved in the world. A third of all older nondrivers report "frequently feeling isolated from other people," compared to 19 percent of drivers.

How often someone stays at home is a common measure of social isolation in senior research. According to "Aging Americans: Stranded Without Options," a 2004 study from the Surface Transportation Policy Partnership and AARP, half of all nondrivers age 65 and over—3.6 million Americans—stay home on any given day because they lack transportation. The report indicates that rural communities and sprawling suburbs, households without a car, and African Americans, Latinos, and Asian Americans are most heavily affected.

Nondrivers over the age of 50 also make less than half as many total trips as drivers of the same age, according to a survey from AARP. That survey, "Beyond 50.05: A Report to the Nation on Livable Communities," indicates that nondrivers are six times more likely to miss out on things they want to do. That means communities and the economy may be losing out, too, by failing to benefit from the potential engagement and buying power of less mobile older people.

If they no longer drive themselves, many seniors "slide over," Ginzler says, becoming a passenger in their own car, or that of a friend or family member or a volunteer. An AARP survey

Volunteers make a difference

Volunteers play a big part in meeting local senior mobility needs. The Beverly Foundation, based in Pasadena, California, does a yearly survey of supplemental transportation programs for seniors, which includes information on volunteer driving programs. Its June 2006 survey of almost 500 drivers from 288 cities indicates that more than half are age 65 or older and that half volunteer at least one to five hours a week.

A case study in another 2006 report, "Transportation Innovations for Seniors: A Report from Rural America," published by the Beverly Foundation and the Community Transportation Association of America, highlighted a volunteer driver training program developed by the York County Community Action Corporation, in Sanford, Maine. The group's 90-plus volunteers must take four credit hours of driver training a year, in courses ranging from defensive driving and auto maintenance to CPR and dealing with the visually and hearing impaired.

In Eugene, Oregon, volunteers called Bus Buddies help seniors learn how to use public transportation—from planning the trip and reading bus schedules and maps to boarding and paying fares. They also explain the vehicles' accessibility features and how to get on and off the bus safely.

Another bus buddy program, this one in and around Appleton, Wisconsin, is part of a larger, privately funded initiative called Making the Ride Happen. It helps connect people age 60 and over with transportation options, including public transportation, senior buses, and a program called Senior Wheels, which relies exclusively on volunteer drivers using their own cars and gas.

Resources

National organizations. AARP's research on senior transportation is at www.aarp.org/research/housing-mobility/transportation/. The Beverly Foundation is at www.beverlyfoundation.org. Community Transportation Association of America: www.ctaa.org. MIT's AgeLab: <http://web.mit.edu/agelab/>.

State and region. Wisconsin's coordination planning toolkit and other resources are online at www.dot.state.wi.us/localgov/transit/specialized.htm. Northern Virginia Transportation Commission senior mobility report: www.thinkoutsidethecar.org/research/completed_research.asp.

More. The Surface Transportation Policy Partnership's "Stranded Without Options" report is at www.transact.org/report.asp?id=232.

found that 56 percent of nondrivers age 50 to 74 make most of their trips as passengers in a car, while 70 percent of seniors age 75 and up do so. In rural areas in particular, this informal transportation system is often well-established. "The social network becomes unbelievably important there," she says. "It's pretty remarkable how individuals step in to fill gaps."

On foot

One transportation option that urban seniors use regularly is walking. That's true in Northern Virginia, where the ratio of people age 65 and older is expected to go from one in 13 today to one in seven in 2030 and the number of nondriving seniors could double. In that region, walking is the second most used form of transportation after the car (with seniors as drivers or passengers), according to a telephone survey of more than 1,600 households whose residents are 75 or older. The survey was conducted by the Northern Virginia Transportation Commission as part of a larger 2006 report evaluating senior mobility needs.

The survey divided the population by community type: walkable urban, in-town, or mixed use; suburban development with separated residential and retail land uses; and rural-exurban. At 48 percent, the number of seniors in urban locations that reported having walked to a destination in the past week was more than two times greater than those in suburban locations and almost five times more than in rural places.

"People from walkable, mixed use areas reported more trips per week," says Jana Lynott, AICP, formerly a planner with the NVTC and now AARP's strategic policy advisor. "That's a positive outcome of a well-designed community."

In various surveys, however, older people cite safety concerns as barriers to walking. Those concerns include a lack of sidewalks or limited sidewalk connectivity, too few crosswalks, high traffic speeds, poor lighting, and fear of crime. The Washington Department of Transportation points out that while the elderly make up 12 percent of the state's population, they represent 17 percent of pedestrian casualties. Seniors are in most danger at intersections—as are all pedestrians—but they also are victims of other types of accidents as well.

A 2004 Hawaii report showed a disproportionate number of fatalities for seniors: More than half of all pedestrian deaths in 2002 involved the elderly, although seniors accounted for only 11 percent of the population. When older walkers were asked about safety, most said that crossing the street is more dangerous

than it was 10 years ago and more than half said walk signals are too short.

The trouble with transit

Taking public transportation seems to be a natural choice for people without a car, and in areas where sufficient transit options are available, older people tend to use it, the STPP report says, noting that nondrivers 65 and over made 310 million trips in 2001. But according to Jana Lynott, other evidence suggests that less than two percent of all trips taken by that group are on public transportation.

Public transportation may be good for commuters, but it may not be efficient for medical appointments, shopping, or social visits, or for trips with multiple destinations. "I would never take transit to get to the doctor, but it gets me to work everyday," says AARP's Ginzler, who lives and works in the Washington, D.C., area. "For me to take Metro to get to the doctor's office would take about four times longer than to get there in my car."

Mass transit also focuses primarily on the city as the economic and cultural hub of a region, whereas both workers and nonworkers of all ages often need to get around an outlying area or require suburb-to-suburb transportation.

Finally, fewer than half of all adults live near transit, and a third of Americans over 75 have a medical condition that makes all travel, including standard transit, difficult. Others find that their community may lack adequate sidewalks, crosswalks, bus shelters, signage, lighting, and other features that make taking a bus or train practical and pleasant for an older person. For both groups, complementary paratransit services—demand-responsive bus service that operates within three quarters of a mile of transit stops—can provide access to the local fixed route service.

Transportation authorities are required under the Americans with Disabilities Act to provide paratransit service for the elderly and the disabled. While essential for senior mobility, that service can be expensive and inefficient. Lawrence, Kansas, is a university town that tends to attract retirees because of its walkability, cultural opportunities, medical facilities, and public transportation, says Cliff Galante, the city's transit administrator. But with recent double-digit growth, "the demand for paratransit service sometimes outstrips resources," he notes.

Demand-responsive transportation options that offer door-to-door service—and are run by local nonprofit organizations, aging or health and human service agencies, or transportation agencies—do much of the heavy lifting in outly-

ing areas. Capital funding, but not money for operations, often comes from the federal Elderly and Persons with Disabilities Transportation Program (Section 5310).

But, like paratransit, many of these programs lack the efficiency and funding to be truly cost-effective. Because providers generally have separate funding—and separate regulations regarding their use—an area might have two dozen vans or small buses, owned by a dozen human service agencies and nonprofits, all running with just a few clients in each vehicle per trip.

U.S. Department of Transportation funding grants require a local match, usually 20 percent. That can be a problem in some areas. John Sorrell, transit manager for the Wiregrass Transit Authority in southeast Alabama, says, “It is extremely difficult for rural, agrarian, impoverished counties with low population density and a thin tax base to come up with a local match.” In places with small annual budgets, he says, “that same match is also buying dump trucks, hiring deputy sheriffs, and paying for fire departments. If you go to voters and ask what they’d rather have, what do you think they’ll say?”

SAFETEA-LU to the rescue?

Help may be available from SAFETEA-LU—Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users. President Bush signed the law in 2005; funding goes through 2009. The law makes it easier for local transportation providers to share resources and loosens restrictions on the use of certain federal funds.

SAFETEA-LU requires that communities receiving Federal Transit Administration funds from the Elderly Individuals and Individuals with Disabilities program (section 5310), the Job Access and Reverse Commute Program (section 5316), or the New Freedom program (section 5317)—which was newly created under SAFETEA-LU—must create a locally developed Coordinated Human Services Transportation Plan. Receipt of FTA funding, starting with fiscal year 2007, is contingent on the submission of a coordinated plan.

A 2005 executive order also created the Inter-agency Transportation Coordinating Council on Access and Mobility, which, through a campaign called United We Ride, provides technical support and other information on coordination.

The goal of coordination planning, according to an FTA fact sheet, is to “enhance transportation access, minimize duplication of services, and facilitate the most appropriate cost-effective transportation possible with the available resources.” That means transportation agencies, nonprofits, and human service providers must

identify what service each is providing and to whom, and they must locate the gaps and redundancies. Citizens, business leaders, county agencies, county board members, and disability and senior advocacy groups must be involved in the process.

Finally, providers must work together to create a coordination plan that allows them to pool their resources—by sharing vehicles and funding, establishing a central dispatching mechanism, or any number of local innovations. “The coordinated plan is intended to identify areas where competing funding sources have stupid rules,” says John Sorrell. “As it stands now, the elderly bus can’t stop at a mental retardation facility to pick up riders, even though it’s going the same way and there’s only one person on the bus. SAFETEA-LU is committed to kicking those barriers to the curb.”

Financing is flexible, too. Under the 2005 transportation reauthorization, communities may use federal funding from sources other than DOT, such as allocations from Medicaid, Medicare, and the Older Americans Act, to come up with a local match—generally 20 percent to the DOT’s 80 percent. New Freedom program funds can also be used for operation costs in communities with populations under 200,000, rather than just capital expenses like buying new buses.

“Don’t look at this process as SAFETEA-LU requiring these plans; look at it as an opportunity,” says Roland Mross, a veteran federal and local transportation planner. Mross, who is now a United We Ride “ambassador,” helping communities develop coordinated human service transportation plans, says that some places, particularly in Wisconsin and Washington, have taken the opportunity and run with it.

The Wisconsin Department of Transporta-



The Senior Wheels program in Appleton, Wisconsin, provides demand-responsive transportation for seniors. Volunteer drivers use their own vehicles.

tion has taken the lead in helping the state’s 72 counties create their coordination plans, with most plans being developed regionally in coordination with metropolitan planning organizations and regional planning commissions.

“We were the first in the nation to come out with a process,” says Bobbie Beson-Crone, the manager of the Human Services Transportation Coordination program, a position recently created by WisDOT. The agency developed a toolkit for local planners to use and a set of worksheets to help various parties quantify and compare transportation services and costs. “This new process will give counties some data to use when they go to their boards asking for matching funds,” Beson-Crone says.

No quick fix

Despite its benefits, coordination planning is no silver bullet. Unlike Wisconsin, most states have not made coordination planning a statewide priority. “One of the things that’s been troublesome and a challenge for people at the local level is the question of who takes the lead,” says Mross. “That can be a huge step to overcome.”

In addition to technical support—such as United We Ride’s “Framework for Action,” a document many local governments use to formulate their plan—Mross says the campaign’s ambassadors can deliver the occasional pep talk as new leaders emerge and communities work through the process.

Sometimes that encouragement is sorely needed. The executive summary of the Southeast Alabama Regional Planning and Development Commission’s Human Services Transportation Coordination Plan paints a bleak picture: “Due to the lack of resources available locally, we found varying degrees of enthusiasm for the coordination process. For many, it was difficult to rationalize a coordination process when no resources or assets existed on the ground to be coordinated.”

Among the barriers cited: the lack of funds to meet local match requirements, an increasingly larger and spread out rural elderly population, already over-extended senior transportation providers, and users’ unrealistic expectations of extraordinary service.

Finally, there is the human dimension. Individuals are also important in creating a new transportation paradigm—one that relies less heavily on cars. “It is a personal responsibility,” says AARP’s Elinor Ginzler. “That’s why we want our members to become active, to produce changes.”

Meghan Stromberg is *Planning’s* senior editor.