



OFFICE OF THE
SENIORS ADVOCATE

Seniors Transportation

AFFORDABLE, APPROPRIATE,
AND AVAILABLE.

MAY, 2018





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OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Message from the Seniors Advocate

As I travel about the province, meeting with seniors and their family members, concerns about transportation is one of the top issues I hear about. The specifics may vary depending on where someone lives but the overarching worry is the same...*how will I be able to get out and about once I am no longer able to drive?*

These days, it is rare to go a week without hearing about the challenges and costs of transportation, especially in urban centers. The biggest difficulty for many seniors is that their needs are different from those of urban and suburban workers and students, and one system cannot be all things to all people. Seniors are in the minority when it comes to transit and road users and so there is a natural fear that their voice will be drowned out and their needs left unmet as the system focuses on fixing the problem of moving millions of people every day to work and school at basically the same time.

When we examine the transportation needs of seniors, we need to acknowledge that we are really talking about those seniors who are no longer able to drive. Until we reach about age 75, seniors transportation needs are not really all that much different from everyone else as driving personal vehicles is the overwhelming mode of transportation. At age 75, however, we start to retire from driving at a fairly consistent and persistent rate and by age 85 we shift from the majority of people driving to the majority of people no longer driving. The key is to understand the additional challenges beyond getting from A to B that are created when someone gives up driving. This includes recognizing the increased opportunity for isolation and loneliness that can occur. One solution we bring to people when they retire from driving is to get everything delivered. We may think we are efficiently meeting their need for groceries and medications that are now dropped off versus picked up, but we are also cutting the person off from the daily social interactions that come from shopping and visiting the pharmacy. The need for someone to accompany a frail senior is also a limiting factor keeping many seniors housebound and we need to recognize it is not just transporting the senior and their companion, but also making sure they can find a companion if we are to fully meet the transportation need.

This report is not all encompassing of every transportation need. As with most services for seniors, solutions for rural and remote seniors prove more challenging. However, if we are able to expand home support to include community driving, as we have recommended in this report, we will be able to reach more rural and remote seniors than are currently served.

There are many people who worked with my office over the past 18 months to bring this report to fruition and I thank them all. In particular I want to acknowledge the Canadian Longitudinal Study on Aging whose data is used throughout this report.

Sincerely,



Seniors Advocate
Province of British Columbia

Transportation Today

Transportation is one of the top challenges seniors across British Columbia worry about. Being able to get where we need to be, when we need to be there, proves more difficult as we age, particularly once we are no longer able to drive. While gridlock, long commutes, and rising costs are the major transportation issues for many working-aged British Columbians, most seniors face different issues that require different solutions. In addition, the consequences of not meeting the transportation needs of seniors, especially those who can no longer drive, can be costly to the taxpayer. If a senior is not able to reliably get to medical appointments or maintain social connections, there is much evidence to suggest that their health will be directly impacted, which can lead to costly services such as visits to the emergency department and placement in long-term care facilities.

There is no one solution that will satisfy the transportation needs of all seniors. Some solutions have structural limitations while others have financial constraints; however, all solutions require governments, and seniors themselves, to recognize the contribution they each must make if improvements are to be possible.

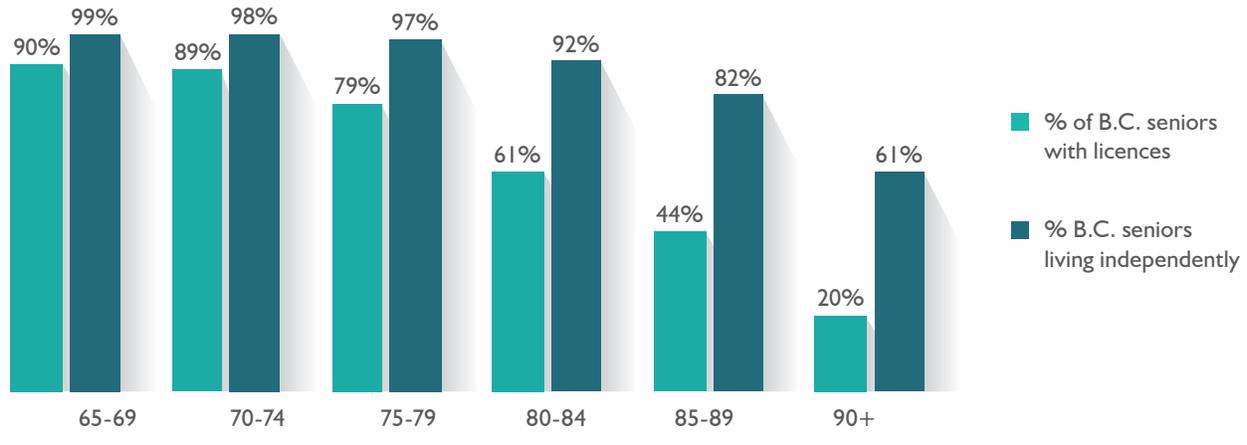
The age of 65 is currently used to define a “senior” and it has traditionally been the age when one retires from the paid labour force. While the ability to enforce mandatory retirement at age 65 was eliminated in B.C. 10 years ago, and the proportion of seniors working past the age of 65 continues to increase, we still find that even at the age of 65, 72% of seniors are not working, yet around 90% have a driver’s licence and use personal vehicles as their primary mode of transportation. And so, the vast majority of B.C. seniors establish their retirement lifestyle driving themselves to activities and appointments.

However, the proportion of the population that holds an active driver’s licence declines with age, and the rate of decline is much steeper than the rate of functional decline. What this means in practical terms is, if you are a typical 85-year-old British Columbian you are likely living independently (82%), without dementia (80%) and do not require a wheelchair (96%), but you no longer hold an active driver’s licence (56%).

After age 85, the proportion of seniors who are no longer actively driving far exceeds the proportion of seniors who are living in residential care or assisted living where transportation needs are primarily met by facility operators and/or services are delivered on-site. It is important to recognize the growing dynamic of seniors who wish to remain as independent as possible and engaged with their communities, friends, and families, but are no longer able to drive.



B.C. Seniors with Active Driver's Licences and Living Independently



The need and desire for seniors to get out and about for appointments and socialization does not dramatically decrease as they age. What does decrease is their ability to drive themselves to where they need to go.

This leaves the following options:



This report looks at the possibilities and limitations of these alternative modes of transportation and makes some recommendations for improvements, including those listed below.

- Local governments should support pedestrian-friendly communities that include wide, well-maintained sidewalks, with curb ramps at intersections; longer pedestrian crossing times at intersections; and sufficient public restrooms and benches.
- People who volunteer to drive their family members, friends, or neighbours to medical appointments should receive some recognition through tax deductions, just as people do who use their vehicle for business.
- Transitioning to public transit should be made easier for seniors, most of whom have never taken a bus or last did so over 60 years ago. Looking at a “seniors bus buddy” program to start people off the right way and issuing annual bus passes are a few of the ideas explored in this report.
- Government should coordinate with ICBC to identify seniors who have surrendered their licence and ensure they are connected to community and transportation services and resources.

These and other recommendations are more fully explained in the following pages. However, in meeting with stakeholders and examining the data, it became apparent that even with needed improvements to existing services, a gap remained.

Seniors who have stopped driving and are not able to use public transit or taxis are arguably at the greatest risk for becoming isolated.

None of the current options, even with improvements, will adequately meet the transportation needs of this group of seniors. A new public service, targeted at these high-risk seniors, is needed and this report explores a new option to add to the suite of public services available. Using the infrastructure of our existing provincial home support program, we can provide escorted community drives for seniors at a cost equal to or less than some of the current options, and we can throw a lifeline to many seniors who feel set adrift once they are no longer able to drive.

Driving – The #1 Choice

Driving their personal vehicle is the preferred mode of transportation for most seniors. Approximately 77% of seniors aged 65 and over have an active driver’s licence. From age 65-74, this number is about 90%. It is not until age 75, that we start to see a sustained drop in the number of seniors with driver’s licences. For senior drivers there are two main challenges to continuing to drive – the onset or progression of physical and cognitive conditions which may make driving unsafe or unenjoyable, and the cost of driving.

Aging is associated with the onset of a variety of medical conditions and disabilities, some of which may impair the ability of a senior to drive safely. These same conditions may also make it difficult for a senior to use some alternative forms of transportation. The Canadian Longitudinal Study on Aging found that 37% of seniors reported giving up driving due to a physical condition or deteriorating vision and another 15% gave up driving because they felt it was no longer safe.

Medical Conditions and Disabilities by Age Range

DISABILITY TYPE	% OF POPULATION 15-64	% OF POPULATION 65-74	% OF POPULATION 75 AND OLDER
Mobility disability	5%	16%	27%
Sight-related disability	2%	4%	9%
Memory-related disability	2%	3%	8%
Pain-related disability	7%	18%	27%
Learning-related disability	2%	2%	4%
Use a wheelchair and/or scooter	<1%	0.2%	4.2%





In 2016, Canadian seniors spent an average of \$3,147 per household on private vehicles.

Thirteen percent of Canadian seniors reported giving up driving because they found the cost of owning and operating a car too expensive. Incomes drop in retirement and seniors have the lowest income of any age cohort older than 25. To illustrate, the average household income for people 65 and over is \$42,842 while the average household income for those aged 25-64 is almost double at \$80,064. Despite cost savings from discounts on 5-year licence renewals and the opportunity to qualify for 25% cost saving on basic insurance, there are some seniors who feel the financial strain of car ownership is too great as they do spend a higher proportion of their household income on running a vehicle than those who are under 65.

The primary reasons seniors give up driving are:

- A physical condition or deteriorating vision (37%)
- No longer need to drive or enjoying driving (20%)
- Feeling it is no longer safe (15%)
- Too expensive (13%)
- Doctor or someone else advised (individual) to stop (12%)

In B.C., when a driver turns 80, he or she is required to have a doctor or nurse practitioner complete a Driver Medical Examination Report (DMER). A DMER is sent to every driver two months prior to their 80th birthday and they have 45 days from the date the DMER was issued to have the form completed. Once the doctor or nurse practitioner completes the form it is submitted to RoadSafetyBC. An assessor at RoadSafetyBC will review the completed DMER and if the results demonstrate the driver is medically fit to drive, no further action is taken. If the results raise some concern, the driver may be contacted and asked to submit further medical information or take an on-road assessment to help assess their safe driving ability.

Less than 5% of seniors who complete the DMER are required to take an on-road assessment.



The vast majority of seniors complete the DMER with no follow-up road test required. For the very small number affected, recent changes have made the on-road assessment less stressful and more focused on a person's ability to drive. Seniors are no longer required to undergo the DriveABLE computer testing and they can now take the on-road assessment in their own vehicle. Of the fewer than 5% of seniors who undergo the on-road assessment, about half are found to be unfit to continue driving. The other half are found fit to continue driving, although a few of these drivers may be asked to return for either another road test or undergo another DMER within the next two years.

While the requirement for age-based fitness to drive is a topic of some debate, it does exist in many other provinces and countries. Discussions on whether to eliminate the testing requirement or switch to an assessment process based on accident rates or *Motor Vehicle Act* infractions are worthy of consideration. However, current data suggest that the overwhelming majority (over 95%) of seniors who want to continue to drive are able to remain doing so using the current process, and retire from driving when they deem it appropriate, not because of a failed test.

The bigger issue for seniors, and it is arguably an irritant rather than an impediment, is the fee physicians charge for the DMER. There are currently two types of DMERs:

1. Blue forms which are sent to drivers of any age with known or suspected medical conditions.
2. Yellow forms which are sent to drivers when they turn 80 and every two years thereafter, and applicants for class 1 to 4 (commercial class) licences, who require medical examination prior to, or sometimes following, obtaining a commercial class licence.

Except for the colour, the blue and yellow forms are exactly the same, they ask the same questions and require the same level of assessment.

RoadSafetyBC reimburses physicians \$75 for the completion of the blue form but they do not reimburse for completion of the yellow form. The cost of the DMER is determined by the driver's individual physician and is not covered by the Medical Services Plan (MSP). There is a wide range in what doctors are charging across the province, despite the fact that the Doctors of BC fee guide suggests that physicians charge \$92.20 for the simplified (partial) DMER exam and \$205 for the full DMER. While waiving fees in circumstances of financial hardship is encouraged, it is not enforced. Even with the \$75 reimbursement for patients with a blue form, physicians can charge a higher fee with the patient paying the difference.

On the face of it, there appears to be discrimination based on age, given that RoadSafetyBC is requiring a physician's assessment of one group of Class 5 drivers based on their age possibly causing a disability and not contributing to the cost, while another group of Class 5 drivers who have a known or suspected disability receive a subsidy. Although many seniors can afford to pay the fee, so too could many who receive the blue DMER. To help reduce the cost, other health care professionals could undertake the assessment. We see a wide scope of healthcare professionals with the legal authority to assess competency for purposes of health care consent. It is therefore not such a stretch to see a similar scope for purposes of the DMER, particularly for the simplified DMER which is the majority of cases.



Regardless of why an individual no longer drives, between the age of 65 and 85 there is a shift from the majority of seniors driving to the majority of seniors not driving. The decision to no longer drive is a key transition point for many seniors and can mark the beginning of frailty and isolation. By coordinating with the Insurance Corporation of BC (ICBC) the Province could ensure that any potentially vulnerable senior, who is not renewing their licence (or completing the two year DMER) receives information on transportation alternatives, mailed to their home.

RECOMMENDATIONS:

1. The Province coordinate with ICBC to get information about transportation alternatives and other community supports into the hands of those seniors who are not renewing their driver's licence.
2. The Province reimburse physicians a standardized rate for the completion of the DMER regardless of whether it is a blue or yellow form for those seeking to renew a class 5 licence.
3. The Province examine the possibility of expanding the range of health care professionals that can conduct the DMER.

What is Available to a Senior Who Does not Drive

As seniors retire from driving and start exploring alternative transportation options, they may find that affordable and appropriate options are limited or unavailable. This has direct and indirect consequences for seniors, their caregivers, and society. The inability to get out and about can lead to isolation, limited access to necessary medical supports and services, and reduced community participation. In turn, government can find itself trying to fix the problems created by a lack of transportation with costly interventions, as the cumulative effect of these consequences challenge the ability of seniors to grow old in the communities they call home.

So, what are the current transportation alternatives that are offered to seniors? We can start by looking at the obvious options such as walking, and work through to transit, taxis, HandyDART, friends and family and community volunteers. Each option will offer *some* seniors *some* utility as an alternative to driving. However, no option can offer all seniors a practical replacement for all their transportation needs.

Walking

While the majority of seniors, even those over age 85 can walk two or three blocks without much difficulty, for others, mobility limitations or other health challenges may hinder their ability to rely on walking to meet their transportation needs. There are also a variety of barriers in the landscape for senior pedestrians, including uneven or obstructed sidewalks, no curb ramps, and low lighting.

The data show that younger seniors use walking as their primary mode of transportation at a higher rate than older seniors.

Fifteen percent of non-driving seniors aged 65-74 report walking or cycling is their most common form of transportation, while this drops to less than 5% of non-driving seniors aged 85 and older. For seniors in rural and remote locations, walking is often not a viable option given long distances to services, hilly topography, inclement weather and no sidewalks or street lights. Across the province, the communities in which a senior can walk to nearby shops and services are limited and generally more expensive. In addition, there is no community in which it can be guaranteed that all possible services, especially those of a medical nature, will be available within walking distance.

To support walking as a mode of transportation for seniors:

- Sidewalks need to be wide, well maintained and free of clutter.
- Crossing intersections need to be frequent, and crossing lights need to allow sufficient time for people with mobility challenges to get across the street before the sign changes to the do not walk image.
- Curbs need to be sloped for a smooth transition for walkers, wheelchairs, and scooters.
- Benches need to be placed frequently enough to allow people to rest.
- Lighting needs to be bright at night.
- Stations for the parking and recharging of scooters need to be available.
- Sufficient accessible washrooms need to be available to the public.
- Staff members in local public services and private retail services need to receive education on how to better meet the needs of frail seniors.

RECOMMENDATION:

4. The Province work with local governments to explore ways of achieving more pedestrian-friendly communities through the use of grants, tax incentives, rebates and other tools that local government may have or be given. Pedestrian-friendly developments in terms of location to shops and services should be incentivized, and infrastructure that supports mobility-challenged pedestrians moving about in the commercial hubs where shops and services are located should be required.

Friends and Family

Aside from driving themselves, for seniors living independently, reliance on friends and family members is the next most common form of transportation. As seniors age, they are increasingly more likely to travel as passengers. While 38% of non-driving seniors aged 65 to 74 are a passenger in a vehicle as their primary form of transportation, this increases to nearly 60% for seniors over 85 years - higher than any other form of transportation. Even seniors who can use public transportation may rely on friends or family members to get around at least some of the time.

The OSA HandyDART survey found that 62% of users reported being driven by friends or family members as one of their alternative modes of transportation.

Caregivers are shouldering a significant portion of the transportation burden, with 73% of caregivers in Canada reporting they provide transportation for their family member or friend, and nearly 40% assisting with transportation at least once a week. With changes in nuclear family structure, and younger people migrating away from their families for work, the ability to depend on family as the primary mode of transportation will diminish. Moreover, as seniors age, the pool from which they can draw on to ask for rides shrinks. In fact, there is sometimes a compounding effect when a senior gives up driving as they may have been the primary mode of transportation for their spouse and/or senior friends who were reliant on them to get around.

Family and friends should be encouraged, as much as possible, to assist seniors in getting out and about. From the perspective of the government, the lowest cost option for seniors transportation is family and friends. For every round trip that is diverted from HandyDART to a family member there is a savings of, on average, approximately \$78 in the TransLink service area, \$50 for Greater Victoria transit and \$35 in the BC Transit service area overall. There is currently no compensation for those who provide rides to friends and family. Costs related to gas, parking, and depreciation are all borne by the driver. Parking alone can cost upwards of \$15 a trip. For example, if a senior needs to report to the Jim Pattison Outpatient Care and Surgery Centre in Surrey, there are two options. They can book a HandyDART ride for themselves and an attendant to be picked up, dropped off, and returned home. The attendant rides for free and the senior will pay \$2.85 per trip (\$5.70 total). The net cost of this trip to TransLink is approximately \$78. If the family member drives their loved one they will need to pay \$18.75 for 6 hours of parking in addition to any costs for gas and wear and tear on the vehicle.



Given the significant subsidy required for a HandyDART ride, there is a strong fiscal argument for trying to incentivize family members and friends to provide rides for frail seniors. Using criteria related to qualifying for the disability tax credit, home support, or HandyDART, tax-deductible expenses could be allowed for trips provided to this targeted group of frail seniors.

RECOMMENDATION:

5. Support people who volunteer to drive their family members, friends or neighbours to medical appointments. Just as tax deductions are allowed for those who use their personal vehicles for business, examine the possibility of a similar tax relief program for someone who acts as the primary driver for a senior who is no longer in possession of a current driver's licence and qualifies for HandyDART and/or the Federal Disability Tax Credit.

Taxis

There are a number of ways seniors may access and pay for taxi services. Some seniors pay out of pocket to use a taxi to meet some of their transportation needs; however, for seniors with low or even moderate incomes, relying on a taxi for most of their transportation needs is not financially viable, especially if they are traveling a long distance or traveling frequently. HandyDART clients who have a HandyCard or handyPASS can purchase discounted taxi vouchers that they can use to book and pay for rides directly with their preferred taxi company through the Taxi Saver Program – if offered in their community and if accepted by the taxi company. Depending on their location, clients can buy \$80 - \$100 in taxi vouchers per month at a 50% discount; however, even with Taxi Saver vouchers, these trips can be expensive for moderate-income seniors and prohibitive for the 20% of single seniors living on less than \$20,000 per year.

A total of \$5.7 million was spent on taxis last year by seniors who used HandyDART.

Currently, 23% of Lower Mainland HandyDART clients use Taxi Saver vouchers. It would appear the use is higher outside of the Lower Mainland but specific data are not available.

Estimated Costs of Round-Trip Taxi Rides in Select Regions or Municipalities in B.C.

	20KM ROUND TRIP	10KM ROUND TRIP	6KM ROUND TRIP
Capital Regional District	\$49.72	\$28.49	\$20.00
Lower Mainland	\$47.52	\$27.28	\$19.18
Kamloops	\$50.16	\$28.27	\$19.51
Williams Lake	\$63.10	\$36.15	\$25.37
Sicamous	\$57.53	\$32.23	\$22.11
Quesnel	\$83.38	\$44.88	\$29.48
Cranbrook	\$53.11	\$34.74	\$27.39

In addition to the cost, there is the issue of the type of service offered by traditional taxi. Taxi drivers are not required to go to the door either to help passengers out to the car or from the car to the door of their destination. For seniors who require help with a walker, not all taxi drivers will assist with the folding up of a walker to place it in the trunk of the car. While many taxi drivers provide good customer service, many customers that require additional assistance do not rate the quality of the taxi service as high. It is possible that the payment structure for taxi drivers, which incentivizes moving quickly from trip to trip, may act as a disincentive to provide extra assistance to those who need it.

The taxi industry in B.C. is both fragmented and yet highly regulated. Controls on the number of taxi licences issued have resulted in long wait times for a taxi during certain time periods. A senior cannot expect the same driver to take them from Richmond to Vancouver and then pick them up in Vancouver for their return trip to Richmond due to tightly controlled areas of operation. While recommending training for taxi drivers to learn how to meet the unique needs of their senior passengers better may seem obvious, the reality of how the taxi industry operates severely limits its ability to respond to the needs of frail seniors effectively. Moreover, it remains a costly option to meet on-going transportation needs.

Notwithstanding the limitations of the traditional taxi industry, there are two areas where improvements could be made. All communities should have the Taxi Saver program, as residents may need to travel to towns or cities where there are taxis, even if there are none in their hometown. Additionally, all taxi companies should require their drivers to accept taxi vouchers.

RECOMMENDATIONS:

6. All British Columbians regardless of where they live should have access to Taxi Saver vouchers if they qualify.
7. All taxi companies must require their drivers to accept Taxi Saver vouchers.

Public Transit

Public transit is an option that is available to and used by many seniors. In a survey done a few years ago, 24% of seniors in B.C. reported using public transit at least once within the “last month.” In Metro Vancouver, this number increases to an estimated 41% of seniors who used the bus, SeaBus or SkyTrain within a 30-day period in 2017. Currently there are 31 transit systems in B.C. TransLink, which is the largest serves Metro Vancouver. The Victoria Regional Transit System, the second largest, serves the Capital Regional District and BC Transit operates another 29 systems throughout the province through contracts with the various local governments.

While some seniors are successfully using public transit to meet some, or all, of their transportation needs, there is a sub-group of seniors with unique cognitive, health and mobility challenges whose needs are not met by the conventional public transit system.

To understand the challenges of using public transportation for seniors with cognitive, mobility or other health challenges, all of the components involved in completing a public transportation journey must be considered.

A typical outing using public transportation requires:

- Knowing where your local bus stop is located and being able to walk to it and stand and wait for up to 15 minutes.
- Knowing the nearest bus stop to your destination and being able to walk from that stop to your final destination.
- Knowing which bus or buses to catch to get to your destination.
- Knowing what time your bus(es) run. Many buses have frequent service during rush hour but others are sometimes only every 30 or 60 minutes during non-peak hours, and there are often different schedules for weekends and holidays.
- Knowing how long it will take to get to your destination once you are on the bus.
- Knowing how much the bus fare will be and having the exact change, or going to a nearby store or vending machine to purchase bus tickets and/or a pass.



Now imagine an 87-year-old who has not taken a bus in 70 years. They have surrendered their driver's licence because their macular degeneration has rendered them legally blind, and they struggle now to use the computer and cannot reliably read print material. They are still mentally fit and use a walker for balance but could certainly walk three blocks to a bus stop. If the weather is good and they are feeling well on that particular day they could take the bus. However, they qualify for HandyDART because inclement weather or a flare-up of their peripheral neuropathy on any given day would render them unable to take public transit and they have medical appointments they must attend.

Currently, when a person qualifies for HandyDART, they can phone, speak to a live person and arrange door-to-door pickup and drop-off. The major complaints about HandyDART relate to the frequency of service, lack of flexibility, and reliability. Ironically, the public transit service offers more reliable and flexible service if one can use it. Buses run on a predictable schedule allowing you to decide that morning that you are going to go out. Contrast this to HandyDART which usually must be booked seven days in advance if a ride is to be guaranteed and even then you might find your pickup and drop-off times are not ideal. However, if the timing is right, HandyDART offers the remarkable convenience of being picked up at your home and dropped off directly at your destination for a price of, on average, less than \$6 round trip. Also, if someone needs to come with you to assist you during the ride or at the destination, they ride for free.

Contrast this to catching a public bus where the senior is effectively left to figure everything out for themselves, the cost is not necessarily any less, and they will need to walk to and from bus stops and wait outside.

While various transit education programs operate across the BC Transit and TransLink service area they are not well promoted and operate under different names. The level of training varies by community and can include educational sessions and transit demonstrations, while the most comprehensive programs offer one-on-one travel training on the transit system. To effectively support seniors across the province to use the traditional transit system we need a provincial program that is as uniform as HandyDART; has a name people identify with such as “Seniors Bus Buddy Program”; and that is promoted through ICBC and the Home and Community Care Program.

Waiting at the stop poses an additional challenge for seniors. Less than 30% of B.C. bus stops outside the TransLink service area have benches available. This can result in significant pain or discomfort for some seniors. Thirty-six percent of seniors over the age of 85 have difficulty standing for around 15 minutes. Another challenge with public transit for seniors is getting up from a seated position, often in a limited period of time. Twenty-eight percent of seniors aged 75-84 have difficulty standing after sitting and this increases to 39% of seniors age 85 and over.

Bus Stops with Benches and Shelters

SYSTEM	TOTAL STOPS	NUMBER WITH BENCH	%	NUMBER WITH SHELTER	%
Victoria Regional	2362	664	28%	532	23%
Translink Service Area	8377	3484	42%	3484	42%
Rest of Province Excluding Translink	6033	1624	27%	589	10%

Seniors who receive the federal Guaranteed Income Supplement (GIS) qualify for the annual BC Bus Pass for a yearly fee of \$45. In 2016, nearly 60,000 seniors received the BC Bus Pass. While this is an excellent program, the lack of a graduated income scale means that a senior earning a maximum of \$24,955 will pay \$45 a year for their bus pass while another senior who is as much as \$1 over the GIS threshold could pay over \$600 a year for their bus pass and will be required to obtain a new pass every month. The benefits of the BC Bus Pass include its affordability and ease of use. Consideration should be given to creating an annual bus pass with a fee based on income. This will provide a more progressive approach to the subsidy.

Increasing the suitability of the conventional public transit system for seniors, particularly for those who might have mild mobility or cognitive issues, will require those involved in the transit system to look at the needs of a group of customers who do not necessarily represent the needs of the majority of transit users. Understanding the needs of the frail senior who uses transit is not top of mind for all transit drivers. There needs to be a uniform training module developed that all drivers can spend 30-60 minutes viewing to understand some of the hidden barriers seniors experience when they try to use public transit. It is in the public interest to support seniors to use traditional buses over HandyDART as the latter is much more expensive for the taxpayer. The OSA HandyDART survey highlighted that as many as 26% of HandyDART users also use regular public transit, suggesting that with proper training and support a subset of HandyDART users may be able to increase their use of the conventional public transit system.

RECOMMENDATIONS:

8. The Province work with BC Transit and TransLink to establish a standardized, province-wide “Seniors Bus Buddies” program that will connect seniors with local volunteers or staff that will work with the senior to initiate them into the use of public transit. This may require riding the bus with the senior for the first few times and ensuring they have numbers available to call if there are problems. Linking with ICBC and with the local Health Units will help ensure those who will benefit the most are connected to the service.
9. The Province work with BC Transit and TransLink to increase the number of benches at bus stops.
10. Create an annual seniors bus pass where the fee charged will be based on income. The pass should be considered eligible payment on HandyDART if the passenger has a HandyCard or HandyPASS.
11. Develop a province-wide mandated training program for transit drivers focused on supporting senior transit users.





HandyDART is a shared ride service for passengers with physical or cognitive impairments who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, providing assistance with boarding and exiting the bus, as well as with reaching the door of the destination safely. HandyDART is available in 25 out of the 31 transit systems in B.C.

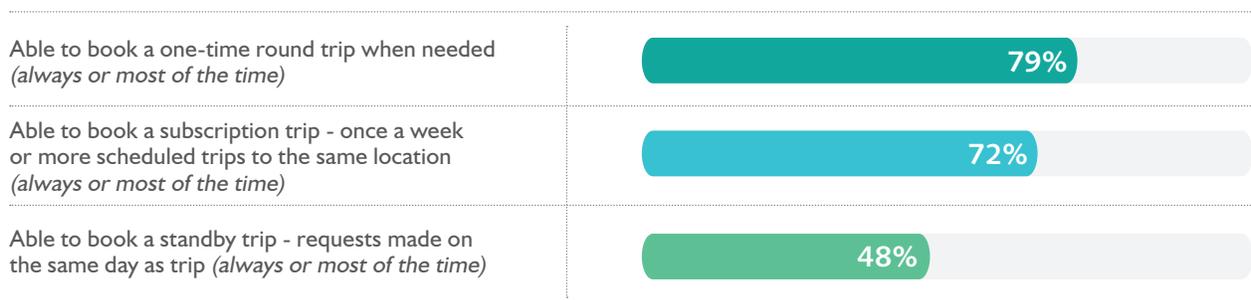
Everyone must apply for HandyDART and the application process varies by community. Most HandyDART clients require a signature from a medical practitioner confirming that they are unable to use conventional transit without assistance, while some HandyDART clients may undergo a functional assessment either by their physician or an occupational therapist. Some HandyDART users have permanent eligibility while others will have conditional eligibility as their disability is related to recovery from an accident/medical procedure or due to temporary medication.

There are currently 47,087 active HandyDART users in B.C. and approximately 75% are age 65 or older (5% of the seniors population). Last year there were 3,015,916 ride requests, of which 44,035 went unfilled.

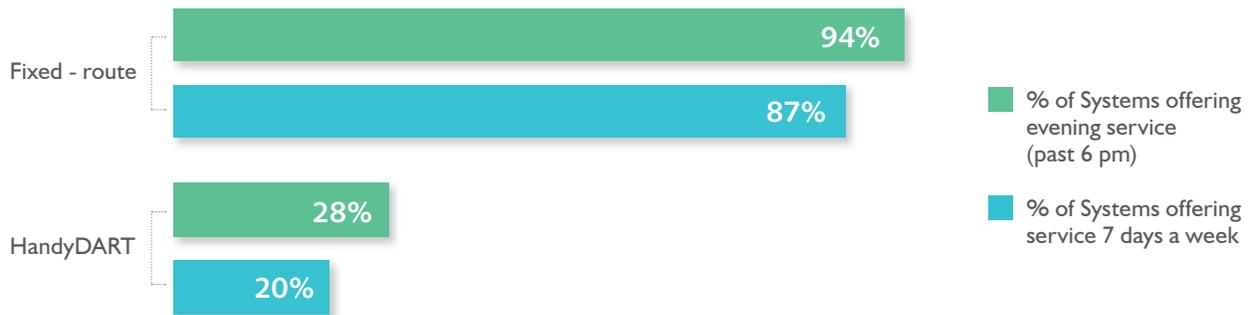
Door-to-door service is the preferred type of public transportation for many seniors but there are some challenges with how the current HandyDART system operates. The results of the 2016 HandyDART survey conducted by the Office of the Seniors Advocate suggest that limitations to the availability of the HandyDART service prevent the service from meeting the transportation needs of some users. For example, only 6% of senior HandyDART users indicate that the only form of transportation they use is HandyDART, which means 94% rely on other forms of transportation such as friends and family, taxis, conventional public transit or walking.

While HandyDART appears to be mostly meeting the needs of seniors who can book in advance, the service struggles to accommodate more impromptu trips. In the Office of the Seniors Advocate's HandyDART survey, clients reported having to book up to two weeks ahead of their appointment. If appointments change unexpectedly after HandyDART is booked a senior may be unable to attend.

Percent of HandyDART Survey Respondents



Service Availability for Transit and HandyDART



Only 28% of HandyDART systems operate into the evening and only 20% offer service seven days a week. The lack of evening and weekend service means seniors who cannot use the conventional public transit system may be left without transportation options for outings such as church, a family dinner, or to engage in community and social events.

The main challenges respondents noted in the Office of the Seniors Advocate's HandyDART survey included lengthy wait times for pickups, long trip lengths and getting to appointments on time.

Less than 50% of users reported that HandyDART always picked them up within the 30-minute window, only 46% felt the time taken to get to the destination was always reasonable, and 40% of users said HandyDART failed to reliably get them to their appointments on time. These are not insignificant challenges. It can be painful and distressing for a frail senior to be required to wait for an extended period without a place to sit or access to the washroom. Missing or being late for appointments can be a source of anxiety for a senior and may result in additional costs with re-booked rides or financial penalties for missed appointments.

Another complaint of HandyDART users is the substitution of a taxi for the HandyDART vehicle. When HandyDART is unable to fill a ride request they will try to dispatch a taxi, if possible, to pick up the client. The main complaint of users is unreliable customer service from the taxi driver in terms of coming to the door and assisting the client and the lack of notification by HandyDART that they are sending a taxi rather than the HandyDART bus.

There are times when a user of HandyDART needs to travel to another area of the province. If a HandyDART user lives in Kamloops and needs to travel to Vancouver, they will not be able to use their HandyDART pass with TransLink without filing a visitor application. This is easily remedied with reciprocal agreements between transit providers to allow HandyDART users from anywhere in B.C. to travel on local HandyDART.

As the BC Bus Pass is not considered valid payment on HandyDART, seniors who use the \$45 bus pass to access conventional public transit must pay the full HandyDART fee as well. This creates the strange situation where seniors are penalized for becoming too frail to take public transit. For example, an active low-income senior (\$20,000 annual income) in Victoria who develops arthritis and therefore is no longer able to walk to her nearest bus stop would go from paying \$45 a year on the conventional system to spending \$1,020 annually to purchase a monthly pass that is eligible on HandyDART.

The OSA's HandyDART survey found that for approximately 17% of users the cost of HandyDART deters them from accessing it more frequently.

Access to HandyDART is not income tested. The bottom 20% of single seniors (average \$17,000 annual household income) and those in the highest 20% (average \$80,000 annual household income) will pay the same amount for each trip or their monthly pass. A more progressive approach would be to provide an annual pass with the cost linked to the income of the user.

Many of the key challenges seniors face with the HandyDART service have been identified as opportunities for improvement by service providers and government alike. These key challenges include expanding HandyDART service and availability across all parts of the province and improving the number of trips that arrive within 15 minutes of the pick-up window. Over the last few years, there has been a piecemeal approach throughout the province of adding capacity to the HandyDART system through increasing hours of operation and adding additional buses. This will provide some incremental improvement, but in the end it is a door-to-door program for multiple people and will have structural limitations in its ability to meet specific needs.

Each HandyDART round trip costs the taxpayer approximately \$78 in the TransLink service area, \$50 in Greater Victoria and \$35 for BC Transit overall. The fully accessible HandyDART vehicles are necessary for wheelchair dependent clients; however, only approximately 26% of HandyDART clients meet this criterion for TransLink and this falls to 17% for BC Transit users.

RECOMMENDATIONS:

12. Continued efforts need to be made for increasing the availability of HandyDART services. Priority should be given to the 6 transit systems with no HandyDART followed by those communities with no evening and weekend services.
13. The fees charged to clients who use HandyDART should be reviewed, and a more progressive approach that recognizes income and frequency of use be applied to ensure that cost is not a barrier for low-income seniors who need to use HandyDART. In particular, the consideration should be given to allow the BC Bus Pass to be considered eligible payment.
14. HandyDART users should be able to access HandyDART anywhere in the province, regardless of the local transit authority they are registered with.

Volunteer Drivers

Many, but not all, communities in B.C. have one or more local agencies that host a “volunteer driver” program. Sometimes it is the local seniors centre, the church community, a neighbourhood house, a cancer support group or a combination of any number of different providers.

The basic structure of these programs is members of the community volunteer to drive people to medical appointments, social engagements, or to run other errands. Usually volunteer drivers are reimbursed for their mileage and they undergo a basic criminal record check and review of their drivers abstract. A coordinator, either a volunteer or paid staff member, takes calls from people who need a ride and matches them to a driver. Various programs will have different criteria for the purpose of trip, how far in advance bookings need to be made, and how many rides a month will be offered. Most charge no fee but some suggest donations, and for those that do charge a fee it is generally a nominal amount. The service is generally seen as more personalized than HandyDART. For example, the volunteers may go with the senior into the doctor’s office, wait with them, and then take them back home.

There are approximately 85 non-profit organizations or community agencies in B.C. that provide some version of a volunteer driver program for seniors, although most do not have transportation as their primary focus.

Some agencies, especially those in the interior or northern parts of the province were initially funded, in part, by Health Authorities to help seniors get to and from medical appointments.

In 2012, the *Better at Home* program was introduced. It funded local agencies to provide a number of services aimed at helping seniors to age in place, including housekeeping, grocery shopping and friendly visiting, as well as transportation to appointments. However, it is up to the discretion of each Better at Home program as to which services will be provided in their community and the majority of programs have focused on housekeeping. Notwithstanding this, during a six-month period in 2017, 11,736 two-way rides were provided province-wide through the *Better at Home* program. Some of these rides were provided by agencies that had an established volunteer drives program prior to *Better at Home*. This represents less than one percent of the rides provided through HandyDART.



Many seniors find the individualized service provided by volunteer drivers more appropriate and convenient for their transportation needs. This has led to increased demand for services and many agencies across the province are struggling to meet demand. Non-profit providers are feeling particularly stretched given that they heavily subsidize fare costs or offset costs through donations.

While many of the non-profit service providers rely on volunteer drivers, considerable resources are expended on recruiting, training and retaining volunteers. Many communities, even those with well-established programs, are concerned about a pool of shrinking volunteers. Relying on volunteers is also challenging in rural areas where the nearest medical center may be a considerable distance or in urban areas where traffic congestion may make it difficult to estimate how long an appointment might take. There are also concerns around liability issues associated with the high service levels required by clients with unique physical and cognitive challenges.

An additional challenge with volunteer driver programs is the lack of standardization and predictability between communities around the type or level of service providers are offering. Some communities have well-developed and long-standing volunteer driver programs, while other communities have none. Due to high demand many programs restrict or prioritize drives to those required for medical appointments or visiting a spouse in hospital or long-term care, leaving a gap for those looking for essential trips (e.g. grocery shopping) and social activities.



Understanding the Transportation Gap

This report highlights some of the challenges seniors face when trying to access traditional transportation. Public transit is designed to meet the needs of commuters, and operates on tight schedules, making it difficult to meet the needs of a senior who may need extra time or help navigating the bus system and there are extra challenges in smaller communities where bus service may be sparse, or non-existent. HandyDART service is oversubscribed in large centres, availability is limited in more rural parts of the province, and it is costly to operate. The majority of HandyDART clients are not in a wheelchair but require the door-to-door service that HandyDART offers. Taxis are unaffordable for some seniors and the service is not designed to provide extra help to a senior who needs assistance from their home, into the vehicle, and again from the vehicles into their destination. To date, friends and family and community services have been stepping in to help fill these gaps, but increasingly we are seeing these types of programs are not sustainable options as our aging population grows and the pool of friends, family and volunteers shrinks and we know that walking has its limitations even with improvements to the landscape.

With the changes recommended in this report, none of the options, other than family and friends address those seniors who need someone to accompany them on their trip or allow for trips that we commonly refer to as “running errands”.

It is true that we can meet a great number of needs through ordering and delivery. Today we can shop online and have goods such as groceries and medications delivered, transfer money and have cheques deposited without ever needing to go into an actual bank, and we can even get books from the library delivered. While this progress represents great convenience for those of us who are very busy with jobs and raising families there has been an unintended consequence of isolating those people, mostly seniors, who are not in the workforce and not able to get themselves out to socialize during golf games or lunch dates.

Indeed, for many seniors a trip out that includes a stop at the bank to withdraw some cash, a quick shop to pick out some fresh fruit and vegetables and a stop in the nearest postal outlet to get some stamps will afford the opportunity to be out in the community and talking to the various people at the checkout. Without these purpose focused trips, the senior may have no other opportunities to socialize or indeed to feel productive. The efficiency of getting to actual medical appointments or simply being dropped off and picked up later from a single destination is the primary feature of all systems of publicly supported transportation for seniors. It is important however to recognize an additional need, especially for our frail and vulnerable seniors that transportation is a means to create social inclusion and not just a function of getting from point A to point B.

There is no question that our traditional transportation system is asked to serve the needs of a diverse population from daily commuters, to late night revelers, to busy moms with kids in tow. While for some seniors, the more traditional modes of transportation may be a viable option to meet some or even all of their transportation needs, there is a subset of seniors whose unique cognitive, physical and healthcare challenges make accessing these traditional modes difficult. It is clear, in talking with seniors, their caregivers, community leaders and experts in the field of transportation that while we can make limited adjustments to our current system to better accommodate seniors, we need to consider a new approach that can fill the gap that our current systems, even with improvements, will still fall short of meeting.

A New Service Using Existing Infrastructure

For many seniors in B.C., transportation is as easy and straight-forward as it is for the younger population. They may drive, walk, or regularly take public transit to get to where they need to go.

What has emerged however, is that there is a growing group of seniors with mild to moderate cognitive or physical challenges who are no longer able to drive or take public transit and who do not require a wheelchair accessible service, but who critically require additional transportation support. This is the same population that may be eligible for home and community care services, particularly home support.

As this report has highlighted, the typical round trip on HandyDART costs the taxpayer approximately \$78 for TransLink \$50 for Greater Victoria and \$35 for BC Transit as a whole. A one-hour trip in a taxi costs about \$100, which would be covered 50% by a taxpayer-subsidized taxi voucher for eligible HandyDART clients. Currently, in B.C. one hour of publicly funded home support can cost less than \$38.

The provincial Home and Community Care program provides an existing system for functional and financial assessments of seniors to determine who needs assistance with their activities of daily living (ADL) and how much the person can pay toward the cost (daily rate) of this assistance. This same system could be used to determine assistance with the independent activities of daily living (IADL), such as shopping and getting out and about to medical and social appointments; in other words, those who need help with transportation. Through this assessment, a senior would qualify for the use of a driving service offered through, and scheduled by, the home support program. Just as we have community health workers who provide personal care, the same program could offer community support drivers. The goal of both functions are the same – provide the necessary support to keep seniors living independently.

The home support program is focused on helping seniors live in their own homes as long as possible. In addition to community health workers, there are support staff such as schedulers who talk with seniors daily and understand their needs. The scheduling system that is in use in B.C. for publicly funded home support is called ProCura. All the elements that go into scheduling a community health worker to report to a specific location, at a specific time, are the same for scheduling a worker to pick up a client at a particular place and time and take them to another place or multiple places. The billing and payment system is integrated and can charge and pay for time as well as mileage. It is also geared toward calculating client contributions and billing clients monthly for their service charges.

The vision is two classifications of workers who perform different functions but operate within the home support program. This will reduce duplication and streamline costs as much as possible.

Community support drivers do not need the same extensive training as a community health worker, although they should have the usual screening for a criminal record, a driver's abstract and some limited training on proper lifts and transfers and use of mobility equipment such as walkers. The community driver will also need a vehicle that is suitable for providing rides and is appropriately insured. This is where we can leverage the experience of the ride-hailing industry. The criteria for age and condition of a vehicle to meet acceptable standards has been determined by companies such as Lyft and Uber and appear to be acceptable to the many millions of people who have used these services throughout North America and beyond.

The current workforce of community health workers could provide some, but not most, of the drivers. Currently about 50% of community health workers only work part-time. This reflects to some extent the nature of home support which is intense service for a couple of hours in the morning, a bit of a burst of activity around dinner time and again in the evening around bedtime. This program would allow those workers who wish to, to fill in the other hours of their schedule with providing drives. Creating more full-time employment may allow us to recruit more workers to home support. However, it needs to be recognized that the program will require dedicated community drivers and that there will be people who want to be a driver but not a home support worker. It is possible that some people will be attracted by the idea of being a community driver and find that they want to seek further training and become a community health worker. The key to success will be to not overburden the requirements to be a driver and to allow flexibility in the system.

It is recommended that the cost for the service be shared with the client on a sliding scale based on income, just as we currently do for home support. This will ensure that seniors who are unable to pay very much are not penalized, but those who can pay more do so. There will need to be a decision on the number of subsidized rides that are allowed in a given month, allowing clients to purchase additional rides just as they can currently purchase additional home support.

Creating this publicly subsidized service will serve to complement the existing services offered through public transit and HandyDART not replace them. For those in wheelchairs and those with predictable daily schedules such as Adult Day Program drop-off and pickup or dialysis, HandyDART will likely remain the preferred option. This program will focus on those who have needs that cannot be met with traditional transit, those who have low incomes and those who have limited friends and family to assist them to get out and about.

The questions of, and arguments over, cost and funding often defeat the most practical of ideas. In this case there will undoubtedly be the question of whether this is a cost for the Ministry of Health, the Ministry of Transportation and Infrastructure or the Ministry of Social Development and Poverty Reduction or a combination of all three. In the end, regardless of the Ministry or Ministries through which the money flows it is drawn from the same taxpayer funded well. Seniors and their family members are some of these taxpayers and they will benefit from improvements to seniors transportation.



RECOMMENDATION:

15. The government work with the Health Authorities and the affected unions to establish a community drives program that will be administered through the home support program in all areas of British Columbia. The principles of access and equity that are enshrined in the home and community care program should be applied.

The Road Ahead

This report serves to highlight once again the diversity of needs and abilities amongst B.C. seniors. It would appear that until one reaches the age of 75 the vast majority of seniors are meeting their own transportation needs and may be helping meet the needs of older seniors who are no longer driving.

However, as we age the scales tip and for those who are in their 80s and beyond, many will need help with transportation. Meeting the transportation needs of aging seniors is not accomplished by any one particular program or service. A variety of choices need to be available and indeed B.C. currently offers support through traditional public transit, HandyDART, and Taxi Saver vouchers; however, there is still a gap and filling that gap can be accomplished, to a large degree, by enhancing our current home support program.

Affordable, available and appropriate transportation is key to allowing seniors to remain living independently and we need to shift from thinking that assisting seniors with transportation is getting them from here to there, to thinking of transportation as a key activity to facilitate independence and sense of purpose. Over the last two decades we have been shifting away from supporting seniors in what we call their independent activities of daily living, like shopping, banking and getting to medical appointments, to focusing almost exclusively on their activities of daily living such as bathing and medication management. Support with activities of daily living functions is a necessary, but not sufficient, condition to healthy independent living. Seniors must be able to get out and engage in their communities and transportation is key to achieving the social inclusion necessary for seniors to optimize their independence and community engagement.

Summary of Recommendations

1. The Province coordinate with ICBC to get information about transportation alternatives and other community supports into the hands of those seniors who are not renewing their driver's licence.
2. The Province reimburse physicians a standardized rate for the completion of the DMER regardless of whether it is a blue or yellow form for those seeking to renew a class 5 licence.
3. The Province examine the possibility of expanding the range of health care professionals that can conduct the DMER.
4. The Province work with local governments to explore ways of achieving more pedestrian-friendly communities through the use of grants, tax incentives, rebates and other tools that local government may have or be given. Pedestrian-friendly developments in terms of location to shops and services should be incentivized, and infrastructure that supports mobility-challenged pedestrians moving about in the commercial hubs where shops and services are located should be required.
5. Support people who volunteer to drive their family members, friends or neighbours to medical appointments. Just as tax deductions are allowed for those who use their personal vehicles for business, examine the possibility of a similar tax relief program for someone who acts as the primary driver for a senior who is no longer in possession of a current driver's licence and qualifies for HandyDART and/or the Federal Disability Tax Credit.
6. All British Columbians regardless of where they live should have access to Taxi Saver vouchers if they qualify.
7. All taxi companies must require their drivers to accept Taxi Saver vouchers.
8. The Province work with BC Transit and TransLink to establish a standardized, province-wide "Seniors Bus Buddies" program that will connect seniors with local volunteers or staff that will work with the senior to initiate them into the use of public transit. This may require riding the bus with the senior for the first few times and ensuring they have numbers available to call if there are problems. Linking with ICBC and with the local Health Units will help ensure those who will benefit the most are connected to the service.
9. The Province work with BC Transit and TransLink to increase the number of benches at bus stops.
10. Create an annual seniors bus pass where the fee charged will be based on income. The pass should be considered eligible payment on HandyDART if the passenger has a HandyCard or handyPASS.
11. Develop a province-wide mandated training program for transit drivers focused on supporting senior transit users.
12. Continued efforts need to be made for increasing the availability of HandyDART services. Priority should be given to the 6 transit systems with no HandyDART followed by those communities with no evening and weekend services.
13. The fees charged to clients who use HandyDART should be reviewed, and a more progressive approach that recognizes income and frequency of use be applied to ensure that cost is not a barrier for low-income seniors who need to use HandyDART. In particular, the consideration should be given to allow the BC Bus Pass to be considered eligible payment.
14. HandyDART users should be able to access HandyDART anywhere in the province, regardless of the local transit authority they are registered with.
15. The government work with the Health Authorities and the affected unions to establish a community drives program that will be administered through the home support program in all areas of British Columbia. The principles of access and equity that are enshrined in the home and community care program should be applied.



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