

## PA Senate Democratic Policy Committee Hearing

The Future of Mass Transit

Remarks by Laura Poskin, Executive Director of Age-Friendly Greater Pittsburgh

Good afternoon. My name is Laura Poskin. I am a gerontologist and the executive director of Age-Friendly Greater Pittsburgh, an initiative by Southwestern Pennsylvania Partnership for Aging and University of Pittsburgh School of Social Work. We are a leader in the World Health Organization's international age-friendly movement, with 940 participating cities and communities across the United States. In the coming weeks, Pennsylvania is set to announce its commitment as an Age-Friendly State.

What does it mean to be "age-friendly"? It means working together to make where we live more inclusive and respectful of all ages. Our region has the second oldest population in the U.S. when compared to others its size (second to Palm Beach, FL). We know that's a unique asset and opportunity: We have more people with career expertise, lived experience, buying power and deep community ties. **Over 90%** of Allegheny County residents 65 and older have lived here for more than 20 years.

We often hear the term "aging in place," but what we advocate for is "aging in community." For the most part, older people don't want to be "in place." None of us do. We don't want to be confined

to our living rooms. We want to participate in the communities we call home, and have called home for decades. We want to meet new people and maintain the connections that are meaningful to us. We want to make our own decisions and exercise choice.

None of that is possible without transportation.

Allegheny County is fortunate to have two robust public transit systems in **PRT fixed route service** and **ACCESS**. Many rural parts of our state are not as fortunate. Both PRT and ACCESS are critical and work in tandem based on a user's location and ability. Age-Friendly has been proud to partner with PRT and ACCESS over the years, assisting in the redesign of accessible seating and training bus operators on best practices to welcome older adults and riders of all ages.

Reducing fixed route service has countless ramifications for people of all ages. I want to share a few that you may not have considered:

- Caregivers—family care partners and professionals—will have to adjust their schedules based on availability of transit. If they have to leave over an hour earlier or get home two

hours later, that translates to care partners having to quit their jobs or Mom having to go to a nursing home. That translates to clients not being reached and lying in bed all day.

- Another aspect you may not have considered: Lifetime bus users do not transition well to paratransit. It's a different type of service—it's a higher cost and it's less flexible. These people may use ACCESS for critical trips like going to their doctor, but the spontaneous walk to the bus on a nice day—riding a few blocks to the coffee shop, greeting friends along the way, stopping at the senior center for a class—that does not happen. Isolation increases. Health declines.

Now I want to talk about ACCESS.

ACCESS provides about **one million trips a year** across Allegheny County. For many people with disabilities, ACCESS is their public transit. The bus is not an option. Imposing the ADA minimum service area would impact a **minimum of 60,000** trips annually. Virtually the entire North Hills, for example, would be outside the ADA service area.

Even if people could afford other options, there are virtually no on-demand wheelchair accessible transportation services in Allegheny County. Uber and Lyft do not have accessible vehicles. Please fight to **keep the current level of ACCESS service throughout Allegheny County.**

Now, let's talk about the fare hikes.

ACCESS as a “safety net” for older adults works, as long as the service is “usable.” ACCESS is very person-centered, with door-to-door assistance, drivers carrying shopping bags and hand-to-hand supervision for those who need it, but a key factor of **usability is affordability.**

While what people pay for an ACCESS ride is modest compared to the cost, the majority of older adults who use ACCESS are the “oldest old” (80 is the average age), have at least one disability, and have lower incomes.

Increasingly, services are not delivered locally—particularly medical care. If you've waited three months for an appointment and you get the call that says they have an opening at their office in Wexford, and you live in Bethel Park, you are going to take that

appointment **then try to figure out** how to get there. You can go on ACCESS, but the fare will be \$6.00 each way. A \$12.00 round trip may not sound unreasonable, but on a fixed income, that translates to lunch at a senior center for a month.

Higher fares will result in lower ridership, with people making choices not based on where they want or need to go, but what they can afford. Please fight to **cap the fares at the current top fare level of \$5.25.**

As for the proposed 11pm service ending time, the great majority of people who use ACCESS after 11pm are going to or from work, including older adults who work for minimum wage in janitorial or nursing home settings.

Investing in public transit—PRT fixed route service and ACCESS—means investing in our health, our economy, our workforce, our families and our quality of life, across our lifetimes. Transportation avoids institutionalization, which is both extremely costly and not what people want. People want to age in community. Both from the human and fiscal perspectives, this is an investment we can't afford not to make.