

Testimony for SEPTA's Public Hearing
FY 2008 Proposed Operating Budget

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Submitted By:
The Center for Advocacy for the Rights and Interests of the Elderly
(CARIE)
100 North 17th Street, Suite 600
Philadelphia, PA 19103
(215) 545-5728
(215) 545-5372 *fax*
www.carie.org

Introduction

Good morning. My name is Carrie Allison Givhan and I represent CARIE, the Center for Advocacy for the Rights and Interests of the Elderly. Thank you for the opportunity to present testimony today.

Our testimony reflects concerns regarding the proposed massive fare hikes for SEPTA Shared Ride and Paratransit as well as SEPTA's proposed service cuts. The Shared Ride Program provides a vital service to older adults who otherwise would not have an alternate means of transportation. These individuals rely on Shared Ride for a variety of reasons to maintain their health and independence. Shared Ride is a vital link to destinations such as medical appointments, grocery shopping, and recreational activities. Transportation is needed to prevent older adults from becoming isolated in our communities and to enable frail older adults to maintain their independence at home and out of nursing homes for as long as possible. Currently, the Shared Ride Program is difficult for older adults to afford particularly for those on a fixed income. Many riders also experience service problems. Despite its faults, the Shared Ride Program is still a vital resource. CARIE strongly opposes any proposed increase in fares for the Shared Ride Program or Paratransit as well as any service cuts because of the potential of causing serious consequences to older adults.

Adverse Effects of Increasing Shared Ride Fares

Unlike regular SEPTA fixed route service, Shared Ride has a designated funding source—the Pennsylvania Lottery. However, both of SEPTA's two proposed budget plans (Budget plan A and Budget Plan B) each propose to increase the Shared Ride and Paratransit fares. Shared Ride service and fares should not be impacted in any way because SEPTA is facing a projected budget deficit of \$150 million. The goal of having the Shared Ride Program subsidized through the state lottery is to assure that older adults who cannot utilize fixed route services will have access to transportation and not become isolated in their homes compromising their health and well-being.

The current one-way base fare of \$3.50 per registered Shared Rider and ADA Paratransit Rider already presents an extreme hardship for older adults on a fixed income. SEPTA is now proposing to increase the fare of a disabled ADA rider from \$3.50 to \$4.00. SEPTA's current proposed increase to \$4.00 per Shared Ride trip threatens to price the majority of older adults out of the system. Most older adults will not be able to afford the \$8.00 round trip cost to go to a medical appointment, grocery store, or any other location. Increasing the group Shared Ride to \$3.70 will cause an immediate reduction in the number of rides that the Philadelphia Corporation for Aging, PCA, will be able to subsidize.

SEPTA has a history of proposing to increase fares and cut service to older adults and the disabled. At previous public hearings held in October 2004 and in January 2005, CARIE presented testimony that the availability of transportation is a quality of life issue to older Philadelphians. Older adults, who are already at risk for being isolated, should not be denied opportunities by the lack of transportation to access vital resources such as religious and recreational activities. The Shared Ride system continues to be their means to obtain critical medical care and their means to community participation to escape from the trenches of isolation. CARIE's testimony today argues for these same reasons as to why fares should not be increased for older adults.

Long Term Care Workforce

Since much of the long term care workforce depends upon public transportation to commute to work, any SEPTA service cuts will place older adults who are homebound and dependent upon nurses and home care workers at risk. Older adults who depend upon home healthcare workers may experience a decline in their health and functional abilities. Long term care facilities that care for older adults may also experience a devastating impact in their ability to have adequate staff to meet the needs of residents. Who will provide care if SEPTA reduces or suspends service?

Case Examples

CARIE routinely receives calls from individuals asking about what transportation services are available to older adults. CARIE staff is able to refer them to Shared Ride and Paratransit as viable options. However, the proposed fare hikes will create a financial burden that many low-income older adults will not be able to afford. If an increase in transit fares is approved, then older adults who are currently struggling to survive on limited income will not be able to afford to access the transportation that they desperately need. Here are some examples of older adults who would be impacted by SEPTA's proposed fare increases:

"Mike," the adult son of "Mrs. H" who is an 85 year old woman, contacted CARIE to find out how his mother could get to doctor appointments. Mike wanted to be assured that his mother would be able to access her necessary medical treatment since he was unable to provide his mother with rides because he lives far away. Even though Mrs. H lives on low and limited income, she was not eligible for the Medical Assistance Transportation Program due to excess assets. The CARIE Advocate described the Shared Ride Program. Mike was extremely interested in Shared Ride as the Advocate talked in detail about its one-way \$3.50 cash fare and that it could provide trips aside from medical appointments. If the fares increase, Mrs. H may not be able to afford Shared Ride transportation or may be forced to severely limit the number of trips she takes each month thus further isolating her and affecting her quality of life.

In another case, the son of a 90 year old father contacted CARIE and explained many reasons why his father should no longer drive. The son, "Jr." reported that his father "Sr." is developing dementia yet he continues to drive. "Jr." discussed that "Sr." had recently driven himself to a doctor's appointment and falsely reported his own car stolen because he could not remember where he had parked. Consequently the city impounded the car after it sat abandoned for some time. The car was recently recovered. However, "Jr." feared that if his father begins driving again, his father could become disoriented and injure himself or someone else in the community. "Jr." does not want his father to continue driving but "Jr." understands that his father values independence and wanted assurance that his father would be able to access safe transportation if he stopped driving. A CARIE Advocate provided a detailed description of CCT's Shared Ride Program and discussed that "Sr." could be labeled "do not leave unattended" as a measure to prevent him from wandering off since he has dementia. "Jr." expressed gratitude that Shared Ride would help to keep his father safe, it would serve as his father's life link, and it would provide the entire family with peace of mind. Any service cuts would have a devastating impact to "Jr." and "Sr."

Conclusion

CARIE has extensive experience with issues related to Shared Ride, having assisted older adults with problems and complaints regarding transportation services for many years, and having served on the Shared Ride Advisory Council for most of its history. Founded in 1977, CARIE is a non-profit organization dedicated to improving the quality of life for frail older adults. CARIE's focus of concern spans the continuum of long-term care needs from those who are homebound to those who are institutionalized. Older adults who experience physical frailty or psychological impairment frequently have difficulty advocating for themselves and are often a silent group CARIE works to protect their rights and promote awareness of their special needs and concerns. Our comments stem from our experience on our CARIE LINE, a free telephone consultation service that helps older adults and their caregivers resolve problems related to elder care.

Thank you for the opportunity to comment and for sponsoring today's hearing.