Current Practices Used by Travel Trainers for Seniors

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Due to real and perceived barriers, seniors seldom use public transportation to fulfill their travel needs. This becomes especially relevant for those seniors who outlive their ability to drive safely. Travel training may be a method to overcome real and perceived barriers and may lead to an increased use of public transportation by seniors, thereby enabling continued access to goods and services as well as travelling for social and recreational activities. The purpose of this study was to determine current practices of travel trainers working with seniors.

Background

As the number of older adults continues to rise in most developed countries, many seniors are outliving their ability to drive (Foley, Heimovitz, Guralnik, & Brock, 2002). While it is often assumed that former drivers will simply start riding the bus, this does not happen. While public transportation is generally available only in urban/suburban areas (approximately 65% of seniors in rural areas have little or no access (Freeman, Gange, Muñoz, & West, 2006), even when it is available, older people use public transportation for only 2% to 3%

of their trips and represent only 7% of all riders (Beverly Foundation, 2003). Former drivers, without the financial resources to purchase rides or the social resources to obtain rides from others, face isolation and decreased access to needed goods and services as well as social and leisure pursuits.

Barriers to public transit use are many. Some of the barriers have to do with the infrastructure: walking to the bus stop, climbing the steps, and/or waiting at the bus stop. Other barriers are perceived: public transit is dirty, unsafe, and/or insufficient (Siren & Hakamies-Blomqvist, 2004). Additionally, many of the same things that contributed to driving cessation may prevent public transit use (e.g., diminished vision and ability to read bus schedules, memory problems that affect route planning, and decreased physical functioning that precludes walking to the bus stop or climbing the steps (Peel, Westmoreland, & Steinberg, 2002). Many of these barriers are related to seniors' unfamiliarity with transit systems and how to use them. One recent study concluded that many "…older adults do not have sufficient familiarity with, and knowledge of, public transit to successfully use it as a primary mode of transportation" (Babka, Cooper, & Ragland, 2009).

One potential intervention to empower seniors to use public transportation is the concept of travel training. Travel training is thought to have originated in New York in the 1970's (Wolf-Branigin & Wolf-Branigin, 2009) and refers to a program that provides individualized, one-on-one instruction in travel skills to individuals (Groce, 1996) and includes the trainer accompanying the trainee while using the system. Travel trainers typically work in the community and are employed by not-for-profit and for-profit agencies, including human service agencies, transportation agencies, and schools (Wolf-Branigin & Wolf-Branigin, 2009).

Travel training services are more often seen as a potential solution to enabling seniors to use public transportation systems and thereby lessening the negative effects associated with driving cessation. However, the literature is lacking in information regarding the provision of travel training services to seniors. The purpose of this project was to begin to understand travel training for seniors and to develop a resource listing current practices used by travel trainers when working with seniors, leading to the identification of best practices.

To determine if, indeed, travel training was commonly provided for seniors, a brief survey was performed, examining the Association for Travel Instruction's (ATI) online member registry. The association asks members to complete a questionnaire and a checklist indicating "trainees served." Of the 40 respondents listed in the registry, 30 completed this section of the questionnaire. Of these 30, 24 respondents (80%) said they provide travel training services to seniors.

Methods

A survey instrument was developed in collaboration with the National Center on Senior Transportation staff and other travel trainers. Since little empirical evidence exists regarding travel training practices specific to seniors, the survey employed open-ended questions in which information was collected regarding the types of organizations represented by the respondents, a description of their clientele, and how their marketing and service delivery for seniors differed from other populations receiving travel training services (see Appendix).

Participants were recruited via messages posted on the Global Travel Training Community online forum developed by the Easter Seals Transportation Group (*http://www.communityzero.com/gttc*), which lists 183 members. In addition to the online postings, individual e-mail notices informing members of this study were sent to all members. Flyers describing the study were created and distributed at the Association of Travel Instruction Conference held August 13-15, 2010. Finally, e-mail messages were sent to members listed on the Association of Travel Instruction's member registry

who indicated they provided travel training/instruction services for seniors.

After approval from Florida International University's (FIU) Institutional Review Board, graduate students in FIU's College of Nursing and Health Sciences, Physical Therapy Department and Occupational Therapy Department contacted those responding to the solicitations. Interviews were conducted via telephone and generally took no more than 10-15 minutes to complete. Conversations were recorded and later transcribed. Respondents' answers were entered into a database, coded, and then analyzed for frequencies and descriptive statistical analysis, as appropriate.

Results

Eleven people completed the survey. When asked to describe the type of organization for which the respondent worked, 55% (n=6) said they worked for either public transportation (n=5) or paratransit agencies (n=1); 36% (n=4) worked for non-profit organizations; and one respondent said they worked with a for-profit agency. In addition to the one person identifying as working for a paratransit agency, two of the public transportation agencies said they also provided paratransit services.

Eighty-eight percent of the respondents said they or their organization worked with human service organizations, which included: senior retirement communities,

TABLE 1: Clientele descriptions

	Frequency
Total: People with disabilities	**24**
People with disabilities	6
Physical disabilities/mobility issues	3
Cognitive disabilities	3
Mental health/mental illness	3
Those eligible for paratransit/ADA	3
Developmental disabilities	2
Autism	1
Children with special needs	1
Learning disabilities	1
Hearing and vision impairments	1
Total: Students	**5**
Physically transitioning students	2
Public school children	1
International students	1
Students of all ages	1
Total: Other	**11**
Seniors	7
People of all ages	1
Immigrants	1
People new to public transportation	1
Referrals from other agencies	1

TABLE 2: Clients' travel modes prior to travel training

	Frequency
Total: Automobiles	**12**
Drove their own cars	5
Family and friends	3
Door-to-door service	2
Cars	1
Case manager's car	1
Total: Vans/busses	**15**
Paratransit	7
Local senior vans	4
Bus service from another city	1
Local shuttle	1
Medical van	1
Public transportation	1

TABLE 3: Reasons why travel trainers provide services to seniors

	Frequency
Total: Increasing senior mobility	**25**
Increase public transportation ridership/fixed route use	9
To give people more options	7
To give people more independence	5
More accessibility to community	2
Increase mobility	1
For people to try new things	1
Total: Decreasing transportation costs	**7**
Affordability/cost effectiveness	4
Decrease paratransit costs	2
To avoid downtown parking	1

senior centers; senior and social service organizations, Independent Living Centers, schools, and federal organizations. Sixty-four percent reported they worked with their local Area Agencies on Aging.

When asked if they worked with other travel trainers, 82% responded positively. The number of other travel trainers working for these respondents' agencies ranged from 1-6 with a mean of 2.9 (SD=2.1) travel trainers.

People with disabilities accounted for the largest category when participants were asked to identify their clients. Other common categories of clientele included students and others of which seniors accounted for the largest number. See Table 1 for a categorized list of client descriptions and the frequency of reporting. When asked about the percentage seniors represented of their total clients, travel trainers said that seniors accounted for

TABLE 4: Marketing travel training to seniors

	Frequency
Senior centers	6
Community-based presentations/fairs/exhibits	5
Advertisements/brochures/article in senior newspaper	4
Health fairs/senior fairs	3
Inter-agency meetings/Area Agency on Aging	3
Senior communities/homes	3
Simulated bus experience/field trips	2
Through travel club	1
Public service announcement	1
Senior newspaper article	1
Video	1

TABLE 5: Travel training services provided for seniors

	Frequency
No differences in services provided	3
Group training	3
Repetitive strategies	1
Shorter duration of training sessions	1
Specific destination training	1
Paratransit eligibility	1
Additional assessments used to determine travel needs	1
More detailed training	1

between 5% and 45% of their clients (mean = 20%).

Participants were also asked how their senior clients travelled prior to travel training. The most frequent responses included travel in either an automobile or a van/bus (see Table 2). When asked their motivation for providing services to seniors, travel trainers' replies fell into two categories: increasing senior mobility and decreasing transportation costs for seniors (see Table 3).

Participants were also asked how they marketed their services to seniors and how it differed from marketing to other populations. The most common method of informing seniors about travel training services was presenting information at senior centers, community events, and at health fairs. See Table 4 for additional marketing strategies employed by travel trainers and their organizations.

In addition to asking travel trainers how their marketing to seniors differed from that to other potential clients, we also asked about the difference in specific types of services provided. While three respondents indicated methods for training seniors were no different than training for

TABLE 6: Obstacles for seniors

	Frequency
Fear of bus safety	6
Weather/environmental barriers/walking distances	4
Understanding/reading schedules	2
Fear of unknown	2
Long travel times	1
Reluctance to use public transportation	1
Not knowing about bus accessibility	1
Preference for riding paratransit	1
Overprotective family	1

TABLE 7: Strategies used to overcome obstacles

	Frequency
Safety precaution education	7
Enlarging/customizing schedules	2
Focus on positive/encourage seniors to try new things	2
Group training	1
Field trips	1
Practice in community	1
Ride with seniors	1
Modeling safe procedures	1
Promote security measures	1

other populations, several teaching strategies emerged, the most common being the use of group training. Table 5 lists services provided seniors by travel trainers that are different from services provided to other populations.

Travel trainers were asked what they perceived as obstacles to seniors using public transportation and travel training services. Concerns about safety and unfamiliarity with the system were most often cited. Table 6 lists other obstacles to providing travel training to seniors and enabling them to use public transportation.

Table 7 lists how travel trainers said they addressed some of these obstacles.

To determine the effectiveness of their travel training programs, all respondents said they either always (n=9) or sometimes (n=2) followed up with their clients. The frequency of follow-up surveys (of which 71% were conducted via telephone, the remainder used mailed surveys) varied, but all those responding (n=6) conducted a 3 month follow-up. Two organizations did more than one follow-up—one at one and three months, and the other at three,

six, and 12 months. All participants indicated their willingness to be contacted for additional information in the future.

Lastly, participants were asked if they currently received newsletters distributed by the National Center on Senior Transportation and, if they did not, they were invited to sign up for the electronic newsletter, NCST eNews and/or the quarterly print newspaper, NCST Today. Two of the 11 (18%) reported currently receiving both the NCST eNews and the NCST Today. All respondents not currently receiving these newsletters agreed to subscribe to both.

Discussion

This project sought to determine current practices used by travel trainers when working with seniors. The finding that people with disabilities were most frequently identified as clients of travel trainers is, of course, not surprising. Seniors were the second most frequently named group. It is likely there is some crossover between these groups, as more and more seniors are aging into disability. This finding would lend support to the practice of travel training for seniors.

While the finding that many clients of travel trainers are former car users (as drivers and passengers), it is somewhat surprising to find that the majority of clients use transportation other than the car. With paratransit users leading this group, it would appear that transitioning from paratransit use to public transportation use is motivation for either travel trainers, riders, or both. Additionally, many public transportation providers employ travel trainers to move riders from costly paratransit services to the relatively low-cost public transportation system. However, only two respondents said they were providing services to transition paratransit users.

Two main themes emerged from the survey questions asking why travel trainers provide services to seniors: increased mobility and decreased costs for seniors. There appears to be genuine desire of travel trainers to assist seniors with their mobility needs, freedom, and independence while showing concern for seniors' with limited financial resources.

Aside from targeting senior centers, senior housing, and senior events, there seems to be few differences in the marketing strategies employed by travel trainers and their organizations. And while three respondents said the services they offer to seniors are not different than the ones offered to other populations, several training strategies emerged. Group training led this category, which would incorporate a social aspect while receiving training. Otherwise, specific strategies, such as

employing repetition, having shorter training sessions, and providing training only for specific destinations, may be indicative of the capabilities and needs of seniors receiving travel training services.

Not surprisingly, respondents cited seniors' fears for safety as the primary barrier to using public transportation and, likely, a major barrier in seeking travel training services. In addition, unfamiliarity with using the system, reading schedules, long travel times, and just getting to and from the bus stop are well-documented concerns of seniors. Most of these concerns, however, seem to be addressed by strategies employed travel trainers employed to teach seniors about safety, using schedules, and providing hands-on experiences.

Conclusion

Travel training is a promising intervention to enable former drivers with access to public transportation continued access to their community, needed goods and services, and desired trips for social, leisure, and recreational activities. This study highlights the efforts of travel trainers to provide customized, individualized services for seniors. By identifying common, *current* practices employed by travel trainers for seniors, this study was the first step in identifying the best practices for recruiting and training seniors.

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Appendix: Survey Instrument

Best Practices for Travel Training for Seniors Survey

1. Please describe the type of organization for which you work? Do you work with any human service agencies? Do you work with the Area Agency on Aging (AAA)? *(note: some may work for a non-profit but are contracted through a public transportation agency)*

    a. transportation provider (public or private provider)

    b. aging services provider (e.g., AAA, Senior Center)

    c. private company, non-profit organization

    d. other

2. Do you work with other travel trainers and, if so, how many others?

3. Please describe your clientele.

4. What percentage of your clientele is aged 60 years and older?

    a. If respondent reports they do not serve this population, ask for elaboration as to why not?

    b. If respondent reports they do **not** serve seniors, go to question #9.

5. How did your seniors get around before they received travel training?

6. What is your primary motivation for providing travel training services to seniors? Why are you providing this service? *(Indicate whether the response is with regard to the person or the organization. Get both perspectives, if possible)*

    a. e.g., to help seniors be more independent, to enable some paratransit users to switch to public transportation

7. Please describe how marketing your services to seniors differs from other clientele

    a. e.g., "do you want to learn to ride the bus?" versus "do you want to go the antique show?"

8. Please describe how the services you provide to seniors differs from other clientele

    a. e.g., assessment, training strategies (individual versus groups)

    b. What are the obstacles to training seniors?

        i. Is safety an issue for seniors? How do you address this?

9. Do you follow up with your senior students to see if they continue to use public transportation? If so, what follow-up methods do you employ? What kind of information do you collect? Would you be willing to share this information with us?

10. Are you aware of any publications about travel training, especially those that provide evidence of effectiveness?

11. Ask: "Should we need additional information, may we contact you again?" ☐ Yes ☐ No

    a. If "yes": Please provide their preferred method of contact (phone, e-mail, mail) and information below

12. Say: "Lastly, the National Center on Senior Transportation publishes two newsletters, a monthly electronic newsletter and a quarterly print newsletter."

    a. Ask: Do you receive either of these newsletters?

        i. If yes, ask which one(s):

            ☐ NCST

            ☐ eNews

            ☐ NCST Today

b. If participant receives both, thank them and conclude the interview.

c. If participant does not receive either or both, ask if they would like us to sign them up, or if they would like more information (NCST description, eNews and Today information, below)

d. If more information is provided at this time, ask again if they would like us to sign them up and, if so, record the appropriate information.

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