

# *Merrimack Valley Elderly Transportation Study*

*Prepared for the  
Merrimack Valley Regional Transit Authority*

*By the  
Merrimack Valley Planning Commission*

*February 1, 2010*





## *Acknowledgements*

The Merrimack Valley Planning Commission thanks the following people for participating in the Elderly Transportation Study:

Joe Costanzo, Administrator, MVRTA

Jaimee Bellissimo, MVRTA

Laura Mailman, Merrimack Council on Aging

Cathy Fairchild, NEET

Dan Hobbs, Elderly Services of the Merrimack Valley

Irene O'Brien, North Andover Council on Aging

Elizabeth Poirier, North Andover

Colleen Ranshaw-Fioello, Georgetown Council  
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Prepared by the Merrimack Valley Planning Commission in cooperation with the Federal Transit Administration, the Executive Office of Transportation and the Merrimack Valley Regional Transit Authority. Funding has been provided under Grant #MA-80-x003 between MVPC, EOT, and through the MVRTA.

Photos: Cover (clockwise) MVPC, MVPC and Groundwork Lawrence.

# *Introduction*

In anticipation of the growing elderly population, communities are examining current transit services and potential changes needed as the baby boom generation heads into retirement. By 2015, it is anticipated that approximately 26,680 people in the Valley will be aged between 65-74 years old, representing a 35% increase from 2010 in this age range.

While the majority of Americans rely on the automobile for transportation, as people age they choose to stop or limit driving for a variety of reasons. Unfortunately, this has a huge impact on their quality of life and providing a variety of transportation choices can make a difference. According to a 2004 report by the Surface Transportation Policy Project, 21% of Americans ages 65 and older do not drive and more than 50% of those stay at home on any given day because they don't have transportation options.<sup>1</sup>

The 2009 Merrimack Valley Elderly Transportation Study takes a glance at available transportation services and with the assistance of experts in the field provides recommendations about what our communities and transportation service providers need to plan and carryout in order to meet the potential need of our elders over the next 20 years. This study is a planning document that is essentially an update to the Merrimack Valley Regional Transit Authority's 2004 Elderly Transportation Study and a companion to the 2008 Merrimack Valley Disabled Transportation Study.

<sup>1</sup> Bailey, Linda, Surface Transportation Policy Project. Aging Americans: Stranded Without Options, April 2004.

# Getting Around: Available Transportation

For seniors, getting around can mean a variety of things depending on ability and opportunities, from walking and bicycling to individual driving to ADA accessible public transportation. The majority of seniors drive, but a large percentage (21%) don't. For those 21% and perhaps more would choose transportation alternatives if they were convenient, accessible and available.

## Complete Streets

Communities are grappling with, among other things, how to increase quality of life for residents, address development pressures, and address the growing needs of the elderly population. All of these are interconnected. It may mean examining land use patterns, such as the location of 55+ communities and elderly housing in a community, so that residents may walk (or access transit) to places like the grocery store, post office, cafés, etc. In some cases it means rethinking the location of community buildings under design (such as new libraries and community centers) and commercial developments (i.e. grocery stores, etc.) so that they are built in accessible locations. In other cases, it means retrofitting village centers with sidewalks (that comply with ADA standards), crosswalks and safe transit shelters.

There is a movement underfoot in the United States called Complete Streets and, in May 2009, the American Association of Retired Persons published *Planning Complete Streets for An Aging America* ([www.aarp.org](http://www.aarp.org)). It states:

*"Complete Streets initiatives present an opportunity to improve the nation's travel options. A Complete Street is safe, comfortable, and convenient for travel by automobile, foot, bicycle and transit, regardless of age and ability."*

The basic premise is to plan with all users in mind and plan ahead so that improvements can be made as money becomes available and so that costly retrofits are not needed, such as redoing sidewalks that are not ADA accessible.



Clockwise from top left: [www.pdbikeimages.org](http://www.pdbikeimages.org)/Dan Burden, Haverhill, MVPC, Clipper City Rail Trail, MVPC, Andover train station, MVPC



MVPC

This study does not attempt to inventory community design but rather suggests that these elements should be considered in community planning in the Merrimack Valley. Such planning and design would have a positive impact on the transportation for all ages and is recommended throughout the Merrimack Valley Priority Growth Strategy. In addition, consequences such as walkability, bikability, etc could positively impact quality of life for residents and increase the overall experience for visitors to the region.

**Transit**

When seniors are no longer able to or comfortable with driving, most rely on friends or family to get around and many just stay home. Alternative transportation choices may also be cobbled together from a variety of sources. The following section reviews the current public or quasi-public choices available to seniors in the Merrimack Valley region.

**Merrimack Valley Regional Transit Authority**

The Merrimack Valley Regional Transit Authority (MVRTA) provides the bulk of the organized transportation services in the region.

Fixed Bus One Way Fare Information	
Type	Fare
Full Fare	\$1.25
Senior Citizens, age 60 & over*	\$.60
Transportation Disabled**	\$.60
Passangers with valid Medicare Card**	\$.60
Students, ages 13-17 all day on school days	\$.60
Children, 6-12	\$.60
Children, 5 & under with adult	Free
Transfer	Free

The MVRTA provides year-round local **fixed route bus service** to the communities of Amesbury, Andover, Haverhill, Lawrence, Merrimac, Methuen, Newburyport, and North Andover. Seasonal service to Salisbury Beach and Hampton Beach is provided during July and August. The MVRTA operates its bus service predominantly in the cities of Lawrence and Haverhill and has one route (Route 41) that goes beyond the region between Lawrence and Lowell.

The fixed route bus service operates on a Monday through Saturday schedule, with no service provided on Sundays or on holidays. The hours of operation vary by type of route and location. Lawrence-based routes typically begin operation at 5:00 AM on weekdays with service ending at 8:00 PM. Saturday bus service in Lawrence begins at 7:00 AM and operates until 7:00 PM.

The five local Haverhill-based routes and Route 51 begin operation at 5:30 AM on weekdays and end at 6:30 PM. Saturday service in Haverhill begins at 8:00 AM and runs until 5:00 PM.



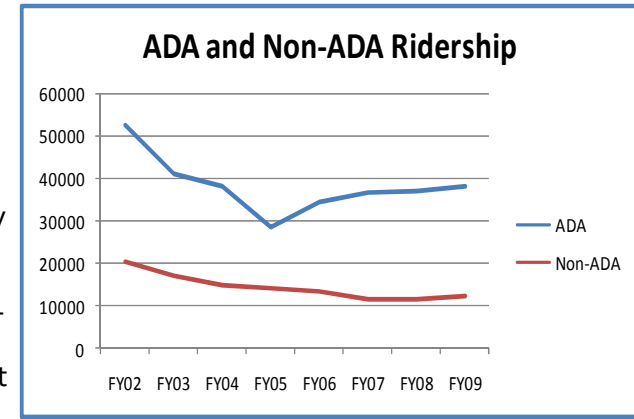
MVPC



The frequency of service also varies by route. All Lawrence-based routes operate every 30 minutes during peak hours (60 minutes non-peak) on weekdays and every 60 minutes on Saturdays. Haverhill-based routes operate every 60 minutes during peak hours (90 minutes non-peak) on the weekdays and every 90 minutes on Saturdays.

**EZTrans** is the MVRTA's special transportation service for the disabled and elderly in the Merrimack Region. It is provided by the MVRTA as well as Assist Medical and Andover Livery as subcontractors to MVRTA. The **ADA EZTrans** service is available to those people with disabilities, either physical or cognitive, which prevent them from using the fixed route bus system. The disability must conform to the definition outlined in the Americans with Disabilities ACT (ADA). All customers wishing to take advantage of this service must apply to be ADA certified by the MVRTA. One-way fare is \$2.00 and reservations must be made at least 24 hours in advance. The service is provided within three-quarters of a mile from any fixed bus route and only available during the fixed bus route hours of operation.

**Non-ADA EZTrans** service beyond the three-quarters of a mile restriction is also available to those customers who are certified as ADA and to those who are 60 years or older. Reservations must be made at least two days in advance. Rates for this service vary from \$3.00 to \$9.00 depending on the trip origin and destination points. This service is available Monday thru Friday from 8 a.m. to 5 p.m.



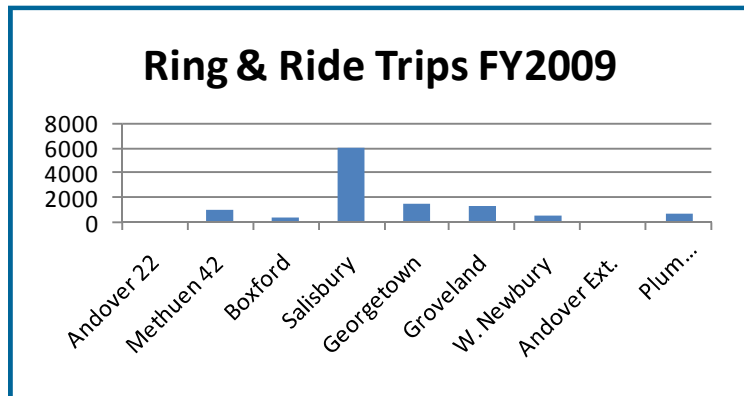
MVRTA

EZ-Trans Non-ADA Zone Fares								
	Haverhill	Lawrence	Methuen	No. Andover	Andover	Amesbury	Newburyport	Merrimac
Haverhill	3.00	5.00	5.00	5.00	5.00	5.00	5.00	3.00
Lawrence	5.00	3.00	3.00	3.00	3.00	9.00	9.00	5.00
Methuen	5.00	3.00	3.00	3.00	3.00	9.00	9.00	5.00
No. Andover	5.00	3.00	3.00	3.00	3.00	9.00	9.00	5.00
Andover	5.00	3.00	3.00	3.00	3.00	9.00	9.00	5.00
Amesbury	5.00	9.00	9.00	9.00	9.00	3.00	3.00	5.00
Newburyport	5.00	9.00	9.00	9.00	9.00	3.00	3.00	5.00
Merrimac	3.00	5.00	5.00	5.00	5.00	5.00	5.00	3.00



The MVRTA provides transportation to elderly customers and those with disabilities through the **Ring & Ride** (R&R) service. Ring & Ride is a shared ride, origin to destination or curb-to-curb service available primarily in those Merrimack Valley communities that do not receive fixed bus route service. The vans are lift-equipped. The cost to ride varies from free to \$2.00. Service is dictated by the needs and request of the community and can be altered when requested. Use of Ring & Ride varies from community to community and depends on several factors including need, knowledge and accessibility (goes where needed). The following graph shows the usage over a one year period from July 1, 2008 to June 30, 2009.

**Route 51:** This is an advance phone request origin-to-destination service along the scheduled routing. This shared ride service is for residents of the James Steam Mill located at 1 Charles St., and Heritage House located at 32 Low St., as well as Plum Island residents who live along the original Route 51 bus route. You must call at least 24 hours in advance to request the service and be able to meet the MVRTA vehicle along the route at the location you have predetermined with the MVRTA Office of Special Services.



Lawrence General Hospital

**22 R&R:** An advance phone request origin-to-destination service along the scheduled routing in Andover. You must call at least 24 hours in advance to request the service and be able to meet the MVRTA vehicle along the route at the location you have predetermined with the MVRTA Office of Special Services.

**42 R&R:** An advance phone request origin-to-destination service along the scheduled routing in Methuen. You must call at least 24 hours in advance to request the service and be able to meet the MVRTA vehicle along the route at the location you have predetermined with the MVRTA Office of Special Services.

**Boxford R&R:** This service allows all residents of Boxford to commute within Boxford with additional service to Georgetown, Haverhill and North Andover, plus these medical facilities: Holy Family Hospital in Methuen, Anna Jacques Hospital in Newburyport, Lawrence General Hospital, and the dialysis center in Amesbury (24 Morrill Place). This service will also allow you to connect to the MVRTA fixed route bus system in Haverhill. Transportation to the Senior Center is FREE to residents of Boxford who are 60 years of age and older.

**Georgetown R&R:** This service allows all residents of Georgetown to commute within Georgetown with additional service to Haverhill, Lawrence General Hospital, Anna Jaques Hospital in Newburyport, and the Rowley Commuter rail Station. This service will also allow you to connect to the MVRTA fixed route bus system in Haverhill as well as travel to the Town of Groveland and the dialysis center in Amesbury (24 Morrill Place).

**Groveland R&R:** An origin-to-destination transportation service for the residents of Groveland who are 60 years of age and older or have disabilities. This service allows these residents of Groveland to commute within Groveland with additional service to Haverhill, Lawrence General Hospital, Newburyport, and the dialysis center in Amesbury (24 Morrill Place). This service will also allow you to connect to the MVRTA fixed route bus system in Haverhill.

**Salisbury R&R:** This service allows residents of Salisbury to commute not only within Salisbury but to Amesbury and Newburyport as well. This service will also allow you to connect to the MVRTA fixed route bus system in Amesbury.

**Newbury R&R:** A new service as of July 2009, it allows residents of Newbury to travel anywhere within town as well as to Newburyport, Amesbury, Rowley and to the movies in Salisbury.



Anna Jaques Hospital

Northern Essex Elder Transport, Inc.						
FY 2008 October 1, 2007 - September 30, 2008						
Town	Round Trips	Medical	Shopping	Hair	Council on Aging	Bank
Amesbury	253	100%				
Boxford	55	95%		5%		
Georgetown	113	98%				
Groveland	184	86%	1%	11%		
Haverhill	64	100%				
Lawrence	60	100%				
Merrimac	381	61%	1%	9%	27%	1%
Methuen	404	100%				
Newbury	476	100%				
Newburyport	294	99%				
North Andover	431	100%				
Rowley	118	93%		6%		
Salisbury	23	100%				
West Newbury	321	75%				
2008 Total Trips	3177					

**West Newbury R&R:** This service allows residents of West Newbury to commute not only within West Newbury but to Amesbury including the dialysis center (24 Morrill Place), Newburyport, Groveland, Haverhill and Holy Family Hospital in Methuen. This service will also allow you to connect to the MVRTA fixed route bus system in Haverhill.

## Other Transportation Providers

**Northern Essex Elder Transport** provides transportation to the elderly by utilizing volunteer drivers, who are often elderly themselves. The program is designed for elders and may have some crossover in providing transportation to people with disabilities, however NEET does not breakdown the number of trips by customer ability (i.e. cane, walker, vision impaired). In general, their customers must be somewhat mobile in order to participate in the program.



### Senior Centers and Councils on Aging

Every community in the Merrimack Valley has a senior center and/or Council on Aging. The transportation services provided by these agencies varies from community to community. Most communities provide rides to medical appointments as well as grocery shopping and limited recreational activities. The table below outlines the services provided by each Council on Aging that responded to the request for information.

**Transportation Services Provided by Councils on Aging in the Merrimack Valley**

Town	Trips/ Month	2008 Trips	Days per week	Van	Volun- teers other than NEET	Shared van	Where							
							Medical	Sr. Center	Grocery	Other Shopping	Recrea- tion	Church	Social Services	Other
Boxford	30	300	5	1			X	3x/wk	1x/wk	X	X		X	
Georgetown	9	108	2	1					X	X				
Groveland		913	4	1				1x/wk	1x/wk	1x/every other month to NH	X		X	
Newbury				1		W/Rowley			1x/week					
North Andover	168	5,452	5	2			Daily	Daily	3x/week	X	X	Special Services		X
Rowley	20	200	5	1	X	W/ New- bury	X	X	X	X	X	X	X	
W. Newbury	20	250	4-6	1	X		X	X	X	X	X		X	
ESMV	65	595	5		X		X			Pharmacy				
					*									

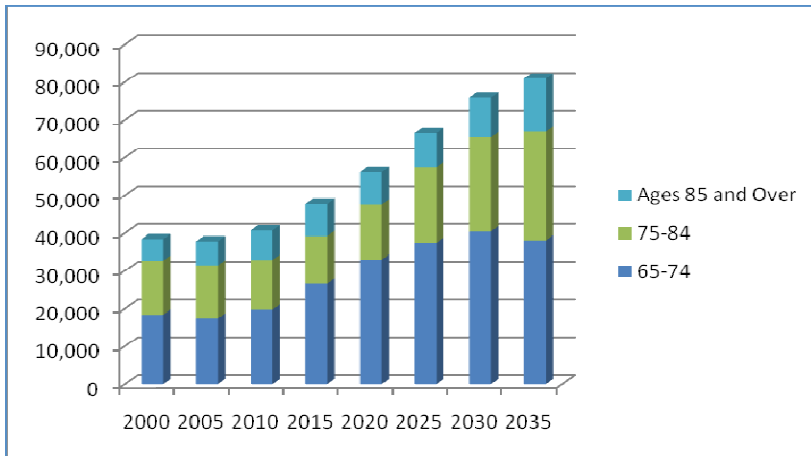
\* Elder Services of Merrimack Valley services 23 towns and cities in the Merrimack Valley. They coordinate volunteer drivers to take clients to medical appointments. They also coordinate Friends-in-Deed volunteers who provide transportation on Saturday and Sunday to social events, grocer shopping, church, etc.

# Looking Toward the Future

Forecasting the future transportation needs depends greatly on the number of people who may actually need services. The Merrimack Valley Planning Commission uses data from the 2000 Census, and both its Regional Economic Model and Travel Demand Forecasting model to estimate population growth between 2000 and 2035.

Not surprisingly, the elderly population 65 and older will grow over the next 25 years, with the greatest overall increases occurring between 2015 and 2025. The table above shows both the forecasted population as well as the percent change from year to year. The peak increases for each age group has been highlighted.

**Merrimack Valley Elderly Population 2000-2035**



**Merrimack Valley Elderly Population 2000-2035 with Percent Change**

Age	2000	2005	2010	2015	2020	2025	2030	2035
<b>65-74</b>	18,469	17,405	19,720	<b>26,680</b>	32,985	37,533	40,449	38,122
<b>Percent Change</b>		-5.76	13.30	<b>35.29</b>	23.63	13.79	7.77	-5.75
<b>75-84</b>	14,282	14,030	13,211	12,552	14,628	<b>20,038</b>	24,951	28,740
<b>Percent Change</b>		-1.76	-5.84	-4.99	16.54	<b>36.98</b>	24.52	15.19
<b>85 +</b>	5,705	6,461	7,778	8,482	8,681	8,923	10,593	<b>14,139</b>
<b>Percent Change</b>		13.25	20.38	9.05	2.35	2.79	18.72	<b>33.47</b>
<b>Totals</b>	38,456	37,897	40,709	47,713	56,293	66,493	75,993	81,002
<b>Percent Change</b>		-1	7	17	18	18	14	7

By 2015, the number of residents between the ages of 65 and 74 will have increased over 35%. This represents the peak of the baby boom generation. By 2025, this group will be between 75 and 84. Therefore, if there are to be transportation service changes that will address the increased transportation needs of this group, those changes will need to be implemented within the next five to ten years.

The table on the following page provides a glance at the population changes for this age group in each community.

Change in Over 65 Population			
	2000	2035	% Increase
Amesbury	1,969	4,152	111
Andover	3,831	8,070	111
Boxford	740	1,539	108
Georgetown	691	1,443	109
Groveland	619	1,286	108
Haverhill	7,547	15,921	111
Lawrence	7,075	14,937	111
Merrimac	675	1,410	109
Methuen	6,719	14,101	110
Newbury	721	1,507	109
Newburyport	2,414	5,096	111
North Andover	3,644	7,742	112
Rowley	515	1,092	112
Salisbury	931	1,941	108
West Newbury	365	765	109
<b>Total</b>	<b>38,456</b>	<b>81,002</b>	<b>111</b>

**Elderly Population Forecast 2000-2035 by Community**

	2000	2005	2010	2015	2020	2025	2030	2035
<b>Amesbury</b>								
65 to 74 years	1,025	966	1,094	1,481	1,831	2,083	2,245	2,116
75 to 84 years	650	639	601	571	666	912	1,136	1,308
85 years +	294	333	401	437	447	460	546	729
<b>Total</b>	<b>1,969</b>	<b>1,937</b>	<b>2,097</b>	<b>2,489</b>	<b>2,944</b>	<b>3,455</b>	<b>3,926</b>	<b>4,152</b>
<b>Andover</b>								
65 to 74 years	1,946	1,834	2,078	2,811	3,475	3,955	4,262	4,017
75 to 84 years	1,327	1,304	1,228	1,166	1,359	1,862	2,318	2,670
85 years +	558	632	761	830	849	873	1,036	1,383
<b>Total</b>	<b>3,831</b>	<b>3,769</b>	<b>4,066</b>	<b>4,807</b>	<b>5,684</b>	<b>6,689</b>	<b>7,616</b>	<b>8,070</b>
<b>Boxford</b>								
65 to 74 years	453	427	484	654	809	921	992	935
75 to 84 years	230	226	213	202	236	323	402	463
85 years +	57	65	78	85	87	89	106	141
<b>Total</b>	<b>740</b>	<b>717</b>	<b>774</b>	<b>941</b>	<b>1131</b>	<b>1332</b>	<b>1500</b>	<b>1539</b>
<b>Georgetown</b>								
65 to 74 years	378	356	404	546	675	768	828	780
75 to 84 years	243	239	225	214	249	341	425	489
85 years +	70	79	95	104	107	109	130	173
<b>Total</b>	<b>691</b>	<b>674</b>	<b>724</b>	<b>864</b>	<b>1030</b>	<b>1219</b>	<b>1382</b>	<b>1443</b>
<b>Groveland</b>								
65 to 74 years	355	335	379	513	634	721	777	733
75 to 84 years	216	212	200	190	221	303	377	435
85 years +	48	54	65	71	73	75	89	119
<b>Total</b>	<b>619</b>	<b>601</b>	<b>644</b>	<b>774</b>	<b>928</b>	<b>1100</b>	<b>1244</b>	<b>1286</b>
<b>Haverhill</b>								
65 to 74 years	3,463	3,264	3,698	5,002	6,185	7,037	7,584	7,148
75 to 84 years	2,895	2,844	2,678	2,544	2,965	4,062	5,058	5,826
85 years +	1,189	1,347	1,621	1,768	1,809	1,860	2,208	2,947
<b>Total</b>	<b>7,547</b>	<b>7,454</b>	<b>7,997</b>	<b>9,314</b>	<b>10,959</b>	<b>12,959</b>	<b>14,850</b>	<b>15,921</b>
<b>Lawrence</b>								
65 to 74 years	3,190	3,006	3,406	4,608	5,697	6,483	6,986	6,585
75 to 84 years	2,738	2,690	2,533	2,406	2,804	3,841	4,783	5,510
85 years +	1,147	1,299	1,564	1,705	1,745	1,794	2,130	2,843
<b>Total</b>	<b>7,075</b>	<b>6,995</b>	<b>7,503</b>	<b>8,720</b>	<b>10,247</b>	<b>12,118</b>	<b>13,899</b>	<b>14,937</b>

	2000	2005	2010	2015	2020	2025	2030	2035
<b>Merrimac</b>								
65 to 74 years	390	368	416	563	696	793	854	805
75 to 84 years	217	213	201	191	222	304	379	437
85 years +	68	77	93	101	103	106	126	169
<b>Total</b>	<b>675</b>	<b>658</b>	<b>710</b>	<b>855</b>	<b>1022</b>	<b>1203</b>	<b>1359</b>	<b>1410</b>
<b>Methuen</b>								
65 to 74 years	3,089	2,911	3,298	4,462	5,517	6,277	6,765	6,376
75 to 84 years	2,728	2,680	2,523	2,398	2,794	3,827	4,766	5,490
85 years +	902	1,022	1,230	1,341	1,373	1,411	1,675	2,235
<b>Total</b>	<b>6,719</b>	<b>6,613</b>	<b>7,051</b>	<b>8,201</b>	<b>9,683</b>	<b>11,516</b>	<b>13,206</b>	<b>14,101</b>
<b>Newbury</b>								
65 to 74 years	411	387	439	594	734	835	900	848
75 to 84 years	236	232	218	207	242	331	412	475
85 years +	74	84	101	110	113	116	137	183
<b>Total</b>	<b>721</b>	<b>703</b>	<b>758</b>	<b>911</b>	<b>1,088</b>	<b>1,282</b>	<b>1,450</b>	<b>1,507</b>
<b>Newburyport</b>								
65 to 74 years	1,194	1,125	1,275	1,725	2,132	2,426	2,615	2,465
75 to 84 years	841	826	778	739	861	1,180	1,469	1,692
85 years +	379	429	517	563	577	593	704	939
<b>Total</b>	<b>2,414</b>	<b>2,381</b>	<b>2,570</b>	<b>3,027</b>	<b>3,570</b>	<b>4,199</b>	<b>4,788</b>	<b>5,096</b>
<b>N. Andover</b>								
65 to 74 years	1,552	1,463	1,657	2,242	2,772	3,154	3,399	3,204
75 to 84 years	1,387	1,363	1,283	1,219	1,421	1,946	2,423	2,791
85 years +	705	798	961	1,048	1,073	1,103	1,309	1,747
<b>Total</b>	<b>3,644</b>	<b>3,624</b>	<b>3,901</b>	<b>4,509</b>	<b>5,265</b>	<b>6,203</b>	<b>7,131</b>	<b>7,742</b>
<b>Rowley</b>								
65 to 74 years	269	254	287	389	480	547	589	555
75 to 84 years	157	154	145	138	161	220	274	316
85 years +	89	101	121	132	135	139	165	221
<b>Total</b>	<b>515</b>	<b>509</b>	<b>554</b>	<b>659</b>	<b>777</b>	<b>906</b>	<b>1,029</b>	<b>1,092</b>
<b>Salisbury</b>								
65 to 74 years	541	510	578	781	966	1,099	1,185	1,117
75 to 84 years	306	301	283	269	313	429	535	616
85 years +	84	95	115	125	128	131	156	208
<b>Total</b>	<b>931</b>	<b>906</b>	<b>975</b>	<b>1,175</b>	<b>1,407</b>	<b>1,660</b>	<b>1,875</b>	<b>1,941</b>
<b>West Newbury</b>								
65 to 74 years	213	201	227	308	380	433	466	440
75 to 84 years	111	109	103	98	114	156	194	223
85 years +	41	46	56	61	62	64	76	102
<b>Total</b>	<b>365</b>	<b>356</b>	<b>386</b>	<b>466</b>	<b>556</b>	<b>653</b>	<b>737</b>	<b>765</b>

# Transportation Gaps and Recommendations

Gaps in service and transportation needs were taken from those developed during the public participation process for the 2004 Elderly Transportation Study, the 2007 Coordinated Public Transit-Human Services Transportation Plan and the 2008 Disabled Transportation Plan. Study Committee members were asked to comment on the list of gaps and provide any changes. Recommendations were then developed to respond to the gaps in services and potential future needs. Below is a list of the gaps that were developed.

1. Mobility alternatives for inter-city travel.
2. Safer pedestrian access.
3. Cost of paratransit and Ring and Ride Services.
4. Limited nighttime transportation services.
5. Ride times on the fixed route buses.
6. Limited transportation choices for medical trips outside the region.
7. Transportation access to some afternoon council on aging transportation programs.
8. Lack of awareness of alternatives to driving.
9. Challenge of flag stops and not knowing where to catch the bus.
10. Lack of bus shelters.



Photo credits clockwise from left: MVPC, Bryce Hall/Rails-to-Trails Conservancy, MVPC

11. Limitations associated with driving, such as vision problems, cognitive limitations, side effects of medications, slower reaction times, muscular difficulties and disease.
12. Geographic limitations of the fixed bus route system and Ring & Ride.
13. Enhanced assisted transit service.
14. Better coordination of services (private and/or public); mobility management.

A list of 28 possible recommendations addressing the gaps and needs was generated through discussions and study committee members were asked to prioritize those recommendations. The table on the following page lists those recommendations. The time frames included are guidelines only and reflect the desire by the committee to see these changes made either in the short-or long-term. An effort was also made to take into account potential costs associated with the recommendations. In addition, some recommendations span many years demonstrating either the on-going nature of the activity or the fact that the service change may take number of years to implement.

Of the eighteen recommendations, the top priority was the need to provide medical trips outside the region. The second priority was driver sensitivity training. While the MVRTA already provides this training, this prioritization reflects the importance that committee members place on this activity.

Several recommendations suggested improvements to current MVRTA services, though there is also the potential to coordinate with other entities to address this unmet need. Increased frequencies and evening and weekend hours is an unmet need commonly voiced across the board among all age groups. However, as people age, vision impairments or other reasons lead elders to drive less during the darker hours, which occurs earlier in the winter months. In addition, Sunday

service would open up more possibilities for elders who may need to get to church or other activities. It is also recognized by the committee that it may be time to reassess the Ring & Ride service with each community to ensure that the service is meeting the needs of each community.

Technology improvements such as on-line scheduling and employing a debit system would be useful updates especially for the next generation of elders who are more comfortable with the internet and other technologies.

Three recommendations addressed community design, including encouraging transit oriented land use development guidelines to ensure that future facilities are developed near transit, safe routes to senior centers and through town and safe pedestrian crossings. These recommendations speak to the need to make and/or keep our communities walkable so that elders, and anyone for that matter, can opt to use their legs instead of a set of wheels to get around communities.

Finally, improvements to transportation services will mean nothing if people are unaware of these choices or are uncomfortable with them. Travel training programs, marketing, clearer information and an on-line clearinghouse all speak to the need to get the word out. Certainly improvements can be made today to make these transportation choices more "friendly". But it is also important to keep in mind that marketing practices for today's elderly may not be adequate in the future for a group of people who are more accustomed to find out information through a variety of non-traditional sources.

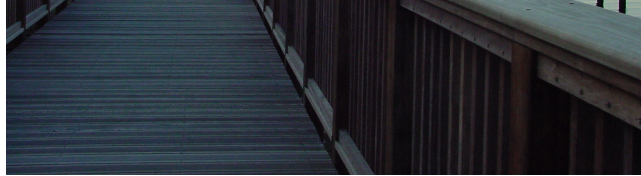
### **Next Steps**

Addressing gaps in service will require a multi-pronged approach of individuals, government agencies and organizations. Many of the suggestions included in the plan may be addressed through the MVRTA's Strategic Planning Process as well as through the Merrimack Valley Metropolitan Planning Organization's Regional Transportation Plan.

### Recommended Actions and Timeframe for Implementation

Priority Recommendation	Timeframe			
	1-3 Years	4-6 Years	7-9 Years	10-15 Years
1 Medical Trips Outside Region	<b>X</b>			
2 Driver Sensitivity Training	<b>X</b>			
3 Establish Driver Training Program		<b>X</b>		
4 Evening and Weekend Hours for Transit	<b>X</b>			
5 Conduct Driver Education Programs; link to renewal of drivers licenses	<b>X</b>			
6 Reassess Ring & Ride service with each community to see how those services can be improved	<b>X</b>			
7 Encourage transit oriented land use development guidelines to ensure that future facilities are developed near transit		<b>X</b>		
8 Clearer information about services/increased marketing	<b>X</b>			
9 Safe Routes to Senior Centers and through town	<b>X</b>	<b>X</b>	<b>X</b>	
10 Improved fixed route service frequencies	<b>X</b>			

Priority Recommendation	1-3	4-6	7-9	10-15
	Years	Years	Years	Years
11 Establish car pool programs at senior centers and housing facilities		<b>X</b>		
12 Safe pedestrian crossings	<b>X</b>	<b>X</b>		
13 Information technology that allows service provider to know what the needs are of those requesting service			<b>X</b>	
14 Clearinghouse of information on transportation choices, driver and transit training opportunities, pedestrian safety, etc. Info should be on the web.		<b>X</b>		
15 On-line scheduling				<b>X</b>
16 Debit system				<b>X</b>
17 Provide feeder services from paratransit to core fixed routes		<b>X</b>		
18 Expand NEET Volunteer Driver Program		<b>X</b>		



## Public Comments

To ensure that the needs of the elderly were well represented during the development of this study, the Merrimack Valley Planning Commission and the Merrimack Valley Regional Transit Authority invited representatives from each community in the region to participate in a study committee. In addition, NEET and AARP were invited to participate. Their knowledge and expertise were important to the process and their participation was much appreciated.

During the 30-day comment period, the MVPC received four comments. Those comments and the responses are contained below.

1. Joe Costanzo, MVRTA , requested changes to the service times for Lawrence and Haverhill buses found on page 6. Those changes were made.
2. In comments received from Colleen Ranshaw-Fiorello, Georgetown Council on Aging, she stated "Transportation represents a significant issue for elders in our town." She described that clients needing to access a dialysis center in Newburyport, which is not part of the MVRTA agreement, require two drivers per trip, which adversely affects their ability to provide services to others.

**Response:** The need to reassess Ring & Ride Service in each community to see how these services can be improved was the sixth top priority recommendation from the study group. The Councils on Aging, MVRTA and Selectmen in each town need to reassess their needs and how they can be better met.

3. Theresa Poore, West Newbury Senior Center, provided the following comments:

Ms. Poore corrected information about West Newbury services by providing information about the number of NEET rides for page 8. She also noted that the population numbers for group 65+ in West Newbury for 2000 and 2005 do not match the town's records (423 and 430 respectively).

**Response:** The population numbers used in the report were estimates based on the U.S. Census and the REMI model. Ms. Poore's example points out the challenge faced in using estimates. However, for consistency we will continue to use the numbers provided with a note that they are estimates.

4. Kathryn Prybylski, Groundwork Lawrence, provided the following comment:

"Through our work with youth and in the community we see a strong demand for better pedestrian crossings and safer routes throughout the city. I would like to propose that the timeframe for Priority Recommendations numbers 9 and 12, Safe Routes to Senior Centers and through town and Safe Pedestrian Crossings be given more priority than the 10-15 year outlook in the plan. Residents who use public transportation and their feet or bikes to get around the Merrimack Valley region are vulnerable to unsafe road and traffic conditions. By improving and expanding route service, transit oriented development, pedestrian/bike friendly corridors, and car pooling programs at senior centers, senior use of these services will increase as will their use of existing sidewalks, roads and pathways to access those services. Safe routes need to be instituted simultaneously with improved services for the seniors as well as for the greater community."

**Response:** The timeframe was changed to better reflect that short-term and long-term improvements may be made.