

Testimony Submitted for the Record
of
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Introduction

Thank you, Mr. Chairman, and let me join my colleagues in welcoming you to the Northeast. We very much appreciate your coming here.

I have the pleasure of serving as the Director of a research organization that is now starting a three year program to explore three elements of rural transportation. My organization, The New England Transportation Institute, is examining 1) issues of rural mobility, 2) issues of connectivity of the system for rural residents, and 3) issues of rural safety.

- Concerning mobility, we will ask the residents of Maine New Hampshire Vermont and Northern New York if *they* think they are isolated, and if so, why.
- Concerning connectivity, we will explore the potential of existing and evolving information technology to match up people who need service with organizations that know how to provide services.
- Concerning safety, we will explore the question of why rural young men die in highway accidents at a rate *five times* that of their urban counterparts.

We have structured this testimony for submission to the Commission using these three main issues areas.

I. Concerning Mobility and Demographic Change

You have invited me here to say a few words about rural transportation issues. In many ways those issues are similar to others that have already been aired here today. And, in many ways, they are different.

Let me put some perspective behind that point. In transportation planning based on the metropolitan experience, we have some well established rules: congestion is bad, and very often, investment in additional capacity is an important part of a strategy to deal with it. We have good ways to measure congestion, and anyone knows the difference between Level of Service C and Level of Service F.

But, when we shift the subject to the evaluation of transportation in *rural* areas, we have a big problem. The problem is that the measures of performance we apply in the metropolitan areas may not be the right measures to apply in the rural areas. In many cases, we are simply asking the wrong question, or not asking any questions at all!

For much of America, the failure of the transportation system is not so much about “congestion” as it is about “isolation.” And there may be some major funding/financial support issues implied by this observation.

In many ways, isolation is the opposite of mobility. Isolation results from many factors, most of which are beyond our scope today. Isolation occurs when the local store closes down, because of the opening of a regional retail center many miles away. Isolation occurs when the local doctor is replaced by a regional medical center, also many miles away. In many rural areas, the support function of the local small town has disappeared; and the most basic trips are now longer in distance.

The committee has asked me to provide a “Northeast” point of view here, and what I am about to say may not be true of Wyoming, but it is true of Maine, New Hampshire and Vermont.

Here, we are sitting on a demographic time-bomb.

In our rural areas, we are experiencing two demographic changes at the same time. In many places, our young people are leaving to find work elsewhere. Many of the same areas are attracting “exurban” folks who have already worked in the urban areas, and choose to escape from them.

So, our remaining local population is aging naturally, and to boot, we see an exodus of younger workers, and an influx of older ones.

When you are forty, and when you are fifty, the problem of isolation is solved with a few more dollars at the gas pump, and few more hours behind the wheel. When you are seventy-five, there will soon come a time when you cannot, or just should not, drive at all. All of this adds up to a geographical setting that assumes the availability of private cars; those with lessened access to them must deal with the isolation problem.

Within many urban areas, the infrastructure to deal with this change is basically in place. The systems for transit, paratransit, and community based services are there. The van owned by the church, social service agency or hospital may have to pick a few more people on a route it already covers. But this is incremental change, to be dealt with on an incremental basis.

By contrast, the rural institutions needed to deal with the changes in the “baby-boomer” generation either do not exist, or are simply not scaled to deal with the challenge that is coming. Millions of rural Americans are isolated from services that you and I take for granted. Over the next twenty years, the number of rural Americans who become more functionally isolated will be akin to a tidal wave on our national psyche. In a recent survey in New Hampshire, about 10% of respondents stated that they were worried about their ability to continue driving in the next few

years. And, a somewhat startling 6.5% said they “had missed or not chosen to schedule a medical appointment because they did not know they could get a ride.”¹

In short, Mr. Chairman, it is my suggestion to the Commission that the issue of the integration of health/human services transportation with more traditional transit services (and in specific the severity of this problem for the rural areas) be elevated to become a focus of your deliberations.

There are other examples where, in approaching rural issues, we do not have the same set of tools and metrics available compared with those for the metropolitan level. It is possible now to observe two separate geographic contexts for those Americans who live outside of Metropolitan Statistical Areas (MSA). We can observe the truly rural, for whom travel distances are extremely long, and for whom social services will have to be provided sensitively to overcome those challenges. But there is also a second category, as defined by the US Census, to describe areas outside of the MSA's; these are the “micropolitan” areas. According to the Census, one in ten Americans lives in an area with a dominant town of 10,000 to 50,000 population, which are not adjacent to an existing MSA. The Office of Management and Budget made a policy decision in June of 2003, to direct the US Census to create this new category to help us understand how the country is actually laid out, and how it functions in this century.

In our work on rural transportation issues, we have found the definition of micropolitan areas to be very beneficial, and yet we have very few transportation policies explicitly designed to deal with them.

I would argue, Mr. Chairman, that these 575 areas represent a new canvass upon which the national picture is to be drawn. To categorize them as just as simply “rural” no longer makes sense. They have become subcenters of their own, in a world in which jobs, retailing and major institutions seem to cluster together, often far from existing housing locations.

And yet, the tools of support for the development of these areas, such as the highly successful Metropolitan Planning Organizations, do not exist, or are not made available to the local decision makers in these areas. And yet this is a frontier where agents of change are young, and not yet jaded by the scale of the problem. In my home micropolis, centered around Lebanon NH, Hanover NH and White River Junction VT, we have free public transportation with high headway services on the largest lines. Yes, free. But the managers of that system are suspended in a gap in the national funding system; and we do not even have a Metropolitan Planning Organization where the allocation of locally oriented surface transportation dollars can be discussed in an organized manner.

In our micropolis, sidewalks are being carved out of the wilderness, bike lanes are being painted onto our biggest arterials, and abandoned rails are reappearing as trails. The areas are still small enough that individual initiatives can be encouraged at the community level, in spite of the lack of federal funding categories to support their innovations.

¹ The Institute on Disability/UCED at UNH, “New Hampshire Speaks Out,” 2006

Without question, the Commission will be making recommendations concerning the needs of our great metropolitan areas, and we hope you will be examining the developing trends in our rural areas; but it is my specific suggestion that your Commission encourage the US DOT to undertake a series of policy studies of the extent to which these 575 American communities are being given the support services and programs they need.

II. Rural Information Technology to Improve Mobility and System Connectivity

Whether we are dealing with the longest length trips, those in the truly “rural” areas, or with a pattern of trip-making to newly developing subcenters of development outside of the traditional Metropolitan, we are concerned with the need to create more innovative policies, programs and services to deal with problem of “isolation” of persons in the non-metro areas. In keeping with this concern, we would ask if enough national priority is being allocated to the development of “Intelligent Transportation Systems” (ITS) technologies for rural application.

The basic ITS technological resources, of course, already exist. Highway directions in massive detail are available for any auto trip, and any kind of car. And the same highway trip planning will soon be restructured and redesigned for use in the cell phone. Without question, ITS technology is being successfully applied to the trip by private automobile.

But, for the rural American who wants to take the bus or the train to or from a rural area, very little help or encouragement is provided to the individual who seeks a sustainable alternative to the automobile. The longer distance trip in a rural area is usually characterized as being multi-modal and multi-segment in nature. To plan such a trip you need some information from the inter-city carrier, and some information from the local transit operator, and maybe come information about other local services, such as the taxi.

At the very least, we need to develop information technology that would reveal the extent that our citizens really are “isolated” from connections to medical care, and employment opportunities. A mature rural passenger information system would be able to describe the mobility options that exist, and to “flag” for the policy maker the location of those who really need more help in getting to the hospital centers, and to other vital services. Ultimately, we will have to do better in connecting those who need a ride to the hospital with those that have a ride to the hospital.

In your deliberations in this area, I would encourage the Commission to learn more about rural trip planning/brokerage services in Modoc County, CA, and in statewide applications under development in both Oregon and Washington State. In the east, I would draw the Commission’s attention to the rural programs of the I-95 Corridor Coalition, particularly in support of the Explore Maine project of the Maine DOT.

III. Concerning Rural Transportation, Safety and Health

Finally, we are examining a surface transportation policy issue that cannot be ignored in the rural areas: safety on the roadway system. It is sometimes tempting to dismiss the rural experience as passive and bucolic. Looking at the issue of highway safety, the opposite is true. The rural areas are experiencing a serious threat to the lives of our young people -- the death rate from automobile accidents. Figure X below, compiled for the New England Transportation Institute, tells the story.

Looking the national traffic safety data, the graph shows that *rural* young males between 18 and 28 have a death rate on the highways that is five times that of their urban counterparts. And, as we move from left to right on the graph, looking at the pattern for older cohorts, the rural death rates consistently remain higher for all age groups, with an alarming increase in our oldest drivers. No matter how you slice it, death on the highway is a more immediate problem in the rural areas than in the urban areas. And it does not seem to be going away.

Mr. Chairman, over the next two years we will be working with colleagues at the state, university, and international research levels to try to bring a fresh perspective to this question. Working with a top-rank group of psychologists and public health researchers, we will be exploring some very tough questions; including the extent to which our very society is sending mixed messages to our youth about the desirability of speeding and other risk taking behavior. Could it be that we are telling our young people that speeding is bad, as we sit on the couch and watch movies with a “good” chase scene, followed by a commercial showing how fast our cars can go?

For some in our society, the death rate on the highway is a matter of concern. For our rural young men, the death rate on the highway is a pandemic. This fact alone could have implications for the funding requirements of the nation’s highway system over the next 15 years.

Thank you for the opportunity to share with you our views about the needs of rural areas for surface transportation over the next decades.