

**Kathy Greenlee, Administrator,
Administration for Community Living**

**Remarks at the "Rides to Wellness" Summit
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Therese, thank you. Thank you for the convening, thank you for the invitation to come today. It's nice to be with you all. What a cool group of people. I had a chance to look at the invitation list and you come from a little bit of everywhere. So, I hope the afternoon achieves what you're hoping which is the cross pollination of ideas and introductions. It's a good thing that I don't know everyone in the room. That means we've got a nice mix. So, congratulations for the convening.

I want to recognize, before I start, a couple of our staff here, Eric Weekly is sitting up in front. Greg Link in the back who worked with us actively on transportation issues, have been working with you. And then of course, Danielle Nelson, our former staff member, [LAUGHTER], that Mary hired. So, I hadn't seen Mary till just a little ago. And I would like to point out that while I gave her the evil eye over my glasses, [LAUGHTER], I said congratulations. Danielle, I'm glad that everyone recognizes your talent and you're some place where you can continue to work on your passion. You all are very lucky to have her. And it is our loss, for having lost her. So, it's nice to see good, talented people continue to be advocates for the work.

As Henrika pointed out, I'm really passionate about the goal of helping people live in community. In fact, we created ACL, which I will attempt to describe in a minute, for that whole goal. How do we help people with disabilities and older adults of all ages, live in community? And I have been talking about this goal for a long time. I was secretary of aging in Kansas. And anytime I have ever had a conversation with the public, with our stakeholders, the issue of transportation comes up. It always has. And I have, in the course of my career, given thousands of speeches, probably at this point. And I have given a consistent message about the value of community living. And I feel like coming to see you today, in some ways, I've actually been found out on something that I never said before.

Every time I've ever talked about community living, there's always been this little thing in the back of my mind that I never say out loud, which says to me like this. How are you going to do that if they can't get around? I have always known that there are a couple of essential challenges that are outside of the lane of health and human services to really make community living possible. One is

access to affordable housing. So, it's important that we partner with HUD, and housing resources at the state and local level. And the other is transportation. And I have said publicly more than once, I find transportation to be one of the most challenging policy issues I've ever encountered. It is, and I've said this before, the only one that scares me. I'm willing to tackle a lot of big things, but this one has always been scary to me. So, it's wonderful to have you here today and I would like to point out that even though this issue has scared me, I did say yes, and I came. [LAUGHTER] And I've been giving it some thought.

Why did this issue scare me so much? Well, it's hard. And it's essential. We have 10,000 people turning 65 everyday now in this country and this will happen, I think, Susan, 17 years it will turn 65, 10,000 people will turn 65, every day for the next 17 years in this country. This is an issue we can't avoid. And if any of us are talking publicly about community living, if you don't have that same nagging sense, you should. We really have to squarely figure out how to work together to tackle transportation. Mary and I met several years ago, and I know, I want to applaud those of you who have somehow not been as afraid as me about talking about this publicly. So, I've been thinking about, what are we at? Why am I afraid? There are things that we know.

Therese, I would like your notes so I could give your speech. Everything that you talk about is what we know with health and human services. The essential value of transportation to access to community resources, not just health. And I know Rides to Wellness is focusing on health, but groceries are a part of health. Having the ability to go to your faith community is a part of health. A high number of people with depression that this is essential to the work that we do. So, there are things we know, and there are things that we're doing, and then there's something that I don't know. And it's the thing that I don't know that I've now figured out is the thing that scares me. The things that we know, we actually know the riders that we're talking about. ACL is a new organization, we created this about two and a half years ago. And we have, under one umbrella, and this is why I had these two unique titles. We now have under our collection many of the community providers and resources that work directly with people with disabilities and older adults. The area agencies on aging and I know Sandy is here representing the AAA's, the Centers for Independent Living. We have the state DD councils, we have the Senior Health Insurance Assistance programs, the Aging and Disability Resource Centers. We have a broad collection now of community based resources that are all under the ACL umbrella that work directly with people with disabilities and older adults of all kinds, including our direct work with Tribes.

And I'm glad you mentioned Tribes, because there's challenges everywhere and challenges with Tribes. So, we know the riders. We can be advocates with you for the riders.

The need for accessible public transportation. As a part of a recent reorganization, we had a program that moved from the department of ed. to HHS to us at ACL, National Institute for Disability, Independent Living, Rehabilitation and Research. NIDIRR is the group that invested many years ago in universal design standards. NIDIRR's investing in technology and transportation to help people with disabilities of all age gain access to employment and healthcare services and community.

So, we invest in new technologies. I was looking at one of our investment yesterday in a collapsible wheelchair, because of the challenges of people who use wheelchairs and putting their wheelchair in public transportation such as a taxi that's not been fitting in a special way. So, we do investments and understand the critical need to partner with the rest of you to invest in technology for the benefit of the riders. We have been working collaboratively with FTA about the critical need for people who are riding transportation, to people who need these services to be involved in the planning. We're very person centered, very much focused on the people who are the – sort of the targets of the work, should be leading the work.

And so, want to continue to partner with you to bring people with disabilities and older adults into the conversation so we can follow their lead and provide the support that they need as articulated by them. So, we know about the riders. We know about the healthcare issues. That comes up in multiple ways at HHS, and I have many HHS partners here, CDC and others. We understand, it's part of healthy people 2020. We understand all of the access issues that come up by missed appointments, by the lack of opportunity to really engage with the healthcare sector, if there's no way to get there. We can be your champions on transportation and health, and can articulate it as well as you and can be at any event to talk about the need to access transportation and health services together. We know about payments. And the Older Americans Act has funded transportation services for decades now. The Older Americans Act is 50 years old this year, as well as Medicare and Medicaid.

I was talking to my colleagues from AARP. I've been emailing with my friends at AARP about a report they recently produced about the use of Medicaid dollars to pay for transportation services. What can we do as colleagues at HHS to continue to talk about the fact that we are actually already in the transportation business. That we are providing services through the Older Americans Act. That

we're providing services through Medicaid. We provide services on an emergency basis through Medicare and the supports that we provide through the CDC, which I'm actually less familiar with. But, I understand, that we're all here together in talking about the need for access, health and payment.

So, why am I so afraid of this? I don't know transit. And maybe I don't need to, maybe I just need to know you all. So, maybe I'm going to feel better when I leave, this has been very therapeutic. [LAUGHTER] I don't know transit. I come from a state where transit was a car, till you couldn't have a car. And then we'd introduce legislation about people riding in golf carts to get - Kansas has legislation every year on having people riding in golf carts to get to the mall. I don't know transit. There are some people, Danielle's a good example, and my colleagues here from ACL, there are people in our world who know transit better than I. But, we need to know each other.

I don't know they systems, I don't know the options, and I don't know the innovation. But I need to know you. There are some commitments I can make. I'll try to stop being afraid of this and you will surround me with comfort by having met. [LAUGHTER] And we'll figure out what we can do to innovate, because I think that's the opportunity that lies before us. And one of the things that was most exciting to me is, I read to prepare for this event, was your thought that maybe when someone schedules a doctor's appointment, we can schedule a ride for them at the same time.

We have an innovative proposal right now between us between - yes, they need a ride and a doctor. [APPLAUSE] And we have a proposal between us, between Health Resources Services Administration, HRSA, us, FTA, to talk about a different kind of travel training. That we need to do travel training for community health centers so the health center knows that you're on bus line five. And that's how you might tell your patient to get in for the next appointment or ask them if they need additional kinds of assistance. And this is very new and innovative and an opportunity for us to come together and say, what else do we need to teach ourselves? What else can we learn from you? I can make commitments on behalf of all of HHS to say, we get it.

The need for access to health is not only essential for health now, but we're building a nation that will rely on it more in the future. So, you ask what can be happening different from today than in the past, it's like, we have to stop being afraid, start talking more and figure out how we blend these resources together. It's hard. But it's essential. And all of us want that same basic thing, which is just the opportunity to live independently, to have lives that have meaning, to have access to the people in our lives that are important and isolation should be the

evil for all of us, that transportation can help us to avoid. So, thank you for inviting me today.