Older People Need Rides. Why Aren’t They Using Uber and Lyft?

Seniors need transportation alternatives more than ever, but many are intimidated by ride-hailing apps.

By Paula Span

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Martin Gerstell treasures his Thursday morning volunteer stint at the National Gallery of Art, where he fields questions at the main information desk. He patiently responds when visitors ask about the current exhibits, whether the paintings are real, where the bathrooms are.

Usually, fellow volunteers give him a ride from his assisted living residence in northwest Washington to the museum downtown, and home again. But when they can’t, Mr. Gerstell, 94, uses the Uber app his granddaughter installed on his iPhone.

“They appear very quickly, and they’re very helpful,” Mr. Gerstell said of his Uber drivers, who fold and stash his walker in the trunk.Summoning a taxi, his previous option, usually took 15 to 20 minutes; Uber arrives in three to five minutes and charges less, under $20, to drive him downtown.

It probably helps that Mr. Gerstell, a retired electrical engineer, handles new technology with aplomb.

Donna Nettleton has encountered a different reaction at the Oasis Institute in Shiloh, Ill., where she volunteers to teach older people about digital devices.
Her students take happily to Facebook, but “Uber and Lyft are scarier because they involve money,” she explained. Older adults, warned continually about scams and identity theft, fear that misusing an app could empty their bank accounts.

“It’s challenging to build the confidence they need to actually use these things that could make life easier for them,” Ms. Nettleton said. So far, she’s been unable to convert any of her advisees — including her 80-year-old mother — into riders.

More than half of adults over 65 own smartphones, the Pew Research Center has reported. Yet among adults 50 and older, only about a quarter used ride-hailing services in 2018 (a leap, however, from 7 percent in 2015). By comparison, half of those aged 18 to 29 had used them.

In a survey by AARP last year, only 29 percent of those over 50 had used ride-hailing apps. Two-thirds said they weren’t likely to do so in the coming year, citing in part concerns about safety and privacy. (Given data breaches at Uber, that’s no baseless fear.)

Nevertheless, transportation experts see ride-hailing as a way to improve mobility and preserve independence for older people who can or should no longer drive, or never did.

Ride-hailing — and, one day, autonomous vehicles — are game-changers, said David Lindeman, who directs health programs at the Center for Information Technology Research in the Interest of Society at the University of California, Berkeley. “We have wonderful new opportunities that many people are still not aware of.”
One reason for such optimism: evidence that with personalized instruction, older adults can master the mobile apps and take “networked transportation” to medical appointments, entertainment and leisure activities, social visits and fitness classes.

In a newly published study, researchers at the University of Southern California offered three free months of unlimited Lyft rides to 150 older people in and around Los Angeles (average age: 72) who had chronic diseases and reported transportation problems.

With training, nearly all used Lyft, most through the mobile app (a few used a call-in service), for an average of 69 trips. On follow-up questionnaires, almost all riders reported improved quality of life.
But ride-hailing companies aren't waiting around for more older adults to grow adept with their phones.

Seniors in need of transportation constitute a potentially lucrative market. So Lyft and Uber and others are contracting with third parties, bypassing the need for older riders to use apps or to have smartphones at all.

They're joining forces with health care systems, for instance. In the past 18 months, more than 1,000 — including MedStar, in the Washington area, and the Boston Medical Center — have signed on with Uber Health for “nonemergency medical transportation,” the company said.

Case managers and social workers can use Uber or Lyft to ferry patients to or from clinics and offices, reducing missed appointments.

“Hospitals may spend millions on taxi vouchers,” said Dan Trigub, who heads Uber Health. “Uber is cheaper, and we see higher patient satisfaction.”

The companies have targeted senior living facilities, too. Most provide some sort of scheduled transportation, primarily for medical visits, but often “the residents feel limited by the shuttle — it doesn't really provide the independence they want,” said Gyre Renwick, vice president of Lyft Business.

Now, at Brookdale Senior Living, the nation's largest chain, as well as several other chains and communities, the front desk staff can call Lyft for residents, either billing the resident or rolling the cost into the monthly fee.

Both major ride-hail companies are also experimenting with programs for older and disabled people whose mobility problems make standard curb-to-curb services difficult to use.

The Lyft and Uber apps can dispatch wheelchair-accessible vans in several cities. In 20 cities, Uber Assist trains drivers to provide extra help for people using canes, walkers and folding wheelchairs, though riders must still be able to enter and leave the car on their own.

In the Bay Area, though, frail older people can get “door-through-door” services from 12-year-old SilverRide. Its trained, vetted drivers escort riders out of their homes, help them transfer into and out of the car, and then accompany them to their specific destinations.
“Door-to-door takes you to the entrance to the hospital,” said Jeff Maltz, a co-founder of the service. “We’ll take you all the way to the doctor’s office.” SilverRide has pilot programs underway in Sacramento, Los Angeles and Kansas City, Mo., Mr. Maltz said, and will expand further next year.

Another smaller player, GoGo Grandparent, piggybacks on Uber and Lyft, hiring operators who can take riders’ requests on standard telephones, via push button menu, or by voice. The operators arrange the trip, charging 27 cents a minute over the ride-hailing fees. (Of course, family members can dispatch Uber and Lyft to pick up their older relatives as well, for no extra cost.)

That raises a key question: Will ride-hailing be too expensive for many seniors? In the U.S.C. study, the typical trip cost $22; the cost per month, had users actually paid it, averaged $500. After the study, about a fifth of riders said they wouldn’t continue using ride-hailing, mostly because of cost.

Some Medicare Advantage programs now cover rides to medical appointments and pharmacies; Lyft expects to partner with most Advantage plans by next year, Mr. Renwick said. But most older Americans still use traditional Medicare, which doesn’t cover such transportation.

Experts like Alexandre Bayen, director of the Institute of Transportation Studies at the University of California, Berkeley, also worry about ride-hailing outside metropolitan areas. “The rural population might not see this for a long time,” he said. He envisions a combination of new public policies, subsidies and public-private partnerships to make ride-hailing broadly available.

One might wonder, too, about health organizations, local governments and senior communities outsourcing transit to two companies that continue to lose money and, critics warn, may prove financially unsustainable. The companies have been sued by disability advocates and by their own drivers.

Still, “it’s got great potential,” Joseph Coughlin, director of the M.I.T. AgeLab, said of ride-hailing. “There’s been so painfully little innovation in transportation for the aging population that anything we do can only be an improvement.”
Mr. Gerstel heads to his post at the National Gallery. T.J. Kirkpatrick for The New York Times