

**Age-Friendly Oakland 2.0**  
**Aging Well in Oakland: A 5-Year Strategic Action Plan (2025-2030)**  
**Listening Sessions**  
**Transportation-Related Themes**

**I. Inadequate or Unreliable Paratransit/Senior Transportation Services**

Participants repeatedly described transportation systems as unreliable, inflexible, inaccessible, or insufficiently tailored to older adults' needs.

**Key Issues**

- Long wait times and poor customer service with paratransit
- Transportation not wheelchair accessible
- Lack of free or affordable transportation
- Limited transportation to medical appointments, shopping, and worship
- Need for dedicated senior shuttles

**Sources**

*Christ the King*

- “Paratransit (but not very reliable, not available more than 1 person on wheelchair)”
- “Paratransit not flexible”
- “Paratransit is not person/client-centered – wait time too long, stand outside a long time, multiple wheelchairs not possible, staff not cooperative/friendly”

*East Oakland Senior Center*

- “Transportation can be a barrier if they have to pay; need free transportation”
- “Senior center should have its own shuttle to serve its members”
- “Have a center-run shuttle free of charge”

*Family Bridges/Hong Fook*

- Adult day program “provides transportation to center”
- “Transportation to temple, shopping”
- “Transportation for emergencies (non-medical)”
- “Transportation to shops, places of worship/temple”

*Vietnamese Community Development, Inc.*

- “More taxi scrips to go to the center”
- “More transportation/taxi services (15+ people raised hand)”
- “City’s senior centers hard to get to. Need transportation.”
- “Transportation” identified as a major challenge accessing services
- Transportation identified as a “MAJOR THEME”

*West Oakland Senior Center*

- “Improved transportation routes to essential services (doctors, senior centers, hospitals, etc.)”

## **II. Transportation as a Barrier to Accessing Health Care and Essential Services**

Transportation barriers directly affected seniors’ ability to access medical care, programs, shopping, and social supports.

### **Key Issues**

- Difficulty getting to health care providers
- Inability to access senior centers or services
- Transportation costs as a barrier
- Need for emergency rides and medical transportation

### **Sources**

*Downtown Oakland Senior Center*

- “Transportation to health care” identified as a future service need

*Lavender Seniors Listening Session*

- “Emergency ride when needed”
- “Ride to/from treatment in a pinch”
- “Driving at night is challenging”

*Vietnamese Community Development, Inc.*

- “City’s senior centers hard to get to. Need transportation.”

*Christ the King*

- “Kaiser rides to appointments” discussed as an important service used

### III. Built Environment and Pedestrian Safety Limiting Mobility

Many participants described sidewalks, crossings, garbage, construction, and unsafe streets as barriers to mobility and access, particularly for wheelchair users and pedestrians.

#### Key Issues

- Unsafe or inaccessible sidewalks
- Garbage and dumping obstructing mobility devices
- Dangerous intersections and traffic
- Lack of pedestrian infrastructure
- Fear of injury or crime while traveling

#### Sources

##### *Christ the King*

- “Walkways not accessible for pedestrians/wheelchair users due to garbage and dumping”
- “Pedestrian, wheelchair user safety an issue”
- Requests for “Traffic calming”

##### *East Oakland Senior Center*

- “Sidewalks, ramps not accessible – due to garbage, ADA accessibility issues”
- “Keep sidewalks clear, handicap ramps clear – remove garbage/debris”

##### *Unity Council/Fruitvale Senior Center*

- “Bus stop not close to home; walking to a bus stop farther from home is a challenge”
- “Hazards/garbage in the way → not accessible for electric wheelchair users”
- “Street vendors blocking sidewalks”
- “Pedestrians, wheelchair users cannot pass safely in construction areas”
- “Uneven train tracks, hard to walk over”
- “Drivers running red lights” and “Cars running too fast”
- “Put pedestrian crossing light signal” and “traffic calming” strategies proposed

#### **IV. Transportation Linked to Social Participation and Community Connection**

Transportation was not only about medical access; it was deeply tied to socialization, participation, worship, recreation, and preventing isolation.

##### **Key Issues**

- Transportation needed for participation in community life
- Group trips and mobility support foster social engagement
- Transportation tied to aging in place and mental well-being

##### **Sources**

###### *East Oakland Senior Center*

- “Group trips (local and outside the area)” praised as important programming

###### *Family Bridges/Hong Fook*

- Transportation needed for “temple, shopping”

###### *Unity Council/Fruitvale Senior Center*

- Public transportation described as enabling access to “amenities and services”
- Transportation identified as important for motivating participation in activities
- “Organize group trips – shopping, movies, lunch, etc.”

###### *West Oakland Senior Center*

- Group trips for “shopping, entertainment” were among the most valued services used

#### **V. Structural and Equity Dimensions of Transportation Access**

Transportation inequities intersected with disability, language access, affordability, and neighborhood disinvestment.

##### **Key Issues**

- Transportation burden falls disproportionately on vulnerable seniors
- Language barriers compound navigation difficulties

- Transportation systems not culturally or disability responsive
- Geographic inequities in service access

### **Sources**

#### *Vietnamese Community Development Inc.*

- Transportation needs strongly linked with language and culturally responsive services
- “City’s senior centers hard to get to” suggests geographic inequity

#### *Christ the King*

- Transportation barriers particularly affected wheelchair users

#### *Unity Council/Fruitvale Senior Center*

- Concerns about transit route changes without community input
- Calls for “Fully subsidized BART rides”

#### *Lavender Seniors*

- Night driving difficulties and emergency transportation needs point to age-related mobility vulnerabilities