

# Maintaining Mobility for an Aging Population

When physical or mental changes make it difficult to drive safely, many seniors find themselves isolated from the services they need and the activities that once filled their lives.



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**M**any elderly people today face significant mobility challenges that will affect their ability to live fulfilling and healthy lives as they continue to age, especially if they live in suburban or rural areas where walking is difficult and public transportation options are limited.

## Challenges of senior mobility

People over 65 are the fastest growing segment of the United States population. The US Census Bureau estimates that during the next 25 years, the number of people 65 and older will double. By 2030 more than 30 million senior drivers will be on our roads. The American Association of Retired Persons (AARP) estimates that by then one in five drivers will be older than 65. The public health challenge for this growing population and those around them is not one to be overlooked. Seniors, for example, have the highest automobile crash death rates per mile of all drivers except teenagers.

Driving cessation is often the only safe solution for elderly drivers, but its negative effects include reduced independence, reduced access to essential services, impaired ability to maintain a household, and reduced social interaction and community activity.

Not only does driving cessation affect seniors' functional ability to meet their own needs, it has a significant effect on their sense of self. The loss of driving can also lead to depression, obesity, alcoholism, and declining health in general. A study described in the March 2005 issue of the *Journal of Gerontology* reports that seniors who stopped driving experienced increased depressive symptoms, as defined by the Center for Epidemiologic Studies Depression Scale, at a rate nearly one and a half times that of their counterparts who still drive.

These negative psychological and physiological consequences are exacerbated by lack of sufficient transportation options. Public transit tends to be less available the further people live from city centers, and typically, few other consistent and reliable transportation options exist for the elderly.

## Near-term solutions

The structural problems posed by the way our communities are designed cannot be overcome without time and concerted effort. In the near term, if we are to protect the health and well-being of our aging population, we need to focus on the issues we can make headway on now. These issues include planning for driving cessation, providing alternate transportation options, and reducing the transportation burden for the elderly by establishing more home-based services.

A number of organizations and programs have attempted to address the many issues surrounding driving cessation. Among them, the American Medical Association (AMA), National Highway Traffic Safety Administration (NHTSA), and AARP along with The Hartford Financial Services Group and the Massachusetts Institute of Technology (MIT) AgeLab have worked to address the issue of elderly driving assessment and cessation. AMA's *Physicians Guide to Assessing and Counseling Older Drivers* and NHTSA's *Model Driver Screening and Evaluation Program: Guidelines for Motor Vehicle Administrators* are useful assessment tools.

AARP/Hartford/MIT AgeLab's driving cessation initiative, *We Need to Talk...Family Conversations with Older Drivers*, focuses more on the family process of gently and respectfully easing the elder driver toward driving cessation through discussion and future planning. The planning involves identifying alternative ways

of transportation or means of acquiring the necessities of life while maintaining the everyday pleasures that affect quality of life. The discussion can include use of public transit, family assistance, Internet shopping, and perhaps moving to a more pedestrian-friendly, higher density community.

The success of this planning process will depend on the availability of alternative transportation options as well as on in-home services options. Few cities in America have public transit systems adequate to the task, and even then those are often restricted to the core of the city, leaving the transportation burden on families, volunteer organizations, and dedicated, but usually limited, transit organizations. To address these deficiencies, creative new approaches are needed to provide the necessities of life to “stranded” seniors.

The proliferation of Internet shopping combined with the increasing computer literacy of seniors will probably help close some of these gaps. However, home delivery of health care and social services has not seen the funding necessary for the same growth as Internet shopping. In the near term, social and health care service organizations will have to take a lead in fostering creative solutions to fill these needs.

### Long-term planning

Restructuring health and social service delivery systems for the elderly is hard enough, but it pales in comparison to the difficulty of restructuring the mortar, brick, asphalt, and steel that make up the infrastructure of our cities.

American city design has been dominated by the functional need for and utility of cars. The neighborhood-based living that was common in small towns and older urban areas has all but disappeared in the wake of suburban sprawl. The result has been the erosion of pedestrian amenities in favor of wide spans of asphalt and distances that challenge even the hardest walkers. Local zoning laws frequently add to the problems of the mobility impaired. Zoning laws have been crafted to protect residences from the blight and noise of businesses, which has in turn served to isolate those who cannot drive an automobile.

New land-use approaches, however, can facilitate neighborhood-based living and minimize the dependence on cars. Policies are needed that allow mixed land use and higher density so that housing, stores, and services are more closely located and accessible. New zoning policies and land-use planning can lead to communities in which the services needed by older adults, such as clinics, shopping, social

centers, and assisted living facilities, are accessible by foot and public transportation.

The ideal of aging in place is to live in one’s own familiar environment safely and independently throughout one’s maturing years. The benefits provided by familiar surroundings, the advantages of maintaining contact with friends, as well as the overall reduced cost of living are generating increased public support for programs that facilitate aging in place.

### Public health challenges

Because the loss of driving privileges by the elderly in the US often leads to social isolation, depression, obesity, alcoholism, and an accelerated decline in general health, providing convenient and safe transportation options poses an important public health challenge.

Issue	Challenge	Action Step
<b>Aging in Place</b>	<ul style="list-style-type: none"> <li>Residence located far from services.</li> </ul>	<ul style="list-style-type: none"> <li>Create mobility plan.</li> <li>Consider moving to location that offers fewer transportation challenges.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Existing road and city designs make walking difficult.</li> <li>Community transportation options are lacking.</li> </ul>	<ul style="list-style-type: none"> <li>Use walkability audits to identify and prioritize pedestrian improvements.</li> <li>Make transit services more flexible and support volunteer driver programs.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>Lack of transportation limits access to health care services.</li> <li>Home-based services are not coordinated.</li> <li>Community information about services is dispersed.</li> <li>Poor diets and lack of physical activities increase health risks.</li> </ul>	<ul style="list-style-type: none"> <li>Improve access to medical transportation.</li> <li>Integrate home-based services.</li> <li>Create single point of entry for service information.</li> <li>Develop active living programs for the elderly.</li> </ul>
<b>Planning and Zoning</b>	<ul style="list-style-type: none"> <li>Community design to support aging has limited community support.</li> <li>Zoning regulations discourage age-appropriate housing options.</li> </ul>	<ul style="list-style-type: none"> <li>Include older persons in the planning process.</li> <li>Incorporate senior-friendly housing in zoning codes.</li> </ul>

However, solutions will ultimately emerge only when adequate public resources are allocated in the development of transportation alternatives. This holds true at the local, state, and national levels.

To give safe transportation for seniors the priority it warrants will clearly require leadership, activism, and consensus building, both political and institutional. Public health professionals have an obligation to provide input into the community planning process. This can be done at the local level, similar to the efforts currently underway by public health professionals to influence local design that promotes physical activities among children to reduce America’s obesity epidemic. The federal government can support, assist, and inform, but meeting the mobility needs of a community, especially the needs of the elderly, must first and foremost be a priority of state and local leaders.

#### Authors

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#### Resources

AARP/Hartford/MIT AgeLab. *We Need to Talk... Family Conversations with Older Drivers*. [www.thehartford.com/talkwitholderdrivers/brochure/brochure.htm](http://www.thehartford.com/talkwitholderdrivers/brochure/brochure.htm).

Active Living by Design. [www.activelivingbydesign.org/](http://www.activelivingbydesign.org/).

MIT AgeLab. [web.mit.edu/agelab/](http://web.mit.edu/agelab/).