



Expression

Bulletin of the National Advisory Council on Aging

Let's get moving!



Where do you want to go? What's stopping you from getting there? Your answers say a lot about your mobility. Mobility is an important part of healthy aging. Whether it's manoeuvring easily and safely in your home, in your neighbourhood, or across a continent, mobility supports independence, enhances well-being and builds connections with the world.

Roadway and vehicle design, land use planning, public transit routes, availability and affordability of mobility aids, layout and safety of public spaces are among the many areas of public policy that have an impact on mobility. As declining birth rates and increased longevity join forces in the greying of the population, Canada needs to look at how to deal with new pressures in all these areas.



Walking, cycling, driving, taking the bus – mobility means people of all ages can participate fully in community life. Mobility is crucial for seniors, giving access to services, recreation and social contact whereas barriers to mobility cause isolation, reduced autonomy and a lower quality of life.

Society's decisions today will affect seniors' mobility for many years to come. This is why it's critically important to look at the facts, consider the options, and make choices that will support and enhance lifelong mobility.

Jean Claude Duclos
NACA Member
Quebec





NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, her colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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Freedom to move

Grab your coat and get your hat – we’re going out! For many people, a spontaneous outing is the ultimate in “mobility” – the ability to move about freely and to come and go as we please. Seniors hold mobility in high esteem, seeing it as an essential element of personal independence. This feeling, coupled with the ability to stay connected with community, promotes well-being and a good quality of life.

What makes for mobility?

Mobility depends on a wide range of factors in two broad categories: personal and environmental. **Personal mobility** requires physical health and ability – the strength, agility and stamina needed for personal locomotion on foot or cycling, or the alertness, eyesight, hearing and reflexes needed to operate a motor vehicle. Psychological factors also play a role: perceptions of risk related to weather and safety on the streets or after dark, or the desire to be self-sufficient and not depend on others for lifts.

Interacting with these personal abilities and skills – sometimes for better, sometimes for worse – are **environmental factors**:

- Housing location determines the distance to shops and services, public transit, and the homes of family and friends and therefore the amount and type of transportation required.
- Time of day, weather and traffic conditions influence the desire to go out and comfort or safety in doing so.
- The design and layout of streets, sidewalks, pathways, buildings and other infrastructure can facilitate or hamper mobility.
- Public transit schedules, routes, stops and waiting facilities affect seniors’ perceptions of convenience, comfort and safety.
- Vehicle and roadway design and signage influence ease and safety of use.



- The availability, accessibility and affordability of transportation alternatives determine the mobility of people whose personal situation (physical limitations on walking or cycling; lack of car or ability to drive; low income) limits their mobility.
- The availability, accessibility and affordability of mobility aids (canes, walkers, wheelchairs, etc.) help to overcome certain physical limitations.

The potential barriers to mobility are clear: physical limitations, lack of accessible transportation, poor environmental design, and cost. These factors also vary considerably by location: urban, suburban and rural areas differ markedly in terms of the need to depend on cars, the availability of public transportation or other alternatives to cars, and the feasibility of walking or cycling.

Freedom to move is freedom itself

Go for it! A guide to choosing and using assistive devices

This new publication encourages seniors to explore all the assistive devices at their disposal to improve mobility and daily living. Its large print, amusing illustrations and clear directives present advice on how to overcome difficulties by using aids that range from high technology to simple kitchen gadgets. It offers tips on figuring out what you need, where to obtain it and how to get financial help. Whether you need a magnifying glass or a wheelchair; a large-handled potato peeler or a hearing aid; a bath pole or a playing card holder – this publication encourages you to **Go for it!** so that you can get on with the good life.

(This joint Health Canada/Veterans Affairs publication is available at the NACA address provided on page 2.)



Seniors with restricted mobility – whether the reason is personal or environmental – often feel lonely, isolated and depressed. A study of rural seniors in Atlantic Canada found that lack of transportation to programs and professional care both contributes to depression and hampers the ability to get help.¹ Similarly, a Winnipeg study found that mobility raises complex issues for older women about their independence and freedom and their desire not to be a ‘burden’ on others.² Maintaining mobility as long as possible is vital, but seniors are a diverse group, with varied needs, abilities and preferences. Ensuring mobility for all therefore requires a range of responses. Two of the most prominent issues relate to the ability to drive and the availability of other transportation alternatives.

¹ Enman, Anna and Maureen H. Rogers. “Aging well in rural places”. *The Guardian*. Charlottetown: 4 June 2002, p. D19.

² Finlayson, Marcia and Joseph Kaufert. “Older women’s community mobility: a qualitative exploration”. *Canadian Journal on Aging* 21/1, 2000.



■ Older Drivers

According to the latest available figures (1996-97), about 60% of people over age 65 have a driver's licence – a rate that varies from 71% for ages 65-69 to 23% for those over 85. More men than women hold licences – 77% versus 45% – but this gap will likely narrow as the baby boomers age. However, just 40% of seniors drive three or more times a week.³

Despite sensationalized news coverage, there is little evidence that older drivers as a group are unsafe drivers. At the same time, older drivers' capacity to drive safely may be compromised by medical conditions or prescription drug use. Hearing loss, reduced peripheral vision, night vision and depth perception, stiffness or pain that restrict the range of motion, declines in mental acuity, and general frailty can all affect driving safety, especially in combination. Since seniors are more likely than younger drivers to have these conditions, they are more likely to see their driving affected.

This is the rationale for retesting seniors who want to retain a driver's licence. Provinces and territories differ considerably in their licensing requirements and testing procedures, but all use age as the criterion that triggers re-evaluation. Some jurisdictions impose retesting up to ten years earlier than others.

The problem with age-based testing is that chronological age alone does not determine driving ability. It misses unsafe drivers under the age limit and needlessly requires tests of healthy people over that age. Moreover, medical and social science studies show little data to support the assumption that the effects of age alone adversely affect driving performance.⁴ Older drivers are just as diverse as

Seniors behind the wheel



- About half of Canadians age 65+ drive a motor vehicle. The rate is 60% in rural areas and small towns and 46% in urban centres.
- Most seniors use their cars less than three times a week, and distances driven tend to be short (11-17 kilometres per day on average).
- Older drivers are involved in fewer accidents than those age 15 to 19, largely because they drive less; in terms of kilometres driven, the rate is about the same.
- However, seniors involved in collisions are more likely to die from their injuries. Seniors account for a disproportionate number of injuries and fatalities on Canadian roadways, as drivers, passengers and pedestrians.

Statistics Canada, The Daily, 9 September 1999 (using 1996 data)

³ Millar, Wayne J. "Older drivers – a complex public health issue". *Health Reports* 11/2. Statistics Canada: Autumn 1999.

⁴ Tuokko, Holly and Fiona Hunter. *Using 'age' as a fitness-to-drive criterion for older adults*. Law Commission of Canada: 2002.



younger drivers; many older drivers are perfectly fit to drive, while others under the mandatory testing age should not be driving because of medical conditions or medication, alcohol, drug use or lack of judgement.

What's needed is a system that takes safety into account while acknowledging individual differences and making judgements based on functional ability, not labels like age. Such a system would screen out risky drivers, whatever their age, while supporting others to make the adjustments needed to continue to drive safely.

Many older drivers are self-regulating, compensating for perceived limitations by avoiding night driving, higher-speed roads and peak hours and withdrawing from driving without intervention by licensing authorities. But research suggests that some men continue to operate beyond their capabilities while women tend to withdraw from vehicle operation prematurely. Hence the need to promote mobility by balancing safety concerns and concern for individual dignity and autonomy.

Many experts believe that the answer lies in a combination of screening tools for use by doctors and licencing authorities, driver education and a graduated licence system based on objective measures of ability. Although some Canadian provinces have programs to help senior drivers assess and improve their skills, holding a licence continues to depend on age-based testing.

Time to stop driving?

- You've had a series of minor collisions or near misses...
- Your thoughts wander or you're unable to concentrate while driving...
- Ordinary road signs have become difficult to read...
- You get lost on familiar roads...
- Other drivers honk at you frequently...
- Family, friends or police have spoken to you about your driving.

Reform is needed today, but the issue will require constant review. Tomorrow's seniors may have much different characteristics – more driving experience, more women among drivers, and so on. In addition, changes in the design of cars and highways, in enforcement practices, in medications and in norms related to driving may also alter risk patterns associated with older drivers.

■ Going public

For many seniors, being willing to give up driving depends on the availability of convenient, accessible and cost-effective alternatives. These forms of transportation also meet the mobility needs of those who can't afford to own a car or prefer not to. Older women are particularly vulnerable, as fewer than half of women who are over 65 today have driving experience. Among those who outlive their husbands many have to curtail their activities or rely on family and friends. If public transit is to provide an acceptable alternative to private



cars in urban environments, it needs to become much more senior-friendly. An Edmonton study, for instance, found that



changing buses, walking short distances or waiting outside in the cold, even for short periods, were significant enough barriers to dissuade seniors from considering travel.⁵ Convenience is also a factor: many seniors find it difficult to deal with the demands of using fixed-route, fixed-schedule services.

Traditional public transit is most often ill-equipped to serve frail seniors or those with a disability. In addition, many seniors have ‘invisible’ disabilities, such as respiratory or heart problems or cognitive impairments that don’t qualify them for subsidized assisted transport systems yet make it difficult to use regular transit services.

Mobility experts predict that a growing number of people with some form of transportation disability will become increasingly dependent on public transit systems that do not, at the present time, meet their varied needs. A recent Ontario Human Rights Commission report suggests, for example, that despite

improvements in many of the province’s transit systems, it will take 15 years or more to achieve maximum accessibility by adding or improving ramps,

elevators and escalators, increasing the number of buses with low floors and lifts, using bright and contrasting floor materials, improving audio and written announcements, providing shelter and seating at stops, and training staff for greater sensitivity to the needs of the older rider.⁶ And of course, improving public transit does little for the mobility of seniors in rural areas and car-centred suburbs. Clearly, more creative and flexible solutions are needed to reflect the diversity of seniors’ circumstances, needs and preferences.

■ Lifelong mobility

Mobility is multifaceted, so ensuring seniors’ mobility requires responses in many areas. A recent OECD⁷ study suggests some priorities for moving forward with seniors’ mobility in the 21st century:

- Support and funding to enable lifelong mobility – governments need to take a proactive approach to demonstrate the social benefits and cost savings of

⁵ Smith, C. J. *Prisoners of Space: An exploration of the transportation experiences of frail seniors*. Edmonton Social Planning Council: 1996.

⁶ Ontario Human Rights Commission. *Age discrimination and transit services*. Fact sheet available online at “www.ohrc.on.ca/english/publications/age-policyfact6.shtml”.

⁷ Organisation for Economic Co-operation and Development. *Ageing and transport: mobility needs and safety issues*. 2001.



supporting seniors' independence, freedom of movement, and choice of social activities that enable them to age in place.

- Support for older people to continue to drive safely – through driver refresher and retraining, risk awareness training, and a licence management system based on consistent and evidence-based rules for determining functional ability and identifying drivers considered at higher risk.
- Provide suitable transport options to the private car, along with senior-friendly design to support ease of use of these options – so that older people can choose the mobility option that best suits their needs and provides the highest level of safety.
- Design safer vehicles for older people, both as drivers and as pedestrians (for example: vehicle design modifications to sides, front-end and bumpers could result in fewer or less serious injuries to senior drivers and pedestrians).
- Promote accessibility and a positive image of mobility aids such as canes, walkers, wheelchairs, tricycles, scooters and cleated boots.
- Design safer roadway design, signage, pathways, transit stops and other transportation infrastructures for older drivers, pedestrians, cyclists and users of powered wheelchairs and scooters (for example: add public benches, increase the length of the green light to allow safe crossings at intersections, add ramps along buildings, etc.)

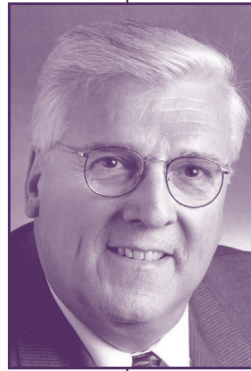
Make mobility your business!

Many community and business services are in place to help you solve your mobility problems. Contact your airline, bus, train and taxi company, hotel, conference centre, clinic, hospital and church to find out what special services and programs they offer to seniors or persons with disabilities. Not only will you discover useful resources, you will also make your community aware of your needs and its role in responding.

- Promote appropriate land use practices that facilitate aging in place through integration of housing, services and facilities, and transport services (for example: intercity buses or shuttles to shopping areas).
- Involve older people in policy development, to ensure that policy is relevant and flexible enough to meet older people's diverse needs, expectations, preferences and lifestyles.
- Provide education to promote maximum mobility and safety for older people among planners, developers and seniors themselves.
- Encourage research and development to promote progress in each of these areas. For instance, more work is needed to uncover the relationships among medical conditions, drug interactions and changes in the risks of operating a motor vehicle; more research is needed into transportation solutions for suburban and rural Canadians; and better, cheaper and more manoeuvrable mobility aids need to be adapted to senior users.



Mobility is an essential part of healthy aging. It's both a means to an end – access to goods and services, daily convenience, connection with the community – and an end in itself – being mobile boosts feelings of independence, self-sufficiency and competence. It's also a social good: maintaining mobility as the population ages will involve a wide range of measures, most of which will make travel easier, safer and more enjoyable for all members of society, not just seniors.



A respected teacher, **Jean Claude Duclos** dedicated 38 years to Montréal's Catholic School Board. He is also an avid learner, having earned a Masters' degree in Archeology and carried out other studies in areas as diverse as paleontology, agriculture, sylviculture, gerontology and massage therapy. He has served as a Captain in the Canadian Air Force, as National Staff Commander of the Canadian Power Squadrons, and as Scientific Director of the Palaeontology Society of Quebec. Mr. Duclos was also a founding member of *l'Univers cité des aînés*, sectoral President of the Association of Retired Teachers of Quebec, and regional Vice-President of the *Fédération de l'âge d'or du Québec*. He was named to the National Advisory Council on Aging in 1999.

Further Reading

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National Conference on Aging and Mobility. *Senior mobility in the 21st century – what can we do to prepare?* Maricopa Association of Governments (2002). "www.mag.maricopa.gov".

Ontario Human Rights Commission. *Human rights and public transit services in Ontario* (April 2002). "www.ohrc.on.ca".

Skinner, David and Mary D. Stearns. *Safe mobility in an aging world*. U.S. Department of Transportation (1999). Looks at the U.S. situation but contains many policy recommendations with relevance to Canada.

Transport Canada Advisory Committee on Accessible Transportation. *Future directions for accessible transportation* (February 2002).

Online

The Canada Safety Council site (www.safety-council.org) offers safety tips for older drivers, along with information on its *55 Alive Driver Refresher Course*, designed to help older drivers maintain their independence and their driving privileges.

The DriveABLE evaluation (www.driveable.com) offers tips on medical conditions that may affect driving and warning signs that indicate a driving assessment may be necessary.

The Canadian Ophthalmological Society's site (www.eyesite.ca) talks about the visual skills needed for safe driving.