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Authors

Ragland, David R.

McMillan, Tracy

Doggett, Sarah

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Mobility Challenges Facing Older Adults: A Contra Costa County Case Study

David R. Ragland, Tracy McMillan, and Sarah Doggett – SafeTREC, UC Berkeley
Kara E. MacLeod – Fielding School of Public Health, UCLA
For more information, contact David R. Ragland at davidr@berkeley.edu

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Issue

Meeting the mobility needs of an aging population is one of the most substantial challenges facing California in the coming decades. The number of residents age 60 and above will grow to 13.9 million by 2050, representing over 25% of the state's population. Meanwhile, the number of residents age 85 and above is expected to increase by over 70% between 2010 and 2030¹. Many older adults, who have primarily been auto dependent, will reduce or stop driving due to medical and non-medical reasons². Declines in age-related physical functions may also reduce the ability to walk to access goods and services, and can make using public transportation more difficult³. These reductions in mobility can have a negative impact on the physical and mental health of seniors⁴.

Research Findings

To better understand the mobility needs of older adults in California, a survey of 510 residents age 55 and older in Contra Costa County was conducted. Survey participants were asked about their mobility patterns (e.g., whether they have a driver's license, access to a vehicle, what mode of transportation they use for various trip activities); driving limitations (e.g., driving situations they avoid, such as interstate or nighttime driving); and consequences of reduced mobility (e.g., whether they have missed activities due to a lack of transportation). Key findings are as follows:

The majority of older adults are car dependent.

The most frequent mode of transportation is "driving oneself" (75.6% to 91.6% of survey responses across a range of activities). A majority of respondents have a valid driver's license and access to a vehicle, but both decline with increasing age. In addition, many older adults modify their driving, such as avoiding rush hour and heavy traffic, interstate and highway driving, driving in the rain, and nighttime driving. "Having others drive you" (3.7% to 13.8% of survey responses across a range of activities) was the next most frequent mode of travel.

Public transit is used infrequently by older adults.

The percentage of respondents reporting use of public transit during recent trips was less than 5% across most types of trips. When asked about ways to improve public transit, respondents suggested closer stops and additional bus lines, extended routes and times, improvements to safety, reduced fares, and better communication and information about public transit services.

Rideshare services are used infrequently by older adults.

Rideshare usage varies significantly by age, with "younger" older adults (those between the ages of 55 and 75) having used it over twice as much as adults age 80+. However, use was less than 1% for almost all of types of recent trips. Most of those who had not used rideshare reported that they did not have a need for it.

Some older adults miss activities due to lack of transportation.

Missing activities due to lack of transportation was more likely with increasing age, poorer health, living alone, not having licensed drivers in the household, and having a disability.

Older adults are concerned about mobility loss.

Over 61% of respondents have thought about their future mobility. A majority felt strongly that a loss of mobility is very isolating and depressing. Half of respondents expect to always drive—including 36% of respondents age 85 and over, although this response decreased with age.

Transportation limitations vary with geography and demographics.

In a corollary study, mobility options were found to be substantially lower for some geographic areas and demographic populations⁵.

Older adults want to age in place.

The Centers for Disease Control and Prevention defines aging in place as "the ability to live in one's own home and community safely,

Research Findings continued

independently, and comfortably, regardless of age, income, or ability level.” Over 80% of respondents stated that aging in place was important. Related factors include familiarity with neighborhood, accessibility to family, friends and health care, and availability of transportation.

Conclusion and Recommendations

Based on the findings described above and related studies, the travel options and the quality of life for older adults, now and in the future, can be greatly enhanced if efforts can be made to develop mobility solutions beyond use of private vehicles, make transit improvements based on need, encourage rideshare services to accommodate those with disabilities, provide resources for people at risk for missing important activities due to lack of transportation, offer information on practical solutions to those at risk of future mobility loss, identify and focus on mobility-challenged geographic areas and demographic groups, and help older adults to age in place. Fortunately, there are good examples of transportation agencies in California taking a comprehensive look at senior mobility issues. One example is the Coordinated Public Transit–Human Services Transportation Plan (2018)⁶, adopted by the Metropolitan Transportation

Commission (MTC) of the San Francisco Bay Area. The plan examines the question: “How can MTC and its partners provide mobility options for seniors, people with disabilities, veterans, and people with low incomes that are also cost efficient for the region?” and provides a comprehensive assessment of mobility needs for those populations in the Bay Area. This plan serves as a model other agencies can look to when planning for an aging population that has unique transportation needs and challenges.

Further Reading

This policy brief is drawn from the “Assessing and Addressing the Mobility Needs of an Aging Population” research report from the University of California Institute of Transportation Studies (UC ITS) authored by David R. Ragland, Tracy McMillan, and Grace Felschundneff at the Safe Transportation Research and Education Center (SafeTREC) at UC Berkeley, and Kara E. MacLeod at the Fielding School of Public Health at UCLA. The full report can be found on the UC ITS website: <http://www.ucits.org/research-project/assessing-and-addressing-the-mobility-needs-of-an-aging-population>. For additional reading please also see Transportation Deficiency in Contra Costa County, master’s thesis by Sarah Doggett (2018), UC Berkeley.⁵

¹Brown, E.G., Dooley, D. S., & Connolly, L. (2017). California State Plan on Aging, 2017-2021. https://www.aging.ca.gov/docs/Highlights/CSP_Plan_Aging/California%20State%20Plan%20on%20Aging%202017-2021.pdf.

²Ragland, D. R., Satariano, W. A., & MacLeod, K. E. (2004). Reasons given by older people for limitation or avoidance of driving. *The Gerontologist*, 44(2), 237–44. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15075420>

³Satariano, W. A., Kealey, M., Hubbard, A., Kurtovich, E., Ivey, S. L., Bayles, C. M., . . . Prohaska, T. R. (2016). Mobility Disability in Older Adults: At the Intersection of People and Places. *The Gerontologist*, 56(3), 525–534. <https://doi.org/10.1093/geront/gnu094>

⁴Chihuri, S., Mielenz, T. J., Dimaggio, C. J., Betz, M. E., Diguseppi, C., Jones, V. C., & Li, G. (2016). Driving cessation and health outcomes in older adults. *Journal of the American Geriatrics Society*, 64(2), 332–341. <https://doi.org/10.1111/jgs.13931>

⁵Doggett, S. (2018) Transportation Deficiency in Contra Costa County. Master’s Thesis, UC Berkeley. <https://www.ocf.berkeley.edu/~sarah-doggett/work-samples/professional-report-capstone-project/>

⁶Coordinated Public Transit–Human Services Transportation Plan (2018). Metropolitan Transportation Commission. Retrieved from <https://mtc.ca.gov/our-work/plans-projects/other-plans/coordinated-public-transit-human-services-transportation-plan>

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