

Growing old in suburbs built for the car: Not a pleasant prospect

Glenn Miller

ALTHOUGH THE PHENOMENON of an aging population is not unique to Canada, the OECD has singled out Canada for special attention, because the rate of demographic change over the next few decades is expected to be more rapid than that in other OECD countries – a phenomenon the CUI calls the “demographic tsunami.” For example, by 2031 – only 25 years from now – there will be more than one million Canadians over the age of 85. In a country that has only 33 million people altogether, that is like having Victoria, Quebec City, and St. John’s populated entirely by people 85 years and older!

As the make-up of Canadian society changes, decision makers will have to tackle a host of important issues, from pension shortfalls to rising health care costs. One that the CUI believes has been overlooked is that of growing old in suburbs built for the car. Most people agree that “aging in place” is a desirable goal. But our research suggests that unless action is taken on a number of fronts (from urban design to the way we provide municipal services), the quality of life enjoyed by seniors will worsen substantially. When older people are no longer able to drive, and walking to essential services becomes difficult, the loss of mobility and independence offered by access to a car will be keenly felt.

Most Canadians now depend on the private car to get to work, run errands, and do all the other things that provide us with one of the most attractive qualities of life in the world. But if most senior citizens live in communities in which one needs a car to be able to do all these things, what happens when they get too old to drive?

The Canadian Urban Institute’s search for answers to this question began a few years ago when I set out with colleagues Dr. Ian Ferguson, a psycho-geriatrician practising in Toronto, and Gordon Harris, now President of the Simon Fraser University Trust in Burnaby, B.C., to understand the dimensions of the aging phenomenon. We have since written articles and presented our research findings at conferences across the country.

We found that although Japan and many European countries are already further ahead in the aging process – for example, Japan is now recognized as having the most elderly population in the developed world – Canada’s baby boom began somewhat later than the one in Europe (Japan did not experience a baby boom). The OECD is now monitoring Canada’s changing demographics, recognizing that a relatively sudden increase in the number and proportion of people eligible for retirement over the next few decades in Canada will have a significant impact on the country’s labour force, demand



Mobility for older Canadians is an increasingly important issue

Photograph by Iain Myrnes

for government services such as health care, and other factors affecting economic performance.

We also realized that the aging trend will play out differently across the country. In the Greater Toronto Area, for example, where thousands of new (mostly young) immigrants arrive every year, the average age may not appear to change very dramatically. In Northern Ontario, and other places in Canada where out-migration of youth and people of working age is a concern, an increase in the number of senior citizens is likely to stand out much more, because senior citizens make up a larger share of the total population. Places with a moderate climate, such as the Niagara Region and Victoria, which have historically attracted large numbers of retirees, can expect to become increasingly popular, particularly if it becomes harder for retired people to winter in places like Florida.

Why mobility is likely to decline as the population ages

We use the term “demographic tsunami” advisedly. As a tsunami crosses the ocean, it may not be very high, but the wave often extends over vast distances, causing observers to misjudge its eventual impact when it strikes land. As with demographics, there are powerful forces at play that drive the tsunami forward and it is easy to misjudge the eventual outcome. We believe that the coming



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demographic tsunami will make its presence felt throughout the country, potentially causing significant change and requiring adjustments to how society works.

Three key factors suggest the need to examine the relationship between physical form, an aging population, and the quality of life of seniors whose mobility is reduced or curtailed by the loss of a driving licence. These are:

1. Most residential suburbs built since the Second World War have developed as car-dependent communities where essential services are not available within walking distance of residential areas. For example, the lack of sidewalks in many suburban areas and the width of suburban arterial roads is a daunting prospect for anyone trying to walk to services, especially if their agility and strength have started to decline.
2. The generation that is now aging has higher expectations in terms of mobility than any other generation before it. People are accustomed to accessing services on a regional basis, not just using the services available in the immediate neighbourhood. Lack of access to a wide range of services represents a decrease in their quality of life.
3. Within 25 years or so, when one in four Canadians will be a senior, Canada's communities will, of necessity, need to review the structure of their municipal finances and public service delivery, and consider priorities for how the private sector responds to these changes.

Seniors are by no means a homogeneous group

In Canada, we use the catch-all term "senior citizens," but it is imprecise. Health care practitioners recognize three distinct age cohorts that reflect different levels of health: the "young old" (65-74), the "old" (75-84) and the "old old" (85 plus). Then there is the 55-64 cohort, which we call "seniors in training." Although age 65 is when people officially become "senior citizens," the reality is that as a population we are staying healthier for longer.

As life expectancy increases, we need to maintain quality of life at a high level for as long as possible. In the United Kingdom, for example, which appears to be about a decade ahead of Canada in the aging cycle, there are deepening concerns that although many Britons are living longer, their quality of life is compromised by increasing frailty. Britain's problem, one that is shared by Australia and many countries in the European Union, is that when people are no longer able to live independently, the only solution for many is long-term care. This quickly drains their savings and imposes huge costs on the government.

Canada's aging population could face similar challenges. Therefore the Province of Ontario in 2007 made an official commitment to the concept of "aging in place" by allocating several hundred million dollars to health care providers in the province, driven in part by a desire to maintain the delivery of health care services on an equitable basis (i.e., ensuring that services are available to seniors regardless of income levels).

Surveys carried out by Canada Mortgage and Housing Corporation (CMHC), suggest that the assumption that senior citizens prefer to "age in place" is borne out by the evidence. Most seniors want to stay in their homes for as long as possible (about 80 years of age), if their health permits. Even people aged 55-64 continue to purchase single-family dwellings, according to this survey, suggesting that the prospect of reduced mobility in later years has not yet occurred to most people, even when retirement is on the horizon.

Driving Miss Daisy: dependence on the car for mobility

This brings us to the question of driving. We know that most seniors still live in single-family dwellings and that this trend is likely to continue. There are also about six million Canadians over 55 who have driving licences. The percentages begin to decline significantly only when people reach the age of 85. Since there is no reason to expect a drop in the percentage of people holding driving licences well into old age, we need to understand some of the issues related to aging and driving.

There is evidence that driving competence generally declines with age (although at different rates for different people), but little support at present for changing licensing regimes to accommodate this decline. The evidence shows that:

- Functional deficits associated with aging result in slower reaction times, decreased ability to multi-task, and increased difficulty in processing information rapidly.
- Reduced capacity results in accidents characterized by left turns against traffic, missed signals and signs, failure to yield the right of way, and collisions at intersections.
- The rate of fatal accidents increases exponentially after the age of 75, even though the number of kilometres driven per year decreases.

Although driver testing is required in most provinces at the age of 80, the diagnostic tools used to test competence to drive are rudimentary at best. In most Canadian provinces, physicians have a responsibility to report patients who exhibit "deficits" that affect their ability to drive safely. However, according to Dr. Ian Ferguson, few family doctors have the expertise to assess the competence of older patients to drive. Moreover, the system makes physicians the

arbiters of public safety, placing them in a difficult position. They may also be forced to mediate family disputes that occur when sons and daughters try to prevent their parents from driving because of concerns over safety. After all, retaining one's driving licence can mean the difference between independence and losing one's sense of self, which translates into a reduced quality of life experience, so decisions to recommend revocation of a driving licence are not taken lightly.

Longitudinal research carried out by a colleague in suburban Quebec City (Sebastien Lord is completing a PhD at the University of Laval) confirms that not only is retaining the ability to drive considered a priority among seniors in order to "age in place," but that once that option is lost, residents are forced to leave their homes or face increasing isolation, since few alternatives to driving are available to seniors without cars living in car-dependent suburbs.

Mobility concerns are not restricted to driving. Pedestrian fatalities also increase over the age of 65, partly because people tend to lose their agility as they age, but also because judgment may be impaired. As with driving, older citizens often fail to recognize (or acknowledge) when their capabilities are declining. A well-publicized fatal accident in suburban Toronto in late 2007 illustrates this point. An elderly husband and his wife, who lived in an auto-dependent suburb, were struck by a bus as they tried to take a short cut to the bus stop. The couple had lived in the neighbourhood for decades, and had likely taken the same short cut to the bus stop hundreds of times over the years, but they failed to realize that their physical health and ability to judge vehicle speeds were impaired. (The same concerns about safety, comfort, and familiarity with proven systems apply to the use of public transit by senior citizens.)

Retrofitting and designing differently

Although demographers have been watching the aging trend for years, it was only when the first Canadian baby boomers turned 60 that the phenomenon began to attract attention in the media. But like a coastal community anticipating the potential for a tsunami, preparing for the impact will require a willingness to adapt and modify our city-building processes.

In most of the suburbs built since the Second World War, with few exceptions, essential services such as banks, grocery stores, pharmacies, restaurants, health clinics, libraries, community centres, and churches, are not within walking distance of residential areas. To compound this problem, many services and amenities are being developed in a format similar to "big box" retail, in that they are expected to serve a large catchment area, and are accessible only by car.

In Japan, which did not experience a baby boom and where the impact of an aging population has been evident for some time, the national government took concerted action on this front in the late 1990s, adopting universal design throughout Japanese society. The basic principle is that designing communities to accommodate handicapped people and the elderly creates enhanced accessibility for everyone, including the young.

Drawing on this example, we took the principles of Universal Design and the principles of New Urbanism, and created a set of principles "scaled up" to provide a working template to inform both the retrofitting of existing communities and guide the design

of new ones. The chart below forms the basis for the creation of a tool being developed by the CUI to assess mobility issues in suburban communities.



To date, these principles have been applied in suburban Toronto and Victoria, B.C. The CUI worked with students in the University of Toronto planning program, who used these principles to develop a survey to assess accessibility for seniors in two suburban neighbourhoods in Toronto. More recently, the CUI conducted a workshop in Victoria, B.C., for a cross-section of planners, providers of services to seniors, and provincial policy makers, in which the tool developed by the students was compared to the Age-Friendly Index recently released by the World Health Organization.

Conclusions

If we are to successfully manage the transition to a society in which senior citizens play a much larger role in the setting of government priorities, two important steps need to be taken:

1. Urban planners need to foster collaborative partnerships with municipal and provincial governments, other design professionals, health care professionals, developers, and investors, to approach the design of new communities and the retrofitting of existing ones creatively.
2. The federal government needs to broaden its understanding of the impact of an aging society beyond health care and fiscal issues to fund research and work collaboratively with its many agencies, departments, and commissions, as well as other levels of government and the private sector, to apply the principles of universal design.

The next step in the CUI's research is to develop scenarios that demonstrate how municipal authorities, other government institutions, and the private sector will function when one in four citizens is over 65. How will this affect priorities and approaches to service delivery? Will we see seamless integration between sectors? Once we have a better idea of the direction society is taking, it will be possible to initiate change within the many institutions and organizations that set the conditions for how we live our lives. ●

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