

What drives quality of life for seniors? Driving

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Demographers have been telling us for some time that Canadian society is aging, but a sense of urgency is just now emerging, heightened by the release of new data from Statistics Canada. Not surprisingly, the focus is on problems related to pension shortfalls and rising demand for government services, such as health care.

But there is a more fundamental problem just over the horizon: Most Canadians depend on their cars to get to work, carry out errands and accomplish the things that provide them with one of the most attractive qualities of life in the world. What happens when we get too old to drive?

As baby boomers enter a critical new stage, a powerful new constituency is about to arise, demanding solutions to problems caused inadvertently by planners and others who have helped make automobiles so central to our lives. After all, this generation of Canadians has higher expectations for mobility than any that preceded it: We grew up with easy access to the car, and we will do what ever it takes to hang on to this privilege — which some already view as a basic right. But as many seniors are already finding out to their discomfort, suburbia is no place to grow old, testing the common assumption that we all gracefully "age in place."

Studies show that our identity and determination of self-worth is often inextricably tied to our cars. So how will seniors get around single-use, car-dependent communities when they can no longer drive? Can places where shops and other essential services are beyond walking distance be successfully retrofitted to accommodate changing needs? What systems need to be put in place to reduce the burden on physicians, who currently bear much of the responsibility for determining whether elderly patients are fit to drive? If government fails to act, will policy be shaped by insurance companies seeking to reduce their exposure? Who will bear the costs of providing seniors with alternatives to the private car?

The Canadian Urban Institute has been investigating these and related questions over the past three years, bringing a multidisciplinary, collaborative perspective to what is clearly a complex set of issues.

Aging and mobility is a problem that constantly needs to be redefined. As the demographic balance shifts, so do priorities for decision makers.

Seniors can be divided into three distinct age cohorts: the "young old" (65-74), the "old" (75-84) and the "old old" (85 plus). Although 65 is when we officially become "senior citizens," the reality is that as a population, we are staying healthier for longer. Statistics Canada forecasts that by 2031, there will be more than one million "old old" Canadians — the population of Victoria, Quebec City and St John's combined.

Our search for solutions began with looking at how other countries are responding. In Japan, the government has taken the radical step of embracing the principles of universal design — a concept that promotes barrier-free living. This policy now guides decisions in every government department, as well as private-sector research and development. In Britain and the European Union, the emphasis is on applied research and engaging seniors in a continuing conversation to determine how best to meet their needs.

Most importantly, however, decision-makers in other places have figured out that quality of life for an aging population is closely tied to preserving mobility. This, in turn, is largely determined by the characteristics of the built environment. The challenge for Canada is to broaden the focus of government research on aging beyond the delivery of health care. The Senate Committee on Aging, headed by Senator Marjory LeBreton, is an opportunity for urban planners, transportation specialists, municipal leaders and others to collaborate with health professionals in the search for solutions. The demographic tsunami is coming, but if we act promptly and show a willingness to learn from others, Canada can become a leader in creating "age-friendly" cities.

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