

# THREDBO 16

## POLICY ROADMAP TO PREVENT SOCIAL EXCLUSION OF AGEING POPULATION CAUSED BY LIMITED ACCESSIBILITY

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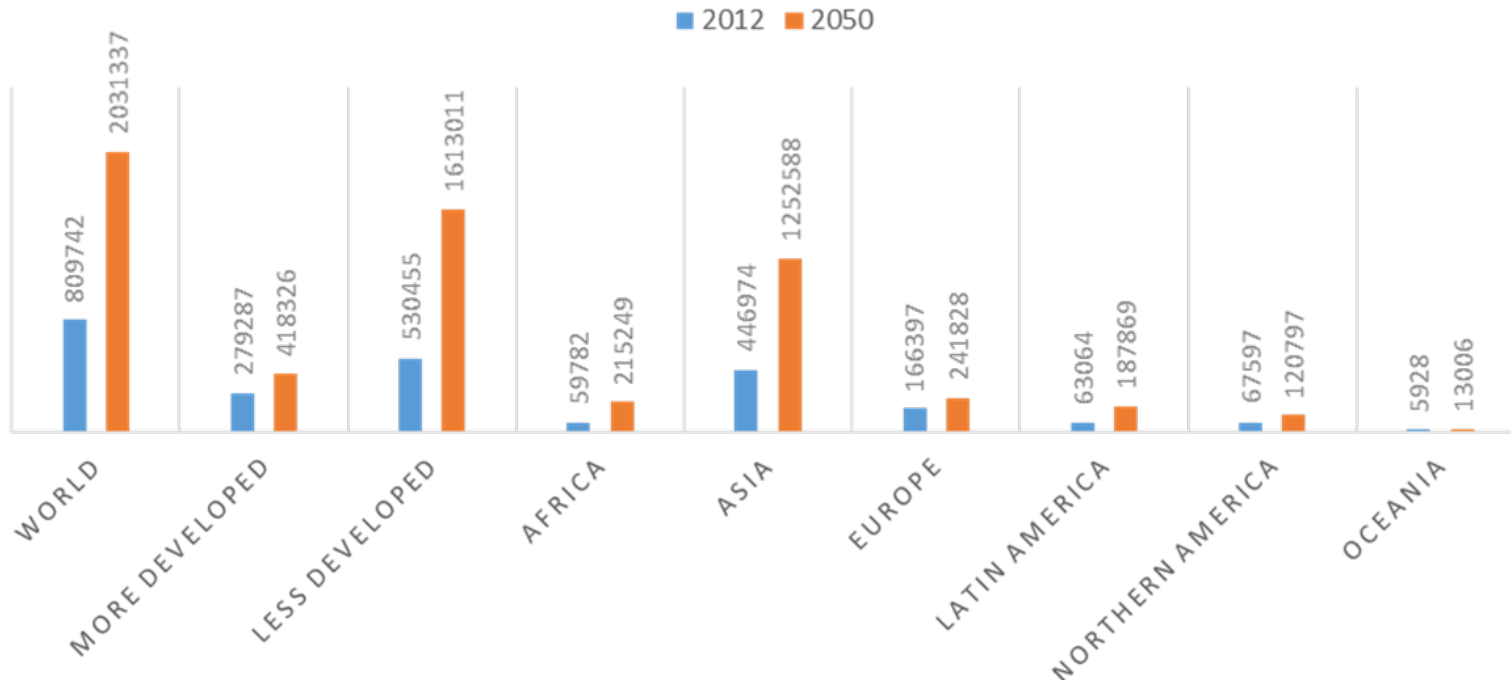
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## **Workshop 7: Assessing the Wider Benefits of Public Transport Projects**

- ❑ This **demographic transformation** will require special attention to accessibility and mobility demand needs.
- ❑ One of the causes for the **deterioration of the elderly lifestyle** is likely to be related to the decrease of mobility, in other words, difficulty in using satisfactory transport alternatives to access services
- ❑ In what concerns ageing the literature tends to be concentrated in pedestrian's behaviour and driver's safety. **The link between health (physical and psychological) and mobility and accessibility in the elderly has been largely neglected.**

- ❑ **Initiate a research stream** on the contributions of mobility for the quality of life of elderly people and to **identify a road map for public policy intervention** aiming to attain a two-fold objective:
  - at the individual level, improve the quality of life of elderly population, while
  - at the society level increase the productive contribution of individuals as opposed to the current view of an ageing population burdening the society.
- ❑ The immediate objective is to **wide open the discussion** within researchers on the scope of domains and instruments that should be interlinked to address integrated policies dealing with ageing societies.



(Source: UNFPA. Ageing in the Twenty-First Century: A Celebration and A Challenge. New York, and HelpAge International, London. 2012)

**There is an urgent need to think about strategies and means to create a "positive ageing" process, provided continued quality of life, better integration, and participation of elders in society.**

- ❑ These estimate that between 2050 and 2100 the **average life expectancy increases to 81 in males and 94 in females.**
- ❑ We can also think of these values in economic terms, in 2001 there was one elderly person for each twelve persons considered "productive".
- ❑ If the statistics for 2050 do not fail this proportion will be quite different, **one elderly person for every three people** considered "productive".
- ❑ The paradigm used until now that elders must be taken care by younger population will find difficulties in future given the disproportion of the estimates produced.
- ❑ It is urgent a new kind of approach to achive better empowered ageing process

# Urgency of the problem

- ❑ With ageing, the elderly will lose physical and cognitive abilities and this limitation associated with driving will allow them to drive fewer miles, lower speeds, less careful attitude, and this predicts additional problems in congestion, accidents and pollution.
- ❑ It seems impossible to rely only in next generation to address this problem. **There is an urgency to prepare institutions, policies, measures that enable more empowered ageing processes.**
- ❑ Two questions arise from the outset:
  - How can public transport cope with this randomness?
  - And also, how can public transport impact in the quality of life of elderly population?
- ❑ **But, what is quality of life in this context ?**

- ❑ Quality of life can be considered a measure of individual perception.
- ❑ The quality of life should be measured by indicators that must enable its generalisation;
  - easily understandable;
  - flexible enough to cover any style of living in different places and at different times;
  - adaptable to social, economic, political and physical changing;
  - open to verification according to recognized scientific principles

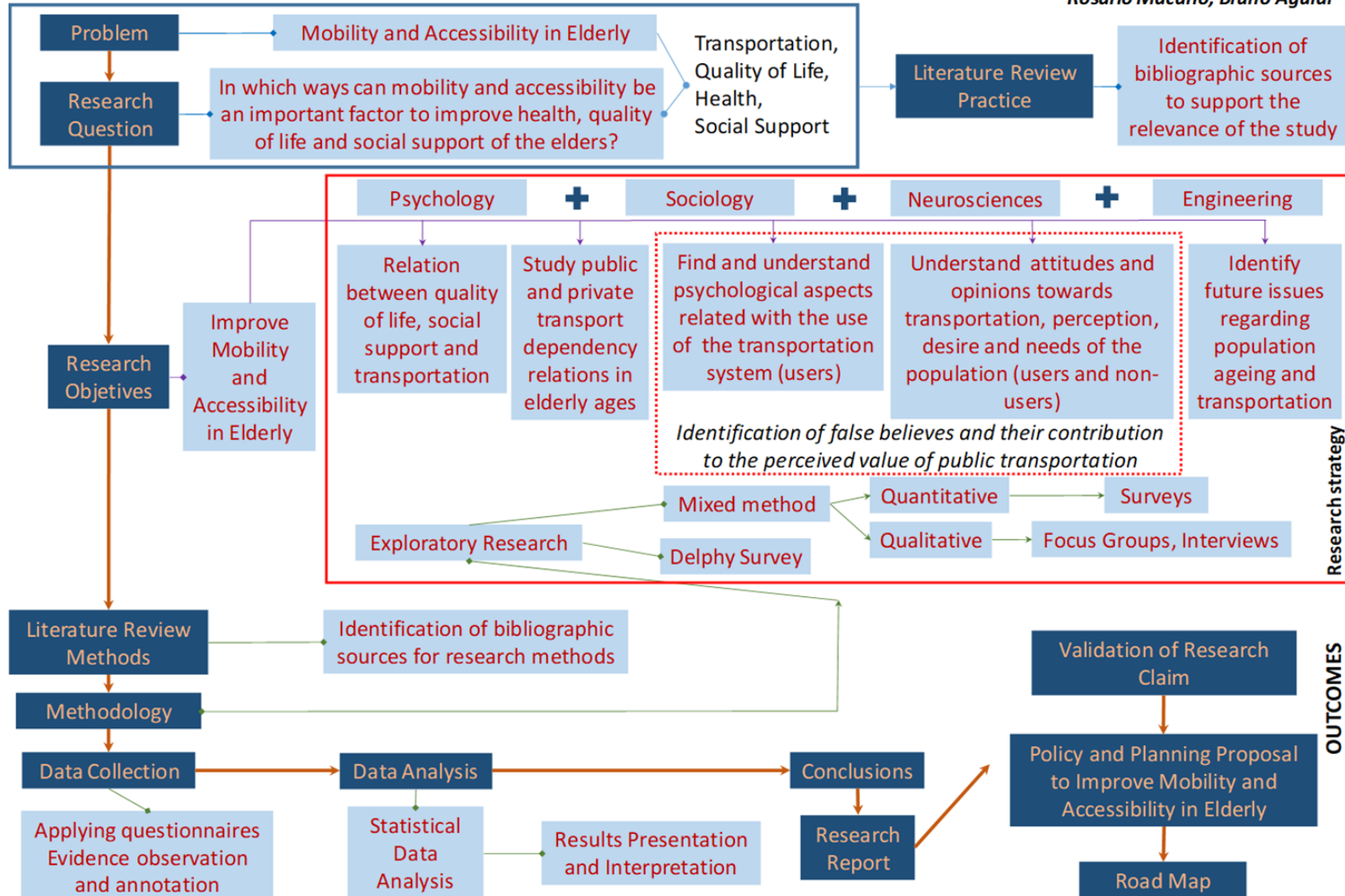
- ❑ Just like the definition of quality of life, **health is not limited to the absence of illness or disability.**
- ❑ **Health is a positive definition**, characterized by the presence of positive factors, as a youthful attitude towards life, a joy and an acceptance of responsibility that life imposes and the absence of negative factors
- ❑ A **healthy person** will be an individual well balanced at both physical and mental level, well-adjusted to his/her social and physical environment, being in full control of their mental and physical capabilities, with the ability to adapt, to changes facing the variations in their environment.

# Mapping the problem

*The contribution of Mobility, Accessibility and Transportation to the Quality of Life, Social Support and Health.*

*Working paper – 2018*

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- ❑ **The population studied consisted in 539 individuals.** At the time of data collection, the individuals were aged between 20 and 90 years, with a mean of 47 years ( $M=47.16$ ,  $SD=13.170$ ). Regarding age group, 20 were Post-Adolescent (20-25y) (3.8%), 139 Adults (26-39y) (26.4%), 323 Middle-aged (40-64y) (61.4%), 41 Third age (65-79y) (7.8%) and 3 Fourth age (80-90y) (0.6%). Regarding gender, 312 (59%) were male the remaining 217 (41%) female. In this research group, 148 (27.8%) had a monthly ticket for Public Transport compared to 385 (72.2%) who did not. Moreover, 504 (94.4%) had a driving license and only 30 (5.6%) did not.
- ❑ **The survey was focused on three concepts: quality of life, health, and social support and based on the participants' subjective perception.** Some conclusions from the survey were:
  - Different modes of transportation and frequencies of use have impact on quality of life, social support, and health.
  - Active transport, promote better levels in the perception of health, quality of life and social support in general.
  - Active transport could be included in a mobility routine as an active routine, bringing personal, social and also environmental benefits.

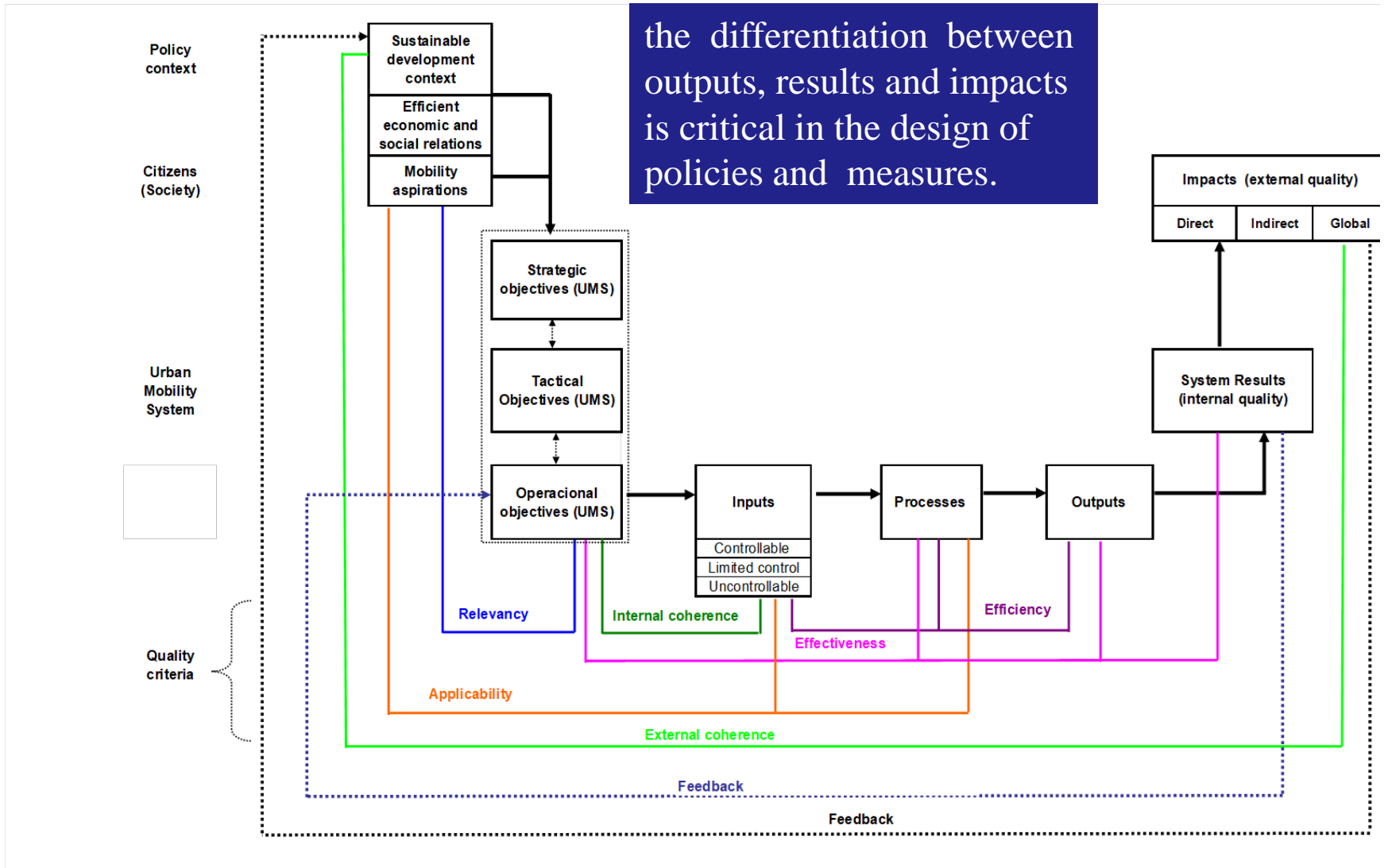


- ☐ Biological and social transformation
- ☐ Sense of community and community development
- ☐ Social Support
- ☐ Empowerment
- ☐ ....
- ☐ Technological ability

Elderly Pedestrians		
<i>Characteristics</i>	<i>Impacts</i>	<i>Measure</i>
reduced joint movement amplitude	reduced walking speed,	longer crossing time or dynamic crossing time
vision problems (poor visual acuity and poor central and peripheral vision)	reduced ability to analyze the surrounding environment, to detect and avoid objects, reading and interpreting maps	more visible signs
limited capacity for attention, memory and cognitive abilities	need more time to evaluate and make decisions in unfamiliar environments	more informative road signs
higher intolerance to temperature change	preference for sheltered locations	creating shelter areas
agility, balance and stability decrease	difficulty in raising/lowering levels	stairs, ramps, handrails
insecurity	afraid to pass through certain paths (total or partial)	lighting, surveillance, the barrier for cars
slow reflexes	inability to prevent and deal with unexpected situations	more opportunities for crossing
reduced physical endurance	shorter trips, tiredness	infrastructures to rest/relax
reduced manual dexterity and coordination	reduced ability to operate complex mechanisms	adaptation of mechanisms to be more intuitive and easier to handle

Table 1 - Elderly Pedestrians: Characteristics, Impacts, and Urgency

# Structure for a roadmap



# Guarantee that a policy road map must provide

- ❑ a policy road map must consider six aspects to ensure the structural coherence of the model:
  - Relevance - appropriateness of the operational objectives taking into account the context and the needs (physical, cognitive, psychological, economic and financial) of the elderly segments of population;
  - Effectiveness - capacity to achieve the expected outputs, results and impacts, which implies allocating the means and the willingness for long term decisions;
  - Efficiency – capacity to be effective at a reasonable cost in the proposed solutions;
  - Applicability – adequacy of means to the achievement of objectives;
  - Internal coherence – correspondence between the different objectives within the different levels of the system. This implies the existence of an hierarchy of objectives within the mobility system
  - External coherence – correspondence between the objectives of the urban mobility system and the ones of other sub-systems of the urban system that affect the elder population, such as health, systems of awareness, location of residences, family integration and support, etc.

☐ Thanks !

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