

# Older adult mobility crisis requires solutions, not denial

BY MARGAUX MENNESSON  
CONTRIBUTING COLUMNIST

In March 2008 Peter, age 80, and his wife Nancy were walking from their car to a doctor's appointment at Legacy Emmanuel Hospital when a man backing out of a parking space hit them. They both fell. Nancy broke her arm. Peter's right

hand, the bones and skin already weakened by age, poor health, and years of manual labor, was crushed underneath the car's tire. The man driving, also older, did not see

them on the ground as the car rolled backwards.

Luckily, doctors were close. They said Peter would probably keep his hand, but he would require multiple surgeries and extra care at home. Nancy would be taking on additional duties as primary caregiver for Peter while managing her own health and injuries. The extended family came together to ask: Who can pitch in to help? Who will drive them to the doctor, to the store, to go out to dinner? Is there anywhere they can walk? Is it safe to walk?

Walking is a perfect form of transportation for all ages. Walking provides moderate physical activity and stimulates our brains. While we walk we explore, we witness, we enjoy our surroundings. The simple act of walking makes us healthier physically and mentally, both significant benefits for aging populations. Yet our streets are designed to contradict these values at the very foundation of our communities. Walking is healthy and good, but it's not always safe.

The streets are getting safer for driving, and for bicycling. But in a disturbing new trend, while overall traffic crashes and fatalities are going down, pedestrian crashes are on the rise. Nationally there were more

pedestrian fatalities in 2010 than in any of the previous five years. Pedestrian fatalities also rose in Oregon and in Portland, with 55 and 15 fatalities, respectively.

The trend disproportionately affects vulnerable populations, including older adults. Older adults are less likely to drive and more likely to walk than do other types of physical activity. However, walking is riskier for older adults than for any other age group. Older adults account for 18 percent of all pedestrian fatalities – the highest fatality rate of any age group.

Why is walking getting more dangerous for everyone? Often (but not always) the media puts blame on walking behaviors such as poor visibility, distracted walking, intoxication level, walking where one should not walk, or even walking at all.

But statistics show that older adults, who are most at risk, who make up one-fifth of all pedestrian fatalities, do not exhibit those behaviors.

Officials attribute many of the deaths to poor visibility, reinforcing the importance of wearing light or reflective colors when walking on the roads. But according to a 2008 national traffic safety study, 80 percent of all traffic fatalities involving older adults occurred during the daytime.

Cell phones are cited anecdotally and in the media, but officials say the real threat is behind the wheel. Digital distractions like texting and emailing are not typically attributed to older pedestrian behavior.

Alcohol is a factor in 42 percent of pedestrian fatalities, but older adults have the lowest proportion of intoxication levels.

So is it right to conclude that older adults are putting themselves at risk by walking where they should not be walking, or by walking at all? Or should we conclude, rather, that our community is not built to meet the safety and mobility needs of growing numbers of older adults and other vulnerable populations without other transportation options?

The challenge to keep up with issues specific to pedestrian safety and mobility

with growing numbers of older adults is compounded by urbanization patterns and a weakened economy. We must address these problems now, or face a mobility crisis.

The crisis already affects families. After the crash Peter's daughter said, "As much as I was relieved they were OK, I was terrified. Dad could have just as easily been behind the wheel as under the car. I know they shouldn't be driving, but they don't live within walking distance of anything. If I take away their keys, I take away their mobility. And then I'm the one driving them around."

The mobility crisis has a ripple effect.

Psychiatrists warn of the societal burden on grown children-turned-caregivers.

Economists warn of the burden on Social Security and Medicare.

Still, we force every family to make hard decisions about how to protect their grandparents' mobility. We continue to deny the older generation the right to accessible, safe physical activity. We overlook the community's interest in reducing health costs now.

Just as we're concerned about fixing our society's economic and societal structures to accommodate the aging population, so too do our streets need fixing.

Collectively, we can take action. We can make public investments in safe, healthy streets and livable neighborhoods. We can build broad support throughout the community and empower vulnerable populations to speak up for their needs.

Everyone has an interest in safe, healthy streets and livable neighborhoods. These changes will benefit people who have parents and grandparents, people who walk, people who ride bikes, people who drive, people who have kids. We are all facing the same not-so-distant future.



## HEALTHY STREETBEAT

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Healthy Streetbeat is a monthly column for Street Roots written by the Bicycle Transportation Alliance (BTA). Our contributors are Rob Sadowsky, executive director, and Margaux Mennesson, communications director.



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