

Mobility of the elderly in the future

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Introduction

In the next 20 years, due to the ageing of the population, the world will change fundamentally. In 2001 the OECD identified important issues regarding safe mobility of the elderly. The demographic changes influence mobility needs, travel behaviour and traffic safety. Governmental management practises, land use and transport and traffic facilities will have to meet quite different requirements. This will be the case in almost all western countries. For policy development in The Netherlands the situation was described. Some important facts are summarized on this poster.

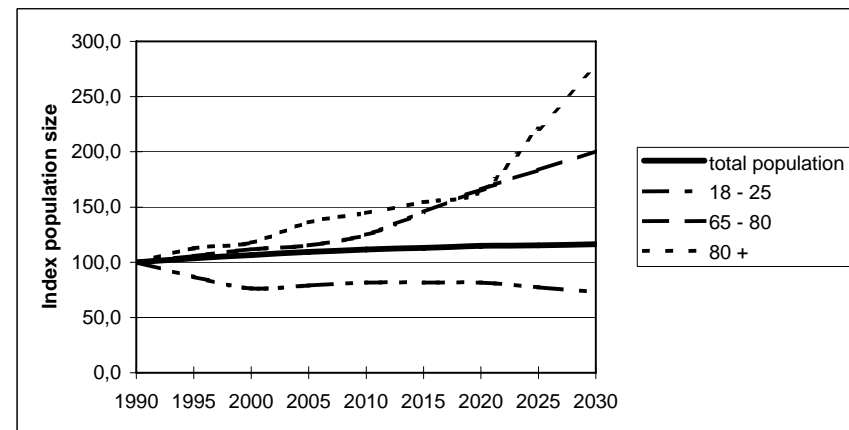
Key points

The **OECD** stated in 'Ageing and transport - mobility needs and safety issues':

- Older drivers tend to be safer than is commonly believed: older people are **not risky, but at risk**.
- Older people who suffer from health-related limitations must often cease walking or using public transport before they cease driving;
- Older people tend to age in place;
- The changing ratio of working to retired persons will cause budgets for mobility and safety needs of older adults to shrink.

Demographic forecast:

- the total population will not grow much, but the composition will change
- in 2030 the size of the group 18 - 25 years will be the same as now, the 65+ group will grow from 1.9 million to 4.2 million people, so from a minority to a majority group.



source: CBS and US Bureau of Census

Land use and infra structure forecast:

- Most people will live in a suburban area. The total urban area will grow 18-20%.
- On average public space (sidewalks, parks) will be used 25% less intensively. This will not be a favourable context for asking bigger budgets for management, maintenance and safety of public spaces.
- for most people essential services (supermarket, bank, drugstore, medical facilities) and social destinations (friends and family) will be beyond walking and cycling distances. This increase car dependency.

Table 1 Key figures regarding land use in NL

	1970 (abs)	2000 (abs)	increase (%)	2030 (abs)	increase (%)
Built up area (sq. Kilometers)	2121	3183	50.1	3770	18
Built up area for housing (sq. Kilometers)	1883	2211	17.4	2619	18
urban roads (estimated total length)	33000	59000	78.8	69882	18
pedestrian facilities (estimated sq. Kilometers)	82,5	147,5	78.8	175	18
Population (x 1000)	12958	15864	22.4	17900	13
Number of households	3986	6801	70.6	8950	32
Average household size	3,25	2,33	-28,2	2,0	-14
Area pedestrian facilities per person	6.4	9.3	46.0	9.8	5
idem per household	20.7	21.7	4.8	19.5	-10

Source data 1970 and 2000: Website CBS Statline

Transportation forecast:

- most elderly will have a driving licence and a car
- the number of people with limited mobility will grow from 990,000 to 1,620,000 (from 6,1% to 9,4% of the population)
- traditional Public Transport will not be an option for the majority of (criss-cross-type) trips
- door-to-door-walking will be less important than the 'invisible' multi-modal walking (= walking to and from other modes).
- Goods transport will approximately double.

Table 2 Predicted number of people with limited mobility

	2005	2010	2015	2020	2025	2030
% people with limited mobility	6,1	6,3	6,7	7,0	8,2	9,4
Number Younger than 65	340,000	340,000	350,000	350,000	360,000	360,000
Number 65 - 79	250,000	270,000	310,000	360,000	400,000	430,000
Number 80+	410,000	430,000	460,000	490,000	660,000	830,000
Total number	990,000	1,050,000	1,130,000	1,200,000	1,410,000	1,620,000

source: Socialdata (2005) and assessments based on Rooijen Tackten.

Road Safety forecast:

- a 'learning effect' is expected. This helps to control the upward trend in number of casualties because of the combination of growth of car use, goods traffic and the number of vulnerable road users. The average traffic risk will continue to decrease.
- there will be a growing bipartition between the car users and those cannot use a car, both in mobility options and in safety. For some 25% of the population (children and people with limited mobility) risks will rise substantially.

Conclusion