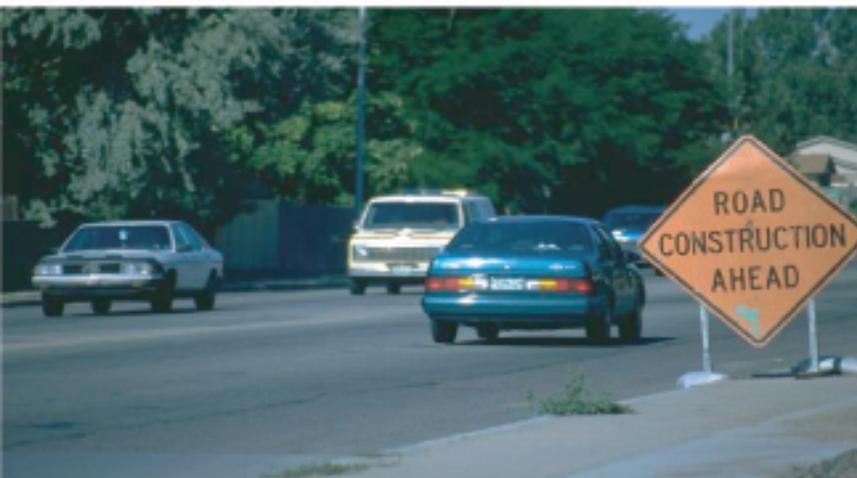


# Transportation and Older Persons: Perceptions and Preferences



**TRANSPORTATION AND OLDER PERSONS:  
Perceptions and Preferences**

**A Report on Focus Groups**

by

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The Public Policy Institute, formed in 1985, is part of the Public Affairs Group of the AARP. One of the missions of the Institute is to foster research and analysis on public policy issues of interest to older Americans. This paper represents part of that effort.

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## ACKNOWLEDGMENTS

The author would like to gratefully acknowledge Paula Magliozzi, MIT Center for Transportation Studies and Age Lab, who prepared several drafts of this report; Mary Hurley, who ably facilitated each of the focus groups; and Monique Martineau for her skillful editing. The author also appreciates the helpful review comments of Anne Long Morris, formerly of the American Occupational Therapy Association, as well as those of Debra Alvarez and Laura Polacheck of AARP. In addition, Vanessa A. Woodard-Kinard of the Public Policy Institute provided invaluable administrative assistance in the design and production of the final report.

Special thanks are due the participants, who shared both their time and their thoughts with us.

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## FOREWORD

This report continues AARP's exploration of transportation issues from the point of view of the older consumer. Ready access to transportation is essential to an adult's maintenance of a high quality of life. Transportation provides the link between home and community and serves as the bridge to the goods, services, and opportunities for social engagement so crucial to successful and happy aging. To develop policy that facilitates continued mobility among persons age 75 and older, we should begin by understanding the perceptions and preferences of this group about their transportation options.

Dr. Coughlin of MIT explored the opinions of drivers and non-drivers age 75 and older in the Boston metropolitan area. Twenty-eight participants in three focus groups and 17 participants in one-on-one interviews shared their likes and dislikes, their good experiences with transportation and their frustrations. While it is, of course, impossible to generalize from a small number of people in a single geographic area, these views provide some direction for assessing the mobility needs of older persons, both drivers and non-drivers. The results of this survey also provide guidance about the language used by researchers in studying the perceptions and preferences of transportation options among consumers age 75 and older.

The report concludes with implications of the research for policy development and suggestions for further research.

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# TRANSPORTATION AND OLDER PERSONS: Perceptions and Preferences A Report on Focus Groups

## EXECUTIVE SUMMARY

### Background

Recent rapid growth of the older population has focused attention on how to meet the future income and health needs of older persons.<sup>1</sup> Less attention, however, has been given to how older persons will retain their mobility, a critical component of remaining independent and feeling in control of one's life.

Mobility, the ability to travel from point A to point B when and how one chooses, is the means by which individuals maintain their connection to society. Transportation has been described as the "glue" that holds together all the activities that we call life. Ready access to family, friends, social activities, health care, and goods and services are vital to full participation in daily life. Without such mobility, many older persons report a sense of loss and feelings of isolation from the world of their younger years.

Research on the transportation of older persons has traditionally focused on daily trip-making behavior: how often they travel, what mode of transport they use, and the purposes for which they travel. But despite all the quantitative data regarding trip-making by older persons, little research has been conducted to determine the perceptions and preferences among this group about their transportation choices and trip-making activity. This information is important to gather because it can guide policymakers and program managers toward policies and programs likely to enhance the ongoing mobility of older persons.

### Purpose

The purpose of this study is: 1) to discern the perceptions and preferences of persons age 75 and older regarding their transportation options and how they stay connected to their communities as they age; and 2) to provide guidance for development of policy that will enhance the mobility of older persons. Age 75 was chosen as the minimum age of study participants because persons 75 and older make dramatically fewer local trips than do persons in younger age groups, and thus in greatest need of policy interventions regarding their transportation options.

### Methodology

This study uses data collected from three focus groups consisting of 28 people and 17 in-person interviews to provide information about the perceptions and preferences of transportation for adults age 75 and older.

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<sup>1</sup> For the purposes of this report, the term "older persons" refers to individuals age 75 and older

Each focus group represented a different subset of older persons: (i) suburban drivers, (ii) suburban non-drivers, and (iii) urban non-drivers. The focus groups explored the following:

- the value and role of transportation in daily life;
- trip-making decisions and the influence of health on trip-making; and
- transportation alternatives and getting around when customary transportation is unavailable.

Participants in the one-on-one interviews were asked similar questions but the format was less formal, giving the interviewers latitude to explore individual preferences and perceptions more deeply. The focus group facilitator guide was used as the interview protocol to elicit discussion and open-ended responses from each person.

On the basis of previous studies of demographics and transportation behavior, certain characteristics including age, gender, race, income, and, for drivers, the number of miles driven per year, were considered in the selection of both interview and focus group participants. Gender ratio was intentionally biased in favor of women to reflect the higher proportion of women among older persons, and lower-income adults were chosen to explore the preferences and perceptions of those typically considered "transportation disadvantaged." All participants were living in non-institutional settings.

A random telephone number generator was used to identify prospective focus group participants. Interview respondents were chosen through referrals at community senior and religious centers in the metropolitan area.

Because of the consistency in responses, most results are reported across the different focus groups and interviews. Only distinct differences that emerged by group are identified by group.

## Results

Among all participants, mobility was a critical element of overall life satisfaction, both for the daily necessities of life and for maintaining social links with family, friends, and community.

Participants described the strong linkage between transportation and independence. In many cases the car was perceived as synonymous with transportation. Drivers focused overwhelmingly on the personal automobile as their first choice; non-drivers identified riding with a friend or family member as the most preferred alternative to driving. All participants identified public transportation, taxis, senior vans, or walking as less attractive alternatives than driving or being driven. A general concern among all participants was a feeling of dependency or of obligation to people who provided transportation for them.

Many of the non-drivers indicated they had occasionally canceled planned trips, usually due to lack of their customary transportation. Participants collectively showed remarkable resolve, despite chronic illness, and said they tried not to cancel trips due to aches or pains. When asked how their health affected their travel decisions, participants indicated that while they try not to let chronic health problems or discomfort interfere with trip-making, their concern about possibly embarrassing or inconveniencing a companion because of illness might lead to a decision not to make a trip. Participants said they had the strongest preference for entertainment trips and trips with a social component were the most important to them (aside from family responsibilities) and the least likely to be canceled or postponed if possible. However, interviewees cited fear of becoming ill or the illness of a prospective companion as sufficient reason to postpone or cancel a planned trip.

In addition, participants generally indicated that trips were better canceled or postponed if transportation was inconvenient or unavailable. They cited some problem-solving skills in obtaining food or medicine when trips to procure such items needed to be canceled, but seemed reluctant to use municipal services or consider new methods of shopping (on the computer or through the television). The urban non-drivers seemed the most flexible in the mode of transportation they would consider, especially with regard to public transportation. Persons living in suburbs had little information regarding resources in their communities.

## Summary

Overall, several themes emerged:

- strong preference for automobile-based transport and explicit reservations about each alternative to driving, but willingness to use such alternatives, if available;
- perception of reliability, convenience, spontaneity, personal security, and flexibility as the attributes that make automobiles preferable;
- preference for rides from friends and/or family among individuals who cannot drive themselves, but a dislike of the feelings of dependency or obligation created by asking for a ride;
- influence of opportunities for socializing on trip-making decisions; and
- lack of information about community transportation resources among suburbanites.

## Implications for Policymaking and Suggestions for Future Research

Although the results of discussions with forty-five persons in one geographic area cannot be generalized to the older population as a whole, they do suggest some implications for the direction of policy development and further research. The preferences and perceptions expressed by the participants imply the need for public policy to enhance the mobility of non-institutionalized older persons who live independently in their communities. These policies might support the following:

- facilitation of safe driving as persons age (for example, improving road design or tailoring driver education to the needs of older drivers);
- facilitation of the transition from driving to non-driving;
- development of alternatives to driving, including public transportation, that incorporate more of the positive attributes of the automobile;
- encouragement of ride-giving by friends and family;
- expanded dissemination of information on community resources; and
- development of taxi services that are more customer-friendly.

Among those not included in this research were older persons living in rural areas and older persons with chronic health problems. These groups represent an increasing number of persons who are at risk of isolation because of limited or ineffective transportation options. Future research should address their needs for potential policy solutions.

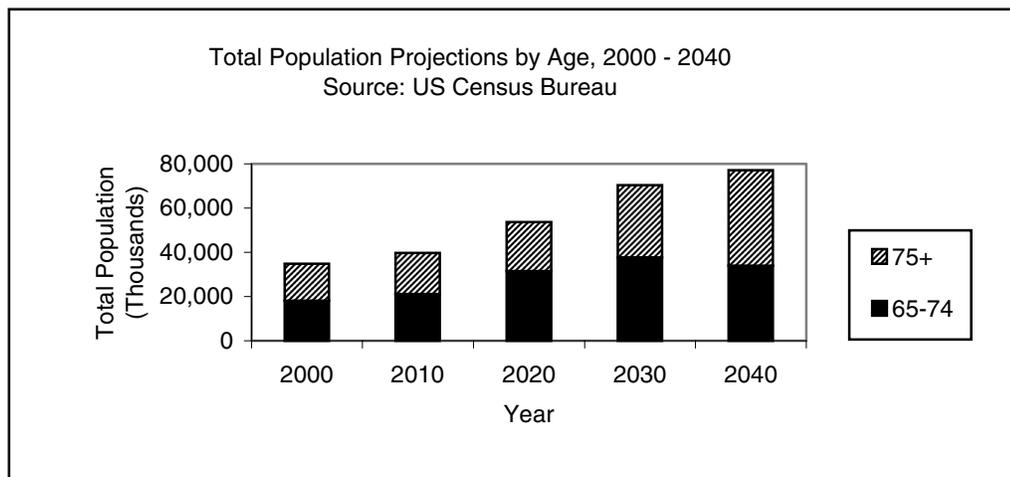
The discussions highlighted several language-related issues that may confuse respondents and confound the results of transportation surveys. Some terms and phrases that have an accepted meaning in the transportation policy community did not resonate with the adults participating in this study. The terms often confused are as follows:

- Study participants interpreted mobility to mean ambulatory, as in the ability to move around the house;
- Social trips were difficult to differentiate from trips made for entertainment, some aspects of personal business, or family-related trips. Researchers need to clarify the primary purpose of the kinds of trips being explored or prioritized and define the distinctions between types of trips;
- Trip-making was often confused with travel. The moderator and interviewers needed to repeatedly refocus participants on trips of daily living from other travel that related to vacations or day trips , etc.;
- Community shuttle, senior transportation services and other demand-responsive options were often grouped together or confused because participants had little information about them. If local Area Agency on Aging transport services are to be assessed as a mode, careful wording by the researcher that relates to the operator of the system may help clarify the questions posed to the participants.

# INTRODUCTION

## Background

The United States is an aging nation. According to the Census Bureau, the number of persons under the age of 65 has tripled during the 20th century. In sharp contrast, the number of citizens age 65 and older has increased 11-fold. Over the next 30 years, nearly 20 percent of the nation's citizens will be age 65 and older (Figure 1). In the next two decades, the United States will become a nation of Floridas, a nation in which the fastest growing age segment will be persons over the age of 85.<sup>2</sup>



This rapid aging of the population and its anticipated continued trend in the near future has already focused attention on how to meet the future income and health needs of older persons. Less attention has been given to how older persons, especially non-drivers, will be able to retain their mobility, a critical component of remaining independent as they age.

Mobility, the ability to travel from point A to point B when and how one chooses, is the means by which individuals maintain their connection to society. Transportation has been described as the "glue" that holds together all the activities that we call life. Ready access to family, friends, social activities, health care, and goods and services are vital to one's full participation in daily life.

The existing research on transportation of older persons has focused on the cohort that includes those age 75 and older. It has traditionally focused on daily trip-making behavior-how often people travel, what mode they use, the purposes for which they travel. The Nationwide Personal Transportation Survey shows that persons age 75 and older make more than 95 percent of their trips by private vehicle, either as a driver or passenger; they

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<sup>2</sup> US Census Bureau, 1996

make 3.7 percent of their trips by walking, 0.5 percent by public transportation, and the balance (0.8 percent) by a variety of other modes.<sup>3</sup> Those who drive take three times as many trips away from home as those who do not drive.<sup>4</sup> As of 1997, approximately 35 percent of persons age 75 and older were not licensed to drive.<sup>5</sup> These data suggest that a large proportion of persons age 75 and older make the majority of their trips by private vehicle even though they cannot drive themselves.

Despite the quantitative data collected in the past regarding travel by individuals in this age group, little research has been conducted to determine their perceptions and preferences about their transportation choices and travel activity. These opinions are important to assess because they may provide insight about the likelihood of success of proposed and existing policies and programs designed to enhance the mobility of older persons.

## Purpose

The purpose of this study is to discern and give voice to the perceptions and preferences of persons age 75 and older about their transportation options and how these options help them stay connected to their communities. Age 75 was chosen as the minimum age of participants-- research shows a dramatic reduction in local trip-making by persons 75 and older. The study explores with a few older consumers the role of transportation alternatives--and the interaction of those alternatives with factors such as illness, convenience, and personal preferences--in the activity patterns of older persons. In addition, the study provides guidance for future quantitative research into the transportation perceptions and preferences of older persons.

Policymakers need to understand not just how people get around, but what motivates them to choose a given mode of transport. When these perceptions and preferences of consumers are better understood, policymakers can more successfully design programs to help older persons overcome barriers to mobility.

## Methodology

This study uses data from three focus groups and 17 one-on-one in-person interviews to assess the perceptions and preferences related to the transportation of adults age 75 and older.

### *Criteria for Sample Selection*

The first screening decision was to conduct the focus groups in a city and in a suburb because of the different transportation options available in urban and suburban settings. Boston and Framingham, Massachusetts were selected as target areas for this study for several reasons. Boston offers an ideal location to examine the mobility patterns of older city residents because of its diverse population in terms of race, income, and education.

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<sup>3</sup> 1995 Nationwide Personal Transportation Survey

<sup>4</sup> Straight, Community transportation Survey, American Association of Retired Persons, 1997

<sup>5</sup> Table DL-20: Licensed drivers, by sex & percentage in each age group, [Highway Statistics](#), Federal Highway

Boston's transit system is extensive and covers a wide area of access for city residents and people living in its near suburbs. Framingham is used frequently as a test bed for consumer market, social, and health research because it typifies the growing number of larger suburbs and "edge cities."

The focus groups were conducted in April 1997. Two groups consisted of suburban residents: one group of drivers and the other, non-drivers. All but one participant in the suburban non-driver group was a former driver. The group of urban residents consisted of non-drivers, although all participants except one had formerly been drivers. (Financial constraints limited the study to only three focus groups. Because of the impact of non-driving on mobility, the researcher chose to have two groups of non-drivers.)

All participants were 75 years of age or older. On the basis of previous studies of demographics and transportation behavior, certain individual characteristics were also considered in the selection of participants, including gender, race, income, and, for drivers, the number of miles driven per year. The participants for each focus group were screened to ensure participation by persons below and above \$20,000 in income and of ethnic distribution. Gender ratio was biased in favor of women to reflect the greater proportion of women in the population of older persons. Lower-income adults were chosen to try to explore the preferences and perceptions of those typically considered "transportation disadvantaged." All participants were living in the community in non-institutional settings.

A random telephone number generator was used to identify prospective focus group participants. The 17 interview respondents were chosen through referrals at community senior and religious centers in the metropolitan area. Professional recruiters screened candidates for both interviews and focus groups using the characteristics previously mentioned.<sup>6</sup> All participants were paid a \$40.00 cash incentive to participate in the study.

### *Sample Characteristics*

The focus groups included 28 participants, 10 men and 18 women, across the three groups. The average age was 76.7. Twenty participants had incomes of \$20,000 or more; 8 had incomes between \$5,000 and \$20,000. Eight participants were African-American; 20 were Caucasian. Ten participants were drivers, 18 were non-drivers; 18 resided in suburbs, 10 resided in the city.

A total of 17 in-person interviews were conducted, including 12 women and 5 men. The average age was 77.3. Ten earned more than \$20,000 per year; seven earned between \$5,000 and \$20,000 per year. Three respondents were African-American, two were Hispanic, and 12 were Caucasian. Nine were drivers and eight were non-drivers. There was no overlap between focus group members and interviewees.

Table 1 summarizes the composition of participants for each group.

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<sup>6</sup> The Facilitator Guide, a moderator script for the focus groups, is included as the Appendix

**TABLE 1: Profile Summary of Focus Group Participants**

Group	Number of Participants	Gender		Average Age	Income (\$)		Race
		M	F		20K or over	5 to 20K	
Suburban Drivers	10	4	6	~76	8	2	2 AA, 8 Cauc.
Urban Non-Drivers	10	4	6	~76.5	8	2	3 AA, 7 Cauc.
Suburban Non-Drivers	8	2	6	~78	4	4	3 AA, 5 Cauc.
Interviewees	17	5	12	~77	10	7	3 AA, 2 Hispanic, 12 Cauc.

AA, African American; Cauc., Caucasian

### *Focus Group Process*

The three focus groups were held over a two-day period. All groups explored the same questions from the Facilitator Guide (see Appendix). The guide consists of questions that probe how older consumers perceive their transportation options and how their behavior is influenced by those options. The questions explored preferences and perceptions on the following topics:

- the value and role of transportation in daily life;
- trip-making decisions and the influence of health on trip-making; and
- transportation alternatives and getting around when customary transportation is unavailable.

The focus groups were supplemented with in-person interviews using the moderator's guide developed for the focus groups. Participants in the one-on-one interviews were asked similar questions but the format was less formal, giving the interviewers latitude to explore individual preferences and perceptions more deeply. The focus group facilitator guide was used as the interview protocol to elicit discussion and open-ended responses from each person.

The different focus groups or interviews are only identified where distinct differences emerged by group. In general, there was consistency between and among participants across the focus groups and interviews.

# RESULTS

## The Value and Role of Transportation in Daily Life

*"It's everything."* (Suburban driver)

The opening question addressed the meaning of transportation for each of the participants in their daily lives. Their responses were strong and clear. One participant, a suburban driver, passionately said, "Everything out there is moving. If you're not part of it...it's tough." Among drivers, driving their cars was transportation--the only kind of transportation they considered. The personal automobile clearly symbolized mobility for them. The reactions of suburban non-drivers, however, contrasted sharply with the suburban drivers group. Whereas drivers spoke of their freedom and independence, suburban non-drivers most often expressed feelings of frustration with their transportation options. Both suburban and urban non-drivers contrasted their current perceptions of transportation with their past experiences as drivers.

### *Independence and freedom*

Participants consistently repeated one theme: having ready transportation-a car-means having both freedom and independence. "Independence" was seen as distinct from "freedom." Participants used the word "freedom" when discussing the importance of transportation in staying active on a daily basis. Whereas freedom was seen as the ability to do something or go somewhere without constraint, "independence" was defined as the capacity to do (or not do) something without depending on the kindness or support of others. Even stronger than the perceived importance of driving to personal freedom was the linkage between driving and independence. One suburban driver participant remarked, "It's great to be independent and not have to depend on anybody."

### *The value of driving*

One female participant, a suburban driver, noted the role being able to drive played in her freedom to become employed after the death of her husband: "... [I] took a job, which I certainly could not do if I did not drive...." A male participant in the same focus group, described driving as the "...thing that gets you out - [otherwise] you feel trapped," linking the freedom conferred by driving with fears of dependency.

Many participants agreed that driving provided a "feeling of security, that it's [the car] there, whether I want to take it or not, the car is there to go...." Another participant elaborated on the relationship between the car and security by saying, "If the car is in the driveway, I am perfectly content to stay at home."

For those who still operated their own car, the thought of not driving was clearly something they found difficult to consider. As one man remarked, "I will just have to cross that bridge when I come to it." Participants who still drove were asked to imagine what it might be like to be unable to drive. The responses were relatively uniform. Not being

able to drive was equated with being a "scary thought" or becoming restricted to the immediate area around one's home. Participants who still drive likened the inability to drive to a physical disability. As articulated by one, "...not being able to drive? I would feel handicapped!" Confronted with the prospect of not driving, one driver exclaimed she "would die without driving."

### *Becoming a non-driver*

Few respondents had ever "thought about it [transportation]" until they no longer drove. Most non-drivers placed such importance on driving that they mourned the loss of driving privileges. The transition from being a driver to becoming a non-driver was seen, in the words of an urban non-driver, as "traumatic...it really changes your philosophy on life." The sense of loss of freedom was also apparent in one woman's comment, "I miss it [driving] very much, getting where I want, when I want."

A suburban non-driver captured the group's feelings about losing the ability to drive in stating that by "not driving...you become a prisoner. I have to depend on other people." Another lamented that stopping driving "took my independence away. Depending on someone else, that is really tough." Even a woman who did not much enjoy driving noted that "[I] did not care for driving, but it [stopping] did take some of my independence away...."

Still, despite the emotional trauma and sense of loss created by becoming a non-driver, some participants did admit that continuing to drive might not be the best idea for them. For example, one woman felt that the current driving environment is less safe than in the past. "I gave up driving," she said, "because I think they're crazy out there." Even some in the suburban driver group articulated a certain fear of other drivers on the road - those that speed or are "rude."

### *Impacts of driving cessation*

The individual self-image of some non-drivers, especially those living in the suburban setting, appeared to suffer with the loss of driving, particularly among male participants. For example, one man volunteered that "my ego has taken a big hit since not driving." Another suburban resident alluded to diminished self-efficacy, "I don't feel in complete control."

The perception of reduced freedom was also coupled with a perceived shrinkage of their world of activities. A non-driving participant living in the suburbs expressed his feeling of loss in his observation that he missed being able to leave the house anytime he wished, whether to go to the store or to simply "go out and buy fresh fruit." Another remarked, "I miss being able to get up and go...." In one man's description of the impact of becoming a non-driver, his and his wife's "world had been reduced to one square mile."

In contrast, as a group the urban non-drivers appeared to be coping differently (or perhaps better) than their suburban counterparts in meeting transportation needs as non-drivers.

As indicated by one man, "I have to philosophize now that this is the best it's going to be right now." Another man summarized the participants' apparent consensus. "Yes," he said, in reference to missing driving, "but you get used to it, and you make do." A woman participant in the same group stated, "I have to plan my day a little differently to catch the bus." As one woman, a suburban non-driver, said, "[If you rely on others for transportation,] you become more efficient with the time available."

### *Satisfaction with mobility*

The urban non-drivers and the suburban drivers expressed the most satisfaction with their ability to get around. The drivers seemed comfortable with their reliance on the car as their usual mode of transport.

The non-drivers living in the suburbs, however, were less satisfied that their transportation needs were met. In addition to feelings of lost freedom, diminished control, and altered self-image, several participants noted with frustration that they make fewer trips and pursue fewer activities as non-drivers. As one woman exclaimed, "less everything!"

### *Summary*

The general consensus across all participants was that access to ready transportation as provided by the private automobile is a critical element to overall life satisfaction. Driving oneself was strongly preferred. The ability to travel freely in the community has not only a practical meaning but also a strongly emotional meaning; pursuit of daily activities, for these participants, is vital to their perception of being part of society.

## **Trip-making Decisions: Influence of Health and Other Factors**

*"Even when I don't feel like going - I try to go."* (Urban non-driver)

### *Frequency of trips*

Study participants were asked to discuss what trips they make and how they decide which to choose if trip-making becomes limited. Questions guiding the discussion explored which trips were considered most important, the estimated frequency of all types of trips, which trips were most enjoyable, and which trips might be made more frequently, if possible.

Participants reported making from one to six trips per week. In order of frequency they reported making trips for social (two to six), shopping (two to four), personal business (one to five), medical (one to two) and entertainment (one to two) purposes. Suburban non-drivers reported making medical trips somewhat more frequently and shopping trips less frequently than did their driving peers.

Overall, urban non-drivers indicated making more trips than suburban non-drivers and drivers. A number of factors may account for this difference; among them may be the urban non-drivers' overall greater income in comparison to that of the suburban non-drivers, and their relatively easy access to an extensive public transportation system. Urban non-drivers may make marginally more shopping trips but reportedly purchase fewer goods per trip.

Interview participants were not asked to report the frequency of their trips by type.

### *Preferred trip purposes*

Participants discussed their preferences among trips with various purposes. Universally, visits to friends and family were a personal priority among respondents. Regardless of whether the specified purpose of the trip being discussed was social, entertainment, shopping, family, or personal business, most agreed that trips with a social component, were the most preferred. One participant, an urban non-driver, remarked, "Social [activity] is extremely important to keep up your mind, to keep you active."

Drivers drew sharper distinctions than non-drivers between trip purposes when discussing trip preferences. They rated shopping and social trips (trips made with no other purpose than to engage in a social activity) as equally important, but as lower in preference than entertainment trips. To paraphrase one woman, if you don't shop, you don't eat. However, even in this group the distinctions between trip purposes were blurred, with some participants arguing that these two categories were often inseparable because shopping was usually done with a friend.

However, even though trips with an explicit social component were preferred, these were the most likely to be cancelled. One participant noted that an entertainment trip was the first type to be rescheduled or canceled "if a problem came up," e.g., an illness or a request to care for a grandchild.

### *Health*

Participants did not identify their individual chronic health problems-such as arthritis-as a major reason to cancel or postpone trips. They expressed a theme of commitment and determination to make trips regardless of health concerns. As one woman, a suburban non-driver, said, "You have to push yourself at our age" and "If I feel that I can get around, I will go." Another non-driver living in the suburbs defiantly remarked, "I would rather take some medicine and go - I don't want to miss anything. One woman declared, "I am determined to go, I plan to go, I go." A male suburban non-driver summed up, "I just can't stay home."

There was some difference in the determination to ignore personal health concerns between drivers and non-drivers. Drivers indicated strategies that would allow them to skip a shopping day if the weather was poor or they did not feel like going out, such as buying enough groceries to last several days. On the other hand, an urban non-driver said, "You

can force yourself if you want to." The resolve to travel in spite of feeling unwell was best summarized by one woman's statement: "We are all tired, we are all sick, but still we get up and get out."

Ill health by itself was not considered by most to cause the cancellation of a trip, but participants in general said that feeling ill combined with another obstacle was sufficient reason to reschedule or cancel an activity. Cold weather combined with a high fever or a bad cough, for example, might be a good reason to cancel a trip. A number of participants also stated that they would not make a trip if their illness were contagious, if they might "give someone else the bug."

The possibility of becoming ill in public would also be reason for many to cancel a trip. The concern was one of personal embarrassment combined with a desire to not "spoil the trip for someone else" or deprive someone else of a "good time." Interviewees specified that if a prospective trip companion were to become ill, they would probably choose not to make the trip alone.

### *Summary*

Responses from the study participants were remarkably similar. In making a decision of whether to make a trip, the choice often depended on whether the trip had some kind of social component. All participants indicated that their preferred trips—the kind they hate most to cancel—blend social engagement with other purposes such as shopping or entertainment.

In general, participants indicated considerable resilience and determination to make trips in spite of chronic health issues associated with older age.

### **Alternatives: Getting Around When Preferred Transportation is Unavailable**

*"I would rather get a car..."* (Suburban non-driver)

*"You can't always find someone to help you...even if you ask, you may not get what you want."* (Urban non-driver)

Study participants were asked to discuss what transportation alternatives are available to them, their opinion of each alternative, and how they get around when their preferred mode of transport is unavailable (or inaccessible). In response to the first two questions, drivers discussed their driving patterns and non-drivers identified the range of options available to them for various trip purposes. All participants were also asked to discuss the positive and negative attributes associated with specific transportation options the moderator identified, whether they had considered the availability of the particular option or not.

Drivers were insistent on the personal automobile as their preferred transportation. Although drivers were asked about their awareness of alternatives, experience in using other options, and any planning they might have done for transportation without driving, these drivers did not discuss whether or how they used alternatives to driving. Instead, they were more likely to report how they were providing alternatives to driving to friends and family who were unable to drive themselves.

Non-driving participants, especially those living in the city, identified a range of transportation alternatives available to them. However, the preference for the private automobile dominated these participants' consideration of alternatives, even if it required a ride with a friend or family member. Secondary options, in order of reported preference, included the bus, trolley, taxi, and walking. Less preferred modes included the region's specialized paratransit provider, the senior citizen van, and the town shuttle.

### *Availability and preferences*

#### **The car**

As might be expected, drivers focused largely on the personal automobile as their first choice for transportation. Repeatedly, they identified attributes such as availability, comfort, security, and reliability in discussing the value of using a car. "It's there when I need it," said one participant.

However, when participants were asked whether they are as comfortable driving now as they were when they were younger, their responses were mixed. One man responded, "Sure, you feel like you did when you were 16, 17, 18 again...freedom." In contrast, a woman participant voiced a number of concerns, including the prospect of driving at night or of driving when there is "too much traffic" and the general feeling that "people are less courteous" on the road today than in the past.

Drivers also discussed ways of overcoming problems. One woman indicated that she had purchased a cellular phone to give her "more security" when she drove. Others echoed concerns about driving at night and expressed reservations about driving in poor weather. A man suggested that people could use a local real-time telephone information service to identify where traffic is congested, so as to avoid those roads. One participant remarked, "If there was a train, I would probably take it," rather than drive in bad weather.

#### **Riding with a friend or family member**

Those who do not drive universally identified rides with friends or family as the next best thing to driving, to paraphrase a male interview participant. However, the convenience of the automobile, in contrast to reliance on others for rides, led many to lament that without driving one might not always be able to have transportation when one wanted it.

"A car doesn't have any drawbacks," said one woman, "you socialize and you ride." Generally, the participants enjoyed the "go anywhere anytime" feeling traveling in a car provided, even when receiving a ride. Characteristics such as comfort with the driver, door-

to-door service, and reliability contributed to making this mode more attractive than all others except driving oneself. The most often cited positive attribute of traveling with a friend or a family member was the social aspect of that mode of transport.

But rides with friends or family were not viewed as entirely without drawbacks. Lack of privacy was an issue: some participants remarked that they prefer to conduct personal business, such as going to the bank or consulting their attorney, on their own without a family member. Suburban drivers were quick to articulate their concern about "feeling obligated" as a result of accepting a ride. These participants generally identified their greatest concern as becoming a burden or imposing on people for rides. When communicating what it feels like to ask for a ride, one man said the "two or three seconds of hesitation" from an adult child makes him feel terrible.

Non-drivers may not even ask for rides. One of the suburban male participants associated a sense of shame with asking for a ride. For fear that his friends may not ask him again to participate in an activity, he said, "I can never say I don't have a ride." One woman, a non-driver living in the city, proudly stated, "I am too independent to ask [for a ride] if I can get there by bus or trolley." A woman interviewee said that often she just "feels like going to the store to look around, but I would never dream of asking for a ride for that."

In contrast, one woman defiantly stated that if she knew her daughter was going to the market, she had no feelings of guilt asking for a ride. Another participant said she would ask for a ride if she knew the person was available. Others said they feel less "guilty" asking for a ride if they can reciprocate in some way, for example, by baby sitting or cooking.

### **Public transportation**

Public transportation was identified as an option that afforded some independence from asking other people for rides. Although participants expressed a general concern about going out at night, this concern was especially strong with regard to public transportation. As a result, some observed that public transportation would not be a realistic alternative for entertainment trips in the evening.

Urban non-drivers reported service characteristics such as speed and comfort in poor weather that made public transit attractive to them. Affordability was cited across participants as an attractive attribute, with one woman stating proudly "I pay 15 cents." Another participant said she has become friendly with some of the drivers, which has made travel more pleasant.

However, for all participants, concerns with personal security and accessibility made transit less attractive than driving or being driven. One woman noted that she was concerned about "gangs and young hoods" that she might encounter on public transportation. A large number of strangers, particularly teenagers who were described by some as "menacing youth," on public transportation reportedly has made many participants feel less safe than

riding in a private automobile. One woman declared, "I am afraid on the bus." Participants also said that being "jostled" on the bus by others or by a driver's rapid acceleration, coupled with the difficulty of getting on and off the vehicle, made public transportation less attractive than other forms of transportation. Several urban non-drivers cited traveling in crowds as uncomfortable. For example, many in the group reported that younger riders in the transit system may not always be courteous or that it can be difficult to find a seat on a crowded bus or train car.

Generally, participants agreed public transit had inherent negative attributes, including the time spent waiting, waiting in bad weather, and a "schedule [that] may not match your own schedule." One participant noted that one difficulty of using public transportation included being unable to carry "all her bundles." Suburban respondents, in particular, were unfamiliar with routes and schedules. Many assumed that transit simply was unavailable where they lived.

Urban non-drivers, however, exhibited a higher degree of confidence in public transportation and were more precise in their criticisms, indicating that they were better informed than the suburban participants. For example, they were critical of the relative lack of real-time information about schedule changes or breakdowns. In addition, the lack of frequent service during "off-peak times" prompted complaints from several persons who specified that although weekends and 9 AM to 3 PM on weekdays may not be the times that most adults use public transit, they are the preferred travel times for older adults.

### **Taxicabs**

Participants generally expressed reservations about hiring a taxi, citing the greatest barrier to their use as the perception of its costliness. Other concerns included discourtesy of drivers and lack of availability when needed. Taxis were viewed as realistic alternatives for those with disabilities or for those returning from a doctor's appointment involving a procedure that would hinder driving oneself, such as an eye exam. Door-to-door service was seen as an attractive feature, but skepticism about cost outweighed the attraction. As one suburban driver participant noted, "All you need is the money."

### **Walking**

Walking was not readily recognized as a form of transportation. Suburban participants in general perceived walking as an activity that was good for mental and physical health, but it was not necessarily a practical option for trip-making purposes. One man remarked, "I thought walking was walking."

Two suburban participants who lived in pedestrian-friendly town centers did say that walking allowed them to conduct personal business and some shopping independently. Urban non-drivers viewed walking as an alternative for short shopping trips and personal business, depending on the distance between their home and the desired activity. Other participants said that stores and services were simply too far from their homes to walk. Some noted that physical limitations such as the condition of their feet made walking

difficult to imagine as a regular form of transportation. In addition to fatigue, many participants cited poor weather conditions (especially the fear of icy sidewalks) and a lack of places to rest along the way as factors that made walking less attractive as an option than vehicular transit.

### **Services and shuttles**

Participants, drivers and non-drivers alike, indicated a limited level of knowledge about the paratransit<sup>7</sup> services in their community. Although they agreed that these options were affordable and provided door-to-door service, the participants perceived a lack of reliability, a need for advanced scheduling, and a limited flexibility that made these services far less attractive than riding in a car with others or using scheduled public transportation. Participants acknowledged that door-to-door services might exist, but did not know where or when they operated. They cited the prospect of waiting for rides as making these services unattractive.

Only one of the urban non-driver participants reported using such a service. Another participant, a female interviewee, noted the need to schedule a trip in advance, saying that she used the senior van once every two weeks for grocery trips but relied on friends for most of her needs.

### **Gypsy cabs**

Urban non-drivers identified neighborhood-based transportation services. They cited the existence of "gypsy cabs"(non-commercially licensed, privately owned vehicles for hire) that serve the varied transportation needs of some older adults in some sections of the city. These informal private services are known within the community and, as described by one woman, "...will take you to the store and back. They will carry your stuff into the house and you pay them what you think is fair." Another respondent described an informal system of private drivers who helped older people shop and travel in a community of immigrants from the Dominican Republic.

### ***When the preferred mode is unavailable***

#### **Drivers**

When asked to discuss how they got around when they could not drive themselves, drivers insisted that they fulfill most of their trip demands. However, these drivers reported poor weather, night trips, or heavy traffic as reasons for curtailing certain trips, particularly trips for entertainment purposes.

#### **Non-drivers**

The non-driver participants acknowledged that their usual options were not always reliable, particularly if someone is unable to provide a ride or because of poor weather. The suburban residents expressed some frustration about canceling trips due to lack of trans-

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<sup>7</sup> Paratransit services provide curb-to-curb or door-to-door transportation by reservation

portation but they also had difficulty articulating how they met their mobility needs when their preferred ride was not available. When asked whether they had, in fact, canceled trips due to lack of transportation, several participants affirmed strongly that they had. One man replied emphatically, "Oh, sure!" Urban non-drivers also reported canceling trips if their preferred transportation was not available. As one man described the problem, "I know I can't do it, people are too busy, so I forget it."

Non-driving participants overall reported that trips such as "going to the movies on a miserable afternoon" would not necessarily receive priority if one depended on others to get there. When asked about social trips or non-food shopping, several respondents said that they had "to learn to work around the schedules of others."

### *Coping strategies*

Drivers did not indicate the use of alternative strategies such as having someone pick up groceries for them or various home shopping alternatives, but their non-driving peers did. Some of the participants cited their coping strategies for accommodating the need left by a canceled trip, such as asking visitors to pick something up at the store. For example, one woman said that if someone were to visit for a card game, she would certainly ask the guest to "pick up some crackers and wine."

However, participants did not view having others run shopping errands as entirely satisfactory. One woman commented "you can never be sure that you get what you want," while another said that it is only an alternative "if you can be sure that they will allow you to pay for the groceries." As one woman described this option, "You can't always find someone to help you...even if you ask, you may not get what you want."

To obtain groceries or medicine, most of the participants said that if they could not make the trip themselves they would often ask someone to bring these items to them. They quickly added, "if it was important, they could get someone to get it [food or medicine] for them."

Participants were asked about the use of delivery services or electronic shopping alternatives. Although one respondent reported having "banked by phone," computer or home delivery services were not considered realistic alternatives. Participants generally had not embraced the use of shopping through the computer or the television because they believed such services "were probably expensive," although few seemed to know specific details about the cost or the type of services available.

### *Summary*

Older persons do not seem to spontaneously think of alternatives when the preferred mode of transport is not available. Both driving and non-driving participants revealed that certain categories of trips are canceled or, at best, rescheduled. Necessities, such as food and medicine, were generally accessible when required. Most study participants indicated that other trips were simply canceled or "forgotten about."

A recurring theme across participants was the relatively limited amount of information participants had about the options available to them. These participants generally had little or no knowledge of alternatives such as senior service vans and community shuttles. The availability of computer-aided shopping and home delivery services was a novel alternative to most of the study participants.

All study participants had similar perceptions of various transportation alternatives, which are summarized in Table 2.

**TABLE 2: Range of Perceptions of Selected Alternatives to Driving**

<b>Alternative</b>	<b>Positive Attributes</b>	<b>Negative Attributes</b>
Ride with Friends/Family	"Socialize and mobility together" "Almost like doing it yourself"	"Imposing on people" "Can not always have it (ride) when you want it"
Bus	"Don't have to bother anyone" "Gets you around traffic"	"Bad element on bus" "Waiting"
Light Rail (subway)	"Quick, on time" "Comfortable in all weather"	"Don't necessarily go where you need to go" "Too far to walk"
Walking	"Good for you" "Fresh air"	"Bad weather" "You can get there, but you can't get back"
Taxi	"Good for an emergency" "Reliable"	"Too expensive" "Can't always get one"
Demand Response (senior vans, paratransit)	"Door to door" "Cheap"	"Late picking you up" "Don't know of any"

## Results Summary

These focus groups and interviews provide a useful snapshot of the perceptions of some individuals age 75 and older about their transportation, as well a base on which future surveys might be structured. The rich narrative provided by the exchanges within the focus groups particularly adds context and meaning to otherwise "cold" data collected from a survey.

Overall, the themes that emerged from this study were as follows:

- strong preference for automobile-based transport and explicit reservations about each alternative to driving, but willingness to use such alternatives, if available;
- perception of reliability, convenience, spontaneity, personal security, and flexibility as the attributes that make automobiles preferable;
- preference for rides from friends and/or family among individuals who cannot drive themselves, but a dislike of the feelings of dependency or obligation created by asking for a ride;
- influence of opportunities for socializing on trip-making decisions;
- lack of information about community transportation resources among suburbanites.

## Implications for Policymaking

Participants were not asked to voice their opinions on possible changes in public policy that might improve their mobility. Nor can the results of focus groups and interviews involving forty-five individuals in a single geographic area be generalized to the country's older population as a whole. Nevertheless, the preferences and perceptions expressed by participants do offer potentially useful implications for public policy. Options for policy development might support the following:

### ■ Facilitation of safe driving as persons age.

The preference for driving is profound. Driving is both a practical and an emotional component of independent mobility. To facilitate that mobility, public policies could help persons to keep driving safely for as long as they are able to do so. For example, local traffic safety managers and planners could adopt the recommendations of the Older Driver Highway Design Handbook, which the Federal Highway Administration has developed.<sup>8</sup> Policy could also promote development of driver education programs designed specifically for older persons.

### ■ Facilitation of the transition from driving to non-driving.

Driving cessation can be an emotional trauma for individuals who have experienced the freedom and independence of driving themselves. Many adults equate it with a transition into dependency, a milestone marking old age. Public policy programs could encourage the use of alternatives to driving as a positive and independent activity. Efforts could also be made to help older persons see the decision to stop driving as a positive step in self-care rather than a negative admission of incapacity.

### ■ Development of transportation alternatives that incorporate the positive attributes of the automobile.

Participants explicitly and implicitly identified the positive attributes of the automobile, including availability, reliability, flexibility, security, convenience, and spontaneity. To the

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<sup>8</sup> Federal Highway Administration, Older Driver Highway Design Handbook, January 1998, Publication No. FHWA - RD - 135

extent possible, these attributes should be incorporated into any form of transportation intended to serve older persons, including public transportation.

These focus groups and interviews confirm the widely held view that older persons' fear for their personal security is a barrier to using public transportation. Just as road safety is a priority in public investment, so too must there be vigorous public investment in the improvement of public transit safety. Policy designed to enhance the safety of public transportation patrons could help address the travel needs of those older persons who feel vulnerable in crowds, among strangers, and on unfamiliar transit systems. In addition, policy could support public education on security procedures currently in place.

Transportation policy could also recognize and accommodate the degree to which transportation is perceived as an opportunity, in and of itself, for social engagement. For these participants, the presence of a social component to a trip influenced their decision whether to make a trip. Public policy could support incentives to use transportation alternatives for individuals who make trips together or in groups, as well as expanded availability of mass transit during off-peak (non-commuter) hours.

#### ■ **Encouragement of ride-giving by friends and family.**

Most of the participants indicated that if they could not drive themselves, their second choice was to be driven in a private car. Participants expressed a strong preference for travel with friends or family, suggesting the need for policies that encourage ride giving by friends, family, or volunteers. For example, public policy could explicitly recognize transportation of older family members as a reason for leave from employment, or could support reimbursement of volunteers for costs of providing transportation.

#### ■ **Greater dissemination of information on community resources.**

Lack of information is one of the barriers to use of existing specialized services. Other barriers include inconvenience of advance scheduling requirements, inflexibility in trip purpose requirements, and perceived unreliability. Because the private automobile is so often thought of as the best (or sole) option in transportation, these barriers are formidable. Policy could support the breaking down of these barriers by disseminating information and placing referral services where older persons actually focus on transportation need; these places might include shopping malls, medical facilities, public offices or meeting places, and departments of motor vehicles.

#### ■ **Development of customer-friendly taxi service.**

The overwhelming preference for the automobile suggests that the use of taxis would be a viable form of public transportation. Participants indicated that they liked taxis—a transportation mode that incorporates many of the attributes of the privately operated car—but identified cost, unreliability, and lack of courteous drivers as barriers to their use. State and local policymakers should consider ways to encourage clean, courteous, and moderately priced automobile transportation for hire. For example, policy could support the development and implementation of customer service standards—a consumer "bill of rights"—for taxis. Taxis would have to meet these standards in order to obtain and maintain licenses to carry passengers.

## Suggestions for Future Research

Among those not included in this research were older persons living in rural areas and older persons with chronic health problems. These two populations represent an increasing number of persons who are at risk of isolation because of limited or ineffective transportation options. Future research should address the needs of these two populations for potential policy solutions.

The discussions also suggest that in future studies, transportation researchers should pay careful attention to how they describe various topics with participants. A number of language-related issues that may confuse the respondent and confound the results of transportation surveys emerged. A number of terms and phrases that have accepted meaning in the transportation policy community did not resonate with the adults participating in this study. The terms often confused are as follows:

- Study participants interpreted *mobility* to mean ambulatory, as in the ability to move around the house.
- *Social trips* were difficult to differentiate from trips made for entertainment, some aspects of personal business, or family-related trips.<sup>9</sup> Researchers need to clarify the *primary* purpose of the kinds of trips being explored or prioritized and also define the distinctions between types of trips.
- *Trip-making* was often confused with *travel*. The moderator and interviewers needed to repeatedly refocus participants on trips of daily living from travel that related to vacations or day trips to casinos, etc.
- *Community shuttle*, *senior transportation services* and other *demand-responsive options* were often grouped together or confused because so little was understood them. If local Area Agency on Aging transport services are to be assessed as a mode, careful wording by the researcher that relates to the operator of the system may help clarify the questions posed to the participants.

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<sup>9</sup> Participants categorized trips with a social *component*—where friends or family were companions—as social *trips*, even if the purpose of the trip was to achieve something other than socializing. One woman classified her shopping trips as social trips. The goals of purely social trips included playing cards with friends or simply having coffee at a neighborhood restaurant. Likewise, many participants viewed going out to eat or taking entertainment-related trips as a social trip, that is, an opportunity to visit with friends. The category defined by participants as personal business trips included trips made for family members, for example, traveling to a grandchild's home to babysit or to visit an adult child who might be ill.

# APPENDIX: FACILITATOR GUIDE

## Boston/Framingham Focus Group Facilitator Guide

### Driver and Non-Driving Populations

Each focus group is to be two hours long. The purpose of these sessions is to explore the trip and activity patterns of the participants and how transportation influences their behavior.

<i>Time</i>	<i>Discussion Topic</i>
<b>0:00-0:10</b>	<b>Introduction</b> What is a focus group? Explain arrangements: two-hour discussion, one-way mirror, microphones, etc. Describe and discuss the purpose of this group. Guidelines for participation: No right or wrong answers. Give your real opinions. Introductions around the table: Name, area of residence, family status.
<b>0:10-0:25</b>	<b>Discussion of what transportation means to them.</b> Exploration of what transportation means, examine use of language. For example, how do they relate transportation to independence? Does "mobility" resonate as a concept? [Drivers Group] Briefly explore their thoughts about transportation without an automobile. [Non-Drivers Group] How has their travel changed since they stopped driving or since their primary driver stopped driving?
<b>0:25-0:50</b>	<b>Discussion of trip- making decisions.</b> Switch discussion to how they decide what trips to make. Using the broad categories of shopping, social/business, family, medical or religious, ask each of the participants to discuss which of these trips they make, roughly how often, and why. What are their most important trips? What trips do they most enjoy? If they had good health, unlimited transportation, and income, what types of trips would they most like to make?
<b>0:50-1:00</b>	<b>Discussion of health and activity patterns.</b> How often do they cancel trips because they do not feel well? What types of trips are usually canceled or postponed due to ill health? Do they have to feel "very well" to go out, "good," or "fair"?
<b>1:00-1:20</b>	<b>Discussion of transportation alternatives.</b> [Drivers group] Discussion should focus on their awareness of alternatives, experience in using other options, and any planning for transportation

without driving. Under what conditions do they not drive, e.g., heavy traffic, particular times of day, nights, poor weather, unfamiliar roads?  
Approximately how many times a week do they choose not to drive for any reason-and how do they make the trip?

[Non-drivers] What alternatives are available to them? Do they use different alternatives for different trips, e.g., ride with friends to go to the doctor, public transportation to go shopping? If the group does not mention one of the following-taxi, public transportation (T), senior center van, town shuttle service, ride with a family member or friend-explore the reasons why or why not.

**1:00-1:25 Discussion of barriers to transportation alternatives.**

What makes one transportation alternative more attractive than another? Cost? Quality of service, e.g., driver friendliness, companionship with other friends who use the same system? What role does personal security play in choosing how they travel? On what transportation alternative do they feel safest? On which alternatives do they feel vulnerable? Why?

**1:25-1:35 Discussion of reliance on family and friends.**

Turn the discussion to riding with friends and family. Do they have a preference for riding with friends or family members? Does the preference vary with the purpose of the trip? What trips are they likely not to ask a family member to provide and which trips are they unwilling to ask a friend to provide?

**1:35-1:50 Discussion of when transportation is unavailable.**

How often do they choose not to go out because transportation is a problem? What types of trips are these? Did they ever have a trip that they felt they had to make but were unable because transportation was not available?

**1:50-2:00 Discussion of alternatives to trip-making.**

How often do they have company to their home? Are they mostly friends or family? How often do they "pick up" something on the way, e.g., bread, milk, prescription medication? Have they ever used a home delivery service? Do they use a computer at home? Do they ever shop by phone from a television show, such as the Home Shopping Network, or a catalog?

**2:00 Thank you and end.**



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