



THE AGING OF THE REGIONAL POPULATION AND ITS EFFECT ON TRAVEL

The Baby Boom Generation (born 1946 through 1964) began to turn 65 in 2011. As they age, the elderly population of the Baltimore region will increase, with consequences for transportation, healthcare, and economics.

How large is the elderly population projected to be?

Where will they choose to live?

How will they travel?

How many of the elderly are going to need help with transportation?

The staff of the Baltimore Metropolitan Council, working on behalf of the Baltimore Regional Transportation Board (BRTB), gathers and examines data to identify issues that affect travel in the Baltimore region. To answer these questions about the elderly, staff turned to past research conducted by BMC and Census data.

How large is the elderly population projected to be?

The size of the region's elderly population is expected to increase from just over 345,000 in 2010 to more than 600,000 in 2040. In 2010, the elderly represented 13 percent of the Baltimore region population. By 2040, it will rise to more than 20 percent. In the same period, the elderly will make up 25 percent of the driving age population in the region.

In 2030, the youngest Baby Boomers will have entered the traditional elderly age group (65 or older), and the oldest Baby Boomers will be age 84. The residual effects of elderly population growth will last until about mid-century. Thus, the last chapter of the Baby Boom generation will be played out over a three to four decade period, an event whose duration will eclipse most of the great wars of history.

Growth trends in the Baltimore region mirror those of the US. The aging population will offer challenges – and opportunities – to local government, providers of social services, and entrepreneurs.

Where will they choose to live?

Despite the popular marketing of senior retirement communities, most of the elderly decide to age in place. Staying in the house where they raised their children, among familiar surroundings and friends, has been the trend for decades. It has also resulted in the creation of so-called Naturally Occurring Retirement Communities.

Over 90 percent of the elderly continue to age in place after they retire. Only 5 percent move to the Sunbelt, or to local retirement communities and continuing care facilities. The other 5 percent choose options such as moving in with family. The extent of in-place retirement is relatively uniform. It is unaffected by jurisdiction, age, or level of mobility.¹

¹ Long, W. Earl. *Summary of Findings Concerning Elderly Travel in the Baltimore Region*. Baltimore Metropolitan Council, 2005, 2.

Suburbanization of the elderly is a not-surprising effect of the in-place phenomenon. After all, it was to the suburbs that so many young Baby Boom families chose to move all those years ago. By 2030, about 80 percent of the Baltimore region elderly population will live in dispersed, low density suburban areas. In these suburban areas, public transportation and paratransit services are limited and very expensive to provide.

Suburbanization also has consequences for delivery of healthcare services. According to national data, nearly 25 percent of the elderly who remain in their own homes require assistance with everyday activities.² The issue is that some caregiver positions are low-wage jobs that are typically filled by employees who may not have access to a car.

As more families seek out home care as an alternative to institutionalizing an elderly parent, it may be necessary to provide transportation for caregivers.

How will they travel?

The current elderly, who spent their youth riding streetcars and buses, are attached to automobile travel. Automobile dependence is likely to be even stronger among the Baby Boom generation, which grew up in a more auto-oriented culture.

Over 90 percent of all elderly trips are made by automobile – either as drivers (58 percent), or as shared-ride passengers (34 percent). Trips made by walking, bicycle, or wheelchair account for 5 percent. Trips by transit, paratransit, and taxicab make up only 2 percent of elderly trips.³

Contrary to common belief, there's no bright line between fitness to drive and disability. In fact, long before they give up driving, older people gradually lose mobility and independence as they reduce their driving.⁴

In the Baltimore region,

- Elderly persons who get out of their homes daily both drive and walk to their destinations.
- Elderly persons who get out several times a week still drive, but walk less, and are more dependent on others for trips.
- Those who get out once a week or less frequently drive less, walk less, and are heavily dependent on others for trips.⁵

As frequency of travel decreases, dependence on family, friends, or other individuals increases significantly. Transit use actually declines. According to Professor Sandra Rosenbloom of the University of Arizona, “Even though many may still be able to use special transit services, the overwhelming majority of older people, regardless of their stage of disability, are able to ride in a car and choose to do so first.”⁶

How many of the elderly are going to need help with transportation?

Social and intimate connections change with age. These changes affect and are affected by health.⁷ But transportation also has a role. It can be the difference between self-reliance and dependence, community and isolation.

National data suggests that most of the elderly are in good health, but that a substantial portion of the elderly will face increasing disabilities as they age.⁸

² *Older Americans 2012: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics, 2012, 32.

³ Long, 3.

⁴ Rosenbloom, Sandra. *The Mobility Needs of Older Americans: Implications for Transportation Reauthorization*. Transportation Reform Series, Brookings Institution, Washington, DC, July 2003, 12.

⁵ Long, 3.

⁶ Rosenbloom, 11.

⁷ Lee, Marlene. *Aging, Family Structure, and Health*. Population Reference Bureau, October 2009.

⁸ *Older Americans 2012*, 29.

Travel Need

It's difficult to tease out the relationship between general health and travel need, but two factors appear to determine how well the elderly get around: 1) the ability to drive, and 2) the ability to walk three blocks. The ability to walk three blocks allows them to take advantage of alternate travel options such as transit service.

In the Baltimore region:

- Approximately 290,000 of the elderly have no significant travel disabilities. This large group in the Low Travel Need category is able to drive or travel whenever and wherever they please without reliance on others.
- Over 60,000 of the elderly are in the Moderate Travel Need category. They are able to either drive or walk three blocks, but not both.
- More than 30,000 of the elderly are in the High Travel Need category. They have multiple disabilities and can need door-to-door transportation service as well as a travel companion to meet their mobility needs.⁹

Demographic Differences

As their degree of disability increases, those over eighty-five, and women in particular, will face potential constraints due to marital status and income level.

Many older women will live alone, some because they have never married, some because they have been widowed or divorced.¹⁰

In the Baltimore region, only 52 percent of women aged sixty-five to seventy-four are married. As a consequence, 36 percent of all older women are living alone compared with only 17 percent of older men.¹¹

The poor elderly are less able to afford assistance or the services and goods they need as they face mobility problems.

According to national data, older women have a higher poverty rate than older men. Older persons living alone are much more likely to be poor than are older persons living with families. Elderly Whites are far less likely to live in poverty than elderly Blacks, Asians or Hispanics.¹²

Age-Related Changes

Finally, it is worth pointing out that the ability to drive is a moving target. Age-related changes in physical and cognitive abilities can occur at any time, and increase the level of travel need.

To assist the elderly with transportation, a useful first step would be to identify those in the Moderate Travel Need or High Travel Need categories. Temporary disability also poses a danger. If resources, including transportation, are unavailable to support recovery, the elderly may suffer a permanent loss of mobility and well-being unnecessarily.

⁹ Long 3-4, and 2015 Population Projection accessed on-line at <http://www.mdp.state.md.us/msdc/>.

¹⁰ Rosenbloom, 3.

¹¹ Estimate, 2007-2008 BMC Household Travel Survey.

¹² *A Profile of Older Americans: 2014*, accessed on-line at <http://www.aoa.gov>.



Baltimore
Metropolitan
Council

For information contact:

Robert Berger
Senior Transportation Planner - Policy
Baltimore Metropolitan Council
The Offices @ McHenry Row
1500 Whetstone Way
Suite 300
Baltimore, MD 21230
410-732-0500 x 1037

Available online at www.baltometro.org