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Neighborhood connectivity matters: Keeping older people mobile and healthy



Driving is a privilege, mobility is a right is a phrase used by health care professionals and advocates for safe mobility throughout the life course to underscore the importance of all modes of transport to healthy aging and maintaining community engagement. In short, active travel is good for your health. We highlight four articles in this volume that illustrate multiple modes of transport by older people including driving, cycling, and walking. As driving still remains the prominent mode for most older people, particularly in the United States given land use patterns that make travel by car a necessity for the almost 90% of people age 65 and older traveling by that mode (NCHRP, 2006), the incentive to improve screening and formal assessment of fitness to drive (FTD) is strong. Kandasamy et al. (2019) confirm the utility of the Montreal Cognitive Assessment (MoCA) as a valuable first screening tool and also draw the relationship to slower gait scores and female gender in evaluating the need for further FTD testing.

Cycling and now electric cycling (e-biking) is gaining popularity with older people across the globe ranging from a high percentage in the Netherlands (23%) to a much lower percentage in the United States (0.5%) (Buehler and Pucher, 2012). In the Flemish study reported on in this issue where about 17% of older people cycle, van Cauwenberg et al. (2019) (Editors' choice) research manipulated nine environmental attributes using a choice-based conjoint exercise. They confirmed previous studies that well-separated cycling paths, separated from motor traffic and from pedestrians, are preferred by older cyclists. Given the physical, social, and mental health benefits, the authors concluded that the development and maintenance of such paths should be a priority in urban planning initiatives. A recent study on cycling and older people by Leyland et al. (2019) found direct benefits to executive function and mental health, confirming that cycling can benefit cognitive as well as physical health. The contributions of these researchers complement efforts toward AARP's Livable Communities and the World Health Organization's Age-Friendly Communities as well as the concept of Complete Streets where transportation and neighborhood connectivity are integral domains (Kalache and Plouffe, 2007; Kochera et al., 2005).

Also contributing to our understanding of the environmental features of the neighborhood, Wang et al. (2019) highlight the potential benefit of street walkability on mental health, specifically depression and anxiety in older adults in a residential district in Beijing. They incorporated street view images into their analyses and compared to outcomes on standardized depression and anxiety scales. They demonstrated that while neighborhood walkability is good for all, it especially makes a difference for disadvantaged groups including persons with lower education, physical disease, functional disabilities and fewer social connections.

Finally, Perchoux et al. (2019) encourage us to consider “why” and “for what” people walk rather than only the “where” and “when” of travel behaviors. Their study of a sample of older adults in Luxembourg concluded that distance was less of a barrier when the trip purpose was for free-time activities. Their use of Global Positioning System (GPS) data was novel in looking at neighborhood effects on health.

Health care professionals and advocates for safe mobility throughout the life course also state that *mobility is the outcome, driving is just one mode*. In that vein, communities that support multiple modes of mobility, contribute greatly to promoting healthy aging.

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