Driving, Space, and Access to Activity

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The definition of health, according to the World Health Organization (WHO), is as follows: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1948). The interplay of physical and mental health, social interactions, and the environment of an individual contribute to their ability to achieve their goals and experience quality of life. Although there are many (and sometimes competing) definitions of quality of life, in essence, it is the ability of the individual to do what they wish to do, in pursuit of essential tasks or desired goals, and to do so according to their values and preferences.

An important part of pursuing quality of life rests on mobility, which again can be loosely described as the ability of the individual to go where they need and wish to go. Physical and mental health, social interactions, and the environment in the face of changes wrought by the aging process can all affect the older individuals and impact their quality of life. Of interest to social and psychological science is how to facilitate older individuals to preserve or regain quality of life, and the articles in this special section explore the ways in which driving, neighborhood services, and access to leisure activities can impact mobility and quality of life. Importantly, the individual’s ability to exercise choice is an important leitmotif running through these studies.

The first two articles tackle the topic of driving in later life. There is an increasing literature on this topic, spanning theoretical models of driving in later life encompassing various intrinsic and extrinsic purported determinants of safe and unsafe driving ability, to applied assessment and rehabilitative approaches to both continued driving and driving cessation. These two articles, by Wong and colleagues (in press) and Ross and colleagues (in press), reflect this continuum of theory and its application. Wong and colleagues (in press) report a driving theory, The Multilevel Older Persons Transportation and Road Safety (MOTRS) model, derived from a systematic review of the extant driving literature to explain the factors associated with older persons’ self-regulatory driving behaviors (such as choosing not to drive at certain times of the day or in certain situations). Their model is in effect examining why some older drivers exercise a voluntary choice to restrict driving behaviors. Their dynamic multilevel model seeks to integrate factors associated with driving self-regulation and articulates a testable theoretical relationship between these factors, which include sociodemographic, psychosocial, self-regulatory, and driving-specific variables. The model aims to facilitate both further research on driving self-regulation as well as provide a framework for developing interventions and policy regarding driving in later life.

The second driving article, by Ross and colleagues (in press), presents the promising results of cognitive speed of processing training (SPT) on older adults’ self-reported driving in a randomized controlled trial. SPT, a computerized, process-based training program, is designed to increase the speed at which complex amounts of visual information can be processed, which is an important skill exercised while driving. In previous research, SPT has been shown to generalize to driving behaviors outside of the laboratory; in the current study, the effects of SPT dosage (treatment received) on self-reported driving mobility over a 5-year period is evaluated. Older participants were part of the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study, and both an active and a no-contact control group were part of the experimental design. Higher SPT doses were associated with maintained driving frequency as compared with control groups; importantly, persons identified as at-risk for mobility declines who received extra booster SPT sessions reported greater maintenance of driving frequency and exposure over time. Driving is important not only to mobility but also to an...
older person’s sense of independence and self-efficacy, and maintaining driving ability with intervention is a way in which individual choice in how one travels may continue to be exercised safely.

The third article in this series, by Lum and colleagues (in press), discusses aging-in-place (AIP) preferences among low-income elderly Chinese persons in Hong Kong. Lum and colleagues aimed to explore the preferences for AIP versus relocation to a nursing home, but with an emphasis on preferences, as AIP by choice is different to being “stuck in place” (Torres-Gil & Hofland, 2012). Low-income Chinese older adults in Hong Kong, who lack financial and care support, face many challenges to AIP by choice; the question of how neighborhood factors contribute to preferences for AIP was the focus of the present study. Interviews were conducted with 400 older persons living in public housing estates; the independent variables of neighborhood features included accessible care and daily living facilities, instrumental social support from family and friends, and physical attributes and amenities in the neighborhood. Access to medical facilities and a senior center in the housing estate was a key driver of lower income older adults stating an active preference for AIP. These findings have important implications for policy in Hong Kong, and indeed, the authors report that the Hong Kong Government has already announced new initiatives to increase accessibility to senior centers across the city. Such research, replicated in other urban centers, could provide valuable data in what specific resources older adults require to exercise their choice to continue to live in familiar surroundings while having their needs met.

The final article, by Nimrod and Shrira (in press), explores the relationship over time between participation in leisure activities and quality of life in later life, among 7,875 retirees aged 60 years and older in the Survey of Health, Ageing and Retirement in Europe (SHARE). Although many studies of participation in leisure activities have demonstrated positive effects on health and well-being, most of these have been cross-sectional rather than longitudinal. In addition, increasing barriers to pursuing leisure activities with increasing age may impact on the significance of involvement in meaningful leisure activities in later life. To date, the association between leisure involvement and well-being is unclear, with some research pointing to a decreased association between the two, whereas other studies support an increased association. Nimrod and Shrira’s study, combining cross-sectional and longitudinal analyses, found that the association between leisure activities and quality of life increased over time, and this effect remained significant after controlling for sociodemographic characteristics, medical conditions, and cognitive functioning. As differences in quality of life between highly active and nonactive participants increased over time, the authors suggest that pursuit of leisure activities may in fact become increasingly beneficial across the life course.

This study’s results dovetail with findings from the previous studies, in that the ability to safely self-regulate driving, and the ability to access the means to potentially improve or extend the ability to drive, may enhance older adults’ ability to pursue meaningful leisure activities. When transportation is costly or driving is not an option, the ability to access necessities such as medical care, but also senior centers, with their opportunities for social contact and leisure activities, are important, particularly for those in reduced circumstances at risk for institutionalization. Barriers to the pursuit of leisure activities in later life—poor physical and mental health, social isolation, mobility, and the availability of meaningful activities—also reflect broader constrains on quality of life and the ability to exercise choice regarding living arrangements and community engagement later in life. As such, addressing these issues around community support systems, alternate transportation options, and the way housing and surrounding neighborhoods are developed is vital for policy and planning decisions if we are to support successful aging.

References


