

The suburban built environment: Challenges to the mental and social health of older adults

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After World War Two, North America embraced an automobile-focused urban design. Growing car ownership commanded increased residential lot size to accommodate garages, wide arterial roads and ample free parking. The parents of the Baby Boomer generation were drawn by the abundant green spaces, low residential density, and large house size of suburban living because it provided a healthy and safe place to raise children. These land developments appeared efficient, desirable and healthy.¹ However, the vision of a healthy, happy suburban lifestyle has not come to pass: suburban residents are on average 6 pounds heavier than their urban counterparts.² There is limited appeal for active modes of transportation in suburban areas, in part because pedestrians and cyclists are more likely to be killed in accidents.² Three generations later, suburbanization continues to be the predominant form of urban expansion in North America. Two thirds of Canadians live in the suburbs,³ making urban design an important tool in health promotion.

Living in the suburbs can be unhealthy for several reasons. The heavy reliance on automobile transport can deter active modes of transportation, like walking and cycling. Social capital, or a sense of belonging to the wider community, is often lower in the sprawling suburbs, compared to dense downtown areas. This can have negative impacts on mental health.¹ With few people walking, and a lack of public meeting spaces, there are fewer opportunities for spontaneous, informal social interactions.⁴ Daily suburban commutes can leave drivers too tired, depleted and irritable to build social capital, and the impulse for larger homes and private transportation (at the expense of public space) reduces people's enthusiasm for local government and public initiatives.⁴ Feelings of loneliness, listlessness, and exhaustion are often the result.

Automobile dependence and the decline of social capital are particularly harmful for the suburban-living older

adult. With an aging population, the issue of how citizens with varying levels of mobility engage with the built environment should be addressed. What an individual *can* do versus what one *does* do in terms of mobility is a useful framework to approach how the built environment affects social engagement.⁵ What one *can* do is dependant on one's physical capabilities, which can be limited by living in a built environment that does not promote physical activity and social interactions. An older adult's daily functioning can be reduced if they develop an impairment or disease process that limits their ability to drive. Suburban-living older adults may also be limited in terms of their social interaction and opportunities to interact with the environment. As a result, older suburbanites are susceptible to spending increasing amounts of time alone at home by necessity rather than preference. Older adults who choose to downsize their suburban living space are often forced to leave the community due to a lack of smaller, accessible living spaces, which contributes to high residential turnover and further isolation.

The built environment also has an equal influence on what one *does* do. Wide, well maintained sidewalks, inspiring landscaping, footpaths, street furniture, outdoor public space and close proximity to nonresidential land use encourage aged individuals to leave their homes and interact with people.⁶ A Florida study assessed how perceived social support was affected by the architectural details of 403 blocks in East Little Havana, a community with a large older adult population.⁷ Building height matching street width, stoops, porches, high window area, low windowsill height and short building setback were found to correlate with a greater sense of social support and a lower incidence of psychological distress.⁷ These design elements resulted in streets and outdoor areas that felt welcoming and encouraged residents to congregate, such as on porches, and there is a feeling of 'eyes on the ►

street,' so aptly described by urbanist Jane Jacobs in the 1960's. A sense of security can be fostered by having people close at hand and not separated from long building setbacks and car parking spaces. Environments that promote mental health and wellbeing invite people out of their residences, increasing chance encounters between neighbours. Typical suburban environments lack these beneficial design elements, reducing the opportunity for individuals to casually interact with others. A study, among one thousand survey respondents in the Greenwich neighbourhood of London, England, found depressive symptoms significantly correlated with complaints of poor social participation due to few community events and 'not enough places to stop and chat.'⁸ Increasing opportunities to develop social capital can help older citizens by decreasing symptoms of anxiety and depression.⁹

How suburban areas adapt to accommodate its aging populace may define North American urban planning in the twenty-first century. Interviews with older adults living in care facilities revealed a vision of mental health that is dependant on social interaction and physical activity.¹⁰ Identifying and replicating the benefits of dense urban living may become a key tool for public health officers promoting healthy aging. Neighbourhoods redesigned on the principles of active transportation and casual interaction will not only benefit older adults, but also serve as environmentally sustainable and healthy habitats for people of all ages. ■

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