

Who has access to Philadelphia's senior centers?

Anna Duan¹, Alex Li², Haoyu Hu^{3*}

^{1,2}University of Pennsylvania, ³Peking University

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1. INTRODUCTION

- Older adults' mobility may decline with age, due to driving cessation, location, and physical and cognitive constraints (Nordbakke, 2013; Karthaus and Falkenstein, 2016)
- Low mobility is correlated with social isolation and poor health outcomes (Lucas, 2012; Dobbs, Hussey, and Pidlochnycky, 2018)
- Age-friendly public transportation is important for older adults' mobility and social participation (Cvitkovich and Wister, 2001; Dickenson, Molnar, Béland, Eby, Berg-Weger, and Choi, 2017)

2. LITERATURE REVIEW

- Minority, low-income, and disabled individuals face greater transport barriers and are more likely to be transit-dependent (Lubitow, Rainer, and Bassett, 2017; Tardaleva and Edling, 2018; Syed, Gerber, and Sharp, 2013)
- Growing availability of open-source data like General Transit Feed Specification (GTFS) makes it viable to measure accessibility via public transit (Boisjoly and El-Genidy, 2016; Chia and Lee, 2020; Widener, Farber, Neutens, and Horner, 2015)

3. CASE STUDY AREA: PHILADELPHIA, PA

- Poorest major American city and minority-majority (Figure 1)
- Southeastern Pennsylvania Transportation Authority offers bus, rail, and trolley service
- Uneven dispersion of SEPTA stations and route frequency (Figure 2)
- Geographic disparities in poverty and senior center placement (Figure 3)

Figure 1: Philadelphia Demographics

	Philadelphia	United States
Non-White Population	65.4%	39.6%
Poverty Rate	24.3%	11.8%
Share of Adults 65+	13.7%	16%

Source: US Census Bureau

Figure 2: SEPTA Service Frequency

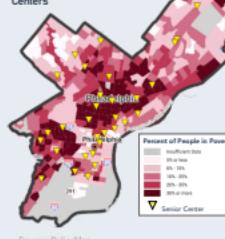
15 minute routes

30 minute routes

60 minute routes



Figure 3: Poverty Rate and Senior Centers



Source: PolicyMap

REFERENCES

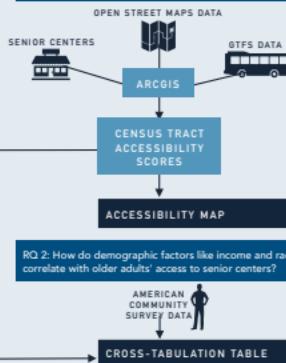
- Johsba, J., & Hwang, C. (2018). Social Networks and Participation in Social Activities at a New Senior Center: Reaching Out to Older Adults Who Could Benefit the Most. *Journalism, Ageing & Aging*, 20(1), 63-88.
- Boisjoly, M., & El-Genidy, A. (2016). Accessibility and Equity in Public Transport: A Case Study of Philadelphia. *Journal of Transport Geography*, 53, 73-83.
- Brown, D., & O'Gorman, A. (2016). Daily Commutes in transit and car accessibility: A comparative assessment of two mobility measures. *Journal of Transport Geography*, 53, 105-113.
- Cohen, S., & Wiles, A. (2001). The Impact of Transportation and Preservation of Environmental Needs in Senior Well-Being among Older Adults. *Environment and Behavior*, 33(2), 191-204.
- Dobson, A. S., E. J. Redden, M. G. Sharpe, M. C. Stigle, J. A. Czaja, M. M. Mouloua, T. C. McCallum, M., & Université, N. M. (2015). Transportation and Ageing: An Updated Research Agenda. *Journal of Aging Studies*, 35, 10-17.
- Farkas, S., Miron, M. Z., & Wilson, M. J. (2016). Temporality in travel behavior of older adults. *Journal of Aging Studies*, 39, 108-118.
- Gerber, S., & Syed, A. (2013). The Impact of Public Transportation on Health. *Journal of Aging Studies*, 27, 103-110.
- Karthaus, M., & Falkenstein, M. (2016). Functional Capacity and Driving Performance in Older Drivers. *Journal of Aging Studies*, 39, 122-128.

- Lubinow, H., Dong, C., & Caron, L. A. (2015). Performance and Prediction of Aging-in-Place Longitudinal Evidence from Melbourne, Australia. *Journal of Housing for the Elderly*, 31(3), 269-271.
- Lubinow, H., Kivimäki, J., & Rantanen, A. (2017). Performance and resilience in elderly: Evidence from a study of travel-dependent risks in Portland, Oregon. *Medicine*, 96, 1023.e1.
- Lucas, D. (2012). Transportation and Health: How are we doing? *Transportation Research Record*, 205, 11-18.
- McDonald, J. (2013). The Impact of Transportation on Health. *Journal of Aging Studies*, 27, 103-110.
- McDonald, J., & Lubinow, H. (2017). Modeling the community mode share of travel using mobility accessibility by job. *Transportation Research Part A: Policy and Practice*, 94, 110-122.
- McDonald, J., Lubinow, H., & Caron, L. A. (2018). The Impact of Transportation on Health. *Journal of Aging Studies*, 27, 103-110.
- McSpadden, J. S., Gandy, S. L., & Wang, L. (2015). Traveling to Doctors: Transportation Barriers to Health Care Access. *Journal of Community Health*, 30(5), 976-983.
- McSpadden, J. S., Gandy, S. L., & Wang, L. (2016). Transportation Barriers to Health Care Access. *Journal of Community Health*, 31(5), 976-983.
- Turley, T., & Whitman, S. (2016). Senior Citizens' Health. *Journal of Geriatric Social Work*, 30(1), 37-47.
- Whitman, S. (2016). Senior Citizens' Health. *Journal of Geriatric Social Work*, 30(1), 37-47.

- Widener, M., & Dickenson, M. (2016). Functional Capacity and Driving Performance in Older Drivers. *Journal of Aging Studies*, 39, 122-128.

4. METHODS

RQ 1: How does the accessibility of senior centers via public transit vary between census tracts?



6. PRELIMINARY FINDINGS

Figure 5: Senior Center Accessibility, Philadelphia



Legend	Accessibility Value
Blue	0.1 - 0.4
Light Blue	0.4 - 0.8
Green	0.8 - 1.2
Yellow	1.2 - 18.6
Orange	18.6 - 30.0
Red	30.0 - 40.0
Dark Red	40.0 - 61.4

Figure 6: Senior Center Accessibility and Census Tract Demographics

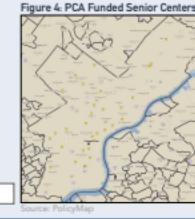


*For Poverty Rate, Living Alone, Disability Rate, and Older Adults Without a Car, Low is the First Quartile, Medium is Quartiles 2 and 3, and High is the Fourth Quartile

5. DEFINING THE 'SENIOR CENTER'

Senior centers in Philadelphia offer a wide variety of services and programming including food, religious services, housing, and social activities. In this study, we use the Philadelphia Corporation for Aging (PCA) list of senior centers that they partner with.

This list consists of 35 senior centers which are funded by PCA and offer a full range of social, educational, and recreational activities in addition to food and transportation.



Source: PolicyMap

7. IMPLICATIONS

GEOGRAPHICAL:

- Accessibility is highest in Center City and lowest in the Northwest, Northeast and South. This is expected, as the majority of senior centers are in the Center City district.

DEMOGRAPHIC:

- Majority Black and majority Hispanic census tracts have better access to senior centers than Philadelphia as a whole.
- Census tracts with high shares of older adults who are in poverty, living alone, disabled, and carless have better senior center accessibility than tracts with low shares. These findings are surprising because the literature suggests that these traits correlate with lower transit accessibility and more transport barriers (Lubitow, Rainer, and Bassett, 2017).
- These trends may be indicative of successful efforts by the City of Philadelphia, Pennsylvania Department of Aging, Philadelphia Corporation for Aging, and SEPTA to make transit and senior centers accessible to older adults with differing needs and levels of mobility.