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"I travel because I want to be well": How older Canadians perceive daily travel as contributing to their quality of life and well-being

Meredith Alousi-Jones[a] 🔟, Jonas De Vos[b] 🔟 and Ahmed El-Geneidy[a] 🔟

[a]School of Urban Planning, McGill University, Montréal, Québec, Canada; [b]Bartlett School of Planning, University College London, London, UK

ABSTRACT

Independent mobility and access to desired opportunities are essential determinants of older adults' well-being. However, as they experience life transitions and changes to their mobility, older adults' conceptualization of how travel impacts their own quality of life and well-being can evolve. Moreover, although quality of life and well-being can be considered separately in research, the two concepts may be intertwined in the lived travel experiences of older adults. Based on the results of a Canadian multi-city survey, this study investigates older adults' (65+) evaluation of the contribution of their daily travel on their quality of life and well-being using a mixed-methods approach. An ordered probit model ($n = 2342$) examines the agreement with the following statement: "My daily travel contributes positively to my quality of life", revealing higher agreement among older adults who use public transit frequently, who wish to keep travelling independently, live in walkable areas and are satisfied with their lives and physical health. To add nuance to these results, two waves of in-depth interviews were conducted. Findings from a large of interviews ($n = 56$) outline influential factors such as the significance of walking for maintaining mental and physical health, supporting overall well-being. Follow-up interviews ($n = 35$) reveal that older adults generally see quality of life and well-being as synonymous, particularly when considering how daily travel affects their lives. This research can be of value to transport professionals working towards improving older adults' quality of life and well-being.

CONTACT Ahmed El-Geneidy ✉ ahmed.elgeneidy@mcgill.ca 🖵 School of Urban Planning, McGill University, Macdonald-Harrington Building, Room 400, 815, Rue Sherbrooke West, Montréal, QuébecH3A 0C2, Canada

1. Introduction

Remaining independent, active, healthy and mobile is essential for older adults' (65+) well-being (Hooyman & Kiyak, 2010). However, ageing is a highly diverse and dynamic process (Higgs & Nazroo, 2010), and older people's ability to maintain their well-being relies on a range of factors such as their health status, access to transport and their built and social environments (Hooyman & Kiyak, 2010; Lysack, 2010). Experiences also vary widely: older adults with disabilities, poor health, or living in different contexts may face distinct challenges, which directly impact their quality of life (Ahn et al., 2020; Kotchera et al., 2005).

Recognizing the growing number and diversity of older adults around the world, many organizations and governments are promoting healthy ageing through initiatives such as Age-Friendly Cities and Decade of Healthy Ageing (United Nations, 2022; World Health Organization, 2023, 2024). These programs cover a wide range of dimensions that contribute positively to older adults' quality of life and propose strategies focusing on older populations' health, transport options, participation and security, with the aim of enhancing their well-being. However, implementing comprehensive strategies and programs that address the diverse needs of this age group while remaining feasible is becoming increasingly difficult. Evaluating the effectiveness of these initiatives can be challenging due to their wide scope and complexity of measuring improvements to older adults' quality of life and well-being.

In response, research and practice have long focused on developing and implementing quality of life indicators to evaluate these initiatives and better centre well-being in decision making (Abou-Zeid, 2009; De Vos et al., 2013; Ettema et al., 2011; Nordbakke & Schwanen, 2014). Tools and methods for evaluating people's well-being have become increasingly popular in the past decades (eg Diener et al., 1985, 2010), and travel is explored as one of the many dimensions that make up this evaluation of well-being (De Vos et al., 2013). However, the ways travel-related quality of life and well-being are conceptualized remain vague and highly subjective, making it difficult to capture and evaluate, especially that of specific populations such as older adults (Friman et al., 2018). Moreover, while research often treats quality of life and well-being as interchangeable, it is uncertain whether older adults themselves view these as distinct concepts. A better grasp of the travel-related factors that influence older adults' assessment of their quality of life and well-being could help clarify the connection between mobility, quality of life and well-being and untangle travel's role in happy and healthy ageing.

Using an exploratory mixed-method approach, this study examines the factors affecting older Canadians' (65+) perceived impact of daily travel on their quality of life and well-being. We report upon the results of the Ageing in Place survey, which was collected in 2023 among adults aged 65 and older in six cities across Canada. We first develop an ordered probit regression ($n = 2342$) to

explore the factors associated with respondents' level of agreement with the statement: "My daily travel contributes positively to my quality of life". We then conducted two waves of semi-structured in-depth interviews and apply a semi-deductive thematic analysis to investigate how older adults' conceptualize daily travel' impact on their quality of life and well-being.

This paper is structured as follows. First, the literature review examines previous research on travel-related quality of life and well-being, highlighting the continued need for clear definitions of these terms. We then introduce a framework that connects daily travel, quality of life and well-being for older adults. We present the survey and interview data and describe the mixed-methods approach used for analysis. The subsequent sections outline the results of the ordered probit regression and thematic analysis, followed by a comprehensive discussion of the findings and a revised framework.

2. Literature review

The relationship between travel, quality of life and well-being is multifaceted, going beyond the value people attribute to travel and its ability to get them to their desired destinations (Mokhtarian, 2019). Transport research has long given attention to the subject, as we moved from an emphasis on mobility to the meanings and values people associate with their travel, in the hope of uncovering how transport can contribute to populations' quality of life and well-being (De Vos et al., 2013; Mokhtarian, 2019). This focus is particularly relevant for older adults, as examining the connection between daily travel and well-being can contribute to healthy ageing.

2.1. Travel-related quality of life

Quality of life can be conceptualized as a broad assessment of one's life across multiple interconnected dimensions such as health, time use, housing, environment and transport, among many others (Diener et al., 1985; Statistics Canada, 2023; Verdugo & Schalock, 2024; World Health Organization, 2012). More specifically, transport contributes to quality of life both as an independent dimension and as a critical factor influencing other domains, allowing for social participation, access to healthcare and economic opportunities. For older adults, the impact of transport on quality of life becomes even more important as they face an increased probability of functional limitations and driving cessation, directly influencing their ability to get around without adequate mode alternatives (Chihuri et al., 2016; Hopper et al., 2024; Mezuk & Rebok, 2008). In fact, being mobile is highly beneficial to older adults' physical health and overall quality of life (Ravulaparthy et al., 2013; Siren & Hakamies-Blomqvist, 2009; Spinney et al., 2009). Past literature has focused on transport's link to health-related quality of life, as transport-related physical activity, in addition to traffic

safety and air and noise pollution, are found to impact quality of life among all age groups (Friman et al., 2018; Glazener et al., 2021; Olsson et al., 2018). However, the impact of transport on quality of life goes beyond physical health (Banister & Bowling, 2004). Reduced mobility and loss of autonomy have negative impacts on older adults' social participation and life satisfaction, as feelings of isolation can become common after driving cessation (Maher & Conroy, 2015; Musselwhite, 2018; Nordbakke, 2013; Ziegler & Schwanen, 2011). This points towards the important role of daily travel in supporting and enhancing quality of life among older adults. Research on travel-related quality of life for older adults is well-established, but the absence of a standard definition has made it difficult to differentiate from broader health and well-being concepts (Strandberg, 2021). This lack of clarity has led to inconsistencies in how it is measured and interpreted in relation to older adults' overall life satisfaction (Sollis et al., 2022).

2.2. Daily travel and subjective well-being

From a conceptual standpoint, the lack of a clear distinction between quality of life and well-being has led to two terms generally being used interchangeably in both research and practice (Nordbakke & Schwanen, 2014; Olsson et al., 2018; Skevington & Böhnke, 2018). There are important overlapping aspects and the aim of both concepts is generally considered the pursuit of a "good life". However, they can also highlight nuanced variations in how people make sense of and evaluate their lives (Skevington & Böhnke, 2018). The difference often lies in the emphasis: quality of life involves a more cognitive appraisal of one's life situation, while well-being captures the more emotional response to those conditions (Upton & Upton, 2015). When applied to transport, quality of life may reflect the consideration of broader, long-term factors such as mobility options and choice of residential location, whereas well-being captures the emotional responses to travel experiences and needs. A nuanced examination of both their similarities and differences in this study will help uncover how transport shapes older adults' lives and how they think about both concepts.

Well-being can be examined through its hedonic and eudaimonic components (De Vos et al., 2013). Hedonic well-being pertains to pleasure, comfort and the presence of positive emotions, often experienced in the moment. Other the other hand, eudaimonic well-being refers to a sense of purpose, personal growth and fulfilment, typically experienced over a longer period of time.

Much of the existing transport literature linking subjective well-being and travel has focused on hedonic well-being, based on the understanding that people aim to maximize enjoyment during their travel experiences. Active mode users (ie pedestrians and cyclists) are the most satisfied with their trips, finding the physical and mental advantages of travelling actively highly beneficial for their well-being (De Vos et al., 2016; Friman et al., 2017; St-Louis et al., 2014).

This also holds true for older adults, as walking/rolling and walkable neighbour-hoods are considering key aspects of later-life well-being (X. He & He, 2025; Thaithatkul et al., 2022; Yang et al., 2022). Drivers are generally more satisfied than public transit users, but a distinction between bus and train/subway/metro travel has been made, with bus users being the least satisfied with their trips (De Vos et al., 2016; Zhu & Fan, 2018). As older adults are more likely to cease driving, improvements to public transit might result in more transit trips and more satisfactory travel experiences for older adults (S. He et al., 2020, 2025).

Past research has also concentrated on how different trip purposes influence travel satisfaction and overall well-being (de Lima et al., 2018; De Vos et al., 2013; Friman et al., 2018; St-Louis et al., 2014). Frequent and satisfactory leisure trips can impact people's overall satisfaction with their lives and well-being (De Vos, 2018), which given that a majority of older adults are retired, travel less regularly and in greater shares for leisure purposes, is highly relevant to this study. Identifying ways to promote positive feelings during daily trips can help enhance older adults' well-being and greater satisfaction with everyday travel.

Beyond individual trip characteristics and satisfaction, travel also plays a cru-cial role in promoting social participation and reducing potential isolation, improving overall well-being (Delbosc & Currie, 2011; Lucas, 2012; Stanley et al., 2011). Travel is often viewed as a means to an end, ie reaching a destination and having adequate transport options that get older adults to their daily needs and social activities is key in contributing to their growth and fulfilment (Siren & Hakamies-Blomqvist, 2009). There are many further-reaching benefits of travel for older adults' well-being, including the associated independence, freedom and sense of purpose (Musselwhite, 2018; Siren & Hakamies-Blomqvist, 2009; Spinney et al., 2009; Ziegler & Schwanen, 2011). Though less attention has been directed towards eudaimonic well-being in research and practice, it is important to consider that travel not only supports older adults' independence but also connection to their community, both crucial for maintaining a meaningful life (Musselwhite, 2018; Ziegler & Schwanen, 2011). Examining travel-related well-being through the lens of its hedonic and eudaimonic components could provide a more comprehensive view of how travel influences older adults and explain the role daily travel plays in supporting their mobility, fulfilment and social participation.

2.3. Conceptualization of travel-related quality of life and well-being

In addition to the highly subjective and complex nature of well-being and its overlap with quality of life, individual understandings of the concepts may be influenced by unobservable factors, complicating its measurement. For trans-port, the satisfaction derived from travel and its impact on overall well-being largely depends on individual characteristics and travel attitudes (De Vos et al., 2013; De Vos & Witlox, 2017; Friman et al., 2018; Mokhtarian, 2019). People who
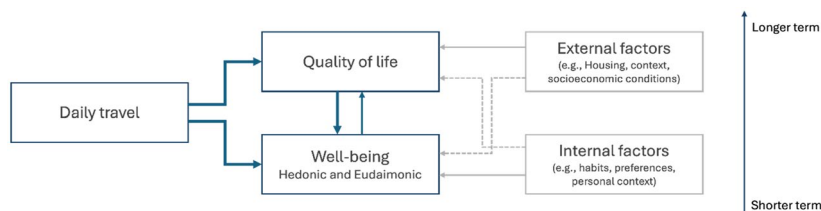
Figure 1. Hypothesized conceptual framework linking daily travel, quality of life and well-being among older adults.

enjoy the act of travelling in itself will rate their satisfaction with travel and its influence on their well-being more positively than those who have a more utilitarian view of daily travel (Manaugh & El-Geneidy, 2013; Ory & Mokhtarian, 2005). However, rating the impact of daily travel on one's life is more complex than simply liking or not liking travel. Perceptions of transport and well-being are dynamic concepts that evolve in response to life events, health status and other factors (De Vos & Witlox, 2017). As older adults are confronted with many of these changes in later life, their specific considerations and needs may inform their perceptions of quality of life and well-being in ways that differ from other age groups. There is a clear need for an exploration of perspectives and approaches to measurement and analysis of well-being in later life.

Past research often measures the objective and subjective dimensions of quality of life and well-being separately (Meiselman, 2016; Olsson et al., 2018). In transport studies more particularly, mode availability and travel behaviour are typically assessed independently from well-being and then linked later in analysis, potentially overlooking key associations between mobility and well-being (Banister & Bowling, 2004). In this study, we aim to address some of these limitations by asking older adults to directly assess their daily travel's contribution to their quality of life in the survey and uncovering the meaning behind their answers and link between quality of life to well-being through a series of in-depth interviews. Using an exploratory mixed-methods approach, we integrate personal insights and experiences to help provide a more comprehensive understanding of how mobility, travel attitudes and perceptions impact quality of life and well-being in older age. Our study focuses on older adults' perceptions and the travel-related factors they associate with quality of life and well-being, examining each concept separately and exploring any areas of overlap between the two, as demonstrated in the conceptual framework presented in Figure 1.

3. Methods

To explore the relationships between daily travel, quality of life and well-being for older adults, mixed methods are used drawing from survey and interview data.

3.1. Survey data

This study draws from the Aging in Place survey, an online survey conducted by the Transportation Research at McGill (TRAM) group, in both official languages of Canada, English and French. The survey gathers information on the travel needs and experiences of older adults (65 years and older) across six metropolitan regions in Canada, including Toronto, Montréal, Vancouver, Halifax, Victoria and Saskatoon. The survey and initial interview guide were designed in Summer and Fall of 2022, and data were collected in Winter 2023, resulting in 3551 valid survey responses (Alousi-Jones et al., 2023). Multiple participant recruitment strategies were employed (Gaupp-Berghausen et al., 2019), including social media advertising and flyer distribution.

In contrast to prior studies that connect travel behaviour and well-being ex post, this study makes an effort to more directly pinpoint the ways in which older adults associate their travel to their quality of life. All survey respondents were asked to assess their agreement with the following statement: "My daily travel contributes positively to my quality of life", measured on a five-point Likert scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree). Those who reported "Does not apply" were removed from the analysis (n = 209), given that this answer does not indicate a positionality and would therefore distort the analysis. Additional data cleaning steps were performed, such as excluding respondents who reported never having driven (n = 190), as their unique travel perspectives warrant separate future attention. The final sample used in the study is comprised of 2342 respondents.

3.2. Secondary data sources

In addition to the survey data, we include respondents' local and regional accessibility, capturing contextual factors in respondents' environments that may affect their travel and well-being. Regional accessibility is assessed at the residential census tract level, using the cumulative-opportunity measure. This measure estimates the average number of opportunities reachable by public transit in a certain fixed time threshold (El-Geneidy & Levinson, 2006). We used Commuting Flow Tables from the 2016 Canadian Census (the most recent unaffected by COVID-19) and 2023 General Transit Feed Specification (GTFS) data for each region. Commuting Flows report the number of workers travelling between their home and work census tracts (CTs). The number of commuters to a CT is considered a good estimation of the number jobs located in that CT, and by proxy, the services and activities older adults may visit, an approach supported in prior research (Alousi-Jones & El-Geneidy, 2025). For transit information such as stop and station locations and schedules, GTFS data was collected from regional transit agencies for a given weekday at 10am in February 2023 to align with the survey period. A 30-min travel time was used as it was the most reported travel time by public transit by respondents

considered reasonable in the survey, across all six regions (Alousi-Jones et al., 2023). Using these data, each respondent's average regional accessibility was calculated with the R statistical software using the r5r package (Pereira et al., 2021).

Walk Score® was chosen to represent local accessibility as it has been shown to be reliable in predicting active travel behaviours and satisfaction (Manaugh & El-Geneidy, 2011; Negm & El-Geneidy, 2025; Redelmeier et al., 2023). The Walk Score® index is a gravity-based accessibility measure, ranging from 0 to 100, with higher values indicating greater amenity access within a 30-min walk (Walk Score, 2025). For this study, each respondent's WalkScore® was derived from the postal code of their home location they provided in the survey.

3.3. Ordered probit regression

We first explore the factors that may influence the perceived association between older adults' daily travel and their quality of life using an ordered probit regression, estimated using the *polr* function from the MASS package in R. Given that the dependent variable is measured on an ordered five-point scale, a probit model was considered most fitting for this study. Probit models are widely used when dealing with attitudinal outcomes, as is the case in this study and can capture a general latent propensity towards agreement, making them well suited to analysing perceptions of travel-related quality of life.

The dependent variable is respondents' level of agreement with the survey statement: "Daily travel contributes positively to my quality of life". The explanatory variables included relate to respondents' daily travel behaviour, attitudes and outlook, such as their frequency of public transit use and their level of concern about their neighbourhood's ability to adjust to their changing needs and capabilities. Older adults' residential location, measure of local accessibility (i.e., Walk Score®) and of regional accessibility (30-min accessibility by public transit to jobs/destinations in their region) were also explored, as were certain personal characteristics such as gender, age, satisfaction with one's life, income and disability status, among others. The descriptive statistics of all the variables included in the model specification are presented in the Results section below.

The five agreement categories, ie Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, were kept distinct in the first iteration of the probit model, but no statistically significant difference was found between the "Strongly disagree" and "Disagree" responses, most likely because of the small group of respondents strongly disagreeing (2.6%). "Strongly disagree" and "Disagree" were consequently combined. The final four levels of agreement used in the probit model are "Disagree" (D), "Neutral" (N), "Agree" (A) and "Strongly Agree" (SA).

3.4. In-depth interviews and thematic analysis

Given that well-being and quality of life reflect an individual's subjective appraisal of their life, interviews can serve as a flexible and effective method to give

participants the opportunity to better elaborate on emotional and individual dimensions when compared to surveys alone. Interviewees were recruited from the survey respondents who indicated their willingness to participate in further research. Using a stratified approach to ensure a balanced and representative sub-sample, participants were selected considering factors such as gender, residential location, age, disability status and household income. Members of the TRAM research team conducted two waves of in-depth interviews in Spring of 2024 ($n=62$) and 2025 ($n=35$). The larger set of interviews focused on participants' daily mobility, well-being and neighbourhoods, whereas the follow-up interviews explored the meaning behind the statement "My daily travel contributes positively to my quality of life" to better understand what quality of life means to older individuals. Both sets of interviews were conducted in English or French, and interviews from the first set lasting 20 to 40 min and the follow-up interviews lasting 5 to 10 min. Interviews were conducted on the phone or by video call. Transcription of the interview recordings was done in real time and later reviewed for accuracy and clarity by a member of the research team. We used a phenomenological interview approach, focusing on the lived experiences of the older participants with regards to their daily mobility, habits and well-being (Patton, 2014), aligning with an interpretivist paradigm that emphasizes understanding individuals' subjective meanings and social realities.

We focused on interviewees' answers to the following structured questions, as well as any mention of well-being or feeling they associate with their daily travel for utilitarian or leisure purposes:

- *How does daily or weekly travel impact your well-being? What does well-being mean to you?*
- *How does going out into your neighbourhood/walking in your area make you feel?*
- *What types of feelings do you associate with public transit/driving a car/being a passenger in a car?*

The first set of interviews explored older adults' interpretation of well-being and their daily travel's role in their lives. Meaning and thematic saturation were reached by the 50th interview. Building on noteworthy insights from the first round of interviews, follow-up interviews were conducted to further clarify the conceptual distinction between well-being and quality of life for older adults. Participants were asked to reflect specifically on how they understand the term quality of life in relation to their daily travel and whether they perceive it as different from or synonymous with well-being. The following questions were asked:

- *How or why do you believe daily travel impacts your quality of life? How would you define quality of life for yourself?*

- *Can you help me understand how you think about quality of life versus well-being when it comes to your daily travel, mobility, or transport options?*

Follow-up interviews continued until geographic saturation was reached, with at least one-third of original participants in each region interviewed, for a total of 35 interviews.

We conducted a semi-deductive thematic analysis of the in-depth interviews, taking inspiration from Guest et al. (2012) and their approach to applied thematic analysis (ATS). Our analysis centres on the lived experiences of older adults by focusing on their own understanding of the role daily travel plays in their lives, quality of life and well-being, as daily travel may contribute directly and indirectly to their independence, social connections and overall life satisfaction. Complementing our quantitative analysis, this analysis consists of a comparative assessment of the themes which emerged in the interviews across the same levels of agreement used in the quantitative analysis (O'Brien et al., 2014). Fifty-six interviews were retained for analysis from the larger set of interviews, as six interviewees had to be excluded due to answering "Does not apply" to the quality-of-life statement. All interviews from the second set were retained for analysis. Using NVivo software, a codebook was developed by two trained researchers, and peer debriefing was employed throughout the coding process to ensure the trustworthiness of the patterns identified in the interview data and their classification into common themes. Themes were developed through an iterative process of grouping related codes, reviewing them across transcripts and refining categories until consensus was reached on their relevance and distinctiveness. Code saturation served as a guiding principle, ensuring that themes were grounded in respondents' shared experiences and perceptions, and no new concepts emerged prior to concluding the analysis.

4. Results

4.1. Descriptive statistics

Table 1 reports the sociodemographic characteristics of the respondents, categorized by their level of agreement with the survey statement: "Daily travel contributes positively to my quality of life". Across all four levels of agreement, most respondents are retired (83.3%), have access to a private vehicle (79.2%) and prefer to keep travelling independently as they age (95.0%).

Older adults who disagree with the statement are less likely to value independent travel as they age compared to the full sample, and 39.1% believe reaching their destination is the only good thing about transport. Respondents in the Neutral group are the least likely to use public transit frequently – once a week or more – compared to 37.7% of those in the Strongly Agree group who report frequent use. Many respondents in both the opposite Disagree and

Table 1. Sociodemographic characteristics of the survey respondents according to their level of agreement with the statement: "Daily travel contributes positively to my QoL".

	Full sample (n = 2342)	Disagree (n = 151)	Neutral (n = 398)	Agree (n = 837)	Strongly agree (n = 956)
Daily travel characteristics and attitudes					
Frequent transit user (once a week or more)	33.3%	29.1%	24.1%	33.5%	37.7%
Has driven a car in last two days	62.2%	61.6%	63.1%	63.2%	61.0%
Has access to a car	79.2%	80.8%	81.9%	79.2%	77.7%
Agrees that reaching the destination is the only good thing about transportation	28.4%	39.1%	30.7%	28.1%	25.9%
Future outlook					
Agrees that they want to keep travelling independently as they age	95.0%	74.8%	89.7%	96.7%	98.8%
Concerned about remaining in their neighbourhood due to their changing transport needs and capabilities	34.7%	39.7%	31.7%	33.5%	36.3%
Region of residence					
Montreal	39.8%	18.5%	26.4%	40.5%	48.0%
Toronto	26.2%	36.4%	34.9%	27.4%	20.0%
Vancouver	17.9%	22.5%	21.4%	17.8%	15.8%
Victoria	9.5%	11.9%	10.3%	9.2%	9.1%
Halifax	4.4%	7.9%	4.8%	3.7%	4.3%
Saskatoon	2.2%	2.6%	2.3%	1.4%	2.8%
Local and regional accessibility					
Walk Score® out of 100 (s.d.)	55.5 (29.7)	48.5 (29.8)	51.6 (29.9)	55.4 (29.7)	58.3 (29.3)
30-min accessibility by public transit (average number of jobs reachable in 30 min by PT) (s.d.)	45,394 (89,021)	30,401 (69,212)	39,474 (84,957)	41,933 (82,277)	53,256 (98,105)
Personal characteristics					
Mean general life satisfaction out of 10 (s.d.)	7.9 (1.7)	7.4 (2.3)	7.7 (1.7)	7.8 (1.6)	8.2 (1.6)
Mean satisfaction with physical health out of 10 (s.d.)	7.2 (2.0)	6.6 (2.5)	6.8 (2.1)	7.1 (2.0)	7.5 (1.8)
Mean satisfaction with mental health out of 10 (s.d.)	8.1 (1.9)	7.8 (2.2)	7.8 (2.0)	8.0 (1.7)	8.3 (1.8)
Lives with a disability	29.9%	39.1%	30.7%	29.6%	28.3%
Woman	50.9%	52.3%	52.8%	49.0%	51.6%
Retired	83.3%	81.5%	81.7%	83.9%	83.8%
Mean age in years (s.d.)	72.1 (5.1)	72.0 (5.3)	71.9 (5.4)	72.3 (5.2)	72.0 (5.0)
Number of household members (s.d.)	1.8 (0.8)	1.8 (0.7)	1.8 (0.8)	1.7 (0.7)	1.7 (0.8)
Household income (in Canadian dollars)					
Less than $30,000	15.5%	15.2%	13.9%	16.2%	15.7%
$30,000 to $59,999	29.3%	27.2%	26.4%	31.3%	29.1%
$60,000 to $89,999	23.9%	27.2%	25.6%	22.9%	23.4%
$90,000 and above	31.3%	30.4%	34.2%	29.5%	31.8%

Strongly Agree groups are concerned about their neighbourhood's ability to respond to their changing transport needs and capabilities (39.7% and 36.3% of each group respectively).

Residents of Toronto and Vancouver make up a large part of the Disagree sub sample (36.4% and 22.5% respectively), whereas the Agree and Strongly Agree groups are overrepresented by Montreal residents (40.5% and 48.0%). The average residential Walk Score® and 30-min accessibility by public transit both increase with higher levels of agreement, as do the respondents' self-reported general satisfaction with their life, their physical and mental health. 39.1% of the Disagree group reports living with a disability which limits their mobility. Respondents living in lower income households (below $60,000CAD) are more likely to agree that their daily travel contributes positively to their quality of life compared to the other groups (47.5% of the Agree group).

4.2. Ordered probit results

Table 2 presents the results of the ordered probit model examining factors that play into older adults' conceptualization of daily travel's contribution to their quality of life. As the independent variables included in the model specification affect the four possible levels of agreement differently, Table 3 displays the marginal effects at the mean of the independent variables to allow for a more precise interpretation of the model results. The Nagelkerke R^2 goodness of fit is 0.137. Based on the results of a Brant-Wald test, the parallel slopes assumption is satisfied (Brant, 1990).

The model shows that older adults who are frequent transit users, wish to keep travelling independently as they age, live in walkable areas and who are satisfied with their lives and physical health are statistically more likely to agree that their daily travel contributes positively to their quality of life.

More concretely, in terms of stated travel behaviour, using public transit once a week or more increases the probability by 5.7% of respondents strongly agreeing that their daily travel contributes positively to their quality of life, holding all other variables constant. Being a frequent transit user is found to decrease the chances of a respondent belonging to the other three categories of agreement. Having driven in the last two days did not prove to be statistically significant. Consequently, driving's role in older adults' assessment of their quality of life is further explored in the thematic analysis of the in-depth interviews.

In terms of the effects of current travel attitudes, having a more utilitarian view of travel, ie believing that reaching their destinations is the only good thing about transport increases respondents' chance of belonging to the Disagree, Neutral or Agree groups by 1%, 2% and 0.9% respectively, ceteris paribus.

Regarding older adults' outlook on their future transport needs, wishing to keep travelling independently as they age increases the probability of them

Table 2. Ordered probit regression results.

	Coef.	Stan. error	z	CI (95%)	p Value
Disagree | neutral	**0.927**	**0.395**	**2.349**	**0.153–1.701**	**.019**
Neutral | agree	**1.812**	**0.396**	**4.579**	**1.036–2.588**	**<.001**
Agree | strongly agree	**2.846**	**0.397**	**7.161**	**2.067–3.625**	**<.001**
Daily travel characteristics and attitudes					
Frequent transit user (once a week or more)	**0.148**	**0.058**	**2.546**	**0.034–0.262**	**.011**
Has driven a car in last two days	0.02	0.056	0.387	−0.089–0.132	.699
Believes reaching the destination is the only good thing about transportation	**−0.104**	**0.029**	**−3.581**	**−0.161––0.047**	**<.001**
Outlook on future transport needs					
Wants to keep travelling independently as they age	**0.747**	**0.069**	**10.792**	**0.612–0.883**	**<.001**
Concerned about remaining in their neighbourhood due to their changing transport needs and capabilities	**0.116**	**0.051**	**2.277**	**0.016–0.215**	**.023**
Region of residence (reference: Halifax)					
Montreal	**0.244**	**0.121**	**2.017**	**0.006–0.480**	**.044**
Toronto	−0.172	0.121	−1.424	−0.410–0.064	.155
Vancouver	−0.098	0.126	−0.778	−0.345–0.148	.437
Victoria	−0.061	0.136	−0.449	−0.327–0.205	.654
Saskatoon	0.240	0.193	1.240	−0.138–0.620	.215
Local and regional accessibility					
Walk Score®	**0.002**	**0.001**	**2.199**	**0.000–0.004**	**.028**
30-min accessibility by public transit (total number of jobs – normalized by region)	0.124	0.367	0.336	−0.596–0.844	.737
Personal characteristics					
General life satisfaction	**0.065**	**0.021**	**3.104**	**0.024–0.106**	**.002**
Satisfaction with physical health	**0.059**	**0.017**	**3.466**	**0.026–0.093**	**.001**
Satisfaction with mental health	−0.022	0.019	−1.162	−0.059–0.015	.245
Lives with a disability	**0.138**	**0.060**	**2.299**	**0.020–0.255**	**.022**
Woman	−0.059	0.049	−1.220	−0.155–0.036	.223
Age	0.003	0.005	0.610	−0.006–0.012	.542
Number of household members	0.011	0.034	0.330	−0.056–0.079	.742
Household income	−0.008	0.018	−0.447	−0.043–0.027	.655
Observations	2342				
R² Nagelkerke	0.137				
R² McFadden	0.055				
LR (p value)	312.282 (<.001)				
AIC*n	5408				
	* p < .05 ** p < .01 ***p < .001				

Note: The boldface is to indicate statistical significance.

being part of the Strongly Agree group by 28.8%, holding all other variables constant. Being concerned about remaining in their neighbourhood due to their changing transport needs and capabilities increases the likelihood of a respondent strongly agreeing that their daily travel contributes positively to their quality of life by 4.5% and reduces the probability of belonging to the three other groups.

Table 3. Marginal effects of the ordered probit model.

	Disagree	Neutral	Agree	Strongly agree
Daily travel characteristics and attitudes				
Frequent transit user (once a week or more)	−0.014	−0.029	−0.014	0.057
Has driven a car in last two days	−0.002	−0.004	−0.002	0.008
Believes reaching the destination is the only good thing about transportation	0.011	0.020	0.009	−0.040
Outlook on future transport needs				
Wants to keep travelling independently as they age	−0.076	−0.146	−0.067	0.288
Concerned about remaining in their neighbourhood due to their changing transport needs and capabilities	−0.011	−0.022	−0.011	0.045
Region of residence (reference: Halifax)				
Montreal	−0.024	−0.047	−0.024	0.094
Toronto	0.019	0.034	0.013	−0.066
Vancouver	0.010	0.019	0.008	−0.037
Victoria	0.006	0.012	0.005	−0.023
Saskatoon	−0.020	−0.045	−0.030	0.094
Local and regional accessibility				
Walk Score®	0.000	0.000	0.000	0.001
30-min accessibility by public transit (total number of jobs – normalized by region)	−0.013	−0.024	−0.011	0.048
Personal characteristics				
Mean general life satisfaction	−0.007	−0.013	−0.006	0.025
Mean satisfaction with physical health	−0.006	−0.012	−0.005	0.023
Mean satisfaction with mental health	0.002	0.004	0.002	−0.008
Lives with a disability	−0.013	−0.027	−0.013	0.053
Woman	0.006	0.012	0.005	−0.023
Mean age in years	0.000	−0.001	0.000	0.001
Number of household members	−0.001	−0.002	−0.001	0.004
Household income	0.001	0.002	0.001	−0.003

Respondents living in Montreal are 9.4% more likely to strongly agree that their daily travel positively contributes to their quality of life relative to those in Halifax, and other regions of residence were not statistically significant. Moreover, respondents' level of regional accessibility (evaluated using 30-min accessibility by public transit normalized by region) did not prove to be statistically significant in the probit model. However, local accessibility, assessed in this study using respondents' Walk Score®, is found to have an impact on older

adults' agreement with their daily travel's influence on their quality of life. An increase of 1 Walk Score® point (Walk Score® is measured on a scale of 0 to 100) increases the probability of a respondent belonging to the Strongly Agree group by 0.1%. Therefore, the more the area older adults are living in is walkable (ie high Walk Score® areas), the more likely they strongly agree that their daily travel contributes positively to their quality of life.

Finally, being more highly satisfied with one's life and physical health increases the probability of being part of the Strongly Agree group by 2.5% and 2.3% respectively. Satisfaction with one's mental health was not found to be statistically significant in the model. Those who live with a disability that impacts their mobility are more likely to strongly agree with their daily travel positively contributing to their quality of life, whereas gender, age, number of household members and income did not show statistical significance in this probit model.

4.3. Thematic analysis results

Firstly, by directly asking participants to reflect on the difference between well-being and quality of life, the smaller set of interviews revealed that most older Canadians in our study perceived the two concepts as essentially the same in the context of transport: "Quality of life and well-being are pretty intimately linked, if they're not two different ways of saying the same thing" (R_377). Recalling conceptual Figure 1, even participants who noted subtle differences between the two concepts emphasize that they are closely linked, as demonstrated by this participant: "I think they're fairly closely linked, especially as you get older" (R_587). For this minority of interviewees, though they do not find the two concepts to be entirely synonymous, well-being for them mainly reflects physical health and is part of their general quality of life. Most importantly for this study, when comparing the results from the two rounds of interviews, participants described daily travel's contribution to their well-being and quality of life in overlapping ways, using similar language and examples, suggesting that they perceived little meaningful distinction between well-being and quality of life when it comes to daily travel. Accordingly, we treat the two concepts as synonymous going forward.

Building on this understanding, Table 4 displays the results of the thematic analysis conducted on the larger set of fifty-six in-depth interviews. Themes are organized into four components: hedonic well-being, eudaimonic well-being and the mode-specific and external factors of mobility that impact their well-being and quality of life. Sub-themes must meet a minimum threshold of 5% overall respondent engagement to be included, a data-reduction method aiming to improve the findings' validity and increase analytical rigour (Hannah & Lautsch, 2011). The choice of this benchmark is justified by the conversational nature of the interviews, which consequently had limited directionality.

Table 4. Thematic analysis by interviewees' level of agreement of the statement "my daily travel contributes positively to my quality of life".

	Full sample (n = 56)	Disagree (n = 4)	Neutral (n = 5)	Agree (n = 12)	Strongly agree (n = 35)
Hedonic well-being					
I get to interact with others while I'm travelling	23%	75%	40%	25%	14%
Daily travel boosts my energy	9%	0%	20%	8%	9%
I need to feel safe when travelling	9%	0%	0%	0%	14%
I like to spend time in nature/outside when travelling	13%	50%	40%	0%	9%
I travel just for the pleasure of it	13%	0%	0%	25%	11%
Eudaimonic well-being					
Daily travel allows me to reach my desired activities	38%	50%	20%	42%	37%
Travel helps me fulfill my social needs, visit friends and family	45%	0%	60%	67%	40%
Daily travel makes me freer (and more spontaneous)	13%	0%	0%	8%	17%
Travel allows me to continue to be mobile/active	32%	25%	40%	33%	31%
I need to get out of the house, preventing loneliness and isolation	36%	25%	60%	42%	31%
I appreciate being able to get around independently	13%	0%	0%	17%	14%
Mode-specific factors					
Walking is essential for my general health and well-being	86%	50%	40%	58%	54%
My disability/mobility limitation makes walking difficult	5%	0%	20%	8%	3%
Taking public transit improves my quality of life	32%	0%	20%	25%	40%
I enjoy driving or being driven	20%	25%	20%	8%	23%
I find driving, traffic and parking stressful	21%	25%	0%	17%	26%
External factors					
I feel happy travelling around my neighbourhood	14%	25%	0%	8%	17%
The weather impacts my ability to travel and my well-being	25%	50%	20%	42%	17%
COVID has impacted my travel and quality of life	14%	75%	40%	17%	3%

The first identified theme reflects the principles of hedonic well-being, or the often short-lived positive pleasures or grievances associated to daily travel. Many interviewees expressed appreciation for people-watching and impromptu interactions with others during their outings, particularly when walking and riding public transit (23%), as explained by this participant: "[Travel provides] Opportunities to say hello to strangers or wave at somebody as they pass" (R_385). Agree and Strongly Agree participants report that their daily travel contributes to their well-being by boosting their energy levels (9%). Daily travel that allows older adults to spend time outside and in nature is preferred (13%), some interviewees purposefully choose routes that allow them to see the water or that are heavily treed: "It's important to get our in nature and keep moving […]" (R_2597). In addition, feeling safe while travelling is key for Strongly Agree interviewees' quality of life (14% of the group). Participants in both the Disagree and Strongly Agree categories take pleasure in the act of travelling itself (13% and 25% respectively), deriving enjoyment from the journey regardless of their overall agreement with the statement.

In terms of eudaimonic well-being, or how travel contributes to older adults' sense of purpose, independence and fulfilment, the functional purpose of travel, ie reaching one's essential and desired destinations, is mentioned across all four agreement groups (38%) as one of the more important and direct impacts of their daily travel on their well-being. Similarly, the ability to visit neighbours, friends and family plays a significant role in respondents' well-being, largely facilitated by the way they travel (45%). They also feel it enhances their sense of freedom (13%), allowing for greater spontaneity in their daily lives. Beside travelling with a purpose or destination in mind, many interviewees explained that remaining active and mobile was essential for their general health and well-being (32%). Simply getting out of the house is seen as crucial (36%) and helps in preventing loneliness and isolation, particularly for those living alone or who have recently relocated to an unfamiliar area. Thinking about their longer-term well-being, some participants believe their ability to travel independently greatly contributes to their well-being (13%), an autonomy they wish to preserve as they age.

Interviewees distinguished between modes when reflecting on the impact of their daily travel on their well-being and quality of life. Overwhelmingly, walking is seen as crucial for the well-being of older adults in all four levels of agreement (86%). However, those living with a disability or with mobility limitations find walking challenging and painful, lessening the mode's beneficial effects (5%), as shared by this Neutral interviewee: "It actually hurts to walk" (R_26). Many participants appreciate taking public transit in their region (32%), allowing them to be more active overall and reducing the stress they experience driving. In fact, 21% of interviewees report that driving negatively impacts their well-being, naming parking, traffic and driving itself as significant sources of stress,

especially as they get older: "I'm much happier with transit and I feel it's better for my well-being. You know, I'm less stressed [*than when I was driving*]" (R_3919).

However, many older adults value the car's convenience and influence on their quality of life (20%), stating going on drives for pleasure.

Finally, certain external factors were found to influence older adults' daily travel and their associated well-being and quality of life. Participants were eager to share their positive experiences getting around their neighbourhood (14%), especially on foot, finding the familiarity with the environment and the rapport with their neighbours beneficial to their quality of life, as explained by this interviewee: "[*Walking in my neighbourhood*] makes me feel part of the community". (R_2094)

A quarter of interviewees find their enjoyment of their daily outings are impacted by the weather, both positively and negatively. The cold, snow and rain discourage many from leaving the house, whereas favourable conditions enhance well-being and encourage some older adults to walk to their destinations rather than taking public transit or driving: "So, when the weather's nice, I don't even take my car. I walk, right?" (R_3985).

The COVID-19 pandemic has impacted older adults (14%), some interviewees sharing how challenging they found the reduction in opportunities to get out and socialize, negatively impacting their well-being. Others found online alternatives highly agreeable and continue to incorporate these virtual activities in their lives as they recover from the pandemic.

5. Discussion

The insights from the ordered probit model are complemented by a thematic analysis, which provides nuance and allows for a more comprehensive understanding of the travel-related dimensions that are involved in older adults' assessment of their quality of life and well-being.

Firstly, it is clear that for older Canadians in our study sample, travel-related well-being and quality of life are closely linked, if not synonymous. Interview participants spoke about both concepts as overlapping, typically framing mobility and access to daily needs as central to their independence, health and connection to the world around them, all key elements of well-being and quality of life. Going forward, while a clear conceptual distinction between well-being and quality of life is important for academic and policy purposes, it is important to recognize that older adults may not experience these constructs separately, as highlighted in the updated conceptual Figure 2. Researchers should continue to employ person-centred approaches when studying well-being and quality of life in the context of transportation and ensure that measurement tools and policies remain grounded in how people make sense of their travel experiences.

Older adults state their daily travel's contribution to their well-being and quality of life is mainly rooted in their ability to access their desired destinations,
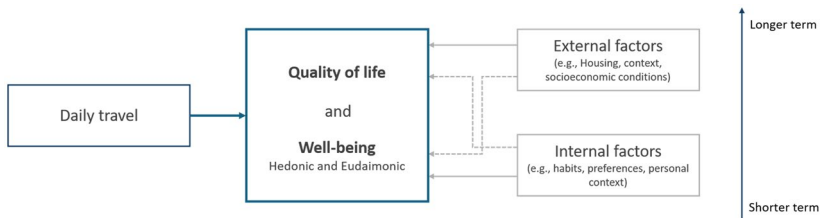
Figure 2. Updated conceptual framework linking daily travel, quality of life and well-being among older adults.

for essential and leisure purposes, reflecting what has been found in the literature (Nordbakke & Schwanen, 2015; Ravulaparthy et al., 2013). More particularly for respondents in the Neutral, Agree and Strongly Agree groups, travel allows them to fulfil their social needs and visit their friends and family – an advantage of travel that was not reflected in the full sample in the ordered probit model. Though most Disagree participants did not mention their travel as vital to their socialization, they, like all agreement groups, appreciate casual interactions they have during their trips. In fact, some participants consider the potential for interaction with others during travel as the only positive aspect of the journey, highlighting the significance of even fleeting positive travel experiences for overall well-being.

Echoing past travel-related quality of life literature, many interviewees stated simply being mobile and active contributes positively to their well-being (Ravulaparthy et al., 2013). Aware of the potential negative impacts of a sedentary lifestyle, Agree and Strongly Agree participants commonly walk or choose other active modes when travelling to improve their physical health and to maintain their quality of life, as found in previous literature (Manaugh & El-Geneidy, 2013). Many Agree and Strongly participants also express concern for other members of their age cohort who might face isolation, especially for those living alone or in peri-urban and rural areas. This demonstrates how considerations such as housing and residential location are tied to travel and overall quality of life, as limited mobility options in these areas can restrict social engagement and access to services and meaningful daily activities.

No matter the mode, many Agree and Strongly Agree participants express pleasure for the act of travelling itself, which is also found for commuters of all ages in past literature (St-Louis et al., 2014). They find ways to diversify their outings, such as taking joy rides or choosing different paths to reach their destinations. On the other hand, for those who disagree or are neutral, infrequent travel does not negatively impact their quality of life. They are more likely to enjoy staying indoors and do not feel a pressing need to leave their house compared to other agreement groups. These results reflect those of the probit model, which finds that older adults who believe that the best part of travel is

reaching the destination are more likely to disagree or be neutral about daily travel's positive contribution to their quality of life.

As revealed by the probit model, frequent public transit use was found to have a positive impact on many respondents' well-being. Interviewees state their appreciation for safe and convenient transit, easily accessible to them, as well as the opportunities for people-watching and socializing onboard. In Montreal, where public transit was made free for older adults in 2023, interviewees praised the initiative and take advantage of public transit to get around without worrying about cost.

While driving was not found to be statistically significant in the model, many interviewees expressed appreciation for the convenience and freedom their personal vehicle provides, echoing past literature (Banister & Bowling, 2004). Others find driving, traffic and parking a source of stress, impacting their well-being, which is also found among other age groups (Legrain et al., 2015). Driving cessation is often a source of concern for older adults as it can be accompanied with reduced health and diminished quality of life (Chihuri et al., 2016; Mezuk & Rebok, 2008). The findings from these interviews offer an alternative point of view and suggest that adequate public transit services could positively contribute to older adults' quality of life.

Across the four agreement groups, the interviews reveal that walking has the strongest positive impact on older adults' well-being. Although the model finds that living in a higher Walk Score® area only slightly increases the probability of strongly agreeing with travel having a positive impact on quality of life, the interviews offer a better understanding of the significance of walking for older adults. In fact, even among Disagree and Neutral groups, walking is seen as highly beneficial to physical and mental health and allows the participants to enjoy nature. Given that Walk Score® evaluates the availability of walking infrastructure and accessibility to certain amenities on foot, it fails to account for the recreational and social benefits of walking, which appear to be essential to older adults' quality of life. These findings support using both objective and subjective measures of walkability to better evaluate well-being, as qualitative methods can capture the emotional, social and psychological dimensions of walking that standardized metrics often overlook.

Despite the benefits of active travel, walking can prove to be painful for participants with disabilities or certain mobility limitations, as trips become challenging for both their physical and mental health. However, the model shows that respondents with disabilities are more likely to strongly agree with daily travel's positive contribution to their quality of life. Given these findings, disability status will be especially important to address more comprehensively in further research.

Many older adults mention their preference for travel modes that allow them to be outside and enjoy the fresh air, such as walking or taking the bus rather than the underground subway/metro. This preference became even more relevant during the pandemic, as older adults' mobility, mental health and quality

of life were reduced (Bafail, 2022; Choe et al., 2022), making travel that primarily takes place outdoors – where the risk of infection is lower – increasingly important, particularly for participants in the Disagree group.

Respondents' evaluation of their mental health, which was rated highly across all groups, was not found to be statistically significant in the probit model. However, Strongly Agree interviewees shared the proactive strategies they employ when they're getting around to improve their well-being and retain mental acuity and health. Some choose to take different routes when running recurring errands or purposefully spread out activities throughout the week to make sure they get out of house often.

Respondents also acknowledge how getting around in their neighbourhood contributes to their well-being. Chatting with their neighbours and feeling comfortable and familiar in their surroundings is beneficial to their quality of life. As the model found that Strongly Agree participants are more likely to be concerned about their neighbourhood's ability to adapt to their changing transport needs and capabilities compared to other agreement groups, it's important that older adults' residential areas continue to facilitate their daily travel and community participation as they age.

Weather is highly influential in older adults' daily travel and enjoyment of their outings. Good weather can encourage some respondents to choose an active mode to get to their destinations, contributing to their physical health and well-being. On the other hand, poor weather conditions not only lessen older adults' desire to get out of the house, but poor infrastructure maintenance can result in trips not being made and needs remaining unmet.

In addition to adequate maintenance, some of these concerns could be addressed by offering transport accompaniment services for older adults, ensuring they reach their destinations. However, reflecting the quantitative findings, Agree and Strongly Agree interviewees believe travelling independently is important for their well-being.

Few interviewees spoke of concerns for their future, rather focusing on their current travel's impact on their well-being and quality of life. Similarly to the model results, those who did mention their daily travel contributing positively to their long-term well-being explained its role in maintaining their physical health (mostly referring to walking) and their independence.

6. Conclusion

Understanding to what degree older adults positively associate their daily travel to their quality of life is essential to identify the travel-related factors that could help support their long-term health and quality of life. This study examines what factors impact older adults in Canada's assessment of their daily travel's contribution to their well-being and quality of life. Ageing in Place survey data were used to specify an ordered probit model determining the variables that lead

respondents to strongly agree, agree, remain neutral, or disagree that their daily travel positively impacts their quality of life. The model found that frequent public transit users and older Canadians satisfied with their lives and physical health believe that their daily travel positively contributes to their quality of life. In addition, those living in higher Walk Score® areas and who value their long-term independent travel are more likely to agree or strongly agree that their daily travel improves their quality of life.

A thematic analysis of in-depth interviews further revealed that daily travel's role in getting older adults to their destinations as well as providing opportunities for social interaction is key to older adults' hedonic and eudaimonic well-being. Moreover, reducing older adults' concerns about driving and COVID-19 by providing adequate public transport options and promoting active travel could have positive impacts on their quality of life. The findings improve our grasp of older adults' conceptualization of their travel's impact on their quality of life and well-being and how closely they link these two concepts. Though many of the quantitative and qualitative results echo each other, the thematic analysis adds important nuance to the probit model findings and uncovers new dimensions of older adults' daily travel and associated well-being and quality of life, supporting the value of using mixed methods to address complex concepts such as travel-related impacts on quality life and well-being.

We recognize some limitations of our study. Firstly, our study draws from the Ageing in Place survey which sampled older adults across six Canadian cities to collect information about their daily travel behaviour and perceptions. Consequently, the sample may be skewed towards individuals who already perceive their daily travel as contributing positively to their quality of life, potentially limiting the generalizability of the findings. Moreover, though the overall interviewee sample size is adequate, the uneven number of participants across different levels of agreement with the quality of life statement limits the diversity of the captured travel experiences, attitudes and behaviours, especially among those who perceived little positive impact from daily travel. Their perspectives would be subject of important future research.

To further explore the dynamics between daily travel, well-being and quality of life among older adults, future studies could benefit from panel or longitudinal data. Older adults' daily travel behaviours, abilities, preferences and evaluation of their well-being and quality of life evolve as they age. Long-term and detailed data could help untangle the relationship between travel and quality of life among older adults and better capture their changing realities and perspectives. Future research on the impacts of travel on quality of life and well-being for older adults could benefit from comparing established multi-item scales and other robust analytical approaches such as latent variable modelling to further refine the exploration of these complex constructs. Though gender, age and income were not found to be statistically significant in explaining the relationship between travel and quality of life in this study, intersecting social

characteristics such as gender, health status, cultural background, or caregiving responsibilities, might influence the way in which travel impacts older adults' quality of life and well-being and can be examined further in future studies.

The results of this study could be of interest to policy makers and community leaders wanting to better address the well-being of older adults and improve their quality of life. Examining travel-related quality of life, hedonic and eudaimonic well-being could better direct policies and initiatives aiming at straightforward improvements to older adults' daily travel, as well as longer-term strategies to maximize the positive impact of transportation on older adults' lives. In addition to ensuring older adults have access to quality public transit services, safe and inclusive walking groups could provide an opportunity for older adults to improve their physical health and be social. Facilitating older adults' access to nature (eg parks, trails, water, etc.) could also have significant positive impacts on their physical health, preventing falls, as well as on their well-being. Ultimately, ensuring adequate transport options are available for essential needs, leisure activities and the simple pleasure of travelling is key in enhancing older adults' quality of life and well-being now and as they age.

ORCID

Meredith Alousi-Jones http://orcid.org/0000-0003-4515-1083
Jonas De Vos http://orcid.org/0000-0003-4919-2157
Ahmed El-Geneidy http://orcid.org/0000-0002-0942-4016

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