



Using Technological Innovations Across Megaregions to Enhance the Mobility and Access of Senior Americans

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16. Abstract Older people will, on average, lose mobility as they age. The study conducted 8 formal focus groups in the Austin, Texas megaregion to determine how seniors felt about services and goods that substitute for travel or their need to drive, ranging from home delivery of groceries to ride-sharing options. Focus group responses show that seniors may lack the requisite technological skills to use such services but equally important are their positive attitudes and preferences about traveling to conduct these activities, as conditioned by age, period, and cohort effects. Policymakers must understand these behavioral components of senior travel.			
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Executive Summary

The United States is rapidly aging; in 2024 almost 1 in 5 Americans were 65 or older. That ratio will rise to 1 in 4 within the next decade. Most older Americans live in low density places with limited access to public transportation so they currently meet their household needs by driving or traveling in a private vehicle. Driving skills, however, as well as the financial ability to operate and maintain a car, decline with advancing age—and many seniors may lose access to important goods and services and crucially needed social interaction as they age. Some of the mobility needs of older people may be met by the increasing number of technological improvements inherent in the “shared economy,” either bringing goods and services to older people or substituting entirely for the need for such goods and services. But older people may lack the technological skills to effectively use such services to maintain or improve their mobility.

The Research Team asked seniors in a series of focus groups in the Austin Texas megaregion if they knew about a range of services which could substitute for, or augment, personal travel and questioned if older people could and did use those services:

- local grocery delivery (eg. local store-specific services, Instacart)
- other types of local deliveries (eg. local pharmacies, pet stores)
- delivery of clothing purchases from department stores or big- box stores (eg Costco, Target)
- local transportation providers (eg. Lyft, Uber)
- delivery of any products from online purchases (eg. Amazon)
- local chore services (eg. Task Rabbit, Thumbtack)
- meal kit services
- online medical appointments/consultations.

The study also conducted a focus group during the Pandemic, to see the extent to which seniors faced with real drops in personal mobility adopted any of these strategies to substitute for travel.

The research concentrated on the impact of age, period, and cohort effects on how seniors from different socio-demographic backgrounds viewed and used these services.

Overall few respondents even knew that many of these services existed, let alone used them. The most known, and used, service was online purchase of groceries or supplies; roughly two-thirds of respondents knew of these services but only 7.6%, had ever used them. About 60% knew that food delivery from local grocery stores was possible—but only 4 respondents or 5.1% had ever used that service. Less than 5% of respondents, conversely, knew that it was possible to hire an array of repair and service people through sites like Task Rabbit and not one participant had ever done so.

The research then addressed a number of both recognized and more obscure reasons for the failure of these services to gain widespread use among seniors. The Research Team highlighted seniors' fear of new technology through the lenses of age, period, and cohort effects. The Research Team found that while senior citizens are becoming more tech savvy, technology acceptance and use is still low among many seniors. The focus group responses, especially when divided along gender lines, suggest that the level of technological sophistication among current cohorts of seniors is very unequally distributed—and much lower on average than that of younger travelers. Moreover, **age effects** may mean that seniors will always, on average, have a harder time keeping up with the inevitable advances in technology.

Period and even **cohort effects** also condition the response of many older people to the services they could use instead of travel. Seniors view certain tasks as needing both their direct supervision and the expenditure of some physical energy—which creates a reluctance to trade money for both time and less direct involvement in an activity. Women, for example, were less likely to adopt these strategies or feel comfortable with them, since they generally accept (or are given) a far large role in domestic management. Many respondents don't know about or engage in these activities because they simply can't afford to do so. But even respondents who could afford to do so, were uneasy with spending money to replace their unpaid labor. In addition some of the out-of-home duties which these services could replace were not actually seen as an obligation but rather as a form of social engagement.

Overall, this research suggests that policymakers must move cautiously when offering to address senior mobility problems with replacements for travel, and for the activities that travel supports. The wrong responses can fly in the face of age, period, and cohort effects, and leave many older people more unhappy than they were by the loss of the ability to drive (or walk or use public transit) in megaregions across the United States.

Chapter 1. Introduction

1.1. Background

The United States is aging; in 2024 almost 1 in 5 Americans were 65 or older. The US Census suggests that older people will comprise almost one-fourth of the US population within a decade. In 2004, moreover, roughly 13 million seniors were over 80—a number that will only continue to grow, significantly impacting many megaregions. Between 83 – 90%o of those seniors live in suburban or rural areas (the amount varying with how those geographic distinctions are defined), Thus, by definition, most older people live in low density places with few spread-out destinations and limited access to public transportation.

It is no surprise then that the majority of older people are licensed drivers and currently meet their household, recreational, social, religious, medical, and other needs by driving or traveling in a private vehicle. Driving skills, however, as well as the financial ability to operate and maintain a car, decline on average with age. Many older drivers will eventually lose the financial, physical, or mental ability to drive a car and thus lose substantial mobility. Other older people who depend on the rides that older drivers offer will also suffer substantial declines in their mobility, in part because riding in a car is possible long after older travelers face meaningful difficulties in walking, cycling, or using public transportation. Mobility losses can deprive older people of access to the goods and services they need, as well as denying them crucially needed social interaction. These losses can in turn lead to serious depression, debilitating illness, and even premature death.

Policy analysts and planners have suggested that some of the mobility needs of older people can be met by the increasing number of technological improvements that can either bring good and services to older people or substitute entirely for the need to leave the house—thus reducing their mobility needs. Many of these improvements are often part of what has been called the *shared economy*—people selling rides in their own cars (as with many ride-share services) or selling services such as household repair--not from a brick-and-mortar facility but by independent contractors traveling to the buyer's home (so-called *gig* workers).

Some analysts worry that older people may lack familiarity with the availability of these kinds of services or lack knowledge on how to access or use the technology that makes such services possible—phone apps, computer software requiring internet connections, etc. We, therefore, set out to determine if, indeed, travelers knew about the availability of a range of domestic services which were provided through the shared economy, or at all, and the extent of the use they made of such services. We also sought to learn why older people made the decisions they did—and how access to, and understanding of, needed technology impacted their decisions.

We conducted a series of focus groups to address these questions in one of the major megaregions in the United States, the Austin, Texas metropolitan area. Texas as a whole, and Austin specifically, have a smaller *percentage* of the population over 65 than the entire nation (Austin is a “college town” as well as the state capital which tends to attract a population younger than average). But the state of Texas has the third largest *number* of older people of any state in the nation (behind California and Florida), more than three million seniors. Thus an aging population is a crucial megaregional demographic trend with profound transportation implications for all the megaregions in the state. We also expect the Texas findings to have relevance for other states, either with large absolute or relative numbers of people over 65.

1.2. Our Approach and Methods

We chose to use **focus groups** to better understand how older people still living independently in the community viewed a variety of new and/or technology based services that might augment their mobility resources as they aged. These services could, in theory, even replace the automobile on which so many older people depend, particularly those living in low density urban and suburban communities.

Focus groups have become a well-accepted qualitative method of gaining insights into people’s views, attitudes, and thoughts on a topic, product, or service (Stewart & Shamdasani, 2015). First developed in the 1930’s as an alternative way of conducting interviews, social scientists were drawn to this less directed approach because it allowed *respondents* to explain their opinions and attitudes in an open-ended manner.

Focus groups as a technique were widely embraced by market researchers after WWII, when the military had used it effectively to explore troop morale. Krueger and Casey (2015) report that academics began using focus groups in the 1980's, although they did not find that business practices worked well in scholarly research. Academics have been developing better techniques since. Focus groups differ from other types of qualitative methods of data collection because they offer the opportunity for group interaction to *change* participants' views or attitudes or to develop new or different perspectives on a product or service as they listen to other participants (Krueger & Casey, 2015).

We began with the knowledge that some seniors were thought to be lacking in the technical skills and confidence necessary to access the kinds of shared economy services which might provide them with additional mobility and options—although some recent research suggests otherwise. We wanted to understand how true were the perceptions that seniors lacked the online access and complementary technological skills to use such services. We felt that focus groups were a valuable tool to not only understand how seniors viewed these largely online-accessed or based services initially but also if their views changed over the course of an hour as they heard their peers discuss these services.

We specifically wanted to determine how seniors reacted to these services and the role of age, period, and cohort effects on seniors from different socio-demographic backgrounds. ***Period*** effects are those that involve or impact all people in society at the same time regardless of age. A clear period effect is the growing importance of the shared and gig economy in the delivery of many services previously provided by employees in large companies or only in brick-and-mortar facilities.

Aging impacts are the physical/mental outcomes of increasing age; they can include inability or unwillingness to accept or understand period effects, or to quickly learn new tasks or recognize unfamiliar processes (although any given individual may be very different from the average of their age group).

Cohort impacts are largely those that affect a group of people born in roughly the same five year period—such as WWII or the Viet Nam War or September 11. They differ from period effects in

that they happen only once and generally do not repeat or evolve in the same way over the life course of the people involved. (One generation's cohort effects can be another generation's period effects).

The literature that discusses problems with older people using new technology suggests that age effects may make older people unable to understand or use online services or phone apps needed to utilize many elements of the shared economy, a period effect. Cohort effects may be their view that services should be provided or used as they have been in the past, that new models of shopping or medical care, etc are unnecessary or inappropriate. (For example, several respondents reported unease with the notion of spending money for grocery delivery when one can simply drive to the grocery store. This seemed different from people concerned about the actual amount of the delivery service charges,)

1.2.1 Structuring and Convening Focus Groups

We convened a total of ten focus groups with a wide variety of seniors in Austin, Texas—those 65 and older—who were mentally alert, living independently in the community, but no longer had salaried employment. We drew our participants from volunteers at a variety of public and affinity-based senior activity centers or groups across the Austin metropolitan area. We conducted focus groups in parts of the metropolitan region that varied by racial and ethnic make-up and income levels (although we did not ask respondents their race, ethnicity, or income level.)

These centers, moreover, are open to the entire community wherever they are located. So it is not unknown for seniors to travel among them, that is, attending centers outside their own neighborhood (we met the same male respondent at three separate centers—he liked to try different ethnic food he told us). So there is not a one-to-one connection between the ethnic and income make-up of a neighborhood and the ethnicity and income of any individual participant.

All focus groups were held at senior centers or in public places where affinity groups were meeting; center or affinity group staff recruited the participants at our request. (The City of Austin required all Research Team members to undergo a police check.) We explained to staff our goals and selection criteria (ie mentally alert, living in the community, not employed) and asked that they encourage a wide variety of seniors who fit our criteria to attend. (Staff would not

generally allow us to directly talk to people in attendance at their facility or meeting.) The size of each group varied widely because some staff were more proactive than others; most of the staff were unwilling to limit the number of participants or to strictly follow our participant requirements however.

Our recruitment process, based on the willingness and ability of staff to recruit respondents who met our requirements, lead to some problems. Some groups were very small (2 respondents) while others were quite large (14). Occasionally one participant in a group who did not meet our criteria (usually wasn't mentally alert) attended but those people rarely spoke or took part in the discussion. Their presence might have inhibited other participants but we saw no sign of that.

We gave the respondents written assurances that their identities or individual responses would never be made public. We also affirmed that they could withdraw at any time.

We did not pay participants but did provide a variety of refreshments, including individually packaged cookies which many respondents took home. (In early focus groups we placed trays of food to the side of the seating area but this seemed to discourage participants from partaking of the refreshments either as they entered the room or after they were seated. We then changed our process and provided each seated participant with a range of individually pre-packed cookies and soft drinks.)

1.2.2 Pre-Tests and Problems Corrected

We sought to learn if respondents used any or all of the services we asked about, why, and how often. If they did not use these services, we also asked why the service did not interest them or they had not used it.

We first conducted two small focus groups (N = 11) to pre-test our approach and validate the way we intended to structure the group sessions. We learned several valuable lessons which lead us to make changes in our process or approach. At these pre-text or initial focus groups we simply asked if respondents used any or all of the services we focused on; if yes we asked why and how often. If they did not, we also asked why the service did not interest them or they had not used it.

The services we asked about:

- local grocery delivery (eg. local store-specific services, Instacart)
- other types of local deliveries (eg. local pharmacies, pet stores)
- delivery of clothing purchases from department stores or big- box stores (eg Costco, Target)
- local transportation providers (eg. Lyft, Uber)
- delivery of any products from online purchases (eg. Amazon)
- local chore services (eg. Task Rabbit, Thumbtack)
- meal kit services
- online medical appointments/consultations.

We thought, for example, that meal kit delivery could both improve the health of seniors and provide a meaningful substitute for grocery shopping, Having vetted service personnel could address home and repair needs while the home delivery of any good or service could compensate for mobility losses.

We immediately saw problems with this approach.

First, we learned in the pre-tests that most respondents had never heard of most of these services and so had no basis on which to discuss them. We made several changes in our approach to ensure that the participants better understood the kind of goods and services on which we were seeking their input. The most important change in our approach was to ask respondents to fill out a brief questionnaire at the beginning of the group session; the questionnaire first defined each of the services listed above and then asked if and how frequently they used them, and, the reason for unwillingness or failure to do so. Once they understood exactly what we were talking about, there was significantly more discourse in the focus groups. We did find that many respondents became more interested and even excited about some of these services over the course of the focus group as they learned more about them or heard the experiences of other participants.

Since we now had a written instrument at the beginning of the focus groups, we then also asked respondents to provide in writing their age, marital status, and driving status at the end of the survey. We asked for these personal data at the end in case these were sensitive questions that

might inhibit other responses or cause the respondent to cease to participate (no one refused or left the questions blank).

Second, we had two problems with staff who generally insisted at being present at each of the groups. We were worried that their presence might inhibit respondents but could not, of course, ask them to leave. We suspect they were somewhat concerned that we might try to sell services to seniors or in other ways engage in entrepreneurial activities (perhaps because we were asking about commercial products and services).

A related problem was that certain staff *did* have strong opinions about why seniors *should* use the services we were discussing. Some staff, who were generally considerably younger than their members, seemed impatient with the respondents. They sometimes interrupted people who expressed unease with certain activities—ordering products online for example—to insist that there was nothing to be worried about. We addressed this problem by asking the staff if we could interview them separately; we asked them not to interrupt or argue with participants. We did gain additional useful insights from talking separately with the staff.

Third, when male respondents were present, some would hijack the group discussion, especially when discussing technical issues with certain services (uploading and using an app for example). They would talk over or try to argue female respondents out of their personal views on the utility or convenience of services/processes which the female respondents found problematic. These women, in general, did not argue back but became silent. Our recruitment approach did not permit us to hold unisex groups, although it would have prevented some female respondents from effectively being silenced. We did not effectively address this issue although we tried to steer any respondents away from lecturing or hectoring other participants.

1.2.3 Covid Focus Group

The COVID-19 pandemic occurred while we were just finishing our focus groups—and effectively prevented us from going further. It did, however, provide an opportunity to understand if seniors had changed their perspective on any or all of these services when they were faced with fear of shopping or engaging in out-of-home activities.

We therefore conducted an additional virtual focus group via Zoom in the summer of 2021 with an affinity group, Capital City Village, after the COVID-19 pandemic was well underway. We used exactly the same set of questions as we had in 2020.

1.3 Focus Group Responses

There were 11 participants in our two pilot focus groups held in 2019; we do not have socio-demographic data on these participants. We held an additional eight focus groups in 2020 in which we asked the respondents to fill in a survey instrument designed to make clear exactly what kind of services we were asking about. We then held a discussion for about 45 minutes, questioning their thoughts on these services and the reasons for using or not each of the eight. There were 79 participants in these eight focus groups—their age ranged from 68 to 98. This included 68 women and 11 men; 14 participants were married or partnered (roughly half were present with their spouse). Of these respondents 84% said they still drove.

Overall few respondents even knew that many of these services existed, let alone used them. The most known, and used, service was online purchase of groceries or supplies, that is using Amazon or Costco, Target, etc, and not local grocery store delivery. Roughly two-thirds of respondents knew they could buy some types of groceries and many household supplies online but only 6 respondents, or 7.6%, had ever used those services (note that online purchase of clothing was a separate category). About 60% knew that food delivery from local grocery stores was possible—but only 4 respondents or 5.1% had ever used that service. Less than 5% of respondents, conversely, knew that it was possible to hire an array of repair and service people through sites like Task Rabbit and not one of the 79 participants had ever done so.

The next section examines what respondents say about the relationship between knowledge of and use of the services on which the Research Team focused.

It's important to recognize that some usage patterns do not represent *choices* we can analyze but rather *constraints*. And these constraints must be addressed if public policy ultimately decides that ensuring senior mobility in the face of growing physical and other threats would be served by enhancing any of these options.

At their core, many of the services examined here require three things, *before* and in addition to volition:

- the resources to purchase goods and services, and, to pay for additional “add-ons” provided such as the actual transport/delivery of those purchases
- a certain level of personal technology—a smart phone and/or easy access to the internet via a tablet, laptop, or PC
- a specific type of payment mechanism—a credit card and not a check or cash

The study conducted three of the eight formal focus groups in low income neighborhoods—with 31 respondents. That does not mean that all respondents at those sites were from that, or any, low income neighborhood—but lacking an overwhelming reason to travel outside their own neighborhood to attend a senior center, it’s unlikely they’re not. And few respondents in those neighborhoods owned or had access to all three of these required assets.

Many respondents at those sites indicated that they were unbanked or close to it. They often went to grocery stores to pay those bills they could and to purchase cashier’s checks to pay other bills. One respondent told the Research Team that she did have a credit card for absolute emergencies—but did not have a checking account. It is entirely clear why these respondents had never heard of some of these services they were questioned about—and why they would never use such services even if they knew about them.

Public policy could, of course, address these issues IF access to some or all of these services came to be accepted as an accepted strategy for addressing the mobility losses that can come with aging. Targeted individuals could be subsidized, directly or otherwise, to buy a variety of goods and services etc online—if that were overall cheaper or more efficient or effective. Many transportation programs today subsidize the travel of some groups of low income seniors, to attend medical appointments for example. Many government programs give individuals credit cards of one sort or the other. Thus even if these eight services on which this research focuses are essentially unavailable to some low income seniors today, they could become part of a package of options offered to poorer seniors as a targeted public policy response.

Below we describe how well-known each service was and why (or not) people said they used the service. The follow major section looks at technological issues using the period, cohort, and age impact lens.

1.3.1 Online Purchase of Groceries or Supplies

The majority of respondents knew it was possible to buy some groceries and many household supplies online (that is, not from local stores) but few said they had done so. Only 6 respondents, or 7.6% of all respondents, said that they had ever ordered food items or household supplies from online supplies like Amazon. Some respondents mentioned the limited selection—retailers like Amazon did not sell perishable grocery items for example. (In 2017 Amazon bought Whole Foods, a high end grocery store, which began in Austin, but we asked only about regular Amazon services, although respondents who knew that it was possible to buy Whole Foods grocery offerings through the Amazon site might have been confused).

A number of respondents mentioned the lack of choice and the inconvenience of getting kitchen supplies, which are often bulky and even heavy, delivered to their front porch. Many said it was cheaper to buy these items at a local grocery store and the cost of the extra convenience wasn't worth it.

They have to charge you more, to mail or fedex it to your door. Just because you don't want to go to Walmart to get the same thing cheaper? It doesn't make sense. (Man, 77)

Some people reported being worried about packages being stolen off their front porch after delivery. Others felt that they would have to change their schedules to ensure being home when delivery was made. Still others thought buying on these sites required you to buy large quantities which were difficult to handle and store.

1.3.2 Local Grocery Store Delivery

The second most used of the eight services about which we questioned respondents was home delivery of groceries—4 of the respondents, or 5.1%, had used that service although about two thirds of respondents knew about it. One respondent reported that when her daughter came to visit with an infant, they ran out of diapers. Her daughter surprised the mother by simply ordering the delivery of diapers from a local grocery chain, using an app on her cell phone—

rather than simply driving over to the store. The diapers arrived in two hours, further surprising the respondent.

I never thought to do that. I mean...how long would it take to run to HEB? And what did it cost? How much more?...but my daughter said, “Mom, it’s a hassle to put the baby in the car and go just to get diapers.” I guess it’s true but I would have gone...” (Woman, 70)

Other respondents complained that it was hard to get what you wanted—that they had had bad or confusing experiences with home delivery.

I thought I was ordering 3 baby bok choy—I got three huge regular bok choy...They gave me back my money when I called but I couldn’t figure out how to use what I got instead of what I wanted (woman, 77).

Some responses were surprising.

My son and daughter-in-law do that, order delivery of groceries. I guess they think it’s appropriate because they have no time. It’s selfish. I don’t think it’s something we should do (man, 74).

Most respondents saw no need to have home delivery of groceries, even when pressed about future needs if they had trouble driving (many studies find that older drivers refuse to even engage with the idea that they will need to stop driving—so it’s easy to see why they might refuse to consider the need to have alternative ways to grocery shop).

Respondents in lower income parts of Austin (who may or may not have had low incomes themselves) simply didn’t understand the concept of paying someone else to shop for them. It clearly wasn’t something they had heard about let alone considered. It’s also important to note that the unbanked use bank-like services at grocery stores. Having groceries delivered made no sense to them since they were traveling to the store anyway.

Respondents also mentioned how difficult it was to navigate the grocery store website, that groceries they frequently bought and they knew were available were not shown at all as a choice on the website. The Team’s experience is that grocery stores had fairly primitive websites prior

to the pandemic, websites that did *not* list all the things on their shelves. This reality seemed a real deterrent to older people—some of whom wondered if it was the store or their problem when they were unable to find an “ordinary” product online.

Many respondents saw little to no convenience in grocery delivery; in fact it seemed to be an additional challenge they had to overcome. Several respondents who did not have grocery delivery talked about the hassle and inconvenience of losing personal choice. Others said they didn’t want to stay home just do they could be available to take in the groceries; some assumed their groceries would be stolen from their porches. One woman said she had seen delivered groceries sitting on her neighbor's porch for hours and felt that there was no way to overcome that constraint on her activities.

Probably the most common theme was the lack of choice or control over purchases. Several respondents talked about their fear of getting things they didn’t order or poor quality items when they did get them. Several mentioned not knowing until just before delivery if an ordered item was out of stock or if what showed up was good enough to use.

It’s hard if you’re planning to do one thing on a night if you don’t know if the main ingredient or the vegetables, whatever, is even going to show up. Sometime they don’t tell you until an hour or so before delivery... and by text (woman, 76).

Another respondent commented on the substitution policy,

Well you can tell them they can substitute something for something else but sometimes it’s really a stupid substitution even though they say they’ll chose something you really want. But you can’t make some things with what they substitute—and if you don’t let them substitute then you have nothing at all. (woman, 77)

Some of these comments were made by people who said that they had not actually ordered delivery from their local grocery—so their comments must reflect other experiences they had heard about.

1.3.3 Online Purchase of Clothing

Roughly the same number of respondents knew about the ability to order clothing online but far fewer had done so—only 4 of the 89 respondents. Strikingly, there was substantial discussion of why they had not done so:

What do you do if it's the wrong size? Or color? You have to package it up and return it. You have to have tape and other stuff to do that. And then mailing it back... that costs a lot and then you have to make a special trip to someplace, usually not the Post Office. It's not convenient at all. (Woman 74).

It's on your credit card if you order two different sizes or colors or something like that. That's the only way if you don't know in advance how it's going to fit. It never looks the same in person as it does online. Then you have to wait for them to put all that money back on your credit card (Woman, 81).

1.3.4 Local Transportation Services (Lyft, Uber)

Only three people said that they had ever used these types of services—two male respondents who said they had used ride-share services to travel to the airport and one male respondent who said he had used a ride-share to travel to a religious establishment located many miles from his home. The first two felt it was a satisfactory service and dismissed any concerns raised by other participants. The third respondent claimed that the ride was very expensive to begin with, and then the driver asked him for additional money enroute to his destination, an experience which turned him against ride-share.

This was an area, however, where staff input was interesting and important. The staff person at the City of Austin's Asian Senior Center told the Research Team, after the focus group, that she had a fund, with donations from many of the adult children of the Center's senior participants, to pay for ride-shares for the senior participants. The staff person said that adult children had tried to convince their parents to use the appropriate app to call for a ride home from the Senior Center using an account which was usually connected to the adult *children's* credit card. But the seniors themselves were unwilling or unable to use the app—so the adult children asked the staff to do so.

The staff person said that many of the participants with whom the Research Team spoke had *often* used ride-share services to go home but either didn't know or didn't want to admit that they needed to have the staff person take care of the transaction. Others may have thought that the staff had arranged a friendly ride, not that they were using a formal travel service.

Women respondents in many focus groups were fairly vocal about their lack of trust in ride-share services and how difficult it was to use ride share services.

It just looks like an ordinary car. How do you know? I've heard stories of drivers attacking or robbing riders (woman, 81).

I know people who couldn't find the vehicle to return home—and then you still have to pay even if they leave without you (woman, 78).

One respondent mentioned that a grandchild had put a ride-share app on her phone and told her to practice setting up a trip without finalizing it. She became confused and formally requested the trip without knowing she had done so; she soon realized the driver was waiting out front. She decided not to say anything to the driver, hoping he would just leave—which he did eventually—but not without charging her a hefty cancellation fee. That was her first, and she feels her final, interaction with a rideshare service.

Other respondents mentioned their concerns about changing costs (they could never know far in advance what a trip would cost), the actual cost independent of its variability, and the need to use the app for all aspects of the service, which they found confusing.

1.3.5 Other Services

Very few respondents knew about, or had used, the other services about which the Research Team questioned them. Only two respondents had ever used local non-grocery delivery, such as pharmacy items or pet supplies; only two respondents had used delivery from local restaurants or meal kit services. But one woman spoke positively of meal kit services:

I like them because my husband will come into the kitchen and cook with me when I use a kit. It's not me telling him what to do; it's the card, the one that comes with the kit. So I've enjoyed using the kits; we both do I think (woman, 74).

Other respondents mentioned that their children or grandchildren had used the kits but didn't think kits were "for them."

1.4. The Shared Economy in the Time of Pandemic

The Research Team conducted an additional online focus group with the Capital City Village affinity group during their weekly Thursday morning Zoom coffee klatch in July 2021, roughly 18 months into the Pandemic. Twelve people, four men and eight women, were present; they ranged in age from 67 to 91. All but one respondent reported that they still drove. All of the respondents joined the meeting using an internet connection; no one called in by phone. This suggests that the respondents might have had a higher degree of technical sophistication than the original respondents OR everyone was simply more "tech savvy" due to the demands of the Pandemic.

A few of the people present had taken part in an original, pre-pandemic, focus group but only two people remembered doing so. The Team recorded the discussion and transcribed the notes and informed the participants that they were being taped, stressing that they could opt out at any time.

The Research Team asked the group the same questions they had previously asked but stressed the desire to learn about respondent behavior before and after the pandemic began. The Team also gave out the PI's phone number and asked any respondent who wanted to further discuss the issues raised to call; three women did so.

1.4.1 Shared Economy Experiences

Half of the respondents said they occasionally use home delivery of groceries but no other products such as pet supplies or prescription medications. About half of the respondents also said that they used the curb-side pick-up services offered by most grocery chains in the city. Almost all said that they had done so before the pandemic but perhaps not as often. A surprising number (six including all the men) said they still went in person into grocery stores, pharmacies, and pet stores to shop.

One woman said that she shopped for several other people so she had to go in person (this seemed strange since it would be possible to shop online for multiple households in

separate orders to be picked up at once). Another woman said she shopped in person because she had three problems with delivery or pick-up: she didn't like the quality of vegetables she received in home delivery, never wanted the substitutions the store made, and had many snafus ordering (eg thinking she was ordering three cookies and instead getting three packages of cookies).

The three dominant themes in the discussion of the delivery of groceries were the cost of delivery, complications imposed by ordering online, and the necessity in some services to pay online with a credit card already registered with the store. Costs can range as high as \$20-25 per delivery as well as including extra, relatively hidden, fees added to the value of the groceries purchased. A few participants mentioned a concern with paying online, although most online food delivery services in Austin did have some form of phone service available.

The dominant grocery chain in the state, HEB, for example, contracted with Favor, a national company that HEB later purchased, initially providing a *free* delivery service for older people and those with handicaps. Favor does have an online presence in Austin, but the website was quite rudimentary and a person could only order online a few hours a day. It appeared that Favor then expected most of its customers to call in their orders by phone.

The Favor service, however, illustrates the other complications that respondents reported with online grocery orders for delivery (or curbside pickup). One woman who did order online from Favor said she often called in as well to give specific instructions or specify which substitutions she would accept. She reported that the Favor shopper would often call her to ask questions about brands or substitutions; she did not feel that she had that opportunity with other online grocery delivery or curbside options.

One woman complained about ordering groceries online,

They want to text me about my order and to ask about substitutions. I don't text; I only use Favor now because I can *talk* to the shopper—she will call me (woman, 79).

The Research Team asked respondents if they had difficulty or fears about using their credit card online for any kind of purchase. A few people (all men) dominated the discussion, largely

mocking the question; they assumed that everyone knew that such transactions were actually quite secure. One man (73) noted,

It comes down to trusting your bank, the one that gave you the credit card, knowing they'll remove any illegal charges.

It was notable, however, that most of the group were entirely silent during this discussion. The Research Team wondered if those who said nothing on this issue were as convinced as those who spoke so strongly about the relative safety of paying online.

One pre-group conversation was illuminating: prior to the start of the meeting everyone was unmuted by the leader. A woman respondent could be heard talking to another (male) member about his volunteering to take her to pick up her repaired sewing machine the next day (transportation is one of the volunteer services that Capital City Village provides). The volunteer driver asked if he could just walk in and pick up the machine because the shop already had her credit card information. There was a long silence and she answered,

Well I'm going to give them a check. If I give them a credit card they will have to come out to the car to take it from me and go back into the shop to run it through their system...I don't like to let it out of my sight. This will be easier—you can give them the check (woman, 82).

The volunteer driver said nothing. It was clear that the respondent hadn't even considered giving the shop her credit card information over the phone (or giving her card to the volunteer driver, or that checks are far less secure than the credit card).

Three of the women participating in the Zoom meeting later called to talk to the PI privately, further confirming suspicions that many did have difficulties they didn't want to discuss in front of others (perhaps because the men dismissed their concerns). All three women reported some issues or problems in using a credit card online.

I don't want to enter my credit card number [for online shopping]. I call my daughter in Philadelphia and she puts in my order for me...I just kept getting it wrong...she pays with her credit card and I mail her a check (woman, 71).

I don't like the fact that I don't know until afterwards how much...the amount they'll put on the card...they tell you the total when you do it online but then later you see it's not the same amount...I don't like that (woman, 77)

A few days later another of the women in the group called to tell me about a bad experience she had just had. A day after giving her credit card in person to a pharmacy clerk in a local grocery store, strange charges had shown up on her card—and she felt the pharmacy was likely the place her credit card information had been stolen. Yet she couldn't bear to blame the pharmacy staff:

I've been going to that pharmacy for at least ten years. I know the pharmacists, I know all the people behind the counter by name. I know none of them would do this. Maybe they wrote down my card number to enter it later and they threw the slip of paper into the trash—and somebody else took it out of the trash (woman, 76).

When questioned why she hadn't used the pharmacy's free prescription delivery, she mentioned "I like to visit with the pharmacy staff because I've known them for so long."

This respondent's explanation of how her credit card information was stolen seems unlikely. Most major commercial establishments swipe people's credit cards in front of them if they are buying in person, rather than entering the numbers manually (or they increasingly ask buyers to swipe their own cards). It's hard to see why anybody would have a valid reason to write down this respondent's name and card number when she handed them her card in person. It's also possible, of course, that the pharmacy had nothing whatsoever to do with the fraudulent use of her card.

Several people said they enjoyed going shopping in person, seeing it as positive not negative:

It's a pleasure to get out of the house...when people ask me if they can get something for me at the store I ask them if I can go along with them instead. I can't always but I wish I could (Woman, 77, non-driver).

It's something my boyfriend and I do—we go to Central Market [an upscale grocery store with several restaurants] once a week on Friday night, shop, and then have a meal out by the lake. We wear our masks...everybody who works there wears a mask. It's something

we've done for a long time...I don't want to give that up. I take the leftovers home and eat another meal or two (woman, 74).

The Research Team also asked if respondents had used home delivery of other goods and services from local stores or businesses—no one reported doing so. There was some discussion of using restaurant delivery services, like GrubHub or DoorDash, etc, but many respondents reporting being put off by the cost and the fact that the restaurants were also charged for the service. One man said he and his neighbors routinely had “dinner on the driveway” by ordering directly from restaurants. Two respondents said they still got pizza delivery but stressed that 1) they had always done so, and, 2) the deliveries were from local businesses not using these kinds of delivery services.

All of the men reported that they and their families still ate out. One male respondent noted that his wife just wanted to get out of the house. Another said that there were plenty of restaurants with outdoor seating or that practiced social distancing.

About half of the respondents reported occasionally using Amazon or other non-local vendors for other goods but most said that they had done so before the pandemic. The non-driver in the group, however, reported that she extensively used Amazon and a number of online retailers; she talked for some time of her favorite online clothing retailers. A few respondents said they didn't buy clothing from Amazon, etc because it was difficult to return items. One of the men insisted that returns were easy since Amazon had lockers in several places in town; it is not clear that other respondents even understood what an Amazon locker was.

The use of transportation network companies like Lyft and Uber was a major focus of the pre-pandemic focus groups but there was little reported use of such services at that time. So the Research Team assumed that group members would be even less likely to use such services in a pandemic. One man, however, reported using Lyft to travel to the airport while the one non-driver in the group reported she had extensively used these services in the first months of the pandemic. She had stopped doing so because her sisters, both retired nurses, told her it was not safe to do so during the Pandemic.

The Research Team also asked respondents if they had or were planning to have tele-medicine appointments. Six of the group said they already had, some quite recently, and explained their

experiences at length. For most of these respondents, however, the “tele” in tele-medicine usually meant *the telephone* both to make the initial appointment and for the actual appointment itself. All six had talked to, in some cases more than one, doctor by telephone only. Two used Facetime on their iphones or ipads to talk with the doctor but made their appointments by phone.

All blamed their inability to use the medical providers’ appointment software, as well as any difficulty in having an online consultation with their medical provider, **on the medical provider:**

My medical group got it all mixed up—they’re hopeless. I’ve heard it’s easy to do an online appointment at ARC (Austin Regional Clinic) but...the only way I could get an appointment at my medical group was to talk on the phone with the doctor (man, 77).

I couldn’t get anything to work right... I finally used Facetime with the doctor; I don’t have any other option (man,79)

I made my appointment online but the PA or nurse called me back to confirm and then my doctor called me...yes on the phone (woman, 78)

No one reported using meal kit services. None of the group reported using home-based chore services like TaskRabbit.

1.4.2 What Does it Mean?

The Capital City Village respondents were more attuned to elements of the shared economy after the pandemic than before it. But there was no massive uptake in the use of home delivery of grocery and other goods or services. The group, as a whole, seemed more tech savvy and more willing to give credit card information online than older respondents as a group had been previously—but that was not true of all the members as the individual comments indicated. The most used online service during the Pandemic, telemedicine, was fraught with difficulties for the respondents.

Most surprising was the number of seniors in the group who still went shopping in person and ate out at the height of the pandemic in Texas. In fact, many responses seemed to stress the importance of in-person activities in their lives; shopping and pharmacy visits appeared to be a meaningful social activity for many respondents beyond fulfilling a functional need.

As with the original focus groups, it is not clear how representative this group is of all seniors since Capital City Village members tend to be more affluent and have more online experience than other seniors in Austin.

1.5 Limitations of Our Approach and Methods

Our methodological approach has limitations. Focus groups as a research tool have been criticized for encouraging people to give intellectual rather than emotional responses or to make-up answers rather than say they don't know or have no opinion. Focus groups have been disparaged as well for encouraging respondents to offer trivial responses rather than to state deeply held beliefs. The technique has also been critiqued for simply being wrong about how a policy or product will be received by the public. Finally opinionated individuals can influence the group consensus or outcome (Krueger & Casey, 2015; Steward & Shamdasani, 2015). And indeed we did find that some men tended to dominate the conversation and were sometimes dismissive of the technology or security concerns that women expressed.

There are other limitations inherent in the way we conducted the focus groups. The Research Team spoke to only a small number of people; we have no way to know how representative they are of community-based older people even in the Austin megaregion, let alone on a broader scale. We did not include (except by accident) anyone whose mobility was already seriously constrained and who might well be using the studied services in lieu of travel they could no longer undertake. (Most respondents were in fact still driving). We also did not include seniors still in the paid labor force who might well have different experiences and attitudes toward the features of the shared economy on which we sought their input.

The Research Team may hold conscious or unconscious biases in the way we heard or reported on what respondents said and our interpretation of what they meant, a common problem of researchers organizing focus group comments (Bengtsson, M. 2016).

Chapter 2. Conclusion and Recommendations

2.1 Can the Shared Economy Meet the Mobility Needs of US Seniors?

This research sought to understand the extent to which seniors in the Austin, Texas megaregion knew about or used any of the kinds of shared-economy services that planners and policymakers have suggested as possible ways to meet senior mobility needs as they experience problems in driving, and indeed in walking and using public transit. The Covid Pandemic added another wrinkle to that research, providing an opportunity to see if there was a meaningful uptake in use of these services when people's out-of-home mobility was actually constrained, even if "only" by the fear of serious illness. The research further sought to identify and understand the concerns, objections, or fears that seniors had with the growing shared and gig economy in terms of three processes: period effects, age effects, and cohort effects.

The research found that seniors prior to the Pandemic did not even know about, let alone use, many of the services on which this research focused—from online shopping sites to home delivery of services ranging from medical to veterinary, and of goods from food to clothes. Some services were fairly well-known by the respondents who participated in the series of focus groups between 2019 and 2021—but still rarely used. Some services were little known and even less used.

The discussions held in the 8 formal focus groups (and the pre-tests that preceded them) suggested a number of both recognized and more obscure reasons for the failure of these services to gain widespread use among seniors. Focusing on their unease and even fear about such services can provide ways to overcome or mitigate the problems older people have in using options that might address at least part of their inevitable decline in mobility.

2.2 Understanding Reluctance and Fear

Most discussions of why older people do not use the kind of services studied here focus on their fear of new technology and their need to learn how to use that technology to achieve the potential of a variety of services that substitute for the need to leave the house. How true is that explanation and what additional elements of senior decision-making should planners, engineers,

and policymakers recognize and address? Answering these questions through the lenses of age, period, and cohort effects can provide insight into necessary policy responses.

First, senior citizens are becoming more tech savvy—a fact that has caused many pundits to suggest that their overall rejection of a variety of online services will soon be a thing of the past. But it is crucial to recognize AGE effects; it is clear that the extent of technology acceptance and use is still low among many seniors because of resistance to and difficulty in learning new ways of thinking and doing. And some seniors simply have too few resources to be able to participate in these activities.

People, moreover, can have the resources to own a smart phone or access to a computer and still not really know how to use these devices let alone use them to their full potential. Many focus group respondents had smart phones and access to computers and related devices—but didn't text or use apps or order anything online. The Research Team was asked several times if the respondent's phone *was* a smart phone with the capability to access these services. Many respondents still relied on the telephone as it functioned decades ago. The focus group responses, especially when divided along gender lines, suggest that the level of technological sophistication among current cohorts of seniors is very unequally distributed—and much lower on average than that of younger travelers.

Moreover, **age effects** may mean that seniors will always, on average, have a harder time keeping up with the inevitable advances in the technology surrounding all of these services—just as they get up to speed as these services are today, there will be lightning changes in the technologies surrounding these services (or even the continued need for these services). People who would still rather write a check than input a credit card number on a service site are unlikely to leap forward technologically at advanced speeds. So each new cohort of seniors will be more adept than their predecessors but on average less so than their current cohorts of younger people. Many will always be playing catch-up.

But other pressures are also at work, as seen in respondent comments about the *appropriateness* of new ways of doing things. **Period** and even **cohort effects** seem to condition the response of many older people to the services they could use instead of travel. First many comments in the focus groups suggest that seniors view certain tasks as needing both their direct supervision and

the expenditure of some physical energy—a reluctance to trade money for both time and less direct involvement in an activity, like shopping.

From the respondent who said it was “lazy” to use grocery deliveries to the respondents who seemed to be worried that they wouldn’t be properly supporting their family if they didn’t directly oversee the selection and purchase of every drop of food their household ate, the respondents showed a real reluctance to change their relationship to domestic duties as they had already defined them. It may explain why women were less likely to adopt these strategies or feel comfortable with them, since they generally accept (or are given) a far large role in domestic management.

Many respondents had an equal, or even stronger, reluctance to allow others to provide their mobility, to “drive their car” or more accurately a vehicle owned by somebody else. Again, driving a vehicle, or even walking or using public transit, may be seen as a genuine expression of freedom—not as a burden that can be met by the market in other ways. All evidence suggests that men in particular feel very strongly that driving is a key element of their manhood; they are often devastated, not relieved, if they must give up driving. And not simply because they can go fewer places—and even if there are services to provide some of those missing trips.

Many respondents, of course, simply had no choice—they don’t know about or engage in these activities because they simply can’t afford to do so. They have no money to trade for someone else doing their shopping or driving/walking/transit riding. But it appears that even respondents who could afford to do so, were uneasy with spending money to replace their unpaid labor—witness the woman who was troubled by her daughter paying for the delivery of diapers when she could have dropped everything and gone to the store instead.

This again suggests that current cohorts of older people simply don’t think it’s right or necessary to give up a host of pesky chores, even if they can afford someone else to do it—they are conditioned by the times they have lived through and the attitudes they may have unconsciously adopted—reflecting both cohort and period impacts.

It also seems clear that some of the duties or chores that these services could replace were not actually seen as an obligation but rather as a form of social engagement. Seniors no longer in the work force may have more limited opportunities for social interaction; they may find some of the

duties these services offer to relieve them of, to be somewhat for which they don't seek relief. Chatting with the pharmacy staff or the produce person at the grocery store can be a meaningful outing, combining the obligatory with the pleasurable. Such activities may also give purpose to some people's lives, independent of performing important household functions. Seeing how hard many seniors worked to keep up outside social activities in the face of a pandemic suggests the *necessity* of older people having social outlets often linked to travel—but perhaps those that fulfill a real household function as well.

Overall, this research suggests that policymakers must move cautiously when offering to address senior mobility problems with replacements for travel, and for the activities that travel supports. The wrong responses can fly in the face of age, period, and cohort effects, and leave many older people more unhappy than they were by the loss of the ability to drive (or walk or use public transit) in megaregions across the United States.

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