

Older pedestrians: Moving from a high recognition of problems to an effective local response

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Abstract

This paper reports on the evaluation of a VicRoads-designed intervention - *Walk With Care*, targeted at older pedestrians in a local government area. TransportSA and the Council jointly implemented the project - a public awareness campaign, an educational intervention, and identification of needs for engineering treatments. The evaluation included a pre-implementation survey among the target population (65 years and over), concerning pedestrian safety issues for older pedestrians in the implementation council area (n=100) and in two comparative councils (2 x n=100). A post-implementation survey (n=200) was conducted in the implementation area. The methodology also included semi-structured stakeholder interviews. The evaluation indicated that while there was not a high recognition of the specific program, older people consistently regard pedestrian issues very seriously, and recognise and describe them with highly specific local detail. This evaluation demonstrates the need for addressing particular issues in successfully converting high levels of public concern about pedestrian issues into an effective intervention embedded in a particular locality. These include managing competing expectations among stakeholders, avoiding the possibility that the intervention is seen as “patronising”, and making strategic alliances with local health promotion and educational activities for older people. There is also a need to disaggregate the notion of “older pedestrian” in providing flexible and appropriate responses.

Preamble

TransportSA, jointly with Unley Council, in inner-metropolitan Adelaide, implemented a *Walk With Care* program targeting older pedestrians. The program included a public awareness campaign, an educational intervention, and the identification of needs for engineering treatments. This paper uses data from an evaluation of the program’s implementation to identify and discuss issues involved in the effective transition from a high level of community recognition of the problems of older pedestrians to the establishment of an effective community intervention. This program recognised the substantial international literature on older pedestrians, and called upon the experience of VicRoads in its design, implementation and evaluation of a parent program. However, the embedding of the program within a specific locality raised issues that required flexible responses to ensure the effectiveness of the program. These included the management of competing expectations among stakeholders, avoiding the possibility that the intervention is seen as “patronising”, and making strategic alliances with local health promotion and educational activities for older people. There was also a need to disaggregate the notion of “older pedestrian” in providing flexible and appropriate responses.

Literature

When compared with other age groups, older pedestrians are over-represented in pedestrian casualties (Fildes *et al* 1994ⁱ, Holubowycz 1995ⁱⁱ). Older pedestrians remain over-represented in fatal pedestrian crashes, even though in Australia overall pedestrian fatality rates for pedestrians 60 years and over decreased in the past 15 years (Federal Office of Road Safety 1997ⁱⁱⁱ). In 1997, 35% of pedestrian fatalities on Australian roads were people 60 years and over. As with all age groups, males are over-represented in older pedestrian fatalities. Statistics compiled by the Federal Office of Road Safety (1997) show that 60% of older pedestrians (60+) fatalities between 1980 and 1997 were males.

In a recent project commissioned by the Roads and Transport Authority (RTA), New South Wales, The Pedestrian Council of Australia undertook an international literature review (1999^{iv}) based on 100 selected articles in order to identify 1) factors which contribute to older pedestrian accidents and fatalities; and 2) measures and programs which can reduce these accidents. This comprehensive review identifies the areas of

research activity that has generated knowledge that in turn has led to the development of programs such as *Walk With Care*. These research domains include: physical changes with age; spatial and temporal location of older pedestrian accidents; type of older pedestrian crashes; potential risk factors for older pedestrians; and successful or recommended countermeasures.

Of particular importance to the development of this *Walk With Care* program and its evaluation is the literature on countermeasures. The report, *Safety and the Older Pedestrian*, (The Pedestrian Council of Australia 1999) concludes that, given that most older pedestrian accidents occur in the victim's local area, "this problem can best be solved by locally based programs" (p.33).

Interactive sessions among small groups of the older community were a key feature of the Walk-With-Care program introduced in 1991 by VicRoads. These sessions discussed local pedestrian issues and engineering improvements to local problem sites. In their evaluation of VicRoads' Walk-With-Care, Kent and Fildes (1996) highlighted a number of problems with the way the program was staffed and implemented and barriers to achieving the objectives of the educational sessions. One of the difficulties of the Walk-With-Care program, in their view, was its dependency on the commitment, reliability and group presentation skills of the local volunteers and leaders from the local Council. In light of these problems Kent and Fildes (1997) suggest retaining the local links as the key vehicle for program implementation, but outsourcing program staff to overcome staff changes and differences in enthusiasm.

The task of altering older pedestrian behaviour through education is not easy. *Safety and the Older Pedestrian* (1999) refers to a 1986 Organisation for Economic Cooperation and Development (OECD) report which states that:

often older people have common attitudes of suspicion, pessimism and fatalism which inhibit the modifying of their behaviour. Furthermore, they report that it is often not that the older pedestrian does not know what to do, but more that they are simply not capable of doing it (p. 45).

The Walk With Care Program

While the *Walk With Care* program was modified for implementation in South Australia as a result of its evaluation in Victoria (Kent & Fildes 1996), the fundamental program design remained the same. The implementation of the program commenced in 1999 and continued into 2000. The project was given oversight by a Project Group, comprised of TransportSA and local government staff (one of whom was the program leader). The program had three major components: a community awareness campaign, an educational intervention and the identification of engineering treatments to assist older pedestrians.

Community Awareness Campaign

Over time, awareness material was systematically distributed through the Council area, which for the purpose had been divided into four program sectors, so that the implementation could be staggered. The following materials, designed to integrate with discussion groups, were distributed:

- *Program Brochure*: A full colour *Walk With Care* brochure was prepared. It was localised to reflect South Australia but was non-specific in relation to specific locations.
- *Facts sheets*: TransportSA published A4-format fact sheets on pedestrian issues for distribution by the Council.
- *Advertisements*: A series of newspaper advertisements, carrying information about pedestrian safety and the *Walk With Care* program appeared in the statewide newspaper, *The Adelaide Advertiser* and frequently in the local edition of the Messenger Press, *The Eastern Courier*.
- *Posters*: Posters to support increased pedestrian safety were produced for display in the Council area, and co-located with the travel survey forms.
- *Walk With Care Bulletin*: Bulletins reporting on the progress of the program implementation were distributed to stakeholders and interested parties between September 1998 and September 1999.

Walk With Care Travel Survey

A survey was distributed widely within the Council area to identify particular hazardous locations for pedestrians in the district. Survey forms were returned on a self-selection basis, and had been distributed through pharmacists, general practitioners, allied health professionals, banks, post offices, and some retail outlets such as

supermarkets. As well, a letterbox drop of survey forms was made to about a quarter of the Council area where the proportion of elderly residents was highest.

Educational Intervention

The educational intervention is based on the use of peer educators leading one-hour discussion sessions dealing with pedestrian safety and providing practice in safe pedestrian behaviours. Each group has about 12 older participants. The groups are ideally self-formed, but are more likely to be drawn from established cohorts of social and/or sports club members, hostels and other residential communities for the elderly. Educational materials used for these sessions are produced by TransportSA, and use high quality graphics, printing and production. The materials include flash cards, a video, localised large scale photographs, diagrams and graphs used to illustrate the topics covered in the education sessions and a range of 'memory jogger' giveaways such as pens, reflective bands, book marks, fridge magnets and drink coasters.

The peer educators are selected by the Council project leaders and in the case under evaluation were chosen from the pool of volunteer workers registered with Unley Council's Community Services Department. The discussion sessions are led by volunteer educator facilitators of the same age group as the target population (60years+) who had undergone training in both the content and process of the discussion sessions.

Engineering Treatments

Opportunities were provided at a number of points during the program for residents, and group participants in particular, to identify the need for the removal of physical hazards and the placement of engineering treatments that could make for safer environments for pedestrians.

The Evaluation

External evaluators were commissioned to evaluate the effectiveness of the implementation of *Walk With Care*. The evaluation included a pre-implementation survey of residents, in the target population (60 years and over), concerning issues for older pedestrians, in the implementation local government area (n=100) and in two comparative local government areas (2 x n=100). A post-implementation survey (n=200) was conducted in the implementation area, replicating questions from the pre-implementation survey and with additional questions to measure the impact of the project. The evaluation methodology also included semi-structured stakeholder interviews, and focus groups. Stakeholders included peer educators and participants in groups.

The scope of this paper does not provide opportunity for a discussion of the engineering treatments component of the program, except to report that a large number of possibilities were identified and the Council and TransportSA have systematically assessed and, where appropriate, included identified treatments in ongoing road and traffic programs.

There follows results of the surveys conducted as part of the evaluation. Striking in these results is the high degree of awareness, community concern and specific and detailed assessment by older pedestrians, of traffic safety issues and possible solutions.

The Surveys: Pre-Implementation Phase

The findings of the pre-implementation survey have been reported elsewhere (McCutcheon & Couch 1999^v).

The survey in the pre-implementation phase was designed to:

- quantify pedestrian safety awareness among older residents of the City of Unley
- describe the understanding of protective pedestrian behaviour among older pedestrians in the City of Unley
- establish perceived problem spots for older pedestrians in the City of Unley
- describe levels of awareness of the mechanisms for addressing pedestrian safety problems among older pedestrians in the City of Unley.

A survey was conducted of older residents of the City of Unley defined as those over 60 years of age. For the purpose of comparison after the program implementation, data gathering from older residents from the City of Unley was replicated with older pedestrians in the City of Burnside and the City of Holdfast Bay (two other metropolitan local government areas in Adelaide). The survey was preceded by three focus groups, one

conducted in each of the three Council areas with men and women over 60 years of age who were local residents, to assist in the shaping of the design of the survey instrument. The survey sample size for each of the three Council areas was 100, which, for this type of survey, provided 90% confidence that the results are not random^{vi}.

The survey instrument was administered in 3 or 4 different locations in each Council area in the fortnight before Christmas 1998. The survey data was coded, entered and analysed by SPSSX.

The respondents

In the total survey sample 27% were 60-69yrs; 26% 70-74yrs; and 47% 75+ yrs. In the Unley sample 33% were 60-69yrs; 21% 70-74 yrs and 46% 75+yrs. Of the total survey sample, 38% were male and 62% female, while in the Unley sample 45% were male and 55% female. The data on places of birth of participants shows comparable proportions across all of the sites. In Unley 80% were born in Australia 12% in other English-speaking countries and 8% in non-English speaking countries.

In terms of mobility, a higher proportion (34%) “mostly walked” in Unley than in the other sites; and consequently, a comparatively lower proportion “mostly drive” (27%) or “walk and drive” (24%).

In all of the sites, a significant proportion of respondents considered that pedestrian safety was either “most important” or “very important”. In Unley the proportion was 86% and in the total sample, 84%. When the response “important” is included, the proportions rise to 98% in each case. The degree of seriousness with which the issue was treated was reflected in the high degree of cooperation with which the data was gathered. Almost all potential respondents approached from the target population agreed to answer the survey questions and freely provided detailed answers to the open-ended questions.

A consistent proportion of respondents (circa 70%) across all sites were clear that the local government Council was the place to which road safety issues, and pedestrian concerns in particular, should be reported.

The primary safety concerns identified were footpath conditions, obstacles on the footpath, other pedestrian behaviour, pedestrian knowledge, driver behaviour and availability of crossings. The primary safety measures identified have been classified as defensive walking, use of designated crossings, and wearing pedestrian gear.

In all of the three sites the respondents generated a comprehensive and detailed list of site-specific pedestrian issues.

Common issues reported relate to the problems of crossing in specific strip shopping areas. There were many comments on the lack, or the poor placement of, crossings. Protruding pavers also elicited a lot of negative commentary, as did night lighting, overhanging trees and shrubs.

The Surveys: Post-Implementation Phase

The sample population in the post-implementation survey in Unley was similar in profile in terms of age and country of origin to that conducted in the area previously and reported on above. There was a higher proportion of females (68% cf 55%), and a slightly higher proportion who “mostly drive” (33% cf 27%).

Eighty-three per cent of respondents saw pedestrian safety as either “most important” or “very important” - the same level as in the previous survey (and the proportion rises to 96% when the “important” response is included). Eighty-six per cent of respondents saw programs like *Walk With Care* as important to them. A lower proportion of respondents (62%) than in the previous survey (74%), reported that they would report pedestrian and other road safety issues to the local Council.

Three quarters of respondents were not aware of a pedestrian safety campaign in their area and only one third of respondents were able to identify the *Walk with Care* logo, although most were aware that it was related to pedestrian safety.

As with the previous survey, crossings and footpath conditions were of high concern. The survey, again, captured in impressive specificity and detail the awareness of older pedestrians of hazards and possible solutions.

Many respondents wrongly associated 40km/h zones in the Council area as a component of *Walk With Care* and offered site-specific critical responses.

Stop, look and listen defensive walking behaviours (58%) were nominated by the largest number of respondents (46%) as things that they did to make themselves safe as pedestrians. Use of designated crossings was also nominated by a large number of respondents. Health care (44%) and exercise (41%) were nominated by many respondents as why it is important to walk as a person gets older, with smaller numbers nominating ill health prevention, social functioning and 'other'.

To interrogate the data further, the concerns of respondents were cross-tabulated by their age group. The concerns of residents were also cross-tabulated against their ways of getting around the Council area^{vii}.

On preliminary examination there were some differences evident in responses by age groups. As might be expected, respondents over 75 years of age appeared to be considerably more concerned about footpath condition and obstacles on the footpath than other age groups. This age group was also more likely to be concerned about driver behaviour and the availability of crossings than other groups^{viii}.

Perhaps the only significant (and not surprising) difference evident in the concerns by method of getting around the Council area was that respondents who mostly drove were far more likely to be concerned about the design of car parking than those who mostly walked, or mostly walked and drove^{ix}.

Embedding the *Walk With Care* Program

In concluding this paper, attention turns to the experience of embedding the program into the specific local government area.

The evaluation on which this paper draws demonstrates the need for addressing particular dynamics and processes in successfully converting a high level of public concern about pedestrian issues into an effective intervention embedded and sustainable in a particular locality.

It might have been anticipated that, given the extensive research knowledge of older pedestrian issues, the experience of development and evaluation of the parent project by VicRoads, coupled with a high level of informed community concern in the target population, that the implementation of *Walk With Care* would have been relatively straightforward. In fact, the program made unanticipated high demands on flexibility of delivery of the education component, a capacity for response and adjustment during roll out, and openness to continual learning for its effective implementation.

There is only space here to gesture at some of the matters that had to be addressed to embed this program, despite high levels of community awareness and goodwill, into its specific locality. These issues will be signalled under two broad headings: the conception of the program; and the conception of older pedestrians as subjects of the program.

Conception of the program

The program was conceived as stand-alone, capable of recognition and with anticipations of discrete advocacy, community awareness and behavioural change outcomes.

The evaluation suggests that there was little recognition of the badged program, even though there was some awareness of some of the component activities. (This may reflect on the dubious utility of a broad population survey to measure the impact of such an intervention - other methodological strategies produced more useful information about the implementation of the program). The target group, reflecting an integrated view, brought together into an undifferentiated whole, *Walk With Care* program activity they were aware of, other Council initiatives and, in particular in this case, a 40km/hr zone implementation.

Similarly, group discussion participants were not content to disaggregate their experience of being older pedestrians and only discuss the set agenda of the group discussions, which centred on pedestrian behaviour. In one case, a group heatedly moved beyond the agenda into activist mode. In consultation and negotiation with TransportSA this led to an acceleration of the installation of an engineering treatment that would have resulted later in the normal the course of the *Walk With Care* program.

The logic of the program, the need for it and its demonstrated utility, carried with it an assumption that there would be agreement in the interests each of the major stakeholders – TransportSA, Unley Council, volunteer peer educators - would bring to the program. It transpired that the implementation required negotiations around the different institutional investments in the program. A particular matter around which there were several different understandings, was how the potential participants in the educational intervention were to be thought of as subjects of the program, and this will now be discussed.

Conception of older pedestrians as subjects of the program

The authors discuss problems in the construction of the older pedestrian as the subject of this program in a paper titled “*Don’t patronise me, I’ve been crossing roads since I was four*”: *The participation of older people in road safety education*^x. There was concern among some participants and some peer educators about the program being seen as patronising. Several participants complained about ways in which health promotion and injury prevention programs generally treat older people as though they are merely “passive” and “vulnerable”. This view did not come as a refutation of the important need to account, as pedestrians, for health and competence changes associated with aging, but with a mode of educational and other program delivery that was common in their experience.

Another set of difficulties experienced in the implementation of this program was the use of a single category “older pedestrian”. Some of the participants, peer educators, and survey respondents (who were over 65 years) did not conceive of themselves as in the group to which the program was addressed. They thought it was for the “older old”, or some other version of “old”. This required a degree of flexibility and adaptability in the delivery of the program.

An outcome of this implementation and its ongoing evaluation has been a re-thinking of the program in terms of the need for flexible modules capable of being delivered in a range of settings, and peer educators trained in modes and styles of delivery that can address a range of delivery settings and sub-groups of older residents, and avoid any hint of being patronising or condescending. It has also led to increased awareness, and the beginning of efforts towards, an engagement with existing health promotion and injury prevention enterprises as strategic partners.

ⁱFildes, B N, Corben, B, Kent, S M, Oxley, J, Le T M, & Ryan P 1994 *Older Road User Crashes*, Monash University Accident Research Centre, Report No. 61, Monash University, Melbourne.

ⁱⁱHolubowycz, O 1995 ‘Age, sex and blood concentration of killed and injured pedestrians’, *Accident Analysis and Prevention*, vol. 27, no. 3, pp. 417-422.

ⁱⁱⁱFederal Office of Road Safety 1997 *Road Fatalities Australia 1997 Statistical Summary*, Federal Department of Transport, Canberra.

^{iv}The Pedestrian Council of Australia 1999, *Safety and Older Pedestrian*, Sydney.

^vMcCutcheon A & Couch, M 1999 *Pre Implementation Phase of the Evaluation of the Walk With Care Program: Final report of the External Evaluators on the Series of Base line Measures*, Report presented to TransportSA, Adelaide

^{vi}de Vaus, D. A. 1991 *Survey in Social Research*, 3rd Ed, Allen & Unwin, Sydney.

^{vii}The results are presented in raw percentages that should be treated with some caution since tests of significance were not performed.

^{viii}The over 75 age group was over-represented in the sample population, and this may have skewed these results to some extent.

^{ix}The cross-tabulations of the concerns of residents by their method of getting around the Council area should also be considered with caution since the counts of respondents was very small. That is, small numbers of respondents answered these questions.

^xCouch, M, McCutcheon, A & Cirocco, B 2000 ‘“Don’t patronise me, I’ve been crossing roads since I was four”: The participation of older people in road safety education’, A paper presented to the Pre-Conference Symposium, “Older Road Users Safety”, Road Safety Research, Policing & Education Conference, Brisbane, 26-28 November 2000.