TRANSPORT AND WALKABILITY

AGE FRIENDLY THEMES

TRANSPORTATION AND OUTDOOR SPACE AND BUILDINGS

HEALTHY & POSITIVE AGEING INITIATIVE

NPAS GOALS AND OBJECTIVES

Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

OBJECTIVE 1.2

Promote access (in terms of affordability, transport availability, accessibility of venue) to a wide range of opportunities for continued learning and education for older people.

OBJECTIVE 1.5

Enable people as they age to 'get out and about' through the provision of accessible, affordable, and flexible transport systems in both rural and urban areas.

GOAL 3

Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

OBJECTIVE 3.3

Support the design and development of age friendly public spaces, transport and buildings.

INTRODUCTION

The National Positive Ageing Strategy (NPAS) of Ireland (2013) identifies four national goals and two cross-cutting objectives. The goals aim to; support the greater participation of older people in all aspects of community life; maintain, improve and manage their health and wellbeing; enable them to age with security and dignity in their homes and communities and to use research to better inform policy responses. The cross-cutting objectives seek to combat ageism and improve information provision.

The Healthy and Positive Ageing Initiative was established in 2014 with the aim of increasing knowledge around the factors contributing to the health and wellbeing of older people. The Initiative seeks to provide partners in wider government and society with a framework to help prioritise actions and to translate the goals of the NPAS and *Healthy Ireland* in order to stimulate local action by stakeholders in Age Friendly Counties.

The work of the Initiative helps to achieve Goal 4 of the National Positive Ageing Strategy and it is also aligned with the goals and actions of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025.*

The Initiative is jointly funded by the Department of Health, the HSE, and The Atlantic Philanthropies. It is operational in three main areas of activity:

- National Indicators of Positive Ageing, leading to the 2016 publication of the first biennial report on the health and wellbeing of older people in Ireland.
- Local indicators - using data from a survey of older people collected locally.
- Research - additional research to fill data gaps relating to indicators or to the design or configuration of future services and supports for older people.

BACKGROUND

TRANSPORT

Accessible, good quality and affordable transport is important for healthy ageing and positive ageing because it supports access to community social activities and access to essential and social services.

Good quality public transport can help to maintain a person's independence and autonomy, and ensure that all parts of the community in which a person lives are accessible.

As a person gets older it is normal to reduce and eventually stop driving. Reducing driving can be a deliberate choice and sometimes a healthy one, however stopping driving altogether or no longer having access to a car is often unexpected and can be stressful. Driving cessation often happens when a person's experiences a significant health decline or when their family circumstances change, such as the loss of a spouse.

WALKABILITY

Accessible transport and walkability are closely linked and active travel (using modes of transport such as buses that requires a period of walking) promotes daily physical activity. The extent to which a local area is easy to walk around, feels safe, and is free from obstructions or hazards, is important for all members of the community. A walkable environment allows people to be active in their local area, to get out and about for recreation and leisure, for fitness, socialising and meeting neighbours, and getting from one place to another. The accessibility and walkability of the local built environment is modifiable, and well-planned and placed features such as benches and well-maintained paths and pavements can ensure that members of the community face fewer problems navigating and getting out and about in their local area.

Further reading on this topic:

DRIVING CESSATION, HEALTH AND WELLBEING: Chihuri, S., Mielenz, T.J., DiMaggio, C.,Betz, M.E., DiGuiseppi, C., Jones, V.C., & Li, G. Driving Cessation and Health Outcomes in Older Adults. J Am Geriatr Soc. 64:332-341, 2016.

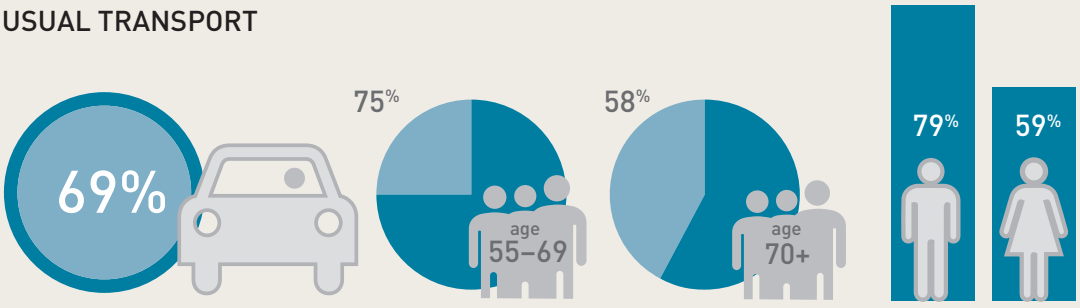
NEIGHBOURHOOD WALKABILITY: Marquet, O., Hipp, A., Miralles-Guasch, C. Neighbourhood Walkability and Active Ageing: A Difference in Differences Assessment of Active Transportation Over Ten Years. J Trans Health. 7:190-201, 2017.

TRANSPORT AND WALKABILITY

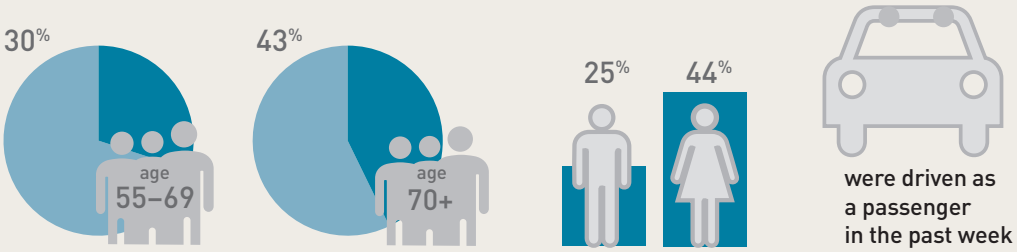
Respondents were asked which mode of transport they had used. They were also asked how difficult it was for them to access public transport in their locality. Responses included: great/some difficulty, easily/very easily, service not used, and service not available. We combined 'great difficulty' and 'service not available' to consider those who have the most difficulty/cannot access public transport.

We also asked respondents to rate their overall satisfaction with public transport options in their local area. Responses included: very poor, poor, fair, good, or excellent.

USUAL TRANSPORT



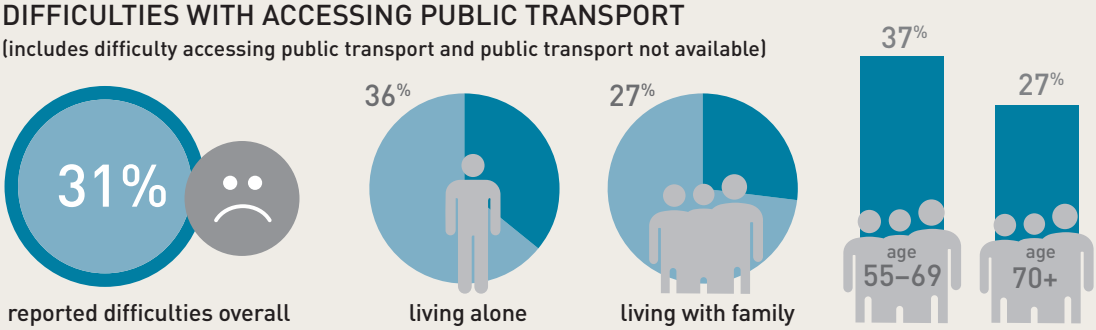
drove themselves in the past week



were driven as a passenger in the past week

DIFFICULTIES WITH ACCESSING PUBLIC TRANSPORT

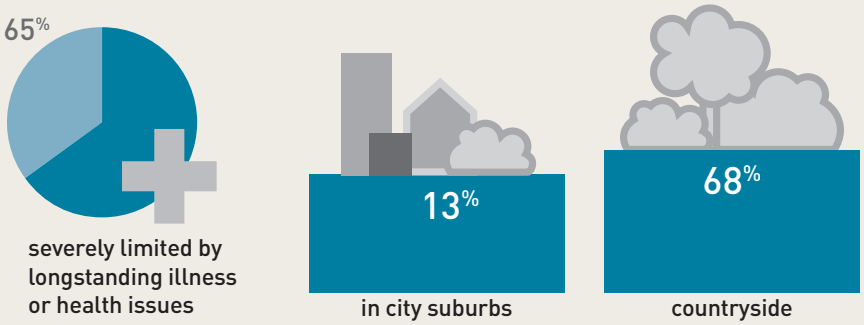
(includes difficulty accessing public transport and public transport not available)



reported difficulties overall

living alone

living with family



severely limited by longstanding illness or health issues

in city suburbs

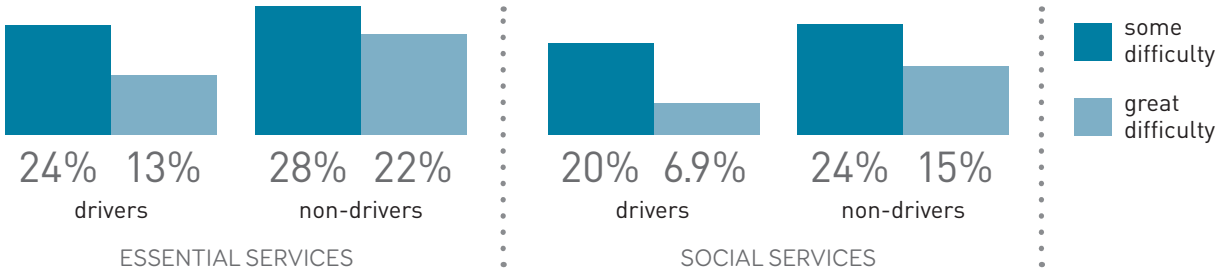
countryside

IMPACT OF TRANSPORT PROBLEMS

In a car-dependent society such as Ireland, not driving was found to be linked to a range of negative outcomes: lower participation in community activities, less socialising, and greater difficulty accessing essential and social services.

Four main modes of urban transport in the last week		Three main modes of rural transport in the last week		Three main modes of transport in the last week (rural and urban combined)	
Drove themselves	65%	Drove themselves	73%	Drove themselves	69%
Driven as passenger	32%	Driven as passenger	39%	Driven as passenger	35%
Used Public bus (city)	27%	Used public bus (rural)	6%	Used public bus (city)	17%
Used DART/Luas	11%	All others	4%		

PERCENTAGE OF DRIVERS AND NON-DRIVERS WHO HAVE DIFFICULTY ACCESSING SERVICES



One respondent described the transport issues for older people in their area:

"There are a lot of isolated older people without transport in the wider locality, and they need help getting into the towns for groceries"

The percentage of respondents who drove last week was high (69%) and a larger proportion of older respondents have reduced their driving in the past 5 years.

Age 55+	26%
Age 55-64	18%
Age 65-74	29%
Age 75+	38%

One rural respondent expressed concern about the prospect of not being able to drive:

"I just feel like we don't exist here. No services, no bus transport, what happens when I can't drive anymore."

Reasons for driving less among younger age groups (age 55-69) were often linked to retirement:

"I don't use the car since I retired 6 years ago"

Efforts to increase activity:

"I'm conscious about trying to be more active."

And the availability of local services:

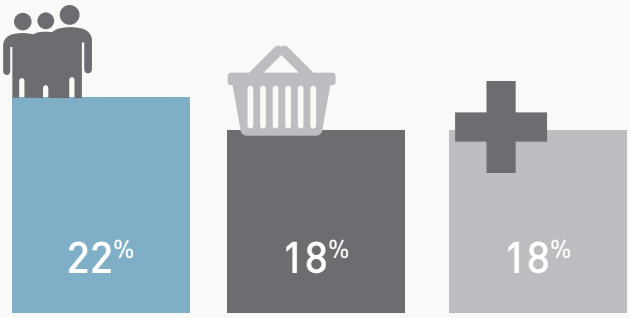
"No need to drive, there are good shops nearby."

Among those aged 70 and older, health reasons and changes in family circumstances were reported more often, such as children growing up:

"Less need to drive now that my family are older."

We asked respondents how often a lack of transport caused them difficulty socialising, doing essential tasks, e.g. grocery shopping, and getting to health and social care appointments. Responses included: never; rarely; some of the time; most of the time; and, all of the time. Our analysis focuses on those who reported difficulty some, most, or all of the time.

IMPACT OF TRANSPORT PROBLEMS



difficulty socialising

difficulty doing essential tasks

difficulty getting to health or social care appointments

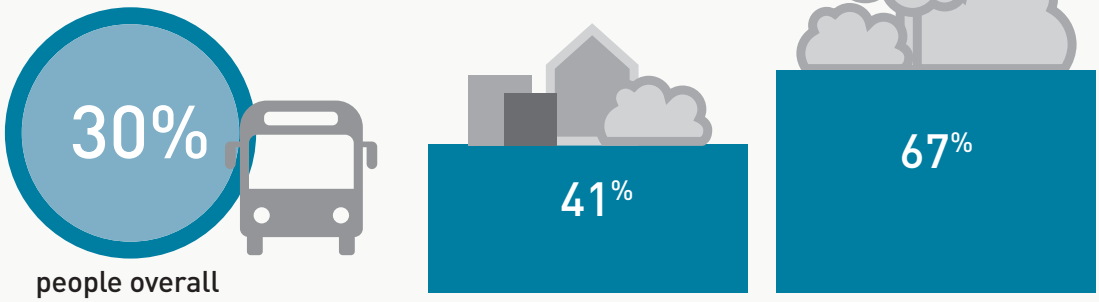
OVERALL

have difficulty socialising, doing essential tasks, and/or getting to health or social care appointments due a to lack of transport

Overall public transport was rated lower in rural areas and by services users who had a mobility limitation.

PUBLIC TRANSPORT RATINGS

(poor or very poor)



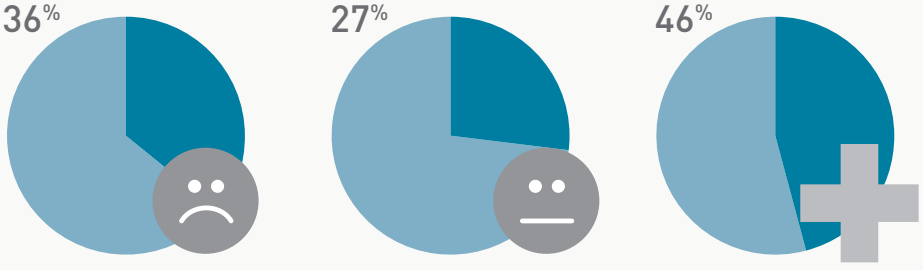
people overall

in villages

countryside

FAIR, POOR, OR VERY POOR TRANSPORT RATING

(for people with an illness or health condition that limits everyday activities)



moderately limited (people limited but not severely)

not limited (people with a condition but no limitation)

severely limited (people severely limited)

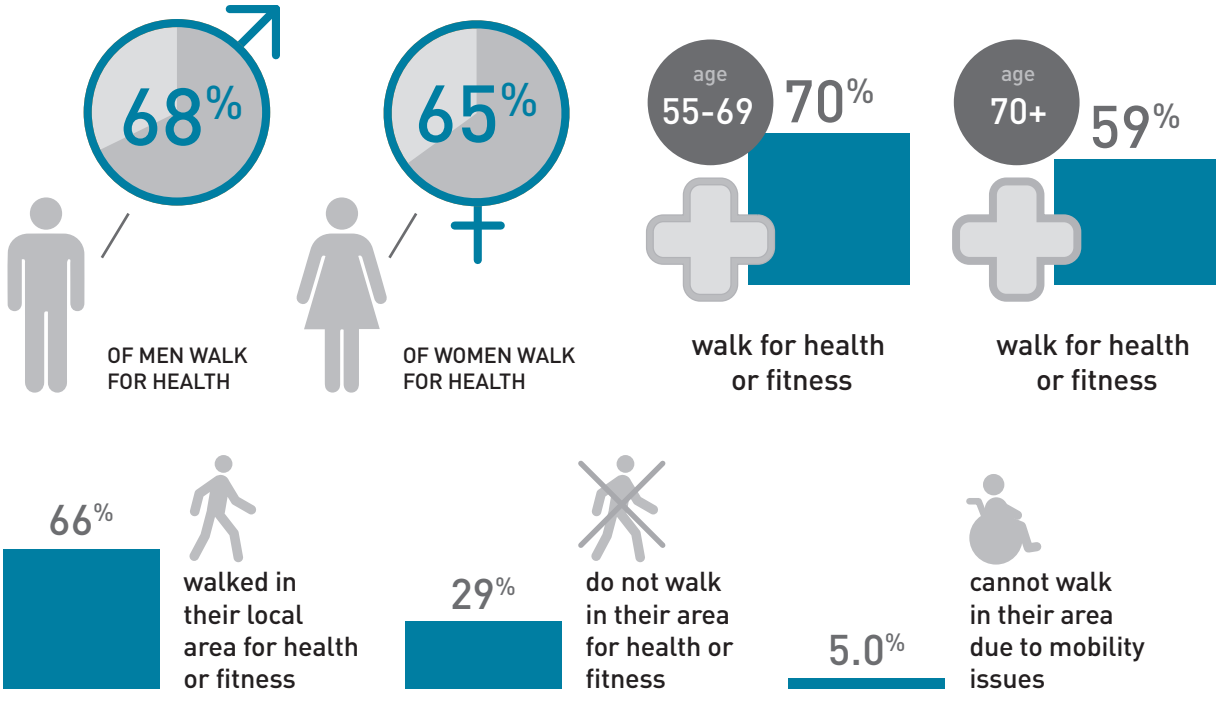
Several features of the built environment can make an area more accessible and walkable on a day-to-day basis. We asked respondents, including those who need assistance with mobility, how satisfied they were with each feature.

	Percentage 'satisfied' (need mobility assistance)	Percentage 'satisfied' (do not need mobility assistance)
Number of pedestrian crossings and traffic lights	50%	67%
Timing of pedestrian crossings and traffic lights	48%	66%
Availability of seats and resting places	31%	43%
Availability/effectiveness of traffic calming measures	38%	50%
General appearance/upkeep e.g. litter or graffiti	75%	78%
Quality and continuity of paths or pavements	51%	59%
Availability of accessible toilets	17%	23%

Respondents who felt safe when 'out and about' during the day were more likely to walk in their local area.

	Walk for recreation	Walk for health and fitness	Walk for getting from A to B
Feel safe	72%	72%	53%
Feel unsafe	44%	42%	41%

WALKING FOR HEALTH OR FITNESS



The HaPAI survey is a random-sample survey of community-dwelling people aged 55 and older, living in 21 local authority areas: Dublin City; South Dublin; Dublin Fingal; Dún Laoghaire-Rathdown; Galway City; Galway County; Clare; Limerick City; Limerick County; Kildare; Kilkenny; Laois; Louth; Meath; Wexford; Wicklow; Cavan; Cork City; Cork County; Mayo; and Tipperary.

The questionnaire was developed from a survey framework which mapped the WHO Age Friendly domains to the objectives of the NPAS. Several data and literature sources were reviewed (national/ international surveys, research literature, and the WHO Age Friendly Indicators – A Guide) to identify survey questions that were; reliable, valid, have an explicit evidence base, support national and international comparison, are sensitive to change over time, and align directly with the NPAS and Age Friendly Ireland Programme goals.

Older people in two different public consultation sites were invited to comment on the draft questionnaire. In the first session 150 participants attended and gave feedback. Their comments and the gaps identified were addressed prior to the second consultation which involved a group of 30 participants who completed the survey individually. Overall, feedback focused on the overall clarity and accessibility of each question and substantive survey gaps.

Fourteen survey areas were included: outdoor spaces and buildings; transport; housing; safety; social participation; education and lifelong learning; respect and social inclusion; civic participation and employment; communication and information; health status and health behaviours; carers; health services; psychological wellbeing, and personal safety (elder abuse). Questions on socio-economic status and geographic location were also included to support further analysis of the survey data.

Data was collected between 2015 and 2016 and a multi-stage random-route sampling strategy was used to generate a sample of this population. A random sample of 50 District Electoral Divisions (DED) in each local authority, were the primary sampling units (PSUs). Within each DED a starting address was selected and interviewers then called to every fifth house in order to complete the 10 interviews required in each of the 50 areas. Where two or more older people lived at an address, the interviewer applied the 'next birthday' rule to select one participant.

Each participant completed a Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. A total of 10,540 interviews were completed. The overall response rate was 56%, and this ranged from 51% to 63% across the areas. Survey response rates typically vary for different groups within a given population and this can lead to biased estimates when reporting results. Therefore, sample weights based on the Census (2011) were applied to the survey data to adjust for differences in participation rates by age, gender, education, and marital status and ensure that the survey results are representative of this population.