# Introduction of the EU-Project SIZE

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life quality
of senior citizens

size

in relation to
mobility conditions

FACTUM
Verkehrs- und Sozialanalysen

# EU-Objectives

Central goal of policies regarding elderly: Maintain mobility

An autonomous and independent life: Being mobile without being (too much) dependent on others

Mobility: An important stimulus to remain active
If outdoor activities vanishes → health effects, induce still greater isolation and passivity → immobility

→ Huge costs for society

# SIZE objectives

**Objective 1:**
To explain and to describe the present mobility situation of senior citizens from the target group's perspective

**Objective 2:**
To motivate action from the side of the authorities and other relevant groups in society who are, or feel, responsible in this area

**Objective 3:**
To provide guidance for the setting up and the implementation of policies towards "keeping the elderly mobile"

→ **User-oriented approach**
How senior citizens, or different groups of them, look at their own transport and mobility preconditions
Do responsible persons have correct assumptions?

# Goal & questions

Better understanding of mobility problems of elderly citizens:

- How do they cope with the limitations of old age?
- What is positive today, from their own point of view? What should be kept as it is?
- Which measures would improve their situation?
- Would these measures be feasible and realistic?
- What prevents measures that are considered useful from being implemented?

# Targets Key Action 6.4

**Promote healthy ageing**
*Major factors governing the ageing process as a means of promoting healthy ageing, delaying the onset of disability and preventing frailty*

**Improve the management of age-related illnesses and cope better with disability**
*Improved methods to prevent, delay the onset, diagnose and treat major illnesses and disabling conditions of older people; more competitive and adapted technological products and services for coping with disability and for promoting the quality of life, autonomy and social integration*

# Targets Key Action 6.4

**Improve the basis for the policy and planning of social welfare systems**

*Improved tools for analysing the implications of population ageing on the sustainability of social welfare systems; improved and economically sustainable modes of delivering health and social care to older people*

**Overall target**

*Extend the quality of life and enhance the functional independence of older people*

# Activities to the advantage of senior citizens

1. Allow independent lifestyle by maintaining or extending mobility
2. Support controlled change of types of mobility, e.g. from car to public transport, walking, cycling
3. Create awareness of functional limitations & enhance correct auto-assessment to be able to adapt behaviour to the circumstances
4. Trigger self-regulating processes & initiate compensation processes
5. Lower the number of accidents
6. Decrease the severity of accidents
7. Raise satisfaction levels in general
8. Adapt environment in order to achieve these goals

# Hypothesis

\* if activities and measures are shaped according to the needs and interests of different groups of senior citizens,

\* and if information about existing options and possibi-lities is distributed accordingly

then transport and mobility preconditions will improve the life quality of senior citizens

# The goal: Health & Well Being

**<u>WHO</u>**

"Health" implies possibility of leading a self-determined life


**<u>SIZE</u>**

Better understanding of needs, interests, deficits , focusing on determinants of healthy ageing and of well-being


Promotes autonomy and social integration of older people
Promotes self-reliance as central element of health (WHO) and of life quality

# Diversities

**SIZE** ...

- takes account of regional diversities in cultural, life-style, demographic & economic characteristics (8 countries)

- takes account of the diversity of both the individual and the social context of different groups of older people

- takes a count of possible discrepancies between the citizens' and the experts' view on the situation

# Gender Differences

Work reflects awareness of gender differences:

Today, women account for almost 2/3 of the population above 65, and their portion will increase, especially at higher age

# Barriers to implementation

Solutions to certain problems are known, or at least so it seems, but they are sometimes not implemented

Barriers to their implementation may be related to opinions and attitudes of different groups of experts

They may also be related to conflicting interests of different societal groups

→ heuristics approach to make these aspects visible

# Mobility is a prerequisite for quality of life

**Mobility is necessary**

    … for maintaining autonomous living

    … for social contacts & activities

    … for keeping one's independence

# Needs to be considered

**Individual mobility:** To be able to do those outdoor errands one wants to in order to fulfil ones needs

**Safety and security:** To be safe **and** to feel safe

**Equity:** Not to be – or to feel as - a second class road user

**Comfort:** Comfort → accessibility and usability

**Aesthetics:** Especially relevant for unprotected road users

**Costs:** The feeling of paying too much must be avoided

**Social needs:** Contacts, communication, culture

# Accident risk of elderly

*"Can they still drive a car?"*

Accident involvement of elderly road users is relatively high

But: involvement probably not excessive when compared to other car driver groups with low yearly mileage

*As pedestrians they run greater risks*

The older people become, the more they depend on walking → safety focus?

Frailty = main problem: Hurt or killed more easily

# Reasons for reducing mobility

Elderly suffer most from a perceived lack of safety
→ many of them reduce their own mobility

Problems of comfort and affordance have similar effect

This leads to a disturbance of well-being → in the sense of the WHO a health deterioration → vicious circle

# **Options for improving the situation**

Basically two types of measures

*a) training to make the elderly more "system-friendly"*

or

*b) adaptation of system to make it more "user-friendly"*

How the problems are seen by the elderly themselves?

The principles of user-friendliness, of participation, of acceptance and reactance call for such a perspective

# Arguments

1) The "advantage-for-all" perspective: Consider needs of elderly pedestrians → advantage for all non-motorised road users

2) The "value-per-se"-perspective: To provide good life quality for senior citizens is a value per se

3) The economic perspective: To keep senior citizens mobile is cost effective, it reduces costs of social services, etc.

4) The marketing perspective: Focus on the senior citizens' perceived life quality will improve communication with this group

5) The safety perspective: Perceived lack of safety reduces mobility and self-reliance (and ends up with huge costs for the society)

# Types of measures

Offer support for adaptation of the elderly: Advice, Training, Rehabilitation, Communication through mass media

Help adapt preconditions: Legal measures, measures that facilitate communication between road users, infrastructure measures including public transport, de-dynamise road traffic

Adapt vehicles: Ergonomic adaptation of vehicles (cars, bicycles, public transport), electronic assistance and assets

# How to understand needs?

Analyses of elderly citizens' needs have to be carried out so that experts arrive at correct conclusions and, thus, solutions

Relevant needs become only transparent when appropriate methods are used: A combination of qualitative, quantitative and heuristic methods seems appropriate to us

# Innovation by SIZE

Communication with target groups → **methodology improved** by elaborated collection/processing of verbal data

1) "Understand motives" → **qualitative procedures** (inter-views & focus group interviews)

2) Measure distribution of certain answer types in the population → **quantitative procedures** (surveys)

3) Interpret meanings of results and draw conclusions for practice → **heuristic procedures** (workshops)

# New "products"

**Better communication** →

"Product shaping" of vehicles and infrastructure according to needs: better ergonomics, IT-equipment, assets, etc

Appropriate communication measures (information, instruction, persuasion, hints)

Incentives that will be accepted by the target groups

# Measures and perceived life-quality

| Improvements → Improvements of the QoL? | Correlation with QoL | |
|---|---|---|
| Comfort for pedestrians | **0,50** | **high** |
| Usability for elderly and disabled person | **0,48** | **high** |
| Feeling safe | **0,47** | **high** |
| Social interaction with other persons | **0,47** | **high** |
| Traffic safety | **0,45** | **high** |
| Children`s safety | **0,44** | **high** |
| Smooth traffic flow for pedestrians | **0,44** | **high** |
| Beauty and aesthetics of the urban space | **0,43** | **high** |
| Dwelling in this area is more enjoyable than before | **0,42** | **high** |
| Safety of elderly and disabled person | **0,40** | **high** |
| Equity between road users | *0,38* | *moderate* |
| Environmental quality (air, noise) | *0,38* | *moderate* |
| Smooth traffic flow for cyclists | *0,36* | *moderate* |
| Ease and comfort for pedestrians | *0,34* | *moderate* |
| Smooth traffic flow for car drivers | 0,15 | no |
| Comfort for car drivers | 0,02 | no |

# How we proceed - where we are

**WP0 Co-ordination and Quality Assurance**

**AREA 1 Preparatory activities**

WP1 Workshop I Kick off

WP2 State of the art and preparation of instruments for the qualitative studies

**AREA 2 Qualitative Studies**

WP3 FGI & in-depth interviews with senior citizens

WP4 FGI & in-depth interviews with experts

WP5 Preparation and organisation of Workshop II

WP6 Workshop II

Milestone 1 Mid-Term-Assessment

**AREA 3 Standardised survey**

WP7 Preparation of standardised interview instrument

WP9 Standardised interviews with experts

WP8 Standardised interviews with senior citizens

WP10 Preparation and organisation of Workshop III

Milestone 2: Finalisation of data collection & presentation of results
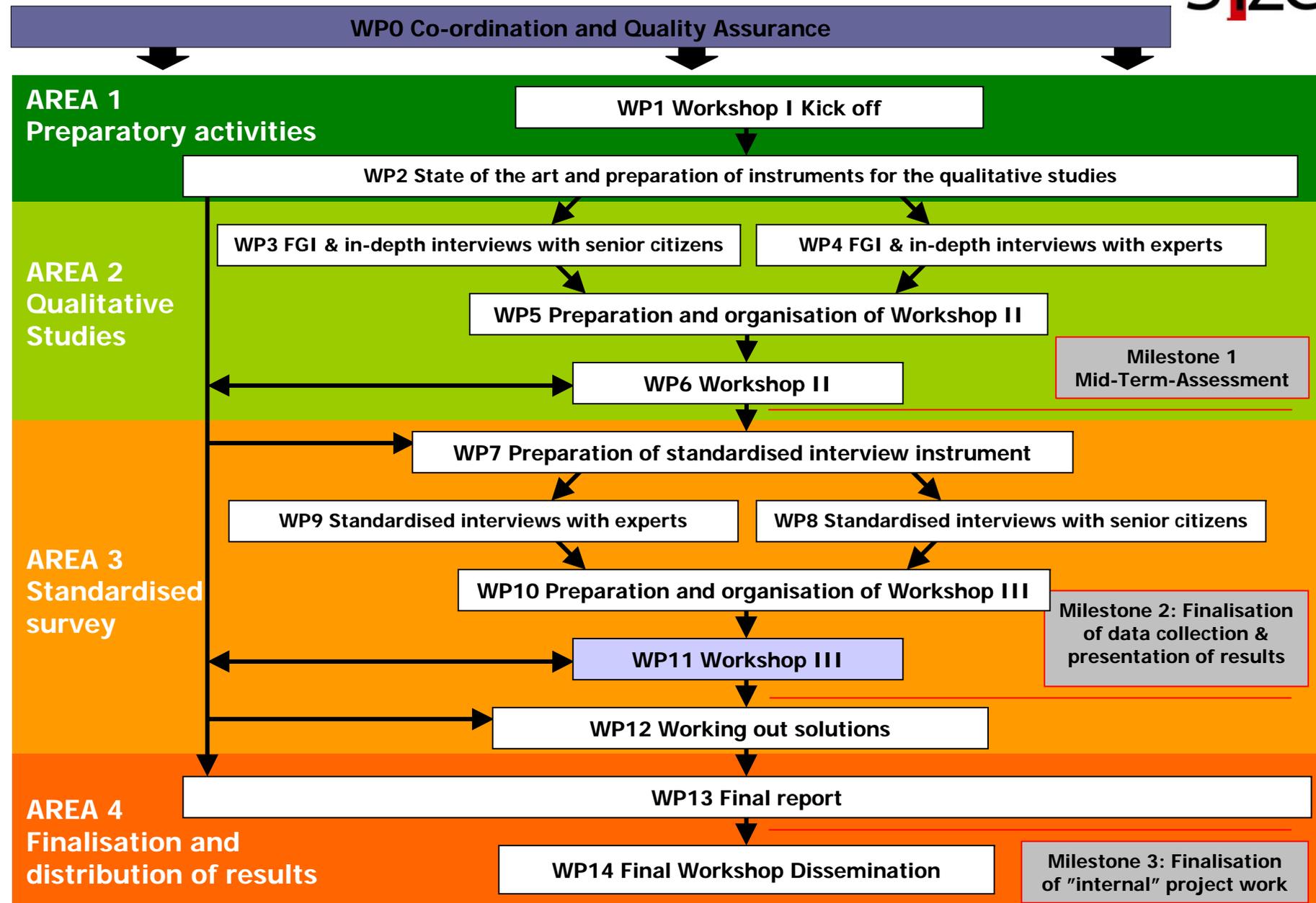
WP11 Workshop III

WP12 Working out solutions

**AREA 4 Finalisation and distribution of results**

WP13 Final report

WP14 Final Workshop Dissemination

Milestone 3: Finalisation of "internal" project work

# Description of the consortium

Psychologists, sociologists, architects and civil engineers, experts in the field of traffic and transport (traffic safety, mobility, sustainability)

Psychologists specialised in the methodology of behavioural sciences, gerontologists

Civil engineers specialised in urban research and architects: Sustainable urban development, road design, pedestrian mobility, vulnerable road users

**European dimension**: Partners from the Centre, East, North, South and West of Europe

Supported by **5 national senior citizens associations**, involved in dissemination activities: Their channels will distribute the materials produced by SIZE and use them for lobbying activities

# Types of Solutions

**Guidance by SIZE will be twofold**

1. Recommendations for practical solutions

- **Individual training and education**
- **Support of communication procedures**
- **Infrastructure improvements**
- **Vehicle improvements**
- **Structural and legal improvements**

2. After the lifetime of the project

We aim at achieving that the SIZE methodology - **qualitative & quantitative & heuristic procedures** - continues to be applied

DANKE IHNEN

TACK SÅ MYCKET

MI RINGRAZIO

MUCHAS GRACIAS

DZIĘKUJĘ

THANK YOU VERY MUCH

DEKUJI

GO RAIBH MÍLE MAITH AGAT