

## ACTIVE TRAVEL AND OLDER ADULTS

**Objective:** To summarise the existing evidence on the role of active travel for older adults, including what challenges exist at an individual and system level, and what evidence exists to show what works to overcome these barriers.

**Definition:** *“Active travel includes walking and cycling in all its forms for purposeful journeys, parts of journeys and smaller modes of active transport e.g. e-bikes, scooters.”*

Whilst our definition of active travel includes both walking and cycling, this evidence review has separated the two modes where necessary; the motivations and barriers to older people participating in walking and cycling differ: i.e walking requires safe footpaths, benches whilst cycling requires safe cycle lanes, confidence to cycle, places to store bikes.

### Existing knowledge

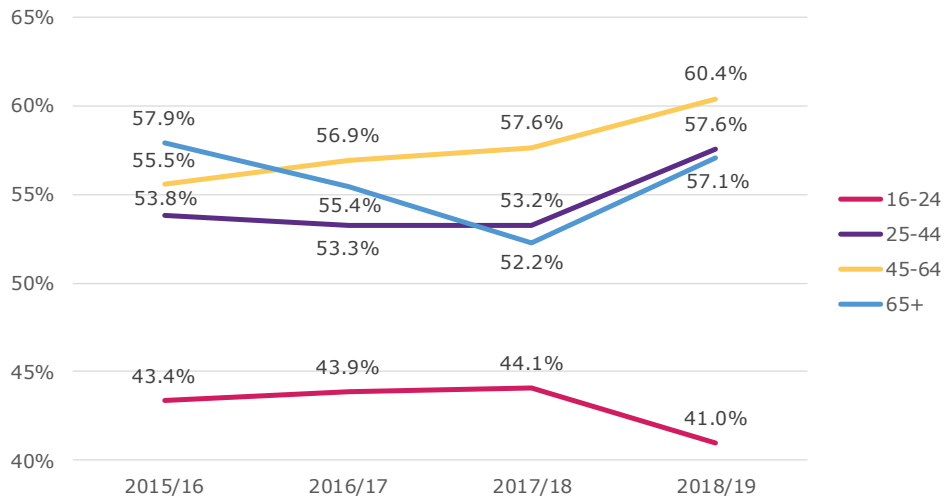
- **TfGM Sales Funnel research:**
  - Older adults are most likely to engage in active travel for **shopping** (including food purchases), **errands, recreational activities and social activities**
  - Older people are more likely to **cycle for leisure**, choosing their own routes through **quiet local roads or parks**. In Greater Manchester, residents aged 65+ are more likely to be non-cyclists (93% vs. 85% overall), cycling rejecters (66% vs 45% overall), and more negative about the principle of making a journey by bike (71% vs 53% overall) (Sales Funnel research).
- **TfGM TRADS Travel Diary data**
  - **Household bike availability decreases with age** – around 2 in 5 residents under 50 have a bicycle available in their household, this drops to around 1 in 5 by the age of 60 and around 1 in 10 by the age of 70
  - **Over 50s make more of their daily trips by car**, and fewer by walking, than under 50s. However over 1 in 5 trips by residents aged 50+ are still made on foot (compared with around 32% for under 50s)
- **TfGM Segmentation survey**
  - Health, exercise and fitness are more likely to be mentioned by residents who are 65+ (both as a motivator, and a barrier, to active travel)
  - **Exercise is a motivation for active travel** for older adults: older people aged 65+ are more likely to consider exercise as a determining factor in relation to their means of travel (66% compared to 63% overall)

### Active Lives

Walking for leisure in Greater Manchester is popular amongst older adults with the highest rates of walking for leisure seen amongst 45-64 year olds, 60.4%, whilst 57.1% of over 65's have taken part in walking for leisure at least twice in the last 28 days.

## GREATERSPORT

### Walking for Leisure by Age in Greater Manchester



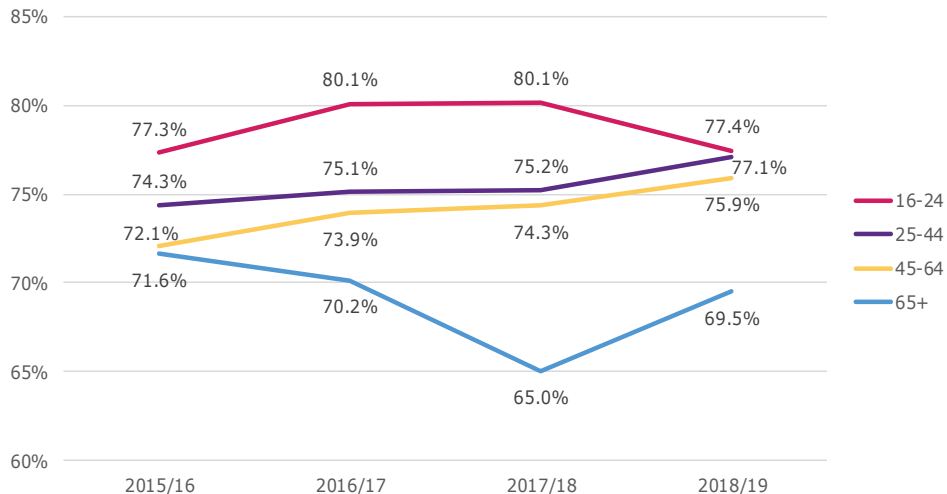
Based on a minimum of two sessions in the past 28 days

Source: Sport England Active Lives Survey, 2015/16 - 2018/19, adults 16+

However, when looking at all walking participation is lowest amongst older adults, this is primarily driven by the higher engagement in 'walking for travel' by younger people, and has declined since baseline. The latest data shows around seven in ten (69.5%) older adults took part in walking compared to over three quarters in other age groups (45-64 = 75.9%, 25-44 = 77.1%, 16-24 = 77.4%).

## GREATERSPORT

### Walking by Age in Greater Manchester



Based on a minimum of two sessions in the past 28 days

Source: Sport England Active Lives Survey, 2015/16 - 2018/19, adults 16+

## Why is active travel important for older adults?

The local environment is particularly important for older people; a range of age-related factors lie behind their greater reliance on local amenities and social networks [1]. Compared to younger adults, those aged 60+ are more likely to live alone [2] and spend more time in and around the local neighbourhood [1]. Because older people are less likely to drive and travel by car [3], they depend more heavily on the pedestrian and public transport infrastructure to access social networks and services [4].

**Physical activity among older people has been linked to better cognitive performance, reductions in morbidity and mortality, and increased mental wellbeing** [5]. Encouraging active travel amongst older people could therefore not only extend people's transport options, but could also benefit health. In addition, active travel is generally low cost and environmentally friendly.

Evidence indicates that **walking for travel and leisure is older people's major form of physical activity** [6], but for older adults, everyday travel is about *more* than moving from place to place, and transport is more than the means by which this movement takes place. **Active travel offers the opportunity to experience life and to feel socially connected.** Having local amenities available influenced older people's motivation to, and experience of, active travel, particularly if they act as a hub for social interaction.

*We want to enable older people to get out and be active – and to enjoy being independent, active travellers, who are part of the wider community.*

## Who would benefit the most?

Older participants from more deprived areas:

- are less active generally [7];
- walk in outdoor spaces less often than those from affluent areas [8]; and
- are more likely to perceive their environment as having poor pedestrian infrastructure, lacking beauty and being unsafe [9].

There is therefore a necessity to increase walking in older adults from high deprivation areas in order to reduce these inequalities.

We know that people from ethnic minority backgrounds are less likely to be active across all age groups [7], however there is limited evidence available that captures ethnic and cultural diversity in older people's experiences of travelling in their local environment.

## RAPID EVIDENCE REVIEW

The socio-ecological model of health has been used as a framework to review the available literature in this rapid literature review. We acknowledge that **a number of the factors which present barriers to active travel for older adults require policy and environmental change** in order to improve the uptake of active travel amongst older adults; individual behaviour change interventions will not be effective in achieving the large scale change that is required.

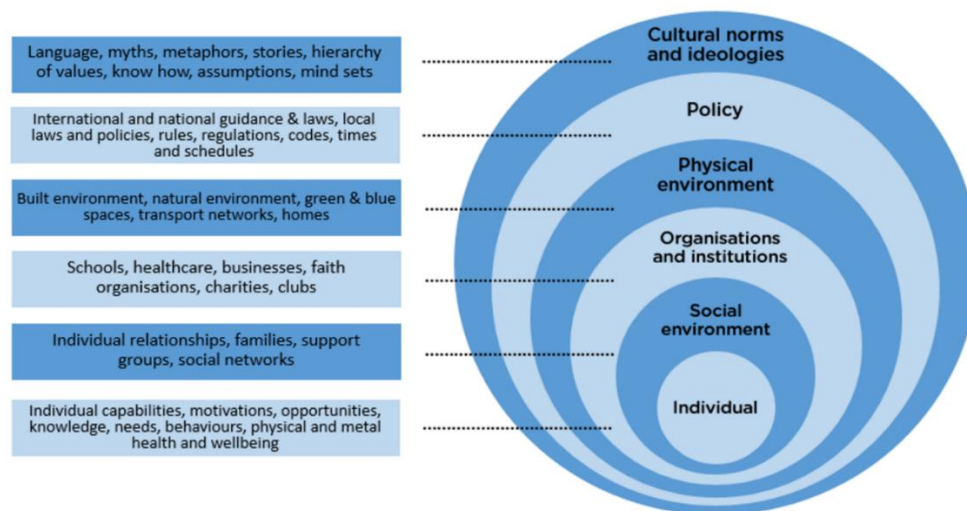


Figure 1. The socio-ecological model of health, adapted from Bronfenbrenner's ecology of human development

## CULTURE

In general older people's mobility is currently constructed in a rather narrow way. For example, cycling is viewed as something that the vast majority of older adults cannot or will not do. The lack of existing research evidence makes it difficult to counter such views.

However, role models and community connectors play an important role. One review described a participant, Gunda, who started cycling again after completing the training programme. Gunda, who is in her 70s, is now an enthusiastic electric trike user who regularly talks at community centres on how 'tri-cycling' has changed her life for the better as part of her mission to encourage more older adults to (re)take up cycling [10].



Figure 2. Active Transport in Greater Manchester (source: GreaterSport)

## Suggestions

- Ensure people can see people like them in advertising for cycling and walking

## POLICY

- Top 5 reasons for not cycling (all age groups) are all related to safety, including mentioning roads being too busy, behaviour of other road users, and lack of infrastructure (TfGM – Sales Funnel Research)
- Ensure that older people are consulted with during planning and consultative process to ensure they are adequately represented in strategies and plans
- Extend the Blue Badge Scheme so that cycles can be legally recognised as a mobility aid [11].

## Suggestions

- Traffic calming initiatives
- Including older adults in policy changes related to active travel

## ORGANISATIONS AND INSTITUTIONS

There is a role for health professionals, whose advice is well respected by older adults, to use 'social prescribing' to encourage a modal shift towards walking and cycling for journeys [12].

Workplace, intervention points: lifestyle advice could be offered to adults approaching retirement where the advantages of regular cycling are highlighted.

## Suggestions

- Working with GP practices and older adults to develop an 'Active Travel' prescribing offer

- Working in local businesses with pre-retirees to develop skills and confidence required for active transport at key transition point.

## PHYSICAL ENVIRONMENT

### Walking

Physical exercise becomes more difficult with age - leg muscle strength can be up to 40% weaker in people aged 80 compared to those aged 30 and the vestibular system, which is essential for balance, loses 40% of sensory cells by the age of 70 [13]. This makes walking more difficult and can increase the risk of falls, highlighting the importance of safe footpaths.



*Figure 3. Importance of infrastructure to support active journeys in older adults (source: GM Ageing Hub)*

Older people can also be put off walking due to a lack of public benches and toilets: benches are essential to allow people with short stamina to take a break and easily accessible toilets are needed to increase confidence when taking longer trips [14]. However there was a 40% drop in the number of public toilets across the UK between 2003 and 2013. Another barrier found for older adults was the concern that their journey would include uneven footpaths, which might lead to a fall, being hurt and losing confidence in walking outside. In addition further evidence was found that **road crossings do not give older people adequate time to cross safely**. Pelican crossings assume that pedestrians walk at a pace of at least 1.2 metres per second (2.7 miles per hour) but 76% of men and 85% of women over 65 walk more slowly than this [13].

Evidence suggests that **levels of walking are influenced by the built environment of residential neighbourhoods**; pedestrian-friendly features such as well-maintained footpaths, indoor places to walk, availability of benches and sitting facilities, easy access to buildings, presence of street lighting all correlated with high levels of active transport in older adults [9].

**Creating pleasant and safe routes that connect local amenities may increase walking in older adults.** There is also evidence to indicate that improving neighbourhood safety, quietness and aesthetics may encourage participants living in high-deprivation areas to take more outdoor walks [9]. For example, if perceived neighbourhood safety and aesthetics are highly correlated, improving perceived aesthetics (e.g. fixing broken windows or cleaning streets) may also improve perceived neighbourhood safety.

## Cycling

In other European countries cycling rates among older people are much higher: in Germany 12% of journeys made by people over 65 are made on a bike and in Holland people over 65 make 24% of their trips by bike [10]. This implies that the problem is not that older people cannot cycle, but that the current cycle infrastructure in the UK does not encourage them to do so.

**The top 5 reasons for not cycling (all age groups) are all related to safety, including mentioning roads being too busy, behaviour of other road users, and lack of infrastructure (TfGM Sales Funnel Research).** However dissatisfaction with the conditions of footpaths and pavements increase with age, indicating that this is more of an issue for older adults.

In addition, older adults are more concerned about cycling on roads if frail; there is a greater concerns about road safety and don't want to share road space with cars and lorries.

## Suggestions

- **Walking:** Create safe, pleasant routes suitable for older adults – ensure toilets and benches are available and connect to local amenities
- **Cycling:** Plan cycling routes on quiet roads, that are fully protected at all times

## SOCIAL ENVIRONMENT

Enjoyment, scenery and **meeting other people** are more likely to be mentioned as reasons for recommending walking by walking champions who are aged 65+ (TfGM - Sales Funnel research).

Older people value the **social connections** that travel modes make possible. The accounts of older people suggest that, when they travel as pedestrians, bus travellers and users of community transport, they become part of communities that make a vital contribution to their wellbeing [4].

## Suggestions

- Walking champions may help create a social network around walking, offering opportunities for support and to socialise.

## INDIVIDUAL

- **Capability**

Many older people have cycled in the past but now lack the confidence to cycle. There are a number of case studies where training sessions have been offered to older adults to **increase skills and confidence** in cycling [10]. Some of these have been effectively designed with older adults and so are tailored to address specific concerns, and others have been invited to participate through a prescription scheme via healthcare professionals.

- **Opportunity:**

E-bikes offer an opportunity to build strength and confidence on a bike whilst being supported. Ownership is lower in the UK than other European countries, and many older people are not aware of the range of e-bikes available [10]. Cost, access, security and lack of other people using them have been found to be barriers to the ownership of e-bikes. It is suggested that there is an increased access for people to electric cycles and adapted cycles, starting with extending the Motability Scheme to include cycles.

- **Motivation:**

Older people don't see people like themselves cycling in their neighbourhood and feel like they wouldn't keep up with other people cycling so would get in the way.

### Suggestions

- Skills classes – co-designed with older adults
- Raise visibility of older adults cycling in local area
- E-bike subsidies/prescriptions



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