The Advocacy in Action Study

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Background

- Childhood pedestrian deaths/injuries – inequalities
- UK performs poorly on child pedestrian injuries
- Variety of effective interventions available
- Many interventions not implemented
- Previous study suggested that local politicians influential
- Development of a cluster randomised intervention trial
Aim

To determine whether the safety of vulnerable pedestrians can be improved in deprived areas by an advocacy package, designed to influence local elected councillors to take action in the areas they represent.

Vulnerable pedestrians: aged <16 or 60+
Objectives

1: To identify areas which are deprived and have high vulnerable pedestrian injury rates and to identify the councillors representing those areas.

2: To develop an information and advocacy package aimed at influencing councillors to take action to enhance local pedestrian safety measures.

3: To undertake a cluster randomised controlled trial to test the effectiveness of the advocacy package in improving road safety.

4: To explore factors related to the success or failure of the intervention.
Methods

• Mixed methods study with embedded cluster RCT at 4 centres: south Wales, Bristol, Nottingham, Surrey
• 617 councillors, from 239 wards (deprived, with high pedestrian injury rates) from 57 district councils
• Large scale GIS analysis: STATS19 and OSMM layers
• Development of intervention packs (postal)
• Telephone reinforcement
• Questionnaire (councillors, teachers, RSOs), interview and GIS follow up
• Statistical analysis: Blinded to allocation. Two-level log-binomial generalised estimating equations were used to estimate relative risks accounting for clustering by district council.
Example of map of casualty locations
Example of traffic calming distribution
Results

- Short term outcomes:
  - Increased interest     RR 1.09 (1.03-1.16)
  - Belief could take action RR 1.36 (1.16-1.61)
  - Pedestrian safety action RR 1.55 (1.19-2.03)
  - Councillor involvement at 18 months - 63%

- Longer term outcomes:
  - Difference % Road traffic calmed 0.07 (-0.07-0.20)
  - 20mph zones                RR 1.47 (0.93-2.32)
  - Safe Routes to School       RR 1.34 (0.83-2.17)
  - Pedestrian Training         RR 1.23 (0.95-1.61)
Discussion

• Overall disappointing results
• No significant increase in safety on ground
• Positive findings on intent and engagement
• Numerous barriers:
  • many others involved in decision making/prioritisation
  • long time scale to implement change
  • some were resistant
• Future: put information into public domain
• Proposal to develop SafeArea website within IOBI
  – www.injuryobservatory.net
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