



## OLDER AUSTRALIANS AND WATER SAFETY

Changing Exposure Patterns,  
2006 & 2015

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**Royal Life Saving**

ROYAL LIFE SAVING SOCIETY - AUSTRALIA



## ABOUT ROYAL LIFE SAVING

Royal Life Saving is focused on reducing drowning and promoting healthy, active and skilled communities through innovative, reliable, evidence based advocacy; strong and effective partnerships; quality programs, products and services; underpinned by a cohesive and sustainable national organisation.

Royal Life Saving is a public benevolent institution (PBI) dedicated to reducing drowning and turning everyday people into everyday community lifesavers. We achieve this through: advocacy, education, training, health promotion, aquatic risk management, community development, research, sport, leadership and participation and international networks.

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## VISITATION & ACTIVITIES

People aged 50+ were less likely to visit aquatic locations frequently but more likely to visit infrequently.



People aged 50+ were less likely to participate in aquatic activities frequently but more likely to participate infrequently

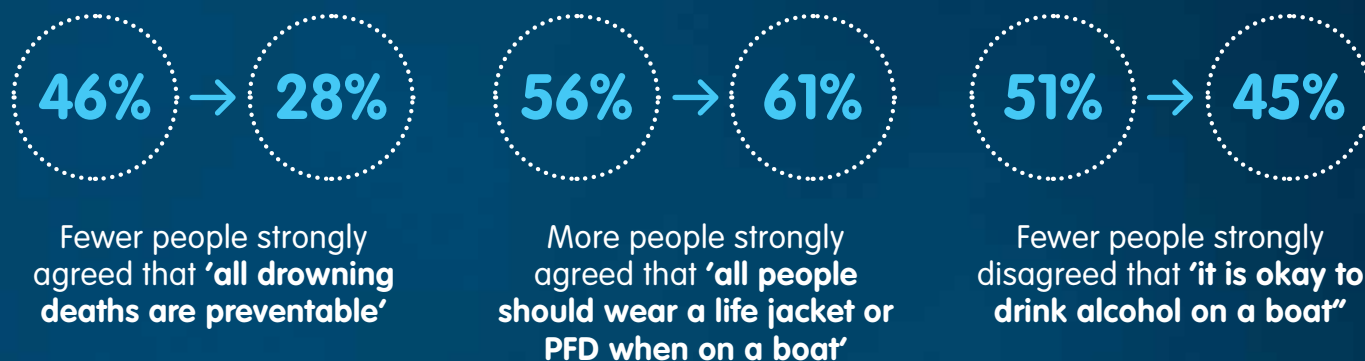


## RISK FACTORS

There has been a small increase in the proportion of older people currently taking prescription medication.



## BELIEFS



## PREVENTION

Fewer people have undertaken a first aid or resuscitation course.



# OLDER PEOPLE'S EXPOSURE STUDY 2006 & 2015

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## DID YOU KNOW?

- The proportion of participants who reported they could not swim decreased from 12.0% to 8.5%
- The proportion of older people with swimming pools at their place of residence has increased from 13.5% to 17.5%
- There has been a small increase in the proportion of older people currently taking prescription medication, up from 69.1% to 71.9%
- Regular visits (every day, 2-3 times a week, once a week) to many aquatic locations have decreased, while less frequent visits (every six months, once a year) have increased over time
- Daily visits to a river decreased from 4.1% but 1.8% but yearly visits increased from 8.3% to 18.5%
- Daily visits to a lake decreased from 4.1% to 0.9% but yearly visits increased from 9.4% to 20.8%
- Fewer people indicated they regularly undertook several aquatic activities but more people reported they infrequently participated in activities such as swimming, boating and fishing
- Daily swimming decreased from 2.4% to 1.4% but yearly swimming increased from 4.0% to 14.2%
- Daily walking beside the water decreased from 9.5% to 4.5% but yearly walking increased from 5.5% to 14.0%
- There was a decrease in the proportion of older people who strongly agreed that 'most drowning deaths are preventable' from 46.2% to 28.1%
- A larger proportion of people both strongly agreed (56.2% vs 60.9%) and agreed (26.1% vs 27.9%) that 'all people should wear a life jacket or PFD when on a boat'
- A greater proportion of older people strongly disagreed with the statement 'it is okay to drink and drive' (78.1% vs 80.1%) than 'it is okay to drink alcohol on a boat' (50.5% vs 45.4%)
- There was a decrease in the proportion of people who have undertaken a first aid or resuscitation course from 74.5% to 67.5%

## EXECUTIVE SUMMARY

People aged 50 years and over are at risk of drowning due to a number of risk factors, with an average of 107 unintentional drowning fatalities occurring every year in Australia. Although research into the burden of drowning among older people has been conducted, data on exposure is lacking, as is information on the knowledge and attitudes of older people towards water safety.

The advantages of water-based exercise for older people are clear, however, fatalities occur every year. Between 1 July 2002 and 30 June 2012, 1,072 people aged 50 years and over drowned at aquatic locations. The leading locations for these drowning deaths were rivers, creeks and streams (27.0%), oceans and harbours (20.4%), beaches (16.7%) and swimming pools (12.5%). The most common activities being undertaken prior to drowning in this age group were boating and using watercraft (21.7%), falls (18.2%), swimming and recreating (17.9%) and an unknown activity (14.1%).

This study aimed to compare two surveys commissioned by Royal Life Saving in 2006 and 2015. They were designed to examine the attitudes, beliefs and knowledge of older people in regards to water safety, including visitation patterns at aquatic environments and the type of activities undertaken in these locations.

In 2006, Royal Life Saving commissioned a market research company to undertake an exposure study. Telephone interviews were conducted using a Computer Assisted Telephone Interviewing (CATI) program, with potential participants identified via a list from GeoSpend (a division of Australia Post). In 2015, this study was expanded by commissioning the same market research company to undertake a similar project with some additional questions. In order to obtain a larger sample size to increase the statistical power to detect differences between the groups, this second study was undertaken online using an online panel company. This identifies the shift in older people's use of technology, something which should be harnessed by future drowning prevention advocacy and awareness campaigns.

To ensure a representative sample, quotas were set based on age, gender and geographic location, to match the Australian Bureau of Statistics (ABS) 2011 census data. These quotas were designed based on the age and gender balance of each state and territory, as well as a consideration of the split by metropolitan and non-metropolitan areas. Data was analysed using SPSS Version 21, with comparisons drawn where appropriate.

All participants were aged 50 years or older, with a sample size of 834 (48.4% male and 51.6% female) in the original survey and 1,421 participants in the 2015 survey (49.7% male and 50.3% female).

Visitation at key aquatic locations was examined in both surveys, with overall results showing a decrease in regular visitation (every day, 2-3 times a week, once a week) but an increase in less frequent visits (every six months, once a year) to locations such as beaches, pools, rivers and lakes. For example, regular visits to a river decreased (every day: 4.1% vs 1.8%, 2-3 times a week: 3.0% vs 2.5%, once a week: 3.4% vs 3.0%), while slightly more people visited every six months (10.7% vs 11.8%) and more than double the proportion visited once a year (8.3% vs 18.5%).

The proportion of regular visitors to a lake also decreased over time (every day: 4.1% vs 0.9%, 2-3 times a week: 3.5% vs 1.5%, once a week: 2.4% vs 1.6%), while there was an increase in visits every six months (8.2% vs 10.8%) and double the proportion of people visiting yearly (9.4% vs 20.8%). The rise in infrequent visitation poses challenges for prevention, as more people are likely to be recreating in aquatic locations they are unfamiliar with and as such, will not be aware of the environment and local conditions.

This trend continued when participation was investigated, with fewer people indicating they regularly undertook an activity but more people reporting they infrequently participated in activities such as swimming, boating and fishing. For example, the proportion of older people regularly swimming decreased between 2006 and 2015 (every day: 2.4% vs 1.4%, 2-3 times a week: 11.3% vs 8.2%), however, there were more infrequent swimmers, with an increase in those swimming every six months (6.1% vs 9.9%) and more than three times the proportion swimming once a year (4.0% vs 14.2%). Similarly, there was a decrease in walking beside the water on a regular basis (every day: 9.5% vs 4.5%, 2-3 times a week: 12.6% vs 10.0%, once a week: 8.8% vs 7.8%) but an increase in infrequent walking (every six months: 7.7% vs 12.2%, once a year: 5.5% vs 14.0%).

Older people are a key demographic in regards to supervision of children, with many grandparents assuming responsibility for supervising young children around water. Similar to the other investigated activities, regular supervision decreased but infrequent supervision either remained steady or increased. It is crucial that older people understand how to actively supervise children, as well as the importance of correctly installed and regularly maintained pool fences and gates, given there was an increase in the proportion of people who have a home swimming pool at their place of residence (13.5% vs 17.5%).

There was a substantial decrease in the proportion of people who strongly agreed that 'most drowning deaths are preventable' (46.2% vs 28.1%), suggesting more community awareness is needed. Royal Life Saving advocates that all drowning deaths are preventable, a message which may need to be more strongly presented to older age groups.

There were also decreases in the proportion of older people who strongly agreed that 'all children should be taught swimming at school' (73.0% vs 70.5%), 'all people should be taught first aid' (51.6% vs 45.1%), 'all people should be taught water safety skills' (67.4% vs 54.4%) and 'all people should learn resuscitation' (55.9% vs 47.3%) but increases in the proportion who agreed with these statements. A larger proportion of people both strongly agreed (56.2% vs 60.9%) and agreed (26.1% vs 27.9%) that 'all people should wear a life jacket or PFD when on a boat'.

In both surveys a substantially greater proportion of older people strongly disagreed with the statement 'it is okay to drink and drive' (78.1% vs 80.1%) than 'it is okay to drink alcohol on a boat' (50.5% vs 45.4%), indicating the notion that alcohol should be avoided while boating is still not as widely accepted as the message against drink driving.

Knowledge differences were observed in a number of areas, including a substantial decrease in the proportion of people who reported having undertaken a first aid or resuscitation course (74.5% vs 67.5%). Royal Life Saving believes that all people should understand resuscitation and keep their skills up to date.

Risk perception was examined for a number of activities, including swimming at different types of aquatic locations, drinking alcohol and then swimming or boating, not wearing a life jacket on a boat, rescuing a drowning person and entering unfamiliar waters. In all cases an increase in mean risk score was observed, with each score increasing between 2006 and 2015.

Older Australians visit both inland and coastal waterways, as well as swimming pools and spas. They engage in a wide variety of activities in and around the water, including swimming, boating, fishing and supervising children. Although regular visits to aquatic locations have decreased over time, there has been an increase in infrequent visits, suggesting more people may be visiting unfamiliar locations and therefore, may not be aware of local conditions and hazards. Drowning prevention strategies should take into account the changing nature of visitation when designing future education campaigns.

## NEXT STEPS

### Policy, Programs and Advocacy

- Broaden existing messaging regarding alcohol consumption near waterways to include older people (addressing identified high risk groups), or alternatively, include this demographic when creating future educational campaigns which target drinking while swimming or boating
- Design public awareness programs/campaigns to target infrequent visitors to aquatic locations, with an emphasis on recognising hazards and risks in unfamiliar environments
  - Use traditional means but also expand online avenues for targeting these campaigns given the uptake in technology among older people witnessed between the two surveys
- Ensure Royal Life Saving is strongly and consistently promoting the message to older people that all drowning deaths are preventable
- Expand promotion of the Keep Watch program to older people; the key message of supervision is highly relevant to grandparents and carers of young children
- Continue to promote awareness of the effects of excess alcohol consumption, multiple medications and the combination of two on drowning risk
- Increase the numbers of older people who have undertaken a Grey Medallion course, as well as increase the enrolments by older people in first aid and/or resuscitation courses

### Research Agenda

- Examine the reasons for decreased regular and increased irregular visitation at aquatic locations and participation in water-based activities; is this linked to employment status or other factors?
- Compare visitation findings to locations of fatal drowning deaths amongst older people to identify those high risk locations based on exposure
- Identify high risk groups within this cohort regarding consumption of alcohol at aquatic locations; specifically around sex and age (within those aged 50 years and over)
  - Compare survey findings to fatal drowning data to identify those most at risk of drowning due to alcohol consumption when exposure and self-reported consumption patterns are factored in
- Investigate changes over time regarding decrease in the belief that all drowning deaths are preventable. Which factors (public knowledge and awareness, personal experiences) are influencing this belief?
- Investigate the most effective methods of mass communication to this cohort (traditional print media or electronic media)
- Examine level of community support for widespread education regarding key lifesaving skills (swimming, first aid, water safety, resuscitation); have these concepts lost support among this demographic? Identify explanations for decrease in first aid and resuscitation course participation between surveys
- Investigate increase in perception of risk around the concept of swimming at a public pool





## BACKGROUND

Older people are at risk of drowning, with fatalities occurring every year in Australia. Epidemiological research on the burden of drowning among older people has been conducted, however exposure data, as well as research into knowledge and attitudes of older people towards water safety and drowning prevention strategies are not yet well understood.

The advantages of water-based exercise for older people include preservation of physical fitness<sup>1</sup> and balance<sup>2</sup>. However, drowning deaths do occur, necessitating further investigation. A large volume of the published research to date has focused on children and adolescents, describing drowning epidemiology, causal factors and prevention strategies related to young people<sup>3-6</sup>. The same level of knowledge is lacking for older people, despite the large number of fatalities that occur in this age group.

Between 1 July 2002 and 30 June 2012, 1,072 people aged 50 years and over drowned at aquatic locations<sup>7</sup>. The leading locations for these drowning deaths were rivers, creeks and streams (27.0%), oceans and harbours (20.4%), beaches (16.7%) and swimming pools (12.5%). The most common activities being undertaken prior to drowning in this age group were boating and using watercraft (21.7%), falls (18.2%), swimming and recreating (17.9%) and an unknown activity (14.1%)<sup>7</sup>.

Trend data indicates the drowning rate for this cohort is decreasing over time, due to both an increase in the population and a decrease in the number of drowning deaths<sup>7</sup>. In June 2006, there were 6 248 726 people aged 50 years and over in Australia<sup>8</sup>. By June 2014, this had increased to 7 707 428<sup>8</sup>. The drowning rate for the financial year 2006/07 was 1.36, decreasing to 1.15 for the year 2014/15. Both of these figures exemplify the downward trend since 2002/03, when the rate was 2.06 per 100 000 people<sup>7</sup>. Although this decrease in drowning rates is an encouraging development, it is clear that drowning is still a problem among older people in Australia.

Drowning statistics show the number of people losing their lives but do not reveal any information about the proportion of older people visiting different waterways or engaging in water-based activities. A 2015 study utilising U.S. data found that older men had a drowning rate three times higher than older women, postulating that there may be a difference in risk exposure, with men participating in hazardous activities more than women<sup>9</sup>. However, the element of exposure was not actually investigated in the study.

In order to gain more information about the number of older people being exposed to drowning risk, an exposure study was undertaken. This was to include exposure to aquatic locations, as well as activities. The original survey was undertaken in 2006 and repeated again in 2015. Both surveys were based on a nationally representative sample of people aged 50 years and over. The questions asked of participants in the first survey were then repeated in the second, with some additional material included to broaden the scope.

## AIMS

**This study aimed to compare and contrast two surveys commissioned by Royal Life Saving Society - Australia (RLSSA) in 2006 and 2015.**

**The 2006 survey aimed to investigate:**

- Participation in and barriers to aquatic activities,
- Knowledge of and attitudes to water safety,
- History of falls,
- Knowledge of the Bronze Medallion.

**The 2015 survey built on this background research by repeating the same questions, as well as adding a new line of questioning relating to Royal Life Saving. It aimed to investigate:**

- Participation in and barriers to aquatic activities,
- Knowledge of and attitudes to water safety,
- History of falls,
- Knowledge of the Bronze Medallion,
- Awareness and knowledge of Royal Life Saving, the Grey Medallion and the most recent public awareness campaign 'The Talk'.

By evaluating the responses to both surveys, it was possible to observe changes in knowledge, attitudes and beliefs over time, focusing on changing exposure patterns and knowledge of drowning prevention strategies.

These findings will be used to strengthen drowning prevention advocacy targeting this cohort, as well as guiding the future research agenda in this area.

## METHODS

In 2006, Royal Life Saving commissioned a market research company to undertake this exposure study. Telephone interviews were conducted using a Computer Assisted Telephone Interviewing (CATI) program, with potential participants identified via a list from GeoSpend (a division of Australia Post). This list contains approximately 14% of the population, with participants eligible if they were aged 50 years or over and able to complete the interview in the English language.

A representative cohort was achieved using random stratified sampling by age, gender and location (state or territory). As numbers were insufficient in the Northern Territory, it was deemed necessary to randomly select phone numbers from the electronic White Pages. The structured interviews were divided into sections: demographics, participation in aquatic activities, attitudes towards water safety, knowledge of water safety, falls history, knowledge of the bronze medallion, first aid training, risk taking behaviors and swimming ability. Survey questions for the 2006 study can be found in appendix one of this report.

In 2015, this study was expanded by commissioning the same market research company to undertake a similar project. Additional questions were included, designed to broaden the scope of the information gathered, with a particular focus on the most recent public awareness campaign (community service announcement, broadcast in 2015). Survey questions for the 2015 study can be found in appendix two of this report.

Demographic information was collected in both surveys to allow a comparison of the cohort of participants. This included: age, sex, state/territory, employment status, household income and swimming ability (self-rated from 'cannot swim' through to 'expert swimmer'). Respondents were also asked about the presence of a private swimming pool at their residence and appropriate fencing.

Royal Life Saving set out to obtain a larger sample size for this second study to increase the statistical power to detect differences between the groups. In order to achieve this a change in methodology was required, with the survey moving to an online only format. An online panel company was used to identify potential participants. This method enabled a larger sample size to be obtained, as well as countering difficulties in accessing representative samples using CATI surveys and landline telephones.

To ensure a representative sample, quotas were set based on age, gender and geographic location, to match the Australian Bureau of Statistics (ABS) 2011 census data. These quotas were designed based on the age and gender balance of each state and territory, as well as a consideration of the split by metropolitan and non-metropolitan areas.

Questions regarding knowledge were rotated randomly across respondents. This method was used in both the 2006 and 2015 surveys. This meant that the total number of people responding to each statement varied.

Questions regarding the perception of risk were examined by asking respondents to grade the level of risk they associated with a number of activities. (1 = no risk at all, 10 = extremely risky).

For this comparison study, SPSS Version 21<sup>10</sup> was used to analyse the results of the two studies. Where the same question was asked in both surveys, responses were compared using descriptive statistics.

# RESULTS

## DEMOGRAPHICS

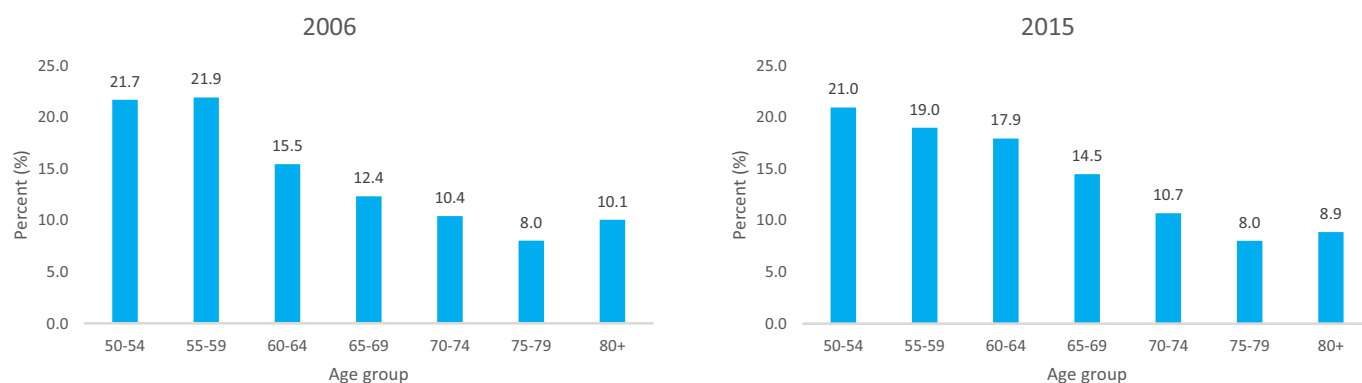


Figure 1: Age breakdown; 2006 compared to 2015

The 2006 study had a sample size of 834 (48.4% male and 51.6% female), increasing to a sample size of 1,421 participants in the 2015 survey (49.7% male and 50.3% female). The participants were all aged 50 years or older (Figure 1).

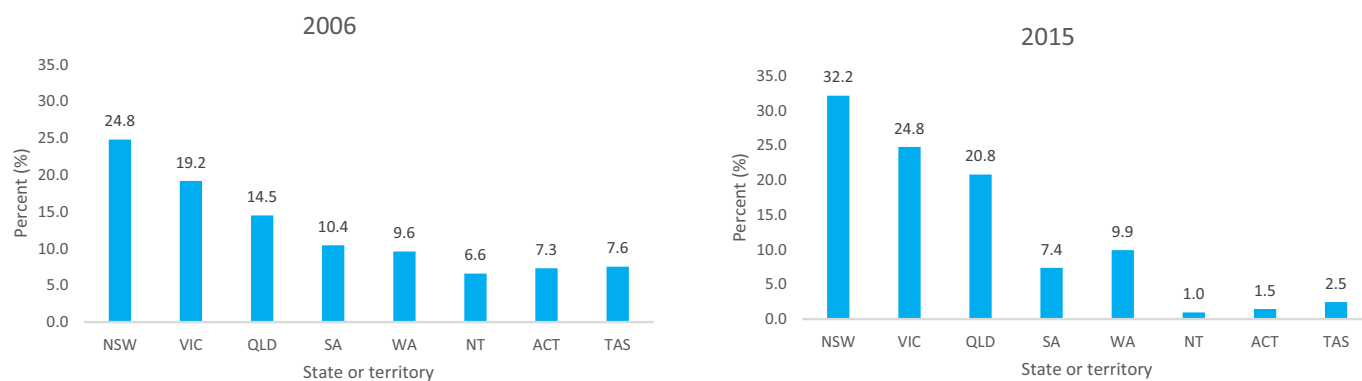


Figure 2: State and territory breakdown; 2006 compared to 2015

Each state and territory was represented within the data, with a higher proportion of respondents from NSW, Victoria and Queensland recorded in the 2015 survey, when compared to 2006 (Figure 2).

Employment status varied slightly between the surveys, with the proportion of older people retired or receiving a pension decreasing (56.0% vs 50.4%) but the proportion employed remaining steady (37.2% vs 37.6%). The same proportion were studying in each survey (0.5%), with an increase in those unemployed (0.7% vs 4.4%) and performing home duties (5.4% vs 7.1%).

The approximate income of households surveyed increased over time, with a substantially higher proportion of households having an income above \$100 000 in 2015 (7.7% vs 14.5%). The proportion with an income below \$15 000 decreased (20.3% vs 3.3%).

The self-rated swimming ability increased over time, with a mean value of 4.9 in 2006 and 5.7 in 2015. The proportion of participants who reported they could not swim decreased (12.0% vs 8.5%), along with a corresponding increase in the higher rated categories (7: 11.0% vs 19.4%, 8: 7.0% vs 14.4%, 9: 3.1% vs 5.3%).

The proportion of older people with swimming pools at their place of residence has increased (13.5% vs 17.5%), with the majority in both surveys reported to have a fence with a self-closing and self-latching gate (88.5% vs 90.8%).

There has been a slight increase in the proportion of older people currently taking prescription medication (69.1% vs 71.9%).



## VISITATION

Visitation at key aquatic locations (beach, public pool, residential pool or spa, dam, river and lake) was examined in both surveys.

### Beach

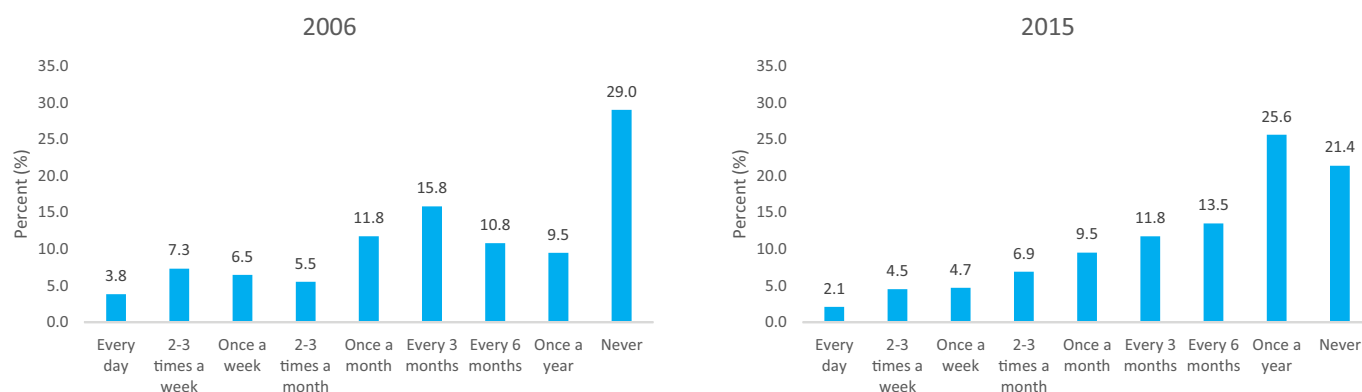


Figure 3: Visitation at a beach; 2006 compared to 2015

The proportion of older people regularly visiting a beach has decreased between 2006 and 2015 (every day: 3.8% vs 2.1%, 2-3 times a week: 7.3% vs 4.5%, once a week: 6.5% vs 4.7%). However, fewer have never visited a beach (29.0% vs 21.4%), more have visited every six months (10.8% vs 13.5%) and substantially more visited once a year (9.5% vs 25.6%) (Figure 3).

### Public pool

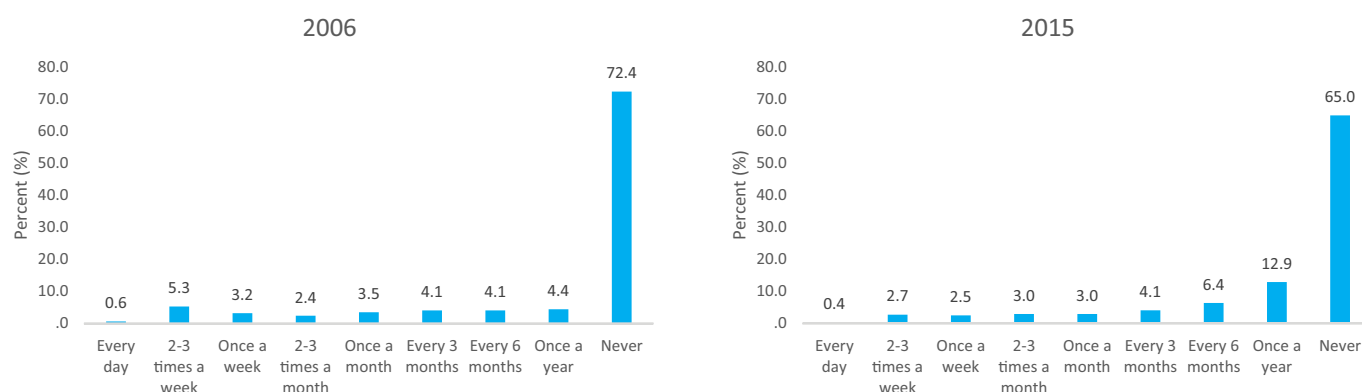


Figure 4: Visitation at a public pool; 2006 compared to 2015

Regular visits to a public pool have decreased slightly (every day: 0.6% vs 0.4%, 2-3 times a week: 5.3% vs 2.7%, once a week: 3.2% vs 2.5%). Fewer people have never visited a public pool (72.4% vs 65.0%) but more have visited every six months (4.1% vs 6.4%) and almost three times the proportion visited once a year (4.4% vs 12.9%) (Figure 4).

## Residential pool or spa

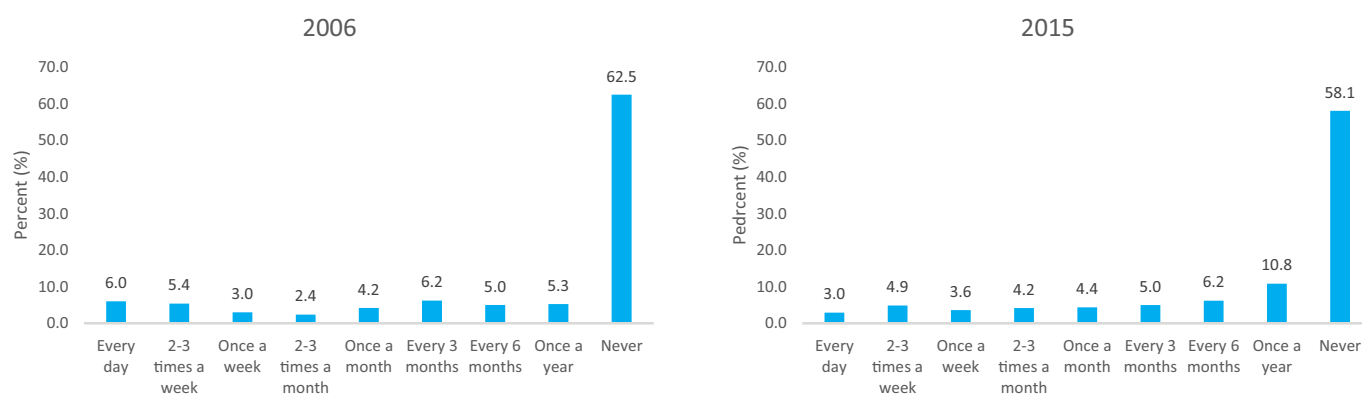


Figure 5: Visitation at a residential pool or spa; 2006 compared to 2015

The proportion of people regularly visiting a residential pool or spa decreased slightly (every day: 6.0% vs 3.0%, 2-3 times a week: 5.4% vs 4.9%). However, more people visited every six months (5.0% vs 6.2%) and twice the proportion visited once a year (5.3% vs 10.8%). There was a decrease in the proportion who had never visited a residential pool or spa (62.5% vs 58.1%) (Figure 5).

## Dam

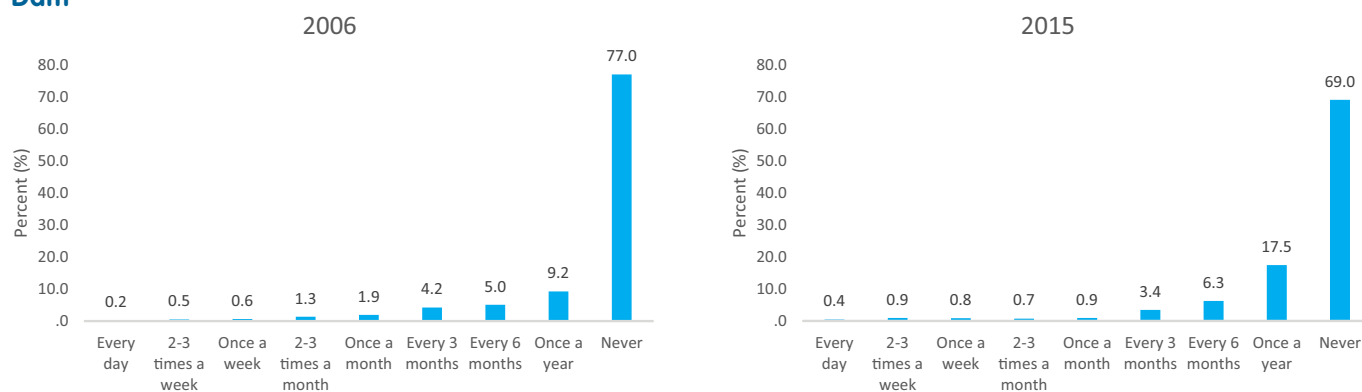


Figure 6: Visitation at a dam; 2006 compared to 2015

The proportion of older people who regularly visited a dam remained low between 2006 and 2015 (every day: 0.2% vs 0.4%, 2-3 times a week: 0.5% vs 0.9%, once a week: 0.6% vs 0.8%). However, fewer respondents had never visited a dam (77.0% vs 69.0%), more visited every six months and (5.0% vs 6.3%) and almost double the proportion reported visiting once a year (9.2% vs 17.5%) (Figure 6).

## River

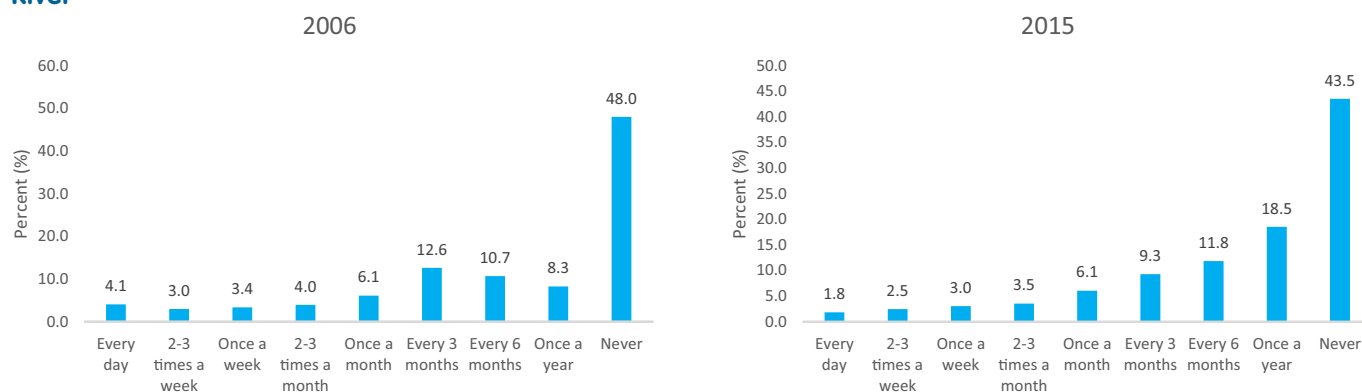


Figure 7: Visitation at a river; 2006 compared to 2015

Regular visits to a river have decreased (every day: 4.1% vs 1.8%, 2-3 times a week: 3.0% vs 2.5%, once a week: 3.4% vs 3.0%). Slightly more people visited every six months (10.7% vs 11.8%) and more than double the proportion visited once a year (8.3% vs 18.5%). Fewer respondents had never visited a river (48.0% vs 43.5%) in the more recent survey (Figure 7).

## Lake

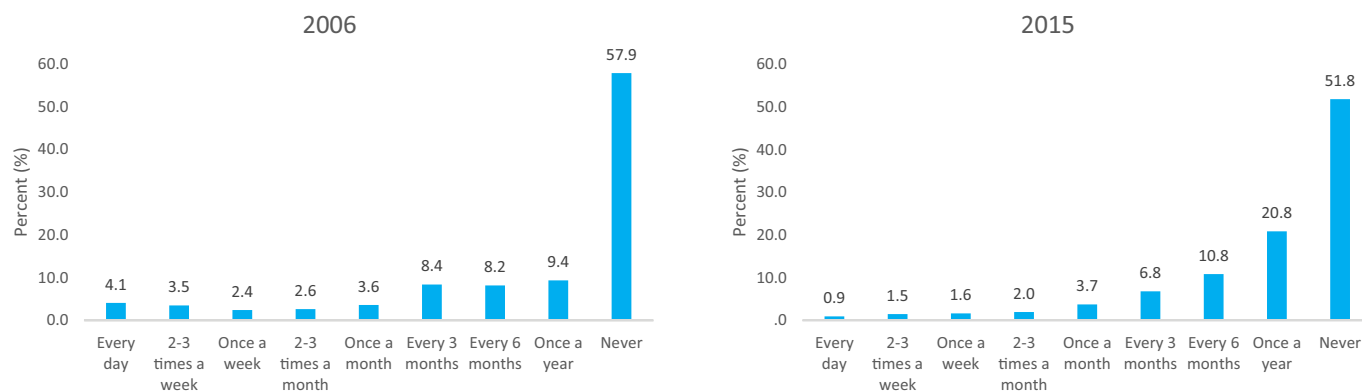


Figure 8: Visitation at a lake; 2006 compared to 2015

The proportion of regular visitors to a lake decreased over time (every day: 4.1% vs 0.9%, 2-3 times a week: 3.5% vs 1.5%, once a week: 2.4% vs 1.6%). As seen in all other aquatic locations, infrequent visitation has increased, with an increase in visits every six months (8.2% vs 10.8%) and an increase of more than double in once a year visits (9.4% vs 20.8%). The proportion of people who have never visited a lake decreased (57.9% vs 51.8%) (Figure 8).

## PARTICIPATION

### Swimming

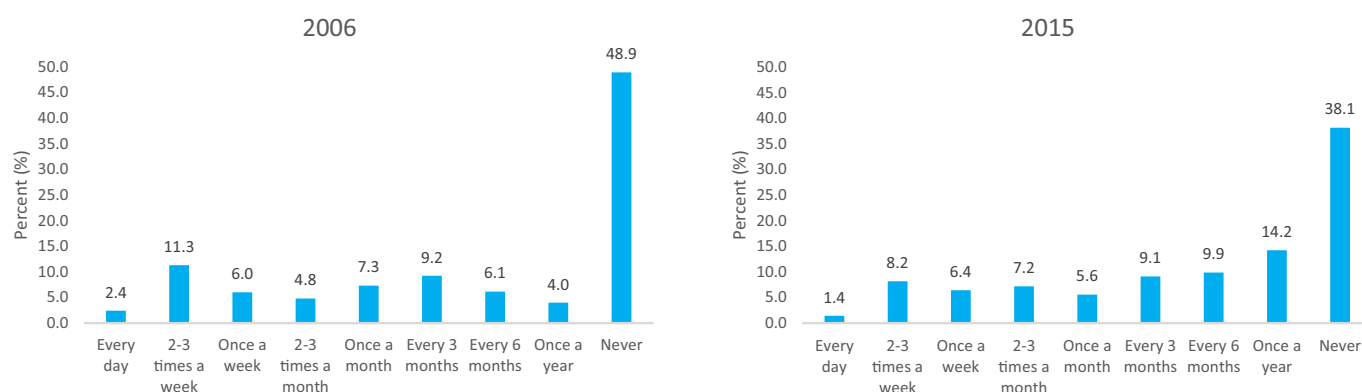


Figure 9: Swimming participation; 2006 compared to 2015

The proportion of older people regularly swimming decreased between 2006 and 2015 (every day: 2.4% vs 1.4%, 2-3 times a week: 11.3% vs 8.2%). Fewer respondents had never swum at an aquatic location (48.9% vs 38.1%) but more were infrequent swimmers, with an increase in those swimming every six months (6.1% vs 9.9%) and more than three times the proportion swimming once a year (4.0% vs 14.2%) (Figure 9).



## Boating

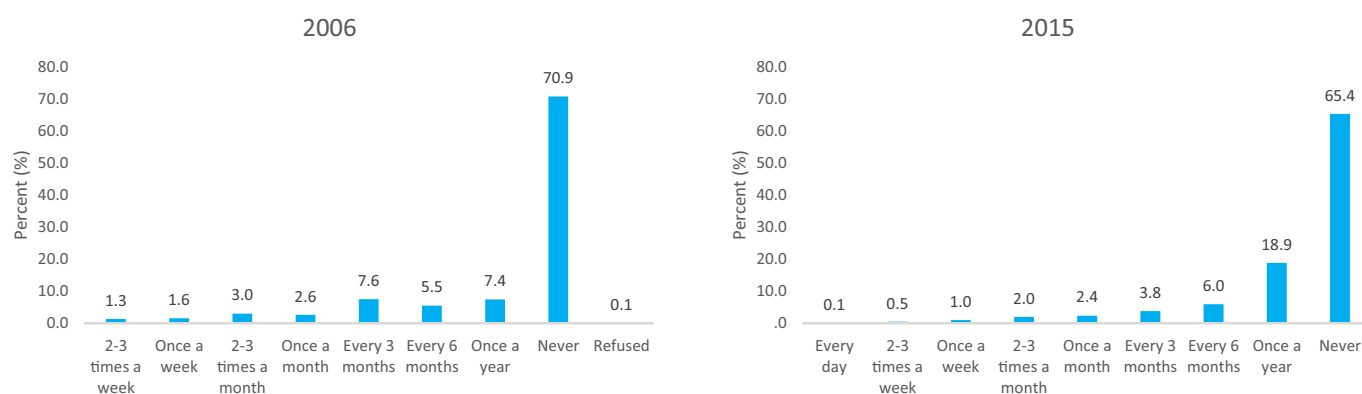


Figure 10: Boating participation; 2006 compared to 2015

Fewer people were boating regularly in the more recent survey (2-3 times a week: 1.3% vs 0.5%, once a week: 1.6% vs 1.0%). More people went out on a boat every six months (5.5% vs 6.0%) and more than twice as many went out once a year (7.4% vs 18.9%). There was a decrease in the proportion of respondents who never went boating (70.9% vs 65.4%) (Figure 10).

## Drinking alcohol at any aquatic location

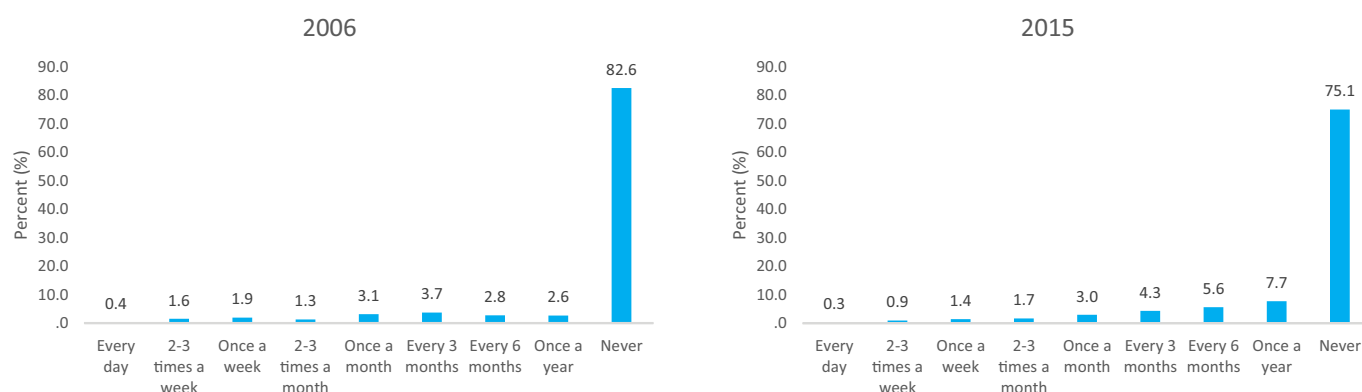


Figure 11: Drinking alcohol at any aquatic location; 2006 compared to 2015

The proportion of people regularly drinking alcohol at aquatic locations has decreased (every day: 0.4% vs 0.3%, 2-3 times a week: 1.6% vs 0.9%, once a week: 1.9% vs 1.4%). However, fewer respondents had never consumed alcohol (82.6% vs 75.1%). There were also more people consuming alcohol infrequently at aquatic locations (every six months: 2.8% vs 5.6%, once a year: 2.6% vs 7.7%) (Figure 11).

## Fishing

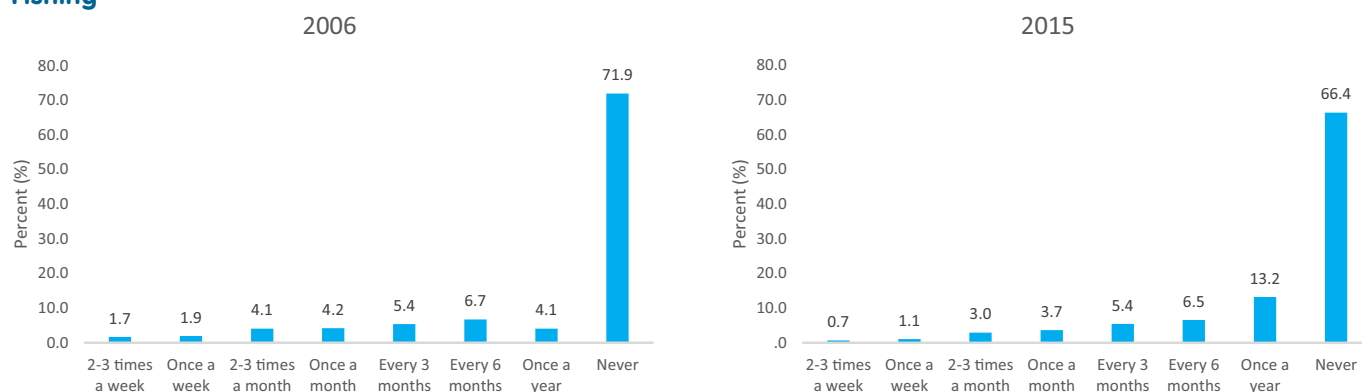


Figure 12: Fishing participation; 2006 compared to 2015

Fewer people fished regularly in the more recent survey (2-3 times a week: 1.7% vs 0.7%, once a week: 1.9% vs 1.1%) but fewer have never been fishing (71.9% vs 66.4%). The proportion of respondents fishing once a year has risen by more than three times (4.1% vs 13.2%) (Figure 12).

## Wading

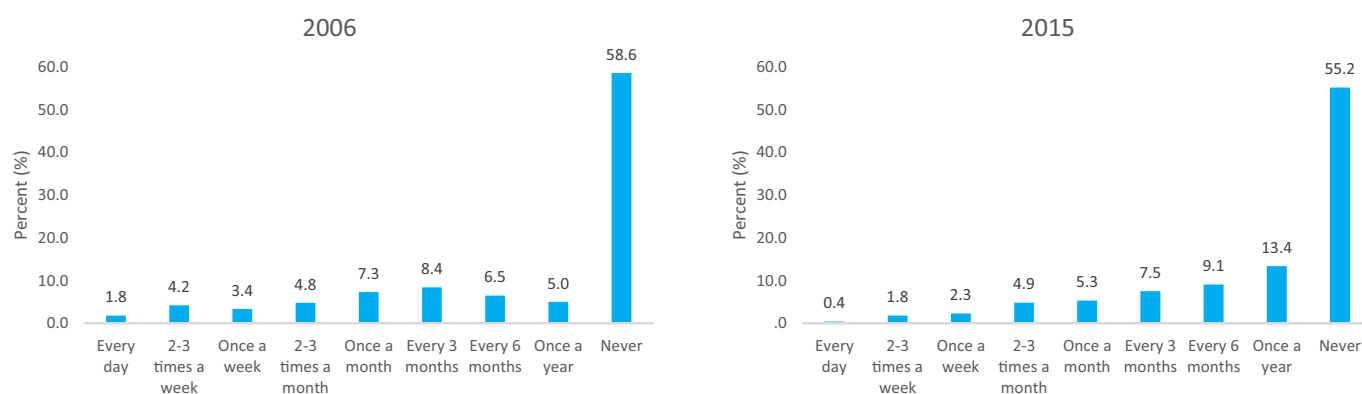


Figure 13: Wading participation; 2006 compared to 2015

Regular wading in water has decreased over time (every day: 1.8% vs 0.4%, 2-3 times a week: 4.2% vs 1.8%, once a week: 3.4% vs 2.3%). The proportion who never waded has decreased slightly (58.6% vs 55.2%) but more people are wading every six months (6.5% vs 9.1%) and once a year (5.0% vs 13.4%) (Figure 13).

## Supervising children under five years of age near water including any body of water where a child's head could be submerged

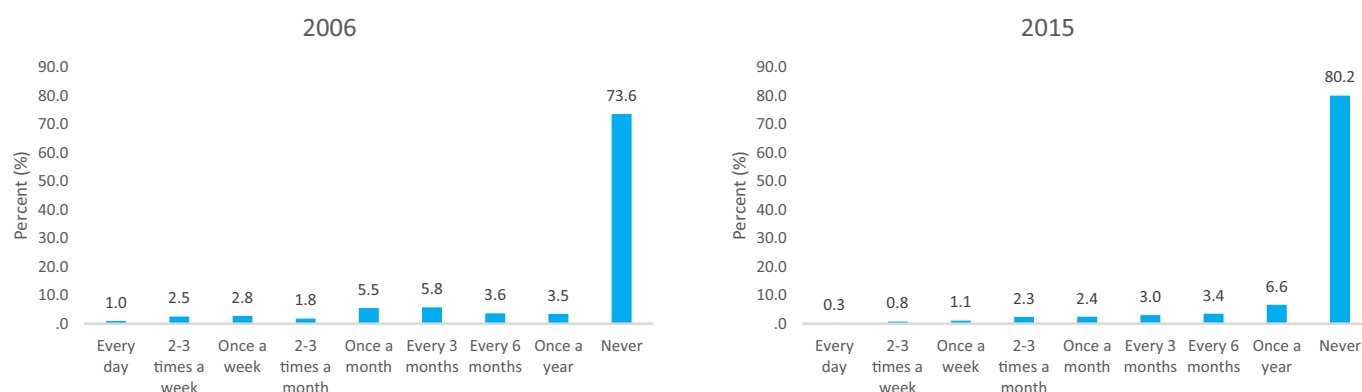


Figure 14: Supervising children under five years of age near water; 2006 compared to 2015

The proportion of people supervising children under five years on a regular basis has decreased (every day: 1.0% vs 0.3%, 2-3 times a week: 2.5% vs 0.8%, once a week: 2.8% vs 1.1%). More people have never supervised children under five years (73.6% vs 80.2%), with the proportion supervising every six months remaining steady (3.6% vs 3.4%). The proportion supervising children under five years once a year almost doubled (3.5% vs 6.6%) (Figure 14).

## Supervising children over five years of age near water including any body of water where a child's head could be submerged

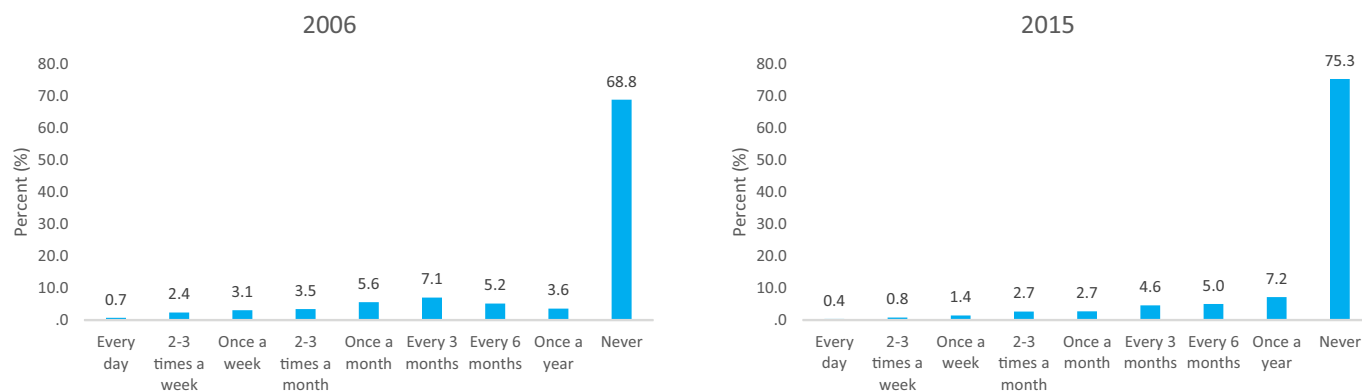


Figure 15: Supervising children over five years of age near water; 2006 compared to 2015

There was a decrease in the proportion of people regularly supervising children over five years (every day: 0.7% vs 0.4%, 2-3 times a week: 2.4% vs 0.8%, once a week: 3.1% vs 1.4%). More respondents have never supervised children over five years (68.8% vs 75.3%) with a similar proportion supervising every six months (5.2% vs 5.0%). The proportion supervising children over five years once a year doubled (3.6% vs 7.2%) (Figure 15).

## Walking beside the water at any location

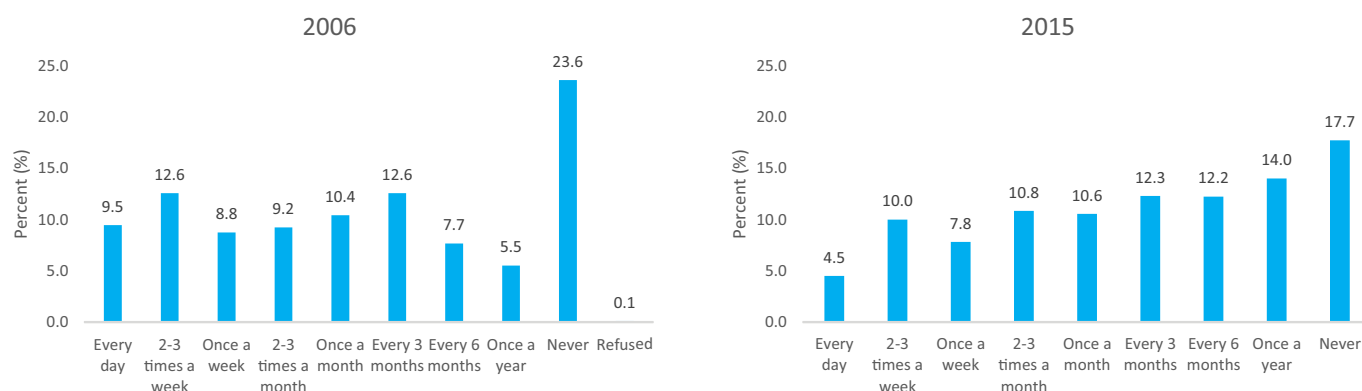


Figure 16: Walking beside the water at any location; 2006 compared to 2015

There was a decrease in the proportion of people walking beside the water on a regular basis (every day: 9.5% vs 4.5%, 2-3 times a week: 12.6% vs 10.0%, once a week: 8.8% vs 7.8%). However, there were substantial increases in the proportion who walked beside water infrequently (every six months: 7.7% vs 12.2%, once a year: 5.5% vs 14.0%). Fewer respondents never walked beside the water in the more recent survey (23.6% vs 17.7%) (Figure 16).

A variety of other activities were also reported in both surveys including: camping, attending picnics and barbeques, playing sport and exercising, relaxing and watching the scenery, sitting and talking, walking dogs and watching wildlife, reading, working and sightseeing.



## BELIEFS

Participants indicated their level of agreement with a series of statements related to beliefs about water safety and drowning prevention.

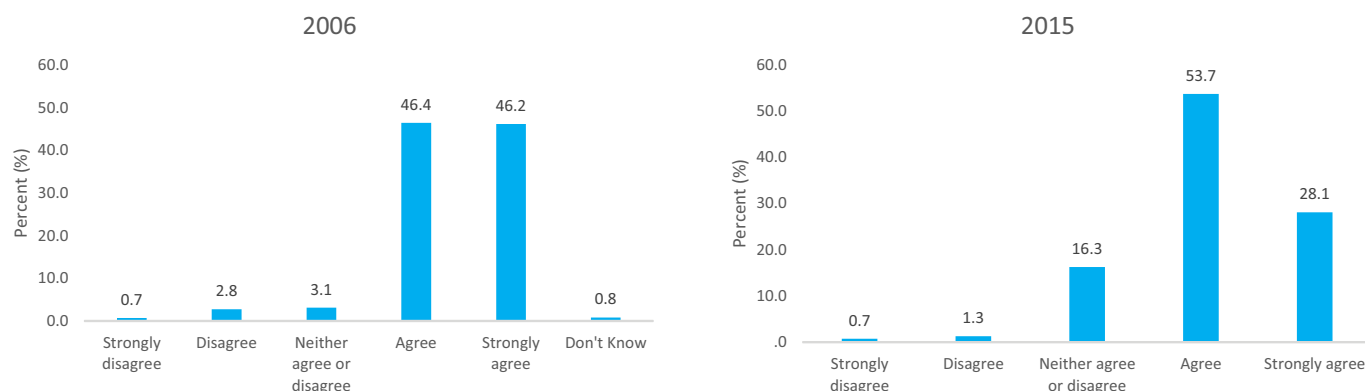


Figure 17: Most drowning deaths are preventable; 2006 compared to 2015

There was a substantial decrease in the proportion of older people who strongly agreed that 'most drowning deaths are preventable' (46.2% vs 28.1%) and a smaller increase in those who agreed (46.4% vs 53.7%). There was a corresponding increase in the proportion who neither agreed nor disagreed with this statement (3.1% vs 16.3%) (Figure 17).

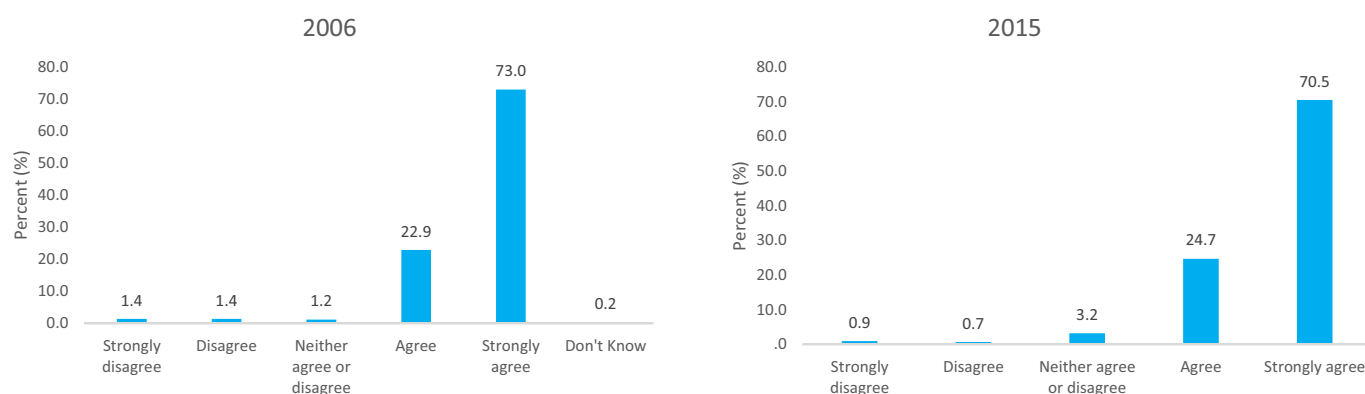


Figure 18: All children should be taught swimming at school; 2006 compared to 2015

Fewer people strongly agreed that 'all children should be taught swimming at school' (73.0% vs 70.5%). However, more agreed with this statement (22.9% vs 24.7%) and slightly fewer strongly disagreed (1.4% vs 0.9%) and disagreed (1.4% vs 0.7%) (Figure 18).

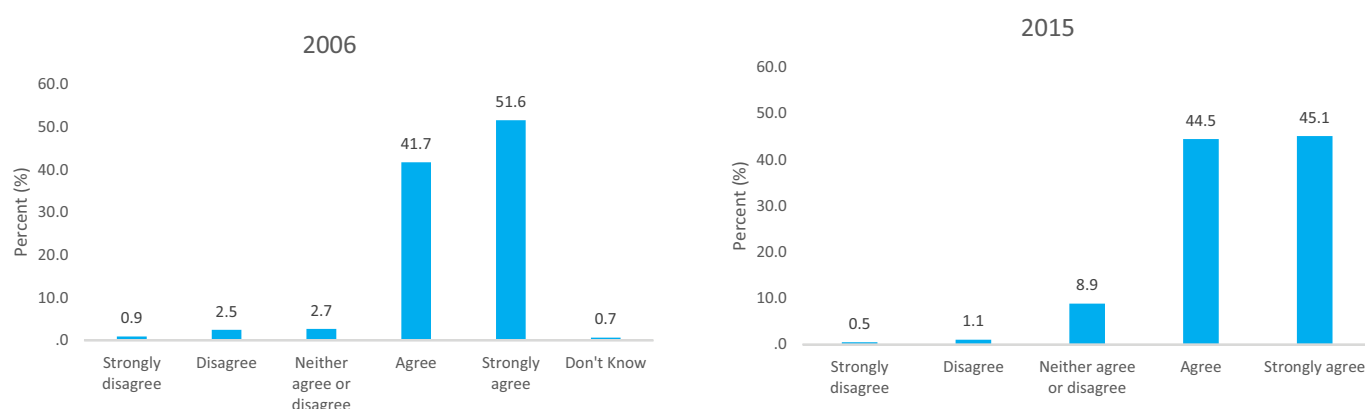


Figure 19: All people should be taught first aid; 2006 compared to 2015

There was a decrease in the proportion of people who strongly agreed that 'all people should be taught first aid' (51.6% vs 45.1%) but an increase in those who agreed (41.7% vs 44.5%). There was a slight decrease in the proportion who strongly disagreed (0.9% vs 0.5%) and disagreed (2.5% vs 1.1%) (Figure 19).

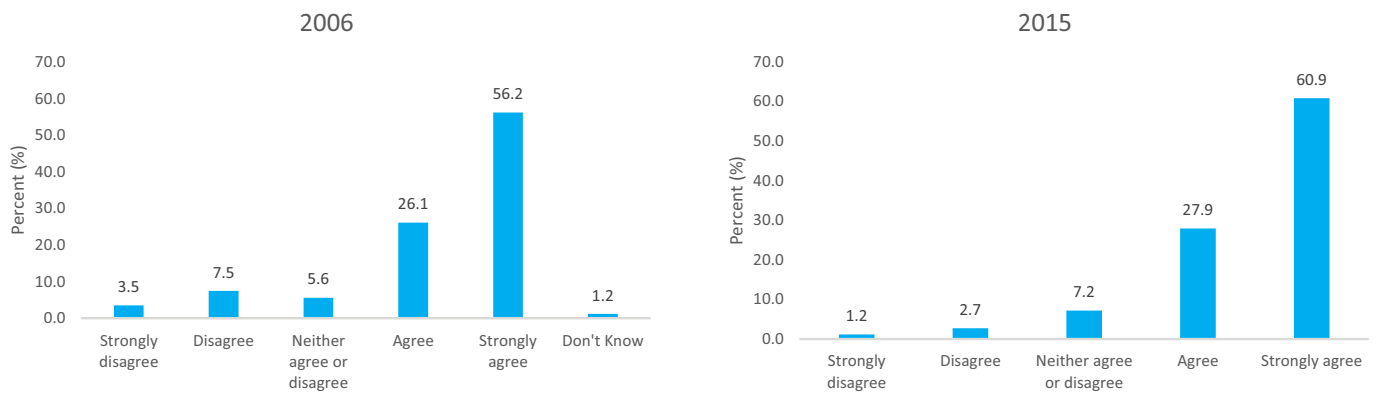


Figure 20: All people should wear a life jacket or PFD (Personal Floatation Device) when on a boat; 2006 compared to 2015

A larger proportion of people both strongly agreed (56.2% vs 60.9%) and agreed (26.1% vs 27.9%) that 'all people should wear a life jacket or PFD when on a boat'. There was a corresponding decrease in those who strongly disagreed (3.5% vs 1.2%) and disagreed (7.5% vs 2.7%) (Figure 20).

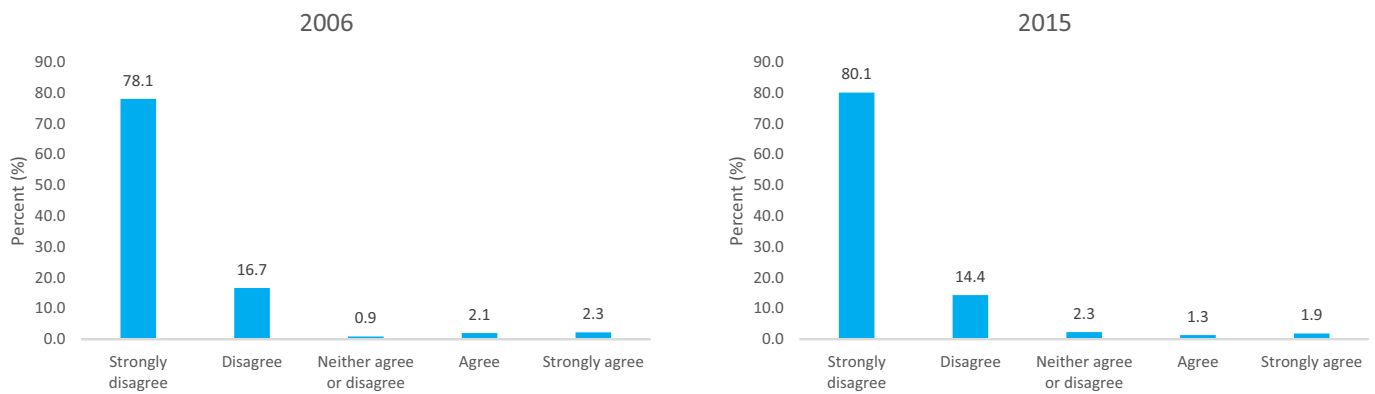


Figure 21: It is okay to drink and drive; 2006 compared to 2015

As a comparison, participants were asked to respond to the statement 'it is okay to drink and drive'. The majority of respondents strongly disagreed (78.1% vs 80.1%) or disagreed with this statement (16.7% vs 14.4%) (Figure 21).

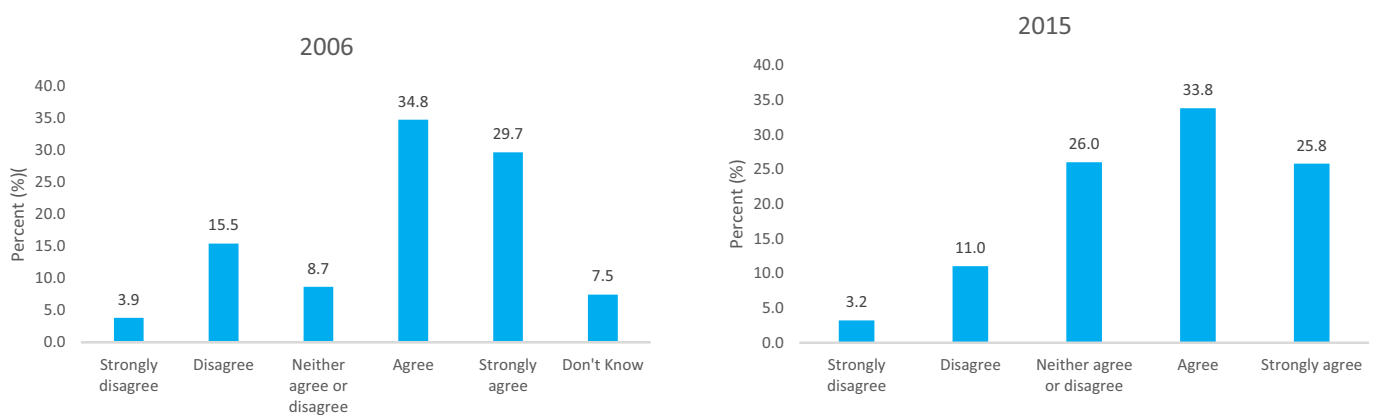


Figure 22: Holding your breath underwater for an extended period is dangerous; 2006 compared to 2015

There was a slight decrease in the proportion of people who strongly agreed (29.7% vs 25.8%) and agreed (34.8% vs 33.8%) that 'holding your breath underwater for an extended period is dangerous'. There was a corresponding increase in the proportion that neither agreed nor disagreed with the statement (8.7% vs 26.0%) (Figure 22).

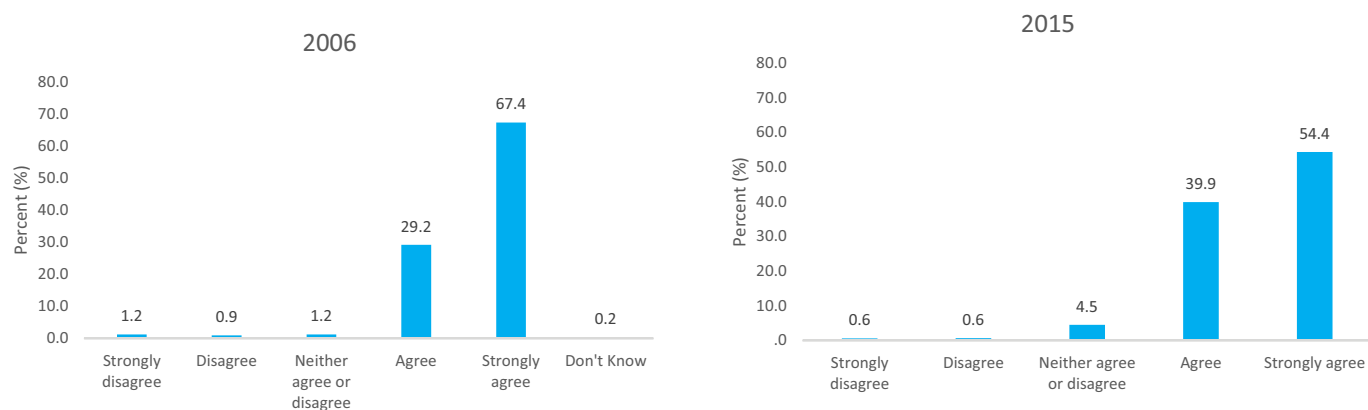


Figure 23: All people should be taught water safety skills; 2006 compared to 2015

Fewer people strongly agreed that 'all people should be taught water safety skills' (67.4% vs 54.4%); however, more people agreed with the statement (29.2% vs 39.9%). There was a slight decrease in the proportion who strongly disagreed (1.2% vs 0.6%) and disagreed (0.9% vs 0.6%) (Figure 23).

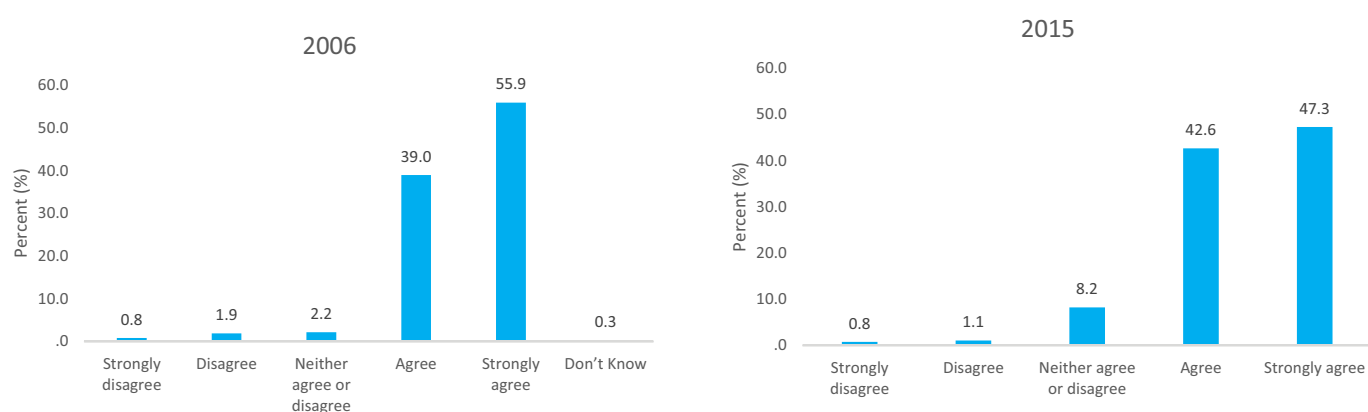


Figure 24: All people should learn resuscitation; 2006 compared to 2015

The proportion of people who strongly agreed that 'all people should learn resuscitation' decreased (55.9% vs 47.3%) but there was an increase in those that agreed (39.0% vs 42.6%). There was also an increase in the proportion who neither agreed nor disagreed (2.2% vs 8.2%) (Figure 24).

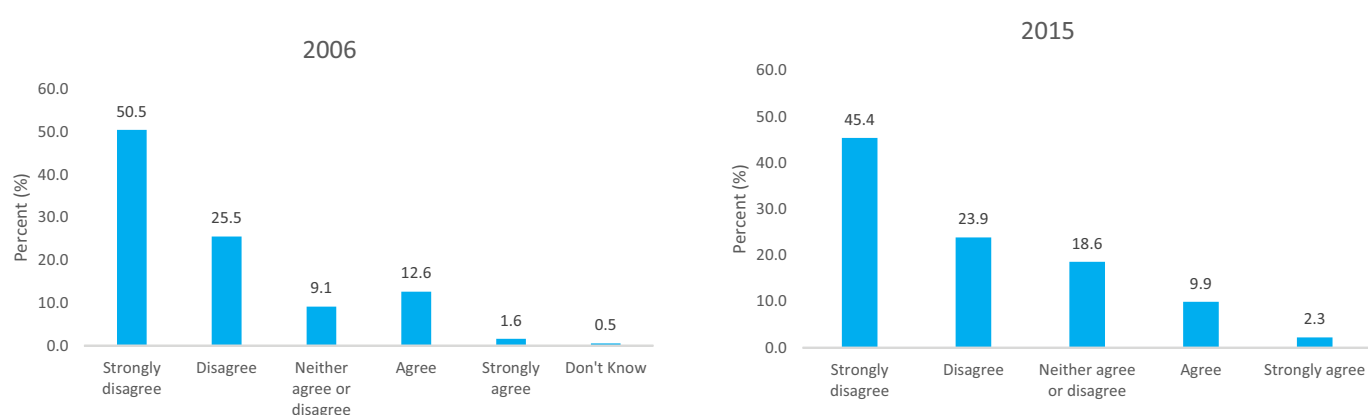


Figure 25: It is okay to drink alcohol on a boat; 2006 compared to 2015

There was a decrease in the proportion of older people who strongly disagreed 'it is okay to drink alcohol on a boat' (50.5% vs 45.4%), as well as a decrease in those who disagreed (25.5% vs 23.9%). More people neither agreed nor disagreed with this statement (9.1% vs 18.6%), while there was a decrease in the proportion who agreed (12.6% vs 9.9%) (Figure 25).

## KNOWLEDGE

The water safety knowledge of participants was tested in both surveys. This encompassed knowledge of drowning statistics, drowning prevention strategies and water safety, and rescue methods. These questions were read out to respondents randomly so that the total number responding to each statement varied.

### Drowning statistics

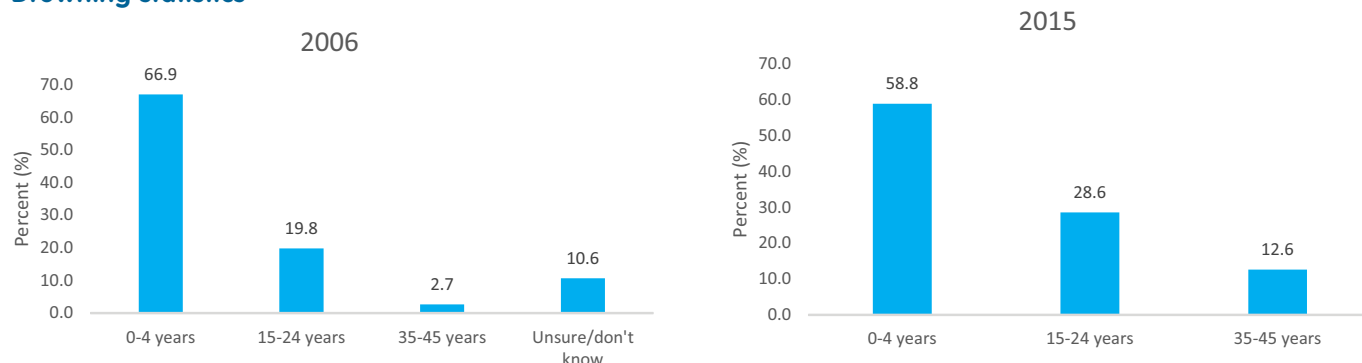


Figure 26: Which of the following age groups has the highest rate of drowning deaths; 2006 compared to 2015

There was a decrease in the proportion of older people who believed children aged 0-4 years were the age group with the highest rate of drowning deaths (66.9% vs 58.8%) but an increase in the proportion who suggested people aged 15-24 years (19.8% vs 28.6%) and 35-45 years (2.7% vs 12.6%) had the highest rate of deaths (Figure 26).

### Water safety and drowning prevention strategies

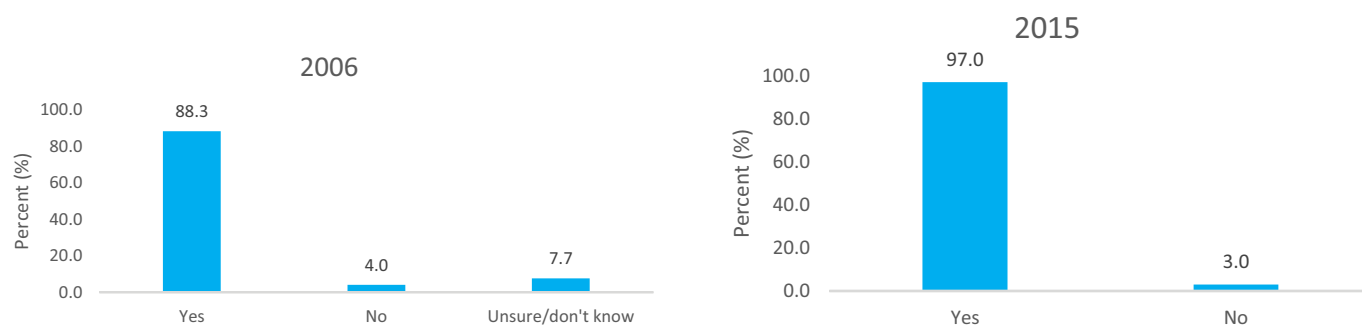


Figure 27: If you saw a sign with a red border and a red bar diagonally across the picture on a white background would you take this to be a regulatory sign? That is it must be obeyed; 2006 compared to 2015

In the second survey almost all participants stated they would obey a regulatory sign (red border with red bar diagonally across the picture on a white background), an increase on the first survey (88.3% vs 97.0%). There were a number of respondents who were unsure in the first survey (7.7%) (Figure 27).

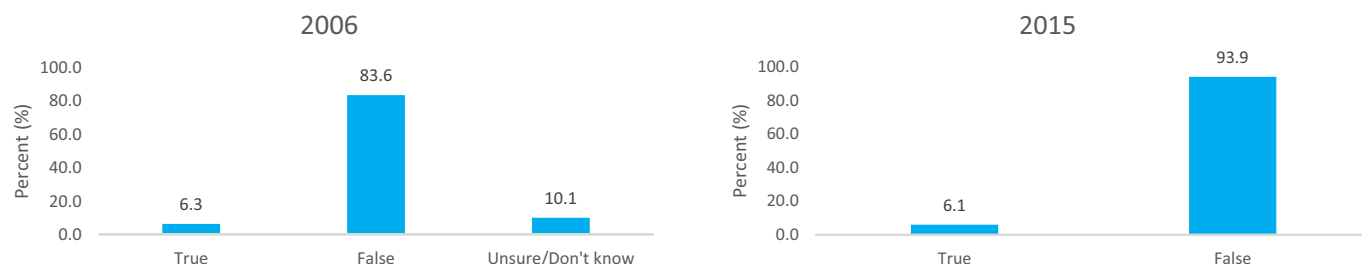


Figure 28: If you get caught in a rip, the safe thing to do is to swim as fast as you can against the rip; 2006 compared to 2015

Beach safety focused on knowledge of rips, asking participants if the safest thing to do if caught in a rip was to swim as fast as possible against it. There was an increase in the proportion of people who believed this was false (83.6% vs 93.9%), with the proportion indicating this was true remaining steady (6.3% vs 6.1%) (Figure 28).



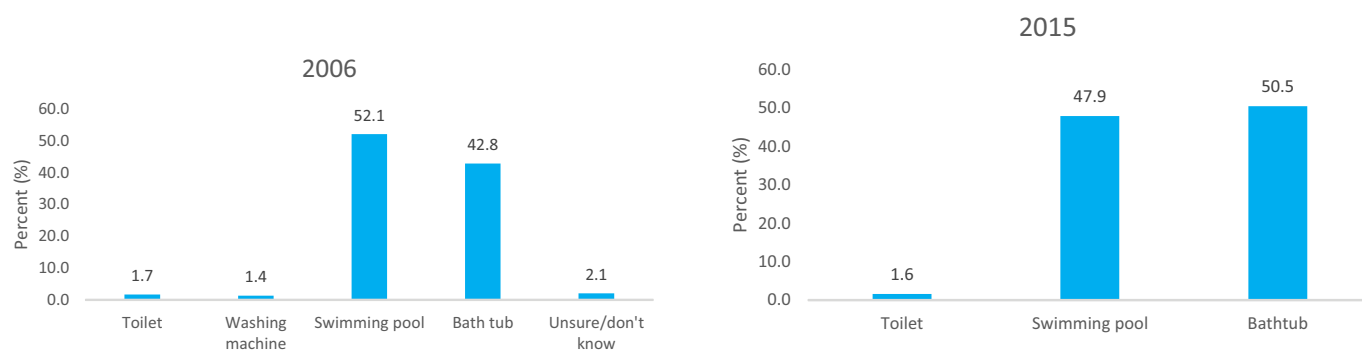


Figure 29: Which of the following is the most dangerous water location around the home for children under five years of age; 2006 compared to 2015

Knowledge of children's water safety was tested by asking the most dangerous water location around the home for children under five years. In both surveys swimming pools (52.1% vs 47.9%) and bath tubs (42.8% vs 50.5%) were the most common responses, with few respondents selecting the toilet or washing machine to be the most dangerous location (Figure 29).

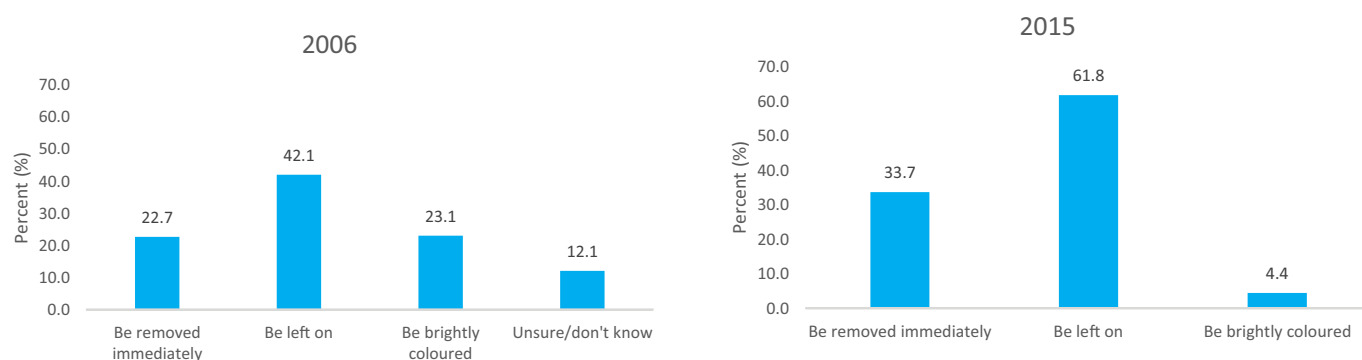


Figure 30: Upon an unexpected immersion into water, tight fitting clothing should...; 2006 compared to 2015

Information was gathered on the action participants would take following an unexpected immersion into water. There was an increase in the proportion of participants who believed tight fitting clothing should be left on (42.1% vs 61.8%), as well as an increase among those who stated the clothing should be removed immediately (22.7% vs 33.7%). Fewer respondents believed the clothing should be brightly coloured (23.1% vs 4.4%) (Figure 30).

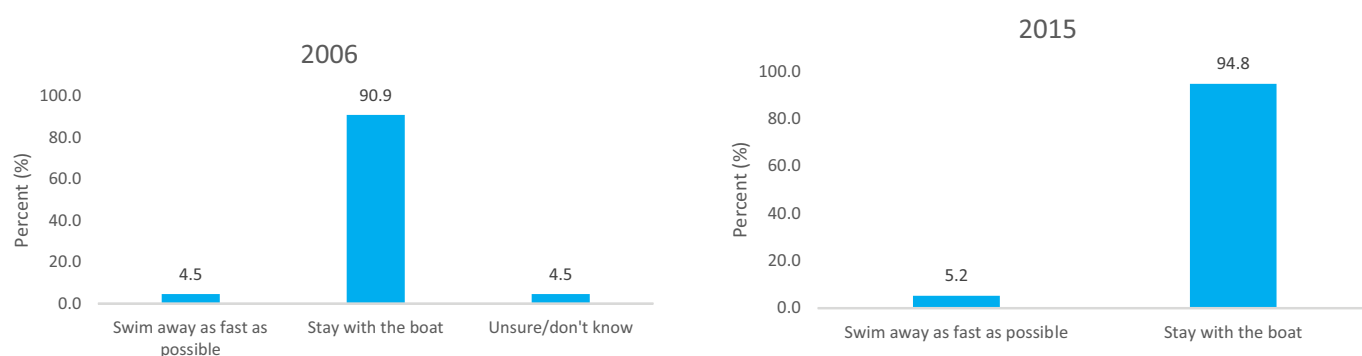


Figure 31: If you are on a boat that capsizes, you should...; 2006 compared to 2015

In the situation of a boat capsizing, there was an increase in the proportion who would stay with the boat (90.9% vs 94.8%), with only a minority stating they would swim away as fast as possible (4.5% vs 5.2%) (Figure 31).



Figure 32: Life jackets are only needed if you cannot swim or the conditions are rough; 2006 compared to 2015

Safe boating practices were further examined by asking participants about whether life jackets were only needed if the wearer could not swim or the conditions were rough. The proportion who believed this was false increased (91.2% vs 96.1%), coupled with a decrease in those who indicated this sentiment was true (8.0% vs 3.9%) (Figure 32).

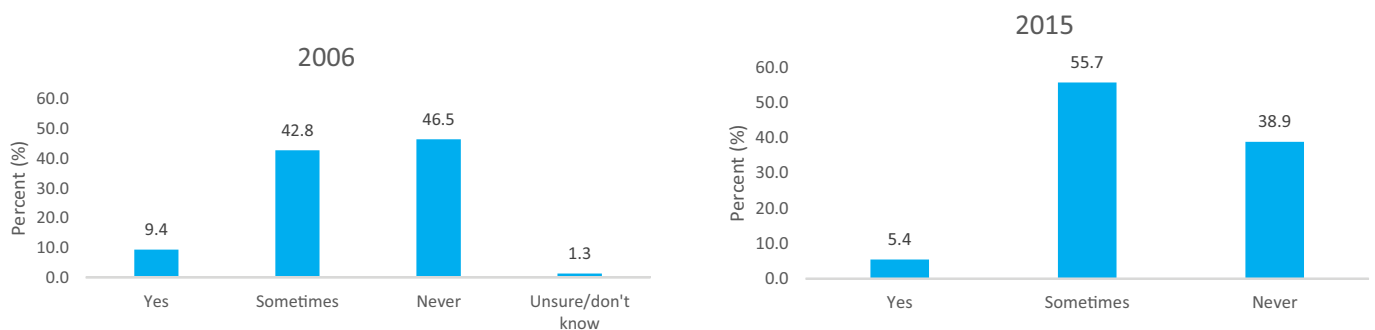


Figure 33: Is it safe to fish alone; 2006 compared to 2015

The proportion of respondents who stated 'yes' it was safe to fish alone decreased slightly (9.4% vs 5.4%), while the proportion who felt it was 'sometimes' safe increased (42.8% vs 55.7%). However, fewer reported it was 'never' safe to fish alone (46.5% vs 38.9%) (Figure 33).

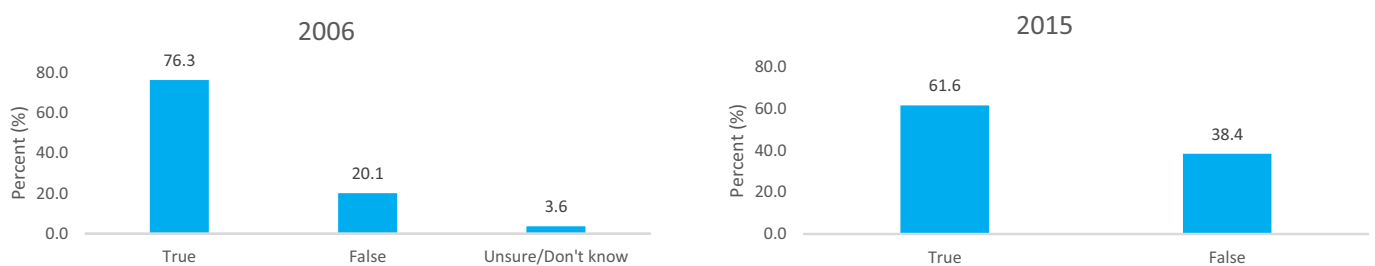


Figure 34: You would use a slide in entry when the depth and the condition of the water is unknown; 2006 compared to 2015

Methods of entry were examined by asking participants whether a slide in entry was to be used when the depth and condition of the water is unknown. There was a decrease in the proportion who believed this statement was true (76.3% vs 61.6%), while more respondents reported it to be false (20.1% vs 38.4%) (Figure 34).

## Rescue methods

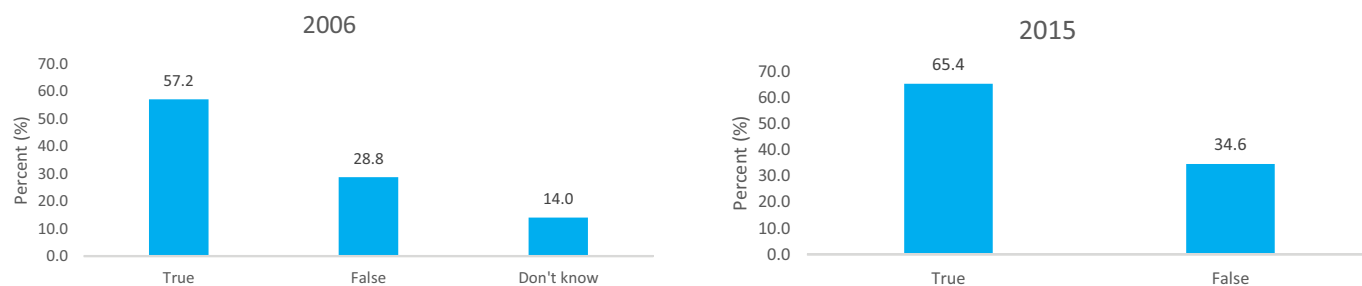


Figure 35: The safest method of rescuing a drowning person is to reach out with a rigid arm rather than entering the water; 2006 compared to 2015

The proportion of participants who believed that the safest method of rescuing a drowning person was to reach out with a rigid arm, rather than entering the water, increased (57.2% vs 65.4%). However, more also disagreed and stated this suggestion was false (28.8% vs 34.6%) (Figure 35).

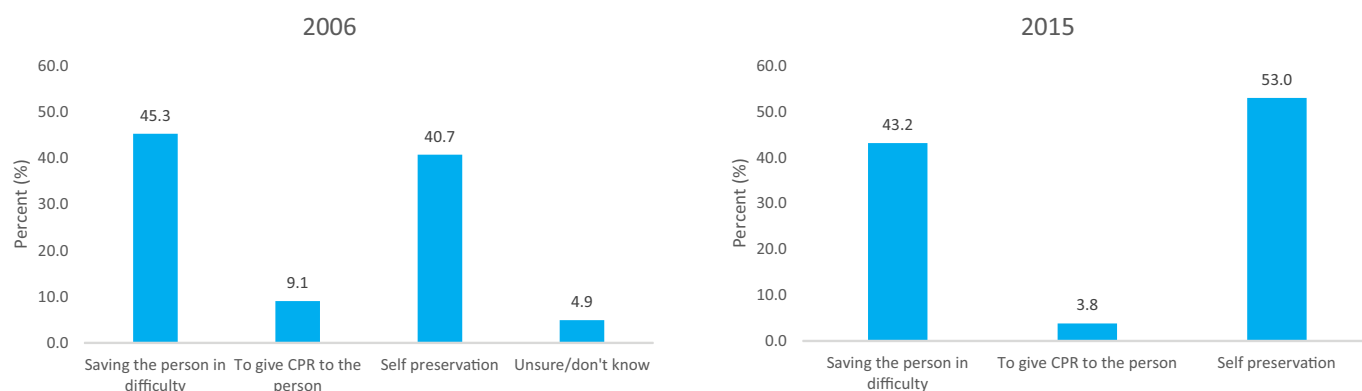


Figure 36: Which of the following is the first consideration in a rescue attempt; 2006 compared to 2015

There was an increase in the proportion of people who reported that self-preservation would be the first consideration in a rescue attempt (40.7% vs 53.0%), this was coupled with a decrease in the proportion who considered saving the person in difficulty to be the priority (45.3% vs 43.2%). There was also a decrease in those who considered administering CPR to be the first consideration (9.1% vs 3.8%) (Figure 36).

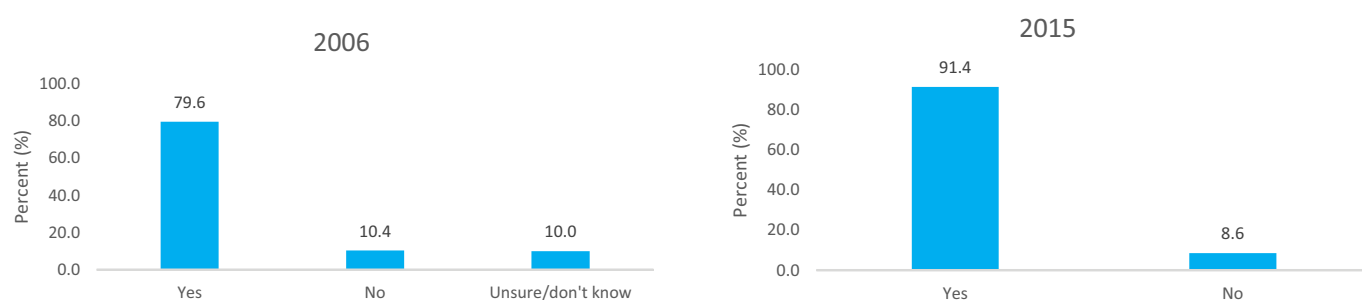


Figure 37: Could an esky lid be used to help keep someone afloat until being rescued; 2006 compared to 2015

The proportion of people who believed an esky lid could be used to keep someone afloat increased (79.6% vs 91.4%). There was a decrease in the proportion who did not agree with this idea (10.4% vs 8.6%) (Figure 37).

## First aid

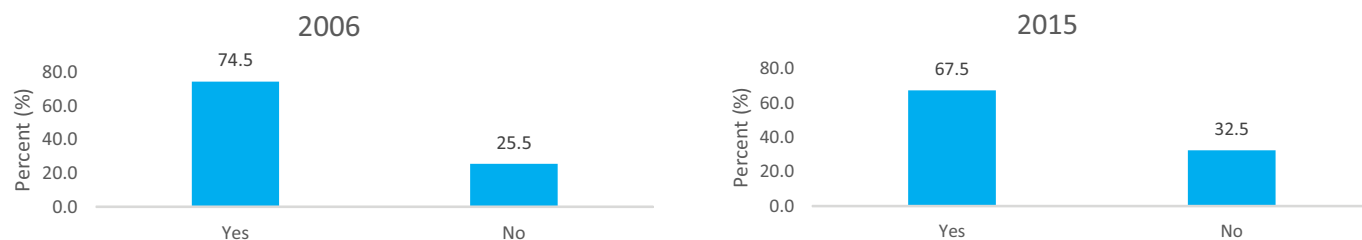


Figure 38: Have you ever undertaken a first aid or resuscitation course; 2006 compared to 2015

There has been a decrease in the proportion of older people who have undertaken a first aid or resuscitation course since the first survey (74.5% vs 67.5%) (Figure 38).

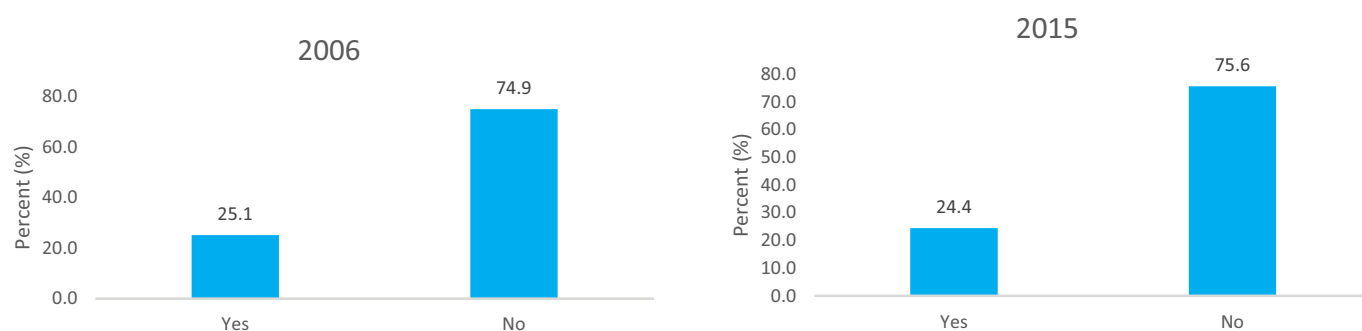


Figure 39: Did you undertake the course or an updaters in the last three years; 2006 compared to 2015

Of the participants who have undertaken a first aid or resuscitation course, the proportion who have completed or updated this in the last three years remained steady (25.1% vs 24.4%) (Figure 39).

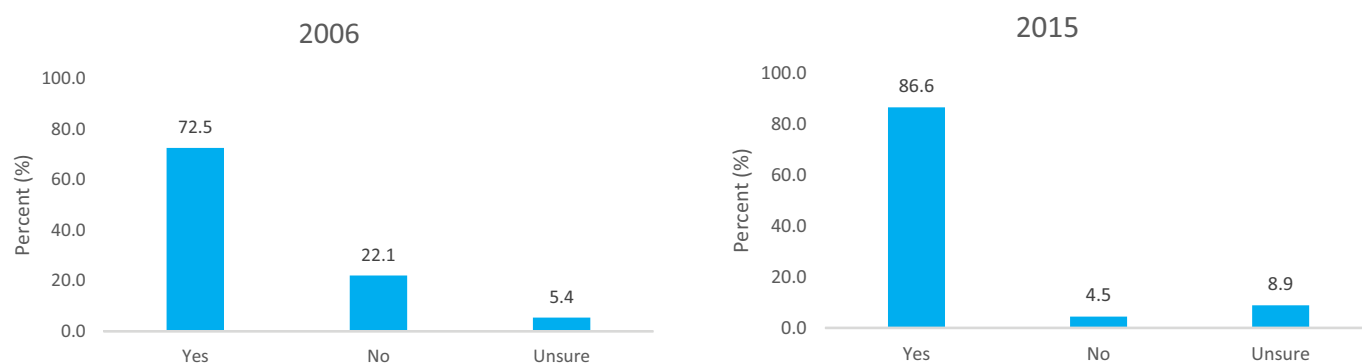


Figure 40: Do you know what a defibrillator is; 2006 compared to 2015

There has been an increase in the proportion of people who know what a defibrillator is compared to the first survey (72.5% vs 86.6%), along with a corresponding decrease in those who are not aware of its purpose (22.1% vs 4.5%) (Figure 40).

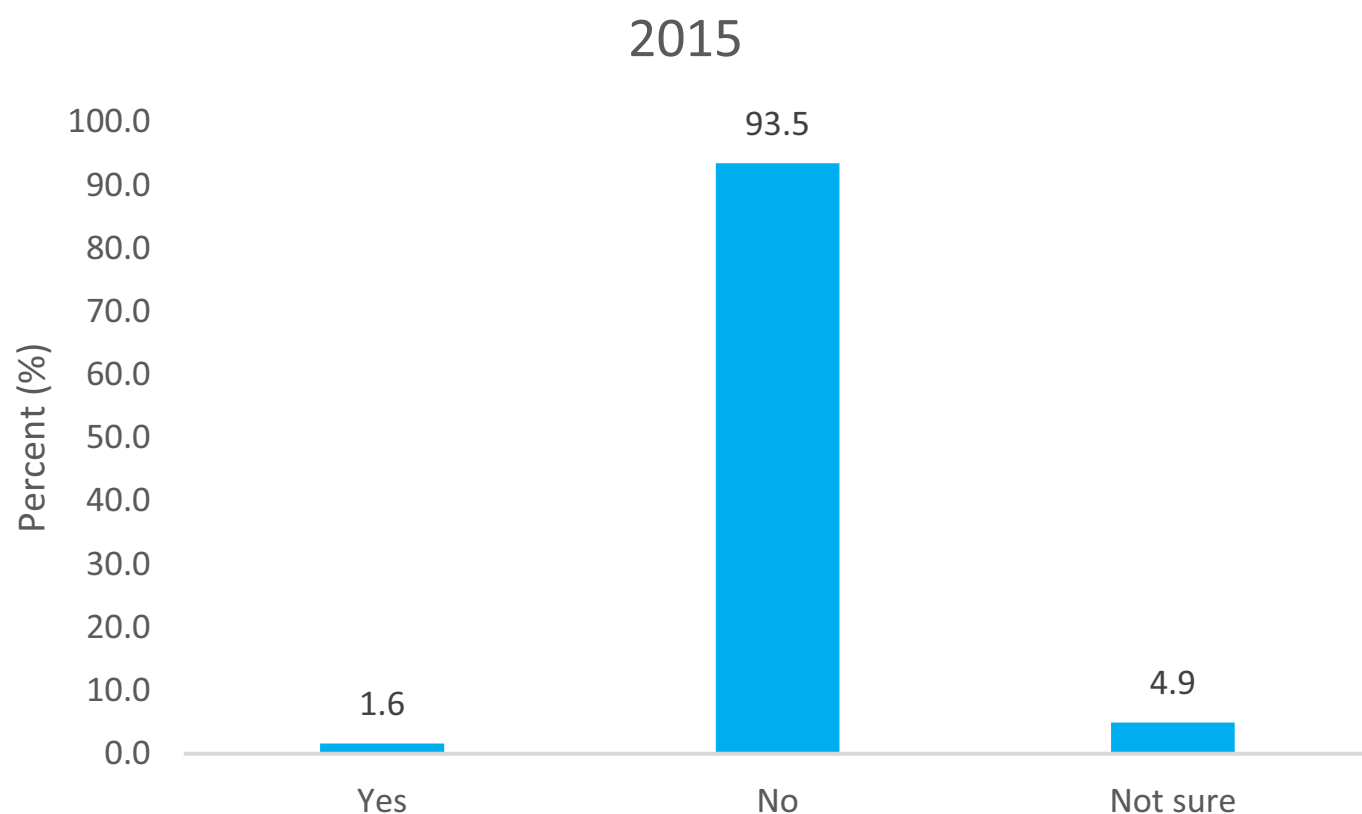


Figure 41: Have you heard of the Grey Medallion program; 2015

The second survey investigated participant's awareness of Royal Life Saving's Grey Medallion program. Only 1.6% of respondents were aware of the program, compared to 93.5% of respondents who were not (Figure 41).



## Risk

The perception of risk was examined by asking respondents to grade the level of risk they associated with a number of activities (1 = no risk at all, 10 = extremely risky).

The mean risk score for the nominated activities was calculated for each survey. In all cases an increase in mean risk score was observed, with each score increasing between 2006 and 2015. The perception of risk when swimming at a public pool increased by 24.3% between the two surveys (Figure 42).

Activity	2006		2015		Percentage increase between 2006 and 2015
	Mean	SD	Mean	SD	%
Swimming outside the flags at a beach	9.01	1.92	9.09	1.54	0.9
Diving into the shallow end of a swimming pool	9.48	1.32	9.57	0.98	0.9
Swimming at a public pool	3.74	2.47	4.65	2.20	24.3
Drinking alcohol and then swimming	9.23	1.40	9.27	1.37	0.4
Not wearing a life jacket on a boat	8.41	2.13	8.79	1.81	4.5
Drinking alcohol on a boat	8.51	2.15	8.69	1.84	2.1
Surfing	6.27	2.44	7.10	1.93	13.2
Rock fishing	8.04	1.99	8.82	1.58	9.7
Holding your breath under water and swimming as far as possible	6.06	2.94	7.59	2.34	25.2
Leaving children to play near a body of water unsupervised	9.68	1.20	9.73	0.92	0.5
Scuba diving	6.44	2.77	7.51	2.02	16.6
Snorkelling	5.63	2.69	6.55	2.30	16.3
Rescuing a drowning person	7.71	2.18	8.31	1.77	7.8
Water skiing	6.49	2.49	7.55	1.83	16.3
Entering unfamiliar waters (rivers, water holes, dams, pool, beaches etc)	8.21	2.13	8.72	1.66	6.2
Drinking alcohol then driving	9.51	1.29	9.60	1.16	0.9

Figure 42: How risky are the following activities ('1' is no risk at all, '10' is extremely risky); 2006 compared to 2015

## DISCUSSION

Older Australians are a key demographic in a nation with an ageing population. In 2012, 14% of the population was made up of people aged 65 years and over, with this figure expected to rise to 25% by the year 2101<sup>11</sup>. The population surveyed included people aged 50 years and over, from both metropolitan and non-metropolitan areas across Australia to achieve a nationally representative sample. The majority of people in this study were retired or receiving a pension, however, this proportion had decreased over time, indicating people may be working longer.

There was an increase in self-rated swimming ability, along with a decrease in the proportion of people who reported not being able to swim. This is encouraging but there remained almost 10% of people who stated they did not know how to swim. The increase in private swimming pools highlights the need for ongoing public education and safety campaigns in light of increased exposure to pools within the home environment.

All aquatic locations showed a decrease in regular visitation (every day, 2-3 times a week, once a week) but an increase in less frequent visits to waterways (every six months, once a year). The decrease in frequent visits may be linked to the decrease in the proportion of people who are retired or pensioners. If older people are working longer they will have less time for leisure, recreation and exercise and therefore, can only visit such locations infrequently.

The increase in infrequent visitation means more people are likely to be recreating in unfamiliar aquatic locations and as such, will not be aware of the environment and local conditions. For example, if a person only visits a river once a year they would not be aware of the hazards, such as dangerous currents. This may increase the risk of them getting into difficulty while recreating in such locations.

The rise in infrequent visitation also poses a challenge for prevention. Accessing this cohort in order to provide targeted water safety information is likely to be difficult. If a group is only visiting a location once every six months or once a year, they will be difficult to reach through convention channels, particularly when such information would ideally be specific to a particular type of aquatic location which they may only visit very occasionally.

A similar trend was observed in regards to participation in aquatic activities, with fewer people indicating they regularly undertook an activity but more people reporting they infrequently participated in activities such as swimming, boating and fishing. As discussed in regards to aquatic locations, this indicates people are likely to be inexperienced with these activities and therefore may lack the required knowledge to participate safely, potentially increasing the risk.

Similar trends were seen in regards to consuming alcohol at aquatic locations, with fewer people regularly consuming alcohol but a higher proportion reporting infrequent consumption, coupled with a decrease in the proportion who reported never drinking at waterways. Older people are not traditionally thought of as a risk taking demographic but this survey indicates that alcohol consumption is still a problem among this cohort. Future public awareness campaigns would benefit from additional research to determine high risk groups within this broad cohort.

Older people are a key demographic in regards to supervision of children, with many grandparents assuming responsibility for supervising young children around water. Similar to the other investigated activities, regular supervision decreased but infrequent supervision either remained steady or increased. The messages of the Keep Watch program (Supervise, Restrict access, Water Awareness, Resuscitation) are applicable to this group to ensure young children in their care are kept safe around water.

It is crucial that older people understand how to actively supervise children, as well as the importance of correctly installed and regularly maintained pool fences and gates, given the increase in the proportion of people who have a home swimming pool at their place of residence. The substantial decrease in the proportion of people who reported having undertaken a first aid or resuscitation course is concerning. Royal Life Saving believes that all people should understand resuscitation and keep their skills up to date, however, this is especially important for people supervising children near water.

The substantial decrease in the proportion of people who believe 'most drowning deaths are preventable' suggests more community awareness is needed. Royal Life Saving advocates that all drowning deaths are preventable, a message which may need to be more strongly presented to older age groups. Further research in this area is warranted to determine why this belief appears to have changed over time. The corresponding increase in the proportion who neither agreed nor disagreed suggests that the message is not reaching this group, with people unsure about whether drowning deaths are able to be prevented at all.

There were increases in the proportion of people who agreed that 'all children should be taught swimming at school', 'all people should be taught first aid', 'all people should be taught water safety skills' and 'all people should learn resuscitation' but a decrease in the proportion who strongly agreed with these statements. While such concepts continue to enjoy strong public support, it would be worthwhile discovering why there has been a decrease in the proportion of people who no longer strongly support these ideals.

In both surveys a substantially greater proportion of older people strongly disagreed with the statement 'it is okay to drink and drive' than 'it is okay to drink alcohol on a boat', indicating the notion that alcohol should be avoided while boating is still not as widely accepted as the message against drink driving.

The proportion of people who strongly disagreed with the statement regarding drinking while driving increased slightly, while the proportion that strongly disagreed or disagreed with the statement regarding drinking while boating decreased, coupled with an increase in those who neither agreed nor disagreed. This suggests the water safety community has further work to do in this area to ensure people are aware of the dangers of drinking while boating.

In addition to risky consumption of alcohol, the increase in the proportion of older people taking prescription medication should be noted. Drugs, namely prescription medicines in this demographic, are a risk factor for drowning. The most commonly used medications in this age group include antihypertensives, analgesics, tranquilisers and sedatives, antidepressants and antiepileptics<sup>12</sup>. The combination of alcohol and drugs is also a concern among older people, with the sedating effects of alcohol potentiating the effects of many prescription medications<sup>13</sup>.

The knowledge base of this demographic has changed over time, with two main areas of concern becoming apparent. As described above, the proportion of older people who have undertaken a first aid or resuscitation course has decreased, as well as awareness of a slide in entry for when the depth and condition of the water is unknown. Looking forward, it is important that this trend does not continue. The Grey Medallion program covers safe entry and exit techniques (including the slide in entry), as well as resuscitation and emergency care. It is ideally placed to increase the proportion of older people who have this vital knowledge. Although the second survey asked participants about their awareness of the Grey Medallion, the first survey did not so a comparison is not possible. This is an important area to cover if this survey is to be repeated in the future.

The mean risk score increased for all activities between the two surveys, suggesting this cohort is becoming more aware of aquatic-related risks over time. The activities with mean risk scores above '9' in both surveys were: diving into the shallow end of a swimming pool, drinking alcohol then swimming, leaving children to play near a body of water unsupervised and swimming outside the flags at a beach.

Interestingly the perception of risk when swimming at a public pool increased by 24.3% between the two surveys. This warrants further investigation, as swimming at a public pool is a commonly recommended prevention strategy for older people. Royal Life Saving recommends swimming at a public pool to older people who may not have been in the water for some years as a public pool enables them to test their skills and fitness in a controlled environment prior to swimming in more risky open water locations.

Drinking alcohol then driving also had a mean risk score above '9' in both surveys. Drink driving was considered more risky than drinking alcohol before swimming and drinking alcohol on a boat, reiterating that although awareness of the danger of mixing alcohol and aquatic activities is growing, it is still not considered as dangerous as combining alcohol with driving a motor vehicle.

## Limitations

In evaluating the data, there are several points of caution.

- Firstly, the change in methodology between the surveys (telephone based interviewing to an online format) may have had an impact on the results. Therefore, it is not possible to definitively state that observable differences are due to changes over time.
- Secondly, demographic differences existed between the 2006 and 2015 sample populations. However, the only significant difference was regarding geographic location (state and metropolitan or non-metropolitan areas).

## CONCLUSION

Older Australians visit both inland (rivers, dams, lakes) and coastal waterways (beaches and the ocean), as well as swimming pools and spas. They engage in a wide variety of activities in and around the water, including swimming, boating, fishing and supervising children. Although regular visits to aquatic locations have decreased over time, there has been an increase in infrequent visits, suggesting more people may be visiting unfamiliar locations and therefore, may not be aware of local conditions and hazards. Drowning prevention strategies should take into account the changing nature of visitation when designing future education campaigns.

Knowledge of important water safety principles has also changed over time. The key area of concern is the decrease in the proportion of older people who have undertaken a first aid or resuscitation course. Ensuring this trend does not continue should be a priority for the future.

Although older people considered drinking while swimming or boating to be risky, it was not regarded to be as dangerous as drink driving, nor did as high a proportion of people strongly disagree with the notion of participating in aquatic activities under the influence of alcohol, as did for drink driving. It is encouraging that consuming alcohol while swimming or boating is widely perceived as risky but it is also clear that more work needs to be done in this area.

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## APPENDIX ONE – 2006 SURVEY QUESTIONNAIRE

### Appendix 2: Telephone interview

#### INTRODUCTION

Good (...) I am \_\_ from Taverner Research we are conducting a brief research study about the community's attitude to water safety issues on behalf of the Royal Life Saving Society Australia.

Could I please speak to (NAME OF PERSON FROM LIST)?

1. Yes
2. No (TRY TO MAKE APPOINTMENT – IF NOT PROBE FOR REASON WHY AND RECORD EG NOT ENOUGH TIME, NO INTEREST)

#### REINTRODUCE IF NECESSARY

Good (...) I am \_\_ from Taverner Research Company we are conducting a brief research study about the community's attitude to water safety issues.

The survey will take approximately 10-12 minutes to complete and all answers are totally confidential and anonymous. Is now a good time for you?

1. Yes (CONTINUE)
2. No (TERMINATE)

Please be advised that for the purposes of training, this call may be monitored by my Supervisor.

IF PERSON IS TOO BUSY/UNAVAILABLE, MAKE AN APPOINTMENT TO CALL BACK

#### QUOTA QUESTION

First of all I'd like to begin by ensuring you qualify to take part in this study.

**Q1A Could you please indicate which of the following age groups you belong to?**

TERMINATE ANYONE UNDER 50 I.E. 49 OR YOUNGER

1. 18-34 - TERMINATE
2. 35-49 - TERMINATE
3. 50-54
4. 55-59
5. 60-64
6. 65-69
7. 70-74
8. 75-79
9. 80+
- 10.(UNDER 18) (DO NOT READ OUT)  
(THANK AND TERMINATE)
- 11.(REFUSED) (DO NOT READ OUT)  
(THANK AND TERMINATE)

#### PARTICIPATION QUESTIONS

**Q2A On average how often did you visit the following aquatic locations in the last 12 months?**

1. Every day
2. 2-3 times a week
3. Once a week
4. 2-3 times a month
5. Once a month
6. Every 3 months
7. Every 6 months
8. Once a year
9. Never
- 10.Refused

#### LOCATIONS - RANDOM AND ROTATE

1. A beach
2. A public pool
3. A residential pool or spa (i.e. a pool/spa at a home dwelling)
4. A dam
5. A river
6. A lake
7. Other(SPECIFY)

**Q2B On average how often did you do each of the following activities in the last 12 months?**

1. Every day
2. 2-3 times a week
3. Once a week
4. 2-3 times a month
5. Once a month
6. Every 3 months
7. Every 6 months
8. Once a year
9. Never
- 10.Refused

#### ACTIVITIES - RANDOM AND ROTATE

1. Swimming
2. Boating
3. Drinking alcohol at any aquatic location
4. Fishing
5. Wading
6. Supervising children under 5 years of age near water including any body of water where child's head COULD be submerged
7. Supervising children over 5 years of age near water including any body of water where child's head COULD be submerged
8. Walking beside the water at any location

Q2C What other activities do you undertake when you visit aquatic locations?

DO NOT READ OUT

1. Other(SPECIFY)

Q3 Now I am going to read out some statements and I would like you to indicate if you strongly agree, agree, neither agree or disagree, disagree or strongly disagree.

1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree
6. Don't Know (DO NOT READ OUT)

STATEMENT LIST – READ OUT – ROTATE (1 MUST ALWAYS BE READ OUT FIRST – ROTATE REST OF THE LIST) {Rotate 4 – thus five asked in total including 1)

1. Most drowning deaths are preventable
2. All children should be taught swimming at school
3. All people should be taught first aid
4. All people should wear a life jacket or PFD (Personal Flotation Device) when on a boat
5. It is okay to drink and drive
6. Holding your breath underwater for an extended period is dangerous
7. All people should be taught water safety skills
8. All people should learn resuscitation
9. It is okay to drink alcohol on a boat

FOR Q3A/B/C/D ONE OF EACH QUESTION IS TO BE SELECTED RANDOMLY

I am now going to ask you some questions regarding rescues, water safety and water entry, for each question you will be required to either answer, yes or no, true or false or select one of the options I read out to you.

Q3A1 Please answer true or false to the following statement. The safest method of rescuing a drowning person is to reach out with a rigid arm rather than entering the water.

1. True
2. False
3. (Don't know)

Q3A2 Which of the following is the first consideration in a rescue attempt?

READ OUT - RANDOM ROTATION

1. Saving the person in difficulty
2. To give CPR to the person
3. Self preservation
4. (Unsure/don't know)

Q3A3 Could an esky lid be used to help keep someone afloat until being rescued?

1. Yes
2. No
3. (Unsure/don't know)

Q3B1 If you saw a sign with a red border and a red bar diagonally across the picture on a white background would you take this to be a regulatory sign? That is it must be obeyed.

1. Yes
2. No
3. (Unsure/don't know)

Q3B2 If you get caught in a rip, the safe thing to do is swim as fast as you can against the rip. Is this statement true or false?

1. True
2. False
3. (Unsure/Don't know)

Q3B3 Which of the following is the most dangerous water location around the home for children under 5 years of age?

READ OUT - RANDOM ROTATION

1. Toilet
2. Washing machine
3. Swimming pool
4. Bath tub
5. (Unsure/don't know)

Q3C1 Please answer true or false to the following statement. You would use a slide in entry when the depth and the condition of the water is unknown.

1. True
2. False
3. (Unsure/Don't know)

Q3C2 Upon an unexpected immersion into water, tight fitting clothes should...

READ OUT - RANDOM ROTATION

1. Be removed immediately
2. Be left on
3. Be Brightly
4. (Unsure/don't know)

Q3C3 If you are in a boat that capsizes, you should...

READ OUT - RANDOM ROTATION

1. Swim away as fast as possible
2. Stay with the boat
3. (Unsure/don't know)

Q3D1 Which of the following age groups has the highest rate of drowning deaths?

READ OUT - RANDOM ROTATION

1. 0-4 years
2. 15-24 years
3. 35-45 years
4. (Unsure/don't know)

Q3D2 True or false, life jackets are only needed if you can not swim or the conditions are rough?

READ OUT - RANDOM ROTATION

1. True
2. False
3. (Unsure/don't know)

Q3D3 Is it safe to fish alone...

READ OUT

1. Yes
2. Sometimes
3. Never
4. (Unsure/don't know)

ASK ALL

Q3E Which of the following statements best reflects how you answered the previous 4 questions?

READ OUT - RANDOM ROTATION

1. The answers were common sense and I was able to work them out
2. I guessed the answers
3. I remember learning this information
4. (Unsure/don't know)

### FALL QUESTIONS

Now I would like to ask you some questions about falls you may have had in the past year, including those falls that did not result in injury as well as those that did.

Q40 How many falls, including slips, trips and falls to the ground, have you had in the past 12 months?

1. (record numeric answer, enter 0 for none)
2. (Refused)

IF AT LEAST 1 FALL ASK Q40A, OTHERWISE GO TO Q41

Q40A Have you suffered any injuries as a result of a fall?

1. Yes
2. No (GO TO Q40B1)
3. (Don't know)
4. (Refused)

Q40B Have you required hospitalisation because of a fall?

1. Yes
2. No
3. (Don't know)
4. (Refused)

Q40B1 Were any of these falls at an aquatic location?

1. Yes
2. No (GO TO Q40C)
3. (Don't know) (GO TO Q40C)

Q40B2 Are you now less likely to go to an aquatic location because of your fall?

1. Yes
2. No
3. (Don't know)

Q40C Would you be willing to use an aquatic facility to help assist with your rehabilitation from the injury due to a fall or if you had sustained an injury from a fall?

1. Yes
2. No
3. I am already using an aquatic facility for rehabilitation
4. (Don't know)

Q40D Do you think you are at risk of another fall?

1. Yes
2. No
3. (Don't know)
4. (Refused)

GO TO Q42

Q41 Do you think you are at risk of a fall?

1. Yes
2. No
3. (Don't know)

Q41B Would you be willing to use an aquatic facility to help assist with your rehabilitation if you do sustain an injury from a fall in the future?

1. Yes
2. No
3. (Don't know)

Q42 Would you be willing to use an aquatic facility to help improve your strength, fitness, balance and flexibility to help prevent a fall?

1. Yes
2. No
3. (Don't know)

## BRONZE MEDALLION QUESTIONS

Q4 Have you heard of 'The Bronze Medallion'?

1. Yes
2. No
3. (Don't know)

Q5AA Could you tell me what you think the Bronze Medallion is?

SPECIFY

USE LIST BELOW FOR POST CODING ONLY

1. A course for lifesavers
2. Something you did at school
3. A program to learn about swimming
4. A program that teaches you how to be safe in the water
5. A program that teaches you how to rescue someone
6. (DO NOT KNOW)

ALL

The Bronze Medallion is a lifesaving course that teaches water safety, survival skills, resuscitation, and rescue techniques and requires the participant to be able to swim 400m using four different strokes (freestyle, breast stroke, survival back stroke and side stroke) in 13 minutes.

IF NEEDED

For clarification the total swim is 400m in 13 minutes, i.e. 100m of each of the 4 strokes to be completed in 13 minutes

Q5 Have you ever undertaken a Bronze Medallion?

1. Yes
2. No

Q6 Do you think you would be able to complete a Bronze Medallion today?

1. Yes (GO TO Q7AA)
2. No (GO TO Q7A)
3. Unsure (GO TO Q7A)

Q7A Why do you think you [would not/might not] be able to complete a Bronze Medallion?

DO NOT PROMPT – ALLOW MULTIPLE RESPONSE

1. Can not swim that far
2. Unfit
3. (Unsure – DO NOT KNOW)
4. Other (SPECIFY)

Q7AA Would you consider undertaking a course similar to a bronze medallion without the requirement to complete the timed 400m swim?

1. Yes (GO TO Q7AC)
2. No (ASK Q7AB)
3. Unsure (ASK Q7AB)

Q7AB Why not?

1. Other(SPECIFY)

GO TO Q7AD

Q7AC What form of recognition or reward do you think would be appropriate for completing the bronze medallion without the timed swim?

DO NOT READ OUT

1. Certificate
2. Medallion
3. Other (SPECIFY)

GO TO Q7AG

Q7AD Even though you would not consider undertaking a bronze medallion without the timed swim, what form of recognition or reward do you think would be appropriate for those who do complete it?

USE SAME LIST AS IN Q7AC

Q7AG Would you be interested in other water/aquatic activities for over 50 year olds? For each of the following please indicate yes or no...

READ OUT - RANDOM - ROTATE

1. Aqua aerobics
2. Learn to swim
3. In water fitness and strength programs
4. Swimming competitions
5. Water polo
6. Other(SPECIFY)

Q7AH What do you think stops people in the (INSERT AGE GROUP FROM Q1A) age group from getting to aquatic venues? – PROBE WELL

1. Other(SPECIFY)
2. (Don't know)

Q7AI What do you think are the barriers, if any, that stops people in the (INSERT AGE GROUP FROM Q1A) age group participating in water based activities or programs at aquatic venues such as pools and beaches? – PROBE WELL

1. Other(SPECIFY)
2. (Don't know)

## FIRST AID QUESTIONS

Q14 Have you ever undertaken a first aid or resuscitation course?

1. Yes (GO TO Q14A)
2. No (GO TO Q14B)

#### Q14A Why did you undertake the course?

##### RECORD

1. Other (SPECIFY)
2. Don't know

GO TO Q15

#### Q14B Why haven't you undertaken a course?

##### RECORD

1. Other (SPECIFY)
2. Don't know

GO TO Q16

#### Q15 Did you undertake the course or an update in the last 3 years?

1. Yes
2. No

#### Q16 Do you know what a defibrillator is?

1. Yes
2. No
3. Unsure

A defibrillator is a device that performs defibrillation (ie shocks the heart) when there is an abnormal rhythm during a cardiac arrest.

#### Q17 Would you like to learn how to use a defibrillator?

1. Yes (Go to Q17A)
2. No (Go to Q18)
3. (Already know how to use one) SKIP TO Q18
4. (Don't know/Unsure) SKIP TO Q18

#### 17A. Would you be willing to pay to learn how to use a defibrillator?

1. Yes
2. No
3. (Don't know/unsure)

#### RISK QUESTIONS

Q18 On a scale of 1 to 10 where '10' is extremely risky and '1' is no risk at all, how risky would you say the following activities are?

1. No risk at all
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. Extremely risky
11. Don't know (DO NOT READ OUT)

#### READ OUT – ROTATE – SELECT (5) FROM THE LIST BELOW

1. Swimming outside the flags at a beach
2. Diving into the shallow end of a swimming pool
3. Swimming at a public pool
4. Drinking alcohol and then swimming
5. Not wearing a life jacket on a boat
6. Drinking alcohol on a boat
7. Surfing
8. Rock fishing
9. Holding your breath under water and swimming as far as possible
10. Leaving children to play near a body of water unsupervised
11. Eating and then swimming
12. Scuba diving
13. Snorkelling
14. Rescuing a drowning person
15. Water skiing
16. Entering unfamiliar waters (rivers, water holes, dams, pools, beaches etc.)
17. Drinking alcohol then driving

#### DEMOGRAPHICS

Finally, I'd just like to make sure we have spoken to a good cross section of people.

Q19 On a scale of 1 to 10 where '10' means expert swimmer and '1' means cannot swim, how would you rate your swimming ability?

1. Cannot swim
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. Expert swimmer
11. Don't know (DO NOT READ OUT)

#### Q20 What type of dwelling do you live in?

##### READ OUT LIST

1. Apartment/unit
2. Townhouse
3. Villa
4. Semi-detached
5. Free standing home
6. Other (SPECIFY)
7. Don't know (DO NOT READ OUT)



Q21 Do you have a swimming pool at your place of residence?

1. Yes
2. No (GO TO Q22)

Q21A Does it have a fence around it with a self closing and self latching gate?

1. Yes
2. No

Q22 RECORD GENDER AUTOMATICALLY

1. Male
2. Female
3. (UNKNOWN)

Q22A Do you have any children aged 5 years or younger living at your home?

1. Yes
2. No
3. (REFUSED)

Q22B Have you had a child 5 years or younger visit your home in the past 6 months?

1. Yes
2. No
3. (REFUSED)

Q22C Do you or have you in the last 6 months supervised any children aged 5 years or younger?

1. Yes
2. No
3. (REFUSED)

Q22D Do you think you could educate children about water safety?

1. Yes (GO TO Q24)
2. No
3. (REFUSED)

Q22E Why not?

1. Other(SPECIFY)
2. (Don't know)

Q24 Can you please tell me your occupation?

USE CODES FROM PREVIOUS JOB FOR POST CODING  
– DO NOT READ OUT

IF ANY OF THE NOT WORKING CODES I.E. RETIRED,  
UNEMPLOYED, STUDENT, HOMEMAKER – CHECK FOR  
OTHERS – ASK Q24A OTHERWISE SKIP TO Q25A

Q24A Can you please tell me your previous occupation?

USE SAME CODES AS Q24

Q25A Can you please tell me the approximate income of your household per annum before tax?

1. Under \$15,000
2. \$15,001-\$30,000
3. \$30,001-\$50,000
4. \$50,001-\$75,000
5. \$75,001-\$100,000
6. More than \$100,000
7. (REFUSED)
8. (DON'T KNOW)

Q25B Do you currently take any prescription medication?

1. Yes
2. No (GO TO Q26)
3. Refused (GO TO Q26)

Q25C How many different types do you take?

1. (RECORD NUMERICAL ANSWER)
2. (Don't know)
3. (Refused)

Q26 Finally, can you please tell me the postcode you live in?

1. Other
2. (REFUSED)
3. (DON'T KNOW)

Q27 Would you be living in your state or territory's capital city?

1. Yes
2. No

Q27A Would you be interested in participating in focus groups with the Royal Life Saving Society about older Australian water safety?

1. Yes (RECORD FULL NAME AND PHONE NUMBER – THEN GO TO Q100)
2. No (GO TO Q28)

Q28 And just in case my supervisor needs to check anything about this survey, could I please have your first name?

RECORD

Q100

Thank you again for taking part in this study. If you wish to check that my company is listed with the Market Research Society, you can call the Market Research Society Survey Line on 1300 364 830.  
My company name is Taverner Research.

### Appendix: 2015 Questionnaire Used

#### Introduction

Thank you for taking part in this online survey - it should take around 20 minutes for you to complete. Please read each question and follow the instructions to record your replies. This survey is best viewed in full screen.

Please read the instructions and our privacy policy below before continuing.

#### Instructions

For each question you will be required to click one or more boxes or type in your answer in the boxes provided, please provide full and clear answers and try to be as exhaustive as possible in your responses.

Please do not use the browser's **FORWARD** and **BACK** buttons at any stage, instead use the **CONTINUE** button within the survey to move through.

**DEMOGRAPHIC SCREENERS**

**Q1. Please select the age group you belong to.**

- |             |                              |
|-------------|------------------------------|
| 1. Under 18 | <b>THANK &amp; TERMINATE</b> |
| 2. 18-34    | <b>THANK &amp; TERMINATE</b> |
| 3. 35-49    | <b>THANK &amp; TERMINATE</b> |
| 4. 50-54    |                              |
| 5. 55-59    |                              |
| 6. 60-64    |                              |
| 7. 65-69    |                              |
| 8. 70-74    |                              |
| 9. 75-79    |                              |
| 10. 80+     |                              |

**Q2. Please select your gender.**

1. Male
2. Female

**Q3. Which state or territory do you live in?**

1. NSW
2. Victoria
3. Queensland
4. SA
5. WA
6. NT
7. ACT
8. Tasmania

**Q27 Would you be living in your state or territory's capital city?**

1. Yes
2. No

**Great you qualify for this study!**

**Q2A On average how often did you visit the following aquatic locations in the last 12 months?**

1. Every day
2. 2-3 times a week
3. Once a week
4. 2-3 times a month
5. Once a month
6. Every 3 months
7. Every 6 months
8. Once a year
9. Never

LOCATIONS - RANDOM AND ROTATE

1. A beach
2. A public pool
3. A residential pool or spa (i.e. a pool/spa at a home dwelling)
4. A dam
5. A river
6. A lake
7. Other (SPECIFY)

**Q2B On average how often did you do each of the following activities in the last 12 months?**

1. Every day
2. 2-3 times a week
3. Once a week
4. 2-3 times a month
5. Once a month
6. Every 3 months
7. Every 6 months
8. Once a year
9. Never

ACTIVITIES - RANDOM AND ROTATE

1. Swimming
2. Boating
3. Drinking alcohol at any aquatic location
4. Fishing
5. Wading
6. Supervising children under 5 years of age near water including any body of water where children COULD be submerged
7. Supervising children over 5 years of age near water including any body of water where children COULD be submerged
8. Walking beside the water at any location

**Q2C What other activities do you undertake when you visit aquatic locations?**

OPEN

**Q3 Please read the following statements and indicate if you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with each statement.**

1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree

STATEMENT LIST – ROTATE

1. Most drowning deaths are preventable
2. All children should be taught swimming at school
3. All people should be taught first aid
4. All people should wear a life jacket or PFD (Personal Flotation Device) when on a boat
5. It is okay to drink and drive
6. Holding your breath underwater for an extended period is dangerous
7. All people should be taught water safety skills
8. All people should learn resuscitation (CPR)
9. It is okay to drink alcohol on a boat

FOR Q3A/B/C/D ONE OF EACH QUESTION IS TO BE SELECTED RANDOMLY

**The following questions relate to rescues, water safety and water entry, for each question you will be required to select either, yes or no, true or false or select one of the options presented onscreen.**

**Q3A1 Please select true or false in response to the following statement:**

**The safest method of rescuing a drowning person is to reach out with a rigid arm rather than entering the water.**

1. True
2. False

**Q3A2 Which of the following is the first consideration in a rescue attempt?**

RANDOM ROTATION

1. Saving the person in difficulty

2. To give CPR to the person
3. Self preservation

**Q3A3 Could an esky lid be used to help keep someone afloat until being rescued?**

1. Yes
2. No

**Q3B1 If you saw a sign with a red border and a red bar diagonally across the picture on a white background would you take this to be a regulatory sign? That is it must be obeyed.**

1. Yes
2. No

**Q3B2 If you get caught in a rip, the safe thing to do is swim as fast as you can against the rip. Is this statement true or false?**

1. True
2. False

**Q3B3 Which of the following is the most dangerous water location around the home for children under 5 years of age?**

RANDOM ROTATION

1. Toilet
2. Washing machine
3. Swimming pool
4. Bath tub

**Q3C1 Please select true or false in response to the following statement:**

**You would use a slide in entry when the depth and the condition of the water is unknown.**

1. True
2. False

**Q3C2 Upon an unexpected immersion into water, tight fitting clothes should...**

RANDOM ROTATION

1. Be removed immediately
2. Be left on
3. Be Brightly

**Q3C3 If you are in a boat that capsizes, you should...**

RANDOM ROTATION

1. Swim away as fast as possible
2. Stay with the boat

**Q3D1 Which of the following age groups has the highest rate of drowning deaths?**

RANDOM LIST ORDER REVERSE 1-3 OR 3-1

1. 0-4 years
2. 15-24 years
3. 35-45 years

**Q3D2 Please select true or false in response to the following statement:**

**Life jackets are only needed if you can not swim or the conditions are rough?**

1. True
2. False

**Q3D3 Is it safe to fish alone?**

1. Yes
2. Sometimes
3. Never

**Q90. In the last 12 months, have you... SET-UP QUESTION AS A GRID**

1. Yes
2. No

STATEMENT LIST – ROTATE

1. Gotten into trouble in the water because you have overestimated your fitness
2. Gotten into trouble in the water because you have overestimated your skills?
3. Engaged in leisure activities in or around water on your own
4. Engaged in aquatic activities after having consumed alcohol
5. Combined medications and alcohol prior to engaging in aquatic activities in or around the water
6. Engaged in leisure activities on a boat whilst not wearing a lifejacket.

**Q91. Please indicate for each of the following statements how risky you believe each activity is in relation to drowning amongst people aged 50 years and over?**

1. Little or no risk
2. Very small risk
3. Moderate risk
4. High risk

STATEMENT LIST – ROTATE

1. Leisure activities around water on your own
2. Consuming alcohol when undertaking an aquatic activity
3. Combining alcohol and medication and then engaging in leisure activities in and around water
4. Not wearing a lifejacket when boating or rock fishing
5. Engaging in leisure activities in and around water with pre-existing medical conditions
6. Engaging in leisure activities in and around water without first aid and resuscitation skills

**Q92. How familiar are you with the following strategies to reduce the risk of drowning among older people?**

1. Not at all familiar
2. Not very familiar
3. Somewhat familiar
4. Very familiar
5. Extremely familiar

STATEMENT LIST – ROTATE

1. Being aware of physical limitations in fitness and skill
2. Being aware of pre-existing medical conditions (such as dementia, cardiac conditions and seizures)
3. Avoiding alcohol when engaging in leisure activities in or around water
4. Wearing a lifejacket when engaging in leisure activities on or around water
5. Participating in an adult learn to swim course before undertaking aquatic activities
6. Participating in a first aid course before undertaking aquatic activities
7. Participating in a resuscitation course (CPR) before undertaking aquatic activities

**ASK ALL**

**Q3E Which of the following statements best reflects how you answered the previous four questions?**

RANDOM ROTATION

1. The answers were common sense and I was able to work them out
2. I guessed the answers
3. I remember learning this information



**RLSSA AWARENESS**

**Q80. Have you heard of the organisation Royal Life Saving or Royal Life Saving Society – Australia before today?**

1. Yes
2. No        SKIP TO Q82
3. Not sure        SKIP TO Q82

**Q81. And what do you think is the main aim of Royal Life Saving Society - Australia as an organisation?**  
OPEN

**Q82. Have you heard of the Grey Medallion program?**

1. Yes
2. No        SKIP TO Q40
3. Not sure SKIP TO Q40

**Q83. And what do you think the purpose is of the Grey Medallion program?**  
OPEN

**FALL QUESTIONS**

The next section asks about falls you may have had in the past year, including those falls that did not result in injury as well as those that did.

**Q40 How many falls, including slips, trips and falls to the ground, have you had in the past 12 months? Please enter the number below.**

NUMERIC ALLOW UP TO 2-DIGIT ENTRY

ALLOW AS SELECTION ITEM

1. I have not had any falls in the past 12 months

IF AT LEAST 1 FALL ASK Q40A, OTHERWISE GO TO Q41

**Q40A Have you suffered any injuries as a result of a fall?**

1. Yes
2. No        (GO TO Q40B1)

**Q40B Have you required hospitalisation because of a fall?**

1. Yes
2. No

**Q40B1 Were any of these falls at an aquatic location?**

1. Yes
2. No        (GO TO Q40C)

**Q40B2 Are you now less likely to go to an aquatic location because of your fall?**

1. Yes
2. No

**Q40C Would you be willing to use an aquatic facility to help assist with your rehabilitation from the injury due to a fall or if you had sustained an injury from a fall?**

1. Yes
2. No

3. I am already using an aquatic facility for rehabilitation

**Q40D Do you think you are at risk of another fall?**

1. Yes
2. No

**GO TO Q42**

**Q41 Do you think you are at risk of a fall?**

1. Yes
2. No

**Q41B Would you be willing to use an aquatic facility to help assist with your rehabilitation if you do sustain an injury from a fall in the future?**

1. Yes
2. No

**Q42 Would you be willing to use an aquatic facility to help improve your strength, fitness, balance and flexibility to help prevent a fall?**

1. Yes
2. No

**FIRST AID QUESTIONS**

**Q14 Have you ever undertaken a first aid or resuscitation course?**

1. Yes (GO TO Q14A)
2. No (GO TO Q14B)

**Q14A Why did you undertake the course?**

OPEN

GO TO Q15

**Q14B Why haven't you undertaken a course?**

OPEN

GO TO Q16

**Q15 Did you undertake the course or an update in the last 3 years?**

1. Yes
2. No

**Q16 Do you know what a defibrillator is?**

1. Yes
2. No
3. Unsure

A defibrillator is a device that performs defibrillation (i.e. shocks the heart) when there is an abnormal rhythm during a cardiac arrest.

**17. Would you like to learn how to use a defibrillator?**

1. Yes (Go to Q17A)
2. No (Go to Q18)
3. Already know how to use one SKIP TO Q18

**17A. Would you be willing to pay to learn how to use a defibrillator?**

1. Yes
2. No

**RISK QUESTIONS**

**Q18 On a scale of 1 to 10 where '10' is extremely risky and '1' is no risk at all, how risky would you say the following activities are?**

1. No risk at all
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. Extremely risky

ROTATE – SELECT (5) FROM THE LIST BELOW

1. Swimming outside the flags at a beach
2. Diving into the shallow end of a swimming pool
3. Swimming at a public pool
4. Drinking alcohol and then swimming
5. Not wearing a life jacket on a boat
6. Drinking alcohol on a boat
7. Surfing
8. Rock fishing
9. Holding your breath under water and swimming as far as possible
10. Leaving children to play near a body of water unsupervised
11. Eating and then swimming
12. Scuba diving
13. Snorkelling
14. Rescuing a drowning person
15. Water skiing
16. Entering unfamiliar waters (rivers, water holes, dams, pools, beaches etc.)
17. Drinking alcohol then driving

**CAMPAIGN REVIEW**

**Q50. Can you remember hearing or seeing any video or audio advertisement, or community service announcement about water safety for older Australians?**

1. Yes ASK Q51
2. No SKIP TO Q51A

**Q51. What was the main message of the ad you saw?**

OPEN

**Q51a. Have you seen the following ad?**

**DISPLAY IMAGE**



1. Yes
2. No

**Q52. Please click on the link below and view the 30 second video clip:**

<https://www.youtube.com/watch?v=l4A7gOdBGPg>

**Have you seen or heard this video clip...**

1. On television
2. Social Networking websites (Facebook, Twitter)
3. Online at the Royal Life Saving website
4. Online on a website aimed at seniors
5. Have not seen this

**ASK ALL**

**Q53. Did you like this video...**

1. A lot
2. A little
3. Not at all

**Q54. What do you believe the video you just watched is encouraging you to do?**

OPEN

### **DEMOGRAPHICS**

**Finally, a few demographic questions for classification purposes.**

**Q19. On a scale of 1 to 10 where '10' means expert swimmer and '1' means cannot swim, how would you rate your swimming ability?**

1. Cannot swim
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. Expert swimmer
11. Don't know (DO NOT READ OUT)

**Q20 What type of dwelling do you live in?**

## READ OUT LIST

1. Apartment/unit
2. Townhouse
3. Villa
4. Semi-detached
5. Free standing home
6. Other (SPECIFY)
7. Don't know (DO NOT READ OUT)

**Q21 Do you have a swimming pool at your place of residence?**

1. Yes
2. No (GO TO Q22)

**Q21A Does it have a fence around it with a self closing and self latching gate?**

1. Yes
2. No

**Q22A Do you have any children aged 5 years or younger living at your home?**

1. Yes
2. No

**Q22B Have you had a child 5 years or younger visit your home in the past 6 months?**

1. Yes
2. No

**Q22C Do you or have you in the last 6 months supervised any children aged 5 years or younger?**

1. Yes
2. No

**Q22D Do you think you could educate children about water safety?**

1. Yes (GO TO Q24)
2. No

**Q22E Why not?**

OPEN

**Q23. Are you currently working...**

1. Full-time
2. Part-time
3. Unemployed GO TO Q24A
4. Retired or on a pension GO TO Q24A
5. Mainly doing home duties GO TO Q24A
6. Studying GO TO Q24A

**Q24 Can you please tell me your occupation?**

1. Manager
2. Professional
3. Technician or Trades Worker
4. Clerical or Administrative Worker
5. Community or Personal Service Worker
6. Sales Worker
7. Machinery Operator or Driver

8. Labourer
9. Other (specify)

GO TO Q25A

**Q24A Can you please tell me your previous occupation?**

USE SAME CODES AS Q24

**Q25A Can you please tell me the current approximate income of your household per annum before tax?**

1. Under \$15,000
2. \$15,001-\$30,000
3. \$30,001-\$50,000
4. \$50,001-\$75,000
5. \$75,001-\$100,000
6. \$100,001-\$150,000
7. \$150,001-\$200,000
8. More than \$200,000
9. Prefer not to answer

**Q25B Do you currently take any prescription medication?**

1. Yes
2. No (GO TO Q26)
3. Prefer not to answer (GO TO Q26)

**Q25D How many of each of the following types of medication do you currently take?  
Please type the number next to each medication type. If you do not take that type of medication  
please enter zero '0'.**

1. Narcotics (e.g. Morphine)
2. Pain medication (e.g. Codeine, Tramadol)
3. Tranquilisers (e.g. Amitriptyline)
4. Antidepressants (e.g. Paroxetine,
5. Epilepsy (e.g. Phenytoin)
6. Other (specify)
7. Don't Know

**Q26 Please enter your postcode below.**

ALLOW 4-DIGIT ENTRY

**CLOSE**

**STANDARD CLOSE AND THANK YOU**





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