UKTRC
UK TRANSPORT RESEARCH CENTRE
MAKING CONNECTIONS

Social Impacts and Equity in Transport

Policy Briefing Note 3:
Workshop 2 - Transport and Health

Key issues

- There are inequalities in transport and health, some of which are likely to be exacerbated in the current economic climate.

- Measuring health impacts in terms of mortality or much of morbidity measures is too crude to be meaningful to inform policy; there is a need to find appropriate measures of health to better acknowledge the health costs/benefit of transport policy.

- We need to think more about context; travel is not just about getting from A to B, unpacking this context is still at an early stage. Health and wellbeing benefits associated with travel are difficult to articulate, for example some walking to school is likely to be healthful others not..

- Transport needs to be 'inclusive' whatever the mode; there are compelling economic arguments for pursuing this agenda, especially if health benefits are appropriately measured.

- Transport and health fall into different silos within academia and government, but people's lives are not separated in this way. Methods to enable these different communities to work together in a more holistic way need to be developed.

- Encouraging/facilitating behaviour change is a challenge that spans the transport and sustainability agendas, and will involve multi-partnership working.

- Active transport is healthy, sustainable, and desirable, but is not a panacea, and can exacerbate the exclusion of some groups. Active transport enforced due to lack of alternatives may not be healthful.

- For many the urban landscape has become a disjointed and unsocial place; we need to rethink our approach to planning urban space to better balance the populations needs.

Policy Priorities Emerging from Workshop 2

- There is a research gap in terms of assessing the impact of transport schemes on reducing inequalities in health and exposure.

- There is a need to ensure existing and future policy is appropriately evaluated to assess efficacy, health/well-being benefits, and to measure impacts on inequalities.

- There is a need to plan for both the short and long term, working within current policy framework, but also being ready to offer solutions to fit policy climates in the future.

- It is time to consider the pros and cons of economic versus quality of life measures and/or economic growth versus sustainable quality of life measures as approaches to decision making.

- We need to articulate a vision of what we want our city/region to be like, and make transport and planning decisions to achieve this.

Transport and Health Workshop Summary

1.   Introduction

Policy Briefing Note 3 concerns the 2nd Workshop in a series aiming to promote interdisciplinary collaboration and capacity building; to better equip researchers, policymakers and practitioners across the different social science and transport disciplines to address the social challenges of providing transport and access, and to maximise the social benefits of the transport system within the UK context, now and in the future. This 2nd Workshop is part of a series of themed events designed to explore various theoretical, policy and practical aspects of transport, social equity and social impacts of transport through a number of themed events.

The 2nd Workshop explored Transport and Health, and aimed to highlight both the linkages between transport and health, and between health and transport choices. It brought together academics from a variety of disciplinary backgrounds, as well as representatives from local government, transport providers and relevant NGOs. The idea was to bring together different perspectives, knowledge and experiences to generate discussion on the key issues and trends, and skills and policy needs, around this complex issue of transport and health.

2.   Background to influence of transport social impact and equity and health

Policy Briefing Note 1 from the Two-Day Framing Event sets out the background to the Workshop Series' concerns with social impact and social equity. With respect to transport and health, the key points identified were:

• People on low incomes are more likely to experience 'transport poverty', but these same vulnerable and economically disadvantaged social groups are also more likely to suffer the worst effects of road traffic, such as pedestrian deaths and serious accidents, as well as ill-health from noise and airborne pollution.

• Transport poverty results in significantly lower than average mobility, and reduced access to jobs, training and other important life-chance opportunities. It can ultimately undermine the financial and social capital of the individuals and communities that are affected.

• In 2003, the Social Exclusion Unit concluded that lack of transport is a significant causal factor in the social exclusion of certain population groups, affecting employment and educational opportunity, and leading to health inequalities and reduced well-being.

• While there is renewed governmental interest in ensuring equity and fairness within the Liberal/Conservative 'Big Society' policy agenda, austerity measures are likely to result in cutbacks in local authority funded bus and voluntary/community sector transport services. Again, it is likely that those most adversely affected will be the poorest and most vulnerable people in society.

• Many policy-makers feel that it is time to reinvigorate the transport poverty agenda and to bring the social consequences of transport policy decisions and spending to the fore.

3. The Transport and Health Workshop

The workshop was held at the Devonshire Building, Newcastle University, on the 17th and 18th March 2011. Workshop participants came from a wide range of academic disciplines, local government and NGOs.

3.1 Key aims and objectives

The Workshop was designed to explore:

- The linkages between transport and health
- The linkages between health and transport choices
- The key issues and trends in transport and health research and policy; and
- The key skill and policy needs required to better address issues of transport and health

3.2 Speakers

The speakers at the event were:

- Anne Clark (Newcastle City Council) - Challenges and Achievements of Being Britain's Greenest City
- Dr Eugene Milne (Strategic Health Authority) - Better Health, Fairer Health: The North East Public Health Strategy and links to Transport
- Vince Hill (Nexus) - The Health benefits of Public Transport
- Prof. Roger Mackett (University College London) - AUNT-SUE Project, Overcoming Barriers to Movement
- Katie Glass (SUSTRANS) – the role of SUSTRANS in shaping transport decisions that are healthy and socially equitable
- Dr Jean Adams (Newcastle University) - Socio-economic inequalities in active transport
- Janice Gray (Living Streets, Edinburgh) - Creating Healthy Environments: a Scottish perspective
- Dr Cathryn Tonne (London School of Hygiene and Tropical Medicine) - The London Congestion Charge and Health

In addition, a specially commissioned play entitled 'Doors Opening, Doors Closing' by playwright Carol Clewlow was performed for the event.

3.3 Workshop outputs

A workshop report, this policy briefing note and slides of all the workshop presentations can be downloaded from the UKTRC website.

4. Discussion of research and policy themes

On the basis of the presentations and discussions the following key themes were identified.

4.1 Inequalities in transport and health

While many studies have shown that people on low incomes are more likely to suffer adverse health effects of road traffic (pedestrian deaths and accidents, ill-health from noise and airborne pollution), there remains a research/data gap in terms of the impact of traffic intervention schemes on reducing these health and exposure inequalities.

Public Transport services designed to reduce social exclusion (e.g. taxi cards, 'ticket to work', shopper services etc) are at risk due to the current economic climate and budget reductions. The loss of these types of services impacts most severely on disadvantaged groups.

Interventions targeting whole populations might improve health overall, but, at the same time, exacerbate inequalities.

4.2 Economic and political climate

It is important to separate research from policy and politics; whilst we must work within the current policy framework (i.e. current 'localism', and devolving downwards), this framework will not last forever, and we need plans ready to put on the table for when this climate changes, i.e. we need to plan for both the short and long term.

4.3 Evidence to policy; policy to practice; and evaluation of interventions

We need better roadways from research to policy, and from policy to practice; i.e. evidence driven policies, and evaluation of any implemented interventions.

There is a need to influence the mindsets of policy makers; examples were given of the siting of schools and hospitals in locations only accessible by car, with little consideration given to those reliant on public transport, active transport, or those with more limited mobility. Decisions as to where to site our services are not always based on full economic cost-benefit analysis. Short term goals also play a role. We must improve the linkages between health, planning and development, and those working across these fields should be working towards a minimum standard for health.

There is a need to ensure that health (in its broadest sense) is considered at the start of a planning/decision making process, not later when the options have been narrowed down to, for example, road option A or road option B.

There is also a need for any policies implemented to be evaluated to assess their actual versus theoretical benefits. However, measuring health, e.g. in terms of mortality or morbidity, is a crude approach, and ignores many important health and wellbeing benefits. We need to find appropriate health measurements if we are to better argue for action on transport issues.

4.4 Measuring health and wellbeing

It was noted that economic cost benefit analyses do not currently take full account of the health and well-being costs/benefits of proposed initiatives. We should consider the pros and cons of economic versus quality of life measures and/or economic growth versus sustainable quality of life measures as alternative approaches to decision making. The time has come to make health and sustainability the priority.

We need to think about context; travel is not just about getting from A to B, it can be an event and experience in itself, a means of initiating and maintaining contacts, a lifeline to inclusion, connectedness etc. The health and wellbeing costs and benefits associated with travel in this context are difficult to articulate, but should be given value.

4.5 Accessibility and inclusion

There is substantial potential to enhance the lives of many by increasing accessibility via very simple, low tech approaches; e.g. even one missing dropped kerb in an area can be sufficient to significantly reduce accessibility to wheel chair uses. Often very simple solutions required (more benches, toilets, lights etc), and tools are currently available to help identify cost-effective solutions, and to advocate for particular groups.

Transport needs to be 'inclusive' whatever the mode; while active transport enthusiasts espouse the virtues of cities like Amsterdam, where cycling and walking are encouraged, this environment is not good for wheelchair users. Integration is the key As well as a moral argument for inclusive transport, there

are compelling economic arguments to pursuing this agenda, as well as legislative tools (e.g. equality legislation) to enforce it.

4.6   Data availability and data needs

There are two main research groups feeding into this field, 'transport' and 'health', in addition, 'transport' and 'health' are separated into different silos in government; however people's lives are not separated in this way. There is too little interaction between these groups, and insufficient research really tackling 'transport and health'. These different research and government communities need to develop methods to allow work to move forwards in a more holistic way. There is a wealth of data, material, and knowledge on the interface between health and transport, what is missing is a holistic road map/cognitive map to bring all this together.

While there are considerable data out there; thought needs to be given to what is still required to fill the gaps and/or to provide the level of evidence required to drive policy and make the changes required. Some data needs were identified, including a) a new disability survey (last one was conduced in 1988?), b) better measures of health and well-being, and c) information on the scale we should be working at, i.e. do we need a regional or local approach to tackle transport and health. We also identified the need for more artistic and qualitative input to help encourage behaviour change of planners, policy makers and individuals.

4.7   Behaviours and attitudes

There was discussion about the need to change behaviours not attitudes; people acknowledge the benefits of walking, cycling, integrated transport etc, but motivating behaviour change remains a challenge. This is very linked to the sustainable behaviour debate. How can we make driving to school socially unacceptable and make walking and cycling more attractive? How do we make public transport attractive to users and car users? There is a tension between changing social norms and changing other things, which is not easy to resolve. How do we remove or reduce the security/safety fear of parents to allow their children to walk and cycle on their own to school? We need to find ways to empower people to make healthful changes, for example via active transport.

There are key periods throughout the life course during which behaviours change and/or intervention may be more likely to be successful. One example is when children move from primary to secondary school; at this stage independent travel behaviours are formed, for good or ill. It is at this stage that, for example, cycling is not 'cool' (requires a helmet, high visibility clothing etc). To tap into these periods of potential influence, we need to work with policy makers, but others stakeholders too, including head teachers, industry, and shops etc, all of who can help influence behaviours.

4.8   Active transport

Active transport (walking, cycling) is, on the whole, healthy, sustainable, and desirable. Transport policies, new infrastructure developments and planners should consider ways of pursuing an agenda that will encourage active transport. However, as noted above in the theme of 'Accessibility and inclusion', pursuing an active transport agenda should not be at the cost of those less able to participate in these activities.

We were presented with evidence to show that, contrary to expectation, more deprived individuals participate in more active transport than more affluent groups. However, whether or not this active transport is healthful is not known. When active transport is imposed (i.e. a household without access to a car), the health benefits usually associated with active transport may not be realised; for

example, walking with children for long distances is stressful, walking in areas with high traffic flow may increase exposure to pollution, accident risk etc.

4.9   Balancing the needs of all members of society

We have allowed a situation to evolve where in our towns and cities priority is given to road traffic, often at the cost of pedestrians, for whom the urban landscape has become a disjointed and unsocial place Given the fact that a majority of people in Scotland do not hold a drivers licence, and more than 30% of households do not have access to a car, we need to rethink our approach to planning our urban spaces to better balance the needs of our populations.

4.10   Creating a 'Vision'

We need to articulate a vision of what we want our city/region to be like, and make transport and planning decisions to achieve this. Inclusiveness and a vision of transport should be embedded in what we want our communities to be. To achieve this, we need to better convince government of the health and NHS savings association with such a vision.

Current planning favours single function developments, such as sprawling housing estates, but mixed land use, placing services within walking distance (i.e. high connectivity) are preferable, and are encapsulated in the concept of a 'city of short distances'.

5.   Methodologies, gaps in knowledge and future priorities

5.1   Methodologies

There is a need to encourage more interaction between health and transport researchers, as well as a health and transport government bodies, and to develop methods to move the research and policy agendas forwards in a more holistic manner. We would also encourage more artistic and qualitative input into this debate to help encourage behaviour change of planners, policy makers and individuals.

5.2   Gaps in knowledge

Key gaps identified are:

- A new disability survey (last one was conduced in 1988?)
- More appropriate measures of health and well-being
- An understanding of the scale we should be working at to best tackle transport and health
- Data on the impact of interventions on reducing inequalities
- Evaluation of existing and future policy on health and well being
- Approaches to empower people to make healthful life changes, and an understanding of when, throughout the life course, behaviour change occurs.
- An assessment of whether active transport is healthful or harmful when this is imposed

5.3   Future priorities

Future priorities relate to:

- Social inequalities and environmental justice issues linked with transport and air quality
- Create networking and collaboration opportunities for health and transport communities to work together
- Learn from behaviour change interventions in other sectors
- Developing more meaningful measures for health and wellbeing related to traffic

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