SOCIAL IMPACTS AND SOCIAL EQUITY ISSUES IN TRANSPORT WORKSHOP SERIES

Workshop 2: Health Perspectives

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1. **Overview of the Workshop Series**

Social issues form an important element of the transport policy challenge, but have been much less well explored and articulated than areas such as the economy and the environment. The social sciences have collectively carried out a wide range of research into social impacts and social equity, from a variety of different perspectives. Take up of this work in transport policy and research has been limited and patchy, however. Hence the priority under this theme is to expose and synthesise this diversity of work, and consider its applicability to contemporary policy and practice, by holding a series of linked Research into Practice events. Each one will have a different focus and be led by a different institution, with the overall project being led by Dr Karen Lucas at the TSU.

1.1 **Aims and objectives**

The overall aim of the series is to promote interdisciplinary collaboration and capacity building to better equip researchers, policymakers and practitioners to address the social challenges in transport now and in the future within the UK context. It will draw on state-of-the-art research and best practices across a wide range of disciplines both here and abroad, to identify gaps in knowledge and the appropriate methodologies and evidence base for addressing these.

1.2 **The full programme of Events**

1. Framing Event - University of Oxford, 14-15 September 2010
2. Employment and Training Workshop - Warwick University, 2 December 2010
3. Transport and Health Workshop - 17-18 March 2011
4. Housing and Sustainable Communities Workshop - London School of Economics, 21 June 2011
5. Rural Connectivity Workshop - Aberdeen University, 3-4 October 2011

1.3 **Research Outputs**

Slides of all the workshop presentations and reports for the series can be found on the UKTRC website [www.uktrc.ac.uk](http://www.uktrc.ac.uk)

1.4 **This scope of this report**

This report concerns the third workshop. The report and an accompanying policy briefing note are the two main outputs from workshop 3: housing and Sustainable Communities.
### 2. Workshop 2: Health Perspectives

The 2nd 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.

#### 2.1 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

#### 2.2 List of speakers

- Dr Eugene Milne North East Strategic Health Authority
- Vince Hills, Nexus Passenger Transport Authority
- Prof. Roger Mackett, University College London
- Katie Glass, SUSTRANS
- Dr Jean Adams, Newcastle University
- Janice Gray, Living Streets, Edinburgh
- Dr Cathryn Tonne, London School of Hygiene and Tropical Medicine

#### 2.3 Workshop outputs

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

3.1 Evidence for state of the art thinking on the relationship between transport and health

Many of the positive and negative health consequences associated with transport are well acknowledged: Motorised vehicles are known as a source of localised air pollution and greenhouse gas emissions. Air pollution and greenhouse gas emissions in turn impact directly on respiratory and cardiac health in exposed populations (COME 2006; Hoek et al. 2002; Le Tertre et al. 2002), and contribute to indirect health effects of climate change (World Health Organization 2009). Motorised transport also contributes to our increasingly sedentary lifestyle (Hill and Peters 1998), which in turn play a part in growing proportions of the population being overweight and obese. Numerous secondary health risks are associated with these conditions, including cardiovascular disease, type 2 diabetes, cancer, osteoarthritis and work disability.

Furthermore, road transport is directly responsible for a significant burden of morbidity and mortality; in Great Britain, in 2009, there were 163,554 road accidents reported to the police involving personal injury, and 2,222 traffic related deaths (National Statistics 2009). In contrast, ‘active transport’ (walking and cycling) is seen to be associated with a wide range of health benefits (Haskell et al. 2009; Johan de Hartog et al. 2010), and reduced greenhouse gas/air pollution emissions (Dennekamp and Carey 2010; Lindsay et al. 2011; Rissel 2009). However, despite the acknowledged benefits of active transport, there has been a 24 percent decline in the number of trips made on foot (292 to 221 trips per person per year 1995/97 to 2008; (Department for Transport 2009), and a decline in the number of primary and secondary school children walking to school (53 and 42% in 1995/97 versus 48% and 40% in 2008) for primary and secondary school children respectively) (Department for Transport 2009). In the UK, up to 40% of the road traffic in the morning peak hour now estimated to be involved in some way in the school run (Mudu et al. 2006).

Our transport systems affect our ability to access work, education and services, as well as social activities, all of which are important for maintaining health and wellbeing. However, transport and transport availability is not equitably spread across the population. People on low incomes, in chronic ill-health, or with limited mobility may be less able to access or pay for the transport systems they need to acquire work, education and services (Jarvis and Alvanides 2008). Those on low incomes are also more likely to suffer the adverse effects of road traffic, for instance exposure to air pollution and noise (Marshall et al. 2009; Namdeo and Stringer 2008; O'Neill et al. 2003). Mitchell & Dorling (2003) completed a comprehensive review of UK air quality social equity studies and concluded that most studies investigating the relationship between air quality and deprivation, tended to show that air pollution is greater in more deprived communities (Mitchell and Dorling 2003). These inequalities are complex (Briggs, David et al. 2008; Deguen and Zmirou-Navier 2010), but can be framed within the theory of environmental justice, in that some groups are disproportionately subject to environmental hazards and disadvantage predisposing them to poor health (Gee and Payne-Sturges 2004).

It is becoming increasingly recognised that patterns of behaviour established in infancy and childhood influence later behaviour, meaning that disadvantage in childhood may exert a lifelong health and social affect. Physical activity, smoking, and diet are socially patterned, with behaviours established in adolescence being shown to ‘track’ into adulthood (Due et al. 2011). In the context of travel and health, travel behaviours established in childhood may set the pattern for healthful or less healthful behaviours throughout the life course. However, a more
detailed understanding of the development of such pathways is still very much needed to design effective, sustainable and acceptable policies that will encourage more healthful travel behaviour.

To briefly outline the state of the art thinking on transport and health we are including the abstracts from the two papers submitted to the Journal of Transport Geography that resulted from this workshop. The first paper is entitled 'Public health consequences of transport policy' by Dr Eugene Milne, reflecting a public health practitioner's approach to transport issues within strategic improvement of health and wellbeing. The second, entitled 'Towards an interdisciplinary science of transport and health: A case study on school travel’ by Dr Susan Hodgson, Dr Anil Namdeo, Dr Vera Araujo-Soares and Prof Tanja Pless-Mulloli, outlining key concepts using knowledge, skills and evidence from transport and exposure science, civil engineering, health psychology and behaviour change as well as sustainability.

3.2.1 Public health consequences of transport policy
E Milne

General principles of modern public health thinking are outlined, emphasising the need for policy choices to consider the Rose hypothesis - that small changes in large populations are likely to deliver greater net benefits than large changes in small populations. Thus, in tackling the epidemic of obesity, a greater impact would arise from small alterations in the exercise behaviour in the whole population than from large changes among the most obese.

Against a policy background that emphasises 'nudge' approaches rather than legislative or regulatory action, a scenario is discussed in which a series of rational decisions by individuals, communities and authorities leads to substantial adverse outcomes. It is suggested that there is no calculus of individual gain that can achieve optimal population benefit with regard to some aspects of transport policy.

Features of the general strategic approach to health and wellbeing improvement in the North East of England over recent years are outlined, with a brief exploration of the issues that these raise for public health delivery by non-health service authorities.

New opportunities for health and wellbeing gain are offered by shifts in the focus of public health delivery as we step back from an individualised medical model and re-assert the importance of civic and cross-sectoral action.

3.2.2 Towards an interdisciplinary science of transport and health: A case study on school travel
S Hodgson, A Namdeo, V Araujo-Soares, T Pless-Mulloli

Background and Aim: This paper was conceptualised and informed by discussions at the 2nd Workshop in a UKTRC funded series on ‘Social Impacts and Equity in Transport’. Presentations made by a range of stakeholders as well as a specially commissioned play stimulated our thoughts on how to encourage better interaction between health and transport researchers. We chose school travel as a case study as it exemplifies two key aspects of the wider transport and health debates; (i) the increasing trend towards reliance on car travel, described here in the context of sedentary lifestyles, traffic congestion, pollution, and parental attitudes, and (ii) school travel occurs at a critical life-stage during which behaviour patterns are formed that are likely to be influential in later life, thus making it an important target point for interventions.
Methods: We present evidence from four distinct, but complementary, theoretical perspectives: transport, exposure, behaviour and sustainability. We draw common lessons and identify challenges using a range of conceptual frameworks: dual process models of behaviour change, Dahlgren and Whitehead’s ‘layers of influence’ model, Hosking et al’s ‘pathways from transport to health’, and Hanlon et al’s integral theory. We demonstrate the benefits and challenges of holistic interaction and collaboration between disciplines to better understand the key issues and develop policy interventions that are meaningful and effective.

Results and conclusions: None of the pre-existing conceptual models were fully able to encompass the societal and individual level influences on school travel. However, we present an interim model for further discussion and debate.
4. Discussion: themes, methods, gaps and priorities

4.1 Key issues

The following key issues were identified from the workshop:

- 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 about context; travel is not just about getting from A to B, unpacking this content 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.

4.1.1 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.

4.1.2 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.

4.1.3 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.

4.1.4 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.

4.1.5 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 wheelchair 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.
4.1.6 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 conducted 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.

4.1.7 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.

4.1.8 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.
4.1.9 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 driver’s 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.

4.1.10 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’.

4.2 Methodologies, gaps in knowledge and future priorities

4.2.1 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.

4.2.2 Gaps in knowledge

Key gaps identified are:

- A new disability survey (last one was conducted 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

4.2.3 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

4.3 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.
5. The Specially Commissioned Play

The Newcastle organisers were able to obtain an extra £10,000 to commission and host the first performance of a play entitled 'Doors opening, Doors closing' from Operating Theatre playwright Carol Clewlow (see photos, flyer and synopsis below).

Photographs of the play by Simon Veit Wilson
Doors Opening ... Doors Closing
A New Play by Operating Theatre
17 March 2011

Date: 17 March 2011
Time: 7.30pm
Venue: Culture Lab, Newcastle University
Tickets: Free admission: details below

Enough, For All, Forever:
This event is part of a series of activities taking place throughout 2011 to celebrate Newcastle University’s world-leading work on sustainability. For more information, see www.ncl.ac.uk/sustainability.

About the Play:
Set on a Metro carriage, Doors Opening... Doors Closing is the work of Operating Theatre, the Newcastle-based company which produces tailor-made drama on health issues.

The play suggests that the state of the country’s roads, with constant queues and tailbacks, plus inadequacies in public transport, are seriously impacting on the nation’s health.

Designed to provoke discussion on the whole question of transport and health, it has been written by playwright and novelist, Carol Clewlow, a founder member of the company.

The play features four widely differing characters — a female student, a cycle enthusiast, a pensioner and a radio traffic reporter — who, when their Metro service is held up, find themselves debating the state of the country’s transport network and its effect upon their lives.

The performance includes an interactive forum at its conclusion in which the audience get to cross-question the characters to further thrash out the issues involved.

About Operating Theatre
www.operatingtheatre.org.uk

Operating Theatre is a Newcastle based company which produces thought-provoking tailor-made drama on health themes using professional writers, directors and actors. Its work is used by both Newcastle University and Durham University medical schools and its plays have been presented at conferences throughout the country. Clients have included the British Science Association, the UK Public Health Association, NHS North East, Sport England, the North East Regional Alcohol Forum, Newcastle and Northumbria Universities and Middlesbrough Council.

Operating Theatre was founded nine years ago by Dominic Slowie while a senior medical tutor at Newcastle University Medical School. Now Operating Theatre’s Executive Director, he is currently GP Consultant to the Strategic Health Authority.

About Carol Clewlow:
Carol Clewlow is Operating Theatre’s principal playwright and has written almost two dozen plays for the company. She has also published five novels. Her first, Keeping the Faith was short listed for the Whitbread Prize while the second, the best-selling A Woman’s Guide to Adultery was translated into 15 languages and turned into a TV mini series. Her latest novel, also a best-seller, is Not Married Not Bothered.

How to book:
To reserve your seat for the play, please complete the online booking form at http://forms.ncl.ac.uk/view.php?id=1811.
6. Other Workshop outputs

6.1 Training
As a direct result of the networking that took place at the seminar we have been successful in having a topic for a PhD included in a list of sixteen topics, four of which will be fully funded Newcastle University PhDs, July 2011. The title of the PhD is 'Unravelling links between transport to work choices and health using a multidisciplinary mixed methods approach combining transport modelling with in depth field work and a population survey'.

6.2 Publications
Two peer-reviewed publications will result from this workshop, details of which were provided in section 0 at the start of this document.
7. Further information

Slides of the presentations from the Framing event and from this Workshop can be downloaded from the UKTRC website at [www.uktrc.ac.uk](http://www.uktrc.ac.uk)

If you are interested in finding out more about the topics covered at this workshop relating to employment, education and training issues with regard to transport and social exclusion please contact Tanja Pless-Mulloli at [tanja.pless-mulloli@newcastle.ac.uk](mailto:tanja.pless-mulloli@newcastle.ac.uk)

For further details of the workshop series and general queries about the programme please contact Karen Lucas at [karen.lucas@ouce.ac.uk](mailto:karen.lucas@ouce.ac.uk)
8. References


COMEAP 2006. Cardiovascular Disease and Air Pollution A report by the Committee on the Medical Effects of Air Pollutants. Department of Health


Johan de Hartog, J., Boogaard, H., et al. 2010. Do the health benefits of cycling outweigh the risks? *Environmental Health Perspectives* 118(8), 1109-1116


Appendix 1: Workshop Programme

Day 1: 17 March 2011

12:30 – 13:00  Registration and light lunch
13:00 – 13:30  Anne Clark, Newcastle City Council, ‘Issues and Challenges in the Greenest City in England’
13:30 – 14:00  Dr Eugene Milne, Strategic Health Authority, ‘Better Health, Fairer Health: The North East Public Health Strategy and links to Transport’
14:00 – 14:30  Vince Hills, Nexus, ‘The Health benefits of Public Transport’
14:30 – 15:00  General discussion of Presentations 1–3
15:00 – 15:30  Coffee break and viewing of the photographic exhibition of photojournalists, ‘Save and Preserve the Planet’ from five African countries
15:30 – 16:00  Prof. Roger Mackett, University College London, ‘Overcoming the barriers to movement with AMELIA’
16:00 – 16:30  Katie Glass, SUSTRANS, ‘The role of SUSTRANS in shaping transport decisions that are healthy and socially equitable’
16:30 – 17:00  General discussion of Presentations 4-5
17:30 – 18:30  Play: Doors Opening, Doors Closing, Lab, Newcastle University (www.culturelab.ncl.ac.uk)
18:45  Evening Meal Blackfriars Restaurant, Newcastle (www.blackfriarsrestaurant.co.uk)

Day 2: 18 March 2011

10:00 – 10:30  Dr Jean Adams, Newcastle University, ‘Socio-economic Inequalities in Active Transport’
10:30 – 11:00  Janice Gray, Living Streets, Edinburgh, ‘Creating Healthy Environments: a Scottish Perspective’
11:00 – 11:30  Dr Cathryn Tonne, London School of Hygiene and Tropical Medicine, ‘The London Congestion Charge and Health’
11:30 – 12:00  General discussion of Presentations 6-8
12:00 – 12:30  Round-up with coffee - Key Issues and Trends; Skills and Policy Needs
Appendix 2: Speaker Biographies

**Anne Clark** started work in September 2010 as the Cycling Officer for Newcastle City Council and is working on major improvements to routes in Newcastle including cycle access to and through the City Centre. Before that she was the School Travel Advisor. 100% of the city’s schools, including independent and special schools now have school travel plans and many include sustainable travel in their curriculum work. Anne has had hands on involvement in sustainable travel as a child pedestrian trainer and as a lollipop lady as well as having teaching and PR experience. Having been involved in the very first Red Nose Day when working with Oxfam, Anne hopes delegates will take time to support Red Nose Day when in Newcastle.

**Cathryn Tonne** is a lecturer in environmental epidemiology at the London School of Hygiene and Tropical Medicine and is currently an ESRC early career fellow in the Environment and Human Health Program. Her primary research interest is in the health effects of air pollution. Currently, her work focuses on socioeconomic inequalities in exposure and susceptibility to air pollution and the application of toxicity based measures of exposure to particles in epidemiology studies.

**Eugene Milne** is Deputy Regional Director of Public Health at North East Strategic Health Authority, Honorary Clinical Professor of Public Health at Durham University and an Honorary Clinical Senior Lecturer in the Institute for Ageing and Health at Newcastle University. Prior to working in public health, he trained in paediatrics, but has subsequently led on work in adult cardiovascular disease, waiting list reduction, commissioning, and public health initiatives across the life course. In recent years he has focused on development and implementation of regional health and wellbeing strategy. In this role he was the principal author of “Better Health, Fairer Health”, the North East Strategy for Health and Wellbeing, which was launched in 2008 and has shaped regional public health delivery since then. A central tenet of this approach has been a broadening of approach from the NHS to a more multi-agency, social-origins orientation, anticipating many aspects of changes to public health that are now national policy. He is a board member of the Faculty of Public Health, North East Public Health Observatory and a trustee board member of National Energy Action. He has research interests in ageing and biodemography.

**Jean Adams** is a lecturer in public health at Newcastle University. Her research interests are in socio-economic inequalities in health and health related behaviour. She has conducted a number of studies on potential social, psychological and physical mediators of the relationship between socio-economic position and health. She is part of Fuse: the Centre for Translational Research in Public Health. This UKCRC funded Public Health Research Centre of Excellence brings together those working in public health research, practice and policy from across the North East of England.

**Janice Gray** is the Healthy Environments Officer, Living Streets Scotland and Janice’s primary responsibility is to engage with practitioners to encourage the creation of built environments that are conducive to everyday walking. Janice has extensive experience in the health sector, mainly in health promotion within Community Nursing. With the focus in her current post on environments that are conducive to health, Janice combines her knowledge and interest in public health and environmental sustainability. Janice holds an MSc in Nursing & Health and a BSc (Hons) in Environmental Management.
Katie Glass is the Senior Project Officer for schools projects in Sustrans’ Research and Monitoring Unit. She manages the monitoring and evaluation process of some of Sustrans’ key programmes, including Bike It and Links to Schools. Prior to joining Sustrans Katie worked at the Institute for Policy Studies in Education, a research institute concerned with education for social justice, an area she was also heavily involved in whilst working at Partnerships for Schools, the non-departmental public body responsible for the delivery of schools capital programmes. Katie read Politics at undergraduate level at the University of Nottingham and also has a Master’s in Human Rights and Human Values from the University of Birmingham.

Roger Mackett is Professor of Transport Studies at University College London. He has extensive experience in transport policy analysis. He has researched into the influence of car use on children’s physical activity and their use of the local environment using accelerometers and GPS monitors. He is currently involved in a project to examine the implications of children’s independent mobility in countries around the world. He is interested in ways of overcoming the barriers to reducing car use. He is developing the software tool AMELIA (A Methodology for Enhancing Life by Increasing Accessibility) to help make transport policies more socially inclusive.

Vince Hills - After leaving the army as a qualified electrician in 1979 Vince began working in the passenger transport industry. With no degrees and with little knowledge of the passenger transport industry he starting with Tyne and Wear Passenger Transport Executive as a conductor and has worked his way in to the business development section of Nexus, He claims the only degree required is that of the university of life, and a good ear for listening (and at times to be bent). Vince enjoys being in the front line and the interaction it brings with the public, after all this is a public service industry and we should be doing everything we can to meet passenger aspirations. He is however not that naive that he does not realise the restraints within an ever changing industry.
## Appendix 3: List of Participants

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<th>Name</th>
<th>Organisation</th>
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<tr>
<td>Dr Andrew Haysey</td>
<td>Transport Planning Manager, Transport Strategy Gateshead Council</td>
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<tr>
<td>Dr Andy Cope</td>
<td>Research and Monitoring Director, Sustrans</td>
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<tr>
<td>Dr Anil Namdeo</td>
<td>Senior Lecturer in Transport and Sustainability Transport Operations Research Group (TORG) School of Civil Engineering and Geosciences Newcastle University</td>
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<tr>
<td>Anne Clark</td>
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<tr>
<td>Name</td>
<td>Institution</td>
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