Transport and Health?

- Health is not intrinsically a policy objective of transport planning but rather...
- Safety
- Economic efficiency
- Accessibility
- Integration
- Environment
Car ownership: increased risk of sedentary behaviour?

- ‘Probably the most effective means by which a household can reduce its physical activity is through access to a car, and preferably at least two.’
Recent evidence of health impacts: Obesity

- Each additional kilometre walked per day is associated with a 4.8% reduction in the likelihood of obesity, whereas each additional hour spent in a car per day being associated with a 6% increase in the likelihood of obesity.

While government efforts to discourage car use remain motivated primarily by the need to curb congestion levels, the findings of this study may also provide support for this strategy based on population health considerations, such as the prevention of obesity.

‘Future of the NHS Hangs on Obesity Action’

Necessary funding to deal with obesity might overwhelm the NHS and could even make it easier for politicians to argue for an end to a fully-funded tax-based health service.

Derek Wanless, Health Service Journal, 19th October 2006
“for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of driving…”

Physical activity: the ‘best buy’ in public health

- Reduces the risk of dying prematurely (all-cause mortality)
- Halves the risk of heart disease
- Reduces risk of stroke by up to 40%
- Reduces the risk of developing high blood pressure and helps reduce blood pressure in people who already have it
- Reduces the risk of developing Type 2 Diabetes
- Reduces the risk of developing colon and breast cancer
- Helps control weight
- Helps build and maintain healthy bones, muscles and joints
- Promotes psychological well-being
Cost Benefits of pedestrian and cycle paths

- Benefits included health arising from improved fitness, health costs reductions for individuals, plus external cost savings including air and noise pollution and reduced parking costs.

- Net benefit/cost ratio for each: 4.09 Hokksund
  14.34 Hamer
  2.94 Trondheim

- “the investment in walking and cycle track networks in the three Norwegian cities appear to be highly beneficial to society.”

Sælensminde, K. (2004) Cost-benefit analyses of walking and cycling track networks taking into account insecurity, health effects and external costs of motorised traffic, Transportation Research Part A, 38, pp. 593-606
Most of the studies report similar orders of magnitude of economic benefits and that these are highly significant suggests that the economic justification for investments to facilitate walking and cycling has been undervalued or even not considered in public policy decision-making.
Health is a responsibility of Transport Planning. All those working in this policy arena should understand and account for the health impacts of transport.

The challenge is achieving this understanding and then acting accordingly.

We do not need the health sector to lead us.
Health Impact Assessments: Linking transport to public health

Dr Adrian Davis
Bristol
What is Health Impact Assessment?

- a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population’.


- The estimation of the effects of a specified action on the health of a defined population

Why do we need HIAs?

- While there are various other assessment tools rarely do these consider human health.


- Saving Lives: Our healthier nation (1999)
Key principles of HIA

- Social model of health and well-being
- Explicit focus on equity and social justice
- Multidisciplinary, participatory approach
- Use of qualitative as well as quantitative evidence
- Explicit values and openness to public scrutiny
A wider model of health

Source: Dahlgren and Whitehead, 1991
A process that:

- Considers the scientific evidence about the relationships between a proposed policy, programme or project and the health of a population
- Takes account of the opinions, experience and expectations of those who may be affected by a proposed policy decision
- Highlights and analyses the potential health impact of the proposed policy decision
- Enables decision makers to make fully informed decisions and to maximise positive and minimise negative health impacts
- Enables consideration of effects on health inequalities.

Types of HIA

- Prospective
- Concurrent
- Retrospective
- Rapid
- Intermediate
- Full

- Can be combined with Strategic Environmental Assessment
HIA Stages

- Screening
- Scoping
- Appraisal
- Recommendations
- Engagement with decision-makers
- Monitoring and evaluation
Transport HIAs

- First documented HIA in UK undertaken as a submission to Public Inquiry for proposed 2nd Runway at Manchester Airport (1994)
- Prospective
- Lobbying tool – changes in planning proposals; increased public transport and noise reduction schemes
- Rapid HIA of Mayor of London’s draft transport strategy (2000)
- ‘The Mayor attributed to the recommendations of the HIA the emphasis in the final Transport Strategy on increasing walking and cycling, reducing car reliance on private cars, and reducing the need to travel’

HIA Objectives

- To provide a positive, safe and healthy environment for children
- To promote healthy lifestyles
- To reduce the levels of deaths and injuries due to accidents
- To improve local accessibility of goods, services and amenities and reduce community severance
- To reduce the need to travel and improve choice and use of more sustainable travel modes
- To protect and, where necessary, improve local air quality
- To protect, manage and, where necessary, improve local environmental quality
Recommendations for HIA of Merseyside LTP2

- Need for Merseyside Speed Management Strategy
- 20 mph zones – address high pedestrian casualties
- Need for Cycle Network infrastructure (complimentary need for recognition of health importance of active)
- Targeted marketing for travel behaviour change
- Need for enhanced bus priority measures
Edinburgh Council’s Urban Transport Strategy

- 3 scenarios - dependent on funding levels that may be available
  - 1 - £0.7M – ‘average’ funding level given population size
  - 2 - £6.5M – maximum possible from Council
  - 3 - £29 M – would require road pricing
### Health Impact on ‘deprived’ populations of low (L) and high (H) spend

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Note: The table indicates the health impact on different deprived populations based on RTAs, Pollution, PA, Access, and Comm.
Recommendations for the Highway Authority

- Local transport policies should embrace sustainability, HIAs for developments
- LAs in Southeast Scotland should have a combined transport land use strategy
- In traffic management and road maintenance, priority for walking, cycling and public transport over the car
- Local transport policies need wide public consultation
Recommendations cont…

- No road provision expansion without a thorough assessment of all impacts
- Work with large leisure and retail developments. GTPs as precondition for planning permission in new developments
- New developments always to consider facilities for pedestrians and cyclists
- Evaluation of Car-Free developments
- More cycle use in disadvantage areas: how?
Overall conclusions about HIA

- HIA is an effective way to get health onto Transport agendas
- Specifically HIA can help redress the imbalance towards the car because of the health importance of active travel and protection of the health vulnerable
- Create opportunities to develop mutually supportive public policies
- Give decision-makers (inc. officers) a broader overview of the value of particular transport interventions and so help improve decision making
Prof Margaret Bell
University of Leeds