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Delivering health gain and equity through 'upstream' transport interventions

Presenter Disclosures

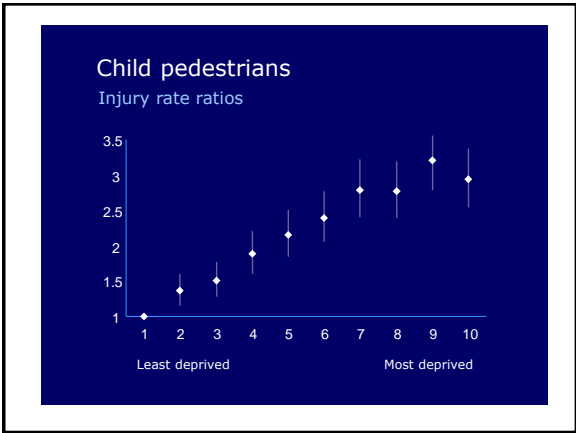
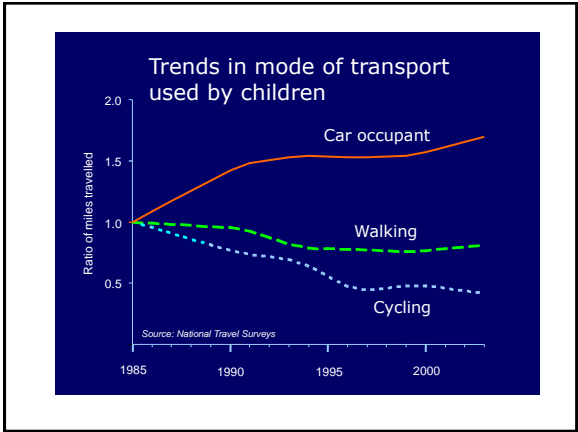
Judith Green

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:


No relationships to disclose

Some aims of a healthy transport system

- **Health gain:** reduce injury, enhance social inclusion, foster access to determinants of health; encourage 'active travel'
- **Equity:** reduce health inequalities that arise from transport systems

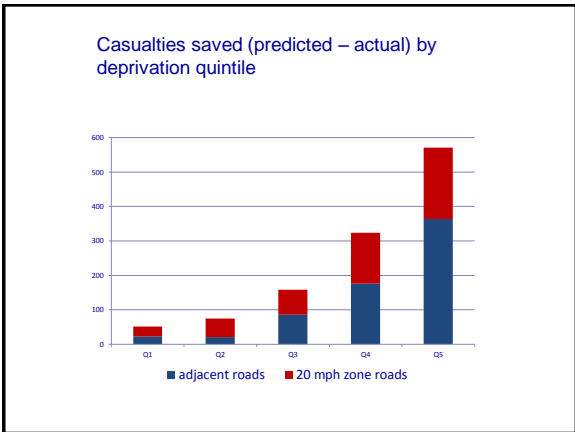
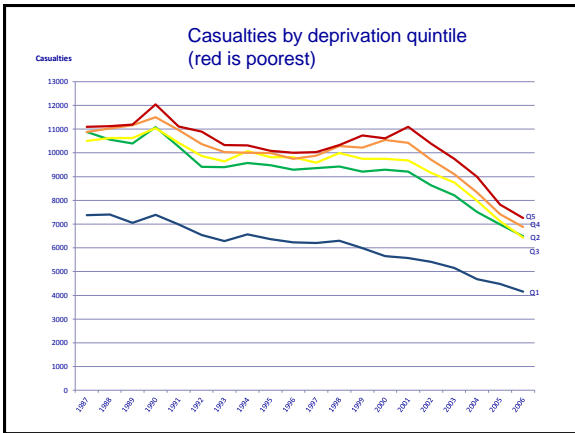
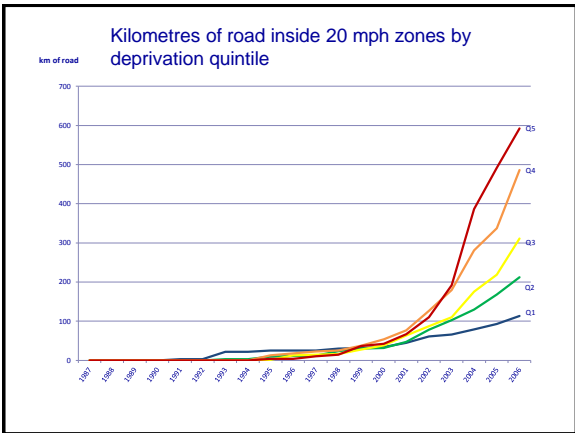



Case Study 1: 20mph zones to reduce speed



- Evidence that 20mph zones reduce injuries by 42% in London
- Since 1991, more have been implemented in more deprived areas

(Grundy et al 2009, Steinbach et al 2011)



Case Study 2: Free bus travel for young people

Scheme aimed to:

- “help young people to continue studying, improve employment prospects and promote the use of public transport”
- “embed more environmentally sound travel habits from an early age”

Evaluation findings

- Universal free bus travel for young people:
 - Fostered independent mobility
 - Removed a financial barrier to inclusion
 - Did not affect the distances walked
 - Contributed to ‘destigmatising’ public transport

(Green et al 2014)

Cycling in London

- Few journeys by bike
- Cyclists are disproportionately ‘rich, white, men’
- Qualitative study found ‘risk’ a deterrent at a number of levels:
 - The ‘hassle’ of gear needed
 - Visibility of ‘being a cyclist’
 - Aggression required to cycle in London might be ‘contagious’

(Steinbach et al 2012)

Case Study 3: Bicycle hire scheme



Observational study found users were less likely to wear:

- helmets
- high visibility clothes
- ‘sporty’ clothes

This ‘normalised’ image of cycling

(Scheme users *less* likely to be injured than those on own bikes)
(Goodman et al 2014)

What works and why?



Removing **root causes** of health inequalities, such as:

- Fast moving traffic that disproportionately affects those in poorer areas
- Financial barriers to travel

Going **upstream** more likely to deliver a ‘win-win’ of improving *everyone’s* wellbeing, whilst not widening inequalities?

Implications: research



Health is multiple

So it is inappropriate to focus on single outcomes (eg ‘helmet use’, ‘active travel’)

Consider whole (transport) system

and its relation to health & wellbeing

Need **qualitative work** for understanding of how transport systems shape travel modes

Implications: practice



Political will: London has city-wide transport governance

Public health largely delivered **outside the health sector** – work with humility with transport planners!

We need to advocate for **including health gains and losses** in evaluations of transport interventions

Acknowledgements



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For more detail about or publications by Transport and Health Group, LSHTM. Please contact:

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