Delivering health gain and equity through ‘upstream’ transport interventions

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)
Kilometres of road inside 20 mph zones by deprivation quintile

Casualties by deprivation quintile (red is poorest)

Casualties saved (predicted – actual) by deprivation quintile

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

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

Green et al 2014

Steinbach et al 2012

Green et al 2014
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

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References