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Transport and health – a five-country perspective☆

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SUMMARY

Devolution in the UK has, inadvertently, provided a natural experiment for comparing the impact of different approaches to policy and practice on populations that are broadly similar by most criteria. Realizing the potential gold mine that this presents for comparing policy and practice in the field of public health, the UK Public Health Association has established a Devolution Strategic Interest Group to explore and capitalize on this. From the start, the Group has included the Republic of Ireland in its purview to add an extra dimension of diversity and innovation.

Having previously looked at the organization of health care and public health, and at policy and practice on food, nutrition and obesity, the Group opted to look at transport and health this year. Here, the links between separate relevant policy streams are less obvious and clearly less developed than those for food, nutrition and obesity. Also, the perceived need to raise the issue up the public health agenda provides a new challenge to campaigning action for the Group.

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Overview of the five countries

It is clear that the impact of transport policy has been a significant contributory factor in the observed trend that, as health has generally improved, class differentials have widened.[1] The causal links that underlie this relationship are complex, making health impact assessment of transport initiatives difficult.

The complexity of the relationships surrounding transport policy and its health implications has been demonstrated by the recent pan European HEARTS Project,[2] which aimed to develop and apply integrated methodology for health risk assessment in order to explore the multiple impacts of road traffic, as a basis for informing policy and improving public health protection.

The South Yorkshire Cheap Fares Policy of the 1970s, where the newly established Labour-controlled South Yorkshire Metropolitan County Council opted to introduce a cheap fares policy, heavily subsidised by its council tax income, on its directly managed bus service, was a unique example of what a local integrated cheap transport initiative would involve and what it could achieve. A retrospective health impact assessment of this initiative would be worth its weight in gold to the transport and health community, but is just not feasible so long after the event. On the strength of the South Yorkshire experiment and what has been achieved more recently by the London Assembly,[3] a case can be made for further devolution of decision making in England to local authorities and local partnerships.

Taking the Republic of Ireland as an example, road traffic accidents and their cost to the public purse continue to be a concern. European Transport Safety Council figures show that for the period 2001–2006, road deaths decreased by only 10.9%, putting the Republic of Ireland in 20th position out of 29 in the European road deaths reduction league. The European Union's target is for a 50% reduction by 2010. In 2005, the Road Safety Authority estimated that the cost of road deaths and injuries was €1.44 billion.[4]

A road safety strategy for 2007–2012 was launched by the Government in October 2007 building on two preceding strategies.[5] Among the measures it promotes are graduated driver licence

☆ The full report 'Learning from Differences: Third Report of the Strategic Interest Group' is accessible at http://www.ukpha.org.uk/default.asp?action=article&ID=53.

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systems, a target of 25% reduction in serious injuries, further improvements in the existing road network, the establishment of drug impairment training, reductions in waiting times for driving tests, mutual recognition of driving disqualification and penalty points, and increased compliance with seatbelt wearing and speed limits with the widespread introduction of speed cameras.

The introduction of mandatory alcohol testing in 2006 has produced a 23% reduction in road deaths. Other measures proposed to reduce the toll of road traffic accidents include a reduction in the drink drive limit from 80 to 50 mg/100 ml and greater attention to motor cycle safety.

In the UK recent guidance by the National Institute for Health and Clinical Excellence recommends that cycling and walking should be given priority when planning and building towns.[6] However, for decades, roads have been designed and retrofitted primarily for vehicular traffic, ignoring the needs of those on foot or cyclists.

In Scotland, the Transport White Paper of 2004[7] and the National Transport Strategy of 2006[8] include provision for walking and cycling as high-level objectives contributing to improved health, as well as protection of the environment. The Scottish Sustainable Development Strategy makes it clear that the ability to travel is vital to people's sense of wellbeing, and that cycling and walking bring major health benefits as well as environmental benefits. The Strategy for Physical Activity has set a goal to increase and maintain the proportion of physically active people in Scotland.

The statutory community planning partnerships have a major role to play in delivering the Government's transport and health objectives, but health impact assessment of transport decisions is not commonplace, and walking and cycling strategies are not always seen as key elements of local and regional transport and planning systems.

The new minority Scottish National Party Government is having a major impact, particularly on the relationship between national and local government. National government will now set the broad direction of policy and the expected outcomes, and will then stand back and allow local government to deliver in whatever way it considers appropriate.

Except for a few short periods, Northern Ireland was ruled directly from Westminster from 1972 until 2007 when a new devolved government was established. This has already identified five key strategic priorities, as follows:

- grow a dynamic, innovative economy;
- promote tolerance, inclusion, and health and wellbeing;
- protect and enhance our environment and natural resources;
- invest to build our infrastructure; and
- deliver modern high-quality and efficient public services.

A noticeable feature of the new government's programme is that the links between health and transport are, at best, tenuous. The transport priorities in the programme are clearly set out in Public Service Agreement (PAS) 13, 'Improving the Transport Infrastructure'. The aim here is 'to maintain and develop the public road and rail network and improve public transport provision to deliver a modern, efficient and sustainable transportation system that facilitates economic growth and social inclusion across the region'.[9] PSA 14 seeks to promote safer roads by aiming to 'deliver a safer roads network and achieve measurable reductions in road deaths and serious injury'.[10]

A 10-year regional transport strategy was brought forward in 2002, and is currently configured under three transport plans: the Sub-regional Transport Plan,[11] the Belfast Metropolitan Transport Plan[12] and the Regional Strategic Transport Network Plan.[13] In terms of the Sub-regional Transport Plan, the most recently launched of the three plans, local transport studies have been undertaken in 29 locations outside Belfast, and it has been concluded that common problems encountered include:

- variability in the standard of provision for pedestrians;
- limited provision for cyclists;
- underdeveloped local bus networks, unattractive to potential users;
- limited provision for people with disabilities or others with reduced mobility;
- localized traffic congestion in the peak periods; and
- limited enforcement of parking regulations in advance of the decriminalized parking enforcement.

The overall plan has also been subjected to health impact assessment.

Public health policy in Northern Ireland has, at its centre, the concept of 'joined-up government' through the Ministerial Group on Public Health which oversees the work of four 'Investing for Health' (IFH) partnerships charged with developing the strategic priorities of IFH within each of the four health and social care board areas.

Disappointingly, the plans of these IFH partnerships and the four health and social care boards show that transport and health do not command priority. Examples of transport provision with public health outcomes include public transport for disadvantaged groups and community transport networks.

For Wales, we looked at the transport, spatial planning and land use policy context in relation to how it enables the built environment to positively impact on health and wellbeing – especially regular safe physical activity – and how it minimizes negative health impacts. Links to environment policy and sustainable development and the legislative frameworks were also considered.[14]

A sustainable integrated transport system with spatial planning, a built environment and an efficient public transport system that prioritizes and enables safe walking, cycling and public transport, and simultaneously restricts private vehicle use both physically and financially is fairer and accessible to more people. It not only protects the natural environment and the economy, but it protects and improves health. It provides fairer access to services to those without cars, and decreases car usage by those that do have cars. It increases regular daily levels of physical activity into older age, through more cycling and walking as part of practical daily transport and as interim ways of getting to public transport hubs. Such a system reduces road traffic injuries, increases social contact and reduces air and noise pollution. Such systems exist in most continental countries, especially in Scandinavia and in cities such as Copenhagen, Freiburg and Amsterdam. None exist in Wales, nor do official aspirations to achieve them. In England and Scotland, some cities partially aspire to such systems – e.g. Bristol and Edinburgh – but are a long way from ever achieving their modest aspirations.

Attempts have been made to apply a health framework in other sectors as a cross-cutting theme by looking in some detail at the policies and plans of key Welsh Assembly Government Departments – Economy and Transport, Economic Development and Regeneration, Social Justice and Local Government, Health and Social Services, and Public Health and Health Professions – and how they impact on transport and health.

Conclusions

It would seem that although there is prevalent rhetoric about the links between transport and health in all five jurisdictions based on a growing body of evidence, positive action is less evident. A truly integrated sustainable transport strategy promoting active travel and decreased car use is the holy grail, but it is not within sight in any of the five nations. There is a view that the South Yorkshire transport initiative in the 1970s had a significant impact in reducing health inequalities resulting from road traffic accidents

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to children and from poor access to health care and health-related facilities. A prospective health impact and health inequalities impact assessment, had this technology been available at that time, would, it is believed, have demonstrated this in a way that would have been highly influential on subsequent transport policy. The use of this technology to assess transport policy, including the current innovations of the London Regional Assembly Government, is fundamentally important to promoting the transport and health agenda.

In the UK, the Westminster Government retains control of the carbon emission aspects of the sustainable development climate change portfolio, which serves to undermine the role of the devolved governments in developing their own transport policies.

Road deaths and injuries are clearly major issues. Action to curb the toll from drink driving is necessary in all jurisdictions, and should include mandatory alcohol testing and reducing the drink drive limit to 50 mg/100 ml.

The message that is clear from this overview of all five jurisdictions is that the links between transport and health do not seem to have provoked the cross-departmental thinking and action at either central government level or local governmental level that is the necessary precursor to effective action.

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Competing interests

None declared.

References

1. White D, Raeside R, Barker D. Road accidents and children living in disadvantaged areas. The Scottish Government Development Department Research Programme Research Findings No 81. Edinburgh: The Stationery Office; 2000.
2. World Health Organization. *Health effects and risks of transport systems: the HEARTS project*. Copenhagen: WHO Regional Office for Europe; 2006.
3. London Health Commission. *A report of a health impact assessment of the Mayor's draft transport strategy*. London: London Health Commission. Available from: http://www.londonshealth.gov.uk/pdf/transprt.pdf; 2001 [last accessed 1.10.08].
4. Road Safety Authority. *Road collision facts 2005*. Ireland, Ballina, Co Mayo: Road Safety Authority. Available from: www.rsa.ie; 2007 [last accessed 1.10.08].
5. Road Safety Authority. *Road safety strategy 2007–2012*. Ireland, Ballina, Co Mayo: Road Safety Authority. Available from: www.rsa.ie; 2007 [last accessed 1.10.08].
6. National Institute for Health and Clinical Excellence. *Quick reference guide, physical activity and the environment*. London: NICE; 2008.
7. *Scotland's transport future: the Transport White Paper*. Chapter 1. Scottish Executive. Available from: http://www.scotland.gov.uk/library5/transport/stfwp-00.asp; 2004 [last accessed 1.10.08].
8. Scottish Executive. *Scotland's national transport strategy*. Edinburgh: Scottish Executive. Available from: http://www.scotland.gov.uk/Resource/Doc/157751/0042649.pdf; 2006 [last accessed 1.10.08].
9. Department for Regional Development. *Delivery agreements for the department for regional development's public service agreements (PSAs) 2008–2011*. Belfast: Department for Regional Development. Available from: http://www.drdni.gov.uk/; 2008 [last accessed 1.10.08].
10. Department for Regional Development. Public service agreement 14 – promoting safer roads. Belfast: Department for Regional Development. Available from: http://applications.doeni.gov.uk/publications/document.asp?docid=13498 [last accessed 1.10.08].
11. Department for Regional Development. *The Sub-Regional Transport Plan (SRTP)*. Belfast: Department for Regional Development. Available from: http://www.drdni.gov.uk/index/subregionaltransport.htm; 2007 [last accessed 1.10.08].
12. Department for Regional Development. *The Belfast Metropolitan Transport Plan (BMTP)*. Belfast: Department for Regional Development. Available from: http://www.drdni.gov.uk/index/bmtp.htm; 2007 [last accessed 1.10.08].
13. Department for Regional Development. *Regional Strategic Transport Network Transport Plan 2015*. Belfast: Department for Regional Development. Available from: http://roadimprovements.roadsni.gov.uk/rstn_tp.pdf; 2007 [last accessed 1.10.08].
14. Welsh Assembly Government. *Well-being in Wales*. Cardiff: NafW. Available from: http://new.wales.gov.uk/subsite/healthchallenge/?lang=en; 2002 [last accessed 1.10.08].