

Transport & health

A position statement

B a c k g r o u n d

Transport includes road, rail, water and air. This statement focuses on road transport and public transport as these are where the greatest opportunities for improving public health lie. However new technologies, such as driverless cars and the hyperloop, may change this.

Road transport includes the moving of people and goods including private cars, public transport, freight vehicles, walking and cycling. Roads and streets should be thought about separately – streets are not solely used for transport but also as places for living, working and leisure.

The bulk of public transport is provided by the bus, but it is railways which compete most effectively with the car. Indeed buses are used most in cities where railways are best developed. We believe in a high quality express public transport system of trains, trams, BRT and demand-responsive transport. This should be supported by a comprehensive bus network

Road transport provides access to opportunities for education, work, social contacts and leisure. It can facilitate physical activity as part of everyday life through walking and cycling, enabling people to maintain good health and help prevent depression, obesity, circulatory diseases, diabetes and some cancers.

Conversely, motorised road traffic threatens health both directly, through injury and pollution, and, more insidiously, by promoting inactivity, limiting independence, producing greenhouse gases and disrupting social networks in heavily-trafficked streets.

Transport and planning policies can also be a barrier to good health, making it harder or more dangerous for people to be physically active and interfering with access to healthcare and other essential services. **Changes to transport policies at a national and local level have huge potential to improve the health of the population and reduce health inequalities.**

The current road transport system in the UK contributes to a number of health hazards and health inequalities, particularly in urban areas; poverty is strongly correlated with air pollution, noise and injuries. More disadvantaged areas tend to have a higher density of roads and traffic, leading to worse air quality, higher noise levels and higher collision rates. Transport can also influence access to education, employment, housing and green space – important determinants of health and wellbeing. Social exclusion, due to dependence on infrequent or expensive public modes of transport, adds to the inequitable impact of community severance, injuries and pollution.

What we think

The underpinning principle of a public health approach to tackling the complex health issues relating to transport should be a **major shift away from cars to active travel: walking, cycling and public transport.** This would reduce the harms of the road transport system; help individuals, society and the environment; and help reduce carbon and improve air quality. To achieve this, more people would need to consider the best option for short-journey stages to be walking and cycling, and for longer-journey stages to be cycling and public transport use.

What we can all do

- Advocate for a **major shift towards walking, cycling and public transport.**
- Advocate for a **major shift away from cars.**
- Advocate for the reallocation of road space in urban areas away from parking and the movement of private vehicles towards people on foot, bicycle and public transport.
- Advocate for policies which discourage private car use in urban areas, e.g. on-street parking restrictions and selective congestion charging.
- Advocate for 20mph limits and design speeds for streets used by pedestrians and cyclists.
- Advocate for public transport accessible for all and integrated with other transport modes.
- Advocate for proper transport for old and disabled passengers, including demand-responsive transport

PRODUCED BY:



FACULTY OF
PUBLIC HEALTH

www.fph.org.uk

FURTHER READING

British Medical Association. 2012. *Healthy transport = healthy lives*. London, BMA. <http://bma.org.uk/transport>

Mindell JS, Watkins SJ, Cohen JM (eds). 2011. *Health on the Move 2: Policies for health-promoting transport*. Stockport. Transport and Health Study Group. www.transportandhealth.org.uk

Mindell JS, Cohen JM, Watkins S, Tyler N. 2011. Synergies between low carbon and healthy transport policies. *Proceedings of the Institution of Civil Engineers – Transport*. 164, 127-39.

Mackett RL, Brown B. 2011. *Transport, physical activity and health: present knowledge and the way ahead*. www.ucl.ac.uk/news/pdf/transportactivityhealth.pdf

National Institute for Health and Care Excellence (NICE). 2008. Public Health Guidance 8. *Promoting and creating built or natural environments that encourage and support physical activity*. London, NICE. www.nice.org.uk/Guidance/PH8

National Institute for Health and Care Excellence (NICE). 2012. Public Health Guidance 41. *Walking and cycling: Local measures to promote walking and cycling as forms of travel or recreation*. London, NICE. www.nice.org.uk/Guidance/PH41

Sustainable Development Commission. 2011. *Fairness in a car dependent society*. www.sd-commission.org.uk/publications.php?id=1184

World Health Organization (WHO). 2011. Health Economic Assessment Tool for walking and cycling. Copenhagen, WHO. www.heatwalkingcycling.org/

Journal of Transport and Health