

# What next for transport and health?



A summary of THINK's agenda setting workshops

## Introduction

THINK held a series of workshops in the Spring that brought together stakeholders working in transport and health.

The workshops were designed to help steer strategic decisions about where THINK should invest time and resources. This steer is informed by stakeholder needs and interests, priorities and barriers identified, and the kind of changes considered necessary to make a positive impact on public health. In doing so, the workshops set out to identify areas, topics, policies, or interventions that the network will develop.

In the workshops we explored how to go about future activities. As a result, we will develop themed strands of work where projects are undertaken in sub-groups, supported by THINK. We also have created action points to support members and overcome some of the challenges raised.

# Summary

## Exploring priorities and challenges in transport and health

Discussions from the first exercise related to the following themes:

### a) Priorities

- Making transport and places more equitable and inclusive, which is aligned with the need to reduce health inequalities
- Increasing opportunities to collaborate and improving collaboration as a practice
- Raising awareness of the impact of transport on health and effective evidence-based solutions by communicating these to diverse audiences to influence change
- Identifying research opportunities, increasing and standardising data collection, and improving tools for decision-making

### b) Challenges

- Difficulty collaborating (e.g. using funding, communicating, awareness, inconsistent approaches)
- Norms in researching travel behaviour and appraising transport interventions reproduce inequalities in accessibility and there is often inadequate or inconsistent data
- Communicating with the public and realising behaviour change
- Time and resource constraints
- Policy-action and evidence-action gaps

## Lie of the land

The second workshop activity was designed to broaden our understanding of what people are doing now to tackle the challenges in transport and health that were raised in the first activity.

Many relevant policies are now recognising the need to adjust transport, travel behaviour, accessibility of services, communities, and places to improve public health while also addressing the environmental impact of the movement of people and goods.

Other reflections included:

- Achievements of third-sector organisations
- International institutions recognising and raising awareness of the impact of transport on public health globally
- In the UK, local health boards are proactively communicating with the public to improve air quality and healthier mobility
- The Welsh Government are reducing Wales's national default speed limit in built up areas
- National public health institutions are becoming increasingly proactive in influencing transport planning

## Moving from here to there

The third activity sought to identify areas that THINK as a collective could work on relating to the priorities and challenges raised in the workshops.

Some suggestions were repeated in more than one workshop, and it was clear there were areas that should be incorporated into a strategic plan for THINK over the next two years. These include:

- Enabling a more joined-up approach
- Capturing the social benefits of investment in transport
- Including groups of people currently marginalised in society through lack of appropriate provision of transport services and suitable infrastructure
- Increasing access to evidence
- Improving skills in communicating with the public
- Developing and improving national standards on transport, built environment and accessibility design and data-collection

Individual ideas were also raised, many of which could contribute to activities within themed sub-groups or developed within THINK, such as setting up and trialling Citizen Assemblies.

## Future THINK actions

The workshops highlighted a need for THINK to support collaborative practice, to help foster the conditions for sub-groups to begin their own practice, to ensure transport, health and places are becoming more equitable, to support easy access to resources and raise awareness of transport and health issues and interventions to facilitate change.

Along with pre-planned activities, such as public engagement, releasing small grants to support research and knowledge exchange activities, the THINK team will begin to develop a community of practice. We will be inviting THINK collaborators to get involved in sub-themed research groups and will convene working groups to maximise opportunities to share knowledge, resources, expand networks, discuss ideas, issues and case-studies, collaborate and generate new projects, for example.



# Activity 1: Exploring priorities and challenges

In the first activity we asked participants to discuss what they thought were the key priorities and challenges relating to transport and health.

We have summarised these thematically with participant suggestions relating to each in the tables below.

*"We tend to think about this average person [...] and we forget about the people that don't fit into this average box. But those are the people we need to keep mobile because they're the people whose health is already suffering"*

*"We've got such a car-centric society, it's really challenging to offer any alternative [...] recognising we need a culture shift is a priority"*

## Priorities

Theme	Key priorities suggested
<b>Equitable and inclusive places and transport</b>	<ul style="list-style-type: none"> <li>Increasing the inclusivity and equity of transport services and interventions and public space</li> <li>Addressing health and mobility inequalities</li> <li>Planning and designing transport for everyone not just the average person predominantly using transport for employment and not just for economic growth</li> </ul>
<b>Improving collaboration</b>	<ul style="list-style-type: none"> <li>Identify and align common objectives in transport, health, and environment</li> <li>Enable funding, currently siloed, to be used for collaborative interventions delivered equitably</li> <li>Improve communication between stakeholders to align work, reduce repetition, and increase awareness of work carried out</li> </ul>
<b>Communicating and raising awareness of transport and health for various audiences</b>	<ul style="list-style-type: none"> <li>Engage the public to normalise active travel and public transport use and reduce private car use</li> <li>Create and disseminate easy access evidence</li> <li>Raise awareness of impact of transport on public and community health, not only individual health</li> </ul>
<b>Research, data collection, tools for decision-making, and improving standards</b>	<ul style="list-style-type: none"> <li>Create and utilise more appropriate tools in transport planning to measure and include individual and community health and wellbeing outcomes</li> <li>Consistency and standardisation in approach, implementation, data collection and analysis across space and time with an awareness of context, diverse needs and application suitable to local conditions and stakeholders</li> </ul>

## Challenges

Theme	Key challenges suggested
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• Getting transport practitioners and policymakers to consider health</li> <li>• Funding for collaboration is earmarked for transport or health within different public institutions</li> <li>• Talking different languages, unable to engage or work together</li> <li>• Lack of awareness what others are working on</li> <li>• Inconsistency in approach in different places e.g., making temporary active travel infrastructure permanent - political decisions on the ground do not always align with national policies</li> </ul>
<b>Research methods and data collection, tools for decision-making</b>	<ul style="list-style-type: none"> <li>• Appraisal of interventions uses economic methods and quantifying impacts in monetary terms e.g., time-saving benefit of interventions, which makes it difficult to capture health and wellbeing benefits, particularly beyond individual benefits including community cohesion and the implication it has for people's wellbeing</li> <li>• Appraisals focus on commuting trips and the value of time for commuters or self-employed entrepreneurs resulting in services and places that exclude people</li> <li>• Lack of longitudinal data and consistency of data collection methods over time and place</li> <li>• Not recognising the contextual nature of transport problems, needs and solutions - approaches often designed for universal concept of cities and solutions can be inappropriate for context or various groups of people.</li> </ul>
<b>Communicating with public</b>	<ul style="list-style-type: none"> <li>• Mechanisms for achieving better public health can be narrated as contentious in the media and are often perceived as infringing on people's individual rights e.g., reducing space in cities and towns allocated to car use, reorganising streets for other modes and reducing traffic speeds</li> <li>• Public health and transport are both used politically to influence and divide the electorate and media outlets thrive on public debate making it difficult to communicate evidence to the public</li> <li>• Avoiding people feeling 'done to' or people feeling they cannot make a difference</li> <li>• Culture of transportation e.g., influence of social status on choice of travel mode</li> </ul>
<b>Time constraints</b>	<ul style="list-style-type: none"> <li>• Gathering resources and assessing current evidence</li> <li>• Time to collaborate and get to know other institutions and practices</li> <li>• Funding for research and interventions often short-term – not enough time to engage with stakeholders</li> <li>• Stakeholders' turnaround time affects long-term collaboration</li> <li>• Competing pressures on stakeholders' time e.g. academics required to produce journal articles that may have limited real-world value for stakeholders</li> </ul>

## Challenges

Theme	Key challenges suggested
<b>Policy-action and evidence-action gaps</b>	<ul style="list-style-type: none"><li>• Lacking viable alternatives to car driving</li><li>• Politicians not investing in long term strategies</li><li>• Change is slow</li><li>• Academics not embedded in decision-making at the local level</li><li>• Mismatch with legislation, such as Active Travel Act Wales, and deployment of standardised infrastructure on the ground</li></ul>

## Activity 2: Lie of the land

The second workshop activity was designed to broaden our understanding of what people are doing now to tackle the challenges in transport and health that were raised in the first activity.

We suggested examples of things to consider, such as, an intervention, a policy, a research project, advocacy work or the development of a tool used by the public or decision-makers for appraisal.

Participants were given the opportunity to share what they think is currently working well and what barriers they face in the work they are doing.

Participants spoke of the following examples:

### Achievements of third-sector organisations

The strength of the third sector was discussed including achievements such as advocating for equitable involvement in active travel through provision of inclusively designed infrastructure. Third sector organisations have been successful in removing barriers for people to access cycling and walking infrastructure. The third sector organisation Pedal Power have been successfully enabling access to adapted cycles in Cardiff and exemplify the kind of facilities that could be scaled up

and implemented elsewhere to increase diversity in active travel, enabling more people to benefit from cycling. Community transport is another important involvement of the third sector in providing transport options for those with difficulty accessing health and care appointments, services, amenities, and recreational opportunities. Third sector organisations deliver a crucial part of the transport network, keeping people connected to their communities and health care, where private companies do not offer services or are not accessible.

### International institutions are recognising and raising awareness of the impact of transport on public health globally

It was suggested that the United Nations (UN) and World Health Organisation (WHO) have been more proactive in addressing transport and health and road safety in recent years. The UN launched a decade of action for road safety last year, for example, and the WHO recently published Walking and cycling: latest evidence to support policy-making and practice.

## In the UK, local health boards are proactively communicating with the public to improve air quality and healthier mobility

The Welsh Government's 'Clean Air Plan for Wales: Healthy Air, Healthy Wales' policy aims to be more public health focused and encourages local authorities to engage with the public as part of their Local Air Quality Management (LAQM) Plans. The Welsh Government state in the paper, it will develop new LAQM legislation that will strengthen the accountability of local authorities to tackle air pollution, monitor air quality and collaborate with relevant partners.

Cardiff and Vale Local Public Health Team and Public Health Wales have been involved in setting up Healthy Travel Charters (see Healthy Travel Wales) that encourage public sector organisations to commit to supporting staff use sustainable and healthy transportation.

## The Welsh Government are reducing Wales's national speed limit in built up areas

The Welsh Government have proposed a new national default speed limit of 20 mph reduced from 30mph in built up areas.

Following pilots across Wales, the legislation was approved by vote in the Senedd in July. The change in 2023 intends to reduce injuries and fatalities involving car drivers and to facilitate active travel. It has been a contentious subject in the media and strong public messaging is needed to communicate the positive impact the speed limit reduction will have on public health.

## National public health institutions are becoming increasingly proactive in influencing transport planning

The Public Health and Sustainable Transport Partnership Group was established as part of the Public Health Scotland Social and System Recovery Programme to address and mitigate the wide impacts of Covid-19.

The group are continuing beyond the pandemic, articulating how transport and planning policy impacts the health of people living in communities, and of specific population sub-groups; using findings to inform national and local policy responses and actions, and responses within Public Health Scotland's own organisations.



## Activity 3: Getting from here to there

The third activity was designed to get participants to share ideas of approaches that might overcome challenges raised in the previous activities while contributing to priorities identified. Participants were asked, “What do we need to do to get there? What can you do? What can others do? If so, who?”

Below, we have summarised the discussions from all three workshops identifying several approaches that could become next steps for THINK.

### Enable a more joined-up approach for collaboration

Participants thought there was a need for more collaboration between transport and health practitioners, civil servants, and researchers, as well as those from other disciplines and sectors that influence land-use and travel demand, such as planning, social justice, housing, business development, economy, technological innovation, data, and analytics.

It was suggested that THINK could establish a community of practice that will facilitate collaboration and develop impactful research that can be used on the ground.

Participants commented on the problem of not having enough time to reach out to others and organise activities that could foster shared learning and collaboration. Most stakeholders felt that an intermediary like THINK and the resources and services offered by a project like THINK would be an appropriate way to overcome communication barriers and the difficulty of administrating, or supporting, collaborative work.

Participants highlighted a need to improve communication between stakeholders including developing guidance on styles of writing evidence summaries to share across different disciplines,

facilitating activities to get people together and helping to share up-to-date resources, guidance and successful case studies within a community of practice. Opportunities were discussed to communicate evidence at a local level through ‘constituency dashboards’ so local level political stakeholders can demonstrate what the scenario is in their constituency to advocate for change.

The groups also pointed out the need to understand different institutional and disciplinary cultures as well as the need to establish commonality, shared goals and approaches.

### Capture social benefits of investment in transport

Participants suggested it would be useful to consider how to capture and measure value of spending and interventions that cannot be monetised. This could involve identifying and developing appropriate tools for appraising interventions and proposed developments that can incorporate a wider range of health and wellbeing benefits to communities, specific groups (for example, people with disabilities, health conditions, ethnic minorities, older and younger people, people prone to isolation) and individuals.

### Include groups of people that are currently marginalised in society through lack of appropriate provision of services and suitable infrastructure.

Participants identified a need to design places and services for everyone and to reduce health and accessibility inequalities.

### Increase access to evidence

It was agreed that it would be useful to increase the amount of evidence available to help decision-making at a local level.

Participants indicated that evidence summaries should be brief, accessible for diverse audiences and up to date. Participants also commented on the need to have evidence that has relevance to local contexts or can be used by local authorities, practitioners and health boards, for example. This could include local statistics, case studies and local stories so local decision-makers can better prioritise where and how to spend finite resources.

### Improve skills in communicating with the public

There may be ways to improve the messages shared with the public to enable people to change the way they travel to improve their own health and the health of others.

### Develop and improve national standards

Participants commented on the need for improved standards of walking and cycling and other transport infrastructures that are embedded in legal frameworks. This might involve working with professional engineering institutions to ensure policies encouraging active travel and improving road safety are carried out on the ground. It was also discussed how standards can be replicated at a local level, including the affordability

of improvements and resources available to carry out changes. Participants also recognised a need to understand barriers to implementing standards and to identify where support is needed to ensure improvements can be delivered equitably. Current planning practice tends to enforce standards in new infrastructure, which means places that are not developing as fast as others through lack of private or public investment are left behind.

Other outlying ideas that were raised in single workshops but were not repeated by other participants across the workshop series included:

- **Social prescribing active travel**

While being cautious not to over medicalise walking and cycling, which may mean some people think only to travel actively as a remedy to certain health conditions, e-bikes could be used as a way into increased activity. For example, by those with low fitness to increase their confidence and improve their experience of using a cycle. Prescribing could overcome the affordability barrier of e-bikes and with the right kinds of supportive infrastructures can overcome storage barriers to owning a cycle for many.



- **Citizen Assemblies**

Improving how we engage the public with planning transport services and place-making, or designing solutions and interventions aimed at improving their mobility and health.

- **More projects geared for impact**

Some suggestions were made to have more projects that will lead to change, for example, to increase active travel and tackle car dependency. For example, up-skilling people to maintain their cycles, assist others to get the confidence to cycle through bike buddy training schemes, scaling up facilities to make adapted cycles available outside of large cities.

- **Exploring the contribution of local health and wellbeing boards**

This might involve questioning the current partnership models designed to enable local

stakeholders to manage how funding is spent in health and care locally, considering governance mechanisms and accountability.

Participants also thought of goals for specific areas of work including:

- increasing active travel and creating a culture change that normalises it
- improving air quality equitably (related to increasing active travel)
- improving road safety
- improving community cohesion including reimagining bus services as community spaces
- focus on gender inequalities and the need to increase awareness of women's health in transport and planning or designing places and spaces of mobility.



# Next steps for THINK

Following the agenda setting workshop series, we have set out actions that would be feasible for the core THINK team to develop and that can support some of the approaches and ideas raised in the workshops.

The workshops have highlighted the need for THINK to support collaborative practice, to help foster the conditions for sub-groups to begin their own practice, to ensure transport, health and places are becoming more equitable, to support easy access to resources and raise awareness of transport and health issues and interventions to facilitate change.

THINK will continue with its planned public engagement and participatory approach aiming to inspire and enable communities to get involved in local decision-making and planning. THINK will also be facilitating knowledge and skills exchange activities, and research development.

## THINK action points:

- Ensure equity, diversity and inclusion is planned for and is central to THINK activities and ways of working
- Establish a community of practice to develop collaborative mechanisms and governance
- Develop and convene working groups to utilise current activities and to begin new activities
- Develop accessible evidence relevant to themes of interest
- Plan and deliver public engagement activities involving THINK members
- Promote funding opportunities for research and collaborative projects



THINK has been created to bring together people working in transport and health from policy, practice and academia, developing skills, experience and knowledge, generating new practice-orientated research and getting research into practice.

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