

Case-study 8.3.2

Health impact assessment of a local transport plan ... work in progress

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This HIA is part of the overall planning for health within the Local Transport Plan (LTP) for West Yorkshire, which covers four health authorities and five local authorities. This HIA is still in progress so the Case-study describes the first phase of the HIA and highlights where current working is now in progress.

Description of approach

Having gained considerable experience in assessing health needs for a variety of populations and service groups, a crucial part of such planning is to assess existing policies or plans for their impact on health. So we have slightly modified our health needs assessment (HNA) process steps to embrace this. This updated process of health assessment will be published in early 2001 on our health authority website (*see* References), in a similar fashion to our HNA workbook.

Why this topic?

Transport has become a major issue for health planning since the development of the local HImP because so many of the population priority areas include transport as a major need. Given the requirement for local authorities to produce a 5-year Local Transport Plan, this seemed the obvious choice for a proposal that required health impact assessment to link actions through to the HImP plans.

Scope of the HIA

- To assess the LTP against the public health objectives relating to transport, being identified from the literature and the HImP planning groups for older people, children, mental health and ischaemic heart disease (IHD).

This is in five phases:

1. an agreement on the overall health impact of transport and an agreement of the main public health objectives locally: agreed within one month mid 1999;
 2. an assessment of the size of this health impact in each constituent HA area: complete by September 2000;
 3. a review of the evidence behind the key action points within the LTP with a review of the actions that have proof of effectiveness and are also cost-effective: complete by September 2000;
 4. to refine the LTP in light of these assessments: complete by February 2001;
 5. to assess barriers to reduction of car use from key stakeholders.
- To include in the HImP plans action for improving transport impact on health as relevant to support the aim: early 2001.

The population is at 2 levels:

- the whole population of West Yorkshire, i.e. 2 million;
- the population of Calderdale and Kirklees Health Authority area, i.e. 580,000.

Indicators have been agreed as part of the first phase, and for those not routinely collected one of the health authorities is undertaking a major survey of the population early in 2001.

Stakeholders

Core team involved:

- Local authority transport planners;
- Health authority public health.

Consultation:

- HA Board and planning departments;
- LA elected members;
- a range of other groups including commerce and industry sector, voluntary groups, community groups and open meetings organised throughout the area.

Definition of health

The extent to which an individual or group is able:

- to satisfy basic human needs;
- to change or cope with their environment;
- to realise aspirations.

Health is:

- a resource for everyday life;
- a positive concept emphasising social and personal resources as well as physical capabilities.

World Health Organisation 1984

Determinants of health relating to transport

Positive factors		Health Functioning	Disease
<i>Behavioural</i>	Use of self as form of transport i.e. walking or cycling	Physical ability	
<i>Social/ Community Networks</i>	Access to: people, work, amenities, shops, tourism	Mental health Vitality Social support & contact Role Functioning: jobs; etc.	
Negative Factors		Health functioning	Disease
<i>Behavioural</i>	Speed/driving behaviour Road safety for non car users Use of alcohol + driving Use of car as dominant form of transport	Disability, death Fear of using roads Physical inactivity	Injury/falls Heart, vascular
<i>Social/ Community Networks</i>	Volume of traffic from cars and freight Little independence of mobility for children/elderly Declining quality of Public transport: Information, congestion, Reliability, safety, Complex journeys	Musculoskeletal pain/stiffness Social isolation Poor sleep Inappropriate behaviours Role: Job opportunities Unhealthy diet	Osteoporosis Mental ill health Malaise Asthma/other Respiratory
<i>Physical/ Economic Environment</i>	Poor access to: services, work amenities, affordable local shops Air quality due to emissions Noise Loss of green space to cars Poor transport access to former industrial areas		

Indicators for health outcomes and process

Health functioning

mental illhealth and psychological distress
physical ability
role and social disability

Source of data

Health & Safety Executive, local survey
Local survey
Local survey

Diseases

Asthma prevalence
Road traffic accidents: site, severity
IHD deaths
-

GP records
Police, A&E depts
Public Health Common Data Set (PHCDS)

Factors

Physical activity
Healthy diet
Accessible public transport routes
Mode of transport to work
Access to local food shops and post offices
Air Quality

Local survey, HSE
Local survey
Local Authority (LA)
Local survey
LA
LA

Evidence base

In the Table of Evidence (Appendix 1) the LTP actions are assessed for their positive or negative impact on the factors affecting health and whether that effect is definite, possible or theoretical, depending on the strength of evidence and support from the perceptions of the community.

This represents the first assessment of the evidence behind the proposed actions. It is now being worked up in much greater detail using the above grouping of evidence as Phase three of the work.

Learning points

Enablers

- All the core agencies were very keen to collaborate, which was fuelled partly by the DETR directive.
- Once discussion started, both public health and planners realised they had the same objectives but these were couched in different languages and understanding, so eureka!
- Some Regional funding was acquired to commission external specialists to conduct Phases two and three of the HIA, who were experts in the fields of transport, and transport and health.
- Recurrence of transport as an issue in HImP plans also supported this as they wished to know what to do and who to influence to get change happening.
- This is one of the rare occasions when the health authorities have collaborated closely on issues outside regional NHS services. So, it has been most useful in sharing HIA and the political issues behind these changes.

Barriers

- None too apparent yet but possibly the innate reluctance to reduce the car use of the key players themselves will be one.
- Apathy of local communities might also be an issue as those attending the community groups and open meetings tend to represent vested interests.
- Apparent lack of evidence of effect of actions seems to be a real problem hence commissioning the research work.
- The workplace travel plans are very slow to move locally, and despite employing an officer to enable them to happen, the key stakeholders' hearts and minds have to be tackled first. So the old lesson of support from the top has been ignored yet again.

HIA in the form we used proved to be very suitable for this topic. By coupling the HIA to the HNA process used in the HImP planning the value of this approach has been reinforced.

Major learning for all involved

For public health specialists, learning involved re-framing their experience in the order of HIA questioning. The concepts of looking at the overview for health and identifying groups with inequalities become complex very quickly for non-public health colleagues, although they could understand the rationale behind the process. It is imperative for public health staff to be clear, simple and concise when leading their colleagues in such an assessment.

The lack of evidence, both for action and culturally, when compared with the evidence base for medical care can create tension, but again public health skills are needed to review all types of evidence for their worth in contributing to the debate. Consensus among differing professional groups is usually the most successful compromise, but this should be challenged by evidence reviews.

Remember too that Boards and elected members are not driven by evidence, but by numbers, so this cultural change needs supporting.

Thank goodness for HImPs!

Resources

- Core work: public health consultant
- Local impact review by external public health agency; cost: £11,000
- Evidence review by academic dept of Transport studies; cost: £10,000
- LTP consultation process part of the mainstream planning processes

Much of the rest is part of mainstream planning, e.g. indicator development had occurred overall for the population, so guidance and overall indicators had already been agreed.

References

1. Hooper J, Longworth P. A workbook for health needs assessment in primary health care.
Available at: www.geocities.com/hotsprings/4202/index.html

Table of evidence: impacts of the action points of the LTP on the factors affecting the public's health

LTP action	Factors effecting the public's health						
	Reduce car use	Reduce danger	Improve public transport	Increase walking / cycling	Safe driving	Reduce air & noise pollution	Target high-risk groups for inequalities
Improve public transport: information, ticketing, fares, security, more routes, quality of vehicles/infrastructure, use of taxis and other vehicles	Possibly	Possibly	Yes	Possibly		If vehicles have clean emissions	Mobility-impaired, women
Increase walking / cycling: paths accessible, more routes including in planning criteria safety, speed reduction, safe school routes, enforce traffic regulations, integrate with public transport	Possibly	Yes	Increase use	Yes	Yes		Non-car users, children
Increase rail and waterways use for freight and use of best practice	Yes				Yes	If vehicles have clean emissions	Those living nearby subject to more noise
Highway maintenance: traffic calming, reduce poor driver behaviour, enforce traffic regulation, road safety education, paths / kerb maintenance, stronger roads for buses safety / speed calming measures, road / lighting repair	May rise	Yes, but may worsen driving behaviour, increasing danger	Possibly	Possibly	Yes	Not likely	Elderly, children, disabled people
Demand management: reduce parking, increase cost of car use, safe routes to school, park & ride, route management of through traffic, green travel plans for workplace	Yes	Yes	Possibly	Possibly	Possibly	Possibly	May worsen impact
Reduce need to travel through land use	Yes	Possibly	Increase use	Possibly	Possibly	Yes	Possibly all groups

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