

Minutes of the Annual General Meeting of the Transport and Health Study Group held on 19th November 2014 at 11am at Stockport Town Hall

ADMINISTRATIVE SESSIONS

A1 CONSTITUTIONAL AMENDMENT

The following constitutional amendment was recommended by the Executive Committee and adopted:-

ADD A NEW CLAUSE AS FOLLOWS:-

For so long as the Faculty of Public Health (“the Faculty”) so agrees, the Group will administer a Transport Special Interest Group (SIG) of the Faculty. Members may join that Group in accordance with the Faculty’s processes. They shall be entitled to participate fully in the affairs of THSG, including voting (other than on matters relating to the finances of THSG) but unless they pay THSG’s subscription or the Faculty makes an appropriate arrangement with THSG they will not be entitled to any of the financial benefits or dedicated services made available to THSG’s members. Officers of THSG who are members of the Faculty will hold a corresponding office in the SIG. If neither co-chair is a member of the Faculty then a vice-chair who is a member of the Faculty will chair the SIG. If no chair or vice chair is a member of the Faculty the SIG shall, at the THSG AGM, elect a chair of the SIG.

OFFICER REPORTS

A2 Policy

Dr. Watkins reported that the Issues addressed as policy issues had included active travel; a useful meeting with DfT economists about biases against active travel in WebTAG; the dangers of excessive characterisations of problems of cycle safety discouraging cycling; successful opposition to an ASA ruling that cycle helmets should be worn when cyclists were shown in advertisements; the benefits of the older people’s bus pass; and the balance of infra structure funding. Preparatory work had been done on transport and older people, presumed liability (in conjunction with Roadpeace), and the possibility of using health funding for active travel.

A3 Science & Journal

Dr. Mindell reported that the Journal of Transport and Health had now been successfully launched. The managing editor at Elsevier (the publisher) has said it is one of the most successful journal launches in his experience. There had been some ill informed criticism of the journal based on the idea that it would follow THSG policy but the response had been to point out that THSG believed in evidence-based policy, that the journal would operate in a setting of free peer-reviewed scientific debate and if the evidence was inconsistent with THSG policy the policy would be changed not the evidence. See

<http://www.journals.elsevier.com/journal-of-transport-and-health> for journal home page (including calls for abstracts on the Built environment, transport and health, and on Public transport) and <http://ees.elsevier.com/jth/default.asp> to submit articles.

She also reported that she was working with Karyn Warsow of TPHLink to organise the 1st International Transport & Health Conference next summer (see <http://www.tphlink.com/2015-transport--health-conference.html> for details).

A4 Events

Ms. Gallier reported that meetings had been held on HS2 and on the health funding of cycle schemes. A meeting on transport, health and justice jointly with Roadpeace was under preparation.

The meeting on HS2 had attracted two Shadow Ministers. The meeting on health funding of cycle schemes had been organised in conjunction with TfGM and Greater Manchester DPHs

A5 Europe

It was reported that the European Committee now included representatives of the UK, Ireland, Greece, Spain, Malta, Sweden and the Netherlands. Discussions were under way which were likely to lead to representation from Poland and from Turkey. The meeting discussed possibilities in Germany and Denmark. It was reported that the committee was aiming to recruit a panel of European Parliamentary Advisers.

A6 PATH

PATH had held a meeting on training. Discussions were under way about the merger of PATH with a similar organisation called ATHL. The merger was important in order to bring together the medical and engineering professions as PATH had stronger presence in the former and ATHL in the latter.

A7 Finance

Ms. Gallier gave a finance report.

A8 Vote of Thanks

A vote of thanks to the officers was proposed and adopted by acclamation.

A9 LOCAL GROUPS

The launch of the London Group having been successful, it was agreed to aim to establish other local groups.

A10 SETTING SUBSCRIPTIONS

Current subscription rates are

- Individual member per year: UK £5, other EU €6, United States \$8
- Local organisation per year: UK £25 other EU €30 United States \$40
- National organisation per year: UK £500 other EU €600 United States \$800
- Other developed countries – convert UK rates at current rates of exchange
- Developing countries – convert UK rates at purchasing power parity. If you do not have official purchasing power parity data to hand, £5 is the price of a sandwich and a cup of coffee (or if sandwiches and coffee are unusual and expensive in your country, an equivalent local lunchtime snack).

It was agreed

1. To continue these rates except in the United States
2. To empower Karyn Warsow to set rates for the USA

A11 ELECTION OF OFFICERS

The following were elected:

Co-chair (Policy) Steve Watkins

Co-chair (Science) Jenny Mindell

Vice-Chair (Policy) Nick Cavill

Vice-Chair (Science) Adrian Davis

Treasurer Beverley Gallier

Events Organiser Beverley Gallier

Webmaster Salim Vohra

Executive Committee Members Seraphim Alvanides Geoff Barnes Margaret Douglas
Selina Gray Christopher Hadfield Dominic Harrison Helena McKeown Roger Mackett
Duncan Vernon Malcolm Wardlaw Vincent Walsh

Martin Rathfelder

A representative (to be confirmed) of Living Streets

A12 UK representation on European Committee

Steve Watkins, Jenny Mindell, Dominic Harrison, Chris Hadfield and Adrian Davies were elected.

A13 INTERNATIONAL COMMITTEE

Karyn Warsow indicated that she would like to establish a United States Branch and to circulate details of THSG to TPHLink members. In the light of this:-

- It was decided to circulate details of TPHLink to THSG members
- The two co-chairs and Karyn Warsow were authorised to establish an International Committee

A14 LEGAL STATUS

It was agreed to seriously consider seeking to establish THSG as a company limited by guarantee and as a registered charity

A15 NEXT AGM

It was agreed to hold the next AGM during the International Conference on Transport and Health in July in July 2015.

SCIENTIFIC SESSIONS

S1 BEHAVIOUR CHANGE

Dr. Stephen Watkins circulated a list of cognitive biases downloaded from Wikipedia the previous day and gave the following presentation.

All public health professionals had received training in behaviour change. However, unless it was very recent and took account of the Nobel Prizewinning work of Kahnemann, it was wrong.

Until Kahnemann's work, the starting point of such training was the belief that human beings behave rationally. When they seemed not to do so the assumption was that they either lacked information or that they were bound by constraints. Kahnemann had demonstrated that people have two decision making processes – a rational system which is slow and logical and is used only when issues are perceived as important enough or complex enough to require figuring out fully. Most of the large number of decisions made each day is made by a faster and intuitive system. This system is distorted by various errors of perception called cognitive biases. The effect is that people behave irrationally but in a predictable way.

The implications are far ranging. The theory of democratic politics and market economics assume people making rational decisions. It significantly affects how we influence people's behaviour.

As the circulated paper shows there are over 100 recognised cognitive biases. Some of them are quite startling. For example:-

- People have a strong aversion to loss and this is a longstanding evolutionary hard wire which can be observed in monkeys. Given £20 and told that they have a 50/50 chance of losing half of it but they can avoid the risk by paying £5, more people will gamble than if they are given £10 and told that they have a 50/50 chance of winning another £10 but they can settle for £5. If two different gifts are distributed randomly and people who have got the one they least like are advised to trade, less trading takes place than would be expected from the random distribution.

Loss aversion explains why people resist change but then after a short time resist reversal of the change. It has substantial implications for people's willingness to give up their cars.

- People can be anchored onto a value even if they know it is irrational. If people are asked whether something is worth more or less than a figure and then they are asked to name a figure, those given the higher number will choose a higher value. This is true even if they know it is irrational e.g. if it is their telephone number. This is widely used in marketing. It might contribute to the way people accept expensive road schemes but not cheaper cycling schemes.
- People are likely to think something is more frequent if it is something they can recognise and have heard about. For example given a long list of events and asked to estimate their likelihood, most people will attach a higher risk to "a flood in California killing more than 1,000 people due to an offshore earthquake" than to "a flood somewhere in the United States killing more than 1,000 people" even though it is impossible for the former to be more likely than the latter since every example of the former is an example of the latter. This influences the way people are more worried about risks covered in the press, like rail or cycle accidents, than they are by issues which are so common that they are not reported, like car accidents.

Adrian mentioned that the theory was used to support the idea of a hierarchy of intervention approaches in which options like changing the default, incentives or control of marketing were intermediate between legislation and pure voluntarism

It was agreed that a scientific event be organised on the subject.

S2. MORTALITY BY AGE, SEX AND MODE OF TRANSPORT

Jenny Mindell gave a presentation, much of which is attached, although some slides relating to a forthcoming publication could not be included yet and will be circulated when this is possible.

What makes the news? The risks of cycling are covered but not the benefits. There is no media coverage of people who are older and healthy because they cycle, nor do the media or A&E consultants consider the far more cases of heart attacks and stroke attributable to a sedentary lifestyle as due to a lack of cycling (or walking). There are five road deaths on

average in GB every day, yet cyclists have disproportionate media coverage, affecting the public's perceptions. Although the number of cyclists killed has been more-or-less stable, the proportion with media coverage has increased dramatically since c. 2007, in parallel with the increase in cycling in London. See: <http://rachelaldred.org/wp-content/uploads/2014/06/Aldred-cycle-safety-media.pdf>

Making like-for-like comparisons of fatality (or serious injury) risk between travel modes is difficult. Official road traffic casualty figures exclude pedestrian falls, even if on the pavement when walking for travel, because the definition is 'involving a vehicle'. We conducted some analyses for 2007-2009, including pedestrian falls on-highway, that has been published in an open access journal:

www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0050606.

This article explains some of the data issues that cause problems. However, even our results were misleading, because drivers' fatality risk combines the far lower risk on motorways and dual carriageways with the higher risk of driving on the all-purpose roads where the vast majority of cyclists and pedestrians travel, so it is still not a fully comparable estimate. Additionally, our time data was based on average speed by mode, ignoring differences by age or sex (due to lack of data).

Robel Feleke, of PHE, is currently revising and updating our analyses, using six years' data 2007-2012 and smaller age bands. Road fatalities have fallen significantly: even the 2008-2010 average is lower than for 2007-2009. The Department for Transport has recently revised all the National Travel Survey (NTS) data and is now using 'stage' rather than 'trip' as its basic data. (If someone cycles 2 miles to the station, takes a train for 5 miles, then walks 1 mile to their destination, this 8 mile trip is allocated solely to the longest distance mode, ie train, when analysing as 'trips' but is allocated as train 5miles, cycle 2miles, walking 1mile when analysed as 'stages').

Jenny presented Robel's findings (which were similar to those in the PLOS One paper but with lower risks overall, and with a higher risk for cycling than walking in most age-sex groups). In addition to showing results per billion km travelled, he also used age- and sex-specific time spent travelling by mode, to obtain a more accurate time-based denominator.

Driving remains riskier than cycling for males aged 17-20yrs, and driving is not safer until men are aged 25+. The risks for walking and cycling, in particular, rise among men aged 55+ and women aged 65+ and rise steeply in those aged 75+. However, the confidence intervals are wide (especially for cycling) because of fewer people/less time/shorter distances travelled.

Jenny also presented his findings comparing persons in the most and least deprived quintiles (top and bottom 20% of the population for area deprivation). For all modes, walking, and driving, the most deprived have higher fatality rates than the least deprived. The only exception is for those aged 17-24 overall: although their risk is higher for both walking and driving, the risks for both groups for driving is so much higher than for walking that the greater preponderance of driving in the most affluent and of walking in the most deprived mean that overall, there is no difference in travel-related fatalities in that age group.

POLICY SESSIONS

P1 TRANSPORT AND OLDER PEOPLE

A telephone conference had been held which had identified the following as the key issues:-

1. We need to think of the total resource implications of poor transport in keeping old people isolated with consequent increased demand for services and in losing the benefits of volunteering and caring.
2. Bus passes – these produce more benefit to the individual than cost to the system because they operate at marginal cost
 - benefits have recently been documented in Essential Evidence
 - non-statutory elements are being lost under pressures on local government finance
 - these include community transport which could be of especial value in areas without good bus services or for particular travel flows
 - there is a right to a bus pass but this is meaningless in many parts of the country without a right to a bus.
3. Hospital transport – impact of transport on missed appointments
 - inflexibility of appointment times makes transport choices harder
 - PTS is a very inflexible system and in many parts of the country public transport could do better
 - in Miami people are given a bus pass instead of PTS
 - Glasgow is an example of good practice in the UK
 - with hospital building BREEAM could be a significant influence
4. Age-friendly cities
5. The issue of old people giving up cars - the idea of an Independent Transport Network matching people who can drive but cannot afford a car with people who can afford a car but cannot drive
 - People cope better if they have had multimodal experience in middle age
 - Perhaps THSG could produce guidance for GPs including things like the benefits of having a taxi on account
 - The cost of keeping a car is an important burden on income
 - The birth cohort now in their 40s and 50s are more car-oriented than generations before or since
 - Older people going on courses to improve driving could also learn about other modes of transport

6. There is a need to pull together a complete picture of transport for older people. (See section 13.6 in HotM2 which looks at particular levels of transport impairment and at demand-responsive transport)

Jenny reported that a special issue of the Journal was being organised on this subject. It is due for publication spring 2015.

It was agreed to hold an event on this subject.

P2 INFRASTRUCTURE, WEBTAG AND HS2/HS3/HYPERLOOP

The Executive Summary of Derbyshire County Council's HIA of HS2 was circulated. It was noted that THSH had adopted a neutral position on HS2 because of divisions within the Executive Committee.

A presentation given by Nick Cavill on the HEAT tool for valuing walking and cycling in cost/benefit studies was circulated. It was noted that discussions with DfT about WebTAG had been useful and productive, especially on the issue of valuing the time of cyclists, where we had challenged the perception that because cyclists use a slower mode of travel they therefore have a lower valuation of time.

A paper on HS3 prepared by the Greater Manchester Directors of Public Health was circulated. The paper advocated extensive development of local rail with HS3 as simply one scheme, of value mainly in the context of the total picture. The paper had suggested THSG as a possible partner. The AGM agreed to work with GMDPHs on this if asked.

The letter which THSG had sent to the Chancellor of the Exchequer was circulated,

The AGM endorsed the letter and agreed to continue to pursue this issue

Notes which Steve had prepared on the subject of the hyperloop were circulated. This was a design for a 750mph form of tracked transport with a theoretical potential to run at several thousand mph if depressurisation technology improved. Although the concept of "use the best available proven reliable technology" would exclude the hyperloop from consideration in current considerations of issues like airport capacity, HS2 or HS3, this would equally have been true of the steam locomotive in the 1820s and it was lucky that the directors of the Stockton & Darlington Railway and the Liverpool & Manchester Railway had been prepared to take the risk.

Adrian pointed out that there was an argument that high speed transport merely increased the pressures for a more frenetic lifestyle and were therefore not beneficial to health. The meeting considered this proposition and the division that had existed on the Executive over HS2. It endorsed a proposal by Martin Rathfelder that:

THSG believes that there is a danger that investment in high speed transport could merely increase the pressure for a more frenetic lifestyle and endorsed the view that investment in local transport and active travel should have priority. However within the context of investment in high cost fast transport and especially within a Keynesian economic context, THSG would endorse the prioritisation of high speed rail over other similar investments and consideration of the potential of the hyperloop.

P3 NHS FIVE YEAR PLAN

There was a discussion focused on the implications of the preventive emphasis in the NHS Five Year Plan and particularly the references to physical activity

It was agreed to seek discussions with NHSE about the role of active travel in that strategy.

In the course of this discussion issues arose about the misuse of public health grant to address the financial problems of local authorities. It was recognised that the issue of levels of public health grant and its use by local authorities lay beyond the scope of THSG but it was agreed to seek the views of the BMA in the context of PATH.

P4. PROMOTING THE TRAIN/CYCLE COMBINATION

There was considerable discussion of the negative attitude of the rail operators to the space occupied by cyclists and the way this failed to embrace the potential of the train/cycle combination as a mode of transport. Members expressed the view that there was no vision of the train/cycle combination as a distinct transport mode and that active travel policy and rail policy operated in silos with neither embracing this concept. Existing arrangements were seriously inadequate and yet capacity pressures were creating pressures for them to be even further restricted.

After some discussion the following resolution was agreed

1. THSG believes that the train/cycle combination should be actively promoted as a distinct mode of transport which is a viable alternative to the car.
2. This could be implemented either by cycle carriage on trains or by a combination of cycle parking and cycle hire. Cycle parking alone will not suffice.
3. If the preferred model is to be cycle carriage, this inevitably means the provision of cycle vans as part of a capacity expansion.
4. If the preferred model is to be cycle parking/cycle hire, then a duty to provide satisfactory standards of cycle parking needs to be laid on station operators and a rail-linked national system of cycle hire needs to be established.
5. Development of policy in this area is restricted by silo thinking in which rail policy and active travel policy are pursued separately and this issue is treated as peripheral by each of them.
6. It may be worth exploring the idea that cycle carriage should be the off peak preferred mode and cycle parking/dual bikes for regular journeys/cycle hire could be the preferred commuting mode. This would mean that cycle vans could provide additional standing room in peak hours.
7. Although folding bicycles might have a short term role, they are too bulky to be the solution at scale.
8. This policy should be submitted to PATH.

P5. HEALTH FUNDING OF CYCLE SCHEMES

A workshop report was submitted, received and approved in principle subject to further work.

P6. TRANSPORT, HEALTH AND JUSTICE

It was noted that we had been working with Roadpeace on this issue. Two briefing papers by Amy Aeron-Thomas on the issue were received. Considerable interest was expressed. It was agreed to proceed towards the organisation of a jointly sponsored event.

P7 ACTIVE TRAVEL

It was agreed to collaborate with other organisations to promote a vision of active travel and advocate higher priority for it within transport strategies. It was particularly emphasised that there need to be active travel budgets. Karyn Warsow reported that Secretary Fox had established an active travel budget in the US Federal Dept of Transportation.