
Transport for Health

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Throughout history the human body has been the central component in human transportation. However, in the last 40 years this has been replaced by the concept of 'one-adult, one-car'. Where once the body was physically active and mobile, it has now become non-functional and sedentary.

It is undeniable that the use of a private vehicle is convenient and tailor-cut to our own personal and immediate needs, but the over-reliance and indiscriminate use of a private car for all transportation needs, and the dramatic decline in walking and other active forms of mobility, is bearing a heavy toll on the physical and mental health of modern societies.

In developed countries physical in-activity is the second most important risk factor for ill health after tobacco smoking.

Exercise is one of the cornerstones of health management². It enhances the intake of oxygen, builds and maintains the musculo-skeletal system, improves circulation, lung function and the immune system, accelerates metabolism and of course keeps body weight down.

Equally, medical research presents us with extensive evidence of chronic health problems endemic in populations that do not exercise enough: obesity, cardiovascular disease, maturity-onset diabetes, bone anomalies and weaknesses, depression/anxiety disorders and certain forms of cancer, to name a few.

This decline in mobility and exercise is damaging to the health and well-being of the individual, and is having a detrimental effect on society at large; it has placed a great burden on the health system, on the workforce and the economy.

In addition, the rise in the use of private vehicles, and therefore the increase of carbon emissions into the atmosphere has a negative effect on air quality, leading to an alarming rise in respiratory disease in the population.

Research shows that exposure to traffic noise on a regular basis leads to high stress levels and a variety of health problems including: sleep disturbances, difficulty in

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² Research has shown that as little as half an hour of walking a day (at moderate speed) carries with it significant health benefits, enhancing all body functions. (Children need to exercise more – a minimum of 60-90 minutes daily).

Walking and cycling for short distance travel combined with public transport for farther destinations, provide frequent and convenient opportunities to move and exercise the body. The individual does not need to find extra time or special facilities to exercise, it is naturally integrated into the person's daily routine, at no cost.

In addition, the subsequent reduction in the number of private vehicles on the road will result in an improvement in air quality, lowered noise levels and a decrease in road traffic accidents.

concentrating, learning difficulties in children and even hypertension and heart disease. And last but not least, the growth in the number of cars and motorists has also lead to an increase in road traffic accidents reflected in the shocking statistics of injuries and fatalities.

Inter-sectoral integration in the international context

Western European countries have been pioneering in their call for inter-sectoral co-operation between transport and health sectors. It has been recognized that sustainable and environmentally-sound transport policies could have a very significant and constructive impact on the health of urbanised populations³.

The situation in Israel.

While there are policies and programmes to develop and improve public transport nationally and to promote cycling and walking in some cities in Israel, there has been no collaboration between the transport and health sectors in Israel. Such an inter-sectoral alliance to develop a 'transport for health' agenda would greatly benefit the health of the population.

Our aim is to improve health by encouraging a shift away from over-reliance on private vehicles, and towards promoting 'human-powered-mobility' in conjunction with the use of public transport, in people's daily lives.

Recommendations:

- * **Collaboration between transport, environment and health sectors** that will work towards transport strategies and policies in which health issues are a top priority.
- * **Urban infra-structure to encourage human-powered-mobility:**
 - Wide, safe and attractive pedestrian sidewalks, walkways and cycle paths.
 - Traffic junctions that allow pedestrians to cross safely, with a minimum of waiting time.
 - Car-free zones in city centres.
- * **Efficient, cheap and appealing public transport system**, that will succeed in steering private car owners to use the public system instead.

³ In 1999 the European member states of the World Health Organisation in conjunction with the United Nations Economic Commission of Europe, drew up a charter making recommendations for the immediate need to enhance co-operation and co-ordination. between transport, environment and health policies. In order to draw up the charter, representatives from these sectors collaborated and negotiated for the first time. Together they analysed scientific evidence and developed health-promoting policies, which were published in a book in 2000. (Transport, Environment and Health – WHO Regional Publications. European series 89) In 1997 the British Medical Association published a report assessing scientific evidence on the adverse impact of all forms of motorised transport on people's health with recommendations to the government of Britain to integrate transport and health policies. In 2005 the British Government and National Health Service released reports, guidelines and measures to promote 'Transport for Health'. For the last few years the Pan-European Programme steering committee has been holding annual conferences and issues guidelines to integrate environmental and health issues in transport policy. Similar initiatives on state and governmental levels have been seen in Australia.

* **Public awareness campaigns** and attractive advertising from all sectors to encourage the use of public transport, walking and cycling .

E.g. 1) Transport companies to promote use of their services as part of a health routine, encouraging walking and cycling on either end of train or bus journeys.

2) A Kupot holim campaign to promote public awareness of the value of 'human-powered-mobility' as part of an individual health routine, to increase physical activity levels in the population.

* **Educational campaigns** to inform teachers, children and parents on the importance of adopting sustainable/active transport as a part of a lifestyle routine within environmental and individual health contexts

Schools as centres of

1) instruction on the significance of sustainable transport and *transport for health* within the modern day global reality

2) instigation of active-transport schemes for children and parents, and the community at large. e.g. - *The walking bus* - for school children⁴.

* **Public institutions and private companies generating an ethos and culture of healthy-transport in their work force.** To provide incentives and organize programmes to encourage employees to leave their personal vehicles at home and use alternative forms of transport.

e.g.

- passes and subsidies in order to finance healthy transport habits as an alternative to providing a company car.

- subsidies and bursaries for cultural and educational programmes.

- *Walk-to-work-day* projects as in the U.S.A.

* **Incentives and perks for non-car owners at a municipal level.**

- Reduced fares on public transport

- reduced payments on municipal taxes.

- subsidies on bicycles and walking shoes.

* **Advertising campaigns to promote the image of the pedestrian and cyclist.** The walker and cyclist to be represented as healthy, attractive, successful and globally aware citizens.

References:

1) **Transport, Environment and Health** – World Health Organisation Regional Pubs. European series 89, www.euro.who.int/document/e72015.pdf

2) **Road Transport and Health Report** - British Medical Association Board of Science and Education 1997, www.bma.org.uk/ap.nsf/Content/Roadtransporthealth

3) The **Transport & Health Study Group**,
www.apho.org.uk/resource/view.aspx?RID=44883

⁴ An initiative developed in Canada that promotes health and social interaction – A first child walks to the house of a second pupil who lives closest to him/her, together they walk to the house of the next child and so on collecting school mates till the walking-bus arrives at school. Each school will have several walking-bus routes.