

The Public Health Impacts of Active Travel: *A call to action for safe routes for children*

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PHYSICAL ACTIVITY THROUGH
SUSTAINABLE TRANSPORT APPROACHES

Regular cycling or walking reduces all-cause mortality by ca. 10 %

Kelly et al. *International Journal of Behavioral Nutrition and Physical Activity* 2014, **11**:132
<http://www.ijbnpa.org/content/11/1/132>



RESEARCH

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Systematic review and meta-analysis of reduction in all-cause mortality from walking and cycling and shape of dose response relationship

Paul Kelly^{1,2*}, Sonja Kahlmeier³, Thomas Götschi³, Nicola Orsini⁴, Justin Richards⁵, Nia Roberts⁶,
Peter Scarborough¹ and Charlie Foster¹

<http://www.biomedcentral.com/content/pdf/s12966-014-0132-x.pdf>



Travelling activity to school has many health & wellbeing benefits

- Children aged 5–18 are recommended to engage in *at least* 1 hour of moderate-to-vigorous physical activity per day. The majority of UK children do not meet this target.
- Physical activity during childhood confers health benefits throughout the lifespan.
- Children who travel actively to school are more physically active through the rest of those days than those who do not travel actively (Peach Project, University of Bristol).

Children's Independent Mobility in England and Germany, 1971-2010

psi

Policy Studies Institute

Children's independent mobility- or the freedom of children to get about in their local neighbourhood without adult supervision- has been shown to be important to their wellbeing and development. Yet a new study shows that children have far less independent mobility now than they did in the past. Findings from *Children's Independent Mobility: A Comparative Study in England and Germany (1971-2010)*, include:

- Overall, there has been a huge reduction in the independent mobility of primary school children in England since 1971. There has been a smaller decrease in the percentage of English secondary school children being granted some of the measures, or 'licences', of independent mobility.
- English primary school children had less independent mobility than their German peers in 1990 and this remains the case in 2010. German primary school children were granted all the licences of independent mobility¹ in greater proportions and at earlier ages than their English counterparts. In particular, far more children in England than in Germany were accompanied to and from school by a parent or other adult on the day of the surveys in both 1990 and 2010.
- Far more English children were accompanied by an adult on the journey home from school in 2010 than in 1971. In 1971, 86 per cent of the parents of primary school children surveyed said that their children were allowed to travel home from school alone. By 1990, this had dropped markedly to 35 per cent, and there was a further drop to 25 per cent being allowed to do so in 2010.
- In 2010, more English children were accompanied on journeys to destinations other than school than in previous years. The average number of weekend journeys undertaken by primary school children in England remained unchanged between 1990 and 2010. However there was a marked increase in adult accompaniment on these journeys, with 62 per cent of the journeys in 2010 being accompanied, compared to 41 per cent in 1971.

Why is children's independent mobility important?

There is a growing body of evidence from a variety of disciplines that a loss of independent mobility has adverse effects on children's well-being and development. The potential benefits of greater levels of independent mobility can be summarised

Greater level of physical activity among children: recent studies have shown that children spend more time in physical activities outside the home than they did in the past.



Physical activity through active travel
Briefing Note:
A best available opportunity for enhancing academic attainment among school pupils?
A Summary of the Evidence



Health impact distributions not equally shared



**ONE FALSE
MOVE
AND YOU'RE
DEAD.**

BEFORE YOU CROSS THE ROAD.

STOP AT THE KERB

2005 federal Safe Routes to School (SRTS) program

- To help address the health and societal consequences of the decline in walking and bicycling to school, the US Congress created the (SRTS) program.
- £1Billion+ 2005 to 2014 for state departments of transport to build pavements (19%), bicycle lanes (14%), and safe crossings, to improve signage, and make other improvements (14%) to the built environment to allow children to travel to school safely
- SRTS requires that 70% to 90% of the funds be used for infrastructure projects (i.e., engineering treatments) and 10% to 30% for non-infrastructure activities, such as education, encouragement, and enforcement

New York City

- Annual pedestrian injury rates in intervention areas decreased 33% in school-aged children but remained fairly stable in other age groups.
- Among school-aged children, the 5- to 9-year-old group experienced the largest decline in pedestrian injury rates (42%) followed by the 10- to 14-year-olds (35%) and the 15- to 19- year-olds (18% respectively).
- 44% reduction in school-aged pedestrian injury rates between pre-intervention and post-intervention periods with SRTS interventions sites compared with no change without SRTS.



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DiMaggio, C., Li, G. 2013 Effectiveness of a safe routes to school program in preventing school-aged pedestrian injury, *Pediatrics*. (doi: 10.1542/peds.2012-2182).

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20mph Speed Limit Pilot Areas

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Information about the 20mph speed limit and its benefits

Bristol City Council's Cycling City project, in partnership with the [Active Bristol](#) programme are proposing to introduce pilot 20mph speed limits across two residential areas at Inner East Bristol and Inner South Bristol.

Pilot area maps

- [Inner East Bristol Pilot Area](#)
Wards affected: Ashley, Easton, Eastville, Lawrence Hill, St George West
- [Inner South Bristol Pilot Area](#)
Wards affected: Bedminster, Lawrence Hill, Southville, Windmill Hill



Objectives

The primary objective is to make walking and cycling around these areas safe and more attractive thereby

That *call to action*?

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Traffic Inducing Traffic

British Journal of Sports Medicine,
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