



Travel Plans: Improving Health

A framework for Health and Social Care Organisations

October 2011



HEALTHY CITIES
Belfast

Working together for a healthier Belfast



Climate Change and Health Group

Aim:

To actively seek to maximize synergies between the climate change and health improvement agendas with a **focus initially on adaptation** measures to address the **health and health equity impacts of climate change**.

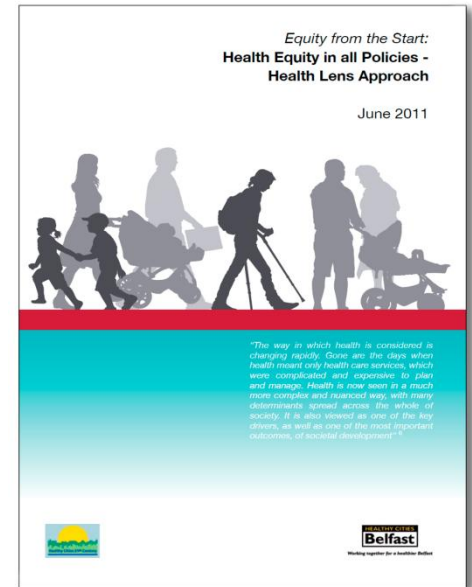


Health Equity in all Policies (HEiAP)

Health Equity in All Policies (HEiAP) is a policy mechanism that can help organisations achieve their objectives in a way that also addresses inequalities.

5 stages within the HEiAP framework:

1. Engage
2. Analyse and gather evidence
3. Test and produce
4. Navigate
5. Evaluate and review



Engagement

Travel group members:

- Nicola Browne, **Northern Health and Social Care Trust**, Health Improvement
- Barry Collins, **Southern Health and Social Care Trust**, Estates
- Rosemary Daly, **Southern Health and Social Care Trust**, Health Improvement
- Joan Devlin, **Belfast Healthy Cities** (Chair)
- Margaret Devlin Hania, **Belfast Health and Social Care Trust**, Health Improvement
- Ruth Fleming, **Belfast Healthy Cities** (Project Manager)
- Paddy Graffin, **Northern Health and Social Care Trust**, Estates
- Michael Lindsay, **Travelwise**, Department for Regional Development
- Mandy Magee, **Belfast Health and Social Care Trust**, Travel Manager
- Keith Miller, **Department of Health Social Services and Public Safety**, Estates
- Avril Morrow, **Western Health and Social Care Trust**, Health Improvement
- Judy Nelson, **Northern Health and Social Care Trust**, Corporate Support Services
- Barbara Porter, **Public Health Agency**, Health Improvement

Defining Health and Health Equity

Equity in health implies that “*ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided*”.

Inequity refers to “*differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust*” (WHO, 1998).

“*The **social determinants of health** are mostly responsible for health inequalities - these are the conditions in which people are born, grow, live, work and age, including the health system*” (WHO 2008)

Analyse and Gather Evidence

- **Health equity analysis** on an existing hospital travel plan – determinants likely to be affected under the following domains:
 - Lifestyle /personal circumstances; economic; social; environment; access; vulnerable groups
- Agreement on **‘important’ determinants of health** - supported by evidence
- **Indicators developed** to support monitoring and review of travel plans

Examples of Indicators – Lifestyle and Personal Circumstances

Walking and cycling

LP1) Number and proportion of staff who:

- a) walk to work (by salary band)
- b) cycle to work (by salary band)
- c) distance walked to work
- d) distance cycled to work
- e) average time spent walking to meetings (over a week)



LP3) Number and proportion of staff who identify health benefits of :

- a) walking to work
- b) cycling to work
- c) walking /cycling as part of a multi modal travel approach e.g. from the local bus stop / train stop

Car use

LP5) Number and proportion of staff who:

- a) have access to a car
- b) use a car to drive to work

Level of disposable income

LP15) Number and proportion of staff who spend

- a) less than 10% of salary on transport
- b) more than 10% of salary on transport
- c) more than 10% of salary on transport recorded by postcode analysis of home address



Access and Social Indicators

Access indicators

Access to active travel



A1) Organisations investment in active travel infrastructure (for staff/ visitors) per capita (infrastructure – e.g. cycle shelters/ signage/ cycle paths/ lighting/ shower facilities)

A6) Number and proportion of

a) staff and b) patients within 400 metres of bus stop served by a frequent service (every 10 minutes)



A8) Misuse of disabled parking spaces

Social indicators

Social support

S3) Number and proportion of patients who:

- rely on friends and family to transport them to appointments
- use social car schemes to get to appointments
- use community transport/ door to door transport to get to appointments
- use hospital transport e.g. ambulance
- use a taxi
- drive themselves



Environmental and Economic Indicators

Environmental



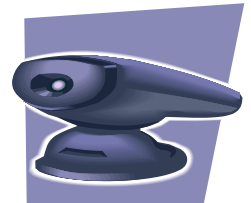
- E1)** Emissions to air of greenhouse gases for fleet vehicles
- E6)** Percentage of green/ open space available within the estate/ site
- E8)** Reported injury from road traffic collisions and casualties on site



Economic

Ec1)

- a) Uptake of hospital travel cost scheme*
- b) level of awareness of hospital travel cost scheme



Ec2)

- a) Access to facilities/ technology such as video/ audio telecommunication by staff
- b) usage of facilities/ technology such as video/ audio telecommunication by staff

Groups affected

G1) Number of staff working on the premises and where they live (by postcode) to assess:

- a) Proportion of staff living within 1km (0.6 miles) of their workplace
- b) Proportion of staff living within 4km (2.4 miles) of their workplace



G2) Number of outpatient /inpatients per month/year – broken down by geography (postcode analysis of home address)

Checklist / Travel Plan Actions

- **Checklist** – quick method of assessing travel plans for the extent to which they address inequalities and promote the important determinants of health
- **Travel plan actions** – provide examples of action taken by other organisations in NI and UK

