

**A Rapid Health Impact Assessment
of the Green Travel Plan for the
Eastern Health and Social
Services Board
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1. Background

1.1 Strategic Overview

The Department for Regional Development (DRD) Regional Transportation Strategy encourages the adoption of flexible work patterns, company travel plans and other supportive measures which aim to increase public acceptance of the need to reduce the impacts of car use, highlighting the problems of unrestrained car travel, promoting the benefits of switching to walking, cycling and public transport for non-essential car travel.

A recently completed review of air quality across the city (by Belfast City Council) concluded that improvements were required in four areas of Belfast which border major roads. This is largely due to the pollution associated with road transport.

The EHSSB is a large, mainly city centre-based organisation that has a responsibility to improve the health of its population. Thus it should actively work to reduce pollution in Belfast and throughout the Eastern Board area by promoting sensible travel methods for staff to travel to work and for work.

The EHSSB Corporate Plan for 2005/2006 set out a requirement for the Board to review its transport arrangements and develop a "Green Transport Plan" based on regional guidance.

1.2 EHSSB Travel Plan

During 2005/2006 the EHSSB worked with a firm of external consultants to develop a travel plan.

The objectives of the travel plan are:

1. To promote healthier travel choices for EHSSB employees and to improve the choice of transport options available to staff for travel to EHSSB locations, and for work-related journeys.
2. To promote greener modes of transport and to reduce the environmental impact of the EHSSB's travel demands through raising awareness among staff and visitors and encouraging environmentally friendly behaviour
3. To reduce dependency on car use to travel to work and for work.
4. To develop a fair travel plan and policy for all staff, regardless of seniority.

The plan outlines 25 proposals under 7 key areas:

- Access
- Cycling
- Public transport
- Parking
- Ways of working
- Information

- Events

1.3 Factors which can influence health

It is now well accepted that the factors which can influence health are wide-ranging and include not only biological factors, such as age and genetics but also the lifestyles we adopt, the environment we live and work in and the communities we interact with.

Factors which may influence health with respect to the proposed travel plan are shown in Figure 1.

Figure 1: Factors which may influence health – travel plan

Lifestyle Factors	Personal Circumstances	Social and Community Influences	Environmental Conditions	Economic Conditions	Access to Facilities and Services
<p>Exercise and Physical Activity</p> <p>Recreational Activities, hobbies and pastimes</p> <p>Other health behaviours</p>	<p>Family relationships</p> <p>Employment status and quality</p> <p>Working conditions</p> <p>Level of income</p> <p>Level of disposable income</p> <p>Personal safety</p> <p>Access to transport</p>	<p>Social contact</p> <p>Social networks</p> <p>Neighbourliness</p> <p>Level of crime and antisocial behaviour</p> <p>Fear of crime and antisocial behaviour</p> <p>Road safety</p>	<p>Noise levels</p> <p>Vibration levels</p> <p>Land use</p> <p>Green spaces</p> <p>Public transport</p> <p>Accidents</p> <p>Air quality</p> <p>Traffic congestion</p>	<p>Business activity</p>	<p>Employment</p> <p>Public transport</p> <p>Child care</p> <p>Facilities eg banking</p>

1.4 Health Impact Assessment

“Health Impact Assessment is a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population” (WHO Gothenburg Consensus Paper 1999)

It can hence be used to inform decision making about particular proposals and promote “healthy” decision making.

1.5 Rapid Health Impact Assessment

A rapid Health Impact Assessment is a systematic assessment of the health impact of a policy, programme or project by a number of experts, decision-makers and representatives of those potentially affected by the proposed policy. It usually involves a participatory workshop and report writing and is based on existing knowledge / best available information as opposed to a full HIA where “new” information is often collected.

Whilst full HIAs can often take many months to complete, a rapid HIA can be carried out in a shorter time frame without a great deal of resources which may be more practical for many organisations.

1.6 Purpose of the Rapid HIA of the EHSSB Travel Plan

The Department of Public Health Medicine and Nursing within the EHSSB agreed to undertake a Rapid HIA of the EHSSB Travel Plan in conjunction with Belfast Healthy Cities.

The aims of this were:

1. To gain experience of the Rapid HIA approach.
2. To inform the decision making process regarding the proposals contained in the Travel Plan.
3. To consider if the Rapid HIA approach could be combined with the current Equality Screening Process.

2 Methodology

2.1 Selection of proposals to be assessed

The Travel Plan contained 25 proposals under 7 key areas. 5 of these areas (16 proposals) were selected for assessment of health impacts.

- Cycling
- Public transport
- Parking
- Ways of working
- Information

These areas were selected as their actions were directly related to EHSSB employees and the wider community. The other two areas – access and events – were more strategic.

The 5 areas (16 proposals) were further grouped by related areas into 3 sets.

- Cycling
- Public transport and Parking
- Ways of working and Information

2.2 Relevant evidence and information

Evidence was sourced on the impacts of transport and health. The most easily accessible and comprehensive evidence was in the form of a review document produced by the Institute of Public Health on the Health Impacts of Transport.

Information on the current travel practice of Eastern Board employees was obtained from a staff survey undertaken during the development of the travel plan. A profile of Eastern Board staff was prepared in consultation with the Personnel Department.

2.3 Identification of workshop participants

Eleven participants were identified for the workshop. These included representatives of

- Stakeholders “those involved in or affected by the proposal”
- Key informants “people with knowledge of relevance to the proposal”
- Specialists “people with specialist knowledge in relation to HIA”
- Decision makers “those responsible for taking decisions on recommendations from the HIA”

The participants also represented a cross section of employees from

- Various departments
- Various grades
- Various locations within EHSSB (ie Champion House or external site)

2.4 Participatory workshop

A half-day participatory workshop was held on the 26th of April 2006 (see Appendix). The following information was circulated in advance of the workshop:

1. Staff survey (of current travel practice)
2. Guidance of the impact of transport on health
3. The travel plan for EHSSB
4. Short briefing on HIA

The day commenced with a series of short presentations on:

- HIA
- Proposals within the travel plan
- Profile of EHSSB employees

Following this, the vulnerable groups which should be considered in terms of differential impacts were agreed.

A number of barriers and conflicts to the implementation of the proposals were identified and discussed.

Participants were then split into 3 groups to identify the health impacts of the proposals in one of the 3 areas – cycling, public transport and parking, ways of working and information. A facilitator for each group had previously been identified and briefed. Once the impacts had been identified, participants discussed how potential negative impacts could be mitigated.

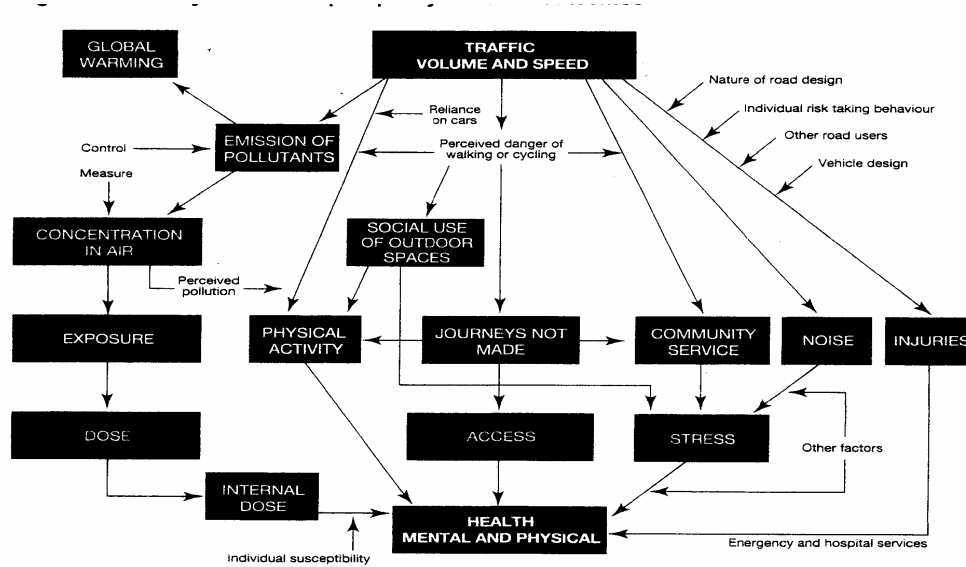
3 Results

3.1 Transport and Health

A literature review undertaken by the Institute of Public Health identified transport as a key factor outside the healthcare sector which can influence health. These effects can take place in a number of ways. For example, an effective transport policy can promote access to shops selling fresh, nutritious food or can be used to facilitate walking and cycling and therefore have a positive effect on health. Alternatively, traffic can be a hazard to road users leading to accidents, and busy roads can divide communities and form barriers to social contact thus damaging health.

A summary of potential pathways from transport policies to health outcomes is shown in Figure 2.

Figure 2: Health Impacts of transport – pathways (taken from Health Impacts of Transport – A Review. Institute of Public Health (Original source Joffe M. and Mindell J.)



Source: Joffe M and Mindell J.¹⁹

3.2 Profile of EHSSB employees and their travel habits

As of April 2006 there were 293 employees in the EHSSB with 915 based in Champion House and 9% of staff on other sites. The workforce was predominantly female (71%), with 55% married, 27% single and 18% defined as “other”.

The staff survey indicated that 68% of all staff travelled to work by car with car travel being more prevalent amongst higher grades of staff and at out of town sites where 92% of staff travel to work by car.

The main modes of transport used by EHSSB employees is shown in Table 1.

Table 1 Main mode of transport of EHSSB employees

Main Mode of Transport	Percentage of Total Staff	Percentage of Staff at Champion House	Percentage of Staff at other sites
Car Driver (on own)	43%	38%	73%
Bus	19%	21%	4%
Car Passenger	15%	15%	15%
Car Driver (with passenger)	10%	11%	4%
Train	7%	8%	Nil
Walk	4%	5%	4%
Bicycle	1%	<1%	Nil

As we see, a significant number of employees travel to work alone in a car. Whilst 19% take the bus, very few take the train, or walk or cycle to work.

The environmentally sustainable (green) modes of transport were more prevalent in the administrative and clerical grades.

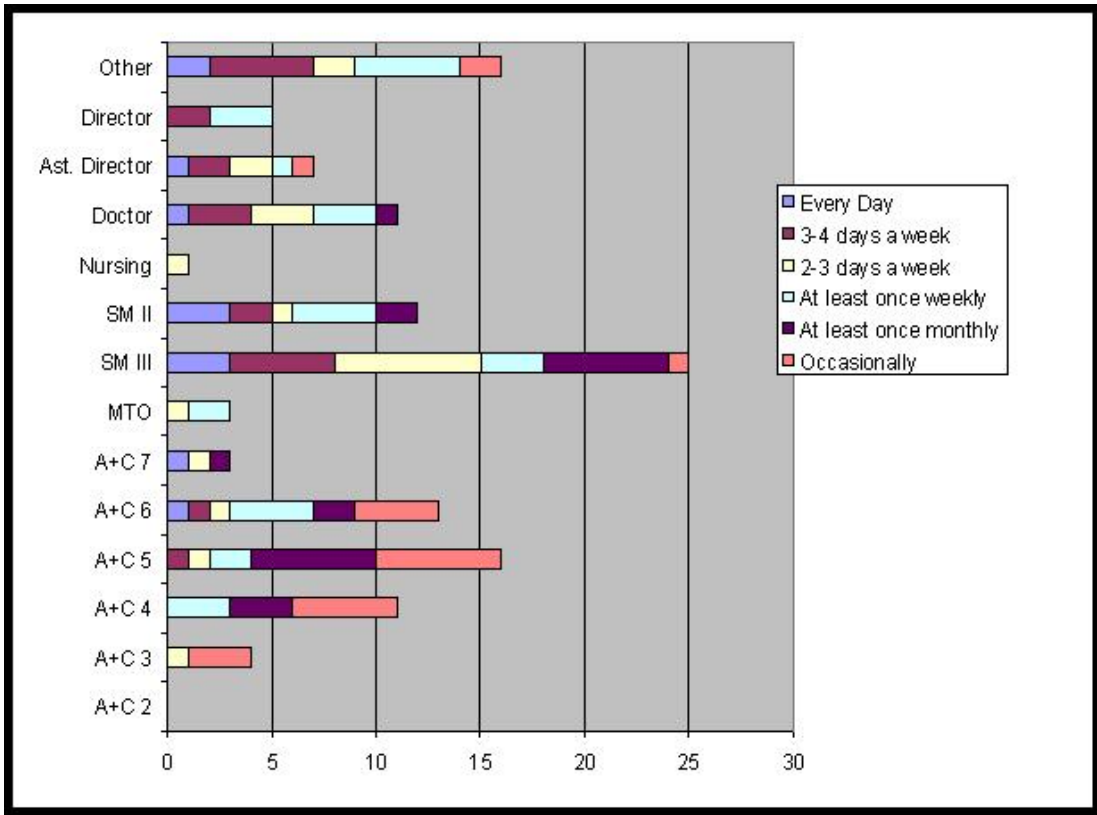
Although high numbers of staff travelled to work by car, 61% of staff actually travelled less than 10 miles to work and car use is still high in those who travel less than 5 miles to work (see Table 2).

Table 2 Distance travelled to work by EHSSB Employees

Distance Travelled to Work	Percentage of Staff who are Car Users
Over 25 miles	87%
10-25 miles	80%
5-10 miles	76%
1-5 miles	52%
Up to 1 mile	50%

28% of staff indicated the main reason to travel to work by car was the need to use the car during the day for work related trips but very few indicated that they needed to make these journeys every day (see Table 3).

Table 3 Frequency of trips away from base for all staff grade



Of the 68% of staff who travel to work by car, 53% are the driver. 53% of these park in the Multistorey car park (free space provided), 17% use the car park in Champion House (free space provided) whilst 20% use free parking elsewhere.

Over half of all staff who drive to work and are provided with a free space undertake work related journeys away from the office on 3 or less days per week.

3.3 Vulnerable groups

Vulnerable groups were identified as:

1. Employees with chronic health problems eg asthma, respiratory disease, cardiovascular disease.
2. Employees with mental health problems
3. Employees on lower incomes
4. Employees with a disability
5. Employees who live outside the Belfast Metropolitan Area
6. Employees based outside the Belfast Metropolitan Area
7. Employees with dependants
8. People in the community with chronic health problems

3.4 Conflicts and barriers

The following barriers and conflicts to implementing the proposals were identified.

Barriers	Conflicts
<ul style="list-style-type: none">• A lack of suitable public transport options• Lack of cooperation from partner organisations eg: DRD, Translink• A 9% increase in public transport costs• The terms and conditions of current employment contracts may be unfavourable regarding the new proposals• Lack of healthy or integrated planning – designs tend to be for cars over other forms of transport• Timing in relation to RPA	<ul style="list-style-type: none">• Change of attitude / mindset• Changing people's perceptions of modes of transport – image of car ownership• Interlinking between personal use and work use of car

3.5 Health Impacts Identified

Proposal	Potential Health Impact Identified	
	Positive	Negative
Develop a staff taxi policy to enable staff to take short journeys when public transport is not available / not convenient	<ul style="list-style-type: none"> • May decrease car usage therefore decreasing noise, vibration, RTAs congestion and improving air quality but actual magnitude of effects may be low. • Increase business for taxi drivers • May improve working conditions as do not have to walk long distances to car 	<ul style="list-style-type: none"> • May decrease physical activity as no walk to the car park. • Decrease in personal mileage allowed • Waiting times for taxi may increase stress • Could be costly to the EHSSB with room for exploitation.
Purchase of Translink Smartcards for business use	<ul style="list-style-type: none"> • May decrease car usage therefore decreasing noise, vibration, RTAs congestion and improving air quality but actual magnitude of effects may be low. • Increase business for Translink • May increase physical activity as required to walk to bus...etc. • May decrease stress due to low car use in congested town centre • May decrease car usage in town and therefore improve road safety and decrease RTAs 	<ul style="list-style-type: none"> • May increase stress due to increase time it will take to organise meeting. Will also be decreased flexibility re. Meetings overrunning • Decrease personal mileage allowed and therefore income • May decrease multiple meetings one after another as will have to come back to Belfast (central transport point). • Generally decrease flexibility and possibly efficiency.

Proposal	Potential Health Impact Identified	
	Positive	Negative
Provide an interest free loan available to all staff to purchase a Translink public transport season ticket (this can equate to a 20% discount on regular fares).	<ul style="list-style-type: none"> • May decrease car usage and hence decrease RTAs, decrease congestion, decrease air pollution, decrease noise and improve air quality but actual effects may be low as low number of employees. • Increase business for Translink • May increase business for car parking near the train stations • If more people use public transport as a result it may increase social contact • May increase physical activity – walk to and from train • May increase outings / hobbies if ticket is used for activities outside work 	<ul style="list-style-type: none"> • If decreases car usage, may mean unable to get to gym on way home hence decreasing physical activity. • If decreases car usage, may cause problems picking children up from school or accessing shops as may not be on a public transport route or convenient. • If decreases car usage, will have a negative effect on car parking businesses.
Remove existing automatic right to car parking space based on seniority and managers' discretion on necessity for work and introduce a strict parking space allocation policy based on essential car use.	<ul style="list-style-type: none"> • If increases public transport use and decreases car usage, may increase physical activity. 	<ul style="list-style-type: none"> • May decrease physical activity if now cannot access gym as cannot use car to and from work. • If makes people unable to use car, may cause problems collecting children from school – decreased flexibility.

Proposal	Potential Health Impact Identified	
	Positive	Negative
Increase cycle parking spaces to eight padded Sheffield type stands.	<ul style="list-style-type: none"> • May encourage staff to cycle and hence increase physical activity and save money. • Consequently may decrease car usage and hence car pollution. 	<ul style="list-style-type: none"> • May increase travelling time to work if people chose to cycle. • Cost of installations.
Increase cycle allowance to 20p per mile	<ul style="list-style-type: none"> • May increase people's income. • May encourage more people to cycle hence increasing physical activity and decreasing air pollution. 	
Provide an interest free loan for employees to purchase bicycle and equipment	<ul style="list-style-type: none"> • May encourage cycling and hence increase physical activity and decrease air pollution • Provides leadership by EHSSB to other organisations re. Promoting "green travel" • Improved business for cycle retailers 	<ul style="list-style-type: none"> • Encourages loans – may increase a person's debt
Provide clearly marked permanent parking area for motorcycle and moped users in EHSSB car park	<ul style="list-style-type: none"> • May increase people's travel options and decrease car usage. • Moped may be cheaper to run than cars. 	<ul style="list-style-type: none"> • May increase motorcycle use and potential RTAs associated with these. • May increase noise and pollutants due to increased motorcycle use.
Provide lockers for staff to leave cycle / motorcycle equipment while at work.	<ul style="list-style-type: none"> • Increased security for personnel belongings and hence peace of mind. 	<ul style="list-style-type: none"> • Initial cost of buying lockers.

Proposal	Potential Health Impact Identified	
	Positive	Negative
Review current use of showers in fitness room for cyclists and motorcyclists and, if appropriate, reinstate ground floor showers to encourage and facilitate cyclists / motorcyclists.	<ul style="list-style-type: none"> • May encourage increased use of cycles and hence increased physical activity. 	<ul style="list-style-type: none"> • May incur additional water / cleaning charges.
Purchase of rainproof equipment for staff who commit to cycling to work and umbrellas to encourage people to walk to local meetings.	<ul style="list-style-type: none"> • May encourage increased physical activity. 	<ul style="list-style-type: none"> • Cost of equipment.
Develop an appropriate walking from home policy both for ad hoc and more regular basis for staff for which this is appropriate	<ul style="list-style-type: none"> • Increased time available for work and personal life as less time spent travelling • Increased flexibility • Increased neighbourliness possible • Decrease in noise / vibrations and pollution as may decrease car usage • May increase disposable income as reduced travel to work costs • Better option for those with caring responsibilities 	<ul style="list-style-type: none"> • May result in increased working hours or poor work / life balance • May result in less social interactions with colleagues • Reduction in business activity in city centre • May decrease people's access to other facilities eg. Banking • Possible loss of personnel / professional development opportunities

Proposal	Potential Health Impact Identified	
	Positive	Negative
Develop remote access of EHSSB computer system to allow designated staff to work from home or access their email at their location based on current pilot.	<ul style="list-style-type: none"> • May result in less trips to work to pick up emails and hence increased time / productivity of staff. • May decrease stress and allow more time with family. • May decrease car usage and hence RTAs and air pollution. • May increase business in local shops • Increases the options for child care (care of dependents as not tied to base – increased flexibility) 	
Introduce tele-conferencing policy and guidelines to encourage staff to only travel to meetings when this is necessary.		

Proposal	Potential Health Impact Identified	
	Positive	Negative
Personalised travel routes sent to all existing staff and travel information packs for new staff prior to employment.	<ul style="list-style-type: none"> • Effect may be neutral or may not change behaviour • May decrease car usage and increase physical activity. • Will increase knowledge and access to transport. • May increase awareness of and use of networks and increase social contacts • May increase use of public transport and hence decrease noise, vibration and air pollution. • May increase business for Translink 	
Travel leaflet highlighting the main business journeys and how to access these via public transport.		

3.6 Proposals to mitigate negative effects

Negative Impacts	Potential ways to mitigate
Lack of flexibility in work/life balance. ie if no car, cannot get to gym, shops, pick up children.	May be able to develop personal emergency contingency plans within EHSSB Travel Plan. Improved access to gyms / childcare on site or local area (Subsidised?)
Concerns around personal safety on public transport, particularly in rural areas. Eg standing at rural bus stops	Lobby to improve access to public transport especially in rural areas Eg secure park and ride facilities
Problems organising multiple back-to-back meetings.	Ensure good information on frequently used routes
Decreased mileage allowance if decreased car usage.	Cycle allowance has been increased. No other ways to mitigate identified.
Cost of installation of new equipment-cycle stands, showers...etc	May be offset by reduction in car travel expenses.
Concerns about encouraging debt via loans for cycle equipment	Debt awareness training. Rate and duration of repayment may need to be flexible.
Encouraging use of motorcycles / mopeds may increase accidents, noise and pollution	Limit CC for mileage repayment. Road safety training and equipment.
Working from home may mean some people work longer working hours.	Provide training and information on the cultural expectations of the organisation regarding working hours.
Working from home may impose on work / life balance.	Information for staff on work / life balance. Check list on the impacts of working from home.
Environmental cost of increased numbers working from home – increased lighting / heating...etc	Maybe offset by decreased car usage. Provide information on sustainable energy measures.

4 Learning points regarding rapid health impact assessment

The process produced a number of valuable learning points:

1. The rapid HIA was conducted during a half-day session. This was too short time-wise; not enough time was available to consider how to enhance positive effects or to fully consider the differential effects on the vulnerable groups. At least a full day would be required.
2. Although written information was provided in advance, participants' knowledge of HIA was still low. It may be necessary to hold an additional session, in advance of the workshop, on the HIA process.
3. It was difficult to ensure participants focused only on health impacts of the proposals.
4. It was difficult to ensure that identified impacts had a sound evidence base and were not solely participants' views / opinions. The balance between qualitative and quantitative evidence was hard to achieve.
5. The use of readily available literature on transport and health was very successful.
6. The discussions during the workshop were very lively and individuals actively participated. Representatives from the group who prepared the travel plan found these discussions informative and it would have been useful to have more time to allow these to develop.
7. Some proposals could have been grouped together allowing participants to focus on less areas.

Currently it would be difficult to complete an HIA along with the equality screening due to the time involved, the complexity of the processes and the lack of experience in this area. However it may be possible to explore this further in the future.

Appendix: Workshop Programme

Rapid Health Impact Assessment EHSSB Travel Plan

Wednesday 26 April 2006

2.30pm – 5.00pm

EHSSB – Conference Room 2

PROGRAMME

Chair: Ms J Devlin

2.30pm	Introduction and purpose of the day	Ms J Devlin
2.35pm	Description of the proposal	Ms L Hagan
2.45pm	Profile of Eastern Board employees Vulnerable Groups	Dr A Jordan
2.55pm	Barriers and conflicts	Ms M McCotter
3.05pm	Identifying conflicts	Group Work
3.35pm	Identifying ways to mitigate negative impacts	Group Work
4.00pm	Feedback	Ms J Devlin
4.30pm	Prioritising actions	Group Work
4.45pm	Close	Dr A Jordan

Tea & Coffee will be available throughout the afternoon