Health impact assessment of Merseyside Integrated Transport Strategy

Sirs,

We read the paper on the health impact assessment of the Merseyside Integrated Transport Strategy (MerITS) with interest.\(^1\) We have recently completed similar work on the City of Edinburgh Council’s Local Transport Strategy\(^2\) and were struck with some similarities between the Merseyside work and our own. Both projects were opportune in that they seized on the current enthusiasm of partners about the impact of transport on health. In both Merseyside and Edinburgh there was a desire to enhance the health potential of a transportation policy that was being actively developed.

Our work assessed the impact of three scenarios for transport policy based upon different levels of available funding. We chose to explore explicitly the impacts of the policy on different population groups within Edinburgh. We identified the main areas of health impacts as: accidents, community severance, access to services, pollution and physical activity. We prepared matrices looking at how different population groups would bear each of these impacts to compare impacts on affluent and disadvantaged populations. This showed clearly, as has been reported elsewhere, that more disadvantaged groups bore the brunt of the impact of car-dominated transport policies and emphasized that transport policy has great potential to reduce inequalities in opportunity and health.

Freeman and Scott-Samuel’s paper does not mention the difficulty in obtaining adequate public participation in an assessment involving such a wide area as a city or region. Obtaining representation from all the communities involved in as major a policy as this is problematic. We also relied on key informants with knowledge of health or of local transport issues. We did not obtain direct participation from members of all the population groups that were considered in our assessment. Given the broad scale of the policy and the large numbers of people affected, our resources did not allow representation of all the different interests and perspectives. We do recognize that people affected by proposed policies have a unique perspective of the impact these policies will have on their lives and should be involved in the assessment. Further thought needs to be given to the best methods for meaningful involvement of such diverse populations in health impact assessment.

Finally, we wish to stress the need to consider the local context when conducting a health impact assessment. Local factors will be crucially important in determining the importance of different impacts and the potential to adjust the policy to maximize health gain. Edinburgh’s economic drivers are in the tourism and financial sectors. This differs from most British cities and therefore we would not propose simply transferring recommendations to other cities without a similar health impact assessment process being conducted.

References


Yours faithfully,

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Health impact assessment

Sirs,

We read with interest the prospective health impact assessment (HIA) of Fleeman and Scott-Samuel, identifying key health impacts of the Merseyside Integrated Transport Strategy (MerITS).\(^1\) We welcome the emphasis on health on the transport agenda for Merseyside, and the action plan to adjust MerITS to address the health impacts identified. However, it is with this action plan in mind that we write to suggest some refinements to the methods piloted by Fleeman and Scott-Samuel.

Since that paper was accepted, the City of Edinburgh Council has published an HIA of its own transport strategy.\(^2\) Although we realize that the MerITS assessment was prospective in nature, piloting methods, we believe that some refinements might be made to the pilot by incorporating some features of the Edinburgh HIA. In particular, we have identified two key areas for refinement of the MerITS assessment that are included in the Edinburgh HIA.

First, we feel that if time and resources had allowed, the strength of the results of this HIA would be improved by seeking wider public participation and consultation in the identification of the health impacts of MerITS. This might allow representa-