JTH Editorial v17 – The importance of psychosocial factors in transport and health

The relationship between transport and health continues to be validated. With evidence from Chile, Passi-Solar et al (2020) found those carrying out more active travel and those using public transport had multiple nutritional and metabolic benefits including lower BMI, lower waist circumference, less obesity, higher vitamin D, lower cholesterol and lower hepatic inflammation. The need to shift out of the car to more active travel is vital for our health. Many articles in this edition of Journal of Transport and Health highlight the need to take into account the wider psychological and social (sometimes referred to as psychosocial) determinants of transport behaviour if we're to fully understand how to encourage a shift to more safe and more active travel.

Older people often have to give up driving, a series of quite ordinary physiological and cognitive changes in later life result in the driving task becoming unmanageable (Mitchell, 2018). However, because driving is associated with freedom and independence, because it links us all easily to things we like and need to do, because centuries of transport and urban and country planning has designed life around the car, giving up driving is fraught with difficulties and it can feel like a real sense of loss for some older people including negative mental and physical health (Musselwhite and Haddad, 2018). The decision to stop driving is therefore an emotional one as well as a practical one. People are not good at reflecting on their own driving ability, a highly automatic behaviour, with little direct feedback for a person to correct their behaviour, when behaviour is less than safe. Prompting older people to consider their driving is therefore important in helping maintain road safety. Older people favour a professional, such as a General Practitioner (GP) or a doctor to help them with the decision, often more so than a family member (Musselwhite and Shergold, 2013), but as Butler (2020) notes GPs performing the role find it challenging for the patient-client relationship and feel they require additional training. Older people tend to be safe drivers on the whole but there are some exceptions and at the moment it is difficult to identify those who are not safe (Mitchell, 2018). Koppel et al (2020) examines the efficacy of using in person licensing renewal for older people, but reminds us iust how hard it is to examine the success of in person licensing renewal both methodologically and practically with no straightforward answers. Johnson et al (2020) shows how cardiovascular fitness influences reaction time in older drivers, showing that fitness to drive derives from wider physiological changes, not just direct behavioural ones.

During the current COVID-19 pandemic, the impact on transport on health is highly evident (Musselwhite et al., 2020). Measures, in many places affected by the outbreak, are being put in place to encourage more walking and cycling, while people maintain physical distance, with road space being turned into additional pavements or cycle lanes. We know how important the environment is to encouraging people to get out and about of all ages as identified in this issue by Antonakas et al (2020), using novel photographic technology and methods. In order to help people out of their vehicles, we need to go further than just the environment alone, despite it being a key determinant of behaviour change. Attitudes towards transport that we use are also important, even if the link between attitude and behaviour is not always linear or straightforward, Kizony et al (2020) suggests this is true in older adults as well. Garling et al (2020) note how important it would be to examine emotional wellbeing in relation to transport mobility and how this is much neglected. Finally, fun is also important, Clayton and Musselwhite (2013) note the importance of kinaesthetic experience of cycling for families. Donellan et al (2020) note how fun is important, among other environmental factors, in using a new shared pathway for children on their route to school (Donellan et al., 2020).

Zia Malik (2020) reminds us that use of public transport does not happen in a vacuum. People can be enhanced or restricted by the social norms or the culture surrounding use. Using an example of the

BRT in Lahore, they investigated how harassment at stations and in buses, limited facilities for the older people, lack of seating/waiting facilities near entrances/exits of BRT stations, limited dedicated space in buses and ticketing booths all impact especially on women's use of the transport. This is the case in other elements of transport too, for example in driving training, Timmermans et al (2020) reminds us that we should take into account the wider psychological and social aspects of personality with regards for training. Not everyone will respond to the risky nature of driving in the same manner, especially noting differences between males and females.

The importance of looking beyond the immediate infrastructure in behaviour change is vital. There is a real need to make sure we have the social and psychological tools needed to understand how to enable people to drive safely or to leave their cars behind altogether. As some societies go about rebuilding after COVID19 lockdown and encouraging more walking and cycling, the psychosocial elements of transport and health must be understood. The need for a psychosocial approach to transport studies is therefore vital to complement the dominant engineering and economic paradigms.

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