

Bridging the gap between research and practice

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University of the
West of England

bettertogether

A rapidly developing evidence-base

Risks

Benefits

Injuries

Exposure to air pollution

Less use of public space

More physical activity

Less emissions of air pollutants and GHG

Less congestion



‘Grand Father’ of Public Health Epidemiology: Jerry Morris

Epidemiology is the study of how often diseases occur in different groups of people and why.

Morris studied 31,000 bus drivers and conductors

- conductors climbed 500-700 steps per shift
- drivers sat for 90% of their shift
- Found less coronary artery disease (CAD) in conductors

Studied 110,000 postal workers

- Demonstrated that postmen who cycled or walked to deliver mail had fewer CAD events than colleagues with less active jobs



1910-2009





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

Open Access

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>

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Search

Noncommunicable diseases and their risk factors

Noncommunicable diseases

Prevention

Management

Surveillance

Global Coordination Mechanism

UN Task Force

▼ Governance and policies

National NCD plans

Publications and tools

Governance: Development of a draft global action plan to promote physical activity

Assignment given to WHO by the Executive Board

Further to the decision of the 140th session of the Executive Board to request the WHO Director-General to develop a draft global action plan to promote physical activity, the WHO Secretariat is hosting an open web-based consultation on a first draft from 1 August 2017 to 22 September 2017. Member States, UN organizations and non-State actors are invited to submit their comments by email to gappa@who.int. All contributions received will be published on this website.

Related links

- [Draft global action plan](#)
pdf, 397kb
1 August 2017
- [Overview of the progress to develop a global action plan](#)



Webinars for online consultation on the development of the global action plan on physical activity

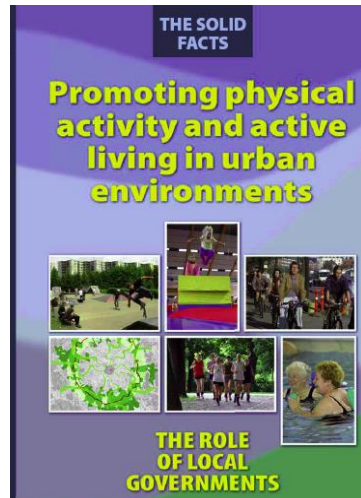
- [First webinar](#) 15 August 2017
- [Second webinar](#) 6 September 2017

Noncommunicable diseases and their risk factors > Governance: UN General Assembly and WHO Governing Bodies

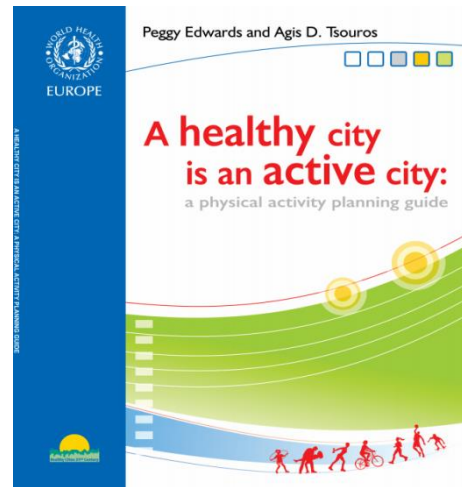
And yet we have guidance and tools but...



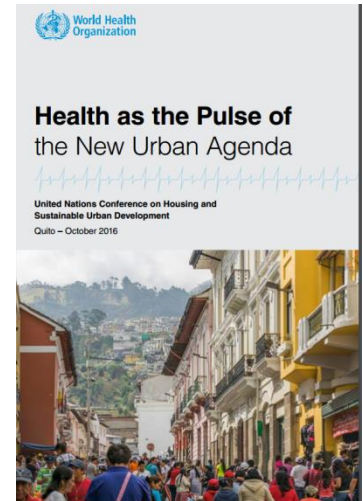
2000



2006



2008



2016

Translational research: Translating findings and evidence

“It has been acknowledged that a large gulf remains between what we know and what we practice. Hence a task, if not the main task, is to improve knowledge transfer.”

International Public Health Symposium on Environment and Health Research. WHO 2008 *Science for Policy, Policy for Science: Bridging the Gap*, Madrid, Spain, 20–22 October 2008 Report, Copenhagen: WHO Regional Office for Europe

Evidence in local government

“The successes of the evidence-based healthcare movement have been much trumpeted...Strikingly, local government work on the determinants of health appears to be one arena in which this paradigm was largely absent.”

Phillips, G., Green, J 2015 Working for the public health: politics, localism and epistemologies of practice, *Sociology of Health & Illness*, 37(4).

Collaboration: A challenge

“Sectors are often characterised by specialist discourses of knowledge and expertise in seeking their legitimation and maintenance”

Dageling, P. 1995 The significance of ‘sectors’ in calls for urban public health intersectoralism: An Australian perspective, *Policy and Politics*, 289-301.

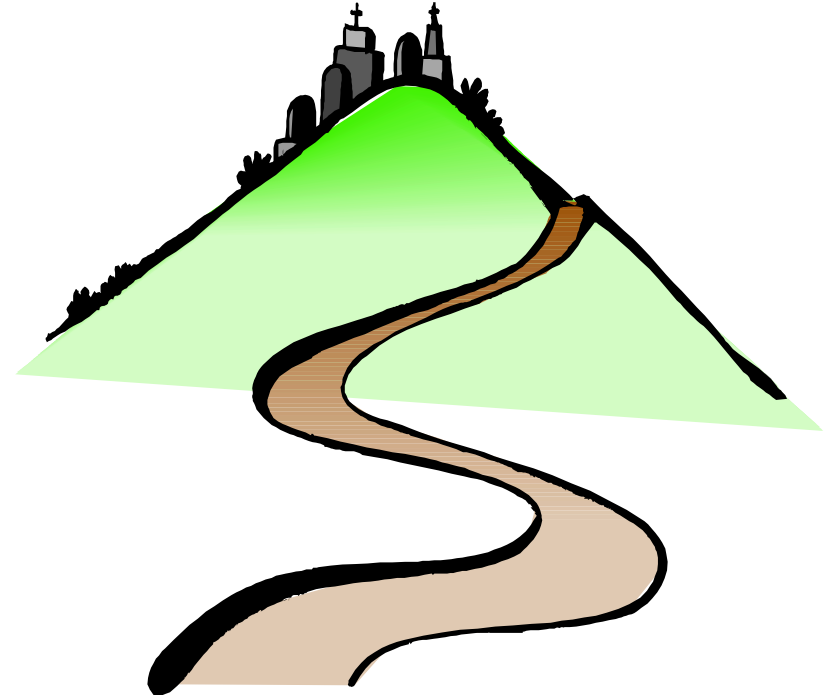
The two may meet but only occasionally...

HILLTOPS

Academic 'Researchville'



Municipal, State & National
government Transport
'Planningsville'

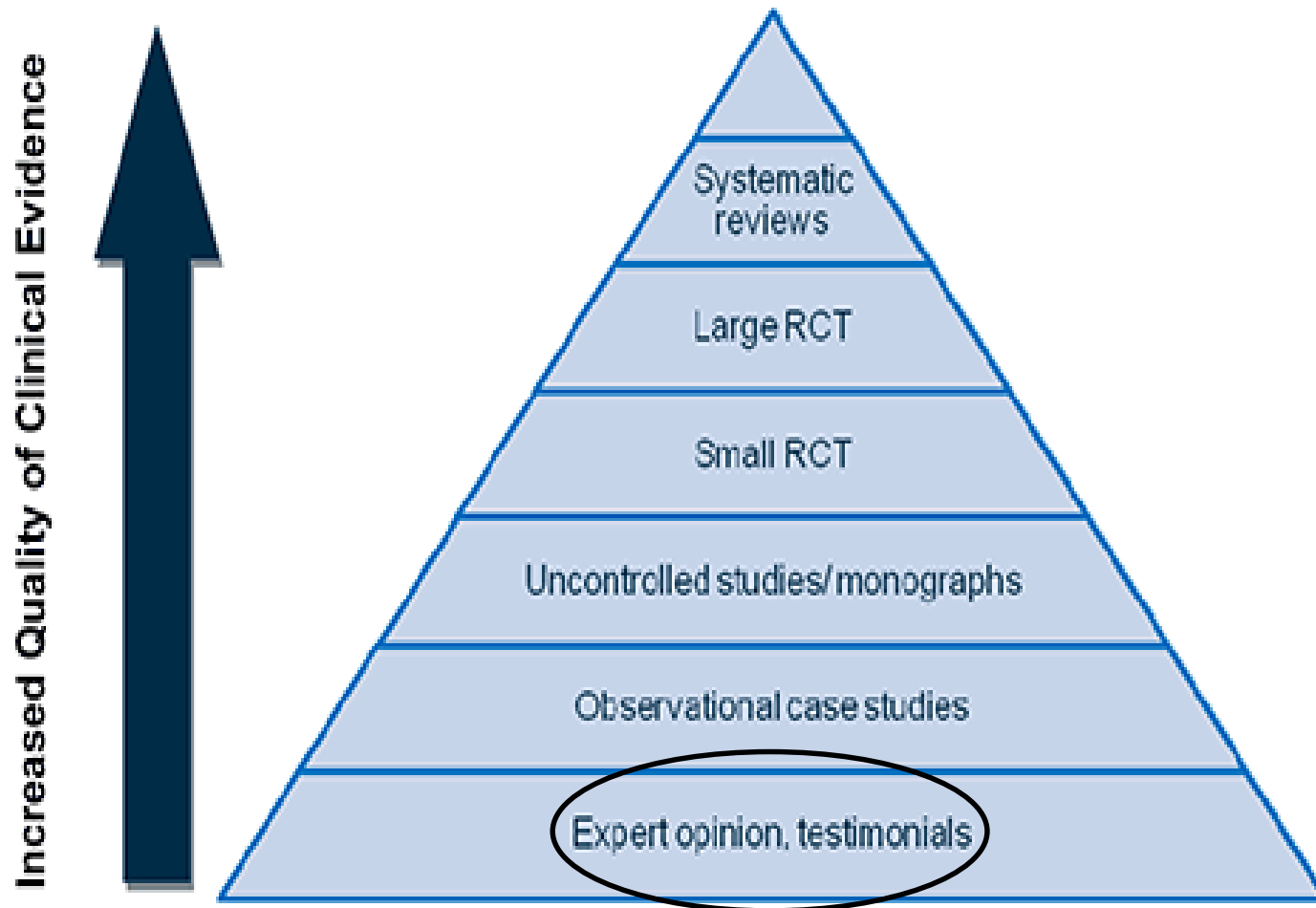


Meanings of evidence

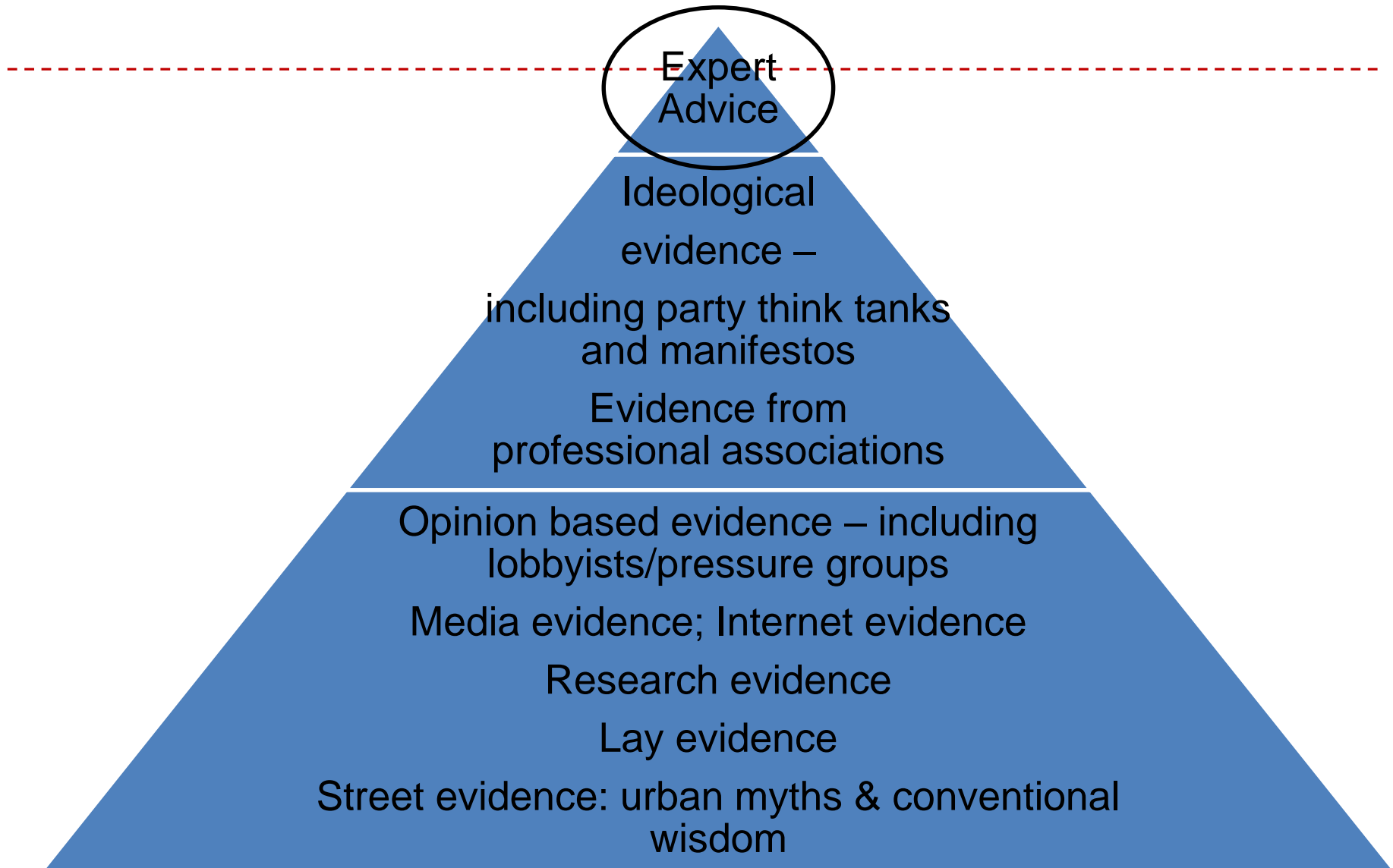
“Concepts of evidence vary among professionals, disciplinary and social groups: for example, scientists have traditionally adopted different standards of evidence to lawyers.”

Rychetnik, L., Wise, M. 2004 Advocating evidence-based health promotion: reflections and a way forward, *Health Promotion International*, 19(2): 247-257.

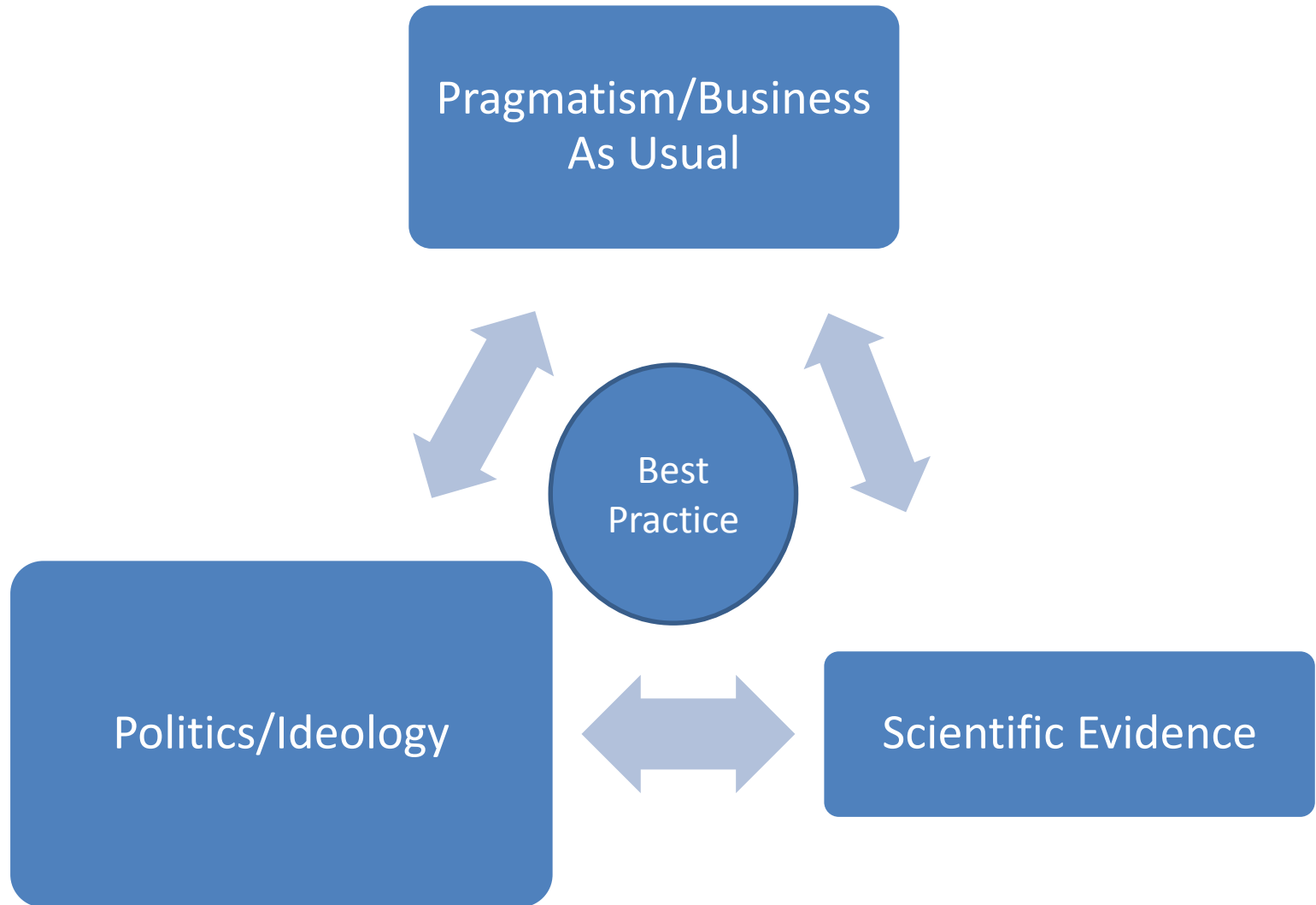
PH/medical evidence hierarchy



Policy-makers' hierarchy of evidence

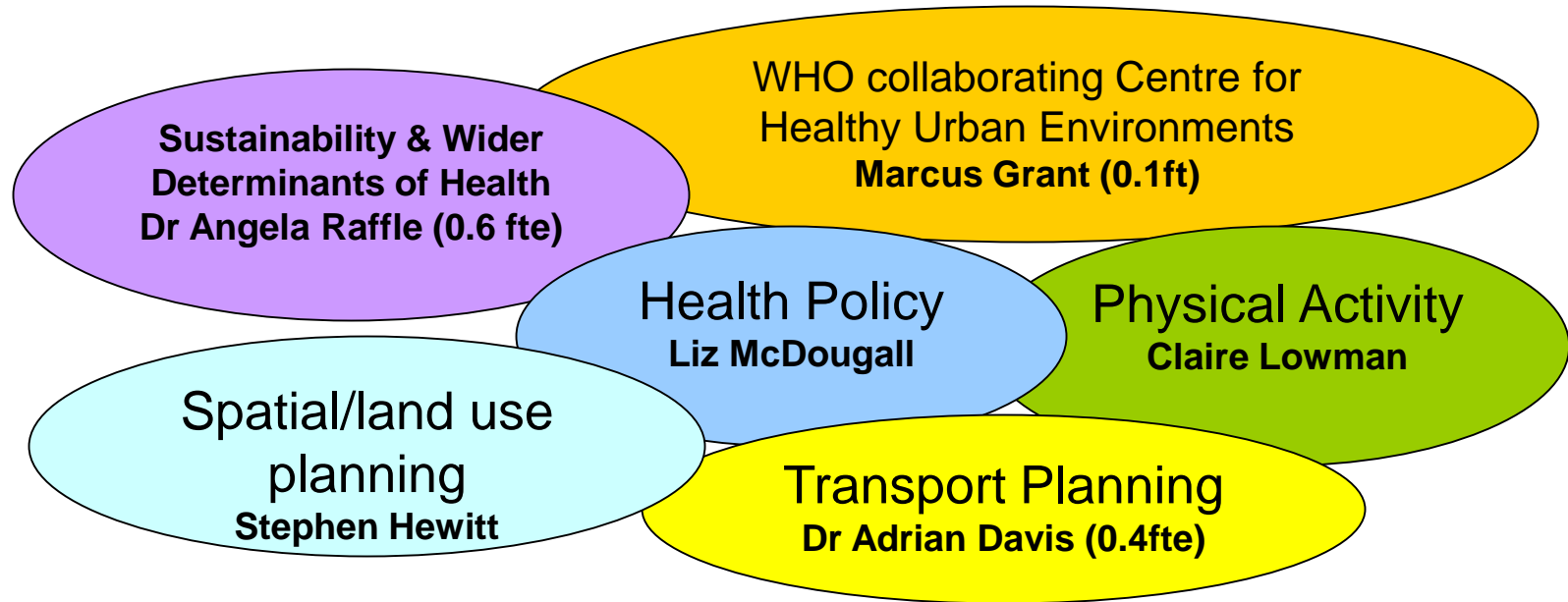


The bounded reality triad of government



Bristol 2008-16:
Some successes

Embedding health specialists: Healthy Urban Team



Highly skilled cross-sectoral and multi-disciplinary
Healthy Urban Team



Healthy Urban Team (HUT)



University of the
West of England



Work Programme 2010/11 for
Bristol City Council's 'Healthy Urban Team'

Bristol Public Health
July 2010



What is the Healthy Urban Team?

The Healthy Urban Team is a small team of public health professionals who:

- work alongside council, community and voluntary sector and other partner organisations to help make the city a healthier place to live. The team provides:
- health and technical expertise on the health implications of policy
- and project proposals,
- practical solutions for how to embed health into future strategies and developments
- the evidence base for what works



Memorandum of Understanding

This Memorandum of Understanding is between the local authorities of Bath & North East Somerset, Bristol City, North Somerset and South Gloucestershire who together make up the West of England Partnership and the Health Sector for the Partnership Area through the Directors of Public Health for the area.

The purpose of the Memorandum of Understanding is to promote effective co-ordination and co-operation between the organisations in relation to transport and health.

The key principles are of openness, explanation and discussion together with shared responsibility and ownership of problems and solutions.

It is not legally binding.

The Health Sector in the West of England Partnership area is currently made up of:

- The Four Primary Care Trusts of NHS Bath and North East Somerset, NHS Bristol, NHS North Somerset, NHS South Gloucestershire
 - A large number of Service Providers, which are commissioned by the PCTs to deliver NHS services for local residents. These include major Hospital Trusts, providers of community services, General Practices, dentists, opticians, and pharmacies.
- We take health to mean not just the needs of individuals with specific illnesses and conditions, but also the promotion and protection of good health and the reduction of health inequalities, now and in the future.

This is a core duty of the Primary Care Trusts and of subsequent bodies that may result from the 2010 Health White Paper.

It is hereby agreed that:

Strategy

The Memorandum of Understanding partners will collaborate to promote and protect good health through delivery of the goals and ambitions set out in key Government policy documents and Local Development Frameworks.

The Health Sector will be key partners in the production of the four West of England authorities Joint Local Transport Plan 3 and will provide input, expertise and feedback in order to maximise health gains and minimise the acute and chronic disease burden.

The Memorandum of Understanding partners align, where practicable a programme and phasing of schemes for 2011 to 2026 for inclusion in the Delivery Plan of the Joint Local Transport Plan 3 and review programmes for each 3 year implementation phase.

Transport and Health Forum

To promote effective joint collaboration a transport and health forum will be established to seek to ensure that the transport system for the sub-region now and in the future is designed in such a way that it enhances health, wellbeing and prosperity for all residents, and contributes to reducing health inequalities.

It will achieve this by:

- Bringing together relevant expertise and representation from Transport and Health sectors.
- Building strong and constructive working relationships between the Health Sector and the Transport sector.
- Using best available evidence to inform planning and decision-making.
- Using the principles of 'Health Impact Assessment' to inform planning at the earliest stages of option development.
- Including access to health facilities for staff, patients and visitors.
- Producing and monitoring the Action Plan.

The Forum will report to the Joint Transport Executive Committee

Support

Directors of Public Health will provide updates for and attend meetings of the Joint Transport Executive Committee on a twice-yearly basis to consider progress on the Action Plan.

Information and Data collection

Information requests between Memorandum of Understanding partners will be managed as quickly as is reasonable depending on the complexity of the request and information available. Requests are to be as specific as possible.

Communications

A joint framework on communications will be established in order to promote levels of engagement and partnership working between the Memorandum of Understanding partners.

Timescale and review

The Memorandum of Understanding shall come into immediate effect. The West of England Partnership authorities and Health Sector for the West of England area will jointly review the arrangements set out in the Memorandum of Understanding at two yearly intervals.

Dated 17 September 2010



You are here > [Home](#) > [Transport and streets](#) > [Roads, highways and pavements](#) > [Roads - speed limits](#) > [20mph Speed Limit Pilot Areas](#)

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- [Transport and streets](#)
- [Roads, highways and pavements](#)
- [Roads - speed limits](#)

[Related Links](#)

20mph Speed Limit Pilot Areas

Sections: [Information about the 20mph speed limit and its benefits](#) | [Public engagement leaflets](#) | [Frequently asked questions](#) | [Your opportunity to respond to the statutory \(formal\) consultation](#) | [Monitoring](#) | [Health and community issues](#) | [Contact us](#)

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

Translational research

The screenshot shows a web browser window with the URL <http://www.trafficchoices.co.uk/>. The page features a navigation menu with links for [HOME](#), [SCHEMES](#), [TRACKER](#), [PARTNERSHIPS](#), and [FAQ](#). A video player is embedded on the page, showing an introduction by James Coleman, a Research Associate at the University of the West of England. The video title is "Introduction - Traffic Choices" and the video content includes the text "TRAFFIC CHOICES BS1 CITY OF BRISTOL".

TRAFFIC CHOICES BS1
CITY OF BRISTOL

[HOME](#) [SCHEMES](#) [TRACKER](#) [PARTNERSHIPS](#) [FAQ](#)

Introduction - Traffic Choices

TRAFFIC CHOICES BS1
CITY OF BRISTOL

James Coleman
University of the West of England
Research Associate

As a resident in Bristol, you can have a say in how you think traffic should be managed in your area.

To improve community wellbeing and safety, money is given to Bristol's Neighbourhood Partnerships every year for traffic schemes.

Use the information on this website to help you decide on the most effective schemes for your area.

You can then go to a Neighbourhood Partnership forum to discuss your ideas, or get in touch with the Partnership team. [Read more about Partnerships >>](#)

TO GET STARTED, SELECT AN ISSUE

20:52
18/09/2014

Home > Essential Evidence

Essential Evidence

- Demand Management & Behaviour Change
- Children
- Adults and Walking
- Adults and Cycling
- Public Transport Use
- Air and Noise
- Safety
- Public Policies



Key evidence from peer-reviewed literature is being used to strengthen the case for current transport policies and practice.

All of the summaries found below are published on a single page in order to better

See all **Travel Updates**

Major Updates (2)

[view now](#)

Journey Planner

Starting location

Finishing location

[Find Route](#)

[View Full Journey Planner](#)



PHYSICAL ACTIVITY THROUGH SUSTAINABLE TRANSPORT APPROACHES

Use your local universities

Procter et al. BMC Public Health 2014, 14:859
http://www.biomedcentral.com/1471-2458/14/859



RESEARCH ARTICLE

Open Access

Views and experiences of behaviour change techniques to encourage walking to work: a qualitative study

Sunita Procter^{1*}, Nanette Murray², Adrian Davis³ and Suzanne Audrey⁴

Abstract

Background: High levels of physical inactivity are linked to several chronic diseases including coronary heart disease, type 2 diabetes, obesity, some cancers and poor mental health. Encouraging people to be more active has proven difficult. One way to incorporate physical activity into the daily routine is through the journey to and from work. Although behaviour change techniques (BCTs) are considered valuable in promoting behaviour change, there is very little in the published literature about the views and experiences of those encouraged to use them. **Methods:** The Walk to Work study was a feasibility study incorporating an exploratory cluster randomised controlled trial. The 10 week intervention involved training workplace based Walk to Work promoters (volunteers or motivated by participating employer) to encourage colleagues to increase walking during their daily commute. The intervention used nine specific BCTs: intention formation, barrier identification, specific goal setting, instruction, general encouragement, self monitoring of behaviour, social support, reward, goal and relapse prevention. Diaristally recorded interviews were undertaken with 22 employees, eight of whom were Walk to Work promoters to understand their views and experiences of using these techniques. The framework method of data management and constant comparison were used to analyse the data and identify key themes. **Results:** For each individual BCT, five appeared to be people who found it useful in helping them to increase walking to work and others who did not. Following training, the Walk to Work promoters varied in the extent to which they were able to fulfil their role; additional support and encouragement during the 10 week intervention may be required for the promoters to maintain motivation. Wider contextual (economic climate, uncoordinated wet weather) and organisational (facilities, car parking facilities) issues were identified that influenced the delivery of, and response to, the intervention. **Conclusions:** Walk to work interventions employing BCTs should include sufficient techniques to enable participants to develop a package of support to suit their needs. Additional support at organisational level should also be encouraged, and consideration given to wider contextual factors that impinge on the delivery of, and response to, the intervention. **TRIAL REGISTRATION:** ISRCTN102828224.

Keywords: Walking, Behaviour change techniques, Qualitative research, Active travel, Physical activity, Workplace Transportation Research Part F 31 (2015) 36-53



Contents lists available at ScienceDirect

Transportation Research Part F

Journal homepage: www.elsevier.com/locate/trf



Support and compliance with 20 mph speed limits in Great Britain

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ARTICLE INFO

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20 mph limits
Driver compliance
Reasons
Behaviour changes

ABSTRACT

There are a number of challenges relating to both the support of and compliance with speed limits. The introduction of 20 mph limits in Great Britain is no exception: the rise in the deployment of these limits in urban settings has created a need to understand these issues in more depth. This paper reports a study undertaken by the author using a population wide survey of GB drivers to explore how support and compliance interrelated. Whilst as expected many supporters said they would comply with the and many opponents might not comply, more surprisingly it was also found that supporters claimed not to comply, while some opponents of 20 mph limits complied. Explanations included the strong likelihood of strong moral adherence breaking laws amongst opponent-compliers and self-enhancement bias at supporter-non-compliers. This paper explores the incidence of these effects and implications in detail.

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Journal of Environmental Psychology 28 (2008) 121–127

Context change and travel mode choice: Combining the habit discontinuity and self-activation hypotheses

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^bJMP Consulting, Bristol, UK

Available online 1 May 2008

Abstract

The habit discontinuity hypothesis states that when a context change disrupts individuals' habits, a window opens in which behavior is more likely to be deliberately considered. The self-activation hypothesis states that when values incorporated in the self-concept are activated, these are more likely to guide behavior. Combining these two hypotheses, it was predicted that context change enhances the likelihood that important values are considered and guide behavior. This prediction was tested in the domain of travel mode choice.



Contents lists available at ScienceDirect

Journal of Transport & Health

Journal homepage: www.elsevier.com/locate/jth



Can social marketing make 20 mph the new norm?

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Keywords:
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Social marketing
Driver behaviour

ABSTRACT

This paper reports the findings of a study that explored the possible role for social marketing in supporting compliance with 20 mph signs only speed limits. The study, completed in July 2012, involved a review of the literature, the revisiting of case studies of existing and planned 20 mph signs only schemes, mainly within Great Britain, and a qualitative research project with the citizens of Bristol, England.

A key finding was the mismatch between people's apparent support for 20 mph limits and their actual driving behaviour. The qualitative research focused on investigating this gap. A range of groups of Bristol drivers and residents were recruited for the research to provide insights into why some people may not comply with 20 mph limits where they are in place, and what could be done to create this non-compliance.

The findings suggest three possible driver types in relation to 20 mph areas: 'champions', 'pragmatists' and 'opponents'. The paper discusses the possible mapping of these types onto Moore's 'crossing the chasm' variant of Rogers' diffusion of an innovation model. Here the 'chasm' represents the difficulty in encouraging normal (or near-normal) behaviour in the same way as champions. Based on this, it is suggested



Being there – co-located/embedded

- Informal opportunities to get health impacts included
- Being a source of knowledge to hand (eg Joint Local Transport Plan3 and Local Sustainable Transport Fund bids)
- Building trust
- Windows of opportunity
- Cost effective



Proposition: Using most robust available evidence as standard

- Should not all transport departments have someone trained in evidence reviews... to ensure managers and politicians have the best available evidence?
- ...

As we have had in Bristol City Council for past 10 years

Researchers need to have impact... they must connect with practitioners...

- “What is the point of universities that are just castles in the sky? The University people must have contact every single week with their City Hall”

Wulf Daseking, former Director of City Planning, Freiburg, 2014

Thank you

ADRIAN.DAVIS@UWE.AC.UK

WWW.TRAVELWEST.INFO/EVIDENCE

WWW.EURO.WHO.INT/TRANSPORT

WWW.EURO.WHO.INT/PHYSICAL-ACTIVITY

WWW.THEPEP.ORG

WWW.ELSEVIER.COM/LOCATE/JTH

