

**To:** Transport & Health Policy Makers, & Practitioners  
**From:** Prof Adrian Davis, TRI, Edinburgh Napier University  
**Date:** 22<sup>nd</sup> November 2018  
**Subject:** Essential Evidence 4 Scotland No. 1. Active travel & inequalities in Scotland

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Top line: Most health inequalities are largely unfavourable to the most deprived groups in the population, but in the case of active travel in Scotland they run in the opposite direction. Those living in the most deprived areas are the most likely to report active travel.

Individual-level demographic and socio-economic characteristics are important predictors of physical activity. In addition, environmental settings can affect behaviours and restrict people from acting in a healthy way; for example, those living in rural settings often have lower levels of physical activity than those living in urban areas. The relationship between walking, cycling and socioeconomic status is complex. Studies have shown that individuals living in the most deprived areas of urban Australia were more likely to walk for transport than those living in the most affluent areas,<sup>1</sup> potentially offsetting the negative effects of other, less healthy behaviours for those living in disadvantaged areas. Scotland is a nation notorious for high levels of poor health and health inequality. Yet in Scotland the prevalence of physical inactivity in adults, defined as not achieving at least 150 minutes of moderate or 75 minutes of vigorous intensity physical activity per week, is similar to that of other developed Western nations including the rest of the UK and the USA. A study aimed to describe walking or cycling in Scotland and explore potential demographic, geographic, and socio-economic inequalities in active travel.<sup>2</sup> Data for the period 2012–13 from the Scottish Household Survey was analysed. Survey travel diaries recorded all journeys made on the previous day by sampled individuals aged 16+ living within Scotland, and the stages within each journey.

A quarter of all journey stages in Scotland were actively travelled, and 96% of those were walked. Walking therefore remains by far the most frequently used mode of active travel, and remains a more likely public health intervention since many more people walk than cycle, specifically for shorter walkable distances. The proportion of journey stages made by active modes was greater for younger than older individuals, and most journey stages were completed for the purpose of travelling to work or education. People living in the most deprived areas were more likely to report an active journey stage than those in the least deprived areas, but the mean distance travelled for an active journey stage was less than for those in the least deprived areas. For a single active journey stage a small difference in average distance may seem unimportant, but over a year and over an entire population these modest differences could represent meaningful differences in physical activity.

It is important that active travel is promoted regardless of socio-economic status; partly because of important health outcomes for which physical activity reduces risk and partly for environmental co-benefits including reducing fossil fuel consumption, reducing vehicle emissions, and preservation or enhancement of infrastructure to support walking & cycling.

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<sup>1</sup> Rachele, J., Kavanagh, A., Badland, H., Giles-Corti, B., Washington, S., Turrell, G., 2015. Associations between individual socioeconomic position, neighbourhood disadvantage and transport mode: baseline results from the HABITAT multilevel study. *Journal of Epidemiology and Community Health*, pp. 1217–1223.

<sup>2</sup> Olsen, J., Mitchell, R., Mutrie, N., Foley, L., Ogilvie, D. on behalf of the M74 study, 2017. Population levels of, and inequalities in, active travel: A national, cross sectional study of adults in Scotland, *Preventive Medicine Reports*, 8, pp. 129-134.