

Five years of the Journal of Transport and Health

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This volume marks the completion of five years of publication of the *Journal of Transport and Health*. I should like to thank the authors, reviewers, board members, guest editors, and particularly the associate editors and the team at Elsevier for their support of the journal since the first issue was published in March 2014. We have achieved a very respectable set of metrics for a new journal in a niche field that is becoming widely recognised as important, with increasing numbers of academics, practitioners and policy-makers working across disciplinary boundaries. The Transport and Health Science Group (THSG), formerly the Transport and Health Study Group (Watkins, 2014) now has a Latin American branch. The International Professional Association for Transport and Health (IPATH, <https://www.tphlink.com/ipath.html>) is increasing its collaborative work with other professional organisations, particularly in the USA.

Transport and health as a research area has progressed from descriptive studies to assessment of interventions. A number of methodological issues are highlighted in this issue. Researchers should note that walking may be underestimated by self-report compared with GPS measurement (Hong et al, 2018). The authors ascribe this to the difficulty in recalling short walks. Mackie and colleagues (2018, this issue) discuss difficulties in the interplay between local government, researchers, and residents when retrofitting existing streets. Shekarrizfard and colleagues (2018, this issue) compare different methods for modelling air pollution in their study using breast and prostate cancer as the outcomes.

In many cases, the interventions being evaluated are natural experiments (Craig, 2012). Bristol City Council, in England, has introduced a city-wide 20mph (32kph) speed limit using signage alone, phasing it in to cover more roads over time. This enabled Bornioli et al (2018, Editor's Choice) to use a step-wedge design (Brown & Lilford, 2006) in their evaluation, reported in this volume: they found reductions in both the mean speed and the 85th centile. Mackie et al (2018) report on co-production of research, including co-design, with local communities to redesign the streets using the concept of 'self-explaining roads'. The new designs improved facilities for walking and cycling and included infrastructure designed to slow motor vehicle speeds. Turner and colleagues (2018) have produced a

programme theory to underpin their ongoing evaluation of the health impacts of area-wide 20mph speed limits.

It is important to understand what works to increase active travel. Knowing the [short] distance or time needed to reach a destination, as well as being confident the route can be followed easily, increases the likelihood of walking. In central London, Transport for London provided signage pointing out the time to walk to neighbouring stations, to encourage people to walk instead of using the tube [metro] – albeit the initial motivation was to reduce overcrowding on the trains (Cross River Partnership, 2018). Kellioka and colleagues report in this issue that pedestrians and cyclists in Hawai'i felt that wayfinding signage was beneficial for them and for others (Kellioka et al, 2018).

Other aspects of modern life may reduce active travel. Hong et al (2018, this issue) have shown that greater use of internet-based social networking services is associated both with less walking (using objective measurements) and with increased obesity (based on self-reported height and weight) in adults. Perceived safety risks from crime and traffic are potent deterrents for active travel (Appleyard & Ferrell, 2017; Evers et al, 2014; Foster et al, 2013; Rothman et al, 2015) and for allowing children to travel unescorted (Hillman, 1990). O'Toole and Christie (2018, this issue) report that although the social inequalities found in their study were less extreme than in earlier studies, children who lived in the most deprived areas had pedestrian fatality rates per 1000 population almost three times as high as their peers in the most affluent areas. These differences persisted after adjusting for age- and sex-specific travel distances by mode. For boys, there were also marked increases in cycle fatalities in those who lived in more deprived areas.

Adverse weather conditions can also impede safe walking. Nordic countries see increased falls due to icy conditions (Gao et al, 2004). The direct costs of such falls are higher than those for road travel injuries, as currently defined (reported by Gard et al, 2018, in this issue), adding to the rationale for including pedestrian falls within the definition of road travel injuries (Methorst et al, 2017a and 2017b). Gard et al (2018) identified that devices that aid balance as well as increasing friction are important for reducing slips.

Finally, please note that the deadline for submissions for the special issue on transport and health in Latin American countries is 31st December 2018. Read the scope of the call here: <https://www.journals.elsevier.com/journal-of-transport-and-health/call-for-papers/call-for-papers-transportation-health-latin-america>.

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