

## **Active Transport in Deprived Communities: Why the Car is King**

Sara Bird, M.A.<sup>1</sup>  
Senior Lecturer, Bristol Business School,  
University of the West of England,  
Coldharbour Lane, Bristol, BS16 1QY  
Email: sara2.bird@uwe.ac.uk  
Ph: +44 117 3281538  
Fax: +44 117 3282289

<sup>1</sup>Sara Bird is a senior lecturer at the University of the West of England, Bristol, UK. Her research interests centre upon social marketing and its uses in promoting sustainable transport, physical activity and sexual health, with particular focus upon the theoretical models underpinning social marketing practice and the ethics of social marketing. Her ongoing PhD investigates the adoption pathways to commuter cycling. Sara has presented at the at the Academy of Marketing Sciences conference in Oslo in 2009, and the UK's National Social Marketing Conference in 2008, leading to publication of a paper on 'The Concept of Cool' in Social Marketing Quarterly in the same year. Sara's teaching interests include research methodologies and Public Relations.

## **Introduction**

Active transport is part of the solution to multiple social concerns: obesity and health (Morris & Hardman, 1997), climate change, local traffic congestion and air quality issues (Knox, 2008). As the UK's first Cycling Demonstration City and home to some of the UK's most prominent cycling organisations, Bristol leads in active transport provision; middle class groups demonstrate relatively high rates of active transport use, yet populations in deprived areas of the city continue to rely on cars even for short journeys (Bristol Cycling Demonstration City, 2009). These deprived populations also have higher likelihood of developing long-term chronic illness associated with low physical activity than their middle class counterparts (Shouls, Congdon, & Curtis, 1996). Little research reflects these hard-to-reach groups that allocate disproportionate resources to their cars, but are we allocating disproportionate resources to driving them towards behaviour change? How can such marginalised groups be targeted, and active transport positioned, in a cost effective manner?

Recent collaborative research between the University of the West of England (UWE), Bristol Primary Care Trust (PCT) and Bristol City Council took a qualitative approach to investigate the barriers and motivations for using active transport in two age groups in deprived areas of Bristol. This paper reviews the results of the focus groups, outlining key findings. We interrogate the suppositions of active transport provision, to conclude how, and indeed if, realistic social marketing interventions to improve uptake of active transport in deprived areas of Bristol and similar areas can be developed.

## **Method**

72 respondents, representing active and non-active (i.e. cars) transport users, took part in 9 focus groups in Bristol in early 2009. These represented 3 demographic groups: parents with children at primary school, parents with children at secondary school, and adults aged 65 years and over. The parents are gatekeepers to children walking or cycling, and older adults represent those most likely to immediately benefit from the health advantages of walking. Respondents were recruited in local shopping areas, and snowball sampling was used to achieve the predetermined quota. Financial incentives were offered and the focus groups were conducted at a local community centre for accessibility. Within each demographic group, 3 focus groups were conducted with an average of 8 people: 2 groups for non-active transport, and 1 group for active transport.

Researchers at UWE developed moderator's guides to probe key themes of lifestyle, daily routine, and attitudes/behaviour related to transport. Projective techniques were used to explore emotional issues associated with daily transport and minimise socially desirable responding. Suggestions for policy and interventions were made through discussion with Bristol PCT.

## **Results**

Amongst this British, predominantly white, deprived population, the use of active transport is rarely an active choice: cars are seen as providing security, convenience and social approbation. Those who do not use cars are usually unable to afford them. Personal security ranks highly in transport choice. Respondents reported fear of being

harassed or attacked especially at night; many active transport users do not go out after dark. This is true for all age groups, and the car is seen as a cocoon.

The social connotations of owning a car are deeply ingrained. Walkers/cyclists are seen as disadvantaged and poor. Driving is considered a right, and some respondents vehemently defend their right to drive even short distances. Convenience is also key; many respondents work far from home, where few jobs and poor local amenities exist, and dropping children off en route is considered more convenient than walking. However, many respondents also see car maintenance as inconvenient and costly.

For parents, cars reduce confrontation associated with walking with younger children, and provide a means of protecting older ones. Being a 'taxi' is tempered by knowing where teenagers are and how they will get home. Parents also fear accidents near schools with busy roads. For older people, cars offer independence and safety. For all groups, being able to go where they want, when they want, is paramount.

Motivations *towards* use of active transport are health and cost. Parents want children to establish healthy habits while older people wanted to maintain mobility and independence. Those who walked were often prompted by a health scare. Rising petrol prices was one of the few triggers that had prompted them to reassess travel habits. Habit disruption was key: stories of health scares, car breakdowns and changing schools or workplaces were usually associated with observed instances of behaviour change. Active transport as a means of getting around was unpopular, but walking or cycling for leisure, perhaps outside the area, was attractive to many. Opportunities for learning new things or meeting new people were valued. Many older people felt isolated by their travel habits. Walking buses were considered an attractive alternative for parents of young children as it addressed the issue of how to make walking fun for kids.

### **Conclusions and Public Policy Implications**

These results question whether active transport can ever be a desirable alternative for deprived groups such as these if active transport is not perceived as a viable substitute for driving. Investigation is required into possible strategies. For instance, repositioning and branding of walking/cycling may change perceptions. Intermediate measures may move perceptions towards a tipping point e.g. short journeys on foot/bicycle in summer months as a perceptual gateway to sustained behaviour change. Or second car ownership be reduced owing to perceived time and financial costs.

Lessons can be learned from those who *have* changed behaviour: habit disruption is key. When children start/change schools, or adults start new jobs or move house, targeted strategies could offer efficient opportunities for social marketing. For instance GPs should have a role in prescribing active transport: using their position as 'powerful others' and taking advantage of the habit disruption associated with health concerns.

Finally, though environmental barriers such as personal/traffic safety and lack of local amenities cannot be underestimated, the perceptual barriers of active transport's association with poverty and lack of freedom are the most insurmountable. Given this concern, budgets may be more efficiently used on groups with lower emotional and practical barriers to change. This, however, poses an ethical dilemma: if we target the easiest (middle class) groups to change, do we further marginalise deprived groups?

## References

Bristol Cycling Demonstration City (2009). Private communication.

Knox, E. (2008) Atmospheric pollution and mortalities in English local authority areas. *Journal of Epidemiology and Community Health*, 62: 442-447.

Morris, J. & Hardman, A. (1997). Walking to health. *Sports Medicine*, 23(5): 306-332.

Shouls, S., Congdon, P., & Curtis, S. (1996). Modelling inequality in reported long term illness in the UK: combining individual and area characteristics. *Journal of Epidemiology and Community Health*, 50: 366-376.