

The Role of Better Public Transit in Improving Health and Reducing Costs

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To whom it may concern,

Public transit has been long neglected in Newfoundland and Labrador but improvements could play a major role in enhancing physical and mental health in the province, and the cost of provision would be more than offset by costs saved both to individuals and to the province itself. The Health Accord has wisely sought to widen the conversation about health costs and outcomes to focus on contributing factors outside of the healthcare budget itself. Improvements to public transit - desirable in their own right - would be a cost-effective means of improving health outcomes, particularly in the NE Avalon. The [Ottawa Charter for Health Promotion](#) states that “the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.” Addressing public transit in Newfoundland and Labrador can help us achieve many of these objectives.

Background

There is at present no provincial transit plan or responsible department. Inter-urban transit is seen as a private function and has received no public aid. Municipal transit (on the NE Avalon and in Corner Brook) notionally falls under the Department of Environment, Climate Change and Municipalities but with the exception of recent support for low income bus passes it has only been willing to provide funding for capital expenditures.

There is a patchwork of small-scale, often informal bus and shuttle service outside of the NE Avalon but it is not coordinated and schedules and coverage are not widely known outside of the communities they service. The province, individual social enterprises, and health organizations also fund taxis on an ad hoc basis and a number of specialist bus/taxi services focused on individuals with particular transportation needs including those with medical appointments, those with disabilities, and seniors. Buses are also provided for school children across the province.

The Federal government has [tens of millions of dollars](#) available for further transit investment (including a special fund for rural transit development) but it cannot be released without provincial and municipal matching funding.

Metrobus Transit which covers St John's and some adjacent cities commissioned a [2019 report](#) and found a more attractive service costing \$1.7m more annually would attract an extra 600,000 trips in 2023. But that plan is on hold - St John's has actually cut the service \$500,000 instead. There are two crucial aspects that should be considered when understanding how investments in public transit can improve health and bring economic benefits: Population health benefits of public transport and reducing transport poverty.

Population health benefits of public transport

As the health accord notes, fewer than half of NL adults get the recommended 150 minutes of exercise a week. The dependence on cars to get around likely contributes to this. Surprisingly, even the exercise of getting to and from a bus stop can deliver important health benefits. One study found primary transit-use was associated with 134.2 additional mean minutes per week of self-reported moderate-intensity transportation-related physical activity compared to non-users.¹ Even a little exercise could bring very large benefits. Another study found even 15 minutes of exercise a day for someone who otherwise gets little or no exercise would increase their life expectancy by an average of three years, significantly reducing their likelihood to die of cancer in particular.² Given the physical activity rates are low in NL and lack of physical activity is associated a number of health outcomes that are highly prevalent in Newfoundland and Labrador, including diabetes, obesity, chronic obstructive pulmonary disease, cancer, anxiety, and depression, there is good reason to invest in public transit as a means to increase physical activity at the population level. Those who do not have easy access to cars at present may also not have convenient access to walking trails and parks, whether near urban centres or further afield. This means that inequities in access to health and other services are worsened when public transportation options are not available to the general population.

Transport poverty

Having ready access to a car has become a requirement to live a full life in this province, not just in rural parts but even in the most densely populated areas, as shopping and leisure facilities have spread out across the NE Avalon peninsula. But no research has yet been done into the number of people in the province who either do not have easy car access or have to support vehicles they can ill afford³. Those living in poverty and university students are the most obvious population with limited access to a vehicle, and make up a significant proportion of the bus-using population in and around St John's, but there are many other groups, often marginalized in other ways, who do not have easy access to transport. The most obvious group would likely be those who are unable to drive because of physical disabilities, among them an increasing number of the elderly. Recent immigrants also have difficulties - some never learned to drive, and even when they have, the province does not automatically recognize driving licences provided by most other countries. As a result immigrants who want a license have to spend at least a year learning to drive while accompanied. This has proven to be a significant barrier for many immigrants⁴. The non-car owning partner in lower income households may also have little access to the family car, and

¹ Knell, G., Durand, C. P., Shuval, K., Kohl, III, H. W., Salvo, D., Sener, I. N., & Gabriel, K. P. (2018). Transit use and physical activity: Findings from the Houston travel-related activity in neighborhoods (TRAIN) study. *Preventive Medicine Reports*, 9, 55–61. <https://doi.org/10.1016/j.pmedr.2017.12.012>

² Wen, C. P. et al. (2011) 'Minimum amount of physical activity for reduced mortality and extended life expectancy: A prospective cohort study', *The Lancet*. *Lancet*, 378(9798), pp. 1244–1253. [https://doi.org/10.1016/S0140-6736\(11\)60749-6](https://doi.org/10.1016/S0140-6736(11)60749-6).

³ Although Newfoundland and Labrador will be part of a recently announced multi-year cross-Canada study, "Mobilizing Justice" that plans to measure these gaps.

<https://utsc.utoronto.ca/news-events/news-events/breaking-research/massive-opportunity-u-t-researchers-lead-national-effort-mainstream-equity>

⁴ Claire, Michael (2021) Immigration in Newfoundland and Labrador p. 26

children’s access to activities and friends not in their immediate neighbourhoods can be significantly curtailed, even when they would be old enough to travel unaccompanied.

Table 1: Percentage of Respondents Using Personal Motor Vehicle to Obtain Food (By Income)

Household Income Level	% of Respondents Using Motor Vehicle to Obtain Food
Less than \$20,000	25.2%
\$20,000 to \$29,999	47.1%
\$30,000 to \$39,999	74.1%
\$40,000 to \$49,999	82.9%
\$50,000 to \$74,999	85.7%
\$75,000 to \$99,999	92.9%
\$100,000 to \$149,999	94.1%
\$150,000 and above	94.1%

Food First (2021) Eat the City: What We Learned about Food Systems in St John’s

Food poverty and transport poverty can also be linked as the 2021 Food First study of St John’s residents suggests. If getting a range of nourishing food is more time consuming and difficult for lower income people, it is reasonable to assume the quality of their nutrition will suffer. Moreover, the impact of loneliness and isolation on mental health is well understood, and Snowmageddon and the health measures required to contain COVID-19 have only served to underline this problem, but for many these problems predate these crises.

Savings from reducing duplication of services

The lack of an effective, coordinated regional or local transit service in the province, and in the NE Avalon region in particular, has meant substitutes have had to be provided for those without cars or who are unable to drive themselves, and who are unable to get informal help with transport. The cost of these programs, spread across multiple departments and organizations has not been pulled together but significant savings could be made if such programs could be significantly reduced or eliminated.

To give one example, Metrobus provided 3.2m journeys in 2019 with a municipal subsidy of \$13.9m (\$4.35 per trip). It also runs a specialist GoBus service that cost \$4.2m in subsidy to provide 162,082 trips for qualifying disabled passengers in the same area - \$26 per trip.

While it has been slowly increasing the number of buses and stops on its regular routes that are accessible, the majority remain inaccessible as they don't have the funds to upgrade their buses before the end of their working life or to make the necessary changes to bus stops across the network. A more accessible Metrobus with more frequent and reliable service, combined with a wider service area could substantially reduce GoBus expenditures and spending on other forms of medical transport in the NE Avalon.

Where high schoolers could get to school by regular bus it could reduce the necessity to run as many school buses, and if they were provided bus passes it could also greatly increase their ability to access other services, including fitness centres, which would help their physical and mental health. It would also reduce the financial burden on families to run two or three cars to get children to activities.

Other savings and indirect effects

Health centres at present require large parking facilities to operate. Adding to this parking can be costly (a recent MUNL study⁵ suggested adding spaces on the St John's campus would cost \$2,000 a year per space in a parking garage) and it tends to make it still more difficult for patients, their families or care workers to access the facilities without a car.

Transportation difficulties are a significant factor in patients failing to attend appointments, and an undiagnosed barrier to seeking healthcare in the first place. Both of these can have a detrimental effect on long term health. Indeed, this was a key driver for the provincial pilot that is providing bus passes for those on income support in St John's Mount Pearl and Paradise⁶. This is the first such program from the province to provide operational funding to non-specialist busing and is certainly welcome but it only helps 10,000 people and is not designed to provide better or broader service.

Probably the largest single indirect effect, however, could be a very significant reduction in the cost of living for thousands of people across the most populated parts of Newfoundland. According to Statistics Canada, the average household in the province spent \$11,326 on private transportation in 2019 - only income tax (\$15,958) and shelter (\$14,417) were higher⁷. An improved public transit system that reached more people and received long-term investment and commitment (alongside improvements in enabling active transportation) could enable many households to reduce the number of cars they had to pay for, and even allow some to do without cars at all. The money saved could reduce a great deal of the poverty and economic uncertainty that keeps so much of our population unhealthy.

⁵ Dillon Consulting (2017) Commuting and Parking Strategies St. John's Campus p. 11

⁶ CBC News (2020) Income support clients will get free bus passes in September, province promises after much delay
<https://www.cbc.ca/news/canada/newfoundland-labrador/metrobus-income-support-aesl-1.5670563>

⁷ Government of Newfoundland and Labrador (2021) Average Expenditure per Household: Newfoundland and Labrador 2010-2019
https://www.stats.gov.nl.ca/Statistics/Topics/personalfinance/PDF/Avg_Hhld_Expenditure_NL.pdf

Conclusion

The Health Accord has already played a crucial role in pointing out that addressing the province's health-related problems cannot be done by the province's Department of Health alone. We argue that one of the all-but-invisible contributors to poor health outcomes in Newfoundland and Labrador is pervasive transport poverty and high transport costs. The most important step that the Health Accord and the Government of Newfoundland could make would be to simply assign the Department of Transportation (or another provincial department if necessary) responsibility to address the public's transportation needs more broadly defined. The government could then assess the actual scale and location of transportation poverty and begin to determine a strategy to address it.

The relative lack of density of the province's population undoubtedly makes support for transit and active transportation costlier than it would be in some other Canadian provinces, but a few tens of millions of dollars spent on transit would unquestionably make a dramatic difference to its availability and effectiveness. We are confident that any analysis of the health and other benefits of transit improvements would reveal this would be one of the most cost-effective health interventions the province could embark on.