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Article in *Journal of Transport & Health* · June 2015

DOI: 10.1016/j.jth.2015.04.563

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significantly lower because of longer journey times. These findings indicate that the rate of utilisation of health services largely depends on mobility level although previous research studies have traditionally overlooked the mobility dimension.

**Conclusions:** This finding, therefore, suggests the need to improve geographic access to services together with an enhanced mobility option for disadvantaged groups in order for them to have improved levels of access to health facilities. This research has also found that the volume of car trips to health services also increased steadily over the period 1985–2012 while all other modes accounted for a smaller number of trips. However, it is difficult to conclude from this research whether this increase in the volume of car trips was due to a lack of alternative transport or due to an increase in the level of car-ownership.

<http://dx.doi.org/10.1016/j.jth.2015.04.562>

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## A75 When Mobility nurtures Active Living: A case study

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### Abstract

**Background:** The main campus at Universidad de Costa Rica, built in the decade of 1950's, was intended for a population of less than ten thousand users. The original plan intended to prioritize pedestrian use by creating a central pedestrian sector with an extended park between the faculty buildings and a perimeter road. Over the years, demand for space has been translated into an important reduction of green areas for new parking and buildings. Currently, the campus serves a growing population of more than forty thousand people. Car use is massive inside the campus. Those changes have deteriorated both the aesthetic and social outcomes needed at an academic institution like the one under study. The current message reflected by the main campus' infrastructure in terms of mobility is undergoing serious questioning. Therefore, since mid 2012, the university has begun a series of actions to improve pedestrian mobility, parking spaces, travel patterns, and so on.

Fixing mobility problems at the campus has become an interesting lab to rethink the very concept of mobility. Old paradigms of mobility are falling apart and the discussion now moves to the rather new but exciting field of active living.

**Methods:** Due to the nature of the intervention, a mixed methods approach was chosen.

Experts from different backgrounds have been invited to take part in the development and implementation of an Active Mobility Plan which elaborates over the concept of non-motorized transportation towards a vision of a healthy campus.

The main goal for that "ad-hoc team of enthusiasts" is to create vibrant and healthy public spaces for pedestrians. Concrete actions included, landscape improvement by tree planting, rethinking the role of public art, a new lighting system for nocturnal activities, outdoor fitness equipment, annual car-free day, wider sidewalks, a shared road space that gives priority to cyclists, and the implementation of bicycle parking facilities.

**Results:** Analysis of different sources of data (both quantitative and qualitative) show significant positive evaluation from users. Pedestrian use of facilities has significantly increased since interventions started.

**Conclusions:** Conceptualizing mobility on a nontraditional way created the conditions for vibrant and healthy spaces at the university campus.

<http://dx.doi.org/10.1016/j.jth.2015.04.563>

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## A76 Inequalities in the distribution of primary care providers: Comparing healthcare disparity among urban and rural Floridian

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### Abstract

**Background:** Many economics, sociology, and urban planning researchers have assessed regional inequalities, especially for those populations affected by socioeconomic factors such as low income and unemployment status. Inequalities regarding health and its providers have been documented in the last few decades. In 2010, the Department of Human and Health Service (DHHS) launched the Healthy People 2020 movement with goals to eliminate health inequality/disparity and to encourage healthy development. According to the DHHS, health disparity is defined as "a particular type of health difference that is closely linked with physical distance to service, social, economic, and/or environmental disadvantage". Health disparity that results from the limited access to healthcare facilities is believed to be associated with the unequal distribution of resources and opportunities such as healthcare service, physical activity facilities, and healthy food. However, empirical studies are insufficient for understanding the extent and magnitude of health disparities in the United States. This study seeks to use the inequality of distribution of healthcare providers as a measure for spatial health disparities in urban and rural areas (AIM1) while also monitoring socioeconomic characteristics of the populations in said areas (AIM2).

**Methods:** For the first aim, this study will calculate the population per physician ratio for each urban and rural census tract boundary in Florida. The Gini coefficient and Lorenz curve are used to measure the sufficiency or the insufficiency of physician distribution for each urban and rural Florida. These measures are designed to analyze inequality of income or wealth, but they also have been used to study the distribution of health resources such as physician distribution.