

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 923
(I-19)

Introduced by: Michigan

Subject: Support Availability of Public Transit Systems

Referred to: Reference Committee K

1 Whereas, Existing American Medical Association policy states that "climate ~~changes~~ will create
2 conditions that affect public health, with disproportionate ~~impacts~~ on vulnerable populations,
3 including children, the elderly, and the poor" (H-135.938), and supports "maximum feasible
4 reduction of all forms of air pollution" (H-135.998); and

5 Whereas, A shift from personal car use to public ~~transport use~~ can cause a six-fold decrease in
6 greenhouse gas emissions; and

7 Whereas, The Lancet Commission on ~~Pollution~~ and Health has concluded that pollution can be
8 controlled by switching to an economy ~~that relies on~~ public transport and discourages private
9 car use in cities; and

10 Whereas, Cities whose ~~citizens~~ utilize their public transit networks, averaging 50 or more transit
11 trips per year, have half ~~the average~~ fatalities from traffic compared to cities with an average of
12 20 transit trips per year; and

13 Whereas, A study that ~~modeled the potential~~ ~~health~~ effects of switching 40 percent of private
14 vehicle transport to alternative transport in a 1.1-million-person metropolitan area showed that
15 per year 508 ~~deaths~~ were prevented due to increased physical activity, 21 deaths were
16 prevented by avoiding traffic fatalities, and 13 deaths were prevented due to improved air
17 conditions; and

18 Whereas, The implementation of a new transit system has been shown to generate new
19 physical activity and ~~decrease~~ body mass indexes among new users; and

20 Whereas, In ~~addition to~~ improving air quality and reducing negative effects on the environment,
21 public transport ~~can~~ increase health care access for underserved populations and geographical
22 areas; and

23 Whereas, Rural cancer patients who lack a car are often unable to access their radiation and
24 chemotherapy treatments in neighboring towns and cities; and

25 Whereas, 78 percent of people with disabilities have challenges accessing transportation for
26 health care services, and public transportation improves the quality of life and independence of
27 young adults with disabilities; and

28 Whereas, Ride share programs such as Uber are not legally required to adhere to Americans
29 With Disabilities Act guidelines, which eliminates yet another mode of transportation for people
30 with disabilities; and

1 Whereas, Use of public transport by the elderly is associated with decreased depressive
2 symptoms, reduced feelings of loneliness, increased contact with friends and children, and
3 increased volunteering; therefore be it

4
5 RESOLVED, That our American Medical Association amend current policy H-135.939, "Green
6 Initiatives and the Health Care Community," by addition and deletion as follows:

7
8 Our AMA supports: (1) responsible waste management and clean energy
9 production policies that minimize health risks, including the promotion of appropriate
10 recycling and waste reduction; (2) the use of ecologically sustainable products,
11 foods, and materials when possible; (3) the development of products that are non-
12 toxic, sustainable, and ecologically sound; (4) building practices that help reduce
13 resource utilization and contribute to a healthy environment; and (5) the
14 establishment, expansion, and continued maintenance of affordable, reliable public
15 transportation; and (6) community-wide adoption of 'green' initiatives and activities
16 by organizations, businesses, homes, schools, and government and health care
17 entities (New HOD Policy); and be it further

18
19 RESOLVED, That our AMA amend current policy H-425.993, "Health Promotion and Disease
20 Prevention," by addition and deletion as follows:

21
22 The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco,
23 alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness;
24 (2) advocates intensified leadership to promote better health through prevention; (3)
25 believes that preventable illness is a major deterrent to good health and accounts
26 for a major portion of our country's total health care expenditures; (4) actively
27 supports appropriate scientific, educational and legislative activities that have as
28 their goals: (a) prevention of smoking and its associated health hazards; (b)
29 avoidance of alcohol abuse, particularly that which leads to accidental injury and
30 death; (c) reduction of death and injury from vehicular and other accidents; and (d)
31 encouragement of healthful lifestyles and personal living habits; and (5) advocates
32 that health be considered one of the goals in transportation planning and policy
33 development including but not limited to the establishment, expansion, and
34 continued maintenance of affordable, reliable public transportation; and (6) strongly
35 emphasizes the important opportunity for savings in health care expenditures
36 through prevention. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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Sources:

1. Chester, M. and Cano, A. Time-based life-cycle assessment for environmental policymaking: Greenhouse gas reduction goals and public transit. *Transportation Research*. 2016;43:49-58.
2. Landrigan, P. et al. The Lancet Commission on Pollution and Health. *The Lancet Commissions*. 2018;391(10119):462-512.
3. Litman, T. *Safer Than You Think*. Victoria Transport Policy Institute. July 24, 2018.
4. Xia, T. et al. Traffic-Related Air Pollution and Health Co-benefits of Alternative Transport in Adelaide, South Australia. *Environ Int*. 2015;74:281-90.
5. MacDonald, J. et al. The Effect Of Light Rail Transit on Body Mass Index and Physical Activity. *American Journal of Preventive Medicine*. 2010;39:2:105-112.
6. Charlton, M. et al. Challenges of Rural Cancer Care in the United States. *Oncology*. 2015;29(9)
7. Kurichi, J. et al. Perceived Barriers to Healthcare and Receipt of Recommended Medical Care Among Elderly Medicare Beneficiaries. *Arch Gerontol Geriatr*. 2017;72:45-51.
8. Lindsay, S. and Lamptey, D. Pedestrian Navigation and Public Transit Training Interventions for Youth with Disabilities: A Systematic Review. *Disabil Rehabil*. 2018;9:1-15.
9. Mapelli, E. Inadequate Accessibility: Why Uber Should Be a Public Accommodation Under the Americans With Disabilities Act. *Am Univ Law Rev*. 2018;67(6):1947-87.

10. Reinhard, E. et al. Public Transport Policy, Social Engagement and Mental Health in Older Age: A Quasi-Experimental Evaluation of Free Bus Passes in England. *J Epidemiol Community Health*. 2018;72(5):361-368.

RELEVANT AMA POLICY

Green Initiatives and the Health Care Community H-135.939

Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; and (5) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities.

Citation: CSAPH Rep. 1, I-08; Reaffirmation A-09; Reaffirmed in lieu of Res. 402, A-10; Reaffirmed in lieu of: Res. 504, A-16; Modified: Res. 516, A-18;

Health Promotion and Disease Prevention H-425.993

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (4) actively supports appropriate scientific, educational and legislative activities that have as their goals: (a) prevention of smoking and its associated health hazards; (b) avoidance of alcohol abuse, particularly that which leads to accidental injury and death; (c) reduction of death and injury from vehicular and other accidents; and (d) encouragement of healthful lifestyles and personal living habits; and (5) strongly emphasizes the important opportunity for savings in health care expenditures through prevention.

Citation: Presidential Address, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: BOT Rep. 8, I-06; Reaffirmed: CSAPH Rep. 01, A-16;

See also:

[Global Climate Change and Human Health H-135.938](#)

[AMA Position on Air Pollution H-135.998](#)

[8.11 Health Promotion and Preventive Care](#)

[11.1.4 Financial Barriers to Health Care Access](#)