



IPATH Pop Up Workshop

How to Write a Scientific Abstract

Thursday, 7 December @ 20:00 USA EDT

Friday, 8 December @ 09:00 Beijing, Shanghai

Hosted by **Jacob Alhassan, PhD**, IPATH Board of Directors

Please make sure to visit the IPATH website at [Writing a Scientific Abstract - International Professional Association for Transport & Health \(IPATH\) \(ipathinc.org\)](https://www.ipathinc.org) prior to the workshop as an important overview and additional resources.

RESEARCH ABSTRACT EXAMPLE

NOTE: This abstract scored a PERFECT 50 out of 50 points during the IPATH Annual Meeting peer review process. Peer review included three independent abstract assessments with the three scores averaged to achieve a final overall mean score.

Rural Transportation and Vulnerability: A Qualitative Analysis of Health Equity Impacts of Cuts to Intercity Public Transportation in Canada, **Alhassan J.** University of Saskatchewan, Community Health and Epidemiology, Canada.

Background

Transportation is a critical determinant of health particularly for chronically ill patients yet Canadian evidence on intercity transportation barriers for healthcare access remains scant. In 2017 the Saskatchewan Government eliminated a 70-year-old bus company, the Saskatchewan Transportation Company (STC), as part of austerity measures aimed at saving \$85 million. No health equity impact analysis was conducted by the government, yet the bus served 253 communities and provided medical passes for chronically ill patients and families prior to the closure. We explored health equity impacts of the decision and how particular aspects of people's identities and social position predispose them to vulnerability following the loss of STC.

Methods

Drawing on intersectionality theory, we interviewed 100 former bus riders seeking healthcare and other services and conducted six focus groups with 24 stakeholders including physicians, nurses, and Indigenous

health system organizations' staff. We used qualitative case study methodology to inform analysis and ensured rigor through a synthesized member checking.

Results

Many patients were female (68%) and self-reported living with disabilities (27%). The closure has limited access to specialized care especially for those with chronic conditions such as HIV/AIDS, Diabetes etc. Reduced healthcare access is experienced unequally depending on people's social and geographical locations (gender, age, (dis)ability, geography, and ethnicity). The closure produces unique vulnerabilities for patients and community members through five key pathways: ability to drive, vulnerable geographies, poverty, safety (especially for Indigenous women) and lost freedom (for those with disabilities), and these vulnerabilities are worse for those experiencing intersecting oppressions.

Conclusions

Disinvestment and budget cuts to public transportation create unique vulnerabilities and health inequities. Countries such as Canada, need nationwide public transportation systems to promote healthcare access. Transportation-related austerity decisions ought to be assessed through a Health in All Policies (HiAP) framework to protect vulnerable populations from pathogenic public policies.



Jacob Alhassan is an Assistant Professor in the Department of Community Health and Epidemiology, University of Saskatchewan. He is an interdisciplinary activist scholar interested in how transportation policies produce health inequities and the political aspects of transportation related public policy. Jacob is interested in transport accessibility, safety, and equity particularly in rural and remote contexts. He has also worked on the role of intersectoral collaboration in promoting active transportation in urban contexts in Canada. Jacob's work is focused on influencing policy to promote equity and has involved engagement with governments (federal, provincial, and municipal), civil society and marginalized communities.