

Enabling Good Health for all

A reflection process for a new EU Health Strategy

Response by Sustrans

Introduction

Sustrans greatly welcomes this opportunity to contribute to the new EU health strategy. Our comments below relate to our area of expertise - transport - and in particular the promotion of health through sustainable, physically active travel.

Sustrans works on practical projects to change the physical environment so that sustainable, physically active ways of travelling are more accessible. We have over 25 years' experience in creating environments for physical activity, such as the UK National Cycle Network programme, and in changing the transport culture to make physical activity possible, as with our national Safe Routes to Schools programme and the successful UK pilots of TravelSmart individualised travel marketing.

Internationally Sustrans has a network of associate NGOs, mostly in Europe, and some 750 contacts across the world - community groups, national, regional and local government contacts, officials in the EU, international NGOs based both in the UK and overseas, academics, and commercial and professional contacts. Sustrans provides regular technical material on sustainable transport infrastructure design and construction, and mobility management in the health sector.

Sustrans' international work includes VIVALDI, an integrated sustainable transport demonstration under EU CIVITAS to which we have added a public health dimension including research. Sustrans is also involved with the management of EuroVelo, the European cycle route network. An important objective for the EuroVelo project is for the European Union to recognise EuroVelo as the first environmentally friendly Trans-European Transport Network, alongside the TEN-Ts for rail, road and sea. EuroVelo also has the potential to make a significant contribution to public health targets by providing opportunities for physically active travel.

Upstream promotion of healthy lifestyles

Sustrans strongly supports the approach suggested in paragraph 2 of the consultation document introduction: "achieving good health for all means not just reacting to ill-health, but proactively promoting health, preventing diseases and helping people make healthy choices."

In Derek Wanless' final report, produced for HM Treasury in the UK, he recommended that "a NHS capable of facilitating a 'fully engaged' population will need to shift its focus from a national sickness service, which treats disease, to a national health service which focuses on preventing it."¹ Sustrans strongly endorses

Wanless' recommendation and believes the same applies to the healthcare sector at an international level; the emphasis needs to be changed from treating ill health to promoting good health.

In line with the European Environment and Health Action Plan 2004-2010, Sustrans supports the suggestion that there are financial savings to be made from preventing ill-health rather than covering the costs of taking remedial action. Health spending should therefore be moved upstream to invest in healthier lifestyles today, rather than paying the cost of sickness in the future.

A focus on healthy, active travel

There are also healthcare cost savings to be made by shifting expenditure focus in other policy areas from measures which support an unhealthy, sedentary lifestyle to those which support active and healthy living. In the transport sector, less should be spent on works which cause increases in car use. Instead Sustrans would like to see a reallocation of resources to smaller local projects to facilitate walking and cycling, away from the traditional 'predict and provide' approach to motor traffic infrastructure. This would promote healthy behaviour and in our view, would also produce benefits in other areas such as environmental sustainability, social inclusion and equity.

Research priorities

We urge a shift in health sector research priorities away from the 'medical model' (focusing on the treatment of ill-health) towards health promotion, both in general and with regard to physical activity, to include research funding for the evaluation of measures which promote healthy living. Within this, we would like to see more concentration on the public health impact of environmental factors and interventions. Our own work, such as the ongoing usage monitoring programme on the National Cycle Network and collation of national cycle usage data, cries out for analysis by public health, physical activity and health economics specialists.

The present shortage of research should not however be used as an excuse for inaction on the promotion of physically active travel. Enough is already known for us to predict significant public health benefits from a cross-sector change in the way we design and construct our built and transport environments.

Restraint of private motor traffic

This approach should apply not only to an increased investment in active travel infrastructure; it should also apply to a reduction in our (sometimes unintended) promotion of private motor transport. We should also be researching and evaluating the negative health impacts of new and expanded roads, urban fringe development, moving leisure facilities out of town and other such developments, which increase the need to travel by motorised transport.

The health sector as a flagship of good practice

The European health sector is possibly Europe's largest economic sector and a huge generator of travel by staff, patients and visitors. It is therefore potentially an icon of good practice in sustainable, equitable and healthy travel. In the UK alone, according to a report by the UK Government's Social Exclusion Unit, "over the course of a year over 1.4 million people miss, turn down or simply choose not to seek healthcare

because of transport problems.”² Accessibility should therefore be factored into the decision making process regarding the introduction of new healthcare facilities.

Sustrans would like mobility management to be a priority within the healthcare sector. In the UK, all NHS facilities are required to develop travel plans. This requirement is enforced by the National Service Framework on Coronary Heart Disease, the NHS Environmental Strategy and the Controls Assurance Standard. However, the implementation of travel plans at NHS sites is lagging behind other sectors.

The promotion of physical activity through travel choice

Sustrans sees no reason to believe that large numbers of people will change their behaviour because they are told it is in the interest of their health to do so. We feel that the continued high levels of smoking are a good illustration that education and exhortation cannot alone bring about the behaviour change we need.

To achieve a healthier population, public health targets need to be incorporated into transport policy to facilitate and remove impediments to, healthy behaviour. Making changes to the environment to make it easier, safer and more attractive to walk and cycle, and harder, more expensive and lower-status to drive, can bring about significant increases in levels of physical activity across the European Union.

Physical activity has a protective effect, especially against cardiovascular disease, stroke, obesity, some cancers, and type II diabetes. Regular physical activity also helps in building and maintaining healthy bones, muscles and joints, and improving mental health and self-esteem^{3 4}. The benefits of physically active travel are not just to individual health; cycling and walking also offer significant public health dividends in areas such as:

- reducing air pollution, through fewer car journeys
- improving road safety: there is now clear evidence that raised levels of cycling and walking make the road environment safer, ie safety in numbers^{5 6}
- improving social cohesion: people on foot or bikes interact more with their community.

Many people find it difficult to commit long-term to physical activity programmes such as gym sessions. There is strong evidence to suggest that interventions that promote moderate intensity physical activity and are not facility dependent (particularly walking) are associated with longer-term changes in behaviour⁷. Walking and cycling have the advantage over gym-based exercise that they can be incorporated into daily life for a variety of journey types, can be done alone or with others, and are a substitute for sedentary forms of transport so that little or no additional time needs to be found in people’s daily lives.

An inter-sectoral approach

Sustrans agrees that “good health must be a driving force behind all policy-making” as stated on page 2 of the consultation document. The House of Commons Health Select Committee in the UK recommended in a recent report on obesity that the Department of Health should have a “strategic input into transport policy.”⁸ We most strongly support the Committee in this view, and believe it is also indisputable at European level that transport policy should be steered by health objectives.

The Committee went on to say “we believe it would be a an important symbolic gesture of the move from a sickness to a health service if the Department of Health offered funding to support the Department for Transport’s sustainable travel town pilots.” ^{ibid.} Sustrans urges DGSANCO and DGTREN to collaborate in a similar way: for example, SANCO should contribute funding and expertise to future CIVITAS rounds.

Sustrans believes European spending programmes, such as those for transport, should be focused on the promotion of healthy behaviour as a core objective, for the achievement of other objectives, such as economic growth, is invalidated if it is at the cost of public health and well being.

We believe that combining the efforts of people in sectors such as planning, development and transport with those of the health sector is the best way to increase levels of physical activity, as part of a healthy and happy lifestyle. Significant benefits to health could be achieved by interventions that encourage people to participate regularly in physical activity – especially in their daily travel choices.

Greater intersectoral collaboration is needed to ensure that transport, land use developments, and the culture of government at all levels, help promote good health. In particular, Sustrans believes that the health, safety and environmental problems caused by our overuse of private motor transport must be addressed at an international level.

It is encouraging to see that the widening health gap across the EU has been recognised. Societies at different stages of economic development have different needs in regard to diet and physical activity; factors which have a huge impact on non-communicable disease, wellness and quality of life. The impact of each is very significant, but they can also reinforce one another and, if addressed exclusively, each can confuse and confound research and policy making about the other.

Some nations within the EU, particularly new member states, may have the opportunity to avoid repeating mistakes made by others, in land use planning, transport planning, traffic law-making and enforcement, and fiscal policies with regard to transport. We very much hope the new EU Health Strategy can help them to do so. Sustrans also hopes it will impact the UK directly, to reduce the now very severe effects of our sedentary lifestyle and exaggerated reliance on motor transport of all kinds.

As regards physical activity, we strongly advocate that more must be done to encourage and facilitate the incorporation of healthy physical activity into the daily

routine, by promoting active forms of travel - walking and cycling. An important health element has been incorporated into the VIVALDI project in Bristol, England in which Sustrans is a partner; we have added health promotion objectives and externally linked health impact research to the project. We believe similar health promotion opportunities exist within CIVITAS and other EU programmes, in areas such as land use planning and transport, and would welcome the development of further good practice projects.

In addition, fiscal measures may be influential in tackling public health alongside other issues. Sustrans sees the London congestion charge scheme as a major public health intervention. Predictions for the scheme were that it could reduce air pollution and associated hospital admissions for respiratory and heart disease, decrease noise, traffic collisions and casualties, and increase healthy physical activity by making it safer and more attractive to cycle and walk; the latter benefit is clearly already being achieved. This adds up to a significant public health programme, leaving aside any economic and social benefits arising from reduced congestion.

At the European level, we would like to see the introduction of a measure similar to the Fuel Tax Escalator introduced by the UK Government in 1993. The escalator was designed as a means both to raise Treasury revenue and discourage car use on environmental grounds, but was scrapped in 2000. The re-introduction of the escalator would send a signal that, over the long term, governments will shift the balance of advantage from unhealthy and polluting forms of transport to cleaner and healthier ones. It is true that fuel taxes are unpopular, but this is partly a presentational issue; a whole package of fiscal measures could be considered to tackle obesity and declining health, and the fuel tax escalator can realistically be presented as a component of such a package.

Specific Recommendations: the impact of transport on health

Sustrans' approach is about positively changing the environment so that individuals find healthier transport choices more attractive and easier to make, rather than pressurising people to move away from harmful activities which they may perceive as enjoyable. We recommend that the EU Health Strategy should identify the intersectoral partnerships to deliver a similar approach. In particular, we would like to see emphasis on:

- environmental changes to encourage and facilitate active forms of travel, such as creation of more and better routes for cycling and walking, for leisure and for journeys to work, school, shops and other services
- the removal of – often accidental – barriers to active travel, such as the location of services in out-of-town sites, lack of cycle parking for staff and visitors, etc
- the avoidance of development patterns which suppress active forms of travel, and which promote urban car use
- speed management policies to implement low speed areas within settlements, such as 30kph in urban areas, and in particular in the vicinity of schools

- the removal of incentives to unnecessary use of sedentary forms of travel, such as financial support for car use, free car parking, etc
- more stringent traffic law enforcement and measures to make the street environment feel safer and more pleasant for pedestrians and cyclists; in new member states this may be especially significant where roads are improved, allowing vehicle speeds and numbers to increase
- a good example being set by leaders such as politicians, senior figures in health and other sectors - these figures should commit to walking or cycling at least 10% of their official local journeys (where security considerations allow)
- active promotion of the healthy and active modes, by promotional campaigns, media campaigns, and individualised marketing techniques
- intensive and transparent health impact assessment of all transport project proposals; no projects should now be implemented which cannot demonstrate real health benefits
- these principles should be applied most clearly to flagship EU programmes such as the Trans-European Transport Network; no EU funding should be made available for transport projects which promote physical inactivity or which suppress activity
- the EU should forthwith adopt EuroVelo, the European cycle route network, and finance its coordination and development as a TEN-T promoting healthy travel.

Background: Sustrans' work programme

Sustrans works through practical projects to change the physical environment so that sustainable, physically active ways of travelling are more accessible. All of our projects include environmental interventions that have a significant impact on public health, through enabling people to choose more active forms of travel.

Sustrans projects

- the National Cycle Network: 13,000 km of routes, one third traffic-free, used by walkers and cyclists. Usage of the Network has grown by 30% per annum compound since 2000, and two thirds of users claim to be more active thanks to its existence
- Safe Routes to Schools: national advice and information programme assisting over 3,000 schools to improve walking and cycling access for children and adults
- Active Travel: a range of practical projects to increase walking and cycling levels across communities, research the health impact of sustainable transport measures, and address the role of the NHS in accessibility and social inclusion
- TravelSmart: individualised travel marketing campaigns, which promote alternatives to the car by offering personalised travel advice and encouragement to walk, cycle and use public transport more often
- Local access projects, such as Safe Routes to Stations, encouraging more walking and cycling
- Liveable Neighbourhoods: developing residential areas where the community decides who has road priority, streets become social spaces and the car is just another road user
- Volunteer Rangers: over 1,500 volunteers across the country with a wide range of skills, working with their communities on major Sustrans projects
- International: supplying technical information to over 50 countries, and collaborating with the most advanced cities on European transport projects
- Travel behaviour research: now the UK's largest independent monitor of cycling levels, on and off the National Cycle Network, and an increasingly significant monitor of walking.

Further information

We should be delighted to provide clarification or further information you might require, or to help in any other way we can.

References

- ¹ Securing Good Health for the Whole Population: final report. HM Treasury 2003
- ² Making the connections: final report on transport and social exclusion. Social Exclusion Unit 2003
- ³ The economic potential of active travel. Sustrans 2002
- ⁴ Cycling and Health. National Cycling Strategy publication. www.nationalcyclingstrategy.org.uk
- ⁵ Safety in numbers- more walkers and bicyclists, safer walking and bicycling. Jacobsen in Injury Prevention 2003
- ⁶ Pedestrian risks decrease with pedestrian flow; a case study based on data from signalised intersections in Hamilton, Ontario. Leden L in Accident Analysis and Prevention 2002
- ⁷ Health Development Agency- The effectiveness of health interventions for increasing physical activity among adults: a review of reviews. HDA 2004
- ⁸ Obesity: Third Report of Session 2003-04, volume 1. House of Commons Health Committee 2004