

‘Diabetes Action Now’: World Health Organisation

Response by Sustrans

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. We have over 25 years’ experience in creating environments for physical activity, such as the UK National Cycle Network programme, and changing the transport culture to make it possible, as with our national Safe Routes to Schools programme and the successful UK pilots of TravelSmart individualised travel marketing. We also have a national programme, Active Travel, working with the UK health sector to encourage physically active travel as a healthier alternative to motor transport.

The National Cycle Network

The National Cycle Network (NCN) currently provides over 12,000km of cycling and walking routes throughout the UK. The creation of the Network has considerably increased opportunities for people to make journeys by bike and on foot, and as with other long-distance transport networks, the majority of its usage is local.

During 2000 the NCN carried 60 million journeys. 2002 data shows usage to have risen to over 97 million journeys, 47 million on foot and 48 million by bike. Usage increased by 13% over 2000 on the routes existing at that time; we anticipate further significant growth in 2003. Among salient details:

- 43% of adult users were travelling to work, shops or services
- 35% could have used a car for their journey
- 72% of users report that the existence of the Network has led them to be more physically active
- among “novice” cyclists, 67% aimed to cycle more in the future¹.

Sustrans believes that the NCN should be considered as a major public health intervention. It promotes health enhancing physical activity in a way likely to bring about sustained change in both social culture and individual behaviour. It improves road safety, both by providing traffic-free “training grounds” for novice cyclists and by increasing the proportion of journeys made on foot and

by bike, which is now known to have a positive effect on safety for these modes^{2 3}. It also encourages alternatives to the car, reducing vehicle emissions known to damage health.

Safe Routes to Schools

The Safe Routes to Schools (SRS) concept was introduced in the UK by Sustrans in the 1980s, at which time cycling to school was routinely discouraged on 'safety' grounds and car use encouraged through provision of large car parks, drop off areas etc. All English and Welsh highway authorities now have a SRS component in their Local Transport Plan and the Department for Transport, Scottish Executive and National Assembly for Wales have established networks of travel plan co-ordinators. We provide information to schools throughout the UK who are either implementing SRS schemes or beginning the process of implementation. Sustrans regards the school journey as of critical importance in establishing healthy travel habits for the future. Encouraging children to walk or cycle to school will make them more physically active and help raise their levels of health and fitness.

TravelSmart individualised travel marketing

TravelSmart is an intensive programme of information provision, to a whole community, enabling those who wish to consider alternatives to the car to make informed decisions and to test those alternatives. The methodology has been successfully used in a number of other countries, and most notably in Perth, Western Australia. Sustrans established the first TravelSmart pilots in the UK, which have achieved up to 9% reductions in car use across the target communities, with substitution by walking, cycling, public transport and non-travelling alternatives. This shift from short car journeys to walking, in particular, could make a significant contribution to health promotion objectives including increasing physical activity amongst the population.

In light of these successful pilots, the programme is now being scaled up, with further trials ongoing in Bristol, Gloucester, Nottingham, Northumberland and Sheffield⁴.

TravelSmart interventions are very cost-effective; increased bus ridership alone has been shown to pay back the campaign cost within four years⁵; other benefits, including those of increased walking and cycling to public health, are effectively free. We are currently discussing health impact research with academic partners. Naturally, we would like to see more research into the health impact of TravelSmart and other, similar, approaches.

Active Travel

Sustrans' Active Travel programme was established in 2001 to identify, develop and exploit links and opportunities between the transport and health

sectors. In England we work with the Department of Health, NHS Estates, the Department for Transport, NHS trusts and other bodies to:

- promote cycling and walking as health enhancing physical activity
- research the health impact of measures to facilitate active forms of travel
- encourage and assist the development of travel plans within the NHS
- and address the role of the NHS in accessibility and social inclusion.

The Scottish Executive has recently commissioned Sustrans to establish an Active Travel programme in Scotland, addressing the specifics of the Scottish situation. We are also looking to pursue these initiatives by developing Active Travel in Wales.

International Liaison

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. We provide regular technical material on sustainable transport infrastructure design and construction, Safe Routes to Schools, and mobility management in the health sector.

The problem of inactivity

Physical inactivity is still a major problem - only 37% of men and 25% of women in the UK take the recommended 30 minutes of exercise five times a week.

A key factor in the rise in diabetes is that we are increasingly overweight, due in part to lower levels of physical activity. There are currently 1.4 million people diagnosed with the condition in the UK. Diabetes significantly increases the risk of heart disease, blindness, stroke, kidney disease and amputation. It currently costs the NHS over £5 billion a year or close to £1 in every £10 spent⁶.

New cases of diabetic kidney failure are costing the NHS up to £30 million a year to treat. Figures highlighted by Diabetes UK show that approximately 1,000 people go onto dialysis each year because their diabetes has led to kidney failure⁷.

Sustrans believes that our over-reliance on private motor transport, and the suppression of cycling and walking on increasingly car-dominated roads, are major contributory factors in the growth of overweight and obesity, and of diabetes. This must be addressed on an international level. 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.

A healthier future

Sustrans believes that the prevalence of diabetes is a symptom of the way we have planned our physical environment and transport systems to encourage sedentary lifestyles. Significant benefits to health could be achieved by interventions that encourage people to participate regularly in physical activity – especially in their travel choices.

We welcome this consultation and would like to see the closest integration of policy and strategy on diabetes with those on social inclusion, accessibility and sustainable development. We believe that only by combining the efforts of people in sectors such as planning, development and transport with those of the health sector can physical activity, as part of a healthy and happy lifestyle be effectively encouraged.

We therefore urge that more of the transport and other infrastructure budgets should go towards environmental changes which – often among other benefits - encourage people to incorporate physical activity in their daily routine by travelling actively. One way of achieving this is through a collective voice from the health sector which puts a strong case to transport decision makers. While this goes beyond the traditional boundaries of sectoral working, it is nonetheless important if we are to offer people realistic opportunities to choose active travel.

Active travel as health promotion

Until now, physical activity promotion has largely been focussed on individual behaviour change programmes and promotional campaigns, yet with little evidence of success⁸.

On the whole, even when motivated to take more exercise, people will not travel to a facility, change into special clothing, engage in planned vigorous exercise and continue to do so over the long term. In contrast, one obvious way to accumulate physical activity regularly is to commute (to and from work, school etc) by bicycle or on foot⁹. Therefore, environmental interventions can promote physical activity¹⁰ by making local environments perceivably attractive and safe, to meet everyday travel needs whether on the journey to work or elsewhere¹¹. Across the population, there is evidence of ‘demand’ for active travel. For example, one main reason for people choosing to reduce their car use is in order to ‘get some exercise’¹².

Walking is the most widely available form of physical activity as a means of transport, and therefore highly equitable. It is the dominant form of transport for journeys under one mile at 80%¹³. A systematic review of physical activity promotion strategies concluded that walking, the activity most widely available, should be prioritised in measures to improve public health. The authors noted that in order to increase the attractiveness of walking: “attention will need to be paid to environmental factors which influence personal safety

and convenience”¹⁴. In June 2003 the UK Department for Transport issued a discussion paper which seeks views on how conditions for pedestrians might be improved and to increase the number of journeys made on foot¹⁵.

While walking is more widely available to the population, the health benefits of cycling are somewhat greater on account of the higher intensity of effort¹⁶. The Copenhagen Heart study, which involved 13,375 women and 17,265 men aged between 20 and 93, found that cycling has a strong protective function. Assessed by self reported health, blood pressure, cholesterol, Body Mass Index, and risk factors such as smoking, it concluded that: “even after adjustment for other risk factors, including leisure time physical activity, those who did not cycle to work experienced a 39% higher mortality rate than those who did”¹⁷.

Dutch research has demonstrated that cycling as part of normal daily activities can yield much the same improvements in physical performance as specific training programmes. The higher the total distance cycled during the six-month trial period of activity, the higher the gain in maximal external power and maximal oxygen uptake. For those with a low initial fitness level, cycling just 3 kilometres, four days per week is enough to improve physical performance¹⁸. This confirms that the greatest health gains are to be achieved when the least active individuals become moderately active¹⁹.

Sustrans’ recommendations

Change the environment

Sustrans sees no reason to believe that large numbers of people will change their behaviour, in terms of physical activity levels, 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. We do however believe that significant changes to the environment, basically making it easier, safer and more attractive to walk and cycle and harder, more expensive and lower-status to drive, can bring about major change in the choices people make. Our own successful work to grow cycling – and walking – via the National Cycle Network programme gives evidence for this. We therefore call for a major shift in investment from measures which make the environment more car-focused and obesogenic to those which make it easier to walk and cycle.

Collaboration across sectors

Major government spending programmes, such as those for transport, should be focused on the promotion of healthy behaviour as a core objective; the achievement of other objectives, such as economic growth, is invalidated if it is at the cost of public health and well being. In our view, this approach would very often produce benefits also in areas such as progress towards sustainability, and social inclusion and equity.

We are concerned that sport is presently over-represented as a mechanism for the promotion of physical activity, in policy-making fora, public debate, and funding availability. This is not an argument against sport, whose potential benefits go much wider than public health, but a caution that other areas of physical activity should be given equal or appropriate weight. In particular, types of physical activity which can easily be incorporated into people's lifestyle, such as active travel, should be prioritised.

Research

We would very much like to see a shift in research priorities, towards disease prevention and health promotion rather than treatment, in the areas of diabetes, physical activity and general public health. Within this, we would like to see more concentration on 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 robust and expert analysis by public health, physical activity and health economics experts.

The shortage of research to date should not however be used as an excuse for failing to take action now 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 plan and build our built and transport environments. We should regard this both as a necessary intervention and as a nationwide action research programme, ensuring that the health impacts are measured and over time building the evidence base.

This approach should apply not only to an increase in 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 measuring the negative health impacts of new and expanded roads, urban fringe development, moving hospitals out of town, and so on.

Good practice in UK policy

- Sport and Active Recreation in Wales – “Climbing Higher” Strategy. Welsh Assembly Government, July 2003
- Walking and Cycling Strategy for Wales - Welsh Assembly Government
- A Walking Strategy for Scotland: Scottish Executive
- Lets make Scotland more active - Physical Activity Task force

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

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