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## Commission of the European Communities Green Paper

### ***“Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”***

## Response by Sustrans

Sustrans greatly welcomes the green paper and this opportunity to contribute to it. Our comments below relate to our area of expertise - transport - and in particular the promotion of sustainable, physically active travel.

### Introduction

Sustrans believes that changes to the environment, making it easier, safer and more attractive to walk and cycle, can bring about major change in the travel choices people make. Incorporating active travel - walking and cycling - into the daily routine can make a major contribution to better public health. Thus, it can help improve people's health by reducing coronary heart disease, stroke, diabetes, cancer and obesity, and improving mental health and well being. Our own practical work and that of others are producing evidence to this effect.

### Responses to questions

Please note: questions which fall outside Sustrans' area of expertise, or to which we have no comment, have been omitted from this response.

#### ***What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?***

The UK Office of the Deputy Prime Minister recommends that, “planning authorities should ensure new development is located where everyone can access services or facilities on foot, bicycle or public



transport rather than having to rely on access by car<sup>17</sup>. This, in our view, should form the basis of European policy also.

The UK guidance recommends that development plans should promote the creation of socially inclusive communities by addressing accessibility for all members of the community to jobs, health, housing, education, shops, leisure and community facilities.

As new member states move towards EU15 average standards of development, they should be encouraged to avoid development patterns which suppress active forms of travel, such as measures which promote urban car use by increasing journey distance between housing and services, or the creation of new urban roads.

Speed management policies should be introduced, to implement low speed areas within settlements, such as 30kph in urban areas, and lower limits in the vicinity of schools.

More stringent traffic law enforcement is needed, as are measures to make the street environment feel safer and more pleasant for pedestrians and cyclists; in new member states this may be especially significant as roads are improved, allowing vehicle speeds and numbers to increase.

***On which areas related to nutrition, physical activity, the development of tools for analysis of related disorders, and consumer behaviour is more research needed?***

We urge a shift in research priorities towards health promotion and disease prevention, both in general and with regard to physical activity. Research of this kind is less likely to be co-funded by industry than is the case today, with the current concentration on refining pharmaceutical and surgical treatments. Governments should therefore plan to increase research funding for the evaluation of measures to promote healthy living.

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 analysis by public health, physical activity and health economics specialists.

Research in different sectors should be better linked – for example, transport and travel behaviour research should be linked to research into factors influencing physical activity. Research (and development) project bids to EU programmes should be evaluated according to how well they address other policy priorities, such as physical activity (and also others, such as climate change, for example).

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. 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 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.

***How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?***

Active promotion of the healthy and active modes of transport (walking and cycling), by promotional campaigns, media campaigns, and individualised marketing techniques.

A good example set by leaders, such as politicians, senior figures in the health world and other sectors – these figures should be seen cycling and walking.

***How can consumers best be enabled to make informed choices and take effective action?***

Ensure that consumers have access to good quality information so they can make appropriate travel choices, including walking and cycling.

Significant benefits to health could be achieved by interventions that encourage people to participate regularly in physical activity—especially in their travel choices.

The provision of information is not automatically best done using health messages or media. For example, Sustrans in the UK runs a series of Individualised Travel Marketing pilots under the TravelSmart brand. These have brought about consistent and sustained shift of between 10% and 14% of car trips to walking, cycling, and public transport<sup>2</sup> (in the UK, the average public transport trip has an active component 2½ times longer than the average car trip).

***What is good practice for the provision of physical activity in schools on a regular basis?***

For the first time – thanks to the introduction of new monitoring systems such as accelerometers and Global Positioning Systems – academics are beginning to clarify the relationship between travel choice, lifestyle and physical activity levels. Research done at University College London shows that “for children, walking to and from school for a week is much better than a week’s worth of PE (physical education) and games lessons<sup>3</sup>”.

We therefore suggest that the measures to encourage walking and cycling to and from school should be a priority. For example Sustrans’ Bike It programme has quadrupled daily cycling levels in 40 English schools in just over one year. At the start of the project twenty of the schools had no cyclists at all. One in every 12 journeys is now made by bike and in the target 9-12 age group, results are even better. One in five pupils cycle to school at least once a week and nearly half had cycled to school at some time that year. A third of the new cyclists were previously driven to school<sup>4</sup>.

***What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?***

We comment only on the journey to work, and recommend all the measures detailed elsewhere in this response: traffic restraint, traffic law enforcement, new walking and cycling infrastructure, local details (road crossings, cycle parking...), removal of financial subsidies to car use (many UK employers offer car parking subsidies worth €1,000 per annum or more, and nothing to non-driving staff), development of travel plans by employers, cultural shifts (dress policies.....), leadership by senior staff, etc.

### ***And schools...***

Safe Routes to Schools – In the UK the school run is responsible for 23% of car trips during morning rush-hour<sup>5</sup>.

Schools should be measured and rated on their effective facilitation of walking and cycling by pupils, staff and visitors.

All schools, colleges and universities to have travel plans.

Supervised, covered cycle parking at all schools, colleges and universities.

Adequate, signed pedestrian and cycle access to all schools, colleges and universities – maintaining priority over motor vehicle accesses.

### ***Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?***

The National Health Service in the UK is estimated to generate 5% of all UK motor traffic<sup>6</sup>; it has a major responsibility to address this. Health Services, as service providers, employers and clients, should play a leading role in the promotion of lifestyle physical activity, to help achieve the target of 70% of the population to be active by 2020<sup>7</sup>.

Health organisations (Hospitals etc) should be managed and rated on their success in promoting and achieving increased levels of physical activity, including elements relating to the organisations own trip generation: staff travel and patient transport.

Improved training for frontline healthcare professionals on the promotion of physical activity and its incorporation into daily life

Adequate signed pedestrian and cycle access to all healthcare sites – maintaining priority over motor vehicle accesses. Supervised, covered cycle parking at all healthcare sites.

All Healthcare sites to have travel plans – for visitors as well as staff.

Finance Directors to identify full cost of subsidised car parking provision for staff and ensure that all non-driving staff receive equal or greater perks.

### ***In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?***

Policies at every level, from EU (Thematic Strategy on the Urban Environment, Transport White Paper...) to local development plans and transport strategies, all should specifically recognise public health and physical activity objectives, and describe how they will address these.

The European Union does not have a good record in this regard. Transport policy, for example, has always focused on making motorised transport easier, and has failed to address public health issues, even after the introduction of health impact assessment (it also fails to address problems such as the growth of climate change emissions from transport).

***Which measures are needed to foster the development of environments that are conducive to physical activity?***

Please see the measures listed above.

If we are to combat the effects of increasingly sedentary and unhealthy lifestyles, people in land-use, planning, development and transport will have to create environments that are conducive to activity, including walking and cycling.

There is strong evidence that our over-reliance on private motor transport and the suppression of cycling and walking are major contributors to the growth of obesity. Transport and land-use policies have contributed to the growth in car use, ever longer journey distances and more sedentary travel choice, while the increasing speed and volume of motor traffic has discouraged walking and cycling.

Of course, improved facilities for walking and cycling can add to the quality of life in many more ways than promoting health. This approach would also produce benefits in areas such as progress towards environmental sustainability and social inclusion.

***Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?***

Sustrans' position is that, "modification of social, economic, and environmental factors may yield greater health dividends than individual lifestyle approaches. Indeed such interventions may be necessary before individual lifestyle approaches can be effective"<sup>8</sup>.

The National Institute for Clinical Health Excellence (NICE) is in the process of producing Physical Activity and Environment Guidance. The guidance will be aimed at the Highways Agency, local authorities, primary care trusts, pharmacists, health visitors and community nurses, schools, workplaces, the leisure and fitness industry and sports clubs with the aim of promoting physical activity. We consider that this recognition – as far as we are aware, a world first – will be of great importance in raising the profile of physical activity and public health among policy makers and practitioners in the transport, land-use and built environment fields – people whose actions do so much to determine physical activity levels in the population.

***Which role at national and at Community level?***

Greater intersectoral collaboration is needed, at the European, member state and local level, to ensure that transport and land use developments, the culture of government departments and local authorities, and the full range of programmes help promote and sustain active travel.

***Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?***

We would like to see the European Centre for Disease Control evolve to become more like its US peer, particularly acting as a centre of excellence for the promotion of physical activity and prevention of non-communicable disease.

We also feel, as stated above, that the promotion of healthy lifestyles should be an explicit element in the evaluation of bids for European R&D projects.

***Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?***

The first priority should be the creation of an environment more conducive to a physically active lifestyle. The Union spends billions of Euro each year subsidising motorised transport (for example, through the Trans European Transport Networks and Structural Funds) and the creation of activity-unfriendly urban environments (again, through regeneration elements of the Structural Funds). The negative impact on lifestyles are not assessed as part of the funding decision process, and the Union favours large, grandiose projects whose impact is more likely to be negative.

In particular, we would like to see really significant investment into demonstration cities, funding changes to the environment to make active and healthy lifestyles more accessible.

Our view is that individual-focused motivational approaches to creating healthy, active lifestyles are likely to be more effective if the environment can also be made more supportive, for example, for lifestyle walking and cycling.

## **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 and changing the transport culture to make it possible. 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: 16,000 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 physically 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

Sustrans works in partnership with the Department of Health, Department for Transport, Department for Education and Skills, Office of the Deputy Prime Minister and others, national and regional agencies, community groups, schools and business, and also with international bodies. Our programme helps to deliver on government's policies and strategies in areas including public health, communities, regeneration and quality of life, and climate change.

Sustrans is currently working with NICE on its obesity, physical activity and physical activity and environment guidance.

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

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## References

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  - <sup>3</sup> Mackett et al, 2004 The therapeutic value of children's everyday travel, Transportation Research Part A
  - <sup>4</sup> [www.saferoutestoschools.org.uk/index.php?p=n106](http://www.saferoutestoschools.org.uk/index.php?p=n106)
  - <sup>5</sup> Transport Statistics Bulletin, National Travel Survey: 2004, Department for Transport, July 2005
  - <sup>6</sup> Best Foot Forward 2004, Material Health
  - <sup>7</sup> Annual report of the Chief Medical Officer, 2002
  - <sup>8</sup> Lawlor et al, Journal of Epidemiology and Community Health

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