

Vélo Mondial Monday June 19th 2000 Amsterdam

Cycling and Health

Janice Cave, Executive Committee member of EPHA

Good afternoon Ladies and Gentlemen. I am delighted to be here at such an important event for cycling and for health.

I have been asked to tell you something about the European Public Health Alliance, the NGO network for health in Europe, and how we might all work together to promote good health through cycling.

EPHA is an international not-for-profit association registered in Belgium. It receives funding from the European Commission, membership fees and publication subscriptions.

Our mission is to promote and protect the health of all people living in Europe and advocate greater participation of citizens in health-related policy making at the European level.

The European Public Health Alliance (EPHA) is a network of local, national and international non-governmental organisations and other not-for-profit-organisations active in promoting health.

The alliance brings together a broad range of European citizens organisations with an active interest in creating a healthier Europe. This includes professionals, health advocacy groups, carers, patients and consumers and organisations committed to sustainable development.

Among EPHA's activities are:

Advocating policies that support and promote health in all areas of EU activities.

Providing information, commentary and analysis on EU public health policy and other health-relevant EU policies to our members, decision-makers and the public.

Strengthening the NGO network by involving our members in policy developments and discussions in all EU institutions.

Publishing the magazine "European Public Health Update" to ensure timely and relevant information exchange on public health developments in the European Union.

Developing partnerships with European and national health organisations.

I work for The Royal Society for the Prevention of Accidents in the UK. Although we are 80 years old, until 1997 we had not made any serious attempts to work in Europe or join any other like minded organisations. I was the first person to be tasked with doing this.

As I looked for places to find help I came across EPHA and quickly realised the benefits to be had from joining.

I have been kept up to date on all relevant EU developments, I get Membership Email briefings; access to the daily information help desk. Every two months this extremely informative magazine – European Public Health Update - drops on my desk; and if I forget anything I can look at the Members ONLY web site.

This is not meant to sound like an advertisement for EPHA, more a description of the way in which my eyes were opened to the enormous opportunities there were for working collaboratively with many other organisations in Europe.

I found that among EPHA members there were many other UK organisations I could develop new links with and there was also the opportunity to hear of experiences in the applicant countries for EU membership.

I have been delighted by the support offered in our advocacy work. EPHA staff seem to know exactly who I need to contact whether in the European Commission, Parliament, or Council.

With an office just around the corner from the European Parliament in Brussels there is work on a day-to-day basis with the Parliament, political groups, the Commission, health representatives and major NGO networks. Many networks now all belong to each other, thus strengthening their collective voice.

EPHA has a place on specific Commission working groups on health issues, e.g. on nutrition, trade, pharmaceuticals. It also provides the secretariat to the European Parliament's all-party working group on health.

We are members of the Platform of European Social NGOs and take part in European NGO working groups, e.g. on environment, agriculture, pesticides, patients rights, health care, tobacco control, and gender equality.

There is also co-operation with the World Health Organization, including specific WHO working parties, e.g. on Environment and Health Process, Nutrition and Food Action Plan.

EPHA and its members work on a wide range of health and health-related issues:

- Public health
- Health promotion
- Clean air
- Healthy food
- Making trade healthy
- Access to health care
- Health rights/Patients' rights
- Health inequalities
- Rational use of pharmaceuticals
- Alternative medicine
- Sustainable rural and urban development
- Pesticides
- Physical activity
- Mental health
- Alcohol
- Cardiovascular disease
- Tobacco
- Cancer
- AIDS
- Home care
- Reproductive health

visit our website — www.ephha.org

Later this week I shall be attending the annual meeting which will be addressed both by European Health Commissioner Byrne and European Parliamentarian Antonios Trakatellis. The Commissioner will be introducing the new public health programme published recently and Mr Trakatellis is the MEP rapporteur on the programme. Members will be able to hear first hand about the objectives of the programme and make points directly to the two key players in making it happen.

This degree of direct access is highly valued by EPHA members.

The public health programme is a long and complex document but it does concentrate on the importance of improving the health status of the population and reducing premature deaths by tackling the underlying causes of ill health through effective health promotion.

This is where there is the scope for cycling to get its foot in the door.

The programme also recognises the need to integrate with other policies on transport and environment, both of which affect cycling greatly. So there are significant opportunities for cycling to make itself heard and to become accepted as a positive contributor to improving the health of Europe's citizens.

EPHA has called on DG Sanco, the health and consumer directorate to embrace a broad concept of public health instead of the traditional, very restricted version and to enhance the valuable role of NGO's in its consultation procedures.

On this basis, it must develop a strategic approach to the integration of health in all relevant policies.

This strategy must include concrete assessment of existing EU policies and options for improvement. Health Impact Assessments are vital in all future policy making.

An increase in cycling has the potential to bring many benefits.

Cycling reduces anxiety and stress, a psychological/mental benefit
Cycling is good for the lungs and increases stamina, a physical/aerobic benefit
Cycling strengthens the heart - regular cycling halves the risk of heart attack, a physical/coronary benefit
and of course Cycling improves and strengthens muscles.

Cycling also helps to reduce pollution and congestion and all the ills that follow from the overuse of the motor vehicle.

In many places around the world there are efforts to increase the amount of cycling which is going on, not least in the UK where we are trying to double the number of cycle trips by the end of 2002 and quadruple them by the end on 2012. Huge efforts are being expended to promote cycling both for environmental and health reasons.

Putting my other hat on and thinking about my work with The Royal Society for the Prevention of Accidents we are delighted that injury prevention is also part of the new public health programme. While we support the promotion of cycling we must not overlook the possibility that an increase in cycling (without first making the environment more suitable for such increased use) has the potential to generate a very unwelcome increase in cyclist casualties.

Preventing cyclist accidents and casualties is easy. All we have to do is

- Create a safer cycling environment
- Improve the skills, attitudes and behaviour of drivers
- Improve the skills, attitudes and behaviour of cyclists.

My guess is that we will not see a significant increase in cycling unless (and until) the road environment is improved to provide a cycling environment which potential cyclists both see and believe is more attractive, easier to use, and safer for them. People will not return to cycling unless they perceive it to be a safe option and one which can be substituted for motor vehicle use.

There are many deterrents to cycling

- fear of accidents
- lack of facilities
- weight of traffic
- type and nature of traffic
- speed of traffic
- traffic fumes
- social attitudes
- theft
- the effort required
- climate
- topography

Cyclists in the UK are 15 times more likely to be hurt in a road accident than car drivers, over an equivalent distance, and nearly 14 times more likely to be killed.

Accident (rather than casualty) rates also show cyclists to face greater risks. The accident rate for cyclists (538 per billion kilometres) is nine times greater than that of car drivers (60 per billion kilometres).

Vehicle involvement rates also give a different picture. Bicycles are nearly six times more likely to be involved in an injury accident than cars, over the same distance, but only 3.6 times more likely to be involved in a fatal one.

However risk is measured, cyclists face greater danger when using the road than most others. The usual explanation is that they are not protected by a vehicle body. They are also exposed to risk for longer than drivers, as it normally takes longer to cycle than to drive a given distance. Children ride bicycles, but they do not drive cars which may also account for some of the differences.

The fatality rate for cyclists has fallen from 5.1 per billion kilometres cycled in 1983 to 4.1 in 1993, a drop of 20%. The KSI rate has fallen from 100 to 84 (16%) over the same period, but the overall casualty rate has risen by 11%, from 480 to 534.

Between the 1985/86 and the 1991/93 National Travel Surveys show cycling by 5 - 15 year old children fell by nearly 20%. Over the same period, the number of cyclists of these ages killed or seriously injured fell by 33%.

A variety of counter-measures have also contributed to varying degrees, although it is notoriously difficult to quantify their individual effects. Those that RoSPA would highlight as the principle ways of enabling young people to cycle safely are :

Safe cycle networks

Slower speeds generated by traffic calming and traffic management

Improved driver behaviour

Cyclist training

Use of cycling helmets

Most of the research that has been conducted concludes that training young cyclists does work, and is effective in improving their knowledge and behaviour. In summary, the research conclusions are;

- untrained children have 3-4 times more accidents than trained children
- training reduces errors, especially if it includes inter-active on-road training
- Improvements last at least 6 - 8 months, but the effects reduce over time
- training improves cycling, especially when children know they are being observed
- training results in fewer accidents, but more riding on roads and on busier roads
- training improves cycling skills and knowledge, and the overall effects last for at least two years after training

If the UK's National Cycling Strategy and the other sustainable transport initiatives are successful, there will be a significant increase in adult cycling and in the number of adults starting to ride for the first time since they were children. The risks are obvious. The question is whether full-blown training courses are a practical response to this potential problem. Or whether, a more practical option is advice and information on local safe routes and cycle maintenance classes, with some advice on safe riding.

Training is only one approach to improving the safety of cyclists. It must go hand in hand with measures to create a safer cycling environment and measures to improve the behaviour of motorists.

I have described some of the issues for cycling in the UK but I know from our own international conference earlier this year they are concerns shared by our colleagues in the Netherlands, Denmark and Australia.

Networking and sharing best practice has to be the key to improving the lot of cyclists and tempting many more people to take it up, for pleasure, for health and for the environment.

Through EPHA there is scope for networking with the

European Network for the Promotion of Health-Enhancing Physical Activity
European Network for Workplace Health Promotion
European Heart Network
European Network of Health Promoting Schools
International Union for Health Promotion and Education
International Society of Doctors for the Environment
European Public Health Association

Federation of Transport and Environment
European Cyclists' Federation
European Environmental Bureau (EEB)

Some of these networks which are EPHA members or with whom EPHA works closely might be interested in building partnership and advocating policy changes at a European level to develop cycling.

Thank you for the opportunity to talk about the European Public Health Alliance, I do hope we can work with you all to develop healthy cycling everywhere.