

Health and Cycling public meeting, June 13

Report on main points, particularly Q&A discussion

I counted around 110 people.

Initial speeches

Dave : We know what happens: there is lots of persuasive research that links stats about health with cycling. The problem is that we also know that people do not act on this information when you tell them.

Chris : There is lots of policy and good debate about this, lots of visions, but less on targets.

Cycling prevents 6,500 deaths annually, benefit to GDP, it saves lots of money on the NHS.

Dutch casestudy: most benefits are for people 65 and over, cycling has been rising most in people 75 and over.

Emilia : Who suffers most in traffic? Ambulance drivers: sitting in polluted trapped air. Less bad for cyclists, and certainly the benefits from doing the cycling far outweigh the harm done by pollution.

Cammy Day : BikeLife project, using information to change things: survey about attitude towards cycling; What kind of a cyclist are you? : 33% do not want to ride, 23% do not ride, but want to, 24% are occasional riders, 4% are new riders.

Lots of good initiatives which help: 20 mph is supported by the police because it helps other causes (fewer pedestrians accidents, car crashes etc.); school streets everywhere...

Q&A session

?: **Facemasks**: They do not do anything (air passes around); would need a complete seal and carbon filter.

?: **Greening of roads, space for cyclists etc**: because when it is snowy you can see traffic does not need to take up all the space. Cammy; but you cannot stop buses and trams and everything else: need happy medium.

?: **Doctors prescribe active travel?**: Raising the issue is done and easy, offer pathway of physical activity. But for many GPs, do not have time to talk to patients properly, sometimes not the right environment (after trauma), other spaces are easier (e.g. assessment, pre-op clinics), evidence is that introducing this as pre-hab is very beneficial.

More attention needed to ways in which it is prescribed, Need to set up activity in the clinics (weekly walks, runs), need to ask exercise history methodologically, need exemplar roles. BUT: Have we over-medicalised exercise? Is it the doctor's responsibility (not society's?).

?: **Electric bikes?**: Yes, they are good: enable all sorts of people to cycle and get out.

?: **Presumed liability**: People do not understand it yet, is not about criminal law, would save time and cost in court.

?: **Why do people cycle or not?**: Health is not often the main motivation: about efficiency.

?: **NHS vs Local government**: changing relationships: good/bad? Different political structures help: political processes (rather than hierarchical NHS) decisions are more publicly taken and people are involved which is a good thing but it also needs to be resourced.

?: **What about employers paying one hour/week exercise on bike (as in Scandinavia)?** A lot can be done before this: infrastructure, safety, normalising cycling, funding active transport properly... Employers can provide showers, other active challenges, like not using the lift, pedometers, MOOC activity participation...

?: **Can an individual sue the government for pollution?** Only if you have a lot of money (unrealistic): hard to prove causal link ('contributing factor'), negligent party is hard to identify. But there are laws, government will be penalised and plans /policies are under scrutiny.