Cycling and health policies

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Summary

People who take regular exercise are less likely to suffer cardiovascular disease, a stroke, obesity, osteoporosis, diabetes mellitus and certain forms of cancer. Exercise also has a positive effect in cases of loneliness and depression. Alongside such aspects as not smoking, moderate intake of alcohol and a healthy diet, exercise is therefore to be seen as an essential element of a healthy lifestyle. One relatively simple and enjoyable way of achieving sufficient exercise is through regular cycling. However, some sixty per cent of the Dutch population do not achieve sufficient exercise. Mr Kalis' speech will examine the mission of public health policy. The Ministry develops various activities enabling people to lead a healthy life. Its policy is based on a two-pronged approach: one aspect addresses the individual and his or her lifestyle. This not only seeks to promote exercise, but also to prevent (head) injuries as the result of cycling accidents.
The other avenue of approach is through a healthy physical, social and economic environment. This falls outside the Ministry of Health's specific portfolio and therefore calls for co-operation with other departments. We term this 'intersectoral action'. In their choice of measures, other ministries do not always consider the effects on public health. Our ministry aims to place 'health' on these other parties' agenda through intersectoral action. The speech will examine the possibilities for intersectoral action and the relevant preconditions in order to encourage cycling.

Introduction

If I ask my teenage son why he smokes, he answers resolutely, "because it's cool." If I then tell him that every year twenty-three thousand people in the Netherlands die from the effects of smoking (and that is seventeen percent of the total mortalities) he says he doesn't believe me. “Why not?" I counter. “Because if that were true, the government would have banned tobacco years ago."
My son's logic has set me thinking. What if we extend that logic to cycling policy, with the aim of getting everyone to take sufficient exercise? Here, we understand 'sufficient' to mean a half-hour of reasonably strenuous physical exercise at least five times a week. That is all that is required to have a positive effect on health. Each year, over eight thousand people die as a result of inactivity (being 6% of the total). But how can we persuade people to become more active, and above all, stay active? That is what my ministry's health promotion policy hopes to achieve. My son would just say, "make cycling cool and ban any car journey of less than ten kilometres!"
People who take regular exercise are less susceptible to cardiovascular disease, stroke, obesity, osteoporosis, diabetes mellitus and certain forms of cancer. Exercise also has a positive effect in cases of loneliness and depression. Alongside such aspects as not smoking, moderate intake of alcohol and a healthy diet, exercise is seen as an essential element of a healthy lifestyle. One way of achieving sufficient exercise is through regular cycling. However, in doing so it is important to avoid accidents, since although we prefer not to think about it, cycling is not entirely without its risks. I shall return to this point in a moment.

There are, of course, many different ways in which to take exercise. You could join a sports club or fitness centre, take part in local activities, swim a length or two at the local swimming pool, or go for a jog in the countryside. Personally, I enjoy playing hockey and I like to go for a bike ride when the weather is fine. But for the target group who have most to gain in health terms - older people and those with a lower socio-economic status - the most effective way of taking exercise is to integrate it into day-to-day life. Here in the Netherlands, we use an English term to describe this approach: "active living". What this means in practice is taking the dog for a walk, taking the stairs rather than the lift, gardening or, of course, cycling!

Cycling - that is a really marvellous way to achieve the recommended exercise level. It's fun, it gets you from A to B, it is not expensive, it has little or no environmental impact, almost everyone can do it and people often arrive at their best ideas when out for a bike ride. So how is it that even in the Netherlands, a country famous for its bicycles, we still have to go to great lengths to persuade people to forsake their cars once in a while?

I would like to consider the activities that a ministry, such as our Ministry of Health, Welfare and Sport, can undertake in this regard. During this presentation I shall tell you about what we are doing, or in any event what we would like to do, but later I would like to hear your views. What do you expect of a ministry like mine? To what aspects do you think our Minister should devote her attention? What message can I take back to the Minister from Velo 2000?

First I would like to consider the general mission of our public health policy - what we are trying to achieve. I shall then describe in greater detail those activities we are developing to enable people to lead a healthy life.

The policy relies on a two-pronged approach. On the one hand, it is directed towards the individual and his or her lifestyle. Everyone should be able to opt for a healthy lifestyle, whereby the healthiest choice ought to be the easiest choice. Accordingly, the other avenue of approach within our policy is aimed at achieving a healthy physical, social and economic environment. These are matters which fall outside the direct responsibility of the Ministry of Health, Welfare and Sport, and so we have to cooperate with other departments. We term this 'intersectoral' action. Happily, the promotion of public health is something which is laid down in the Dutch constitution, and is therefore a joint governmental responsibility.

The mission

In a nutshell, the ministry promotes the health of the public. It does so through organizing healthcare facilities, but also through trying to prevent illness and by encouraging people to make healthy choices. This mission can be translated into three firm objectives, each of which contributes to what is known as the “health gains”. Firstly, we try to prevent people from dying sooner than they should, from becoming ill or from suffering any form of handicap or disablement. The second objective is to improve the quality of life, which in essence comes down to making the difference between being healthy and being sick as small as possible. In other words, people should not feel disadvantaged in physical, mental or social terms as the result of some illness. Our third objective is to reduce the differences in health between those with a higher level of education and those who are perhaps somewhat disadvantaged in this regard.

We base our actions on the assumption that the health gains achieved in the past are permanent, and we specifically choose activities which are likely to represent the greatest health gains at the present time. Fine words, but the health gains made in the past were often enormous, through improvements to public hygiene and the introduction of antibiotics, for example. Vaccination, especially of children, has resulted in some serious infectious diseases being all but eradicated. The Netherlands began a vaccination programme in 1957 and this led to a reduction in the mortality rate from thirty-eight per hundred thousand head of population in 1950, to just seven in 1990.

These gains can never be matched. So what gains are to be made? What are the facts today? The general Public Health surveys reveal that cardiovascular disease and cancer are by far the leading causes of death. (Smoking is a significant contributory factor, and adequate exercise would undoubtedly help prevent some of these deaths. It is therefore very important to encourage cycling!). Furthermore, it would seem that we spend some fifteen to twenty years of our lives in less-than-optimum health, with women being at a particular disadvantage. The surveys also show that the health differences between those of higher socio-economic status and others are currently growing wider rather than diminishing. The number of people who are overweight is also steadily increasing (more cycling is called for!), and we see that lifestyle-related risk factors are developing unfavourably. For example, no fewer than fifty per cent of eighteen-year-olds smoke. Sadly, my son is one of them.

These are all developments which, to a greater or lesser extent, are related to our behaviour - to the choices we make every day. I therefore conclude that the greatest health gains are to be made from encouraging a healthier lifestyle. However, it is difficult to claim public funding for the promotion of health, since it is far from easy to demonstrate what the consequences will be if a certain measure is not taken. In practice, only two per cent of the Ministry's total public health budget is spent on prevention. Apparently, it is much easier to find extra funding for new drugs, expensive operations and to tackle the problem of waiting lists. However, I do not intend telling you about what we can't do for lack of money, I would like to tell you about what we *are* doing.

Health policy

Let me now explain in more detail the policy we have developed to enable people to lead healthy lives. As I mentioned some moments ago, it is a two-pronged approach directed at individuals and their lifestyles on the one hand, and at 'intersectoral action' on the other.

I would first like to describe our policy with regard to **lifestyle.**

Happily, I am able to present some hard facts and figures here, since we are now talking about promoting exercise and preventing cycling-related accidents. The statistics are these: sixty per cent of the Dutch population do not meet the recommended exercise level of a half-hour's reasonably strenuous activity, five days per week. However, in another survey, thirty per cent of people recognized cycling as a useful form of exercise.

We have started a campaign to reduce the number of inactive people. This goes by the title “Nederland in Beweging”, or "The Netherlands on the Move." This programme has now expanded enormously and there are now efforts nationwide to drum up a wave of support. By interesting as many organizations as possible in the promotion of exercise, a network will be created which will provide a range of activities specifically tailored to the needs of the various target groups. Peter

Wolfhagen is to say more about this programme on Thursday. I can thoroughly recommend his workshop!

In addition, the Ministry actively supports innovative research. What means of prevention have proven most effective? Just as in curative healthcare, it is essential that prevention activities are evidence-based. Then we know what we're talking about. We can persuade the Doubting Thomases and can lay claim to funding and resources.
Finally, the Ministry also supports a number of national organizations which represent cyclists' interests. One example would be the *Toerfiets Unie*, or Touring Cycle Federation. The Ministry's support enables the federation to organize various activities and to make a contribution to the cycling infrastructure.

The statistics with regard to **cycling-related accidents** cannot be ignored. Of all casualties arriving in our hospitals' Accident and Emergency units, half are cyclists. That is seventy thousand people every year. In two thirds of cases, no other road user was involved. Children and the elderly are particularly vulnerable. Every year, thirty-five children are killed in cycling accidents in the Netherlands, most as the result of head injuries. Given that about two thirds of all head injuries can be prevented by wearing a helmet, there is much discussion concerning the pros and cons of doing so. No doubt you are familiar with the argument: having to wear a helmet discourages so many people from cycling in the first place that there would be no health gains made, compared to the reduction in inactivity if helmets are not compulsory. It is a thorny problem. The Netherlands' main response has been to design its infrastructure in as 'cycle-friendly' a way as possible. As you will have seen, there are many separate cycle lanes on our roads. The rules of the road are also adapted in cyclists' favour. For example, from next year, cyclists approaching a junction from the right will have right of way.
The Ministry encourages people, especially children, to wear helmets. It is up to the manufacturers to make these helmets attractive, so that children will be more inclined to use them. “It will only work if it's cool," as my son would say.

Now let me turn to **intersectoral action**.
In their choice of measures, other ministries do not always consider the effects on public health. Our ministry aims to place 'health' on these other parties' agenda through intersectoral action. In some cases, we do not need to take any action. For example, the Ministry of Transport, Public Works and Water Management is now actively developing a policy which aims to reduce the number of road traffic accidents, the objective being fewer fatalities and casualties. Similarly, the Ministry of Home Affairs is doing all it can to prevent fires, to tackle those that do start as quickly as possible, and hence to reduce the number of fire victims. These are just two examples in which no intersectoral action has been necessary. Other ministries do devote attention to health in their policy, and indeed give it some priority. However, the situation is somewhat different if other interests are at stake, particularly economic interests.

Is it useful to undertake intersectoral action in order to encourage cycling? I believe it is. As this conference has demonstrated, many ministries exert some kind of influence on cycling, or are able to do so. After all, in addition to the health track, the conference also includes an economics track, an environmental track and a spatial planning track.

What then are the possibilities for intersectoral action to encourage cycling? The Ministry of Transport, Public Works and Water Management could decide to give cyclists priority in its traffic policy, and could encourage use of the bicycle in commuting to and from work. The Ministry of Finance could restructure the taxation system to encourage cycle use, or at any rate to discourage car use yet further. The National Spatial Planning Agency could give more consideration to the accessibility of public amenities by bicycle.
Of course, much has been done, but there is also much yet to be done. This was demonstrated only recently. My staff are currently in discussion with the officials responsible for the new government policy document on the residential environment, which will be published later this year. These officials were quite convinced that they had given every consideration to matters of health. They cited the ban on the use of asbestos in construction and the information provided about the importance of ventilation in well-insulated homes. When we pointed out that car parking facilities close to one's home had been given every consideration, but that no one had thought about somewhere to store a bicycle, these officials proved amenable to further discussions on the relationship between the residential environment and health.

My staff and I are still thinking hard very hard about the best way in which to undertake intersectoral action, but it is already possible to state a number of preconditions. It would seem best to 'hitch a ride' with other activities undertaken by the department concerned. For example, we should try to become involved in the formulation of new policy documents at a very early stage. We should seek out coalition partners, since there's strength in numbers. We should not be surprised if support for our views comes from unexpected quarters. We should use our existing contacts in the other departments. We should ensure that there are means by which proposed policy or legislation can be thoroughly assessed for its effects on public health. In the Netherlands, we are now experimenting with the Health Impact Assessment, similar to the Environmental Impact Report which is now a common part of planning procedures. And finally, as my son would put it, "you've got to have bottle!" Effects on health need not always be scientifically proven. A suspicion or 'hunch' may be enough, since even the economic arguments put forward are not always concrete. Intersectoral action is an interesting policy instrument that, in the field of health, has certainly not yet reached full maturity.

I have stated and described the mission of our public health policy: to promote health. Preventive action is a good investment, although its worth must constantly be demonstrated. We wish to enable people to make appropriate, healthy choices. Accordingly we target campaigns at individuals, we perform research and we support various organizations. With the help of intersectoral action, we try to have other ministries contribute to our mission. I am quite convinced that encouraging cycling is certainly one way in which our mission can be furthered. Therefore, I am therefore more than willing to gear my activities to help you achieve your mission: to encourage cycling. I would very much like to hear how you think my ministry can help in doing so.