6 September 2023

Dr Mike Freelander MP
Chair
Standing Committee on Health,
Aged Care and Sport
Parliament House
CANBERRA ACT 2600

Dear Dr Freelander

Submission on behalf of AusCycling and WeRide Australia

Thank you for the opportunity to make this joint submission to the Standing Committee on Health, Aged Care and Sport's Inquiry into Diabetes.

AusCycling is the national sporting organisation for all forms of cycling and bike riding in Australia. It supports nearly 60,000 members, 450 community cycling clubs and represent the interests of nearly three million Australians who choose to ride a bike for sport or recreation.

WeRide Australia empowers decision makers and inspires all Australians to choose cycling. Its mission is to build a healthy and sustainable future through advocacy, program development and research, around the bicycle's role in environment, health, infrastructure, and safety. WeRide Australia organises the Parliamentary Friends of Cycling in the Federal Parliament and regularly publish the Australian Cycling Economy Report.

In this submission, we offer the Committee evidence and perspectives on the role of incidental and recreational physical activity in preventing and managing diabetes and other non-communicable diseases, and the role of Australian governments at all levels can play in promoting active lifestyles.

Context

While there is no single cause of Type 2 diabetes, there are well-established modifiable lifestyle risk factors which include overweight or obesity and physical inactivity. Regular physical activity and weight loss, among other approaches, can contribute to both preventing the disease and successfully managing Type 2 diabetes.

On both measures – overweight or obesity and lack of physical activity - Australia performs poorly. According to the National Obesity Strategy 2022-2032, about 14 million Australians are living with overweight or obesity[1] and obesity costs $11.8 billion in direct health costs and indirect community

[1] Australian Bureau of Statistics. *National Health Survey: first results*, 2017-18. Canberra ACT

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costs each year[2]. Physical inactivity is one of the main contributors to the rise in non-communicable diseases such as diabetes, heart disease and cancer. Fewer than half of Australian adults meet the Australian Physical Activity Guidelines[3].

The Australian Institute of Health and Welfare has found that the combination of being overweight or obese, along with failing to get enough physical activity, dramatically increases the risk of disease. In combination, these factors are on par with tobacco smoking as the leading risk factors for disease burden in Australia[4].

Urban design and incidental physical activity

Traditional urban design is a major factor in Australians' poor results in meeting recommended physical activity level as the urban form is not conducive to encouraging incidental physical activity. Over recent generations, we have created urban environments that encourage driving, and create obstacles to participating in sport, active recreation and active travel. As a result, Australians typically lead more sedentary lives than previous generations.

This impact can be seen in the reduction of bike riding as active transport and active recreation. Census data from 2021 showed that only 3.2 per cent of us rode a bike or walked to work[5]. Among Australian children, the rate of riding to school has plummeted from 75 per cent to just 25 per cent over the last 50 years[6]. Despite a boom in bike riding during the COVID-19 pandemic, recent participation levels have reverted to a long-term decline since 2011. Around 15 per cent of us rode a bike in the last week, down from 18 per cent in 2021 and consistent with a ten-year decline in participation[7].

To promote active lifestyles, we need to do more than just engage in public information campaigns. We need to provide more options for convenient and attractive recreational and incidental physical activity creating environments that make it easier for us to lead healthy lives. In this way, health policy is inextricably linked with, and benefits from, transport, infrastructure and planning policy. By improving our urban environments, we can get more Australians back on their bikes and walking, significantly impacting the incidence of non-communicable diseases and diabetes and reducing the burden on the health system.

Impact on health costs and outcomes

The recently updated Australian Transport and Assessment Planning (ATAP) Guidelines show that every kilometer walked saves $4.39 in health costs (reduced health system, morbidity and mortality costs) and every kilometer cycled saves $2.20 in health costs. This is in addition to other economic

[2] The Obesity Collective. *Weighing in: Australia's growing obesity epidemic. The Collective for Action on Obesity, 2019.*
[3] Australian Institute of Health and Welfare. *Physical activity overview*. AIHW, 2019.
[4] Australian Institute of Health and Welfare. *Impact of physical inactivity as a risk factor for chronic conditions: Australian Burden of Disease Study*, 2017. Canberra.
[5] Australian Bureau of Statistics. *Australia's journey to work: Information on the methods of travel used by Australians to get to work on Census day Tuesday 10 August, 2021.*
[6] Australian Health Policy Collaboration. *Active School Travel: Pathways to a Healthy Future*. Technical Paper No 2018-01.
[7] CWANZ. *National Walking and Cycling Participation Survey 2023*, 3.1 Participation.

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benefits such as traffic decongestion, carbon emissions, air and noise pollution, and reduced infrastructure costs.

A recent Australian Institute of Health and Welfare report put the costs to the health system avoided by participation in physical activity at $1.7 billion per year[8]. There would appear to be significant room to improve with the same report finding current levels of inactivity imposing health costs of $2.4 billion per year. Finally, a broad-based 2017 study in the BMJ – the largest of its kind – found that cycling to work is linked with 45 per cent lower risk of developing cancer and a 46 per cent lower risk of cardiovascular disease, compared to commuting by car or public transport[9].

Encouraging cycling and walking

The improvements that we need to make to our cities and towns are clear – we need to provide safer places to ride and walk that are segregated from fast-moving motor vehicle traffic. In the 2023 National Walking and Cycling Participation Survey, only 5 per cent of riders said that they were confident to take the shortest route to their destination, even if it was a busy street[10]. The majority of Australians – 56 per cent – prefer to take quiet streets and bike paths even if this means a longer route. This cohort would ride their bikes more often if they had safer options.

Governments need to do more to provide these safe options. The National Obesity Strategy highlights that investment in infrastructure and better urban design and planning to promote healthy lifestyles is an important component of addressing the obesity and diabetes challenge. This includes making walking, riding, public transport and participation in sport and recreation a more convenient and affordable option. It further highlights a range of steps that we should take to create neighborhoods that promote active lifestyles and reduce barriers to sport, active recreation and active travel.

The Australian Perceptions of Prevention Survey found that more than half of Australians do not think that the government has gone far enough with regulations and policies to reduce the rates of lifestyle diseases such as diabetes, heart disease and obesity. Building a network of walking and cycling paths is rated as one of the highest responses and sits alongside increasing access to fruit and vegetables[11].

While many of the policy levers available to pursue these strategies rest with state and local government, it is important that the federal government leads in this area. A significant proportion of the direct health costs of diabetes and other chronic health conditions linked to obesity are born by the federal government through Medicare, the National Disability Insurance Scheme and other health programs.

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[8] Australian Institute of Health and Welfare. *Economics of sport and physical activity participation and injury*. 2023.
[9] BMJ 2017;357:j1456. *Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study*. Apr 2017.
[10] CWANZ. *National Walking and Cycling Participation Survey 2023*, 3.6 Willingness to consider cycling.
[11] Grunseit, A. *Australian Perceptions of Prevention Survey 2016-2021: Third National Report*. The Australian Prevention Partnership Centre, June 2021.

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Analysis in the Lancet estimates that physical inactivity will result in almost half a billion new cases of preventable non-communicable disease worldwide by 2030[12]. While Type-2 diabetes is estimated to account for only two per cent of these cases, it will account for nine per cent of health costs. While the looming health costs outlined in the 2023 Intergenerational Report - rising from $100 billion today to $350 billion in 2060[13] - are largely due to an ageing population, getting more people to walk and ride a bike is a good way to maintain a healthy ageing population.

Priority actions

The House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into diabetes is investigating:

1. The causes of diabetes (type 1, type 2 and gestational) in Australia, including risk factors such as genetics, family history, age, physical inactivity, other medical conditions and medications used;
2. New evidence-based advances in the prevention, diagnosis and management of diabetes, in Australia and internationally;
3. The broader impacts of diabetes on Australia's health system and economy;
4. Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity; and
5. The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

AusCycling and WeRide Australia submit that the priority actions proposed below for the Committee's consideration largely address the terms of reference for this inquiry.

We recommend that:

1. The Australian Government establish a Memorandum of Understanding recognising the co-benefits of walking, cycling and active travel for health, climate and transport policy between the Department of Infrastructure, Transport, Regional Development, Communications and the Arts; the Department of Health and Aged Care; and the Department of Climate Change, Energy, the Environment and Water.
2. The Australian Government re-establish its membership of representative body Cycling and Walking Australia and New Zealand. This group has membership from each state and territory Department of Transport, as well as representative cycling and walking NGOs and local government. Its mission is to work collaboratively to recommend strategies and actions that make walking and cycling an easy choice and a normal part of everyday life.

[12] Santos, AC et al. *The cost of inaction on physical activity to public health-care systems: a population-attributable fraction analysis*. The Lancet, Jan 2023 Vol 11 No 1.
[13] Australian Government. *Intergenerational Report 2023: Australia's future to* 2063. Chapter 7.1 Health.

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3. The Australian Government support the Three Transport Priorities proposed by the Asia-Pacific Society for Physical Activity[14] and supported by an alliance of 13 public health, transport, education and climate organisations, namely:
    a. actively support states and territories to adopt lower default urban speed limits in key areas to promote safe active travel;
    b. support states and territories to implement safe routes and pedestrian priority crossings within 500—1500 metres of all schools with other infrastructure and enforcement areas to enhance road safety adjacent to schools; and
    c. provide tax and point-of-sale incentives for e-bikes to encourage their uptake and use as part of daily active travel trips.
4. Support the inclusion of bike education programs like AusBike in Australian school curriculums and the provision of programs to disadvantaged communities as a necessary pre-requisite to increase the number of children and adults engaged in active travel by bike.
5. Create a national walking and cycling strategy consistent with the Partnership for Active Travel and Health (PATH)[15], which was established by the FIA Foundation, UN Environment, Walk 21 and other groups internationally.

Thank you for the opportunity to make this submission. If you have any questions, you can contact us at: Nick Hannan, nick.hannan@auscycling.org.au; or Stephen Hodge, stephen@weride.org.au. We would be happy to answer any questions the Committee has at an upcoming hearing.

Yours sincerely,

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STEPHEN HODGE
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WeRide Australia

[14] ASPA. *Three Transport Priorities*. https://aspactivity.org/three-transport-priorities/
[15] https://pathforwalkingcycling.com/about/

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