

Doctors, public health and transport researchers call on government to enable safe walking and cycling during the COVID-19 pandemic and into the future

As doctors, nurses, public health and transport researchers, health promotion organisations and industry groups, we fully support individuals, communities, and governments in their rapid and effective action in response to the COVID-19 pandemic. We recognise the importance of social distancing, with particular need to protect the most vulnerable.

During this time, however, all of our existing social and health risks do not simply go away. The Australian Government recognises this, and has listed physical activity as one of four essential activities.¹

Walking and cycling for physical activity and mental health

Walking and cycling, whether for essential workers to commute to and from work, or for the purposes of recreation, provide easy opportunity for physical activity and adherence to social distancing. Physical activity has substantial and wide-reaching physical health benefits (such as reducing the risk of cardiovascular disease, cancers, dementia and diabetes), and is also beneficial for mental health.²³

Furthermore, safe cycling and walking will be imperative in reactivating our economy when social distancing measures are relaxed. This will enable people to travel to work and school using transport modes that are both safe and healthy.

Walking and cycling for long term social distancing

Walking and cycling are compatible with social distancing. Social distancing is frequently challenging to maintain on public transport, so shifting even a proportion of these passengers to walking or cycling trips will have infection control advantages that limit transmission. If there is not a significant shift to cycling or walking, there will likely be a commensurate increase in use of private cars, leading to increased congestion, pollution and reduced community amenity.

Anecdotally, there have been significant increases in cycling and walking as forms of exercise during the COVID-19 pandemic, including in children. However, current cycling and walking infrastructure is often inadequate in providing safety and sufficient space to facilitate the recommended 1.5m of physical distance between persons. This demonstrates the clear need for the rapid roll-out of cycling and walking infrastructure in Australia. Reported decreases in motor vehicle traffic⁴ provide a unique opportunity to repurpose space usually allocated to motor vehicles for temporary infrastructure to support cycling and walking.

Additionally, there is some emerging evidence of increased deaths of pedestrians and cyclists,⁵⁶⁷ further demonstrating the need to act rapidly to support safe physical activity.

Australia lagging behind the rest of the world

There are numerous examples across the world of the rapid roll-out of social distancing infrastructure to support cycling and walking during the COVID-19 pandemic. Measures have included reduced speed limits, widened footpaths, emergency cycle lanes, streets closed to motor

Embargo: 1am Thursday, 23 April

traffic or removal of manual pedestrian buttons. New Zealand have recently announced substantial funding to support the roll-out of interim measures to make it safer and easier for people walking and cycling,⁸ and the UK have given local authorities the power to quickly and easily make roads car-free, widen footpaths, or install temporary cycle lanes.⁹ As yet, we have not seen a similar response in Australia, despite the urgent need.

Thus, we call on decision makers to take urgent steps to enhance walking and cycling during the pandemic through these or other measures to ensure that safe physical activity and social distancing can occur on our streets now and when the economy is reopened.

Yours sincerely,

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Embargo: 1am Thursday, 23 April

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Embargo: 1am Thursday, 23 April

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Embargo: 1am Thursday, 23 April

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Embargo: 1am Thursday, 23 April

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Embargo: 1am Thursday, 23 April

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¹<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/social-distancing-for-coronavirus-covid-19>

² Celis-Morales, C. A., Lyall, D. M., Welsh, P., Anderson, J., Steell, L., Guo, Y., ... & Gill, J. M. (2017). Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. *BMJ*, 357, j1456.

³ Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). Association between physical exercise and mental health in 1· 2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *The Lancet Psychiatry*, 5(9), 739-746.

⁴ https://www.arrb.com.au/latest-research/data-sheds-new-light-on-covid-19-effects?fbclid=IwAR2C37MlfBfz_qB6lp6xfb2Tu5pTeYGj6balXvKqIHA3NsMd8szdgPlmExk

⁵ <https://roadsafety.transport.nsw.gov.au/downloads/dynamic/nsw-road-toll-daily.pdf> (as of 20/04/2020)

⁶ <https://www.qld.gov.au/transport/safety/road-safety/statistics> (as of 20/04/2020)

⁷ <http://www.tac.vic.gov.au/road-safety/statistics/lives-lost-year-to-date> (as of 20/04/2020)

⁸ <https://www.stuff.co.nz/national/120970386/how-coronavirus-will-change-the-face-of-the-cbd>

Embargo: 1am Thursday, 23 April

⁹ <https://lcrig.org.uk/news/traffic-regulation-orders-covid19-guidance>

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