

# Want a Healthier City? Prescribe Biking

SARAH GOODYEAR

APR 03, 2014

[HTTP://WWW.THEATLANTICCITIES.COM/COMMUTE/2014/04/WANT-HEALTHIER-CITY-PRESCRIBE-BIKING/8795/](http://www.theatlanticcities.com/commute/2014/04/want-healthier-city-prescribe-biking/8795/)



Reuters

If an ounce of prevention is worth a pound of cure, how much health can riding a bicycle deliver?

A program just launched by Boston is betting it's a significant amount. [Prescribe-a-Bike](#), as it's being called, will allow doctors at Boston Medical Center to write low-income patients prescriptions for a one-year membership to Hubway, the city's bike-sharing system, for just \$5. That's \$80 less than the usual charge for an annual subscription to the service.

In order to qualify, you have to be a Boston resident over 16-years-old receiving some sort of public assistance or who has a household income no more than four times the poverty level. A free helmet is part of the deal.

[In a statement](#) noting that one in four Boston residents is obese, Kate Walsh, chief executive of Boston Medical Center, said the program gives patients a way to exercise for better overall health. "Obesity is a significant and growing health concern for our city, particularly among low-income Boston residents," Walsh said. "Regular exercise is key to combating this trend, and Prescribe-a-Bike

is one important way our caregivers can help patients get the exercise they need to be healthy." The program aims to enroll 1,000 people.

Will biking prescriptions be of any real value, presuming that doctors hand them out and people use them?

Over the years, many researchers have looked at the effect of biking on health, and whether the benefits outweigh the risks of injury in crashes or increased exposure to air pollution. An overview of the research published in the University of British Columbia Medical Journal in 2012 [\[PDF\]](#) strongly suggests biking is a net positive activity, one that's worth promoting:

Men who cycled at least 25 km per week had less than half the risk of non-fatal and fatal coronary heart disease of those who were not physically active. A study of physical activity and type 2 diabetes showed a 35% reduction in risk with at least 30 minutes per day of commuting by bike or on foot, a greater reduction than with physical activity during leisure time or at work. A recent meta-analysis concluded that cycling or walking to work was associated with an 11% reduction in cardiovascular disease risk. All-cause mortality has been found to be lower among men and women of all ages who cycled for transportation....

[T]here is a large net health benefit of increased cycling, since the risk of fatal injury is greatly outweighed by the reductions in mortality afforded by increased physical activity. Air pollution risks and benefits had smaller impacts in either direction.

The same researchers note, however, that in the United States and Canada, bicyclists *are* more at risk for fatality per mile traveled than people in automobiles. The solution to that problem, they suggest, is to build better infrastructure, such as the protected bike lanes found in the Netherlands. The presence of more cyclists on the road also produces a measurable "safety in numbers" effect. In the Netherlands, where 30 percent of trips are made by bike, there's a fatality risk of 1.1 per 100 million kilometers cycled; in the U.S., with one 1 percent of trips by bike, that number is 5.8 per 100 million kilometers.

So maybe it's not just low-income residents of Boston who could benefit from a prescription for bicycles. The whole country might want to be taking the same medicine.



Sarah Goodyear has written about cities for a variety of publications, including *Grist* and *Streetsblog*. She lives in Brooklyn.