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## Letter to the Editor

**Kids on bikes: A community intervention**

We describe the development, implementation and evaluation of a pilot programme to increase physical activity, through cycling, among children. The programme, implemented in Dunedin, New Zealand, during 2003, comprised three components. The first was a free community based programme to promote safe cycling, it was open to all children aged 4–12 to register for, required access to a safe cycle and helmet, and was conducted on a weeknight at a local park ( $n = 101$ ). The second component targeted children from a low socioeconomic school who were less likely to have access to the community programme and less likely to have access to a cycle or helmet ( $n = 20$ ). The third and final component was the donate-a-bike programme; this component was designed to provide cycles for those children from the low SES school who would otherwise not be able to cycle.

The lead author was approached to help redesign an existing unstructured cycling programme for children, provided one night each week, lacking trained volunteers, and having a negligible number of children from low socio-economic schools. The objectives of the old programme were to promote cycling as a sport and to teach children skills to improve their safety in cycling. The new programme included training for volunteers for safety, motivating children, teaching skill acquisition; formal lesson plans about lesson objectives, risk management (e.g. child to adult ratios), and inclusions of children from low socio-economic schools. To remove barriers to participation, low socio-economic school children were provided with helmets and cycles, if required. Cycles were donated and repair work undertaken by a local cycle shop.

This pilot study identified important barriers to cycling among low SES school students. Children who attended the

community programme were required to have safe cycles and helmets but around 25% of helmets were considered unsafe because damaged or of incorrect size. Thus, one cannot assume that kids on bikes have safe cycles, helmets, and clothing. In addition, these items need regular monitoring to ensure the children's safety.

Motives for the success of this programme comprised: a) a collaborative relationship between the co-ordinating committee and a well-known local cycling personality. Strategies are needed to identify and support 'champions' within the community who lead physical activity interventions and the volunteers who assist in programme delivery (O'Loughlin et al., 1998); b) the fact that the project grew from a community initiative, with community buy-in and support present from the outset of the programme. On the other hand, it is difficult to predict the replicability of this experience in other centres.

**References**

- O'Loughlin, J., Renaud, L., Richard, L., Gomez, L.S., Paradis, G., 1998. Correlates of the sustainability of community-based heart health promotion interventions. *Prev. Med.* 27, 701–712.

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