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Walk in to work out

Adrian Davis 06/07/09

Top line: A high quality intervention study has showed that self help materials can increase walking to and from work. Twenty five per cent of the initial intervention group, who were contemplating or preparing to actively commute at baseline, were regularly walking to work one year post intervention.

UK government white papers on public health and transport established targets to increase participation in regular physical activity and associated improvements in the environment. Physical activity target aims to increase the percentage of the population accumulating 30 minutes of moderate physical activity on five or more days each week. Active commuting (part or all the way to work) could contribute to these targets.

A randomised controlled trial in Glasgow aimed to establish if a self help intervention, delivered via written interactive materials, could increase active commuting behaviour in workplaces.¹ The intervention was based on the transtheoretical model of behaviour change, which has four core constructs.² The stages of change can be described as:

- Pre-contemplation: no intention to become more active in the next six months
- Contemplation: thinking of becoming more active in commuting in next 6 months
- Preparation: having a plan of action (for example, buying a bicycle) or having attempted some active commuting but not 30 minutes on most days of the week
- Action: have become regular active commuters but only in previous 6 months
- Maintenance: achieved regular active commuting for longer than six months.³

Analysis of seven day recall of physical activity data showed a significantly greater average time per week spent walking to work for those in the intervention group compared with controls, among those who had not walked to work at the start of the study. There was also a significant increase in average time spent walking to work per week, in favour of the intervention group, among those who already walked to work. People who changed their behaviours reported a variety of methods of creating active journeys including: adding walking to bus journeys - getting off the bus early; declining a regular lift in others' cars; using public transport more; parking further away from normal destinations.

The intervention was not successful in increasing cycling. There was no difference in the reported average weekly minutes of cycling between cyclists in the intervention group and control group. This finding is likely to generalise to cities similar to Glasgow, which have some cycle routes and maps, but limited separation of cyclists from motor traffic. Research suggests that a significant shift to cycling will only happen if coordinated action is taken in three areas: promotion of individual and social behaviour change, promotion of organisational change, and implementation of environmental measures.

¹ Mutrie, N., Carney, C., Blamey, A., Crawford, F., Aitchison, T., Whitelaw, A. 2002 "Walk in to Work Out": a randomised controlled trial of a self help intervention to promote active commuting, *J. of Epidemiology and Community Health*, 56: 407-412.

² Reed, G. 1999 Adherence to exercise and the transtheoretical model of behavior change. In: Bull, S. ed. *Adherence issues in sport and exercise*. Chichester: Wiley:19-46. (Constructs are stages of change, processes of change, self efficacy, and decision balance.)

³ People make progress at different rates towards maintenance and may relapse from their current stage for a variety of reasons. This is sometimes listed as a separate stage.