

\$FWLYH 7RUDYHO 7

> R O < Y V+OM ^Y\$` O
> \K` \$W 3WZ\Y` SXQ
2OKV^R

Toolkit Part 1: How DFWLYH WUDYHO can improve health and wellbeing in the workforce

Delivered by Sustrans in partnership with:

7 KLV LV WKH ILUVW SDUW RI WKH \$FWLY
5 R O H \$ F W L Y D H Y H U P L S Q R Y H D Q W K

>RO +M^S`O >\K`OV ^YYVUS^] KSW ^Y ROVZ 6/:] KXN ^RO.
NOVS`O\c ZK\^XO\] ^Y\$

'HYHORS \RXU EXVLQHVV FDVH IRU LQYHVWPHQW LQ F\FOLQJ
/LQN ZDONLQJ DQG F\FOLQJ VFKHPHV WR \RXU VWUDWHJLF HF
SULRULWLHV KRXVLQJ JURZWK DQG SODQQLQJ DQG SXEOLF
6XSSRUW WKH SODQQLQJ DQG GHOLYHU\ RI F\FOLQJ DQG
ZDONLQJ VFKHPHV LQ \RXU ORFDO DUHD

This toolkit will cover the following areas:

- 1 The benefits of regular physical activity for health
- 2 T

Table of contents

- 05** The benefits of regular physical activity for health
- 06** The health costs of physical inactivity for society and employers
- 07** How transport relates to physical activity
 - 09** Influencing travel choices and behaviour
- 11** Case studies focusing on workplaces and the commuter journey that demonstrate increased physical activity through sustainable transport
- 15** Acknowledgements
- 16** References

1. The benefits of regular physical activity for health

Physical activity is associated with many improvements in health and wellbeing, including lower death rates, lower risk of heart problems and depression. It benefits people of all ages, ranging from helping children maintain a healthy weight to reducing conditions such as hip fractures in frail older people. As the former Chief Medical Officer has noted:

“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.”

The health benefits gained by regular physical activity can be very substantial indeed. Table 1 illustrates some of these.

Table 1. Summary of the relationship between physical activity and health²

Health topic	Evidence of the effect of physical activity	Strength of Evidence
Overall death rate	Approximately 30% risk reduction for the most active compared with the least active	Strong
Cardiovascular health	20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke	Strong
Metabolic health	30% to 40% lower risk of type 2 diabetes in at least moderately active people compared with those who are sedentary	Strong
Musculo-skeletal health	36% to 68% risk reduction of hip fracture at the highest level of physical activity (weight bearing exercise only)	Moderate
Falls	Older adults who participate in regular physical activity have an approximately 30% lower risk of falls	Strong
Cancer	Approximately 30% lower risk of colon cancer and 20% lower risk of breast cancer for adults participating in daily physical activity	Strong
Mental health	Approximately 20% to 30% lower risk for depression and dementia for adults participating in daily physical activity.	Strong

Despite the proven benefits from physical activity over time many western societies have gradually adopting more physically inactive lifestyles.

The UK guidelines for physical activity for adults (aged 19 to 64 years) are as follows:

“Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.”

In England in 2012 only 67% of men and 55% of women met physical activity recommendations.

2. The health costs of physical inactivity for society and employers

Costs for the health sector

The cost of ill-health and unhealthy lifestyles is significant and increasing across the UK, in 2015/16 the overall NHS budget in the UK was £116.4 billion³. Lifestyle diseases cost society significantly, for example coronary heart disease alone costs us £4bn a year.⁴ A feasible increase in physical activity could lead to major cost savings for the nation for lifestyle related diseases, both for the health sector and for employers.

The costs for employers and in the workplace

The costs of absence and presenteeism (working whilst sick which can cause productivity loss, poor health, exhaustion and the spread of infections across workplaces) to business, the economy and the employee are too significant to be ignored. Absence is a major cost to business at £14bn per annum⁵. The CBI's 2013 absence survey found the average total cost for each absent employee in 2012 was £975, while the median cost of absence per employee totalled £622.⁶ Furthermore presenteeism may cost even more.⁷

At least one third of absenteeism costs i.e. around £5bn are attributable to physical inactivity. Minor illnesses are identified by employers as the most common causes of short-term absence with colds and flu as the single most common cited reason for work absence.⁸ These are associated with low immune function, i.e. the body's immune system is not working optimally in order to fend off common causes of

physical activity (Figure 2) means that helping people to move from inactivity to low or moderate activity will produce the greatest benefit. So, while, of course, the higher the level of physical activity or fitness, the lower the risk of disease, doing a little more rather than very little helps disproportionately more.

Figure 2: The dose response curve

Beyond the direct impact of physical activity on physical health it is also an effective means of combating workplace stress and of improving wellbeing at work. Studies have found that physically fit staff tend to be associated with a wide range of positive work attitudes and perspectives including self-esteem, workplace tasks and towards their colleagues. This is also linked to improved workplace performance.¹⁷

The Active People Survey (Sport England) has shown that people who cycle for travel purposes (i.e. rather than simply for recreation) are four times as likely to meet physical activity

.. a

3.1 Influencing travel choices and behaviour

Transport systems and the wider built environment play a crucial role by either promoting or hindering physical activity.

Transport systems

People are influenced by transport provision and infrastructure. Generally, if attractive, safe and convenient routes are provided for walking, cycling and public transport people will use them.

Tool: The Health Economic Assessment Tool (HEAT)

HEAT is an interactive web-based tool which can generate Benefit to Cost Ratio calculations which consider the total cost of an intervention to promote walking or cycling with the costed health benefits accrued through additional physical activity undertaken as the result of the scheme and costed savings by reducing the number of premature deaths. It is incorporated within the DfT's Transport Analysis Guidance

The wider built environment

People are also influenced by the wider built environment around them. For example people tend to walk more in places with mixed land use (such as shops and housing), higher population densities and highly connected street layouts. These urban environments are associated with between 25% and 100% greater likelihood of walking.²⁹

More generally in the context of considering new developments how we design our neighbourhoods is key to promoting healthy travel habits (see linking housing growth and sustainable transport toolkit) not least in terms of:

- mixed use developments, where local facilities such as shops, GP practices, schools and other services are located, are important in providing short trip distances amenable to routine walking and cycling
- 'filtered permeability' (road design that still allows through-access for walking and cycling, but removes it for motor traffic) to provide direct and attractive routes for these modes³⁰

Commute mode changes are primarily driven by alterations to the distance to work which occur in association with changing job or moving home (life events). Increases in distances have a stronger effect than reductions in distance on changes in commute mode, e.g. an increase from two miles or less, to at least two miles increases the likelihood of switching to car by 31 times, while switching to non-car commuting becomes much more likely (9.2 times) as the distance drops below three miles.

High quality public transport links to employment centres are shown to encourage switches away from car commuting and mixed land uses are shown to encourage switches to active travel. Switching mode of travel within the working week or for day to day journey's is significantly less common for car commuting than other mode users.³¹

4. Case studies focusing on workplaces and the commuter journey that demonstrate increased physical activity through sustainable transport

In a UK Evidence Review for the health impacts of increased physical activity through the commute the most significant finding was that an increase in physical activity

Case study 1: Health through stealth - The University of Bristol Travel Plan

The University of Bristol Transport Plan has been shown to have had a positive impact in reducing commuting by car and increasing active travel. Many commuters at the University of Bristol are meeting or contributing towards recommended levels of physical activity through their daily commute.

The University of Bristol Transport Plan was initiated to reduce congestion and parking. The plan focuses on both staff and students and was adopted in 2009. The plan has helped to change travel mode by making parking more limited and expensive, whilst simultaneously increasing the attractiveness of alternative modes of

- to create more opportunities for staff to engage in active travel and physical activity during their working day
- to improve overall workforce health through promotion of physical activity at work

In implementing the programme GMCBP introduced a range of activities and events to encourage staff to cycle and walk, and to remove the barriers that were preventing staff from travelling actively to work. These included:

- adult cycle skills training and free Dr Bike sessions
- a weekly lunchtime walk group
- evening guided cycle rides
- a cycle buddy system
- a Bike User Group (BUG)
- personalised route planning
- active travel awareness events - e.g. Bike to Work days
- information and advice sessions
- pool bike loan

In addition to the regular activities, a number of high profile and targeted Active Travel events have been held. For instance events aimed squarely at women looked at ways to tackle particular barriers perceived or faced by women when considering cycling to work.

The project was funded by The UK Big Lottery Fund, North Tyneside Council and Cobalt Business Park, and supported by Sustrans.

The main results achieved were:

- 425 people registered to take part in Active Travel activities;
- In 2010, 7% fewer employees travel to work by car, as solo drivers than in 2005;
- O

Case study 3: Reducing absenteeism costs to employers through cycling

This Dutch study demonstrates the benefits from regular cycling for reducing absenteeism at work.

There is a significant economic cost arising from absenteeism in the Netherlands. To better understand the effect of cycling to work on absenteeism two Dutch ministries commissioned TNO (a government research agency) to undertake research in this area through a questionnaire of three large Dutch organisations that was compared to absenteeism data from the year preceding the survey. The research additionally

means.

6. References

1. Department of Health, 2010 Annual Report of the Chief Medical Officer, 2009.
2. Department of Health, 2011 Start Active, Stay Active: A report on physical activity from the four home countries'.
3. The Kings Fund, 2016. The NHS budget and how it has changed. <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>
4. The Health and Social Care Information Centre, 2015. Statistics on obesity, physical activity and diet.
5. Confederation of British Industry/Pfizer 2013 Fit for purpose. Absence and workplace health survey 2013.
6. CBI/Medicash 2014 Getting Better. Workplace health as a business issue.
7. Centre for Mental Health, 2011. Managing presenteeism. <https://www.centreformentalhealth.org.uk/managing-presenteeism>
8. CBI/Pfizer, 2010 On the path to recovery: Absence and workplace health survey 2010.
9. N



