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Travel to Work study

Submission date 02/12/2014	**Recruitment status** No longer recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 10/12/2014	**Overall study status** Completed	
Last Edited 28/06/2019	**Condition category** Other	

Plain English summary of protocol

Background and study aims
In the UK it is recommended that adults should aim to undertake at least 150 minutes of moderate to vigorous physical activity (MVPA) throughout the week. Increasing physical activity levels, especially for people who are the least active, is an important aim of current public health policy to help prevent chronic diseases including heart disease, type 2 diabetes, obesity and some cancers. Even walking at a moderate pace (5 km/hour or 3 mph) uses enough energy to meet the definition of MVPA. The aim of this study is to examine whether it is possible to increase the amount of walking that people do during their journeys to and from work. The research will also examine whether it is a good use of money to try to increase walking in this way.

Who can participate?
84 workplaces in Bath, South Gloucestershire and Swansea will be recruited through the Chambers of Commerce. Employees who do not always walk or cycle to work already will be asked if they would like to take part in the study.

What does the study involve?
In 42 randomly-allocated workplaces, volunteers (Walk to Work promoters) are recruited and trained to encourage other employees to walk during the journey to and from work. People who live close to the workplaces are encouraged to walk all of the way. Those living further away are encouraged to use public transport which usually involves more walking than driving a private car, or to park their cars further away and walk the rest of the journey. People who take part are given Walk to Work booklets and pedometers. They are helped to work out safe walking routes and encouraged to set goals for walking to work. Extra encouragement is provided through four contacts from the Walk to Work promoter over the following 10 weeks. This is in person, by email or by telephone, whichever is better for the workplaces and the employees. The other 42 workplaces carry on as usual so that physical activity and travel mode can be compared between those people in workplaces that receive the intervention and those who do not. Everyone taking part in the study are asked to wear accelerometers (a small monitor, worn on a belt around the waist, to measure levels of physical activity) for 7 days at the beginning of the study and again a year later. They are also be asked to wear GPS monitors to check how much of their activity takes place on the journey to and from work; and to complete travel diaries and questionnaires about their journeys to work. Some of the employees, employers and Walk to Work promoters are interviewed about their views and experiences of the study and the factors which make it

possible for some people to walk to work while others do not. To find out if it is a good use of money to try to increase walking in this way, the costs need to be compared with the benefits. To do this, the time spent training the Walk to Work promoters and encouraging people to walk to work is recorded, as well as the costs of the booklets and other resources such as pedometers. Absentee rates are collected from employers; and participants' journey time, travel costs of getting to and from work, and health service use are recorded using travel diaries and questionnaires.

What are the possible benefits and risks of participating?
Physical activity reduces the risks of chronic diseases including type 2 diabetes, coronary heart disease and some cancers. This is a low-risk intervention. However, we will be mindful of the potential for harm in terms of personal safety of walkers. Participating workplaces and Walk to Work promoters will have the contact details of the Principal Investigator, Dr Suzanne Audrey, to report adverse incidents which will be recorded and kept on file. If adverse events are attributable to the intervention, relevant participants will be informed immediately, e.g. other employees taking a similar route crossing a dangerous road or walking through dimly lit areas with high rates of street crime. It is also possible that people with low activity and no history of walking will suffer from initial muscle stiffness. In most cases this would be mild and is a normal consequence of increased physical activity. However, participants will be given information about symptoms which may require medical attention and temporary or permanent cessation of walking to work: for example, where underlying joint weakness is exposed. Such incidents will be recorded and monitored throughout the study.

Where is the study run from?
1. University of Bristol (UK)
2. University of Bath (UK)
3. Swansea University (UK)

When is the study starting and how long is it expected to run for?
November 2014 to July 2017

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Dr Suzanne Audrey
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Protocol serial number
NIHR-PHR: Project 13/117/01

Study information

Scientific Title
The effectiveness and cost-effectiveness of an employer-led intervention to increase walking during the daily commute: a cluster randomised controlled trial

Study objectives
The overall aim of the research is to examine the effectiveness and cost-effectiveness of an employer-led scheme to increase walking during the daily commute. The objectives are:
1. To recruit and train workplace-based Walk to Work promoters
2. To provide evidence of: participating employees' moderate to vigorous physical activity (MVPA); participating employees' overall levels of physical activity (cpm); modal shift (number of days, over the previous five working days, when walking was the major mode of travel to/from work); temporal pattern of physical activity (to identify when activity has increased and whether there is a compensatory decrease in activity at other times); physical activity associated with the journey to and from work
3. To assess intervention costs to participating employers and employees
4. To provide evidence on the cost and economic benefits of the intervention to employers, employees and society (commuting costs, health service use, presenteeism, absenteeism, capabilities)
5. To explore with employers and employees the barriers to, and facilitators of, employer-led schemes to promote walking during the daily commute
6. To explore any social patterning in increased walking particularly in relation to socio-economic status, age and gender

More details can be found here: http://www.nets.nihr.ac.uk/projects/phr/1311701

Ethics approval required
Old ethics approval format

Ethics approval(s)
University of Bristol Faculty of Medicine and Dentistry Committee for Research Ethics, 20/04/2014, application number: 131422 (6402)

Study design
Cluster randomised controlled trial

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Physical activity

Interventions
There are three main stages of the intervention:
1. Workplace 'Walk to Work promoters' will be identified (volunteers, or nominated by participating employers, with an interest in walking and the capacity, within their usual role in the workplace, to promote walking amongst their colleagues). The Walk to Work promoters will be trained (at a group external event or on site, as appropriate to the needs of the workplace) by expert members of the research team about the health, social, economic and environmental benefits of walking during the daily commute and how to promote increased walking either by walking the entire route (mainly those within two miles of the workplace) or mixing walking with public transport or 'park and walk'. They will be given resource packs and trained to access relevant websites and toolkits.
2. Participating employees will be contacted by the Walk to Work promoter and will be given a Walk to Work pack including a booklet and pedometer. The benefits of increased walking will be discussed; barriers and solutions discussed, and safe, feasible routes identified. Goals for incorporating walking into the journey to and from work will be set.
3. Further encouragement will be provided through four contacts from the Walk to Work promoter over the following 10 weeks (face-to-face, email or telephone as appropriate). During this time the Walk to Work promoters will also be prompted and encouraged in their role by four email/telephone contacts.

Workplaces in the control arm will continue as usual.

Intervention Type
Behavioural

Primary outcome(s)
Daily minutes of moderate to vigorous physical activity (MVPA), measured using accelerometers at baseline and one-year follow-up

Key secondary outcome(s))
Physical activity:
1. Overall levels of physical activity (cpm), measured using accelerometers
2. Daily minutes of sedentary time
3. Modal shift (number of days, over the previous five working days, when walking was the major mode of travel to/from work)

Process outcomes:
1. Facilitators and barriers to workplace/employer participation in Walk to Work interventions
2. Facilitators and barriers to employees walking during the daily commute
3. Physical activity/MVPA due to walking during the journey to/from work

Economic evaluation outcomes:
1. Costs to employers, employees and the public sector of implementing the Walk to Work scheme
2. Consequences for the employer; absenteeism/presenteeism

3. Consequences for employees; commuting costs and wellbeing
4. Consequences for the public sector; health service use

Completion date
31/07/2017

Eligibility

Key inclusion criteria
Employees:
1. Of any age and gender
2. In small, medium and large workplaces
2. In Bath, Swansea and South Gloucestershire

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Employees who always walk or cycle to work
2. Employees who are disabled in relation to walking to work, and employees whose job involves regular driving throughout the day (for example, delivery drivers or sales representatives who set off from home in the work vehicle)
3. Organisations with little direct communication between senior management and employees are not suited to this intervention (unless there is a local supervisor/manager with the authority to agree the study activities) because of the need for employer support for recruitment of participants and Walk to Work promoters
4. Workplaces with a large proportion of staff on short-term or zero-hours contracts are not suited because of the need for a one-year follow-up data collection
5. Employees who are retiring before the one-year follow-up data collection
6. Workplaces with firm plans to significantly downsize or relocate during the study period

Date of first enrolment
01/03/2015

Date of final enrolment
30/06/2016

Locations

Countries of recruitment
United Kingdom

England

Wales

Study participating centre
University of Bristol
School of Social and Community Medicine
Bristol
United Kingdom
BS8 2PS

Study participating centre
University of Bath
Bath
United Kingdom
BA2 7AY

Study participating centre
Swansea University
Swansea
United Kingdom
SA2 8PP

Sponsor information

Organisation
University of Bristol

ROR
https://ror.org/0524sp257

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/06/2018	28/06/2019	Yes	No
Results article	results	01/05/2019	28/06/2019	Yes	No
Protocol article	protocol	18/02/2015		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes