

Walk to work study

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Registration date 11/10/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 03/08/2015	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Substantial health benefits can be achieved from 30 minutes of moderate intensity physical activity per day but most adults in the UK do not achieve this. Walking is a familiar, convenient, and free form of exercise that can be incorporated into everyday life. This study will test a workplace-based intervention to encourage walking to work, test methods of measuring changes in the number of employees who walk to work, and examine the costs and benefits to employees and employers.

Who can participate?

Healthy volunteers who are employees of 12 workplaces in Bristol and live within two miles of the workplace but do not currently walk or cycle.

What does the study involve?

At the start of the study, eligible employees will be asked to complete questionnaires and wear accelerometers (small monitors worn on a belt around the waist) for 7 working days to measure their physical activity. They will also be asked to wear GPS receivers for the journey to and from work to confirm the journey and its contribution to overall physical activity. Gift vouchers will be given to those who provide accelerometer and GPS data for at least 3 working days. Six workplaces will be randomly allocated to receive the intervention and the other six workplaces will constitute the comparison group. In workplaces that receive the intervention, employers will be asked to nominate a suitable Walk to Work promoter who will be trained by experts in the research team about the benefits of walking to work and how to identify and promote safe walking routes. Walk to Work promoters will invite eligible employees to a workplace group session where the benefits of walking to work will be discussed. Employees interested in walking to work will sign up at this stage. Safe, feasible walking routes will be identified and goals for walking to work will be set. Encouragement will be provided through four contacts from the Walk to Work promoter over the following 10 weeks. Time spent and resources used for the intervention will be recorded. Following the intervention, questionnaires will be completed and interviews will be conducted with a random sample of employees who have increased walking to work and those who have not, and with managers and Walk to Work promoters. A year later questionnaires, accelerometers and GPS receivers will be administered in all 12 workplaces.

What are the possible benefits and risks of participating?

Physical activity is an important element of a healthy lifestyle. There are also potential benefits to walkers from reduced commuting costs and greater certainty about the timing of the journey to work. There are a number of potential benefits to employers who promote Walk to Work schemes including: a reduction in absenteeism; employees' increased concentration and mental alertness, and better rapport with colleagues; a reduction in people being late because of greater certainty over the timing of the journey; improved public image as a result of lowering the workplace's carbon footprint; and savings in parking costs. There is potential for harm in relation to: road safety; personal safety of walkers where lighting is poor or there is potential for street crime; difficulties experienced by Walk to Work promoters, including disrupting usual working relationships and employers' attitudes towards time taken out of usual work activities; and costs to employers, including disruption to work routines of permitting the intervention during working hours. To address these issues the Walk to Work promoters' training will include how to give advice about identifying safe walking routes, road safety, personal safety, and time management in relation to the intervention. Participating employers will be given information in advance about the level of time commitments and the potential benefits of the scheme.

Where is the study run from?

The study is based in the School for Social and Community Medicine, University of Bristol (UK).

When is the study starting and how long is it expected to run for?

The study is for 27 months commencing October 2011.

Who is funding the study?

The study is funded by the NIHR public health research programme (UK).

Who is the main contact?

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

10/3001/04

Study information

Scientific Title

Employer schemes to encourage walking to work: feasibility study incorporating an exploratory randomised controlled trial

Study objectives

The feasibility of developing and implementing employer-led schemes to increase walking to work

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of Bristol, Faculty of Medicine and Dentistry Research Ethics Committee, 16/08/2011

Study design

Exploratory interventional randomised controlled trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Physical activity

Interventions

Phase I - review of resources, focus groups with employees, interviews with employers to finalise intervention.

Phase II - exploratory trial in 12 workplaces, process evaluation and assessment of costs

1. Eligible employees (living within two miles of the workplace who are able to walk to work but do not currently walk or cycle to work) will be identified through workplace records (matching postcodes of workplace and home address, and checking for disability status or other disqualifying factors e.g. delivery drivers who usually set off from home in the workplace vehicle).
2. Walk to Work promoters, nominated by participating employers, will be trained by expert members of the research team about the health, social, economic and environmental benefits of walking to work and how to identify and promote safe walking routes for employees. They will be given resource packs and trained to access relevant websites and toolkits [for example Walkit.com; Walkingworks.org.uk; Livingstreets.org]. The training will include communication strategies to give the Walk to Work promoters the confidence to encourage other employees to walk to work. The aim will be a maximum of 25 participants to each walk-to-work promoter. To manage the risk of absence of the Walk to Work promoter, one additional promoter will be recruited and trained in each workplace.
3. All eligible employees will be invited to a work-based group session, organised and delivered by the Walk to Work Promoter, lasting about one hour at which the benefits of walking to work will be presented and discussed. Employees who express an interest in walking to work will sign

up at this stage. Safe, feasible walking routes will be identified. Goals for walking to work will be set.

4. 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)

Intervention Type

Behavioural

Primary outcome(s)

Trial design:

1. Workplace recruitment and retention rates
2. Employee eligibility, recruitment and retention rates
3. Sample size calculation with estimation of potential clustering within workplaces and potential feasible differences in outcome

Physical activity

1. Percentage of eligible employees walking to work
2. Eligible employees overall level of physical activity

Key secondary outcome(s)

Physical activity:

1. Eligible employees level of moderate to vigorous physical activity (MVPA)
2. Temporal pattern of physical activity (when activity has increased and any compensatory decrease)
3. Objective measure of route taken and physical activity associated with journey

Process:

1. Context, delivery and receipt of the intervention from the perspectives of employers, Walk to Work promoters, employees
2. Evidence of social patterning in uptake of walking to work (socio-economic status, age, gender, location)
3. Identified interpersonal, intrapersonal, community and organisational facilitators and barriers to walking to work

Health economics

1. Costs and benefits to employers of implementing the scheme
2. Costs and benefits to employees of participating in the scheme
3. Health service use for general health problems and specific commuting related adverse events

Completion date

31/12/2013

Eligibility

Key inclusion criteria

Employees in 12 workplaces in Bristol who live within two miles of their workplace and are able to walk to work but do not usually walk or cycle to work.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Employees who live more than 2 miles from the workplace
2. Employees who usually walk or cycle to work
3. Employees who are disabled in relation to walking to work
4. Employees whose job involves regular driving throughout the day, for example delivery drivers or sales representatives, where their vehicle is not parked at the workplace overnight and they usually set off from home in the workplace vehicle

Date of first enrolment

01/10/2011

Date of final enrolment

31/12/2013

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

University of Bristol

Bristol

United Kingdom

BS8 2PS

Sponsor information**Organisation**

University of Bristol (UK)

ROR

<https://ror.org/0524sp257>

Funder(s)

Funder type
Government

Funder Name
NIHR Public Health Research Programme Project ref: 10/3001/04

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	23/08/2014		Yes	No
Results article	results	01/03/2015		Yes	No