Increasing physical activity in a rural workplace setting:
Porton Down, a case study of a multi-dimensional workplace intervention

We are Living Streets, the UK charity for everyday walking. We want to create a walking nation where people of all generations enjoy the benefits this simple act brings, on streets fit for walking.

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About Public Health England
Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.
ABSTRACT

Walking is a regular feature of most people’s daily life. It is good for health, more people walking could help to reduce the risk of several major health conditions by between 20 per cent and 60 per cent, including heart disease, stroke, Type 2 diabetes, colon and breast cancer and Alzheimer’s disease. However, few amenities within walking distance and poorer provision of public transport infrastructure in rural areas means that the average number of walking trips per person per year in rural areas is half that in towns and cities.

This case study investigates the extent to which walking is a viable active travel option for workers employed at a large rural workplace. Behaviour change interventions developed by Living Streets in an urban setting were tested at Public Health England’s Porton Down campus in Wiltshire. The outcomes suggest that it is possible to increase walking at work, in a relatively short period of time and without huge investment. This supports efforts to ensure that everyone meets the recommended 150 minutes of physical activity per week.

Face-to-face engagement is essential for gaining the confidence and interest of employees. Among the techniques used, it was found that self-reporting steps walked (e.g. with a pedometer) and prompt intention formation (e.g. through the use of walking pledges) are an effective method of encouraging people to walk more. Competitive activities such as team challenges (e.g. who logged the most steps?) appealed to some people, whereas the sociability of led walks was the draw for others, demonstrating the importance of providing a package of measures because no ‘one-size fits all’. Momentum needs to be maintained (in the form of ongoing activities, communications and events) in order to sustain walking at work.

Encouraging more people to walk to and from work (for the whole journey or as part of a longer trip by public transport) requires sustained behaviour change interventions and improvements to the built environment. Driving to work is habitual and challenging habits is difficult. Talking about health rather than walking per se was a useful way to reframe the conversation with staff at Porton Down and attract people’s interest in walking activities. However, it is important to be realistic about the amount of intervention needed to change the culture of an organisation for active travel to become the norm.

Measures could be taken to restrict parking provision and promote alternatives; having a space to park in is associated with poor uptake of active travel and public transport. In this case though, distance from work and safety/comfort were the biggest barriers to walking (and cycling) to work. In addition to behaviour change interventions, investment in appropriate infrastructure (such as cycle ways and footways) should also be considered because this is positively associated with supporting active travel.
INTRODUCTION

The aim of this case study is to investigate the barriers that prevent workers in rural workplaces from walking more, and to find out if they can be overcome through the use of behaviour change techniques. More specifically it is a test of the effectiveness of Living Streets’ interventions (developed in urban settings) when applied to one particular workplace – Public Health England’s rural campus at Porton Down. The objectives of Living Streets’ interventions were twofold: to engage staff interest by raising awareness of the importance of walking and to recruit staff to take part in a range of activities linked to the charity’s annual ‘Walk to Work Week’¹. While the success of the interventions would be determined by the level of staff uptake, the aim of the case study are met equally by understanding why interventions did or did not work.

Public health guidance sets out how local authorities and employers can promote active travel (walking and cycling) and physical activity². However, the guidance also acknowledges that transport systems and the built environment ‘play a crucial role by either promoting or hindering physical activity’³. This is a particular challenge for people living and working in rural areas. Fewer destinations within walking distance and poor provision of public transport infrastructure in rural areas, people walk and cycle less for utility purposes⁴. National Travel Survey data (see Table 1) shows the average number of walking trips in rural areas are half the number in urban areas. A notable exception is that being young, male, without a full time job or on a low income (and unable to afford a car) increases the likelihood of a person travelling actively in urban and rural areas⁵.

Measures could be taken to restrict parking provision and promote alternatives; having a space to park in is associated with poor uptake of active travel and public transport. In this case though, distance from work and safety/comfort were the biggest barriers to walking (and cycling) to work. In addition to behaviour change interventions, investment in appropriate infrastructure (such as cycle ways and footways) should also be considered because this is positively associated with supporting active travel.

Table 1: average number of walking trips urban and rural areas per person per year

<table>
<thead>
<tr>
<th>Urban – rural classification</th>
<th>Number of walking trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban conurbation</td>
<td>201</td>
</tr>
<tr>
<td>Urban city and town</td>
<td>220</td>
</tr>
<tr>
<td>Rural town and fringe</td>
<td>200</td>
</tr>
<tr>
<td>Rural village, hamlet, isolated dwelling</td>
<td>105</td>
</tr>
</tbody>
</table>

(National Travel Survey, 2014, table NTS9903)

This is a problem because as a nation we need to be more active – the time spent in sedentary activities in the UK has increased since the 1960s⁶. The 2012 Health Survey for England reported 45 per cent of adult women (>16 years) and 33 per cent of men do not meet national physical activity guidelines⁷. Experts agree that one of the easiest ways to achieve levels of physical activity required for good health is to incorporate everyday activities, such as walking, cycling or gardening into daily life⁸, ⁹.

Sections 1.1, 1.2 and 1.3 provide a brief overview of the evidence to support walking interventions. It is drawn from a range of sources, such as government reports and evaluations, grey literature and peer reviewed journals, based on the authors’ knowledge² and additional open source documents found through Google Scholar.

¹ Walk to Work Week used to form part of Living Streets’ National Walking Month held each year in May. In 2016 Walk to Work Week was withdrawn in order to review our ‘workplace offer’ (e.g. online resources). Further market research is scheduled with resources due to be re-launched in 2017.
² In 2015 the author reviewed (i) travel data (National Travel Survey and Active People Survey) to determine walking trends and (ii) published literature to assess the effectiveness of behaviour change techniques as part of an unpublished internal report for Living Streets.
1.1 The economic case

There is evidence, particularly for urban areas, that the majority (78 per cent) of short car trips under five miles could be replaced with walking, cycling or public transport\(^{\text{ix}}\). This was quantified in Smarter Choices – Changing the Way We Travel\(^{\text{xvii}}\) in 2005 where it was estimated that every £1 spent on well designed soft measures (interventions targeted at individuals (and communities) with the aim of changing their travel behaviours) could produce an average of £10 in benefits in reduced congestion and considerably more at peak times. More recently a review of the available economic evidence for the Department of Transport found that:

‘…almost all of the studies identified report economic benefits of walking and cycling interventions which are highly significant. In terms of value for money, the Department of Transport values ‘very highly’ any scheme which returns more than £4 for every £1 invested. The mean benefit to cost ratio for all schemes identified in this report is 6.28:1 and for the UK alone the mean figure is 5.62:1\(^{\text{xviii}}\).’

The same report notes that ‘the direct cost to the National Health Service (NHS) of illnesses resulting from physical inactivity has been conservatively estimated at up to £1 billion per annum (2007 prices)\(^{\text{xxix}}\).’

Recently walking interventions and/or support for active travel has featured in eight large projects funded by the Local Sustainable Transport Fund (LSTF) from 2011-2015. The interim report\(^{\text{xx}}\) analysing the project outcomes found that two of the large projects demonstrated an increase in walking. Individual projects also showed positive results, but it was not always possible to attribute changes solely to the LSTF.

1.2 Evaluating effectiveness

As demonstrated by the LSTF projects, it can be difficult to assess the effectiveness of active travel interventions. For example, the iConnect Consortium\(^{3}\) tested the assumption that walking and cycling can be substituted for at least some motorised journeys\(^{\text{xxi}}\). They carried out a longitudinal study to evaluate the effect on vehicular CO2 emissions of providing new infrastructure\(^4\) for walking and cycling in three locations (Cardiff Bay, Kenilworth and Southampton). The results showed that while the new infrastructure was well used at one and two-year follow-ups, it appeared to have generated more trips for recreation instead of promoting a modal shift from vehicles for longer journeys (>8 kilometres) – journeys responsible for 80 per cent of CO2 emissions from passenger transport. This study demonstrates how there is often no simple, direct causal link between interventions and outcomes.

This is not an area which lends itself to the use standardized methods (such as randomised control trials) because of the wide range of variables involved – prevalence of physical activity is associated with a mix of personal, social and environmental factors\(^{\text{xxii}}\). For example, the Devon Active Villages Evaluation (DAVE)\(^{\text{xxiii}}\) trial wanted to find out if community led interventions increased physical activity levels on rural villages. 128 rural villages were provided with at least three types of physical activities per village over a 12 week period, and support was provided for a further 12 months after the intervention. The primary outcome was to measure the proportion of study participants who reported sufficient physical activity to meet the recommended physical activity guidelines.

After the intervention, 10,412 adults (5,719 in the control; 4,693 intervention) responded to a postal survey (a 32 per cent response rate). Of these 16 per cent of the adults in the ‘intervention mode’ reported being aware of the activities provided and 4 per cent had taken part. This low level of penetration prevented any observable effect at the village level (it may have been effective at an individual level). This was attributed to budget limitations (only 1-2 activities per age group per village). It was argued that interventions which involve a large number of components (e.g. social marketing, pedometers, individual counselling, partnering with local organisations, and environmental changes) have greater reach – but it easy to see this evaluation would be even more complex.

\(^{3}\) The iConnect study aimed to measure and evaluate the changes in travel, physical activity and carbon emissions related to Sustrans’ Connect2 programme – see http://www.iconnnect.ac.uk/N29DP5928361. Connect2 was a UK-wide project in more than 80 communities which creating new crossings and bridges to overcome barriers to walking and cycling, such as busy roads, rivers and railways.

\(^{4}\) A ‘hard’ as opposed to a ‘soft’ measure.
Such studies can be found. For example, an analysis of changes in walking and cycling in two New Zealand Cities (with matched controls) following a mix of soft and hard interventions (changes to the physical environment) was very positive. Promotion and publicity of walking and cycling, as well as infrastructure improvements and integration with public transport and resulted in a net 30 per cent increase in trips by active modes\textsuperscript{xxiv}. Nevertheless, the National Institute for Health and Care Excellence (NICE) suggests that ‘evidence on active travel is at an early stage of development’ and that it has been ‘developed from innovative practice rather than research’\textsuperscript{xxv}.

Thousands of behaviour change interventions (e.g. by local authorities) are never designed or recorded for the purpose of research evaluation. Of those that are reported in peer reviewed journals many are excluded from systematic reviews because of differences in the way that interventions are described, data is collected and then analysed. For example, a 2014 review of transport behaviour change interventions identified 12,826 articles from ten databases, but only included 15 in its final analysis. Of these it found no evidence that behaviour change interventions\textsuperscript{xxvi} reduced the number of car trips people made, and limited or inconclusive evidence of reduced the distance and duration of car journeys. This underlines the need for a wider range of evidence, including unpublished studies and qualitative research.

1.3 Changing behaviours

Inactivity is amongst the top ten causes of disease and disability in England and directly contributes to one-in-six deaths in the UK\textsuperscript{xxvii}. The number of walking trips per person decrease and mobility difficulties increase across both age and gender\textsuperscript{xxvii}, and sitting for long hours especially at work is a real health risk\textsuperscript{xxvxiii}. A recently published (2016) systematic review\textsuperscript{xxix} of interventions to reduce sedentary time in adults found that it is possible to intervene to reduce sitting behaviour in adults. Surprisingly, this did not include workplace interventions – because the majority of workplace studies were not randomised control trials and were excluded from this review.

Walking offers a means to address inequalities of health too. For example, walking for travel is an important physical activity for women throughout middle age and across socio-economic categories\textsuperscript{xxxi}. By comparison, overall levels of physical activity and women’s participation in organised sporting activities, such as dance, keep-fit and gym are graded strongly by age and socio-economic status\textsuperscript{xxxii}. As little as ten minutes of exercise can make a big difference to a person’s health\textsuperscript{xxxii}; 15 minutes is equivalent to half the daily recommended physical activity\textsuperscript{xxxiv}. The dose response curve below shows how the benefit of even a small amount of exercise to a sedentary person is much greater than increasing the activity of an already active person\textsuperscript{xxxvxxxvi}. This has led Sport England to say that ‘the biggest gains and the best value for public investment [are] found in addressing the people who are least active’\textsuperscript{xxxvii}. This suggests that workplace interventions to encourage physical activity (to or at work) in the form of walking deserve more attention.
Health interventions have focused on walking as an easy and accessible way to become more physically active, for example: advice from a clinician, remote or downloadable advice (e.g. the NHS Change 4 Life or Public Health England’s One You campaign), group based approaches, community led approaches (e.g. Living Street’s Fitter for Walking project) and the use of tools, such as pedometers. Soft measures to promote active travel and increased use of public transport (which involves walking stages as part of a longer journey) are very similar. They include, for example: personal travel planning, walking pledges\textsuperscript{viii}, workplace and school travel plans, travel awareness campaigns, public transport information and marketing, car clubs and working from home. A travel plan is itself ‘a package of actions designed by a workplace, school or other organisation to encourage safe, healthy and sustainable travel options’\textsuperscript{ix}. Some of these measures were used by Living Streets at Porton Down; the project methodology, limitations and findings are addressed in the following sections.

2. Opportunities and limitations
This case study was commissioned by Public Health England (PHE). It investigates the effectiveness of behaviour change interventions at a single workplace: Public Health England’s site at Porton Down near Salisbury, in Wiltshire. The choice of a single location is a limitation. Time was the major constraint, but we were able to work with PHE to make the best use of available resources. This enabled us to engage a site quickly in order to link the behaviour change interventions at Porton Down with Living Streets’ National Walking Month which takes place each May. The further advantage of choosing a PHE workplace was that direct introductions could be made.

Porton Down was selected at the recommendation of PHE’s Wellbeing Implementation Manager. It operates 24 hours a day, 7 days a week and sits next to the Defence Science and Technology Laboratory (Dstl). It had the required rural location and it was ideal because its large workforce (800 staff at the time of writing in May 2015) provided a large pool of potential participants. Ninety per cent of the staff lived within 15 miles of their workplace. The nearest railway station is about 8 miles away (depending on the route taken) in Salisbury. However, a second limitation emerged when it was discovered that restrictions on visitor movements would prevent the Living Streets Coordinator from conducting a route audit with staff.

\textsuperscript{v} Pledges are a useful tool to gain commitment from participants ‘when pledges are public, and therefore social, the commitment is particularly effective in linking to action and change’ (for reference see endnote above).
PHE has an organisational culture predisposed towards a health and wellbeing. For example, the staff at Porton Down had access to mindfulness workshops, 'mental health first aiders' and recreational activities. On the one hand, this might provide a good platform upon which to build and develop the walking interventions. On the other hand, would it affect the transferability of lessons learned to other workplaces? As an employer its health policies are exemplary, but given that employment options in rural areas are limited the staff profile at Porton Down may well be typical of rural workplaces more generally. Indeed, the outcomes of the interventions suggest that having a health and wellbeing focus did not predispose PHE employees towards more active travel.

In common with other large employment locations and large employers, Porton Down has a travel plan (shared with the other employers on the site). Living Streets' walking interventions should be seen as complementary and in addition to measures delivered through the travel plan which seek to address active travel (walking and cycling), public transport and reducing the number of one person occupancy car journeys. This meant that some of the suggestions Living Streets’ might have made to promote active travel were already in place. Not all rural workplaces will have a travel plan, and this is another reason why PHE is not a typical employer. However, travel plans are a good starting point for employers seeking to reduce car dependency among employees.

3. Interventions and outcomes

The aim of this study is to investigate the barriers that prevent workers in rural workplaces, in this case Porton Down, from walking more and to find out if barriers can be overcome through the use of behaviour change techniques. This was of particular interest to Living Streets given that many of the walking interventions used by the charity were developed in an urban setting – raising the question, how would they perform in a rural location?

Having selected the location, the proposed interventions consisted of:

- Co-producing a walking campaign,
- Living Streets' Walk Doctor consultations,
- PHE Porton Down's Walk at Work Week,
- A two week Team Challenge,
- Feedback on the Living Streets' intervention.

This section describes the interventions above (the method) and their outcomes side by side. However, the first step involved getting to know key people on site and to find out about the site itself. This is discussed first.

3.1 Making contact

Establishing a contact person on site was crucial to the launch and success of the Living Streets’ interventions. Mid April 2015 the Living Streets project was introduced to key PHE staff at Porton Down. There was no obvious person to whom this should be given. Therefore, we turned it into a team effort between the Health and Safety Manager, who also led the onsite Wellbeing Team and the Environmental Manager responsible for the Travel Plan. Both managers were briefed by the Living Streets representative on the location and available resources. Meetings with the Health and Safety Manager, the Environmental Manager and the Wellbeing Team enabled the Living Streets coordinator to tailor the intervention to the site and the PHE workforce.

6 A ‘Walk Doctor’ event is a means of engaging people and promoting walking face to face.
The original intention was that the Living Streets representative would facilitate a taster session for interested staff at the site. Route audits are a useful way to identify barriers to walking for transport, such as poor public transport links. They also provide the opportunity to discuss positive aspects of the local environment and which might encourage people to walk more.

However, this was not possible because of restrictions on visitor movements imposed by the Ministry of Defence. As a result, the role of the PHE contacts became more important in the delivery of the walking interventions. A phone call and brain storming session with the Health and Safety Manager provided the opportunity for the Living Streets representative to:

- Understand the site layout and surrounding environment – what are the points of interest?,
- Discuss existing walking initiatives promoted at the site through the Health and Wellbeing Team,
- Address perceived barriers to walking and travelling actively,
- Find out about the transport links and ways to access them, such as routes to bus stops, train stations and park and stride opportunities.

Table 2 below, summarises the main points from this discussion.

Table 2: Summary of walking routes brainstorm (quotes from the Health and Safety Manager)

<table>
<thead>
<tr>
<th>Site layout and surrounding environment</th>
<th>“The closest town is Salisbury, and that’s over 6 miles away”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A campus layout: buildings, green spaces and car parks. The site is accessed by Manor Farm Road and surrounded by fields. It is within walking distance of the Defence Science and Technology Laboratory (Dstl).</td>
<td>“The land has some great wildlife and plant life that is rare to England”</td>
</tr>
<tr>
<td>There is a convenience store approximately half a mile away in Porton and there are a number of shops and a super market in Amesbury, about five miles away.</td>
<td>“When trying to encourage walking, we need to consider the environment and our neighbours”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On site active/sustainable travel initiatives</th>
<th>“I would walk more if there were more group walks organised, better than going alone”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking routes had already been identified by the Wellbeing Team and benches installed. ‘Walking meetings’ were actively promoted, and car-share / bike use schemes were in place.</td>
<td>“We live too far to walk, so we all drive.”</td>
</tr>
<tr>
<td>Perceived barriers to walking</td>
<td>“The local roads are not suitable for walking or cycling, the main road has seen a growth in traffic, but the road hasn’t grown in size.”</td>
</tr>
<tr>
<td>The site lacks proximity to transport links and has limited public transport (including a bus shuttle to a local railway station).</td>
<td></td>
</tr>
<tr>
<td>Surrounding land is in private ownership with limited public access.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transport links</th>
<th>“The bus service is limited; it only operates in the morning and evening rush. But they don’t match arrival time of trains.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salisbury railway station is 8 miles away. There is an hourly shuttle bus service between Porton Down and Salisbury, with increased frequency at peak times.</td>
<td>“We could leave our car at the Station, but then we would have to go across town to catch the shuttle.”</td>
</tr>
</tbody>
</table>
3.2 Co-producing a walking campaign

On 30 April 2015, the PHE Wellbeing Team met to discuss how to get staff to walk more and to take part in Living Streets’ Walk to Work week Challenge. Another desirable outcome would be to recruit ‘Walking Champions’. This meeting was led by the Health and Safety Manager and the Environmental Manager. It was during this meeting that the Wellbeing Team suggested that the challenge name ‘Walk to Work’ might deter staff from taking part. In their view, it was not feasible for the majority of staff to walk to and from work. As a result, the team decided to rebrand the week as ‘Walk at Work Week’ and came up with ideas such as Lunchtime Walks, Walking Meetings and Pedometer challenges.

As well as leading lunch time walks and promoting walking meetings, other suggested solutions to increase walking during the walking day included:

- Offering 100 pedometers to staff to raise awareness of their physical activity levels,
- Identifying walking routes with distances around the site,
- Organising nature conservation walks on neighbouring MOD land, and,
- Installing gazebos as weather proof meeting places for people to walk to.

3.2.1 Walking campaign outcomes

As a result of the discussion, the Wellbeing Team put together publicity materials using Living Streets Walk to Work Week artwork to promote their own Walking at Work Week (see Appendix 1). Two ‘Midday Mile’ walks were organised and led by two of PHE’s Wellbeing Champions for the week itself and twenty five members of staff took part. Walking Maps were produced by the Environmental Manager using satellite imagery and knowledge of the site; see the example below and in appendix 2. Feedback from the organised walks is reported in section 3.4.1. Unfortunately, no walking champions were recruited in the time available.

An example of an on-site walking map

![Example of an on-site walking map](image)
3.3 Living Streets’ ‘Walk Doctor’ consultations

A ‘Walk Doctor’ event is a means of engaging people and talking about the benefits of walking face-to-face. An email was sent in advance to all staff to advertise the event and explain its purpose. The purpose of the event in this case was to: gather information, explore ways staff could incorporate more walking into their working day, identify ‘walking champions’ (as discussed earlier, none were recruited), and, finally encourage staff to sign up to Living Streets ‘Walk to Work Week’ and the Porton Down two week ‘Walk at Work’ Challenge.

On 6 May 2015, a Living Streets stand was set up in the canteen ready for the lunchtime traffic. Despite being well organised, the courier failed to deliver the marketing materials on time – but there was still a fair bit of interest. A promotional poster advertising Walk at Work Week and on site activities was ready in time. A Living Streets’ representative dressed in a white coat and holding a clip board was the ‘Walk Doctor’. Staff members were invited during lunch and throughout the afternoon to participate in a ‘consultation’ where they were encouraged to talk and answer questions about their daily travel habits and levels of physical activity. Illustrated briefing sheets provided information on the health benefits of walking and of taking part in Walk to Work Week. Staff were also encouraged to make walking pledges; public pledges are a useful tool to gain commitment from participants to change their behaviour.

3.3.1 Walk Doctor outcomes

The ‘Walk Doctor’ recruited 22 people to take part in consultations and complete questionnaires (out of 800 staff on site; the full results of which are reported in Appendix 1). Of these, 17 respondents were women (the gender ratio at the site is 4:6 men to women); over half of the people who took part (13/22) were aged 45 years or older. All staff who participated were white British. Unsurprisingly, the majority of staff questioned (95 per cent) travelled to work by car or van. Five per cent said that they walked to work; no one said they cycled, shared a car or used the shuttle bus/local bus service. For most the idea of walking to work or walking part of the journey was daunting because of the quality of the walking infrastructure and lack of public transport – as these quotes illustrate.

Staff were sceptical about whether they would be able to walk to work, but were interested in finding ways to walk more during the working day, such as walking meetings. They liked the walking fact sheets. When they actually thought about it, people were surprised at how little they actually walked and were keen to hear about a walk planned on site as part of Walk at Work Week. About half of the participants said they regularly walk for at least 10 minutes a day without a break. Nobody walked part of or the whole journey to work. Only seven people said they met the Chief Medical Officers’ recommended 150 minutes of weekly physical activity by walking for 30 minutes on five or more days of the week.
Staff made walking pledges, for example, to:

“Taking the stairs instead of life where possible”

“Walk the dog further afield at the weekend”

“I will conduct walking meetings for my 1:1 assessments.”

“I will start meditation walks for mental health and relaxation.”

“I will challenge myself to walk at least 10 miles during the week.”

Chart 2: The age distribution of staff taking part in the ‘Walk Doctor’ consultation

Charts 3 and 4: Reported physical activity levels
3.4 PHE’s Walk at Work Week 11-15 May

Living Streets’ intervention at PHE Porton Down was arranged to coincide with the organisation’s National Walking Month which takes place each year in May. In 2015 as in the previous year one week was set aside to coordinate activities around walking to work – Walk to Work Week (WTWW). Communications were sent to all staff to encourage participation. Adapting to staff members’ resistance to walking to work, the emphasis at Porton Down was changed to promoting Walking at Work. Staff were still encouraged to sign up to the Living Streets website with its walking tips and team competition. In doing so they were also entered in a free prize draw.

Promotional materials were supplied to the Wellbeing Team to help draw attention to opportunities for walking during the working day. Once signed up to the Living Streets website, participants were encouraged to create a personal profile. The minimum information required (for entry in the prize draw) was a valid name, email address and postcode and information about individuals’ walking habits. However, people were also invited to record their age range, gender, ethnicity, whether or not they considered themselves disabled. To find out about their walking habits, participants were asked:

- In an average week, what is your most common mode of transport for journeys under 2 miles? (response options: car, train, bus, underground, bicycle, walk),
- On how many days do you walk at least 10 minutes continuously? (response options: 1-7 days),
- On how many days do you achieve at least 30 minutes physical activity that was enough to raise your breathing rate? (response options: 1-7 days).

Participants were asked to record their walking habits on the Walk to Work website.
After creating a personal profile the next step was to provide information about the workplace: location, name, department and number of employees. The person entering these details would be setting up a workplace and would be able to set up teams, becoming the group administrator. In this case the Living Streets coordinator helped the Environmental Manager to sign up. If a workplace was already listed employees would be able to join a team or request the administrator to add a new team. Between 11-15 May employees would be able to start logging their miles, minutes or steps walked to add to their workplace totalisers, earn virtual badges when they reached a particular milestone and climbed the leaderboards.

The personal profile information was used by Living Streets solely for monitoring purposes; participants had an ‘opt out’ from receiving walking tips by email and an ‘opt out’ from receiving Living Streets e-news. Workplace team members would be able to see their team members’ progress. Individuals outside these groups would not see other teams member’s individual progress. A summary of each workplace groups’ achievements was made available to workplace group administrators.

3.4.1 Walk at Work Week outcomes
Further interest in walking was generated over the week itself through the delivery of Midday Mile walks, publication of walking maps, walking meetings and through the social activities of work place walking teams. During the week:

- 34 members of staff signed up and logged their miles walked,
- The collective total distance walked added up to 355.15 miles,
- This was equivalent to burning 10599.27 calories and saving 22.72kg of CO₂.

It is likely that more people would have become involved if it had been easier to share information. A lesson learned here is that volunteers should be able to publicise events on the intranet and to enable effective communication with all the staff.

Porton Down ranked in first place against the other PHE national offices – in the number of staff who signed up and miles logged. Even though it was a more challenging rural environment they did well 7. In total, 12 Public Health England offices participated nationwide, including Greater London, Bristol, Manchester, Birmingham and York. At Porton Down 34 members of staff signed up after a short period of intensive promotion; none of the other PHE sites exceeded 10 participants. This is still above the average – nationally 1,528 workplaces registered for WTWW and 8,248 employees signed up; dividing the number of employees by the number of workplaces reveals a staff to workplace ratio of 5:1.

The main response from staff who joined the Midday Mile led walks was that they would walk more during their lunch period, if they had someone leading them. Similarly, the Wellbeing Champions leading the walks noted how important the social aspect of the walk was for those taking part.

“I don't know the site well enough to go for a walk alone, but I like going in a group.”

“It's nice to be able to get away from the desk. I am able to meet colleagues I haven’t met before.”

“When the weather's nice, it's great! But the weather is not dependable and it can get really windy out here.”

“It was great to have the opportunity get away from the desk and clear my head”

“[I] learned new things about wildlife in the area.”

“It’s nice to take some time away from the office with colleagues and not talk about work.”

7 Chilton the location of another rural PHE workplace, did not sign-up.
The Wellbeing Team also bought 20 pedometers to loan out during the week. The pedometers proved very popular and were loaned out straight away. Walking meeting hubs (gazebos or covered outdoor spaces in which to have meetings) were suggested at the 30 April 2015 PHE Wellbeing Team meeting. Some gazebos were subsequently ordered by the Wellbeing Team, but were not installed in time for the Walk at Work Week.

3.5 Team challenge 15-29 June
Living Streets also provided the Wellbeing Team with ten Living Streets ‘Workplace Walking Championship’ boxes (cost £25 each) to support staff promotion and participation in a bespoke two-week walking challenge. This took place from 15-29 June 2015 and allowed the Wellbeing Team and Wellbeing Champions time to recruit team members after Walk at Work Week.

The boxes contained:

- Scavenger Decathlon cards,
- A relay pedometer,
- A walking meeting notepad,
- A Living Streets flying disc (Frisbee),
- Pop out desk medal,
- A penalty pig (a money box).

The Wellbeing Champions were able to form nine teams. Each team had between five to eight members and a Workplace Walking Championship box. It was up to the teams to decide how they would use the contents.

3.5.1 Team challenge outcomes
The feedback received from the staff who got involved was that staff liked the flexibility of being able to design their own activities. For example, they created the ‘Relay Pedometer’, ‘The Challenge Hill’ and enjoyed using the Frisbee for team games. Over the two weeks of the team challenge, the teams collectively walked 301,970 steps, which is the equivalent of walking over 142 miles! Quote from a participant:

“The story of the two weeks!

“We brought in shoes, trainers, and socks ready every day for the challenge, Food was consumed for energy, even some stretching to get in the frame. Running up hills and Frisbee games on the football pitch. Chatting to each other and making friends along the way.

Will we do it today? Absolutely because it has become a habit now.”

The teams created and participated in activities that were suitable for all levels of fitness, and over the three week period of organised activities (Walk at Work Week and the two week challenge) staff were able to see the benefits of walking for mental and physical health.
3.6 Participant feedback
On 16 June a Living Streets representative visited the site bringing together staff who had taken part in the activities and reviewed the experience. The original idea was to run a ‘Walk More Workshop’ for walking champions to build on staff enthusiasm and to sustain the momentum by developing a plan to promote walking and walking activities beyond the period of Living Streets’ intervention. This could include, for example, hints and tips on effective messaging. Unfortunately, there were no walking champions so the workshop did not happen. However, five members of staff agreed to meet the Living Streets representative to provide feedback. The key issue raised was that staff from across the organisation were encouraged to become Walking Champions, but there was little buy-in from senior staff. It was felt that the involvement of senior management could help to drive wider staff participation.

“We need to see more manager involvement!”

“There needs to challenges just for the managers – that would get the staff enthused!”

Feedback from the Environmental Manager suggests that the project was hampered by its short timeframe – they did the best they could in the three weeks available. In addition, Living Streets website and marketing materials were all branded Walk to Work Week. This could be an immediate ‘turn off’ for many staff, despite efforts to rename it Walk at Work Week. Furthermore, without ongoing resources to support more walking it would be difficult to keep up the momentum.

4. Discussion
Over a three week period more than 50 people got involved in walking activities organised by Living Streets and PHE’s Wellbeing champions. As shown in section 3.4.1 the average staff to workplace ratio for Walk to Work Week is 5:1. Therefore, this is a relatively big impact and was a success given the very short duration of the project, the level of resources - the Wellbeing Team consisted of only four people and no additional training was provided for the team or for potential volunteers – and a general resistance among staff to the idea of walking to work. Therefore, the key questions that need to be asked are:

- What were the biggest barriers to walking and active travel more generally at Porton Down?
- What behaviour change interventions worked and why?
- How could more people be encouraged to travel actively?

The results are summarised in table 3.

4.1 What are the common barriers to walking at Porton Down?
Responses to the ‘Walk Doctor’ survey highlighted the overwhelming dependence on private vehicles for staff and contractors working at Porton Down. Common themes were journey distance (too far to walk) and comfort/safety (e.g. traffic, lack of footways, cycle routes and street lighting). This is backed up by the findings of a study exploring the environmental and psychological correlates of active commuting in a sample of older adults in Norfolk; it concluded that both men and women were more likely to commute actively if they lived a shorter distance from work. Men were less likely to commute in rural areas, whereas women were more likely to walk or cycle in neighbourhoods with higher road density. Reflecting the importance of feeling comfortable and safe, women were less likely to commute actively if there was a main or secondary road on their route to work.

However, the decisions made by PHE staff at Porton Down were contingent on a wide range of personal feelings and situations. This is not just about access, for example, a parent may need flexible working arrangements. A review of international academic literature highlighted a paper by Radbone and Hamnett (2003) whose survey based data identified a long list of common deterrents, such as:

- the time needed,
- danger from motor vehicles,
- fears about personal security,
• inclement weather,
• poor health,
• quality and amenity of pedestrian facilities,
• distance,
• having dependents or baggage, and,
• perceptions of a ‘lack of glamour’ associated with walking compared with other travel modes.

Another research study which examines the experience of walking and cycling as a means of everyday travel in four cities in England (Lancaster, Leeds, Leicester and Worcester) put deterrents into five broad categories: family and lifestyles; urban infrastructure; safety; weather and topography; and culture and image. For example, the culture and image of walking has a big impact on the extent to which it is seen as a ‘normal’ activity. In a society where the distance between destinations means that travelling by car is common, walking regularly was perceived as being different:

“[Walking]...is a habitual activity, almost as unnoticed as breathing, which does not form part of their [the respondents’] conscious identity. When walking is done more obviously – for instance choosing to walk further than is necessary – such as substituting a walk for a bus journey – it is perceived as odd.”

At Porton, the majority of staff are in the habit to using their cars or vans. In their first meeting to discuss the walking intervention, the Wellbeing Team identified the perception that it is not possible to walk and cycle to work would be the main barrier to participation in Walk to Work Week. Talking about physical activity instead and finding enjoyable opportunities to walk at work, was a useful way to reframe the conversation to persuade some people to create new habits. It is worth noting that although walking trips are much lower in rural areas, recreational walking is very popular. In 2008, 9.1 million adults in England (22 per cent of the population) walked recreationally for at least 30 minutes once a month, considerably more than swimming (5.6 million, 13.4 per cent), going to the gym (4.5 million, 10.7 per cent), and cycling (3.5 million, 8.5 per cent). However, it may be difficult to organise social walking activities where there are no footways or employment sites open on to major roads.

The Programme Development Group preparing the public health guidelines on walking and cycling noted that, when people make transport choices, habit is important for most people, most of the time. Changing individual travel behaviour requires planning and preparation, as well as a conscious effort to stop old habits, such as using the car for short trips. It is important to be realistic about the amount of intervention needed to change the culture of an organisation for active travel to become the norm. Sometimes behaviour change occurs through life events or transitions, for example changing jobs or having children. One way to exploit this could be to provide information on active travel and public transport choices, together with incentives to leave cars at home or car share to new employees. Behaviour change is also supported by changes to the physical environment and this is discussed next.

4.2 What behaviour change interventions worked and why?
Interest generated through organised events resulted in individuals signing up to Living Streets’ Walk to Work Week website for the Porton Walk at Work challenge, and to take the Championship Boxes, recruiting their own teams and creating tailored activities using the box contents. The importance of face-to-face engagement is widely acknowledged in business and marketing contexts. Underlying this is the importance of building trust among people who hold different values. Gaining the confidence and interest (the ‘buy-in’) of communities, such as workplace communities, requires time and effort, and an understanding of the local context and needs. In other words, getting to know the people you are working with. The Health and Safety Manager and the Environmental Manager had that knowledge. The importance of encouragement from the Wellbeing Team should not be underestimated either. For example, in a walk to work study in Bristol participants ‘valued somebody being “enthusiastic” and “taking an interest”’.

8 Living Streets’ Workplace Walking Championship boxes contain a range of games and props for team activities.
As has already been discussed (in section 2), the evidence on the effectiveness of walking and cycling interventions is sometimes inconclusive. Part of the reason for this is the very different language used to describe the interventions themselves, making direct comparisons difficult. However, in the same systematic review of 46 behaviour change techniques discussed above, there were statistically significant changes in levels of walking and cycling in studies which included ‘self monitoring of behaviour’ and ‘prompt intention formation’.\[1\] Using a pedometer to log steps or miles walked during Walk to Work Week and the Walk at Work walking challenge is an example of self-reporting behaviour. The twenty pedometers bought by the Wellbeing Team for their Walk at Work Week were loaned out within the first hour.\[2\] Similarly, making a walking pledge is an example of prompt intention formation. Both these tools form an integral part of Living Streets’ toolkit developed through trial and error over many previous projects.

A big challenge for this project was the negative attitude to walking of a workforce that should be receptive to its benefits. Where there was success this involved face to face engagement between the Living Streets representatives, the Wellbeing Champions and wider PHE staff – for example, through the Walk Doctor Event and the Midday Mile led walks. Curiously, many more women responded to the Walk Doctor session than men (17 women compared to five men). This is mirrored by the finding in a systematic review of 46 behaviour change techniques to promote walking and cycling\[3\] that women were over represented in many studies – suggesting a greater willingness to participate in active travel interventions. Given that women are less physically active than men (45 per cent of women versus 33 per cent of men not meeting physical activity guideline), but consistently walk for travel throughout middle age and across socio economic categories, there is perhaps a case for targeting interventions at women in middle age in particular. Targeting women for physical activity promotion is also a national physical activity goal\[4\]. However, men have a lower life expectancy than women and this inequality can be addressed by encouraging them to be more active\[5\].

The competitive element of Walk at Work Week and the two week Team Challenge also appealed to the staff who participated – despite the national Living Streets branding of Work to Work Week. Other competitive active travel interventions, such as Beat the Street\[6\] are built on the same premise. The advent of social media, smart phones apps and other physical activity trackers (e.g. Fitbits) helps people to share and compare their progress. Thirty four members of staff signed up to the Living Streets website, a much higher number than any other PHE site and higher than the average workplace. Subsequently, more than 50 people took part in the two week Team Challenge. Clearly the efforts of the Wellbeing Team to promote these events was important. However, the social element was key too. People who took part in the Midday-Mile walks enjoyed the company as well as stepping away from their desks. Along the same lines, the Team Challenge was able to take place because Wellbeing Champions took the Champion Challenge boxes and recruited their friends to take part. Perhaps a key conclusion, to paraphrase the Bristol Walk to Work Study is that behaviour change interventions should be made up of a ‘package of measures to suit individual needs’\[7\].

### 4.3 How could more people be encouraged to walk and cycle?

Staff at Porton Down cited road safety as a key reason for not walking or cycling to work. Busy country roads without footways or street lighting acted as a disincentive to travelling actively. Public transport which involves walking as part of a longer journey was not viewed as a convenient option either. The reason given was that the hourly shuttle service to Porton Down from Salisbury railway station does not coincide with the arrival of train services.

However, the travel plan for Porton Down (which is currently under review) suggests a number of measures to help address problems. These are measures which could be equally applied to other rural workplaces, such as:

- Prioritise improved bus services and costs for staff travelling to campus. A shuttle bus used by DSTL, PHE (previously the Health Protection Agency (HPA)) and the Porton Bioscience and Technology Centre (PBTC) is already in place, with new routes from May 2016.

\[9\] Pers. Comm. from the Environment Manager 25.04.16.
- Invest to improve pedestrian access to bus shelters,
- Provide of season ticket loans for public transport,
- Support Wiltshire Council’s plans to establish cycle routes to Porton Down from Salisbury and Amesbury,
- Promote the Government’s cycle to work scheme to staff. Additional measures included, for example, setting up a Bicycle Users Group, and providing cycle repair kits,
- Improve car parking arrangements to include priority for sharers.

Table 3: Summary of results

<table>
<thead>
<tr>
<th>Barriers to active travel at Porton Down</th>
<th>Why?</th>
<th>General recommendations for rural workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Engaging people to think about walking and cycling to work is difficult when people think it is impossible. Messages need ‘buy-in’ at a senior level and need to be consistent over a period of time. Volunteers can be hard to recruit because everybody is busy. The Wellbeing Team worked well, but training and resources for events or minor infrastructure improvements were limited.</td>
<td>Put a Wellbeing Team in place with senior management support. Face to face engagement worked best. The social aspect of walking proved the most rewarding for participants. Organising led walks, adding rest points and meeting hubs (gazebos), and making the most of the surrounding countryside were all beneficial. Increasing the social media profile of walking (and cycling) activities across the site (e.g. using the internal Facebook equivalent YAMMER) is a good way to engage and inform staff about activities.</td>
</tr>
<tr>
<td>Habit</td>
<td>The majority of staff usually drive to work. Changing peoples’ habits requires a conscious effort and is helped by a supportive environment. The incentive to walk, cycle or use public transport is not great enough.</td>
<td>Promote workplace incentives, such as Gym membership, walking and cycling breakfasts. Partnering with the onsite crèche to create activities for parents and children is another opportunity to increase physical activity levels. Emphasise the health benefits of walking. Participants in the Walk Doctor event welcomed that information.</td>
</tr>
</tbody>
</table>

10 Pers. Comm. From the Environmental Manager 28.04.16
Barriers to active travel at Porton Down | Why? | General recommendations for rural workplaces
---|---|---
Built environment | Distance is the primary reason, followed by safety. People feel vulnerable walking or cycling on busy country roads with no footways or street lighting. Public transport is an option, but less convenient than a car. Bus services do not link with the arrival of train services. Cost of tickets is an issue too. | Promote car sharing first and limit the availability of parking spaces for single occupancy vehicles. Make it easier and cheaper to travel by public transport. Invest in segregated cycle paths when new sites and access routes are developed. Support on site walking and cycling by ensuring it is safe and easy to walk or cycle (e.g. by providing workplace bicycles on large industrial sites).\textsuperscript{11} |

The 2008-13 Area Travel Plan for the three organisations (Defence, Science and Technology Laboratory, Health Protection Agency (now PHE) and Porton Down Bioscience and Technology Centre) considered walking a viable and healthy way to travel to work for people living less that 1.5 miles from the site. However, they did not want to encourage employees with longer journeys to park some distance from the site and walk the last mile and a half – in case this resulted in staff parking outside local residents private addresses\textsuperscript{lx}. However, the travel plan promotes walking 10,000 steps during the working day; this is a working compromise reflected in the adaptation of Living Streets’ ‘Walk to Work Week’ to ‘Walk at Work Week’. The intervention proposed by Living Streets and implemented by the Wellbeing Team shows what can be achieved when efforts are made to proactively engage with staff. Support from senior staff and extra financial/training resources would strengthen that engagement.

Staff could of course choose to travel actively by cycling to work. However, in order to increase walking as part of the journey to or from work there is a need to: improve pedestrian infrastructure (footways and lighting for example) between Porton Down and the nearest settlements of Porton and Idmiston; and, improve public transport connections, such as the shuttle bus.

Public transport in rural areas is a political issue. A survey by Campaign for Better Transport revealed that 63 per cent of local authorities had cut supported bus services in England and Wales\textsuperscript{lxii}. However, workplaces with large workforces are in a better position to negotiate and potentially to subsidise services (e.g. the free shuttle bus at Porton) because providing parking spaces is expensive. The 2008-2013 Travel Plan noted that ‘costs of providing additional car parking provision are in the region of £3,000 per space, once access roads lighting and CCTV have been taken into account’. The costs have probably increased since then.

Car parking is the a key issue influencing travel behaviour. In a study of walking and cycling for commuting, leisure and errands (part of the ACTI-Cités project) it was found that having a parking space at work was strongly negatively associated with commuting actively. This is a finding repeated in similar study of environment, travel mode and the commute to work in Cambridge (UK). Its results showed:

\textsuperscript{11} This is a recommendation in the 2008-13 Porton Down Area Travel Plan
The travel plan includes measures to promote and prioritise spaces for people who share car journeys, at the same time reducing the number of spaces available to single occupancy vehicles – illustrating the need to use carrots and sticks. Incentives already in place at Porton Down include making it easier to cycle (e.g. the supporting the Government’s cycle to work scheme) or providing a free bus service to Amesbury at lunch time.

Proximity to new infrastructure for active travel and public transport has also been shown to change travel behaviour. In an early review of the UK National Cycle Network\textsuperscript{12} although the majority of trips were for recreation, 39 per cent of respondents used the network for regular utility purposes (e.g. to work or to the shops)\textsuperscript{lxiv}. A more recent analysis of behaviour change following Sustrans’ Connect2 programme\textsuperscript{13} concluded that ‘physical improvements to the environment itself was the key to the effectiveness of the intervention, and seeking to change people’s perceptions may be of limited value\textsuperscript{lxv}. Infrastructure may be key to the effectiveness of interventions. Supporting evidence suggests that ’spatial factors positively associated with cycling include the presence of dedicated cycle routes or paths, separation of cycling from other traffic, high population density, short trip distance, proximity of a cycle path or green space and (for children) projects promoting ‘safe routes to school’\textsuperscript{lxvi}. In other words, people may be persuaded to cycle more by the quality of their experience of using new cycle paths. This is perhaps best demonstrated in the Netherlands, which has a well developed cycle infrastructure; a survey of 100,000 people 44 per cent of their commuting trips under 7.5km were by car and 47 per cent were by bicycle.\textsuperscript{lxvii}

5. Conclusions

Living Streets’ case study shows that walking interventions developed in an urban setting can be adapted for rural locations. Of course, if funding were available it be useful to test the same interventions in different rural locations, working with a range of small to medium sized enterprises as well as large employers.

Even though the project at Porton Down was of short duration it did have an impact, but the effects are unlikely to be long lasting without continued support from the Wellbeing Team. This underlines the need to plan for the longer term in order to support and sustain any changes in travel behaviour and cultural attitudes towards active travel. People who took part enjoyed the events, but someone had to organise them. Endorsement by senior management, dedicated communication channels (e.g. an intranet/social media page) and a budget are desirable. Walking to work and particularly at work, needs to be (and is in Porton Down) clearly written into rural workplace travel plans. It could also be a key feature of workplace health and wellbeing approaches, and local and national health and wellbeing campaigns.

Walking is regular feature of daily life for most people. It is good for health, more people walking would help to reduce the risk of several major health conditions by between 20 per cent and 60 per cent, including heart disease, stroke, Type 2 diabetes, colon and breast cancer and Alzheimer’s disease.\textsuperscript{lxviii} Another great advantage is that it is a socially active too. Face-to-face engagement and the enjoyment staff gained from spending time away from their desks, taking part in team activities (e.g the Team Challenge) and getting to know new colleagues were what made the intervention successful in terms of participation. Talking about health rather than walking per se is another way to reframe the conversation and attract people’s interest. Everybody is different, so a package of measures is more effective than any one measure by itself. Although existing staff were resistant to changing their travel habits, new staff might be persuaded to try cycling or public transport when they start their employment.

\textsuperscript{12} The UK National Cycle Network was developed by Sustrans following a £43.4million grant in 1995. The first 8000 kilometres of the network were officially opened in July 2000.

\textsuperscript{13} Connect2 was a UK-wide project in more than 80 communities which creating new crossings and bridges to overcome barriers to walking and cycling, such as busy roads, rivers and railways.
The Porton Down Area Travel Plan has already incorporated many of the features that Living Streets would recommend for rural workplaces, such as increased walking during the working day (to reduce the number of car trips around the site) or cycling longer distances around the site and improving bus services to the nearest towns and railway stations. This study has confirmed that there are many low cost measures that can increase physical activity in rural workplaces to help people to move from being inactive (where the greatest gains are to be made) towards the recommended 150 minutes of physical activity per week\textsuperscript{aix}. However, the best way to promote a modal shift away from the car to walking and cycling – for example in neighbourhood plans or through Local Enterprise Partnerships – is to provide appropriate infrastructure to people’s place of work. Investing in cycle ways and footways (in some case shared use routes) could form part of every development brief for out of town and rural industrial estates.
Appendix 1: Walking posters
Walk to Work Week posters were available for download from the Living Streets website. This poster was customised to encourage people to Walk at Work:

Living Streets’
Walk at Work Week
11–15 MAY 2015

As most of us cannot Walk to Work at PHE Porton, we have been asked to take part in a research project to encourage people to walk at work.

To get you walking:

Join 2 organised local lunchtime walks (days to be confirmed based on weather)

From 11 May, borrow a pedometer from Reception for the week to see how far you walk on the average day

If the weather’s nice, take a walking meeting or walk to one of three new outside meeting pods around the site

Coming soon:
Guided nature walk up on the range, picnic walk, walking football, walking routes, competitions

Do you think you walk a lot at work? Why not get competitive with colleagues?
Please register at www.walktoworkweek.org.uk and join the competition

Clearer head  Better shape  Team spirit  Hidden treasures

Discover where walking can take you

www.livingstreets.org.uk

#WalkThisMay
Top walking tips for employees

Find more ways to fit walking into your day and make walking even more fun with Living Streets’ top ten walking tips.

1. Mobile meetings

Nietzsche said: “All truly great thoughts are conceived by walking.” Who said you had to sit down for a meeting? Try getting out for a walking meeting to feel energised and inspired.

2. Power walk

Time is of the essence… so start timing your walks and see how quickly you can get from A to B. Power walking is a great way to stay healthy, you’ll boost your fitness and energy levels and also save time in the long run. The quicker you get home, or to the pub (!), the more time you have there!

3. Fatten up your wallet

Leaving the car behind or avoiding the bus for short journeys won’t just help you feel fitter – you can save cash on fares and fuel costs too. Why not put your extra cash towards some new shoes?

4. Two birds… one stone

Do you know where your local cobblers is? A relaxing coffee shop? Or local grocers? Why not incorporate some of your daily chores into a lunch time walk, it’ll get you out and about and help you get things done!

5. Harness positive mental energies

Walking is the perfect time to zone out and rid yourself of all the negative thoughts from the day. Clearing your head when walking means you won’t spend the first 10 minutes moaning at an unsuspecting colleague or family member, when you reach your destination!

6. Get snap happy

Capturing those memorable images always makes walking interesting. Whether you’re out and about at lunch, snapping the sunset after work or taking pictures of grumpy commuters on your way in, getting snap happy with your camera or smartphone will make your walks even more fun.

7. History geek

Visiting somewhere for the first time or walking your route to work? Do some Googling before you head off. Find out a bit about the area, and research some landmarks or interesting buildings to check out. Printing off some notes or saving some links on your smartphone can help you learn more about your streets.

8. Prepare for pit stops

An emergency picnic blanket caters for any spontaneous picnics you might want to have in the summer months. Perfect for a quick pit stop on your walk home, or an impromptu picnic with friends after work to catch the last rays of the day…

9. A guide to trees

If you’re not a nature buff, then you probably won’t know the difference between a plane tree and a weeping willow. Brush up on your tree knowledge, so you can appreciate the variety of trees on your walk to work, and make people green with envy at your specialist tree chat.

10. Jotter at the ready

We all let our thoughts roam free when we walk; it’s the perfect time for a bit of creativity and independent thought. Whether you’re re-organising your thoughts for an all-important meeting or thinking up some romantic poetry, have a notepad to hand so you remember those precious thoughts.
Appendix 2: Walking maps
The following walking maps were prepared by the Environmental Manager at PHE Porton Down. The images are available via Google Maps and the routes were prepared with local knowledge of the routes permissible to the general public.

Imagery © 2016 Infoterra Ltd. & Bluesky, Map data © 2016 Google

National Travel Survey, 2014, table NTS9903 (see also Table 1).


NICE guidelines (2012). Physical activity: walking and cycling. See https://www.nice.org.uk/guidance/ph41


NICE (2012). ‘Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation’ https://www.nice.org.uk/guidance/ph41 accessed 14.07.16


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