

Integrated health promotion is making a difference.....

Active Transport cycle project

The project promotes cycling as “active transport” where workers in health promotion and community development use cycling as a mode of transport for local and short trips at work. The project began January 2008 and is ongoing.

Wimmera PCP member agencies were offered the costs of half a bicycle with the agency funding the other half. The bike is set up to enable workers to cycle to meetings and to enable a wide range of riders to be able to use the bike comfortably. The bikes are set up with:

- hybrid bike
- helmet
- front and rear basket
- trip computer
- repair kit
- bike pump
- combination security lock
- thorn proof tyres for our rural setting!
- Branding with Active Transport, Wimmera PCP and participating agencies logos

What has been the integrated health promotion response?

Health Promotion workers were finding it difficult to fit physical activity into their daily schedule. These workers advocate regular exercise to their clients as part of their work however find it difficult to practice what they preach during a busy working day.

- Cycling is rarely used as a transport option for short trips by workers in the Wimmera.
- Our region is predominantly rural – many workers drive to work due to distance and active transport to work is not possible.
- Australia recognises the need to reduce the impact of road transport on environment quality, urban amenity and human health.
- This can be addressed by improving sustainable transport and promoting walking, cycling and public transport.

There has been decreasing levels of physical activity in Australia over the last two decades^{1,2}. Physical inactivity is a major risk factor in many chronic diseases. *The decrease in physical activity has been argued to be linked to a decline in incidental physical activity due to the greater use of cars and other labour saving devices^{3,2}.*

There is a growing body of evidence showing that programs that **promote incidental physical activity** can increase levels of physical activity in inactive populations⁴.

The project has enabled workers to engage in preventative health care whilst at work, improve their health education and skill development through increased awareness of the benefits of active transport on their health and to provide role modelling of healthy behaviours (thus being human billboards communicating and providing social marketing as ambassadors of the project).

What are the impacts?

The Active transport cycling project has been very successful and participants have increased their levels of physical activity both at work and whilst not a work. Results indicate that the Active Transport project has allowed:

- 68% of participants to engage in PA at work
- 55% of participants to consider and use active transport at other times
- 79% report the project has had a positive effect on their health
- 70% of participants have increased their awareness of Active Transport and its benefits
- 18% have purchased a bike or bikes for family as a result of the project

Over 70 workers are using the bikes to attend meetings, run errands and go on lunch cycles

These short bike rides are helping workers find their prescribed 30 minutes of daily exercise.

Walking to meetings has increased due to Active Transport focus and Active transport has been included on health promotion plans.

Comments from participants indicate:

“I am more productive at work, feel better in myself”

“It has encouraged me to ride more and also to purchase a bike for use at home”

“Improves self-esteem because of the opportunity to show off to work colleagues – I am the oldest staff member (60+) in Primary Care!”

What's next?

The project's next phase will focus on encouraging more agencies to take up the active transport cycling project, to increase the numbers of cycles within larger agencies and to work with agencies in improving the environments for cycling.

Further information

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References

- ¹ WHO Regional Office for Europe (2002) *A Physically Active Life Through Everyday Transport*. Adrian Davis Associates (ed.), Bristol, UK.
- ² Stephenson, J., Bauman, A., Armstrong, T., Smith, B. and Bellew, B. (2000) *The Cost of Illness Attributable to Physical Inactivity in Australia—a Preliminary Study*. CDHAC, Canberra.
- ³ Prentice, A. and Jebb, S. (1995) Obesity in Britain: gluttony or sloth. *British Medical Journal*, **311**, 437.
- ⁴ Sherwood, N. and Jeffery, R. (2000) The behavioural determinants of exercise: implications for physical activity interventions. *Annual Review of Nut*, **20**, 21–44.