Project no.: 1

Country: Austria

Title: **Bicycle-friendly city**

Type of action: Survey as basis for future action (cross-sectional survey with the intention to develop an intervention)

Scope	Local
Setting	City of Graz
Target audience	Adults between 15 and 60 years who live in the city of Graz
Target beneficiaries	Adults between 15 and 60 years who live in the city of Graz
Driving force (project leader)	Institute of Sport Science, Graz
Partners	- Transport - Health - Health promotion - Environment
Timeframe	September 2005 – September 2006
Number of target population reached	(No information provided)
Financing/cost	Austrian Health Promotion Foundation and city of Graz (Department of traffic planning and Department of culture)

Description of initiative/action

Aims and objectives:

The community study assessed how individual, social and the environmental factors are related to the cycling behaviour for transportation among the adult population of Graz between 15 to 60 years of age with an emphasis on environmental characteristics. The study aimed to learn more about which environmental and psychosocial factors are related to cycling for transportation and which of those factors can be changed to promote cycling for transportation in the city of Graz.

Specific study questions were:

1. What are the individual, social, environmental and behavioural characteristics of transport cycling, assessed both by subjective (questionnaire) and objective (GIS-based) methods?

2. What are the relationships between the individual, social and environmental factors and the cycling behaviour?

Description:

A telephone survey was conducted to assess the perceived environmental characteristics for cycling for transportation as well as the social environment and the attitude towards cycling among adult citizens. In addition, digitalized data of the city of Graz were used to create objective environmental variables.

Activities:

See above.

Planning and implementation

There is no implementation yet. An intervention study will probably be the next project based on the cross-sectional results.

Contribution of each sector/partner:

The health sector was involved in the planning of the questionnaire and the statistical analyses.

The environmental sector was responsible for the GIS-relevant variables and the analyses with GIS.

Evaluation

Neither results from the cross-sectional survey nor a report or a documentation of the project were available when the questionnaire was filled in.

Results:

Health-enhancing physical activity outcomes:

In the future a shift towards cycling.

Lessons learned

Sustainability:

(No information provided)

Transferability:

(No information provided)

Assessment of collaboration:

A GIS-expert of the Institute of Geography and Regional Science, a statistician from the Institute of Social Medicine and Epidemiology and two scientists form the physical activity area collaborated. The results of the study should be a starting point for the collaboration with the city of Graz to promote cycling for transportation.

Additional information/ specific comments

This is not an intervention project but it shows a possible starting point to become an intervention project.

Contact

Name	Ao. Univ.-Prof. Dr. Sylvia Titze
Address	Institute of Sport Science, Mozartgasse 14, A-8010 Graz
Tel	+43 (0)316/380-2332
E-mail	sylvia.titze@uni-graz.at
URL	

Project no.: 2

Country: Austria

Title: **Healthy without Car and Noise (GOAL – Gesund Ohne Auto und Lärm)**

Type of action: Behaviour change campaign (primarily through motivation programmes)

Scope	National - based on pilot projects in the City of Graz, Austria
Setting	City of Graz
Target audience	Patients of a health insurance company who receive as diagnose at the annual health check "Lack of physical activity"
Target beneficiaries	Patients of a health insurance company who receive as diagnose at the annual health check "Lack of physical activity"
Driving force (project leader)	- Forschungsgesellschaft Mobilität - Austrian Mobility Research (FGM-Amor) - Zentrum für Gesundheitsförderung
Partners	- Health insurance company - Transport-company - Taxi company
Timeframe	GOAL project 2000 – 2003; pilot project: implementation in 2001
Number of target population reached	(No information provided)
Financing/cost	The project was funded by the European Commission (DG Environment) through the LIFE programme (50%) and was co-financed by: - Austrian Federal Ministry for Social Safety and Security and Generations - Austrian Federal Ministry for Education, Science and Art - Province of Styria - Austrian Health Promotion Foundation - Cleaner Production Centre Austria.

Description of initiative/action

Aims and objectives:

- Offer the opportunity (especially for those not yet active on a regular basis) to integrate more physical activity into everyday routines without spending additional time.
- Enhance positive image of walking and cycling.
- Implement a cross-sectional approach including transport planning, health and environmental issues.

Description:

The project described here was one out of seven modules of the overall project (module 4):

- Module 1: training-places for bus- and taxi-drivers, campaigns against noise in medias (newspapers, radio etc.), development of a noise-laboratory and special measures in noise-sensible areas (school, residential area, kindergarten);
- Module 2: activities in companies:
- Module 3: activities in schools and kindergartens;
- Module 4: project with a health insurance in Austria, targeting their clients in Graz (about 150 persons) as well as patients with cardiac problems who are in a medical rehabilitation programme (about 25 patients);
- Module 5: activities in public transport and in a taxi-company;
- Module 6: activities with parents and families (about 200-300); and
- Module 7: activities in urban areas, especially residential areas in Graz („Lärm im Stadtgebiet“) (about 5 areas).

Austrians can undergo a preventive medical check-up every year. One of the diagnoses often is "lack of physical activity". Therefore, the recipe of this module from the "GOAL" project was the integration of physical activities into everyday life. Instead of taking the car, the bicycle should be chosen or everyday journeys were to be made by going on foot. The programme that has been developed does not only help to improve fitness and health but also to protect the environment.

This project (module 4) was carried out in co-operation with the Merkur Insurance Company (those insured with this company were invited to take part in the project).

Activities:

Pilot project / demonstration:

Clients of the Merkur Insurance Company in Graz who had undergone a health check in the same year and had received a "lack of exercise" diagnosis were selected as target group. For these persons, an individualized “Activity programme” for everyday life was developed. The aim was to motivate them to change their way of transport, i.e. to start to cover short distances that used to be travelling by taking a motorized mean (car, motorcycle, moped) by going on foot or cycling.

The "Activity programme" was implemented over 12 weeks and had the following objectives:

- The participants shall become aware of their mobility habits, learn to understand their effects and identify an opportunity for change.
- The participants shall be motivated to integrate more physical activity into everyday mobility, i.e. to increasingly go on foot or cycle instead of choosing motorized means of transport and to document this behaviour.
- The participants shall learn about, experience and understand the physical and psychological advantages and benefits of regular physical activity (above all "non-sportive" activities).

The 12- week programme comprised three evening sessions, additional lectures and presentations, mobility/movement circles and fitness checks.

As early as at the kick-off meeting, the participants were given a mobility/health diary that had been developed specifically for this project. On the one hand, this diary enabled the participants to define their personal objectives and targets for the first six weeks of the programme. On the other hand, free text space was provided so that the participants could

note every day to what extent they had achieved their personal objectives and targets and how they felt. This facilitated qualitative and quantitative evaluation.

Participants set their own objectives and targets regarding distances up to now covered by motorized means that shall be shifted to cycling and walking. 30 minutes of physical activity a day were recommended as optimal, noting that these 30 minutes of physical activity could also be carried out in different bouts distributed over the day. In order to find out whether the programme had yielded measurable results and in order to be capable of offering personalized consultancy relating to fitness (intensity, optimal pulse frequency, etc.), a walking test was carried out in the first project week. After 12 weeks, this walking test was repeated to measure changes. After one year another evaluation has been carried out to assess a possible stabilisation of the behaviour and a long-lasting improvement in fitness.

Planning and implementation

Contribution of each sector/partner:

Design and implementation of the project by FGM-AMOR and Zentrum für Gesundheitsförderung in cooperation with the Merkur Health insurance and its clients.

Evaluation

An evaluation has been carried out immediately after the pilot phase and again after 12 months to get information on the long-term effects. The evaluation comprised measuring fitness and body fat values (before and after the programme) based on the UKK walking test[1], by in-depth-interviews with each participant and by mobility-activity-diaries that each participant was obliged to fill in day by day.

Results:

Throughout the programme, the participants covered more than 40,000 kilometres (approximately 24,856 miles) in a non-motorized way, i.e. on foot or by cycling. This corresponds to about the distance once around the world along the equator.

More than one third (36.2%) of this distance was a direct shift from car to active travelling or, in other terms, these distances of more than 14,600 kilometres (approximately 9,072 miles) would have been covered by taking the car or motorbike otherwise.

Health-enhancing physical activity outcomes:

75% of the participants have improved their fitness values measurably within the 12-week-project-period. Among 73% of participants, the body fat values were more favourable after the 12-week programme. This development has also to be seen in light of the fact that normally, during the cold season (project period September to December 2001), the body fat values normally increase and not decrease. After one year, those who had participated in the 12-week programme were contacted again and invited to have their fitness and body fat values measured and to give information on the mobility behaviour. 61% of the persons that had taken part in the 12-week programme and continued their activities could stabilize their fitness values and could partly improve them even more after one year. 56% of the same persons could maintain or even improve their body fat values.

[1] http://www.ukkinstituutti.fi/en/ukk-tests

Lessons learned

Sustainability:

In another project the stabilization of behaviour was tested.

Transferability:

The project is easily transferable without any modification. Similar projects have been developed and implemented at the GKK (another health insurance company in Graz), in the Styrian City of Weiz together with several medical doctors and their patients, in Zug, Switzerland and in Linlithgow, Scotland (carried out by the Linlithgow Medical Health Group).

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

The biggest problems are the long-term motivation of the participants (which could be obtained by the approach of the personal benefit) and the intensive coaching effort by the project team.

Due to the fact that the project needs a quite big coaching effort it may not be very easy to convince health insurance companies to offer this programme free of charge for their clients. This is similar for medical doctors who often do not spend more than 5 to 10 minutes per patient during which it is difficult to transfer the idea of this approach and to motivate the patient sufficiently.

If the population of a city like Graz with approximately 230 000 inhabitants or at least a part of the population changed their mobility behaviour for short distances on a long-term basis enormous positive effects on the environment could be achieved in addition to the positive health effects.

Contact

Name	Robert Pressl
Address	FGM-AMOR, Schönaugasse 8a, 8010 Graz, Austria
Tel	+43 316 81 04 51-13
E-mail	pressl@fgm.at
URL	http://www.fgm.at

Name	Mag. Barbara Romar
Address	Zentrum für Gesundheitsförderung der Kinderfreunde Steiermark, Kaiserfeldgasse 22/I, vA-8010 Graz
Tel	+43 316/82 55 12-21
E-mail	barbara.romar@zfg.co.at
URL	http://www.zfg.co.at/

Project no.: 3

Country: Austria

Title: **Leise und gesund unterwegs (Quiet and healthy on the way)**

Type of action: Behaviour change campaign

Scope	Regional
Setting	City of Graz and surrounding
Target audience	School children, adolescents, elderly people, employees
Target beneficiaries	School children, adolescents, elderly people, employees
Driving force (project leader)	- Forschungsgesellschaft Mobilität - Austrian Mobility Research (FGM-Amor) - Environmental Agency of Graz
Partners	- Taxi 878 - Grazer public transportation services (GVB) - Centre for Health Promotion
Timeframe	December 2000 – June 2003
Number of target population reached	(No information provided)
Financing/cost	- Own resources - Austrian Health Promotion Foundation (Fonds Gesundes Österreich) - European Commission (DG Environment) – LIFE programme - Federal Ministry of Social Security, Generations and Consumer Protection - Other EU-funds

Description of initiative/action

Aims and objectives:

The primary goal of this project was to enhance the positive image of physical activity in everyday life.

The aim was to reduce illness related to lack of physical activity as well as decreasing individual health risks.

The intervention was also meant to have beneficial effects on social contacts and quality of life by collective activities.

Description:

“Quiet and healthy on the way” was part of the overall project “GOAL” (Gesund Ohne Auto und Lärm) and covered the topic of health. The project aimed to improve the well-being of the local residents. The problems to tackle were emission exposure, noise, stress, overweight and lack of physical activity as well as increasing of related health risks. Interventions comprised informational campaigns, increased awareness of sporty activities and proposals to test new behaviours.

Modules, which were realized within the project were:

- Healthy in companies
- Health-check
- Healthy stage
- Healthy and active to the school/kindergarten
- Healthy settlements

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

There was a wide range of data for all activities and procedures. Every module was evaluated with regard to its content and delivery. The overall project evaluation was carried out by FGM-Amor.

Results:

The modules achieved different results through different activities. For instance four action-weeks were organized, which contributed to acceptance and recognition of the name of the project. In addition, the rate of cyclists was increased and brochures and a lottery “fit in speed” (“Fit in Fahrt”) were implemented. Long-term strategies through education of the Local Agenda Manager (LAMAs) were implemented.

Health-enhancing physical activity outcomes:

(No information provided)

Lessons learned

Sustainability:

The project aimed motivating people to take over responsibility for their own health. The eight modules provided *inter alia* education and further trainings for experts, who will promote knowledge in the future. Furthermore, information packages, which have been sent to interested parties, were updated permanently. Long-term structures will be ensured by empowerment activities.

Transferability:

The project can be repeated easily, because every single module is well documented.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

(No information provided)

Contact

Name	Yvonne Eppich, Barbara Romar
Address	Centre for Health promotion, Kaiserfeldgasse 22/I, 8010 Graz
Tel	+43 316 825512s32
E-mail	barbara.romar@zfg.co.at yvonne.eppich@zfg.co.at
URL	http://www.zfg.co.at/

Project no.: 4

Country: Austria

Title: **It is never too late to make the first step**

Type of action: Publicity/awareness-raising campaign to promote physical activity in everyday life

Scope	National
Setting	Austria
Target audience	Entire Austrian population, especially physically inactive people
Target beneficiaries	Entire Austrian population, especially physically inactive people
Driving force (project leader)	Austrian Health Promotion Foundation (Fonds Gesundes Österreich), academic advisory board, employers
Partners	- Federal Ministry for health and women - aks Austria (Forum Österreichischer Gesundheitsarbeitskreise) - avos (Arbeitskreis für Vorsorgemedizin Salzburg) - avomed (Arbeitskreis für Vorsorgemedizin Tirol) - Province of Styria, Department of Health (Gesundheit für die Steiermark) - PGA (Verein für prophylaktische Gesundheitsarbeit) - health forum - Lower Austria
Timeframe	October 2003 – June 2004
Number of target population reached	(No information provided)
Financing/cost	Austrian Health Promotion Foundation (Fonds Gesundes Österreich), Federal Ministry for health and women (BMGF)

Description of initiative/action

Aims and objectives:

The campaign “It is never too late to make the first step” aimed to sensitise the Austrian public to become more aware of the benefits of regular physical activity and to enhance body-awareness. Emphasis was put on physically inactive persons. Overall, the campaign was focused on procuring enjoyment of health-enhancing physical activity in daily life. The interventions were aimed to have beneficial effects on levels of health and fitness.

Description:

The campaign consisted of TV spots and advertisements, adds in print-media, “below the line”-media: stickers, coasters, school cards, boomerang cards, etc. and a link on the homepage www.gesundesleben.at with information about the campaign, including basic information about physical activity as well as a fitness-check. PR broadcasts and regional PR activities lead to presence of the topic physical activity in the media. The campaign included ten monitored “physical activity days” per county (with ten movement tracks per event), which took place in different settings like work places, healthy communities, schools and kindergartens.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Evaluation was focused on the level of recognition of the campaign.

The campaign was quite well documented; accurate figures about the number of advertisements, TV-spots, “below the line”-media, etc. exist. Also, the “Physical activity days“ were well documented, including a wide range of data on the numbers of participants and on their feedback on the events.

Results:

Health-enhancing physical activity outcomes:

Forty percent of the Austrian public were reached through the campaign, more women than men. On the question “And what are you willing to do for your health?” most people (65%) answered that they were willing to do more physical activity, followed by healthier nutrition (50%) and regular screenings (25%). 15 000 Austrians took part in the “Physical activity days“ in each federal province. Based on statements in the final reports of the federal provinces, less active individuals were also reached with these events but there is no hard data on this question available.

Lessons learned

Sustainability:

The sustainability is not easily measurable but it is improbable that due to this campaign more Austrians are more physically active on the long run. However, it could be noticed that public facilities adopted the suggestion to do more physical activity events. Furthermore, this topic was more present in media than before.

Transferability:

This nationwide campaign was very expensive, which might pose a problem for other organizations that want to implement a similar project.

The concept of this project was retained by the Austrian Health Promotion Foundation (Fonds Gesundes Österreich) for its nutrition campaign and mental health campaign.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

(No information provided)

Contact

Name	Mag. Eva Rohrer
Address	Fonds Gesundes Österreich, Mariahilfer Straße 176, 1150 Wien, Austria
Tel	+43 1 8950400 23
E-mail	eva.rohrer@fgoe.org
URL	www.fgoe.org

Project no.: 5

Country: Austria

Title: **The city – The fitness centre – Movement culture in an urban area ("stadtfit - Die Stadt als Fitnesscenter")**

Type of action: Behaviour change campaign

Scope	Local
Setting	City of Vienna
Target audience	Entire population, especially people who are less easily able to do physical activities for different reasons (elderly people, young mothers, unemployed, disabled people)
Target beneficiaries	Entire population, especially people who are less easily able to do physical activities for different reasons (elderly people, young mothers, unemployed, disabled people)
Driving force (project leader)	- Vienna – Healthy City - Abbot of the 5th district - Department 18 Urban development and planning (Stadtentwicklung und Stadtplanung) - Sport physicians
Partners	
Timeframe	September 2002 to spring 2003
Number of target population reached	(No information provided)
Financing/cost	City of Vienna, Austrian Health Promotion Foundation (Fonds Gesundes Österreich), own resources, sponsors

Description of initiative/action

Aims and objectives:

Promotion of physical activity in an urban area. The project tried to identify opportunities in public space that can be used for holistic health promotion and to motivate people to use them more often.

Other aims were:

- Promotion of physical activity, well-being and relaxation;
- Motivation of people to do some physical activity spontaneously (so it was important that the promoted activities fitted in into daily life); and
- Beneficial effects on levels of health and fitness.

Description:

The project "The city – the fitness centre – Movement culture in an urban area" set out to identify opportunities in public space that can contribute to a holistic health promotion.

Activities:

The project was divided into four work steps:

- Finding suitable spaces for physical activity in the city.
- Interviews with different target groups to find out about their needs.
- Derived from the first two steps: Publishing a catalogue about fitness exercises in public space.
- Fit-action-day: the project team (city-fit-AnimateurInnen) demonstrated specific exercises and how to integrate fitness into daily life and aimed at motivating people to do physical activity spontaneously.

Planning and implementation

Contribution of each sector/partner:

Departments for landscaping and urban planning and urban psychology were involved in the planning phase.

Departments for landscaping and urban planning, sport sciences, the district (Bezirk) and the local economy (local pharmacy, Vienna shopping street association) were responsible for the implementation of the project.

The results of the research project carried out by the department for urban planning provided ideas on how the public space can be used for holistic health promotion in everyday situations.

A catalogue with 26 exercises for health promotion in public space was developed. The exercises were presented on different "theme days" (Bewegungstage 2004, Tag des Sports 2005).

The 5th district of Vienna developed a "cityfit- actionplan" ("stadtfit-aktionsplan von Margareten"). In this plan suggestions for spaces where selected "cityfit"-activities can be realised were made.

Local economy: Vitalisation of the neighbourhood thanks to the visitors of the "cityfit action days" (local advertising).

Evaluation

The evaluation was carried out by external experts in cooperation with the institute for psychology at the University of Vienna. At the end of the project identified routes and places suitable for physical activity were located and well documented in brochures and on a website, which was meant to further animate and motivate people.

The aim of the evaluation was also to publish a report for promotion of health-enhancing physical activity in urban areas.

Results:

The project can be seen an example of good practise on how to improve the conditions in an urban area for more physical activity through various forms (play, gymnastics, relaxation, etc.). Different target groups were activated to participate in the project events actively.

The awareness of and sensitisation for the topic were improved by this project. Different population groups (pupils, seniors, disabled people, etc.) can be reached by such events.

Another main result of the project was that public space is suitable for health promotion. Within the framework of the "cityfit action days" possibilities how to use public space were implemented in an exemplarily way.

Based on the results and the experiences of the project, further steps should follow to attain a broad effect.

Health-enhancing physical activity outcomes:

(No information provided)

Lessons learned

Sustainability:

Vienna should carry on the idea of the project autonomously.

Transferability:

While this was a pilot project in Vienna, it could be an effective intervention anywhere.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

(No information provided)

Contact

Name	DI Sabine Gstöttner
Address	
Tel	+43 664-310 51 62
E-mail	sabine.gstoettner@vienna.at
URL	

Name	DI Jutta Kleedorfer
Address	1, Rathausstraße 14-16, 6. Stock, A 1082 Vienna
Tel	+43 1 4000-88887
E-mail	kle@m18.magwien.gv.at
URL	http://www.wien.gv.at/stadtentwicklung/ma18/index.htm

Project no.: 6

Country: Austria

Title: **Trendsetter (setting trends for urban mobility)**

Type of action: Awareness-raising campaign (on mobility and health aspects)

Scope	Local
Setting	5 primary schools in Graz
Target audience	School children, parents, teachers, (police)
Target beneficiaries	School children
Driving force (project leader)	Forschungsgesellschaft Mobilität - Austrian Mobility Research (FGM-Amor)
Partners	- City of Graz • Planning department • Education department • Survey department • Police • Department of transport - Parents' representatives of the schools (City of Graz) - Trendsetter project leaders (Stockholm)
Timeframe	February 2002 – January 2006
Number of target population reached	(No information provided)
Financing/cost	35% European Commission, 65% city of Graz. Total budget for Austrian part: € 41 930

Description of initiative/action

Aims and objectives:

Implementation of mobility management measures for companies, schools and large-scale events in order to reduce the share of car use in favour of other modes with the aim to reduce energy consumption and environmental impact of transport and to improve health and safety of the school children.

Description:

Awareness-raising activities in schools were undertaken with a main focus on the pupils, using them as a trigger to influence parents and teachers and in some cases, even the police.

Activities:

- Analysis of the school neighbourhood with respect to traffic safety aspects together with the police.
- Car pooling within the school classes (to this end, an electronic system was set up to facilitate the creation of car pools).
- Collecting "green miles" while walking or biking to school.
- Car free month with the "kugelbarometer": a visual measurement device in which children each morning threw coloured balls (for each mode a different colour) into different transparent boxes, so that the state of filling indicated the modal split and made it easily visible to the children.
- Painting the streets, measuring speed, etc.
- A benchmarking tool - available on www.schoolwaynet.at - served to define specific measures per school.

In addition, steering committee meetings including teachers, policemen and parents' representatives were held once a year to create a school environment that enhances sustainable mobility and makes cycling and walking to school safe.

Planning and implementation

Contribution of each sector/partner:

- Local authorities: urban planning and transport were involved in all stages of the project (planning, implementation, financing, evaluation).
- The department of transport was involved through an accompanying group for each school mobility management project.
- The urban planning sector was involved in the overall coordination in all stages of the project.

Evaluation

In all schools a pre- and post-evaluation took place. The project was documented in the various Trendsetter reports, now being finalised and evaluated by the European Commission. The schools have also made mobility plans for their schools.

Results:

Health-enhancing physical activity outcomes:

A school mobility management plan was introduced at four different schools in Graz. The investigated schools already differed quite strongly in their baseline.

However, there was no systematic evaluation of modal shift, except for one school, where a shift from car use to public transport was measured (car driving was reduced by 20%). A survey among teachers showed that they felt there was a significant increase in walking and cycling among pupils.

General objective of the school mobility management projects was a raise in awareness on travelling behaviour among all stakeholders. This was most certainly achieved as surveys showed.

Lessons learned

Sustainability:

An increase in walking and cycling to school could be observed. The change of mobility behaviour towards more active modes of transport will have a positive impact on the health of pupils. The mobility plans also increased safety around schools.

The persons engaged in the projects changed their perception of mobility, health and safety. For example, many parents stated that using the bicycle to go to school was too dangerous for their children. Thanks to the awareness raising campaign, some changes in traffic organisation and some (even minor) technical and infrastructural changes, the project lead to cycling became a good transportation mode to go schools again. Sustainable mobility has been introduced and established in these schools and this process will continue also after the finalization of the project.

Transferability:

The project was extended on a countrywide scale in Austria. Recommendations on school mobility management were also disseminated through the European CIVITAS-network: The CIVITAS initiative helps cities to achieve a more sustainable, clean and energy efficient urban transport system by implementing and evaluating an ambitious, integrated set of technology and policy based measures.

Assessment of the collaboration from the view of the transport sector:

There was a good cooperation with the Graz public transport company and the Styrian transport association (provision of tickets as prizes for a lottery) as well as with the local police and all transport and planning related departments of the city of Graz

Assessment of the collaboration from the view of the health sector:

Health was promoted through promoting cycling, walking and safety in mobility management for schools. Also, the city councillor for sports was involved in other promotional activities, such as a large cycling event for schools on the “Car free days” in 2004 and 2005.

Additional information/ specific comments

This project started with the focus on mobility as an integrated whole, not with a special focus on physical activity. However, the promotion of a physically active way to school and its related health benefits was part of the project.

The City of Graz suffers from its geographical situation in a basin and thus has, especially in the cold season, inversion weather conditions with high burden of particulate matter. This situation is aggravated by a high usage of private cars, especially the very high share of diesel cars in the city.

Mobility management can be a tool for changing travelling patterns. School mobility management helps to raise awareness among schoolchildren, parents and teachers.

Contact

Name	Margit Braun
Address	FGM-AMOR, Schönaugasse 8a, 8010 Graz, Austria
Tel	+43 316 810451-29
E-mail	braun@fgm.at
URL	http://www.fgm-amor.at

Name	Thomas Fischer
Address	Department for Traffic Planning, Europaplatz 20, 8020 Graz, Austria
Tel.	+43 316 8723510
E-mail	thomas.fischer@stadt.graz.at
URL	http://trendsetter-graz.fgm.at/

Project no.: 7

Country: Belgium

Title: **10 000 steps in Ghent**

Type of action: Publicity/awareness-raising campaign to promote active modes of transport/ physical activity

Scope	Local
Setting	City of Ghent
Target audience	All inhabitants of Ghent and people who work in Ghent
Target beneficiaries	All inhabitants of Ghent and people who work in Ghent
Driving force (project leader)	Department of Movement and Sports Sciences
Partners	- Health sector - Health promotion - Physical activity promotion - Environmental sector - Urban planning - Local authorities - Academic sector
Timeframe	March 2005 – March 2006
Number of target population reached	
Financing/cost	Local government, university, social insurances

Description of initiative/action

Aims and objectives:

- Raising awareness
- Increasing daily physical activity from moderate to vigorous in the adult population
- Engagement in sports or by accumulating steps.

Description:

Local media campaign (radio, TV, leaflets) and spreading information by leaflet, website and posters trough intermediaries such as medical doctors, schools, worksites, socio-cultural societies.

Activities:

(No information provided)

Planning and implementation

Contribution of each sector/partner:

The following sectors participated in the project: health (implementation); health promotion (planning, implementation); physical activity promotion (planning, implementation); environment (implementation); urban planning (implementation); local authorities

(implementation and financing); academic sector (planning, implementation, financing, evaluation).

- Health: pharmacists sold pedometers; physicians, dieticians, physiotherapists and hospitals distributed information (via leaflets, poster) to patients and staff.
- Health promotion: brought ideas into the project.
- Physical activity promotion: brought ideas into the project; selling of pedometers, loaning system for pedometers; design of logo and images.
- Environmental sector: posters at bus stops and parking places in the city.
- Urban planning: introduction of walk circuit in local recreation area and park.
- Local authorities: publicity in local magazine; tourist walk circuit in city; financial support.
- Academic sector: ideas, organization; distribution of information to schools (staff and parents), companies, societies, associations; communication to press; website, financial support,. and evaluation.

Evaluation

Pre - post control group design including one “intervention” town and one control town. Baseline test and post-test in March 2006 (random sample of 1000 inhabitants). In the pre-test as well as in the post-test the long version of the International Physical Activity Questionnaire (IPAQ) was used. Additionally, pedometers were used for seven days.

Results:

Health-enhancing physical activity outcomes:

Not yet available.

Lessons learned

Sustainability:

The aim was to include this project in the national governmental structures.

Transferability:

The project was based on the 10 000 steps Rockhampton project in Australia.

Assessment of the collaboration from the view of the transport sector:

Local transportation policy people were involved.

Assessment of the collaboration from the view of the health sector:

Local public health policy was involved.

Additional information/ specific comments

(No information provided)

Contact

Name	Ilse De Bourdeaudhuij
Address	Department of Movement and Sport Sciences, Watersportlaan 2, 9000 Gent
Tel	+32(0)9 264 63 11
E-mail	Ilse.Debourdeaudhuij@Ugent.be
URL	www.10000stappen.be

Project no.: 8

Country: Belgium

Title: **Companies' role in promoting commuter cycling**

Type of action: Survey as basis for future action (telephone survey)

Scope	Regional (Flanders)
Setting	Workplace
Target audience	170 companies
Target beneficiaries	Participants
Driving force (project leader)	Flemish Government: Steunpunt Sport, Beweging en Gezondheid
Partners	Companies
Timeframe	2005
Number of target population reached	
Financing/cost/funding	Flemish Government: Policy Research Centre Sport, Physical Activity and Health

Description of initiative/action

Aims and objectives:

This study investigated the companies' actions and attitudes with regard to commuter cycling.

Description:

By way of this study the role of big companies (with the biggest turn-over and more than 200 employees) in Flanders in promoting cycling was investigated. Specific questions were asked concerning the available incentives and mobility problems.

Activities:

(No information provided)

Planning and implementation

Contribution of each sector/partner:

- Companies (implementation)
- Funding by the Flemish Government: Steunpunt Sport, Beweging en Gezondheid

Evaluation

170 companies with their headquarters in the region of Flanders were contacted for a telephone interview survey. The sample was stratified to ensure response from different sectors, areas and regions in Flanders. The results of this project will be submitted as article to a peer reviewed journal.

Results:

In total 52% (n=89) of the contacted companies answered the questionnaire. Thirty-nine companies only work during daytime while 50 companies had day and night shifts. Fifty six percent of the employers felt responsible for the mobility of their workers and 44% thought they could have an influence on the choice of transport. Only 2.2% of the companies stated that the government is responsible for the mobility of employees. Twenty percent have an "Employer Transport Plan".

Thirty five percent of the companies promote the bicycle as an alternative to the car. The main reasons for this were the positive image effect and/or employees' request. More than 80% participated in the governmental reimbursement system existing in Belgium that subsidizes the employees' commuter cycling costs and had shower facilities and bicycle sheds. Other incentives such as flexible work hours and an interest-free loan to buy a bike were rare.

Companies could play an important role in the promotion of commuter cycling. Since the companies are willing to promote cycling, the government should work out ways to stimulate and support employers to do so.

Health-enhancing physical activity outcomes:

(No information provided)

Lessons learned

Sustainability:

(No information provided)

Transferability:

The project can be repeated in other countries but the reimbursement system is an important part of this project, which may not exist in other countries.

Assessment of the collaboration from the view of the transport sector:

Companies should be involved with the building of routes so that the workplace is easier to reach by bicycle.

Assessment of the collaboration from the view of the health sector:

Companies can use the data from the health sector to promote commuter cycling. People who cycle to work are more productive and less absent. This can be of interest for the companies.

Additional information/ specific comments

Throughout the project it was found that large employers in Flanders claim to be willing to promote commuter cycling and provide the necessary infrastructure. However, companies' own motives were mainly image-related whereas goodwill-based commuter cycling policies were rare.

Contact

Name	Bas de Geus, Vrije Universiteit Brussel, Faculteit LK, Pleinlaan 2, 1050 Brussel.
Address	Vrije Universiteit Brussel, Faculteit LK, Pleinlaan 2, 1050 Brussel.
Tel	+32 26292222
E-mail	bas.de.geus@vub.ac.be
URL	

Project no.: 9

Country: Belgium

Title: **Commuter cycling: measuring the intensity**

Type of action: Survey as basis for future action (Physiologic measurements during a trip to or from work).

Scope	Regional (Flanders)
Setting	Companies
Target audience	Participants
Target beneficiaries	Participants
Driving force (project leader)	Flemish Government: Steunpunt Sport, Beweging en Gezondheid
Partners	- Health promotion - Physical activity promotion
Timeframe	2005
Number of target population reached	
Financing/cost/funding	Flemish Government: Policy Research Centre Sport, Physical Activity and Health

Description of initiative/action

Aims and objectives:

The purpose of the study was to determine the intensity at which people cycle to and from their workplace.

Description:

Participants were asked to cycle at the same intensity as they were used to cycle in their daily cycling. To measure the intensity at which the participants cycled to and from work a calorimetric system was used.

All participants were healthy and untrained adults, which meant that apart from cycling they did not participate in regular intensive exercise in the last 6 months before the start of this study.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

- The health and physical activity promotion sector were involved in the implementation phase.
- The project was funded by the Flemish Government: Steunpunt Sport, Beweging en Gezondheid

Evaluation

The results of this project will be submitted as an article to a peer reviewed journal.

Results:

This project showed that cycling to work was done at an intensity that is high enough to meet the health-enhancing physical activity (Health-enhancing physical activity) and American College of Sports Medicine (ACSM) guidelines for improvement of health and cardiorespiratory fitness.

Health-enhancing physical activity outcomes:

By measuring the intensity we could demonstrate that cycling to work is intensive enough to recommend commuter cycling as an applicable means of Health-enhancing physical activity.

Lessons learned

Sustainability:

(No information provided)

Transferability:

The project can be repeated elsewhere.

Assessment of the collaboration from the view of the transport sector:

This still has to be done.

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

Commuter cycling should be promoted as a Health-enhancing physical activity.

Contact

Name	Bas de Geus, Vrije Universiteit Brussel, Faculteit LK, Pleinlaan 2, 1050 Brussel.
Address	Vrije Universiteit Brussel, Faculteit LK, Pleinlaan 2, 1050 Brussel.
Tel	+32 26292222
E-mail	bas.de.geus@vub.ac.be
URL	

Project no.: 10

Country: Denmark

Title: **Odense - the National Cycle City of Denmark**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	Local
Setting	Municipality of Odense
Target audience	Cyclists in Odense
Target beneficiaries	- Cyclists in Odense - Specific campaigns addressed children and workplaces
Driving force (project leader)	Project lead by a project manager with the City of Odense
Partners	- Ministry of Transport - National Road Directorate - Municipality of Odense - Health sector represented by the University of Southern Denmark
Timeframe	1999 - 2002
Number of target population reached	(no information provided)
Financing/cost	- Ministry of Transport - National Road Directorate

Description of initiative/action

Aims and objectives:

- The citizens of Odense should consciously notice an improvement in their well-being.
- To increase the number of bicycle journeys in Odense by 20% compared to the years 1996-1997 by the end of 2002. During the same period the number of people who use a bicycle more than three times a week should be increased by 20%.
- The number of cyclists killed or injured in accidents involving more than one party should be reduced by 20% in the same period.

The citizens of the Municipality of Odense should view Odense as a better place in which to cycle.

Description:

From 1999 to 2002 Odense was the official National Cycle City of Denmark. The Municipality of Odense received half of the total budget of DKr 20 million as a subsidy from the Ministry of Transport and the National Road Directorate.

Odense is Denmark's third largest city, with 185 000 inhabitants, 37 public schools and 140 kindergartens (for 3-to-6-year-olds).

Over a four-year period, 50 projects were developed and implemented, such as improvement of traffic lights and junction crossing ("green waves"), web site and interactive trip planner, increasing the quality of cycling paths, more and safer parking facilities etc. Activities also included the development of new options and initiatives. Communication aspects were also emphasized.

Activities:

A mix of measures (infrastructure or engineering measures, changes in regulations and a publicity or marketing and image campaign). The project concentrated on the implementation of concrete infrastructural improvements and publicity campaigns but also included a quite extended evaluation that gives new knowledge about cycling and health aspects.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

The evaluation report based on panel survey, a traffic survey and a survey on traffic safety as well as an attempted health impact assessment.

- Panel survey: a representative sample of the population aged 15-60, mainly on the perception of the activities, recall of activities carried out, priorities etc.
- Traffic survey: Statistic Denmark's transport investigation, a national traffic survey.
- Survey on traffic safety: regular, national survey by the police.

Results:

Health-enhancing physical activity outcomes:

- Between 1999 and 2002, journeys made by bicycle increased by 20%, an estimated 25 000 new cycling journeys per day and some 3 extra minutes of physical activity per day and inhabitant.
- In addition, the number of km travelling per person per day declined substantially and, accordingly, transport by car or public transport declined by 15% and 45%, respectively.
- The project also reduced the number of cars owned.
- The number of accidents involving cyclists fell by 20%.
- Cyclists and other road-users were surveyed to discover the outcomes of the Cycle City project. Results show that 82% of those surveyed believed Odense had excellent urban cycling facilities and over each year of the project, the city had become a better place in which to cycle.

Lessons learned

Sustainability:

It is stated that a sustainable effect was expected due to the reduction in car ownership. In fact, the volume of bicycle traffic remained the same in 2003 after the project ended.

Transferability:

The project experiences could be transferred after the necessary adaptations to the respective local situation. In fact, Odense already served as a basis for other similar projects, e.g. the Sustrans Safe Routes to School project.

Assessment of the collaboration from the view of the transport sector:

The project has given a new angle to promote cycling with a very broad and numerous list of initiatives. A whole cycling identity has been build up and the public awareness on cycling is stronger than ever.

Assessment of the collaboration from the view of the health sector:

It has been proven that cycling can have significant value for people's health because cycling gives daily exercise.

Additional information/ specific comments

(No information provided)

Contact

Name	Troels Andersen, Project Manager
Address	City of Odense, Norregade 36-38, DK-5000 Odense C, Denmark
Tel	+45 65 51 27 51
E-mail	ta@odense.dk
URL	http://www.cykelby.dk/english.asp
Documentation	http://www.cykelby.dk/pdf/cykel_inet.pdf

Project no.: 11

Country: Finland

Title: **Getting to sports facilities in Jyväskylä**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport (mobility management)

Scope	Local
Setting	Jyväskylä City
Target audience	Elderly people in Jyväskylä who have difficulties in getting to a public swimming pool.
Target beneficiaries	Elderly people in Jyväskylä who have difficulties in getting to a public swimming pool.
Driving force (project leader)	- Department of Sport and Physical Activity Services (Jyväskylä City) - Transportation sector (Jyväskylä City) - Day centres for elderly
Partners	
Timeframe	Start in spring 2002, ongoing (continuing on a half-yearly financing basis), previously similar project from 1989 to1991
Number of target population reached	(No information provided)
Financing/cost	Direct appropriation from the city board

Description of initiative/action

Aims and objectives:

- Reorganizing transport to and from the public swimming pool, making year-round participation possible for people who have problems with getting to the public swimming pool to swim or attend instructed groups.
- Instructed groups timetables should be phased with transportation timetables.
- Doubling of the number of instructed groups, especially adding on water fitness for elderly.

Description:

Weekly free of charge transportation of older people between suburbs and public swimming pool or other kinds of sport facilities. New groups should be instructed.
Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

The transport sector and the day centres for elderly were involved in the planning and implementation phase:

- Transport: contributing to planning of timetables, running transportation.

- Day centres for elderly: contributing to planning of activities, informing of and marketing to their customers.

Evaluation

Statistics and feedback from participants.

Results:

Health-enhancing physical activity outcomes:

- Doubling the amount of instructed physical activity for elderly
- Additional five weekly water fitness groups (30-40 people per group)
- Improved individual and group gym exercise participation

Lessons learned

Sustainability:

New decision on financing every six months.

Transferability:

The model has been introduced to other cities.

Assessment of the collaboration from the view of the transport sector:

No major difficulties.

Assessment of the collaboration from the view of the health sector:

No major difficulties.

Additional information/ specific comments

(No information provided)

Contact

Name	Ms Pirjo Huovinen
Address	Jyväskylä City / Department of Sport and Physical Activity Services, Kuntoportti 3, 40700 Jyväskylä, Finland
Tel	+358 14 624 841
E-mail	pirjo.huovinen@jkl.fi
URL	

Name	Elina Hasanen
Address	Jyväskylän kaupungin liikuntapalvelukeskus, Kuntoportti 3, 40700 Jyväskylä, Finland
Tel.	+358 14 624 838
E-mail	elina.hasanen@jkl.fi
URL	http://www.jyvaskyla.fi/liikunta

Project no.: 12

Country: Germany

Title: Bike to Work ("Mit dem Rad zur Arbeit")

Type of action: Publicity or awareness-raising campaign to promote active modes of transport (commuter cycling)

Scope	National
Setting	Companies, universities and technical colleges in Germany
Target audience	Employees of companies, universities, technical colleges
Target beneficiaries	Employees of companies, universities, technical colleges
Driving force (project leader)	- Allgemeiner Deutscher Fahrrad-Club (ADFC) - Health insurance AOK (Allgemeine Ortskrankenkasse)
Partners	
Timeframe	June and July 2005 (took place again in 2006 and will be continued as many years as possible as long as financial support is available)
Number of target population reached	101 529 (11 470 companies)
Financing/cost	- German transport ministry (2004 and 2005) - Health ministries of the German states (such as Bavaria since 2001) - Commercial sponsor partners

Description of initiative/action

Aims and objectives:

- Promotion of commuter cycling and everyday physical activity.
- Finding partners to get a network for a strong action.

Description:

The initiative targeted companies to participate in the event "bike to work". Each company was responsible for recruitment of individual participants. They in turn had to build a team of four persons (if a company had less than 4 employees they could participate nevertheless). Participants had to use their bicycle as often as possible on the way to work during the project duration of four weeks. During that period they had to indicate in a mobility diary on which days they commuted to work by bicycle and how many kilometres they cycled. Each team (or each employee) that cycled to work (all the way or in combination with public transport) on more than 50% of their working days during the four week period fulfilled the condition to take part in the lottery with interesting prizes to win.

In addition, the persons in charge of the project offered a consultation of specially trained ADFC experts on possibilities to make the company more cycle friendly.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

The health sector was represented by the AOK and health ministries in some German states. Both were involved in all stages of the project (planning, implementation, financing, evaluation).

The Federal Ministry of Transport was mainly funding the project, whereas local authorities were involved in the implementation phase (patronage, information of the media and promotion within the companies). The ADFC that was coordinating the project together with AOK was as well involved in all project phases.

Evaluation

Aim of the evaluation was to find out if participants cycled to work before the campaign and if they were planning to do it afterwards. In addition, the project implementation process documented. Participants filled in questionnaires with information on cycling use before, during and after the campaign.

Results:

- Participants: 101 529 (see table below)
- Companies: 11 740

Participating individuals and companies 2001-2005

	2001	**2002**	**2003**	**2004**	**2005**
Participants	828	9728	33 973	61 596	101 529
Companies	58	923	2829	7202	11 740

Health-enhancing physical activity outcomes:

- Between 2 and 9% of participants (a year) answered that they did not cycle to work before the project but want to do so in the future (shift towards cycling).

Lessons learned

Sustainability:

Since 2001 every year more companies and employees participated in the campaing.

Transferability:

This campaign can be easily transferred elsewhere.

Assessment of the collaboration from the view of the transport sector:

This campaign was part of the national campaign to promote the bicycle masterplan of Germany (Nationaler Radverkehrsplan).

Assessment of the collaboration from the view of the health sector:

This campaign was part of the prevention campaign of some German states (e.g. in Bavaria part of "gesund.leben.bayern").

Additional information/ specific comments

The campaign was based on the experience of a similar campaign of the Danish Cycling Federation (DCF). Also Norway has such a campaign since 20 years. The Swiss cycling federation "IG Velo" started a campaign in 2005 (see project no. 25). There is a great potential to build up a European “bike to work” campaign to motivate people for every day physical activity.

The initiative support colleagues within a company to motivate others to join the activity, which leads to new participants commuting to work by bicycle. There is a kind of “social control” within the teams that “forces” participants to cycle to work during the project duration.

Contact

Name	Falkenhein Armin, Vorstandsbeauftragter für Fahrrad und Gesundheit (Deputy of the managing board for Bicycle and Health at the ADFC)
Address	ADFC Bundesverband Postfach 107747 28077 Bremen, Tel: 0421/ 346290,
Tel	+49 421 346290
E-mail	Falkenhein@t-online.de
URL	www.adfc.de www.mit-dem-rad-zur-arbeit.de

Project no.: 13

Country: Israel

Title: **Experimental Project - Introducing Physical Activity Programs in the Bayer Home for the Aged**

Type of action: Behaviour change campaign (Development of physical activity programs for nursing home residents)

Scope	National
Setting	Nursing homes throughout Israel
Target audience	Residents in all types of units in nursing homes.
Target beneficiaries	Residents in all types of units in nursing homes.
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local Association for the Elderly in Jerusalem - Public Health School at Hadassah Hospital - Ministry of Health - Brookdale - Meyers Institute - Zinman College - Wingate Institute - Beit Bayer Nursing Home
Timeframe	Pilot project started in fall 2002, project ongoing
Number of target population reached	
Financing/cost	Donation by Prof. Stanley Mills of San Diego, California.

Description of initiative/action

Aims and objectives:

To develop models of physical activity adapted to the functional level of the residents in each unit including bedridden and mentally frail residents.

Description:

This pilot project took place in a public nursing home with very old and disabled residents. The project included interventions in the physical activity and the nutrition field. The project was initially run by external staff and as the project progressed the nursing home staff assumed an increasing amount of responsibility. In the bedridden and very disabled unit, the elderly participated in physical activity on a regular basis four times a week for 45 minutes each session, many of them standing with the aid of a special standing device. In the mentally frail unit we introduced walking on a regular basis accompanied by the unit staff, family members and volunteers. In the semi-independent units, physical activity classes were also introduced on a regular basis using the tools developed in our "day care centre programme".

The pilot project was almost completed and preparations are being made for dissemination. This specific programme was unique and served as a pilot and lab for different kinds of interventions.

Activities:

Development of physical activity programs for nursing home residents adapted to various levels of functional capacity. Promoting the notion that physical activity must be an integral part of the daily routine care in the facility.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Ongoing evaluation by Brookdale - Meyers Institute. Partial evaluation of results of improvement of bedridden and disabled residents.

The study monitored changes taking place over time in the physical exercise component of the programme in areas such as types of activities, levels of resident participation, staff structure, involvement of volunteers, processes used to manage the programme and monitor its outcomes etc. In addition, the study assessed the physical exercise programmes' impact over time on the functional health of the residents by testing their functional abilities at various points in time through use of the Physical Performance Test (PPT). The PPT measures the time taken to perform 7 functional tasks (e.g. walking 15 meters, picking a coin up from the floor) and was administered to residents in the semi-independent and frail wards. Ongoing evaluation of daily functioning of residents in semi-independent units every 6 months.

Results:

The PPT results point to an improvement over time in residents' functional abilities. It is important to mention that the mean age of the residents was 84.2 at T1 and 84.7 at T2. In the nursing ward 13 residents participated in the first year, 27 in the second and 35 in the third. Overall, 367 residents participated in the programme.

Final results of the evaluations are awaited. The pilot proved that it is feasible to introduce physical activity classes on a routine basis for all residents, regardless of their functional abilities. The project improved the satisfaction level of the residents with the nursing home and it improved their mood. From the point of view of the staff, the programme introduced innovations in daily routine and led to professional pride and improved self-image, especially among low-level staff.

Health-enhancing physical activity outcomes:

Improvement of daily functional capacity level of disabled elderly and elderly in the very old-age group (>85 years).

Lessons learned

Sustainability:

Has to be assessed after the completion of the evaluation process.

Transferability:

It is possible to run the programme in all nursing homes.

Assessment of the collaboration from the view of the transport sector:

Not applicable.

Assessment of the collaboration from the view of the health sector:

Ministry of Health was professionally involved in the pilot project.

Additional information/ specific comments

(No information provided)

Contact

Name	Yosefa Ben Moshe and Naomi Hanochi
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 14

Country: Israel

Title: **Popular Sports and Recreation for the Elderly**

Type of action: Behaviour change campaign

Scope	National
Setting	
Target audience	Men and women over the age of 60
Target beneficiaries	Men and women over the age of 60
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local Association for the Elderly in Jerusalem - Local municipalities - The Organization of Community Centres - Community health clinics
Timeframe	- Tai Chi/Qi Gong started in 2003 - The expansion of the programme to include other activities began in November 2005
Number of target population reached	20 000 participants so far
Financing/cost	Same as project partners

Description of initiative/action

Aims and objectives:

- To enable as many elderly as possible to participate in healthy activities on a regular basis and at low costs. Through this project we introduced Tai Chi and Qi Gong to many localities.
- To increase popularity and accessibility of recreational sports

Description:

The project encourages local services for the elderly in coordination with the municipalities to make leisure time sports and activities available to elderly and to introduce active life styles as a norm. Activities include outdoor Tai Chi/Qi Gong, ball games such as petanque, pin-pong, bicycle riding, etc. Elderly volunteers run all of the activities, except Tai Chi/Qi Gong. Participation is free of charge.

The pilot project of outdoor Tai Chi/Qi Gong was taking place in 5 locations. The pilot project of the expanded programme with a variety of activities began in November 2005.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

- Eshel, local municipalities, local associations for the elderly and the organization of community centres are funding and implementing the projects.
- Community health clinics are involved in implementation (they serve as "multipliers").

Evaluation

No formal evaluation, but monitoring and documentary local films. In addition, questionnaires on satisfaction were available from participants in the pilot.

Results:

234 participants in Tai Chi activities in 5 cities filled out the satisfaction questionnaire. The age distribution was as follows: under 60 years old – 23%; 60 to 69 years old - 43%; 70 to 79 years old - 26%; 80+ years old - 8%. 82.5% of the participants were women, 17.5% men. Below, more results are listed:

- Satisfaction level (1-5; 5 = very satisfied): 5 – 83%; 4 – 17%; 3 – 1 person
- How did they hear about the activity?
  - Friend – 31%
  - Advertisement – 43%
  - Through club – 26%
- What did they like most about the activity (most frequent answers)?
  - The kind of activity – calming, good for the body, puts them in a good mood, improves balance.
  - The place the activity took place – nature, trees, easy to get to.
  - The teacher;
  - The social interaction.

Health-enhancing physical activity outcomes:

Increase in physically activity leisure time, social interaction and contribution to a better health of participants.

The below-mentioned figures were derived from the satisfaction questionnaire:

- Participate in other physical activity: 76% yes / 24% no
- Participated already previously in Tai Chi : 24% yes / 76% no

Lessons learned

Sustainability:

Funding provided to establish each type of activity in 5 to 6 locations with the possibility of further expansion in the next stage.

Transferability:

The programme can be repeated everywhere.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

Community health clinics received information so they can refer their elderly patients to the programme's activities.

Additional information/ specific comments

(No information provided)

Contact

Name	Yosefa Ben Moshe
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 15

Country: Israel

Title: **Improvement of Physical Activity Programme in Day Care Centres for the Elderly**

Type of action: Behaviour change campaign

Scope	National
Setting	Day care centres for the elderly
Target audience	- Elderly visitors in day care centres - Staff working in the day care centres
Target beneficiaries	- Elderly visitors in day care centres - Staff working in the day care centres
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local Association for the Elderly in Jerusalem
Timeframe	Project ongoing since 2002
Number of target population reached	unknown
Financing/cost	- Eshel (the Association for the Planning and Development of Services for the Aged in Israel) - Local Association for the Elderly in Jerusalem

Description of initiative/action

Aims and objectives:

- To improve the quality of physical activity programs run by day care centres for elderly.
- To improve the daily functioning of the elderly in day care centres who participate in physical activity.

Description:

The programme starts with a set of functional test for each visitor in the day care centre. The elderly visitors are divided into small and homogeneous groups depending functional capacity levels of participants. A highly trained professional in the field of physical activity for the elderly supervised staff of day care centres. Caretakers were trained to lead short activities. Physical activity instructors were supervised and taught to work with specific aims and measurable goals. An attempt to improve the conditions in which the activities were carried out was also part of the programme. Evaluations were carried out at the end of each year of the programme.

Activities:
See description.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

A comprehensive evaluation was carried out in the first 12 centres that participated in the programme. The aim of the evaluation was to evaluate effectiveness, to increase credibility with the participants and to apply for funding. Comparison of test results before and after 1 year of the programme of 703 participants (mean age 80) in physical activity classes was carried out.

Results:

Since start of programme, 33 day care centres have participated in the programme.

Health-enhancing physical activity outcomes:

703 people in 16 centres were tested. The test consisted of 9 stations that check balance, flexibility, strength, functional reach and walking ability. Results showed that 42.3% of participants improved their functioning, 24% remained at the same level and 33.7% had a decrease in functioning.

Lessons learned

Sustainability:

The aim is to introduce the programme in all day care centres and to ensure its continuation after ESHEL is no longer supporting its implementation.

Transferability:

Can be applied elsewhere.

Assessment of the collaboration from the view of the transport sector:

Not applicable.

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

(No information provided)

Contact

Name	Yosefa Ben Moshe and Naomi Hanochi
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 16

Country: Israel

Title: **Local, regional and national marches and sports days for the elderly**

Type of action: Publicity/awareness-raising campaign to promote active modes of transport (with practical offers = mass sporting events)

Scope	National, regional and local
Setting	(Mass sporting events)
Target audience	Men and women over the age of 60
Target beneficiaries	Men and women over the age of 60
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local municipalities - Local associations for the elderly - In some cases Ministry of Transport, health insurance organizations and other sponsors. - The national committee on health promotion in old age of the Ministry of Health
Timeframe	- National marches from 1997 – 2003 - Regional/local marches: start in 2004, ongoing
Number of target population reached	
Financing/cost	- Eshel (the Association for the Planning and Development of Services for the Aged in Israel) - Local municipalities - Local associations for the elderly - In some cases Ministry of Transport, health insurance organizations and other sponsors.

Description of initiative/action

Aims and objectives:

- To attract a large number of elderly people through events that “activates” them.
- To expose the elderly participants to a wide variety of physical activities and to introduce new trends (like Tai Chi).
- To encourage participants to engage in walking on a regular basis.
- Public relations designed to change the image of the elderly in the eyes of the general public.

Description:

Sporting events centred around marches of varying lengths, offering a variety of physical activities and performances. Over the years these events have been held on a national, regional and local basis.

National marches and sports days especially aimed to the 60+ population were held for 7 years beginning in 1997. In 2003, because of too many participants on the national level it

was decided to continue the events on the regional and local level only, which have taken place every year since then with approximately 20 events per year. The number of events per year increased steadily with 32 events in 2005.

Project participants were persons aged 60+ from organized services interested in walking, with at least $^1/_3$ of participants being frail elderly from day care centres and seniors clubs.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

- Ministry of Transport and health insurance organizations funding some events.
- The national committee on health promotion in the old age of the Ministry of Health is evaluating and monitoring the project.
- Community health clinics were involved in the implementation (they serve as "multipliers")

Evaluation

Monitoring, documentary films and a questionnaire on lifestyle were completed from a big sample of participants in the 2003 event. A national committee on health promotion in old age of the Ministry of Health developed the questionnaire. The data will be published by the committee members in professional journals. The aim of the evaluation was also to get some publicity.

Results:

- Increase in number of participants in these events over the years.
- Increase in participation in physical activity on a regular basis.
- As a result of exposure to new kinds of activities, like Tai Chi, new programs were developed and new services offered to the elderly on a local level.

Health-enhancing physical activity outcomes:

Increase in leisure time physical activity and social interaction as well as contribution to a better health (status) of participants.

Lessons learned

Sustainability:

Expectation is to increase the number of localities involved in such activities and continuity of this kind of activity each year in each locality that started.

Transferability:

The programme can be conducted everywhere.

Assessment of the collaboration from the view of the transport sector:

Ministry of Transport sponsored some of the activities.

Assessment of the collaboration from the view of the health sector:

Community health clinics received information so they could refer their elderly patients to the programme. In many localities part of the funding came from the health insurance organizations.

Additional information/ specific comments

(No information provided)

Contact

Name	Yosefa Ben Moshe
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 17

Country: Israel

Title: **Physical Activity Programs for the Elderly at the Local Level**

Type of action: Behaviour change campaign

Scope	National
Setting	Cities, rural areas (to date implemented in 20 cities and rural areas)
Target audience	Entire population over age 60
Target beneficiaries	Entire population over age 60
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local Association for the Elderly in Jerusalem - Local municipalities - Community health clinics - Participants
timeframe	Start in 1992, ongoing
Number of target population reached	20 000 participants so far
Financing/cost	- Eshel funds the infrastructure of the programme for the first three years in each location. - Additional funding comes from local municipalities, local associations for the elderly and the participants.

Description of initiative/action

Aims and objectives:

The project aims at enabling as many elderly people as possible to engage in physical activity on a regular basis. The programme is aimed specifically at deprived elderly populations: new immigrants, women, low-income groups and elderly with low education.

Description:

The project offeres a wide variety of physical activity for people aged 60+ at reasonable prices, in easily accessible locations and with professional instructors. Each community has a project coordinator who recruites and supervises the staff and who is responsible for the places for the activities, the elderly participants and local financial resources and support. The main activities offered are various types of exercises, yoga, Feldenkrais, dancing, water exercises, Tai Chi, Qi Gong and specially designed fitness rooms for the elderly.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

- Eshel, local municipalities, local associations for the elderly and participants are funding the projects.
- Community health clinics are involved in the implementation (they serve as "multipliers")

Evaluation

Documentation is available, but no formal evaluation was conducted.

Results:

The programme started in 1992 with one municipality and a few hundred participants. Today there are 20 municipalities and approximately 18 500 participants.

Health-enhancing physical activity outcomes:

1) Steady increase in number of participants who regularly take part in physical activity.
2) Participants come from targeted groups.
3) High satisfaction levels of participants.

Lessons learned

Sustainability:

The majority of cities and rural areas that enter the programme continue to expand their physical activity programs over the years. Most participants continue to participate on a long-term basis.

Transferability:

The programme can be repeated in any locality.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

In many localities, the community health clinics refer elderly to the services offered by the programme.

Additional information/ specific comments

It was difficult to recruit new cites because of budgetary problems on the local level.

Contact

Name	Yosefa Ben Moshe and Naomi Hanochi
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 18

Country: Israel

Title: **Sports competitions for the elderly (part of the celebrations held in Israel for the International Day of Older Persons)**

Type of action: Publicity/awareness-raising campaign to promote active modes of transport (with practical offers to promote sport in the elderly)

Scope	Local
Setting	Jerusalem
Target audience	Men and women over the age of 60
Target beneficiaries	Men and women over the age of 60
Driving force (project leader)	- Eshel (the Association for the Planning and Development of Services for the Aged in Israel) - The municipality of Jerusalem - The Organization of Community Centres in Israel
Partners	- Health insurance companies
Timeframe	Start in 2004, ongoing
Number of target population reached	20 000 participants so far
Financing/cost	- Eshel - Jerusalem municipality - The community centres organization, sponsors and participants

Description of initiative/action

Aims and objectives:

- To provide a showcase for elderly competitive sports.
- To encourage the elderly to participate in all sorts of sports through the year.
- To change the image of the elderly in the eyes of society.

Description:

The sports competitions include the following disciplines: 10 km running, swimming, cycling, tennis, ping-pong, bowling, petanque, technical sports (discus, javelin and shotput), badminton and basketball. In addition, there are non-competitive sections for walking and cycling. Medals are awarded to winners in each age category (5 year intervals).
The first event was realized in November 2004 with 400 participants. The second took place in November 2005.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Two documentary movies were shot but no formal evaluation was carried out.

Results:

The first event had wide coverage in the press, on television and by radio channels but it was too early to assess the long-term effect.

Health-enhancing physical activity outcomes:

- Increase in the number of elderly who participate in sports in general and competitive sports in particular (but no specific data available).
- Encouragement of participation in sports all year round to prepare for the tournament.

Lessons learned

Sustainability:

Decision is made each year whether to hold the competition the following year. We observed a tendency for the event to become a tradition and to make it international.

Transferability:

The programme can be repeated each year and in any locality with adequate infrastructure for sports competitions.

Assessment of the collaboration from the view of the transport sector:

None.

Assessment of the collaboration from the view of the health sector:

Health insurance companies assisted with medical supervision for the competitors.

Additional information/ specific comments

No certitude that the programme will continue in the future but if so there are intentions to expand it to other communities.

Contact

Name	Yosefa Ben Moshe
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 19

Country: Israel

Title: **Training of volunteer leaders for walking with elderly citizens**

Type of action: Behaviour change campaign

Scope	National
Setting	
Target audience	People over 60 all over the country
Target beneficiaries	People over 60 all over the country
Driving force (project leader)	Eshel (the Association for the Planning and Development of Services for the Aged in Israel)
Partners	- Local Association for the Elderly in Jerusalem - Local municipalities - Local social services - Local sports authority - Ministry of Health - Ministry of Transport
Timeframe	Start in 1999, ongoing
Number of target population reached	
Financing/cost	Same as project participants

Description of initiative/action

Aims and objectives:

- To increase the amount of elderly that walk on a regular basis
- To provide opportunities of volunteering in a health promotion programme
- To create models of healthy lifestyles for other elderly

Description:

A local coordinator recruits elderly volunteers, provides a framework for local training (Eshel prepared a group of trainers, written and audio visual materials and funds the training according to local request) and organizes local routes for walking, disseminates the programme to the population and recruits participants to the walking groups.

Lately we also started to train "personal walking trustee". The idea was to provide personal walking companionship during one month for elderly who are willing to walk but are afraid to do it on their own or uncertain about their walking abilities.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

No formal evaluation carried out. In several places documentary films were produced and in one locality a family doctor gathered follow-up data on the walking group participants during one year. The data included follow-up of the participants' use of medical services.

Results:

Since the start of the programme more than 3000 elderly participants were trained.

Health-enhancing physical activity outcomes:

- Improvement of physical abilities and health status (but no specific data available).
- Data from one small city (Nes–Tziona) published in the Israeli Medical Association Journal (HAREFUAH) in 2001. Data on participation and from the medical files where collected during one year since all the participants in the walking group are members in the same HMO where the investigator is working.

Lessons learned

Sustainability:

Walking in the open air and inside (on walking machines) allowed to carry out regular physical activity in spite of terrorists' actions.

Transferability:

Can be applied elsewhere.

Assessment of the collaboration from the view of the transport sector:

Ministry of Transport was partner at the beginning of the programme in 1999 by providing written materials.

Assessment of the collaboration from the view of the health sector:

Ministry of Health funded the activities partly during 1999.

Additional information/ specific comments

The programme has to be adapted constantly according to new trends in population behaviours.

Contact

Name	Yosefa Ben Moshe and Naomi Hanochi
Address	
Tel	
E-mail	Yosefa@jdc.org.il
URL	

Project no.: 20

Country: Italy

Title: Going to school on foot, by cycle, by bus

Type of action: Behaviour change campaign (school mobility project)

Scope	Local
Setting	City of Udine
Target audience	Primary school children
Target beneficiaries	Primary school children
Driving force (project leader)	WHO "Healthy Cities" project (Scientific coordinator of Healthy City office)
Partners	- Task Group "Health of children aged 0-14 years" - Municipality of Udine - Cooperation of other departments of the Municipality - Local transport company S.A.F. Autoservizi F.V.G. - S.p.A.
Timeframe	Start in 1996, ongoing
Number of target population reached	
Financing/cost	Internal financing from different departments of Udine's municipality

Description of initiative/action

Aims and objectives:

To foster the concept of sustainable mobility in schools in order to promote road safety, health for all, physical activity, autonomy and socialisation opportunities for children. It was also seen as important to reduce traffic congestion in areas near schools and to improve air quality with positive consequences for citizens' health. The aim of the study is also to identify the safest routes to schools and the necessary structural interventions.

The following objectives were formulated:

- Improvement of areas, streets, bus routes and pavements
- Help of policemen in supervising children

This project may primarily increase children's autonomy. In addition, outcomes could include an increase in physical activity, a decrease in air pollution and a reduction of the risk of disease deriving from the exposure to polluting agents.

Description:

Children are encouraged to go to school four days per month on foot, by bike or by bus in the framework of a competition, awarding a prize to the three classes with the highest number of children who went to school on foot, by bike or by bus. During the school year, they have to write down the number of participants in the competition on a poster distributed to each class

The project also involves the public administration in order to adopt an Urban Traffic Plan adapted to this purpose.

In the Udine district there are the following numbers of elementary and middle schools:

- elementary schools:
  - Public schools: 24 with 3166 pupils
  - Private schools: 8 with 875 pupils
- Middle schools:
  - Public schools: 7 with 1983 pupils
  - Private schools: 6 with 701 pupils

Activities:

See description.

Planning and implementation

Implementation phase: launching innovative actions and interventions through a participative process involving children, parents, teachers and administration.

Contribution of each sector/partner:

- Transport (planning, implementation, evaluation): the bus corporation S.A.F. improved routes and timetable facilitate students' mobility the city;
- Agenda XXI: financial support;
- Municipality (planning, implementation, evaluation): the Police helps to make the school routes safer for children;
- Urban planning (planning, implementation, evaluation): improvement of infrastructure and pedestrian areas;
- Healthy Cities (planning, implementation, financing, evaluation): carries the project on with their secretary and financial support and supports schools with information.

Evaluation

Documentation is foreseen for the future. A feasibility study on school-related mobility has been carried out. The project started with a survey amongst parents that clearly showed that they preferred to take their children to school instead of letting them go on their own because of the lack of good infrastructure even if they often chose the schools closest to their place of residence. As a consequence, a study was carried out by the municipality of Udine with the collaboration of parents and teachers of different schools, to test the routes and to identify needs for improvement of streets and pavements. The overview showed a map of routes for each school, the reason why parents selected that school, the preferred means of transport and the reasons why parents took their children to school.

During the project, children also fill in a questionnaire of satisfaction, which reveals the challenges encountered during the project.

Results:

- *Measured:*
  - 71% of public and private schools joined the project with 72% of the school population participating.

Health-enhancing physical activity outcomes:

- *Achieved:*

- Children prefer to go to school on foot, by bike or by bus also after the project (based on statements from local policemen).
- Parents are aware of the benefits of the project. This is based on the fact that they joined the project, were involved in accompanying the children on the routes and went to the meetings. Parents were also involved in the school mobility committee.
- Improvement of streets, bus routes, pavements and areas around schools.

Lessons learned

Sustainability:

Since 1996, the first year of implementation, a wide network of safe routes was created not only for children but also for the whole population. This allowed the publication of a "Feasibility Study on School Mobility" to identify and better organize the routes. The municipality has started the necessary structural interventions to allow children to use those routes (elevated crossing, narrowing of the roads near pedestrian crossing, areas with speed reductions, linking of cycle tracks, enlargement of public parks and open spaces).

Transferability:

Yes, without any problem.

Assessment of the collaboration from the view of the transport sector:

The project pointed out problems in the bus system, such as in the timetables or regarding missing routes. The transport society re-arranged the timetables and added bus routes to help customers.

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

A key factor leading to success was the role of the Udine municipality that supported and allowed all changes in urban traffic organization.

Something to consider for future implementation is the “overprotective” attitude of some parents who prefer to drive children to school in rainy days, are scared of the weight of schoolbags and the unsuitability of the streets, as well as school authorities having problems in letting children go out on their own because of liability problems. However, all of these concerns could be dealt with.

Contact

Name	Ilaria Marassi
Address	Comune di Udine, Via Lionello, 1, 33100 Udine
Tel	+39 432 271 111 (switch board)
E-mail	ilaria.marassi@comune.udine.it
URL	http://www.comune.udine.it/opencms/opencms/release/ComuneUdine/progetti/index.html?lang=it&style=1

Project no.: 21

Country: Italy

Title: **Walking Bus Italy ("Scuolabus a Piedi")**

Type of action: Behaviour change campaign

Scope	Local (City of Rome)
Setting	School (community)
Target audience	Parents & primary school age children
Target beneficiaries	Parents & primary school age children
Driving force (project leader)	Rome City Council, Children and Family Policies, Department XVI
Partners	- Rome Districts I, II, III, IV, VII, VIII, X, XII, XV, XVI, XX; "L. Settembrini", "Contardo Ferrini", "G. Mazzini", "Fratelli Bandiera", "Tiburtina Antica", "Brasile", "Carlo Levi", "G. Parini", "Marco Polo", "Fausto Cecconi", "P.R. Pirotta", "Corrado Corradi", "A. De Curtis", "G. Messina", "Federico Fellini", "Damiano Chiesa", "Don Filippo Rinaldi", "Bambini nel Mondo", "Antonio Gramsci", "G. Pallavicini", "G. Tosi", "I. Montanelli", "M. Ricci", "Collodi", "Rio De Janeiro", "Vibio Mariano", "San Godenzo", "Sesto Miglio" - Department of Transport - Local police - "Le Perle dei Caribi" Cultural Association
Timeframe	2002 - 2006
Number of target population reached	
Financing/cost	Municipal funds (€ 300 000)

Description of initiative/action

Aims and objectives:

- To give children the opportunity to be physically active on a daily basis, to provide them with road safety education and to help them become "better pedestrians";
- To give children the opportunity to socialize with other children on the way to school; and
- to improve the quality of the urban environment around schools by limiting traffic and pollution due to excessive use of cars.

Description:

The "walking bus" is a safe, fun and healthy way for children travelling to and from school. It is implemented during the school semester. Children walk to school in a group, along a set route picking up additional "passengers" at specific "bus stops" along the way. Children join the bus at the set "bus stops" along the route at the set timetable. Each walking bus has an adult "driver" in the front and another adult at the rear. Everyone wears a reflective jacket or caps and coloured scarves to be well visible. Walking buses vary in timetable and routes to suit the needs of the children and parents. The ratio of adults to children in the walking bus

is usually 1:8. The walking buses also have handcarts to put books and school bags into and decrease the weight the children carry. Adult "drivers" undergo training and are covered by an accident and liability insurance. Each "driver" should compile a list of pupils who use their bus on each day. The driver keeps track of attendance and children can be rewarded with stickers or other gifts. The walking bus route can stretch for 2.0 to 2.5 km, usually covered in 30 to 40 minutes.

The project is not completed yet. It is foreseen to be extended to all the city districts that were not yet included due to the lack of funds.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

The following three 3 parties were involved: education, local authorities, parents and community.

Evaluation

Last year the Department XVI gave parents a new questionnaire to assess the popularity of the project. Besides this survey, there is no other kind of evaluation at the moment.

Results:

The survey showed that parents appreciated the service since it helped optimizing the family timetable, enhanced children's autonomy and gave them more opportunities to socialize.

Health-enhancing physical activity outcomes:

Not available at the moment.

Lessons learned

Sustainability:

The future plan is to implement the project in all primary schools in Rome, as well as to conduct a study on the sustainability and the management of the project.

Transferability:

Although it is clear that each place has specific characteristics, transferable elements are the initiative's objectives, teamwork, sharing of same objectives, selection of actions linked to children's needs and the desire to ensure a better quality of life and a better environment.

Assessment of the collaboration from the view of the transport sector:

Department XVI will manage all the activities to propose and coordinate an intersectoral implementation with Department VII, VIII, X, XII, XVII; XVIII; XIX and municipal police, to develop and implement actions such as spaces to improve pedestrian mobility, urban environment restoring etc. With the collaboration of the Department of Transport the project leaders aim at realizing protected pedestrian areas, traffic signs for children, traffic restraint and other measures.

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

It is important to gain the trust of schools and parents on the efficiency and good quality of the service.

Contact

Name	1) Pamela Pantano 2) Francesca Pitaccio
Address	Rome Municipality, Director's Office Dept for Family and Children's Policies Promotion Via Tempio di Giove, 3 I-00186 Rome -Italy
Tel	+39 06 6710 3047/4070
E-mail	1) f.pitaccio@comune.roma.it 2) ass.bambini@comune.roma.it
URL	http://www.comune.roma.it/was/wps/portal/!ut/p/_s.7_0_A/7_0_21L?menuPage=/Comune_Agenzie_e_Aziende/Dipartimenti/Dipartimento_XVI/Eventi_e_iniziative/Scuolabus_a_piedi/

Project no.: 22

Country: Italy

Title: **Fitness: Move for Health (Fitness: Muoversi in Salute)**

Type of action: Behaviour change campaign

Scope	National
Setting	
Target audience	All ages: from teenagers and young adults to seniors
Target beneficiaries	All ages: from teenagers and young adults to seniors
Driving force (project leader)	- The federation of the Italian aerobics and fitness professionals (Federazione Italiana Aerobica e Fitness - FIAeF)
Partners	- The federation of the Italian family doctors and general practitioners (Federazione Italiana Medici Medicina Generale - FIMMG) - The federation of the Italian aerobics and fitness professionals
Timeframe	2005 – 2006
Number of target population reached	
Financing/cost	Public institutions and private enterprises

Description of initiative/action

Aims and objectives:

To involve the general population in regular, safe and effective physical activity.

Description:

The FIAeF and FIMMG implement a joint programme to increase public awareness of the benefits of regular physical activity and healthy nutrition, consisting of a national campaign for information and prevention called “Fitness = Move for Health” which started on 15 October 2005 in Formia (province of Latina, Lazio region). The campaign is part of the WHO “Move for Health” initiatives and is accredited by the United Nations as part of the International Year of Sports and Physical Education.

This project was based on the consideration that sufficient exercise and the participation in fitness activities can help to prevent or reverse the development of heart disease, metabolic diseases and musculoskeletal disorders. It is, however, advantageous that the physical activity undertaken is supervised by qualified instructors and in any case accompanied by a healthy and balanced diet as well as a lifestyle which avoids harmful behaviour such as smoking, excessive consumption of alcohol, pharmaceuticals and drug abuse.

The project was a targeted behaviour change programme accompanied by a research project (but the project is mostly practice-oriented). The project was in the implementation phase and was being promoted through various advertisements in the media.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

An observational study was conducted by family doctors and their patients. The FIMMG physicians chose a number of patients to participate in a daily exercise programme. The clinical values of the patients were examined before, during and after to assess changes. FIAeF and FIMMG will produce an evaluation report with the results of the observational study.

The aim of the evaluation was to assess the improvement in the fitness level of the participants in the study based on regular physical activity and healthy nutrition.

Results:

The first results were foreseen to be available after the end of the first 6-month observational study by the end of 2006.

Health-enhancing physical activity outcomes:

Increase in physical activity in general as well as safe and effective exercise programming in particular.

Lessons learned

Sustainability:

The project will last for a minimum of one year with the possibility of renewal.

Transferability:

Already transferred to the national level. The project's concept could also be transferred on an inter-European basis.

Assessment of the collaboration from the view of the transport sector:

Possible integration with other projects being conducted in this field.

Assessment of the collaboration from the view of the health sector:

Strong collaboration and active contact with the health promotion, physical activity and public health sector. The two advocates of the project were FIAeF and FIMMG.

Additional information/ specific comments

(No information provided)

Contact

Name	Paolo Adami, president FIAeF
Address	P. O. Box 6284 - 00195 Rome, Italy
Tel	+39.06.37352328
E-mail	p.adami@fiaf.it
URL	http://www.fiaf.it/FITNESS=M%20S/fitness2.htm
Documentation	http://www.fiaf.it/FITNESS=M%20S/BROCHURE.pdf

Project no.: 23

Country: The Netherlands

Title: **Bike To Work (Fiets naar je werk)**

Type of action: Publicity/ Awareness-raising campaign to promote active modes of transport (commuter cycling)

Scope	National
Setting	Companies in the Netherlands (and especially inactive workers)
Target audience	All employees of companies in the Netherlands
Target beneficiaries	All employees of companies in the Netherlands that participate
Driving force (project leader)	- Public Health Sector: the Dutch Institute for Health Promotion and Disease Prevention (NIGZ) - Transport sector: Dutch Cyclists' Union - Other: association of the fifteen centres for international cooperation (COS Nederland)
Partners	
Timeframe	Last campaign was from 2003 to end of 2005, but the campaign started in 1995 and is still ongoing.
Number of target population reached	
Financing/cost	- Ministry of Health - Ministry of Transport and Environment - NOVIB (an NGO that joined Oxfam International in 1994, an alliance of 12 independent organisations that work together on the basis of the conviction that poverty and exclusion are unjust and unnecessary) - Dutch Heart Foundation: financed the evaluation from 1999 onwards

Description of initiative/action

Aims and objectives:

- Promotion of cycling in daily life (including commuting) in order to improve health and the environment.
- The aim was to have 5000 participants more each year.

Description:

Companies can participate in this project. A programme coordinator in each company is responsible for recruitment of individual participants.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

- Public Health Sector: NIGZ
- Transport sector: Dutch Cyclists' Union
- Other: COS Nederland

Evaluation

Evaluations were carried out in 1999, 2003 and 2004, including a "work book" with a seven-step approach for implementing the campaign and folders/brochures. Both process evaluation and effect evaluation (meeting Health-enhancing physical activity guidelines and assessing CO_2-emissions) were carried out. The average number of kilometres cycled per day, cycling during leisure time and to and from work, as well as barriers and benefits of cycling to work were assessed.

Results:

Cycling behaviour, health indicators and CO_2-emissions were assessed as well as sponsoring of durable projects in third world countries (e.g. solar energy projects).

Health-enhancing physical activity outcomes:

In 1999, a small increase in cycling of participants of the project compared to non-participants in the same company was observed. In 2003 and 2004, results showed that the campaign reached workers that already cycled, but did not lead to all of them meeting the guideline for physical activity of doing at least 30 minutes of at least moderate physical activity on most days of the week. However, after participating in the campaign these workers cycled more and met the guideline more often.

Lessons learned

Sustainability:

The initiative is already ongoing for 10 years and is expected to continue in the future.

Transferability:

The campaign model is easily transferable to other countries. However, cycling is easy in the Netherlands, partly due to an excellent infrastructure, which is not so easily transferable. In Belgium the same type of campaign started in 2004.

Assessment of the collaboration from the view of the transport sector:

The campaign is important for the sensitisation of the Dutch public for active travelling since many employees could commute by bike theoretically but not yet do so. Collaboration is still important also for the transport sector. The collaboration with the health sector increased the network of people that can be reached with the campaign.

Assessment of the collaboration from the view of the health sector:

From a health perspective the promotion of commuter cycling is very important. The collaboration with the transport sector was valuable and easy.

Additional information/ specific comments

A person from the NIGZ thought research on the health benefits of cycling to work, especially on absenteeism, was necessary.

Contact

Name	
Address	Landelijk Campagnebureau Fiets Naar Je Werk Postbus 2125 4460 MC Goes
Tel	(0113) 250 051
E-mail	info@fietsnaarjewerk.nl
URL	http://www.fietsnaarjewerk.nl/

Project no.: 24

Country: Norway

Title: **Norwegian Action Plan on Physical Activity**

Type of action: Policy document (Intersectoral and multi-approach action plan to promote active modes of transport/physical activity)

Scope	National
Setting	- Kindergartens - Schools - Workplace - Leisure time - The transport field - The local environment
Target audience	- Decision makers - Planners and professionals / highly skilled persons on all levels within public, private and voluntary sectors - Entire population - Especially children and adolescents and persons who have low levels of physical activity
Target beneficiaries	- Entire population - Especially children and adolescents and persons who have low levels of physical activity
Driving force (project leader)	Ministry of Health and Social Affairs
Partners	- Ministry of Labour and Social Affairs, MLSA - Ministry of Children and Family Affairs, MCFA - Ministry of Health and Care Services, MHCS - Ministry of Local Government and Regional Development, MLGRD - Ministry of Culture and Church Affairs, MCCA - Ministry of the Environment, ME - Ministry of Transport and Communications, MTC - Ministry of Education and Research, MER - Ministry of Agriculture and Food, MAF - Directorate for Health and Social Affairs
timeframe	2005-2009, implementation over 5 years
Number of target population reached	
Financing/cost	Mainly within existing budgets in the various sectors, but the Directorate has allocated around 10 million NOK (around € 1.25 million) yearly to follow up more actively on the implementation and communication of the plan.

Description of initiative/action

Aims and objectives:

- Vision: A general improvement in public health through increased physical activity in the population.
- Main target no.1: An increase in the number of children and adolescents who are physically active for at least 60 minutes per day.
- Main target no.2: An increase in the number of adults and elderly people who are moderately physically active for at least 30 minutes per day.
- Sub-target 1: A higher number of people who are physically active during their leisure time.
- Sub-target 2: Opportunities for physical activity in kindergartens, schools and at work.
- Sub-target 3: Physical environments promoting an active lifestyle.
- Sub-target 4: Focus on physical activity in social- and health services.
- Sub-target 5: Intersectoral and coordinated efforts to promote physical activity in the population.
- Sub-target 6: A better basis of knowledge and improved competence regarding physical activity and health.
- Sub-target 7: Education of the people regarding physical activity and health and motivation for an active lifestyle.

Description:

The Government of Norway was asked to develop an action plan on physical activity in connection with the discussion of the public health policy “Prescription for a Healthier Norway” in parliament. The proposition said the following: “The plan must comprise concrete measures in various fields of society. Different parties in working life, such as trade unions and other stakeholders must be actively engaged in the work…" The action plan is meant to lead to a national mobilisation to promote improved public health through increased physical activity.

The plan aims at increasing and strengthening factors that promote physical activity in the population and reducing factors that lead to physical inactivity. Increased physical activity will be attained through a comprehensive strategy that includes measures in various areas of society – in kindergartens, schools, at work, in transport, in the local environment and in leisure. This initiative requires cooperation between different sectors and levels of administration and eight ministries collaborate in the development and the follow up of this plan.

The plan was in the second year of its 5-year implementation period when this questionnaire was filled in. Communication work was being focused in order to mobilise different actors in the involved sectors in the best possible way. A coordinating group will follow up the plan by establishing a reporting system and developing prerequisites for its evaluation.

Activities:

The areas of priority within the action plan are as follows:

- Active leisure time (low-threshold activities for persons who are more or less inactive)
- Active everyday life (i.e. at the workplace, in kindergartens and schools. Suitable measures will vary from setting to setting, so measures will be developed e.g. in cooperation with representatives of employees).
- Active environment (i.e. health considerations in planning and a local environment and a transport system promoting physical activity).

- Activity according to capacity (i.e. physical activity in municipal social- and health services and in specialized health services must be emphasized as sources of health and well-being, as well as active parts of treatment and rehabilitation).
- Working together for physical activity (i.e. partnerships for public health and physical activity, voluntary effort for public health and physical activity).
- A better foundation of knowledge (i.e. monitoring of physical activity, research, summarizing of knowledge, education and the advancement of competence).
- Communication (communication strategy).

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

An evaluation was foreseen, but it was not yet decided in detail what methods would be used.
Knowledge regarding the state of health and factors that influence it form the basis of developing targets, planning, implementation and evaluation of public health policies. For this reason a specific goal was to develop a health monitoring system that would make it possible to follow up the development of the state of health and circumstances influencing this. Such a system would also allow making comparisons between different geographical areas and different population groups. Even though a number of population surveys containing questions on physical activity had been carried out, there was few data available.

For most activities, indicators were still missing, but work was planned in order to make the evaluation as good as possible. Among other things, surveys were being carried out to assess how well the recommendations for physical activity were known in the general population.

The Action Plan contains 108 measures for the different areas of priority (e.g. measure 43: Propose a new article in the new Working Environment Act that obliges employers to consider physical activity of the employees as part of the systematic health-, environmental- and security work in the enterprise; measure 97: Establish a system of monitoring the level of physical activity in the population; measure 98: Consider the establishment of a research project run by the Norwegian Research Council in the area of physical activity and health; measure 99: Contribute to an increased focus on the relation between physical activity and health in the national investigations on the population (e.g. the so-called “Mother and child investigation”, a Norwegian cohort) and in future research projects). A list of "high priority actions" was being developed.

Results:

Not yet available.

Health-enhancing physical activity outcomes:

Not yet available.

Lessons learned

Sustainability:

There were two project parts that have been running for 5 and a half years. There is a natural “turn over” of parents as the children leave primary school and therefore the project was always looking to recruit more parents into the scheme. To maintain parental interest was the main challenge.

Transferability:

The Department of Nutrition was developing a similar cross-sectional action plan and it was also being considered whether local action plans of similar character might be fruitful. If so, this would be an extension or supplement to local "partnerships" which are currently the main approach at the regional level.

Assessment of the collaboration from the view of the transport sector:

In the National Transport Plan (NTP) the Norwegian Public Roads Administration has given a special responsibility of coordination and initiation of the promotion of cycling. In cooperation with The Directorate of Health and Social Welfare**,** The Norwegian Association of Local and Regional Authorities and The National Cyclists Club, The Norwegian Public Roads Administration had developed “National Cycle Strategy” that was presented in 2003. This strategy was part of the NTP and its principal objective was to make cycling safer and more attractive.

Assessment of the collaboration from the view of the health sector:

The Public Health White Paper emphasised partnerships as a main strategy for a more committed, permanent, intersectoral and cooperative process to promote public health. The partnership model shall strengthen public health work by securing a stronger foundation in democratic system as well as in ordinary planning- and resolution processes. Furthermore, this model shall also create a more solid basis for the participation of voluntary organisations in public health work. As a regional development agent responsible for planning, the county municipality is challenged to initiate and coordinate public health work.

Additional information/ specific comments

Key success factors seemed to be the development of real ownership within the involved sectors, at both political/top levels and among professionals at various levels. Knowledge dissemination was also crucial, as well as direct involvement of expertise of involved sectors was crucial throughout all phases of the work.

Contact

Name	Brita Jorde, Dept. for Physical Activity
Address	Directorate for Health and Social Affairs PO Box 7000 St.Olavs plass N-0130 Oslo Norway
Tel	+47 24163454
E-mail	bjo@shdir.no
URL	http://www.shdir.no/

Name	OR Vigdis Rønning
Address	Ministry of Health and Social Affairs
Tel	
E-mail	vigdis.ronning@hod.dep.no
URL	

Project no.: 25

Country: Switzerland

Title: **Bike To Work**

Type of action: Publicity/awareness-raising campaign to promote active modes of transport (commuter cycling)

Scope	National
Setting	Pilot project with one big Swiss company (Migros)
Target audience	All employees of Migros agencies in Switzerland
Target beneficiaries	All employees of Migros agencies in Switzerland that participate
Driving force (project leader)	IG Velo Switzerland
Partners	- Health Promotion Switzerland (Promotion Santé Suisse) - Swiss Federal Office of Public Health - Federal Office of Sports - Migros-Genossenschafts-Bund
Timeframe	2005 (took place again in 2006)
Number of target population reached	16 000
Financing/cost	- Health Promotion Switzerland (Promotion Santé Suisse) - Swiss Federal Office of Public Health - Federal Office of Sports - Migros-Genossenschafts-Bund

Description of initiative/action

Aims and objectives:

- More people cycle to work (instead of taking the car/bus/train)
- More cycling promotion by companies
- Enhance positive image of cycling as mode of transport for daily life activities

Description:

The initiative wanted companies to take part in the event "bike to work". If a company decided to participate they had to promote the event to their employees through an internal project coordinator. All employees received a flyer with detailed information of the event and the registration form. The workers had to build a team of 4 persons (also teams of 2 or 3 persons were possible). Then they had to use their bicycle as often as possible on the way to work during the project duration of four weeks. During that period they had to quote in a “mobility diary” on which days they had commuted to work by bicycle and how many kilometres they had cycled. Each team (or each employee) that cycled to work (all the way or in combination with public transport) on more than 50% of their working days during the four week event period fulfilled the condition to take part in the lottery (interesting prizes to win as individual or as a team).

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

- IG Velo CH: planning, organization and implementation of initiative
- Health Promotion Switzerland (Promotion Santé Suisse): financing
- Swiss Federal Office of Public Health: financing
- Federal Office of Sports: financing, evaluation
- Migros-Genossenschafts-Bund: planning, organisation and implementation of initiative

Evaluation

- Description of participation at the event
- Telephone interview with coordinators of those Migros agencies that do not participate
- Telephone interview with coordinators of those Migros agencies that participate
- Telephone interview and comparison of a random sample of participants and non-participants each

Results:

- Of 36 agencies countrywide, 21 participated (15 from the German speaking and 6 from the French speaking part of Switzerland).
- 1332 people participated (participation rate = 4.5%, based on all employees of the participating agencies = 29 300 people).
- The acceptance of the project was excellent: even 95% of the non-participants thought that this intervention was reasonable or very reasonable.

Health-enhancing physical activity outcomes:

- 45.2% of the employees participating in the initiative were categorized as insufficiently physically active (compared to 55.7% of the non-participants). Insufficient physically active was defined as less than 150 minutes per week of moderate physical activities (i.e. getting short of breath) and less than three days per week with sweating episodes of 20 minutes.
- 38.7% of the participants did not use the bicycle before (i.e. modal shift during project duration).

Lessons learned

Sustainability:

To make the project self-financed in the future, sponsoring by private companies and a fee for participating companies will be introduced. As the event hopefully will take place every year, more and more people will participate and get sensitised to the “topic” (as experience from other countries has shown).

Transferability:

This initiative can be transferred easily to elsewhere; similar events are conducted in Germany, Norway, Denmark since years.

Assessment of the collaboration from the view of the transport sector:

It is planned to involve the Swiss federal railways (SBB) as a partner of the project because the promotion of the combination cycling and public transport is very important.

Assessment of the collaboration from the view of the health sector:

This is a beautiful example of a inter-sectoral collaboration. The project has been developed by the IG Velo, which is responsible for the organizational know-how and the implementation of the project; the health sector contributed with the health argument, financial support and publicity.

Additional information/ specific comments

The less active individuals as well as the target group of users of motorized forms of transport can be reached with such an event.

Contact

Name	Gregor Zimmermann, Veloförderung im Betrieb
Address	IG Velo Schweiz Bollwerk 35 Postfach 6711 3001 Bern
Tel	+41 31 318 54 13
E-mail	gregor.zimmermann@igvelo.ch
URL	www.igvelo.ch http://www.biketowork.ch/

Project no.: 26

Country: Switzerland

Title: **SlowUp – car-free days**

Type of action: Engineering/infrastructural measures combined with publicity/motivational campaign and/or practical offers to promote active modes of transport

Scope	National
Setting	Closure of main roads in different parts of Switzerland for one day
Target audience	Inactive and active individuals of all ages
Target beneficiaries	Individuals that participate
Driving force (project leader)	
Partners	- Foundation "Cycling in Switzerland" - Foundation "Health Promotion Switzerland" - Federal Office of Spatial Development - Local authorities and clubs
Timeframe	The first event in 2000, 10 events in 2005; planned to continue yearly
Number of target population reached	About 220 000 participants in 2004
Financing/cost	- Foundation "Heath Promotion Switzerland" - Federal Office of Spatial Development - Private partners - Local municipalities

Description of initiative/action

Aims and objectives:

- Offering the opportunity to spend an “active” day
- Motivating the people to make modal shift towards more walking and cycling in daily life
- Enhancing positive image of walking and cycling
- Community building in regions carrying out the event

This is a project that may primarily increase leisure time activity. The expected outcome may be an increase in total physical activity or, after a transfer of positive experiences into daily life, more transport walking and cycling.

Description:

SlowUp events are car-free "human-powered" (i.e. cycling, walking, skating etc.) mobility days. The main roads were closed for motorized traffic for one day. On the 20 to 30km closed routes cyclists, inline-skaters, walkers etc. enjoy to be active in a scenic environment.

Activities:

- Closure of main roads for motorized traffic
- A variety of entertainment, food and so on is offered by local clubs and institutions

Planning and implementation

Contribution of each sector/partner:

The cycling specialists were responsible for the technical and organisational know-how and the implementation of the project. The health sector contributed with the health argument, financial support and publicity campaigns.

Evaluation

Evaluation report developed, including process documentation and survey among participants.
In 2004, an evaluation was conducted to assess if those not active on a regular basis can be reached with such an event. At three events, a field worker interviewed 791 randomly selected participants.

Results:

Health-enhancing physical activity outcomes:

- Among the participants 45% met the Swiss recommendations for health-enhancing physical activity (at least half an hour of moderate intensity physical activity, e.g. brisk walking, on all or almost all days of the week), compared to 36% in the general population.
- 20% of the participants thought that in the future they would cycle or walk more in daily life because of the events.
- According to traffic counts in 2004 about 220 000 participants were en route at all 7 events.

This was a cross-sectional study; therefore behaviour change was not assessed.

Lessons learned

Sustainability:

The events contributed to a positive image of cycling and walking. The idea that cyclists and walkers can be given absolute priority on public roads has become acceptable which alltogether may contribute to more sustainable transport policies. On the other hand, 42% of the participants used their car to come to the event sites. However, this can hardly be changed because the events have become so popular that there is not enough capacity of the public transport system for the thousands of bikes of those living not in the vicinity of the event sites.

Transferability:

The project could well be repeated elsewhere. Similar events have been carried out before in Germany. Within Switzerland, the number of events has increased from 1 in the year 2000 to 10 in 2005.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

This is a beautiful example of inter-sectoral collaboration. The events were developed together; the cycling specialists were responsible for the technical and organisational know-how and the implementation of the project. The health sector contributed with the health argument, financial support and publicity campaigns.

Additional information/ specific comments

Also the less active individuals can be reached with such events.

Contact

Name	Foundation Cycling in Switzerland
Address	c/o Schweizer Tourismus-Verband Finkenhubelweg 11 Postfach 8275 3001 Bern
Tel	+41 31 307 47 40
E-mail	info@veloland.ch
URL	www.slowUp.ch
Documentation	

Project no.: 27

Country: Switzerland

Title: **National mission statement "Human-Powered Mobility" (Leitbild Langsamverkehr)**

Type of action: Policy document describing strategies to promote active modes of transport

Scope	National
Setting	Different settings
Target audience	Entire population
Target beneficiaries	Entire population
Customer	Head of the Department of the Environment, Transport, Energy and Communications (DETEC)
Driving force (project leader)	Swiss Federal Roads Authority
Partners	- Swiss Federal Office of Public Health - Federal Office for the Environment - Federal Office of Sports - Federal Office of Spatial Development - Swiss Federal Office of Energy - Swiss Federal Statistical Office - Federal Office of Transport - State Secretariat for Economic Affairs
Timeframe	Start in 2002, ongoing
Number of target population reached	(Not applicable)
Financing/cost	(No information provided)

Description of initiative/action

Aims and objectives:

- Development of a basis for a future-oriented development of a coherent transport policy.
- Promotion and further development of “human powered mobility” (HPM, i.e. cycling, walking, skating etc.).
- Increase of the percentage of non-motorized journeys by 15% within the next 10 years (from 47% today to 54%).

Description:

Due to the increasing traffic problems (especially in towns and suburban areas) the percentage of non-motorized traffic should be elevated. In the medium term, non-motorized transport should have an equal status as public and motorized transport in order for mobility in Switzerland becoming more sustainable.

The policy document compromises different measures (infrastructure, new financing strategies, monitoring, guidance systems, research, communication, pilot and demonstration projects, evaluation). The legal basis so far is the “Footpath and hiking trail” law.

The mission statement and the different measures were a basis for action for all involved parties and stakeholders. Once endorsed, the mission statement shall be legally binding on the level of federal competencies and responsibilities. For the federal regions (cantons), the mission statement shall have recommendatory character. A draft version of the mission statement is available (see URL below).

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

At the request of the head of the DETEC the Swiss Federal Roads Authority developed the mission statement, assisted by the federal offices listed above.

Evaluation

Evaluation is part of the mission statement. The Federation collects relevant data of all forms of HPM regularly and statistics of non-motorized transport or HPM shall become an equal part of the official transport statistic. The qualitative and quantitative data were collected in a way to be useful for the planning and evaluation of promotion measures.

Results:

The mission statement was in the consultation phase and not yet being implemented. Due to shortage of financial resources on the federal level the implementation was at the moment not among the highest political priorities.

Health-enhancing physical activity outcomes:

Not yet available.

Lessons learned

Sustainability:

A coordination board between the different sectors of the federal administration has been established and a sustainable exchange is in progress. Once the mission statement will be implemented, this board will certainly have a sustainable effect.

Transferability:

The process is specific for the Swiss political system. Basic strategies are repeatable, but not the process of the policy development.

Assessment of the collaboration from the view of the transport sector:

HPM has become an explicit element of the traffic system. For example, it has to be included into traffic development programmes for urban areas if they want to apply for financial support by the confederation to solve their traffic problems.

Assessment of the collaboration from the view of the health sector:

The possibility for exchange with different partners is extremely important and shows the possibilities and challenges faced by the other players. Public health arguments can be introduced in the different sectors and included into their argumentation.

Additional information/ specific comments

(No information provided)

Contact

Name	Swiss Federal Roads Authority
Address	Mühlestrasse 2, Ittigen CH-3003 Bern
Tel	+41 31 322 94 11
E-mail	info@astra.admin.ch
URL	www.langsamverkehr.ch
Documentation	http://www.astra.admin.ch/html/de/news/vernehmlassungen/llv/leitbild.php

Project no.: 28

Country: Switzerland

Title: **SwissMobile (SchweizMobil)**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	National
Setting	(Not applicable)
Target audience	Swiss population, foreign guests
Target beneficiaries	Those using the infrastructure
Customer	Federal offices, cantons, organizations from the transport, tourism and sports sector or industry
Driving force (project leader)	- Foundation "Cycling in Switzerland"
Partners	- National and cantonal authorities - Switzerland Tourism - SBB (Swiss Federal Railway) and private public transport - Touring Club Schweiz - Verkehrs-Club der Schweiz - IG Velo Schweiz - Swiss Cycling - Verband für Verkehr, Sport und Freizeit - Schweizerische Beratungsstelle für Unfallverhütung - Swiss Olympic - Verband Schweizerischer Fabrikanten, Grossisten und Importeure der Zweiradbranche VFGI - Schweizer Tourismus-Verband
Timeframe	Opening in 2008 (signalization of the routes finished)
Number of target population reached	(No information provided)
Financing/cost	CHF 15 million - National government: CHF 6.75 million (45%) - Cantons: CHF 6.75 million (45%) - Private partners: CHF 1.5 million (10%)

Description of initiative/action

Aims and objectives:

- To get Switzerland to the leading position concerning tourist offers for “human-powered mobility” (i.e. hiking, cycling, mountain biking, skating, canoeing etc.) combined with public and private transport.
- By 2008 Switzerland is the leading country concerning sustainable mobility offers.

This project may increase activity in leisure time.

The planned system of routes looks as follows:

- "Hiking in Switzerland": 3 national routes, about 40 regional ones including 1 to 3 day tours to highlights;
- "Cycling in Switzerland": 9 national routes already existing, about 50 regional routes, with about 20 including 1 to 3 day tours to highlights.
- "Mountain bike in Switzerland": about 2 national routes, about 15 regional ones including 1 to 3 day tours to highlights;
- "Skating in Switzerland": possibly 1 national route; about 10 regional ones including 1 to 3 day tours to highlights;
- "Canoeing in Switzerland": possibly 1 national route with about 10 highlights; and

Description:

"SchweizMobil" includes as elements "Hiking in Switzerland", "Mountainbike in Switzerland", "Skating in Switzerland", "Canoeing in Switzerland" and "Cycling in Switzerland".

Signaled national and regional routes for hiking, cycling, mountain biking, skating and canoeing should be realized by 2008. Communication about the routes is done via Internet, print media and other channels. Combination of offers with public and private transport, as well as combination with pre-set package offers.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

See below.

Evaluation

An evaluation is planned after 2008, i.e. after the implementation phase.

Results:

State of affairs (as of February 2006):

Project	Status quo concept	Status quo planning
Hiking in Switzerland (national routes)	2400km	5300km
Mountain bike in Switzerland (national routes)	1800km	2500km
Skating in Switzerland (national routes)	700km	1050km
Canoeing in Switzerland	450km	400km
Cycling in Switzerland (national and regional routes)	-	7500km

Lessons learned

Sustainability:

Project has no time limitation, sustainable effect expected.

Transferability:

Transferable to many countries or regions if adapted to the local environment and regional conditions.

Assessment of the collaboration from the view of the transport sector:

Cooperation of tourism sector and transport planning authorities is part of the project.

Assessment of the collaboration from the view of the health sector:

Not yet done.

Additional information/ specific comments

(No information provided)

Contact

Name	Foundation Cycling in Switzerland, c/o Schweizer Tourismus-Verband
Address	Finkenhubelweg 11, Postfach 8275, 3001 Bern,
Tel	031 307 47 40
E-mail	info@veloland.ch
URL	http://www.schweizmobil.ch/
Documentation	http://www.schweizmobil.ch/PDF/KurzPraesi_CHM.pdf

Project no.: 29

Country: Switzerland

Title: Cycling in Switzerland (Veloland Schweiz)

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	National
Setting	(Not applicable)
Target audience	All Swiss inhabitants capable of cycling, foreign guests
Target beneficiaries	All Swiss inhabitants capable of cycling, foreign guests
Driving force (project leader)	Foundation "Cycling in Switzerland"
Partners	- National and cantonal authorities - Switzerland Tourism - Swiss federal railway company (SBB) and private public transport - Touring Club Schweiz - Verkehrs-Club der Schweiz - IG Velo Schweiz - Swiss Cycling - Association for mobility, sports and leisure time (Verband für Verkehr, Sport und Freizeit) - Swiss Council for Accident Prevention (Schweizerische Beratungsstelle für Unfallverhütung bfu) - Swiss Olympic - Cycling industry association (Verband Schweizerischer Fabrikanten, Grossisten und Importeure der Zweiradbranche – VFGI) - Schweizer Tourismus-Verband
Timeframe	National routes opened in 1998, regional routes from 2005 onwards
Number of target population reached	(No information provided)
Financing/cost	National and cantonal authorities, private partners

Description of initiative/action

Aims and objectives:

- Offering cycling routes for leisure or touristic purposes.
- Getting more people to cycle through a perfect infrastructure (routes and signaling), specific offers (information, pre-set package offers, bicycles etc.) and a tailored marketing.
- Enhancing the positive image of cycling.

Description:

Nine signaled cycle routes of 3300 km length through the whole country, combined with over 5000 km signaled regional cycle routes. Promotion of the cycling routes via Internet, print media and other channels. In addition, improvement of the quality of infrastructure and communication takes place.

Activities:

See description.

Planning and implementation

Regional routes and quality and security improvement programme part of implementation phase.

Contribution of each sector/partner:

- National government (Bund): Financial support in all stages of the project (planning, implementation, financing, evaluation). They enact regulations in the planning and implementation phase.
- Cantons: Financial support in all stages of the project. Besides they are involved in the route planning and signalization of the routes and responsible for the automatic cycle counters.
- National tourism organization: Financial support in all stages of the project and responsible for marketing and opening event.
- Regional tourism organization: Involved in the regional marketing during planning and implementation phase.
- Traffic associations (Verkehrsverbände): Financial support in three stages of the project (planning, implementation, financing) and involved in the marketing during implementation.
- Sport associations (Sportverbände): Financial support in three stages of the project (planning, implementation, financing) and participation of the marketing.
- Swiss Council for Accident Prevention (BFU): member of the foundation's board, financial support, involved in the formulation of the action plan "security program" (restructuring of dangerous spots).
- Public transport: Financial support in three stages of the project (planning, implementation, financing). In addition, offers for cycling transport and marketing activities.
- Hotel and restaurant industry (Gastgewerbe): Offers for cyclists using the routes.

Evaluation

Survey of usage of national routes with ten automatic bicycle counters. In addition, manual counts and interviews were carried out on four days in summer and autumn, respectively. This survey was conducted in sixteen different locations along the national routes simultaneously. 4500 interviews were conducted, of which 1625 were analysed.

Results:

The 2005 survey showed that 4.3 million day trips, 100 000 short trips (2-3 days) and 70 000 vacation trips (>3 days) were made on the national network in 2004. Over half a million overnight stays in 2004 in hotels, youth hostels, Bed & Breakfast, on camping sites, farms etc. with a turnover of about CHF 130 million.

Return of investment achieved in one year, overnight stays were higher than expected as well as the number of cyclists using the routes. Therefore, the conclusion can be drawn that people are physical active thanks to the Cycling in Switzerland network.

Health-enhancing physical activity outcomes:

This project may increase activity in leisure time. Some people would otherwise stay at home or make a day trip with car or public transport (as indicated from users' feedback).

Lessons learned

Sustainability:

Duration is open-ended, no time limitation. Sustainability is ensured as the infrastructure is existing. Long-term effect on health is probably positive.

Transferability:

Adaptable to many European countries or regions.

Assessment of the collaboration from the view of the transport sector:

Cooperation of tourism sector and transport planning authorities was one of the key elements for success.

Assessment of the collaboration from the view of the health sector:

The health promotion department (Swiss Federal Office of Public Health, Swiss National Environment and Health Action Plan - NEHAP) was part of the project initially, but had to back out due to other main focuses the Swiss Federal Office of Public Health.

Additional information/ specific comments

(No information provided)

Contact

Name	Martin Utiger
Address	Stiftung Veloland Schweiz, c/o Velobuero, Solothurnerstrasse 107, CH-4600 Olten
Tel	+41 (0)62 205 99 06
E-mail	martin.utiger@velobuero.ch
URL	www.veloland.ch, www.cycling-in-switzerland.ch

Name	Foundation Cycling in Switzerland
Address	Foundation Cycling in Switzerland, c/o Schweizer Tourismus-Verband, Finkenhubelweg 11, Postfach 8275, 3001 Bern
Tel	+41 31 307 47 40
E-mail	info@veloland.ch
URL	www.veloland.ch, www.cycling-in-switzerland.ch

Project no.: 30

Country: United Kingdom

Title: **Camden walking plan**

Type of action: Policy document or programme to promote walking (main focus on engineering measures)

Scope	Local
Setting	Camden (district of London)
Target audience	Pedestrians in Camden, different administrative bodies, institutions, NGOs etc.
Target beneficiaries	Pedestrians in Camden
Driving force (project leader)	Camden Council
Partners	- Neighbouring boroughs - The Metropolitan Police - The Health Authority (Camden Primary Care Trust) - Transport for London (incorporating London buses and London underground) - City of Westminster - Corporation of London (an association of businesses) - Camden's Leisure and Municipality Services Department - Cycling and Pedestrian Liaison Group (Camden Cycling Campaign, West Hampstead Cycling Campaign, Cyclists' Touring Club, Visually Impaired in Camden, the Pedestrians' Association and various amenity groups)
Timeframe	Walking Plan published in 1999 and running until 2005 (second edition of the plan is due in early 2006 and running until 2010).
Number of target population reached	(No information provided)
Financing/cost	- In terms of staff time and printing: internally by the Council - In terms of all the targets: these are being funded in a range of ways including: - Council Tax - Local parking revenue - Transport for London - Central Government (Department of Health, Department for Transport and Office of the Deputy Prime Minister)

Description of programme

Aims and objectives:

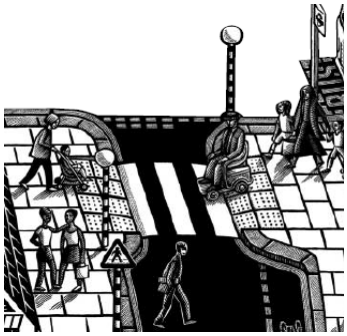
To halt the decline in walking in Camden by 2002 and to seek to increase the proportion of walking trips by at least 1% each year to 2005.

26 targets were formulated in the plan. Some of the targets have no specific indicators and some of the performance indicators give a general

picture of the state of walking in the borough, rather than relating to specific targets.

Especially the new targets 25 and 26 were interesting form a public health point of view, as they aim at:

- incorporating the promotion of school road safety and Walk to School initiatives into its objectives around increasing physical activity rates amongst children and young people;
- supporting the expansion of the Primary Care led Baby and Toddler "Buggy" walking schemes;
- further developing the role of the Public Health Assistants to incorporate "walking referrals" into their portfolio of interventions with local communities as part of a wider health promotion and chronic disease management approach;
- undertaking an evaluated pilot with the Public Health Assistants to assess the use of pedometers or stepometers as a means of encouraging and motivating people to use walking as a first step towards engagement with wider physical activity opportunities; and
- encouraging and supporting community groups to identify potential trainees for the volunteer "Walk Leaders" role.



Description:

Comprehensive programme with a mix of measures but a main focus on engineering (e.g. suitable pedestrian crossings, reduced speed zones, immediate repairing of dangerous damage to roads etc.) and improving comfort and convenience (e.g. replacing defective light bulbs, increase public satisfaction with footway maintenance, street cleaning etc.) as well as travel plans for the way to school and work and a full audit of the pedestrian network.

The Camden walking plan (CWP) is part of Camden's Green Transport Strategy, an overall approach to transport adopted by the Camden Council in 1997. Camden is one of the most active communities on these topics, thus the political environment is a very favourable one.

The basis for promoting walking in Camden is Camden's Municipality Strategy (www.camden.gov.uk/communitystrategy). This document has a number of targets for making the borough safer, healthier and more attractive including reducing traffic and road casualties. Target 86, which was revised in 2004/05, is directly aimed at improving conditions for pedestrians.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

The Police has been involved in the development of the CWP and they are working in close partnership with the Council through the Camden Municipality Safety Partnership. Transport for London (TfL) has been explicitly involved through the publication of the Mayor's Transport Strategy and supporting Walking Plan for London. Camden Council is working closely with TfL to delivery this strategy and TfL have likewise specifically worked with Camden Council at an officer level to deliver the CWP. There are a number of projects in the CWP that TfL and the Council are developing in partnership.

The Camden Primary Care Trust (PCT) has also specifically worked with the Council at the officer level to deliver the CWP. The PCT has provided supporting text in the CWP and two targets specifically for them to deliver. There are several projects in the CWP where the PCT and the Council are working together to encourage walking.

Evaluation

Since its inception the Camden Walking Plan has been reviewed periodically. The Council published an annual review in 2004.

Results:

Most of the targets are met, most of them ongoing or revised (after original targets were achieved, new targets were established). The new revised plan includes eight new and six revised targets.

Much progress has been made since the original Camden Walking Plan in 1999, with many of the aspirations now being realized in the borough.

Since the original Walking Plan, when there were two 20 mph zones in the borough, a further 19 zones have been implemented and the original two have been substantially extended and enhanced. The Council has also implemented four 20 mph limits on main roads.

In the last six years, Camden traffic schemes have provided new controlled pedestrian crossings at 100 locations, with changes and improvements at a further 27.

Health-enhancing physical activity outcomes:

Over the last two years the Council has continued its accident remedial work, with a strong emphasis on pedestrians, such that the 2010 targets for the numbers of pedestrians killed or seriously injured (62 pedestrians) were met in 2004, a full six years early.

Lessons learned

Sustainability:

Long term strategy. A second edition of the plan is due in early 2006 (draft Version was completed in February 2006).

Transferability:

Both the Walking Plan and the Cycling Plan have been well received and are widely regarded as models of good practice. The approach as such could be transferred but measures would need to be adapted to the current problem situation.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

In general there is little available data regarding the number of people walking.

This second edition of the Camden Walking Plan outlines the Council's strategy for and promoting walking in the borough over the next five years. It sets out a series of practical actions to improve pedestrian facilities and encourage walking and demonstrates Camden's long-standing commitment to reducing the need to travel by car.

The Walking Plan was already part of an earlier WHO collection of case studies (http://www.euro.who.int/document/e75662.pdf, p. 43-44).

Contact

Name	Tom Allen
Address	Street Policy Team London Borough of Camden
Tel	0044 (0)20 7974 5140
E-mail	tom.allen@camden.gov.uk
URL	http://www.camden.gov.uk/ccm/themes/green-camden/
Documentation	http://www.camden.gov.uk/ccm/content/transport-and-streets/cycling-and-pedestrians/file-storage-items/the-camden-walking-plan.en http://www.camden.gov.uk/ccm/content/transport-and-streets/cycling-and-pedestrians/file-storage-items/camden-walking-plan---fourth-annual-review-2004.en

Project no.: 31

Country: United Kingdom

Title: **TravelSmart**

Type of action: Behaviour change campaign (through individualized travel marketing)

Scope	Local (7 towns in United Kingdom so far)
Setting	Households
Target audience	Households within the given project area
Target beneficiaries	Households within the given project area
Driving force (project leader)	- Sustrans (sustainable transport charity) - Socialdata (international leading transport and social research institute, Germany)
Partners	- Local authority - Public transport operators - Local bus operators - Other national and local partner bodies - Local walking and cycling groups
Timeframe	Implemented since 2001, ongoing
Number of target population reached	(No information provided)
Financing/cost	- Local authorities where the projects are carried out - Department for Transport part-funded five projects

Description of initiative/action

Aims and objectives:

To increase walking, cycling and use of public transport and thereby reducing car travel.

Description:

Individualized Travel Marketing (ITM) is an approach to changing travel behaviour through direct contact with households. It encourages people to make greater use of alternatives to car travel by offering them personalized travel information, advice and incentives to try out new ways of getting around.

The TravelSmart process begins with personal contact, either by telephone or door-to-door, with households in the target area. This initial contact enables the target population to be categorized into three main groups: existing regular users of sustainable travel modes; non-regular users who are interested in receiving information on alternatives to the car and those who are not interested in taking part (no further contact). Most of the ITM campaign focuses on households in the “interested” group. They receive a TravelSmart service sheet enabling them to order from a unique range of local travel information materials and other services, assembled by the local authority, public transport operators and other project partners. The requested items are then assembled into personalized packages and hand-delivered to the households concerned. Households that are not regular users of specific sustainable travel modes are also offered a range of further services to enable them to try these out. These services include home visits, conducted by a local bus driver or other local travel expert and

the offer of small incentive such as a test ticket for local bus services, a cycle trip computer or a pedometer. Regular users are offered a reward to reinforce sustainable travel behaviour together with a personalized information pack (similar to the interested group).

TravelSmart focuses on households because the majority of trips (around 80%) begin or end at home, so addressing people at home is likely to impact on a wider range of trips than initiatives focused on specific destinations. Additionally, many daily travel choices are affected by the needs of more than one member of a particular household so more options for change are likely to be identified by dealing with whole households rather than individuals.

Activities:

- Two pilot projects were undertaken in 2001-02 (Gloucester, Frome).
- Seven local projects were completed in 2003-2004 (Bristol: two parallel TravelSmart projects, Gloucester, Nottingham, Sheffield, Cramlington, Kingston-upon-Thames).
- Sustrans and Socialdata are currently working on five TravelSmart projects targeting a total of more than 60 000 households, including large-scale projects in Worcester and Peterborough as part of their Sustainable Travel Demonstration Town programmes.

Planning and implementation

Contribution of each sector/partner:

- Sustrans, Socialdata: planning and delivery of TravelSmart programme.
- Local authorities: funding, development of new travel information materials (including neighbourhood travel maps).
- Local bus operators: provide information materials, test tickets, staff to undertake home visits.

Evaluation

Systematic evaluation conducted primarily though a series of travel behaviour surveys (by Socialdata). An evaluation report is available for each project.

Surveys are conducted in a sample of the total “target” population before and after the individualized marketing campaign, together with a sparate control group to ensure background changes are taken into account. The survey consists of a household questionnaire and a set of individual travel diaries for a nominated day of the week. The survey sample includes households completing travel diaries for all seven days of the week. Typical response rates range from 60 to 80%.

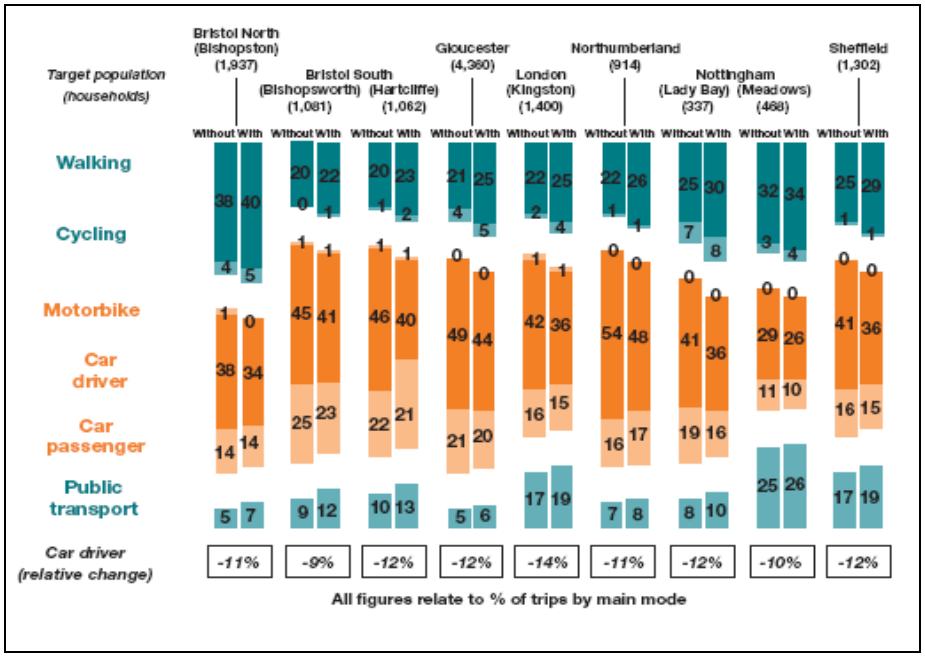
To date behavioural data has been collected from a total sample of more than 6000 people in the seven towns and cities across England where TravelSmart projects have taken place.

Results:

Health-enhancing physical activity outcomes:

- Seven TravelSmart projects were completed during 2003-04, targeting a total of 13 000 households.

- These households achieved reductions in car trips ranging between 9 and 14% and an average annual saving in car distances traveled of around 1000 km per household (see chart).



- Increases in sustainable travel modes (walking, cycling and public transport) ranged between 8 and 20% across the target population.
- Analysis of the travel surveys revealed the changes in travel behaviour were achieved across the target populations (including non-participating households) and with little or no impact on the number of daily trips or activities, distances traveled or time spent travelling (shift towards walking and cycling and use of public transport)
- The shift from car travel to walking, cycling and public transport occurred for all types of journey and at all times of day
- The greatest modal shift in all TravelSmart projects occurred from car driver trips to walking, followed in all but one cases by the shift to public transport.

Lessons learned

Sustainability:

One-time intervention. In some cases, two "after"-surveys are carried out, a “first after” survey three months after the marketing intervention and a second survey eight months after the intervention to study the sustainability of the effects.

Transferability:

Could be translated into other settings.

Assessment of the collaboration from the view of the transport sector:

TravelSmart has been commended by the UK's Department for Transport in "Walking and Cycling: Success Stories" and was recommended as key tool for transport planners by their key policy document "Making Smarter Choices Work".

Assessment of the collaboration from the view of the health sector:

An ongoing project in Gloucester is offering households information on sustainable travel options and opportunities for physical activity in their local community, together with an option to receive a physical activity assessment at their local leisure or sports centre. This is the first time that the health sector has worked with a TravelSmart project team. This project was foreseen to report in June 2006.

Additional information/ specific comments

Highly successful TravelSmart programme in Western Australia (cp. http://www.eco-logica.co.uk/wtpp07.4.pdf, p. 61-66).

This project was already part of an earlier WHO collection of case studies (http://www.euro.who.int/document/e75662.pdf, p. 42-43).

Contact

Name	James Ryle, Sustrans Head Office
Address	
Tel	+44 117 926 88 93
E-mail	jamesr@sustrans.org.uk
URL	http://www.sustrans.org.uk/default.asp?sID=1090834131404&pID
Documentation	http://www.sustrans.org.uk/webfiles/travelsmart/TRAVELSMART%20INFO%20SHEET%20FINAL%200105.pdf

Project no.: 32

Country: United Kingdom

Title: **Sustainable Travel Towns Health Impact Assessment**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	National - based on pilot projects in three towns in England
Setting	Town-level
Target audience	Entire population of all three towns
Target beneficiaries	Entire population of all three towns
Driving force (project leader)	- National Department for Transport - with input from national Department for Health
Partners	- Multiple participants in each town, led by local authorities and including local primary care trust - Local healthcare providers - Businesses - Range of other stakeholders.
Timeframe	2004-2009
Number of target population reached	(No information provided)
Financing/cost	Department for Transport £10 million over 5 years across the three towns.

Description of initiative/action

Aims and objectives:

- To achieve a significant shift from single occupancy car use to sustainable and active modes of travel. It is anticipated that this will bring additional benefits of reduced congestion and improved access to health, employment, schools and leisure facilities.
- Increases in levels of physical activity are currently a secondary aim across the towns, but the greater engagement of health we are hoping to see should strengthen this into a primary aim.

Description:

The three sustainable travel demonstration towns Darlington, Peterborough and Worcester are currently implementing a range of behaviour change interventions to promote walking and cycling and to encourage the use of public transport. The Sustainable Travel Towns (STT) teams sit within the Transport or Environmental Services Departments in their respective towns.
The three towns were selected from more than 50 local authorities in England who expressed an interest in becoming “showcase” demonstration towns.

The three town-level “models” for the promotion of sustainable travel will showcase best practice for encouraging walking and cycling, primarily through providing improved infrastructure as well as major programmes of personalized travel planning.

From time to time the towns will be producing leaflets or newsletters aimed at local residents and businesses. These publications will highlight the work done to date and showcase forthcoming projects and events.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Baseline evaluation conducted by SocialData. Wide range of data around mobility and mode choice.

In autumn 2004, the travel behaviour of more than 12 000 people across the 3 towns was surveyed and more than 1200 people were interviewed in-depth. The results will form the baseline data for monitoring the project and also provided an insight into people's regular travel behaviour. Smaller interim surveys will be carried out to chart progress against milestones and another large survey is planned in 2009 to measure the success of each project.

Additionally, a representative random survey has been done across all the towns to assess baseline levels of physical activity (approximately 9500 people have been surveyed). The data have been collected and were undergoing preliminary analysis. There is also a lot of work on measuring active travel and there will be a further investigation of the validity of this as a proxy for physical activity. Besides there will be some analysis of routine health data in due course to see if there is any impact at population level on a range of health and health-related indicators. It is hoped that funding will be secured to repeat this survey in 2009 to measure change.

Results:

Health-enhancing physical activity outcomes:

See evalution above.

Lessons learned

Sustainability:

The funding is for promotional, training and other measures, not for infrastructure but it is likely to be linked to infrastructure investment as well. The programme is for 5 years but if it is successful it should be sustainable, not only within the three towns.

Transferability:

One of the aims of the pilots is to use the learning from them for generic lessons and enhancement of the evidence base so that effective interventions can be applied elsewhere.

Assessment of the collaboration from the view of the transport sector:

The pilots are at a very early stage and this kind of assessment has not yet been done.

Assessment of the collaboration from the view of the health sector:

Extremely important project, in terms of the value to be gained from collaboration between health and transport sectors, the contribution to the evidence base and the policy importance for the health sector.

A health impact assessment (HIA) stakeholder workshop was held on 8 March 2005 with 36 delegates. The following recommendations come from the discussions held at the workshop. They were aimed at three key audiences:

- Central government: Department of Health and Department for Transport
- Sustainable Travel Town teams
- Health sector in the STTs

The recommendations focus on the need for a greater involvement of the health sector in the Sustainable Travel Town pilots. The main recommendation that emerged from the workshop is for the Department of Health to identify further funding for facilitating health input to the STT process.

A number of issues related to the evaluation of health change were identified in the workshop. These are grouped under the following headings.

- Issue 1: The health evaluation study must be designed so that it incorporates a social model of health and accommodates the wide range of behaviour change interventions that are being piloted in the STTs.
- Issue 2: The STTs need a set of health-related indicators to show the progress made throughout the programme and at the end of five years.
- Issue 3: The workshop delegates agreed on the importance of clear communication about the progress of the Sustainable Travel Towns to a wide range of stakeholders.
- Issue 4: The workshop delegates agreed on the importance of working in partnership for the Sustainable Travel Towns to achieve and maximise behaviour change.

The current focus of the STT pilots is on transport, so the existing monitoring and measuring processes are appropriately focused on transport indicators. Effective integration of health goals into the pilots will require an extension of the existing monitoring systems to incorporate health indicators.

Though the Sustainable Travel Town initiative focuses on transport-related objectives it clearly has the potential to have a significant effect on public health. It is vital that these effects are identified systematically. There is a great willingness on the part of the sustainable travel towns to emphasize the links between transport and health and maximize the health benefits of the interventions taking place within the pilots.

An initial rapid Health Impact Assessment was performed in April 2005 with a respective report.
The pilot projects, although initially funded solely by the Department for Transport, now have significant health involvement at a national level. There is extremely good collaboration between the two sectors at both national and local level.

Additional information/ specific comments

(No information provided)

Contact

Name	Dr Harry Rutter
Address	Head of Health Impact Assessment, South East Public Health Group Deputy Director, South East Public Health Observatory
Tel	+44 (0)77 73 319 192
E-mail	harry.rutter@uhce.ox.ac.uk
URL	http://www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_039829.hcsp
Documentation	http://www.dft.gov.uk/stellent/groups/dft_susttravel/documents/pdf/dft_susttravel_pdf_039829.pdf http://www.darlington.gov.uk/Transport/TownOnTheMove/Town+On+The+Move.htm http://www.peterborough.gov.uk/page-586 http://worcestershire.whub.org.uk/home/wccindex/wcc-transport/wcc-transport-choose.htm

Project no.: 33

Country: United Kingdom

Title: Bike IT

Type of action: Behaviour change campaign (practical offers to experience active travel)

Scope	National
Setting	School
Target audience	Schoolchildren, (parents)
Target beneficiaries	Schoolchildren, (parents)
Driving force (project leader)	Sustrans (sustainable transport charity)
Partners	- Department for Transport - National Cycling Strategy Board - Cycling England - 40 schools and local authority staff in Bristol, Derby, Leicester, Manchester, York, Bradford and Darlington
Timeframe	June 2004-July 2006
Number of target population reached	(No information provided)
Financing/cost	Bicycle industry (bicycle association)

Description of initiative/action

Aims and objectives:

- To encourage more children and their parents to cycle to school.
- To increase the number of young people who cycle to school (and on other journeys).

The following targets were set:

- 15% of target age group cycling to school
- 10-15% of all pupils cycling to school
- 20% of all pupils participating in Bike to School events

Description:

Bike IT is a nationwide pilot scheme to encourage more children and their parents to cycle to school and to enhance the percentage of schoolchildren cycling to school. There are currently four Bike IT Schools Officers in post (since May 2004), based in Derby, York, Manchester and Bristol, working with 40 schools over 12 local authorities.

The project brings together many important factors, including secure cycle storage, cycle training and safety, routes to school, bicycle maintenance and generally raising the profile of the many benefits of cycling with pupils, staff and parents. The Bike IT Schools Officers have been working closely with the schools and local authorities to deliver assemblies, classroom sessions and after-school bicycle clubs, as well as arranging lots of fun and different events, from pedaling picnics to bicycle breakfasts.

Activities:

Staff has focused their attention (though not exclusively) to years 5 and 6 in primary schools and year 7 in secondary schools where demand for cycling is greatest. That means practical activities in schools have focused on 9-12 year olds.

In the past year, the principal activities have included:

- Baseline cycling surveys
- School travel plan coordination (and grant funding advice)
- Cycle storage installation
- Cycle training promotion (and delivery at a handful of schools)
- Classroom work, assemblies and after school clubs
- Bike to School events
- Cycling incentive schemes
- Monitoring and reporting

In addition, there has been a programme of dissemination work including:

- Promotional booklets
- Web site and newsletters
- Local and national media coverage
- Presentations at meetings of School Travel Advisers, CTC (the UK's national cyclists' organization) benchmarking trainees, road safety officers and bicycle industry representatives

Planning and implementation

Contribution of each sector/partner:

- Bicycle industry: £250 000 to cover salary and other project costs. At a local level, cycle stores and wholesalers have provided help in kind, i.e. bicycles, bicycle tools etc.
- Cycling England/Department for Transport: Production and design of publicity material, Bike IT branded clothing and T Shirts and costs of training 40 cycle instructors (to new national standard). Cycling England have since matched the industry's contribution and doubled the size of the Bike IT team to 8 staff plus manager.
- Local Authorities: costs of new (or extended) cycle storage in schools, cycle training (staff time) and in a few cases, provision of new off road cycle routes to schools and safe crossings. The level of support has varied between local authorities depending on their commitment and financial position.
- Schools: the critical partnership is with the school itself. Schools have offered contact time with pupils, funding towards cycle parking, help with planning events and the vision and support of the head teacher.

Evaluation

The following monitoring was undertaken:

- Monitoring of bicycles parked in schools (summer term 2004, summer term 2005)

- Before and after surveys with pupils in years 5-7 (autumn term 2004, summer term 2005)
- Before surveys with parents (autumn term 2004)
- After surveys with school champions (summer term 2005)
- After surveys with local authorities (summer 2005, results awaited)

Results:

Health-enhancing physical activity outcomes:

- Counts of bicycles parked in schools showed that the percentage of all pupils cycling to school has quadrupled from an average of 2% to 8%.
- Cycling levels ranged from 0%-12% at the start of the project to1%-29% at the year end. Every school recorded an increase in cycling. The highest count of cyclists at school (generally corresponding with Bike to School events) averaged 17% and ranged from 1%-59%.
- 3010 pupils and 810 parents completed written surveys principally to determine baseline cycling levels, interest in cycling and interventions needed. This revealed:
    - Just fewer than 4% of the sample age group usually cycled to school. Half the schools did not permit cycling or had no pupils cycling to school.
    - A wide range in cycling levels between schools from 0% to 37%.
    - Big desire to cycle (on average 45% wanted to cycle to school).
    - Parents' concerns about traffic and the security of their children's bicycles at school. Over half of all parents wanted cycle routes away from traffic and just under half wanted safe, secure storage for bicycles in schools.
    - Cycle training was popular with parents (32%) but much less so amongst pupils (14%). Around one third of pupils had received some form of cycle training at the time of the survey.
    - Nine out of ten children owned bicycles and were using them out of school time.
- 2132 of the same pupils were surveyed again at the end of the summer term. This survey revealed:
    - 11.3% of pupils usually cycle to school (up from 3.9%).
    - 19% of pupils now cycled to school at least once a week.
    - Nearly half of pupils (46%) had cycled to school at some time that year.
    - Just under a third of pupils (29%) had started cycling to school in the last 12 months.
    - One third of these new cyclists had previously travelled by car.
    - Safe cycle storage, a proactive school and cycle training had been the critical factors mentioned by new cyclists.
    - 71% of pupils were cycling at least once a week (on top of the school journey) (up from 65%). This is likely to include recreational rides and playing in the street.
    - Between 2,500 and 3,500 *additional* parents and pupils cycling to school.
- Head teachers and school champions representing 19 of the schools returned surveys at the end of the year. Their views are particularly important since they have fullest understanding of the Bike IT approach and will be responsible for sustaining the project. Key findings included:
    - Every school said the project had been a "success" and would recommend it to other schools.
    - 16 schools had changed their attitude towards cycling as a result of Bike IT.

- 17 schools felt that Bike IT added to the support received by their local authority.
- 15 schools foresaw curriculum development which could include cycling.

In their view, the critical success factors had been:

- Promotional cycling events in school 90%
- Secure cycle storage 84%
- Information and advice from Bike IT 74%
- Cycle training 68%
- Safety improvements and cycle routes 26%
- Information and advice from local authority 11%

The headline results relate to the project targets as follows:

Target: ***15% of target age group cycling to school.***
Outcome: **19%** of pupils aged 9 to 12 are cycling to school at least once a week.

Target: ***10-15% of all pupils cycling to school.***
Outcome: **11%** of pupils aged 9 to 12 usually cycle to school, cycling levels amongst all pupils have quadrupled from 2% to 8% of all school journeys.

Target: ***20% of all pupils participating in Bike to School events.***
Outcome: **46%** of pupils aged 9 to 12 had cycled to school at least once that year (most likely at a Bike to School event); **an average of 17%** of all pupils attended a Bike to School event.

Lessons learned

Sustainability:

The Bike IT approach is helping to build a long term cycling culture. Cycling levels continue to increase at several schools.

Transferability:

Can be transferred to other schools with the adequate adaptation.

Assessment of the collaboration from the view of the transport sector:

Bike IT has worked well with staff responsible for school travel plans, road safety, school planning and transport planning.

Assessment of the collaboration from the view of the health sector:

"Healthy schools" staff has been made aware of the project but they have generally offered limited support at Bike to School events. Most of their attention is still focused on healthy diet rather than exercise. This is changing, as schools must now demonstrate that they are taking steps to promote walking and cycling to school. In general, healthy schools advisers are not cyclists themselves and are not confident promoting cycling.

We are hopeful that several Primary Care Trusts are seeing the benefit of Bike IT as a means of promoting physical activity and are considering investing in the programme in their area.

Additional information/ specific comments

Cycling levels and the potential to increase cycling vary enormously between schools. Cycling levels at the start of the project ranged from 1% to 12% of school journeys. Highest counts varied between 1% and 59% of pupils.

Bike to School events have been the most effective organized activity, particularly in primary schools because of the opportunity to engage with and involve parents. Bike to School events typically attracted 25% of primary and 10% of secondary school pupils.

Choosing the right school to work with is essential. It can take 12 months to develop a fruitful working relationship with a school. In-school support, advice and event planning is essential for primary schools who are just starting to promote cycling. It is much harder to work in-depth with secondary schools; but provision of cycle parking and safer routes can be sufficient on their own. Schools receiving in-depth support need to be within one-hour cycle or public transport journey of a Bike IT officer base. The optimum number of schools that a Bike IT officer can realistic support is 10 schools spread across three local authorities.

Local authorities have valued evidence of effective interventions (enabling them to commit more capital funds); inspiration for schools and their own staff; effective partnerships built between departments and organizations by a “neutral” third party; positive media coverage; and the project’s ability to respond quickly, i.e. provision of additional bicycle racks.

Contact

Name	Paul Osborne
Address	
Tel	
E-mail	paulo@sustrans.org.uk
URL	http://www.saferoutestoschools.org.uk/index.php?p=n30
Documentation	http://www.saferoutestoschools.org.uk/index.php?p=n30

Project no.: 34

Country: United Kingdom

Title: **Cycling for Health**

Type of action: Behaviour change campaign combined with practical offers/activities to experience and train human powdered mobility (HPM).

Scope	Local
Setting	6 communities
Target audience	Cardiac Rehabilitation patients, general population (adults)
Target beneficiaries	Cardiac Rehabilitation patients, general population (adults)
Driving force (project leader)	Cycling projects
Partners	Stockport Primary Care Trust
Timeframe	October 2002 – July 2003 (8-week block programmes of cycling and cycle maintenance training (short term projects))
Number of target population reached	(No information provided)
Financing/cost	- Funding came from the 1st round of the Dep. of Transport Cycle Projects Fund - Some additional funding came from the Primary Care Trust - "in-kind" funding for cycling projects

Description of initiative/action

Aims and objectives:

- To provide post-operative cardiac rehabilitation to patients and their family and friends
- To encourage participants to consider cycling as a realistic option for regular physical activity.

Description:

8-week block programmes of cycling and cycle maintenance training take place 3 times a year, for people who have completed Phase 3 of cardiac rehabilitation (= a structured programme of exercise with educational and psychological support and advice on risk factors// maintenance program designed to continue for the patient's lifetime). Participants join led rides along local routes and family and friends are encouraged to join in.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Monitoring was delivered after every session and then a comprehensive questionnaire was filled out at the end of the 8 week package.
The evaluation was delivered by the Department of Transport and the English Regional Cycle Development Team.
The aim of the evaluation was to get information on bicycle use after the intervention.

Results:

- Patients who completed the course have now formed their own cycling group, "Second Chance Cycling Club".
- Participants have trained to become ride leaders, going on to form additional groups.
- Numerous PCTs have investigated the scheme and a number have now established similar schemes.
- Paved the way for another yearly project in Stockport with funding from the British Heart Foundation (BHF). Experiences from this scheme will be used as a reference aid for the BHF.

Health-enhancing physical activity outcomes:

- 50% of participants have continued to cycle on a regular basis.

Lessons learned

Sustainability:

All projects are "taster projects" or "pilot schemes" therefore is very short term and there is never any guarantee of any long term funding.

Transferability:

Could be transferred after the necessary changes, e.g. in view of the difference in the organization of the health care system and the way in which cardiac patience are being followed up.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

(No information provided)

Contact

Name	Ian Tierney
Address	Cycling Project for the North West 1, Enterprise Park Agecroft Road Pendlebury Manchester M27 8WA
Tel	0044 161 745 9099
E-mail	ian.tierney@cycling.org.uk
URL	
Documentation	http://www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_031513-06.hcsp

Project no.: 35

Country: United Kingdom

Title: **The National Cycle Network (NCN)**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	National
Setting	(Not applicable)
Target audience	General population, plus visitors to United Kingdom
Target beneficiaries	General population, plus visitors to United Kingdom
Driving force (project leader)	Sustrans (sustainable transport charity)
Partners	- There are several thousand partner organizations, amongst others government departments in United Kingdom, government and the administrations of the United Kingdom countries and regions, local government, agencies, NGOs, landowning organizations (such as British Waterways, Forestry Commission) and private landowners, developers, other businesses, individuals.
Timeframe	Start in 1995, ongoing
Number of target population reached	(No information provided)
Financing/cost	- Private subscription - Commercial sponsorship - Government funding at all levels - Funding from the United Kingdom national lottery programmes - EU funding programmes - Volunteers

Description of initiative/action

Aims and objectives:

- To bring about a shift from the private car to sustainable, healthy and safe forms of transport.
- To demonstrate to policy makers that environmental interventions to promote walking and cycling are effective and cost-effective.
- To act as a catalyst (in a country where walking has declined steeply and cycling almost been wiped out) for the creation of more and better local infrastructure for these modes.
- To change social culture by making walking and especially cycling more visible.

Description:

Creation of a national network of routes for cycling (and where possible also for walking), passing through all major population centres and designed to serve all significant local destinations.

Sustrans built the partnerships to develop the NCN, developed the technical guidance and standards (in negotiation with the governments of the UK and professional bodies), planned the network, fundraised for it and coordinated and managed its construction. This work continues. Sustrans also coordinates policy and marketing programmes focused on health, tourism and economic generation, sustainability and climate change, road safety, neighbourhood improvements, etc. There is a big overlap between these policy areas and progress in any field is likely to increase usage of the NCN and so the HEPA benefits.

Last year, its tenth anniversary, it reached 16 000 km in length. Expansion and improvement will continue thereafter.

The NCN is now renowned as a success. The Department for Transport said of it last year "we believe that by making it easier for people to walk and cycle safely for all types of local journey, the National Cycle Network is making a valuable contribution to the creation of a "walking and cycling culture", where walking and cycling progressively become part of people's day-to-day lives". Work continues to extend and improve it, to market it to potential users and to back it up with the many additional services needed (cycle parking and cycle carriage on trains, better pedestrian access to public buildings and other destinations, traffic law enforcement etc).

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Collation of data from a nationwide (and growing) network of automatic cycle counters. Intercept surveys with users (database of 25 000 face-to-face interviews with route users), carried out on a repeat basis at sites nationwide.

Primary aim of the evaluation is to collect user data - demographic, journey purpose etc so as to interpret usage of the network.

Results:

In particular, cycling had almost been killed off in the United Kingdom, by official neglect, lack of facilities, traffic growth, land use planning principles which increased journey distances, failure to enforce traffic law etc. The NCN has demonstrated demand, at a time when the merits of walking and cycling, in terms of sustainability and climate change, physical activity and public health and social climate, are now better understood. The scale of the project partnership, the number of kilometres built and levels of use, all have exceeded the original project predictions.

Health-enhancing physical activity outcomes:

- In the year 2004, at which time the UK NCN was 13 500 km in length, it carried 201 million journeys, almost exactly 50:50 walking and cycling.
- Users are asked each year whether the existence of the NCN has led them to increase their levels of physical activity: over two thirds say that it has.
- More than 25% of trips made on the NCN could have been made by car.
- Each year since 2000, usage of the NCN has grown faster than network length - the network, by its existence, is encouraging people out of their cars.

Lessons learned

Sustainability:

The project is ten years old and will continue. There is still a great need for infrastructure and advances in technology offer the possibility, for example, of using sections of the NCN to pilot Intelligent Speed Adaptation as a road safety or neighbourhood improvement initiative. All the signs are that the effect will continue to increase for the foreseeable future.

Transferability:

The NCN was designed for a country where walking was in steep decline and cycling almost driven to extinction. This is to some extent the case in some other countries. Aspects of the project - technical guidelines, marketing programme, the use of public art to attract people to walk and cycle, the monitoring programme, the linkage to a number of policy sectors - have been transferred to other projects in Europe and even further afield.

The NCN is intended to serve as an example of sustainable, healthy, safe transport infrastructure and policy to strategists and practitioners outside the United Kingdom.

Assessment of the collaboration from the view of the transport sector:

In 1995 some transport and land use planners were quite hostile. Some of these people had spent a whole career serving the car and found the NCN proposals to be an assault on their principles. In 2005 there is widespread understanding of global climate change, physical activity and its relation to obesity, diabetes, cardio vascular disease etc and of the impending crisis in oil supply. The NCN is supported at all levels. However, walking and cycling generally and the NCN project specifically still do not receive an appropriate proportion of government spending on transport and neighbourhoods.

Assessment of the collaboration from the view of the health sector:

Our collaboration with the health sector really began only in 2001. There has been a very positive response from almost everyone in this sector, but in general we do not see public health organizations practising what they preach - for example car use is still endemic in the health sector. There has - so far - been very little contribution from the UK's very large health budgets to walking, cycling or the NCN specifically.

Additional information/ specific comments

The key lesson is that our original hypothesis was correct: decades of car-based urban and transport planning have suppressed demand to walk and cycle and when provision is made for these modes there is a very significant potential for people to shift back to active modes of travel.

Contact

Name	Sustrans
Address	Sustrans, National Cycle Network Centre 2 Cathedral Square, Bristol, UK. BS1 5DD
Tel	+44 117 926 8893
E-mail	For health related information: activetravel@sustrans.org.uk Other information: info@sustrans.org.uk
URL	www.sustrans.org.uk
Documentation	http://www.sustrans.org.uk/webfiles/Route%20Monitoring%20Report%202004.pdf http://www.cts.ucl.ac.uk/tsu/papers/UKNationalCycleNetwork.pdf Lawlor DA, Ness AR, Cope AM, *et al.* The challenges of evaluating environmental interventions to increase population levels of physical activity: the case of the UK National Cycle Network. *J Epidemiol Community Health* 2003;**57**:96-101. http://jech.bmjjournals.com/cgi/reprint/57/2/96

Project no.: 36

Country: United Kingdom

Title: **The VIVALDI Dings home zone**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	Local
Setting	Municipality
Target audience	- Residents (especially those living in the re-designed streets) - Schoolchildren - Visitors to the area
Target beneficiaries	dito
Driving force (project leader)	- Bristol City Council - Sustrans (sustainable transport charity) - The Dings Community Association
Partners	The steering group also included: - the Architectural Liaison Officer from Avon and Somerset Constabulary - Barratt Homes (the neighbouring developer) - Chair of Governors for the local school. Further support was given by: - Avon Fire Brigade - BT - Western Power - Bristol Water - The contractors and suppliers of the physical measures
Timeframe	Planning began in 2002; construction began in 2004 and was foreseen to be completed in 2006.
Number of target population reached	(No information provided)
Financing/cost/funding	Funded mainly through the EU-CIVITAS VIVALDI project, partly through Barratt Homes, the Arts Council and the British Heart Foundation.

Description of initiative/action

Aims and objectives:

Two main project aims were agreed with the municipality:

- To redesign the streets to make the Dings a better place to live with less dominance of vehicles and
- To strengthen the community

Description:

The Dings is in central Bristol, in an area of high social deprivation. It consists of seven streets, 120 households and 12 small businesses, surrounded by light industry and brownfield land. A severe commuter-parking problem, rat-running and long-term decline in the quiet residential streets motivated residents and the council to look for an innovative solution and a so called "home zone" (a home zone is a street or group of streets where pedestrians, cyclists and vehicles share the space on equal terms, with cars travelling at little more than walking pace) was proposed. Bristol City Council included the Dings home zone in its successful VIVALDI[1] project bid to the EU CIVITAS[2] programme. The project team began work on the design in April 2002. Sustrans has worked with Bristol City Council to ensure that the project has also included new walking and cycling routes and further promotion of sustainable travel options to the local residents.

Activities:

The Dings is a local community-municipality based intervention. Engineering measures are coupled with extensive community involvement process intended to influence behaviour and promote social cohesion.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

(1) Comprehensive before and after surveys with residents and local businesses (by Sustrans).
(2) Quantitative monitoring of parking levels and traffic speed (by Bristol City Council).
(3) Mixed methods case study to evaluate the impact of changes to the environment on physical activity and health. Researchers from the University of Bristol's Dept. of Exercise & Health, funded by the British Heart Foundation are using the Dings home zone as a case study in order to develop research methods that assess the effects of environmental change on physical activity and health. The University of Bristol has completed baseline research but has not yet completed the "after" findings. They will begin to do this in March 2006.

The aims of the evaluation are:

- to establish baseline and comparative results on demographics, parking levels and needs, levels of satisfaction with physical environment;
- to establish baseline and comparative results on traffic behaviour; and
- to assess the impact of the home zone and the new cycle/walkway on levels of physical activity and health amongst adult residents and local schoolchildren.

[1] VIVALDI: A four-year project involving five European cities undertaking similar, innovative and integrated transport projects.
[2] CIVITAS stands for CIty-VITAlity-Sustainability

Results:

The new streets are widely admired by the community and the wider project team. It is too early to effectively evaluate their effects on behaviour, but early indications show that factors which contribute to social cohesion (e.g. feelings of safety) are already improving.

Health-enhancing physical activity outcomes:

So far the project management is not able to say conclusively that the project has led to increases in walking and cycling (and therefore levels of physical activity). However, external factors which will influence people's travel behaviour have been improved: amongst residents of Phase 1 of the home zone, 45% feel their street is safe (compared with only 10% before the home zone) and only 14% feel it is unsafe often (compared with 46% before).

Lessons learned

Sustainability:

The physical changes are permanent and some (e.g. planting) will continue to mature over time. New residents who arrive in the area will continue to benefit from the improvements.

Transferability:

Other home zones have been developed across the United Kingdom, proving its suitability across a range of different communities.

Assessment of the collaboration from the view of the transport sector:

This project has demonstrated that with a good working structure, a municipality can be involved in all stages of planning a re-design of the public realm, ensuring that the new space reflects their needs and desires for their communal space. The many innovative design details, including new types of drainage systems, artworks, trees and other planting being placed within the street, provide good examples of how streets can be made multi-functional and attractive living spaces.

Assessment of the collaboration from the view of the health sector:

This project has allowed for a very important collection of data about the built environment and its effect on levels of physical activity. It will contribute to the growing evidence about the impact of urban design and transport planning to a population's health. The health sector is not directly involved in the project.

Additional information/ specific comments

(No information provided)

Contact

Name	Alexandra Allen
Address	Sustrans, National Cycle Network Centre 2 Cathedral Square, Bristol, UK. BS1 5DD
Tel	+44 117 915 0320
E-mail	alexandraa@sustrans.org.uk
URL	www.sustrans.org.uk/liveableneighbourhoods
Documentation	www.sustrans.org.uk/webfiles/liveable%20neighbourhoods/DINGS%20INFOSHEET%20FINAL%20small.pdf

Project no.: 37

Country: United Kingdom

Title: **Spen Valley Greenway**

Type of action: Infrastructural measures combined with publicity campaign to promote human powered mobility (HPM)

Scope	Local
Setting	Towns in north Kirklees
Target audience	Spen Valley communities: Dewsbury, Heckmondwike, Liversedge, Cleckheaton - for local journeys. Some cycle commuter use for longer journeys. Visitors from wider West Yorkshire area.
Target beneficiaries	Spen Valley communities: Dewsbury, Heckmondwike, Liversedge, Cleckheaton - for local journeys. Some cycle commuter use for longer journeys. Visitors from wider West Yorkshire area.
Driving force (project leader)	Partnership project between local authority (Kirklees Metropolitan Council) and Sustrans (sustainable transport charity).
Partners	- Local Member of Parliament - local elected members - Kirklees Cycling Forum all supported the development of the route. Strong community support. - Artworks programme: funded/ coordinated by • Arts Council England • Kirklees MC • Henry Moore Foundation • Sustrans (sustainable transport charity) • Public Arts
Timeframe	Construction two years, route opened in 2000. "Travelling Landscape" artworks programme completed 2003.
Number of target population reached	
Financing/cost	Local Transport Plan and Yorkshire Forward funded, total: £730K.

Description of initiative/action

Aims and objectives:

To provide a sustainable transport corridor for walking and cycling with good links to local highway network and urban/ residential areas. To regenerate the Spen Valley. To promote active travel and increased levels of walking and cycling for transport and leisure. To provide a green corridor - linear park - connecting urban areas with urban fringe/ countryside.

Description:

11 km long, 2.5 m wide tarmac path on disused rail corridor. The route was landscaped and features a number of unique sculptures, seating, signs and artworks, made by local and national artists. Many access points to existing residential areas and town and village centers. New access points negotiated as land alongside the route was redeveloped e.g. housing.
Type of scheme: 11 km vehicular traffic-free greenway on disused rail corridor from Thornhill, Dewsbury to Oakenshaw, near Cleckheaton. Permissive route for pedestrians, cyclists and horse riders. Associated promotion of route via leaflets, newsletters, local media etc.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

Local authorities, including elected members were involved in the planning and implementation phase. The transport sector was represented by Sustrans and the Department of Transport (DfT). Sustrans was participating in planning, implementing and evaluating, the DfT in funding the project. The health and physical activity promotion sector helped realizing the project, whereas the urban planning sector was involved in the planning and sourcing.

- Transport: Sustrans partner in project development – landowner and path construction – National Cycle Network route.
- Local authority: Project management.
- Department for Transport (DfT): Finance via Local Transport Plan.
- Yorkshire Forward: Finance.
- Kirklees Council Leisure Services: Activity organising for route launch and regular "exercise on prescription" guided cycle rides.
- Kirklees Planning Services: Planning application process.

Evaluation

Data from the following three data origins: Kirklees MC Scrutiny Panel report, Sustrans Users Surveys (2001 & 2004) and automatic cycle counter data.

- Scrutiny Panel: Assessment via interview or evidence of partners, community and users views of the project and lessons to be learned.
- User Surveys: Number of users, mode of travel, trip origin and destination, opinion of route. Manual count data during the survey periods (no continuous count data currently available for Spen Valley Greenway).
- Automatic cycle counters: Number of cyclists using route at 3 locations.

Results:

Health-enhancing physical activity outcomes

Shift from use of car to walking or cycling for local journeys. Increase in physical activity of local people. Community regeneration and improved sense of belonging. Revitalization of the Spen Valley.

- Over four randomly selected days (a weekday and a weekend day each in and out of school term for 12 hours) 2069 users were recorded, 57% cyclists and 41% pedestrians.
- 246 interviews were conducted in Spen Valley. 28% of cyclists claimed that they were new to cycling or starting to cycle again.
- 62% classified themselves as experienced cyclists.
- 38% of all trips were for a particular purpose, 62% for recreation.
- 79% of route users said that the route helped them to take regular exercise.
- 25% of users said that they could have used a car to make their journey but chose not to.
- The most commonly cited influence on users' choice of route was safety (40%).

Heckmondwile Grammar School uses the path for cross country runs, PALS (fitness club for retired people) for open air fitness sessions and Cleckheaton Medical Centre "prescribes" gentle exercise on the path.

More people are cycling and walking to school, to work and to shops. Also increase in leisure cycling and walking. Increased sense of community "cohesion" and well-being. Boost to local economy, especially local bicycle shop sales and increased use of hotels near to the route. The Cycleway also provided safe route to schools in the area, reduced child accident statistics and provided a wildlife corridor through the Spen Valley (Scrutiny Panel).

The 2nd most trafficked Sustrans route in England.

Well received by the local community and very popular.

Lessons learned

Sustainability:

Ongoing maintenance by Sustrans Warden and voluntary rangers. Through route to Bradford City Centre (adjacent local authority area) to be completed subject to resolution of land dispute, though much of this route link is in place.

Ring fenced maintenance budget for bridges, path maintenance and general stewardship (litter picking, vegetation cutting). Paid part-time Sustrans warden supported by voluntary rangers.

Transferability:

The "model" of the Spen Valley Greenway is already being transferred for the development of other greenway routes on disused rail corridors and canal/river corridors. No others are quite as straightforward to implement however due to complexities of land ownership and character/ topography of other rail corridors. Sustrans promote the Spen Valley Greenway as 'good practice' example - awarded a Sustrans National Cycle Network award for best Greenway in Construction section in September 2005.

Many aspects of the project can be used to form a model for future cycle paths, such as strong community and local member involvement. The Greenway may have an uncertain longer-term future in relation to its ownership and maintenance.

Assessment of the collaboration from the view of the transport sector:

Good collaboration between Sustrans and Kirklees MC which has set the framework for future joint working.

Assessment of the collaboration from the view of the health sector:

Link to Cleckheaton health centre. Promotion of cycling and walking on the route via scheme of promotion of exercise on General Practioner (GP) referral.

The scrutiny panel should also consult with relevant Health Authority representatives and the Spenborough Pals Group. This consultation had not taken place yet (End of April 2006). The collaboration between the Spen Valley Greenway and the health sector has been somewhat peripheral and secondary to the main partnerships that have driven the project.

Additional information/ specific comments

Important early consultation with the local community. Support from MP and local councilors. Some conflict between different user groups. Lessons learned about surfacing requirements for horse riders.

Contact

Name	Lynnette Evans, Kirklees Cycling Officer
Address	Kirklees Highways & Transportation Service, Flint Street, Fartown, Huddersfield HD1 6LG
Tel	+44 (0)1484 225611
E-mail	lynnette.evans@kirklees.gov.uk
URL	http://www.kirkleesmc.gov.uk/transport/colnevalleygreenway/colnevalleygreenway.shtml

Name	David Hall Sustrans Regional Manager
Address	-
Tel.	-
E-mail	davidh@sustrans.org.uk
URL	-

Project no.: 38

Country: United Kingdom

Title: **Addenbrookes Hospital Travel Plan**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	Local
Setting	Addenbrooke's hospital campus - 2.5 miles south of Cambridge City Centre
Target audience	Staff, patients and visitors
Target beneficiaries	Staff, patients and visitors
Driving force (project leader)	- University of Cambridge - Medical Research Council
Partners	- Addenbrooke's National Health Service Trust - Public transport operators
Timeframe	The ongoing 'Access to Addenbrooke's initiative was formalized in 1997 though some aspects of 'travel planning' was undertaken from 1993 i.e. car park charging.
Number of target population reached	(No information provided)
Financing/cost	Ring-fenced car park income

Description of initiative/action

Aims and objectives:

- To reduce the number of single occupancy vehicle trips to the Addenbrooke's campus by promoting alternative travel choices and investment in new infrastructure and services.

Description:

Addenbrooke's is based on the edge of Cambridge, sharing with Cambridge University and research institutes and employs half of the 9000 people on site. The Addenbrooke's hospital campus in Cambridge currently attracts over 16 000 person trips a day and yet the 67 acre site is planned to double in size by 2020 creating the Southern Cambridge Biomedical Campus. The surrounding road network is already at capacity, so the only way that the planned development can take place is by changing person trips away from the private car towards more sustainable travel choices.

The first travel plan set targets for changes in travel behaviour away from the car, to improve accessibility for staff, patients and visitors. An Access Bureau was established which now has 4.5 staff. The current travel plan runs from 2000 to 2005.

Activities:

Addenbrooke's invested in car sharing and sixteen pool cars, ran promotional events for bus travel, improved the walking and cycling infrastructure and worked with the main local bus

operator on a Quality Bus Partnership. The trust provides over 1300 cycle parking places and improved on-site cycle facilities link to the local cycle network.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

100% headcount annually - Modal share is measured each year on the second Thursday of every October. All entrances to the site are videoed between 07:00 and 19:00 and all staff car park entrances are videoed along with all the bus stops. A sample of pedestrian and cyclists are interviewed for all pedestrian and cyclist entrances. The questions asked allow the Trust to distinguish patients and visitors from staff and whether or not they individual has cycled all the way. The videos at the bus station and bus stops allow bus patronage to be determined and car usage is determined from the videos at the staff car park entrances and the main vehicular entrances to the site. Car occupancy is determined in this way. By subtracting staff car occupancy from the general car occupancy at the main vehicular entrances, it is possible to determine car park occupancy for patients and visitors. Started October 1993 to current.

The aim of the evaluation is to prove to Cambridge City Council that the hospital is meeting it's planning modal shift targets.

Results:

Exceeded all targets set to date (e.g. staff target of reducing number of single occupancy cars to site to 45% by 2005 exceeded in 2003).

The impact has been significant; between 1993 and 2003:

- car use fell from 74% to 42%;
- bus travel rose from 4% to 23%;
- cycling went up from 17% to 25%; and
- walking from 4% to 7%.

Bus use rose steeply after 2001 due to service improvements, a new on-site bus station and a discounted ticket scheme. By January 2004 at peak times up to 60 buses per hour call at Addenbrooke's.

Health-enhancing physical activity outcomes:

See above.

Lessons learned

Sustainability:

The project is ongoing for several years and already had a sustainable effect on the modal share.

Transferability:

Used as best practice in the NHS - regularly present of give site visits to other NHS organizations.

Assessment of the collaboration from the view of the transport sector:

Used as example of best practice.

Assessment of the collaboration from the view of the health sector:

A lot of joint working with public transport operators and both local authorities - Cambridgeshire County Council and Cambridge City Council.

Additional information/ specific comments

- Announce of changes or developments well in advance of introducing them - no surprises.
- Communication is key.
- Partnership working helps the whole process.

Contact

Name	Wyn Hughes
Address	Cambridge University Hospitals NHS Foundation Trust, Box 129, Estates and Facilities, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 2QQ
Tel	+44 1223 257140
E-mail	wyn.hughes@addenbrookes.nhs.uk
URL	
Documentation	http://www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_031513-01.hcsp#P32_1205

Project no.: 39

Country: United Kingdom

Title: **Cambridgeshire Travel Choice**

Type of action: Behaviour Change Campaign (personalized travel planning advice for new staff compared to a control group)

Scope	Local
Setting	Two pilot organizations
Target audience	Staff working at Cambridgeshire County Council and Cambridge University Hospitals NHS Foundation Trust (713 employees)
Target beneficiaries	Staff working at Cambridgeshire County Council and Cambridge University Hospitals NHS Foundation Trust
Driving force (project leader)	- Cambridgeshire County Council - Cambridge University Hospitals NHS Foundation Trust
Partners	- Cambridgeshire Travel for Work
Timeframe	One year project (started in mid 2003) - one of 14 national pilots run by the Department for Transport
Number of target population reached	713 employees
Financing/cost	Government funding (Department for Transport - DfT) - matchfunded by the pilot organization

Description of initiative/action

Aims and objectives:

To encourage less car use at the expense of more sustainable forms of travel.

Description:

To see whether personalized travel advice could encourage more sustainable travel amongst new starters compared to a control group who received no advice. At Cambridgeshire County Council, a further pilot was established which targeted staff with car park access. The test was to establish whether less car use could be encouraged by providing personalized travel planning advice of alternative travel choices.

Activities:

See above.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Statistical analysis of project group compared to a control group.

The aim of the evaluation was to try and to demonstrate that personalized travel advice could influence travel choice decisions towards more sustainable forms of travel.

Results:

The objectives were partially achieved (see tables below). The results from the Travel Choice project point to differing degrees of success in relation to securing changes in travel behaviours. Whilst there was a noticeable change in modes (fewer car alone trips) amongst existing employees of the County council with access to the on-site car park, there was less impact amongst new recruits joining the two pilot organizations.

Table 5.1 shows the modal split breakdown between car alone and all other modes over the course of the project for each of the sub-projects[5].

Table 5.1: Travel Choice modal split at Week 1 and Month 3 stages

		Percentage of car alone trips *[Actuals in brackets]*		Percentage of trips by all other modes *[Actuals in brackets]*	
		Week 1	Month 3	Week 1	Month 3
Addenbrooke's NHS Trust New Recruit Project	Experiment	26.5% *[208]*	28.9% *[228]*	73.5% *[577]*	71.1% *[562]*
	Control	33.0% *[284]*	35.2% *[303]*	67.0%* *[576]**	64.8% *[557]*
Cambridgeshire County Council New Recruit Project	Experiment	45.5% *[125]*	45.1% *[124]*	54.5% *[150]*	54.9% *[151]*
	Control	51.9% *[122]*	56.2% *[132]*	48.1%* *[113]**	43.8% *[103]*
Cambridgeshire County Council Car Park Access Group	Experiment	70.0% *[503]*	60.9% *[441]*	30.0% *[216]*	39.1% *[283]*
	Control	69.1% *[461]*	74.7% *[508]*	30.9% *[206]*	25.3% *[172]*
Cambridgeshire County Council Sub-Projects Combined	Experiment	63.2% ***[628]***	56.6% ***[565]***	36.8% *[366]*	43.4% *[434]*
	Control	64.6% ***[583]***	69.9% ***[640]***	35.4%* *[319]**	30.1% *[275]*

* Control group figures for 'all other modes' in Week 1 inferred from other data collected.

Further analysis of the number of individuals within the project driving alone for five days within the week was carried out[5]. This analysis is presented in Table 5.2.

Table 5.2: Percentage of individuals driving alone for five days a week at Week 1 and Month 3 stages

		Percentage of individuals driving alone for five days a week *[Actuals in brackets]*	
		Week 1	Month 3
Addenbrooke's NHS Trust New Recruit Project	Experiment	19.6% *[31]*	24.7% *[39]*
	Control	29.1% *[50]*	30.2% *[52]*
Cambridgeshire County Council New Recruit Project	Experiment	38.2% *[21]*	32.7% *[18]*
	Control	46.8% *[22]*	48.9% *[23]*
Cambridgeshire County Council Car Park Access Group	Experiment	56.6% *[82]*	41.4% *[60]*
	Control	44.1% *[60]*	64.0% *[87]*
Cambridgeshire County Council Sub-Projects Combined	Experiment	51.5% *[103]*	39.0% *[78]*
	Control	44.8% *[82]*	60.1% *[110]*

Health-enhancing physical activity outcomes

Shift towards more sustainable travel choices.

Lessons learned

Sustainability:

Not assessed beyond duration of pilot.

Transferability:

Highly transferable - the effectiveness of personalized travel planning technique in the area of employee commuting is greatest when used within organizations which are at an early stage in the travel planning process, or when it is targeted at specific groups, such as car park users.

Assessment of the collaboration from the view of the transport sector:

Positive - given that the pilot was encouraging the use of more sustainable travel choices.

Assessment of the collaboration from the view of the health sector:

Positive - given that pilot encourages more active travel.

Additional information/ specific comments

Very resource intensive given that this was a pilot and involved a control group.

Contact

Name	Wyn Hughes
Address	Box 129; Cambridge University Hospitals NHS Foundation Trust; Addenbrooke's Hospital, Hills Road, Cambridge, CB2 2QQ
Tel	+44 1223 257140
E-mail	wyn.hughes@addenbrookes.nhs.uk
URL	http://www.addenbrookes.org.uk/directions/staff.html
Documentation	http://www.addenbrookes.org.uk/resources/pdf/travelchoice_summary_181104.pdf http://www.cambridgeshire.gov.uk/NR/rdonlyres/C590F6AC-FAF8-41F1-B2A0-208C9CE247A0/0/tcpreport.pdf

Name	Tim Carter
Address	Environment Programme Team, ET1001, Cambridgeshire County Council, Shire Hall, Cambridge, CB3 0AP
Tel	+44 1223 717701
E-mail	tim.carter@cambridgeshire.gov.uk
URL	

Project no.: 40

Country: United Kingdom

Title: **Walking the Way to Health Initiative (WHI) & Paths to Health Project (PTH)**

Type of action: Behaviour change campaign

Scope	National	
Setting	(not applicable)	
Target audience	All users (especially those who take little exercise or live in areas of poor health)	
Target beneficiaries	All users (especially those who take little exercise or live in areas of poor health)	
Driving force (project leader)	WHI Scheme: British Heart Foundation	PTH Scheme: British Heart Foundation
Partners	- Countryside Agency - Oxford Brookes University (Evaluation of the scheme) - New Opportunities Fund and partner bodies (funding)	- Paths for All Partnership, New Opportunities Fund, Scottish Natural Heritage, NHS Health Scotland (funding support)
Timeframe	2000 – 2005 (in England start in October 2000)	2001 – 2005 (in Scotland start in September 2001)
Number of target population reached	Until September 2005 more than 300 000 people participating in led walks	
Financing/cost	WHI Scheme: 12 million pounds	(No information provided)

Description of initiative/action

Aims and objectives:

- To get more people walking on a regular basis within their own communities, especially those who take little exercise or live in areas of poor health.

Description:

"Walking the way to health' (WHI) is a nationwide initiative of the British Heart Foundation (charity) in partnership with the Countryside Agency. The five-year initiative began in England in October 2000. "Walking for Health" is a five-year initiative to get people walking more, targeted at people who do not take enough exercise and live in areas of poor health. The Countryside Agency coordinates and offers training and support at regional and local levels.

The Paths to Health Project (PTH), based in Scotland and officially launched in September 2001, was jointly created by the British Heart Foundation and the Paths for All Partnership. The PTH maintains close working links with the WHI in England and has similar aims.

The short definition of a “Health Walk” is a purposeful, brisk walk (in other words more than just a stroll) undertaken on a regular basis. It can include any walk that is specifically designed and carried out for the purpose of improving an individual's health and is a structured or semi-structured activity which occurs on a regular basis as part of an individual's exercise regime.

The vast majority of WHI/PTH schemes employ trained walk leaders (WHI trained more than 18’000 volunteer walk leaders) whose role is to set up, generally organize and lead walks, assisted by volunteers. The walks cover between one and four miles and vary in their level of difficulty. Some walks are themed for specific users, such as “first steps” (for those who are out of the habit of walking), cardiac rehabilitation or local ethnic communities.

350 local communities have set up local schemes. Thereof 202 are grant-aided schemes.

Activities:

The scheme entails:

- Trained volunteers planning and leading walks
- Local routes devised and publicised by local people
- Patients encouraged by doctors to walk more
- Practical information offered through local information and website
- Independent evaluation

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

A longitudinal evaluation of the Walking the Way to Health Initiative and Paths to Health in Scotland was conducted by Oxford Brookes University. Three questionnaires were designed – baseline, 3 months follow-up and 12 months follow-up. The study questionnaires contained questions, which measured the amount of physical activity that a person had engaged in during the previous 7 days, together with questions about (led) Health Walk attendance, living circumstances, health and attitudes to walking around their neighbourhood. Further details and comments were also encouraged. A total of 750 walkers were recruited to the evaluation, representing a baseline response rate of over 75%, with response rates of 80% at 3 months and 74% at 12 months.

The objectives of the evaluation study were to identify the extent of changes to physical activity levels amongst participants in local WHI schemes (and more latterly, a sample of PTH schemes also). Specifically, to identify:

- where people were on the sedentary to active continuum when they first joined a local scheme;
- how their attitudes to walking and levels of walking and other physical activity changed during their participation;
- the factors which encouraged and barriers which deterred their continued participation and adherence to walking schemes (led walks); and

- the factors which encouraged and the barriers which deterred them from continuing with walking outside the aegis of local schemes (led walks).

Results:

Health-enhancing physical activity outcomes:

Health status:

One fifth (20%) of participants said that they had problems with health that hampered or discouraged walking and 7% of the sample were registered disabled.

A quarter of participants had been ill for a whole week (~24%), had had an operation (~9%) or had been bereaved (~12%) within the previous 12 months.

Qualitative data (extra details and comments) provided by walkers, revealed that many participants on led walks attended due to health concerns – wishing to improve their poor health (e.g. breathlessness, high blood pressure) – or because they were keen to maintain good health.

Physical activity levels:

65% of participants were meeting current recommended levels of physical activity – just from walking.

People attending led walks for the first time were less physically active overall than other walk attendees, but their walking levels were similar.

Follow-up questionnaires revealed that participants who maintained their attendance on led walks reduced their overall physical activity less than those who stopped participating in led walks after month 3.

Overall physical activity levels at 12 months were significantly associated with the number of led walks that people had participated in during the preceding 9 months.

Therefore, participation in led walks made a significant contribution to overall physical activity.

Led walk attendance and retention:

The majority of participants (85%) who attended the led walks had been on a led walk before (organisers unspecified).

Participants who, at baseline, had not attended a led walk before were significantly more likely to represent disadvantaged groups (non-white, less qualified, living in the most deprived areas and registered disabled) compared with other walkers.

At baseline, most of the walkers (52%) were attending walks described as “flat/easy” or “first steps”.

Extra walking activity since taking part in Health Walks schemes:

Amongst 796 comments received concerning the extra forms of walking people did since being introduced to Health Walks schemes, nearly a third (30%) of responses stated that extra walking consisted mainly – or entirely – of (led) Health Walks or other forms of group walking.

Many people commented that they did more independent walking – such as walking more often to shops (instead of taking the car), or walking around the local neighbourhood.

Effect of health walks on participants' transport habits:
It is likely that participation in health walks has a significant effect on walkers' transport habits with an average of 50% of respondents indicating that they are now more likely to use walking as a mode of transport for short distances.

Conclusions:
The majority of health walkers are women, around or above the age of retirement. However, it is important to realize that many such people are often disadvantaged in other ways, as they frequently live alone, may have health issues and are at an increased risk of becoming socially isolated.

A key benefit of these led walk schemes appears to centre on maintaining physical activity levels in people who could find it difficult to do so alone.

Health walks are safe and effective and have been shown to be sustainable both for the individual and at an institutional level.

For many led walk participants, the main and most vital functions that WHI/PTH schemes offer are twofold: the maintenance of current levels of physical activity combined with an increased opportunity for regular social contact.

The evaluation study also revealed that a surprisingly high proportion of led walk participants are recovering from an event or crisis (such as bereavement or having an operation).

Lessons learned

Sustainability:

The majority of schemes are continuing to operate despite WHI funding coming to an end. (But where schemes have not been mainstreamed or integrated, there is still a need for volunteer support from a statutory organization).

Transferability:

Can be applied elsewhere.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

(No information provided)

Additional information/ specific comments

Primary care professionals should know about these schemes as a low risk resource for rehabilitating people with low physical activity levels and/or limited social contact.

Contact

Name	The countryside agency
Address	John Dower House Crescent Place Cheltenham GL50 3RA
Tel	+44 1242 533258
E-mail	jasia.krabbe@countryside.gov.uk
URL	http://www.whi.org.uk/
Documentation	www.whi.org.uk/evaluations

Project no.: 41

Country: United Kingdom

Title: **Manchester Airport Green Commuter Plan**

Type of action: Behaviour change campaign

Scope	Local
Setting	Workplace (airport)
Target audience	All employees (18'000) and employers on the airport site
Target beneficiaries	All employees (18'000) and employers on the airport site
Driving force (project leader)	Manchester Airport
Partners	- Bus and rail operators - Greater Manchester Passenger Transport Executive - Local authority transport planners
Timeframe	Started in 1999, ongoing
Number of target population reached	
Financing/cost	Manchester Airport (investment of over £100 million in public transport infrastructure and services)

Description of initiative/action

Aims and objectives:

- Reduction in drive-alone or single occupancy car journeys to work in favour of more sustainable modes, such as cycling walking, public transport.
- Target reduction to 70% single occupancy journeys.
- Reduce the impact of the private car by every one making small changes.
- Benefit to the environment and the individual with minimal impact on work and lifestyle.

Description:

The project is part of the Manchester Airport commitment to sustainable development. 80 000 trips are made to Manchester Airport each day. The Green Commuter Plan is part of a wider strategy to switch 25% of trips away from the car by 2005, benefiting the 250 companies on site and reducing congestion.

The project created a travel plan toolkit that highlighted choices available to employees for their journey to work. Initiatives were developed and promoted under the various toolkit modes - by bus, by train, on two wheels, on foot etc. The plan is supported by a travel planner resource who's role is promote and raise awareness and take an active role in promoting and implementing travel initiatives. Success of the plan is monitored through a regular (monthly) survey of employees travel patterns and modes.

Activities:

Behaviour change programme through development of a travel plan framework or "toolkit" for employees to choose the appropriate travel intervention or mode for their needs. Core activity focused on raising awareness and promotion and marketing of various modes or

choices of travel (via internet, intranet, leaflets, posters, annual travel awareness day). Backed up with message that small changes in travel habits can make a positive difference and everyone can contribute to the success of the plan. Investment in new infrastructure and initiatives where necessary.

Car share and car club schemes have been introduced and park and ride schemes are planned on strategic road and rail networks. Cycling is an area of notable progress.

Cycling measures on site include:

- Cycle centre, maintenance and rescue service
- 8 kilometres of on-site cycle paths
- 17 bicycle parks, with lockers for cyclists' belongings
- 46 shower cubicles
- Pool bicycles for staff use on site
- Liaison with neighbouring local authorities to develop safe cycle routes to the airport.

The airport is integrating cycling and walking with rail, coach, bus and tram, using individualized travel marketing campaigns and establishing an Internet journey planner.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Regular survey into employee and passenger travel patterns, determines modal share and ratio of vehicle trips into the airport site for each passenger handled.

The aim of the evaluation is to have a continuous survey into travel sample over 2000 employees each year (out of working population of 18 000). There is a continuous monitoring of vehicle trips through automatic traffic counters. Produces modal share for employees grouped by category of employment and residential area. Ratio of vehicle trips to air passengers handled.

Results:

Of 20 000 people working on the site, 650-700 now cycle to work and the Bicycle User Group has 700 members.

- 2% of staff cycled to work in 2001; this is predicted to rise to 3% by 2005 and 4% by 2015.
- Staff's walking levels were predicted to rise from 1% in 2001 to 2% by 2005.
- Progressive switch away from drive alone or single occupancy car journeys.
- Reduction in ratio of car park spaces per employee.

Health-enhancing physical activity outcomes:

Travel survey results of 2005 showed the drive alone figure down to 68% and employee bus use up to 10% (see table).

Employee modal split - Manchester airport			
Mode (%)	**1996**	**2001**	**2005**
Car (driver alone)	83	73	68
Car (as passenger)	3	6	7
Car (with passenger)	5	4	5
Bus/coach	4	7	10
Bicycle	2	2	2
Motorcycle/moped	1	1	1
Walk	0	1	2
Train	1	1	2
Taxi	1	1	2
Other/none	0	4	1
Total	**100**	**100**	**100**

Lessons learned

Sustainability:

Ongoing project and commitment by Manchester Airport, no end date.

Transferability:

Other airports and large industrial sites with a large number of employers located on the edge of a major conurbation.

Assessment of the collaboration from the view of the transport sector:

Large number of employers with varying levels of commitment, some more active than others. Dependent on outside agencies providing services i.e. buses and trains. Employees travel from a very wide area, makes access difficult from more remote areas other than by car. High level of shift working spreads travel activity over the day, but significant movements take place onto the site between 04:00 and 06:00.

Assessment of the collaboration from the view of the health sector:

Health promotion wasn't a key feature in the early years of the plan, but is now part of the campaign. Links with occupational health promotion work on site. Cycling and walking activity have been heavily promoted and given the remote location of an airport, quite well used. No data or monitoring on health benefits attributed to the plan.

Additional information/ specific comments

Promotion and re-promotion to continually raise awareness of the travel choices and importance of sustainable modes is the key.

Manchester Airport's Green Commuter Plan received the Commuter Initiative Award in 2001.

Contact

Name	Bob Longworth
Address	
Tel	+44 161 4892708
E-mail	Bob.longworth@manairport.co.uk
URL	http://www.manairport.co.uk/
Documentation	http://www.manairport.co.uk/Web.nsf/alldocs/E2AFE63CAFAD2BB280256E2200644A3D/$File/ Green+Commuter+Plan.pdf

Project no.: 42

Country: United Kingdom

Title: **Groundmiles – Walsall Walk On**

Type of action: Behaviour change campaign (incentive scheme to encourage behavioural change)

Scope	Local (demonstration scheme feeding in to regional and national programme)
Setting	Municipality
Target audience	Initial target audience as requested by Walking the Way to Health Initiative (WHI) included: - Coronary heart disease patients - Obesity suffers - People with diabetes - Over 50s - Mental health patients - Socially isolated - Ethnic minorities
Target beneficiaries	Initial target audience as requested by WHI included: - Coronary heart disease patients - Obesity suffers - People with diabetes - Over 50s - Mental health patients - Socially isolated - Ethnic minorities
Driving force (project leader)	- Walsall Council – project management
Partners	- Walsall Teaching Primary Care Trust (tPCT) – project partners with regard to links to funding sources. - WHI (managed by the Countryside Agency, in partnership with the British Heart Foundation, the Big Lottery and Kia Motors) – national project coordinators, phase 1 funding. - Single Regeneration Budget 5 (SRB5) – Government funding for areas of deprivation distributed by Advantage West Midlands (regional development agency). - Health Action Zone (HAZ) – Government funding for areas with severe health inequalities distributed through PCTs. - New Deal for Communities – another source of Government funding for areas of deprivation, managed by a partnership involving the local authority, PCT, housing trusts and community organizations.
Timeframe	1999 until the existing funding programmes expire
Number of target population reached	(No information provided)
Financing/cost	- WHI – phase 1 only - SRB5 – phase 1 an 2 - HAZ – phase 1 and 2 - New Deal for Communities – phase 1 and 2

Description of initiative/action

Aims and objectives:

To demonstrate an initiative that encourages uptake and continued participation in a range of activities that promote the adoption of a healthy lifestyle.

Description:

Initially linked to health walks programme, expanded to encourage other areas of physical activity and adoption of healthy lifestyles. Encompassing healthy eating sessions, smoking cessation, weight loss support, fitness classes, conservation tasks, walking bus (promote walking to school for parents & children), extend programmes (gentle exercise classes for elderly/ infirm), volunteering.

Groundmiles is part of the national Walking the way to Health Initiative (WHI). Local demonstration scheme feeding in to regional and national programme. WHI was established to demonstrate ways of encouraging people to walk more for the benefit of their health. (www.whi.org.uk)

Groundmiles is an incentive scheme that rewards participants for taking part in a range of activities that benefit their health.

The scheme is free to join. Participants receive a Groundmileage Record Book to take to any participating activity. Each activity is accorded a different Groundmiles value of 5, 10 or 15 “points”. These values depend on the level of physical activity involved and the amount of participation required. Points are collected in the form of stamps issued by the activity coordinator.

The participant builds up their collection through sustained attendance. The collection is then forwarded to the coordinating office and the participant’s choice of reward is issued according to the total value of the stamps to be redeemed.

Mortality rates for Coronary Heart Disease (CHD) in Walsall are above the national rates. In order to achieve the national targets, Walsall must reduce it’s death rate from CHD, stroke and other related diseases by 49.7% by 2010 (Walsall Health Authority 2001). The Groundmiles scheme is one initiative put in place to help meet this target.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

The local health authority – health promotion unit (Walsall) and the local council (Walsall) were involved in all four stages of the project (planning, implementation, financing and evaluation). The central government (Countryside Agency) is engaged in the planning phase, in funding the project and in the evaluation.

Walsall’s health authority submitted funding application in partnership with Walsall Council to the Countryside Agency. The health authority also had another source of funding (Walsall Health Action Zone). All three organizations were involved in the planning process, with the local authority being the primary implementers. The framework for evaluation was derived in partnership across the three agencies, but was carried out by the local authority.

Evaluation

Evaluation processes have been conducted in 2001 and 2003. Further evaluation is currently taking place. This is due for completion in October 2005. The format has been postal questionnaires and face-to-face surveys. Questions focus on participation in both the health walk programme and Groundmiles. These include perceived health benefits, methods of motivation and continued participation. The postal survey has been mailed out to all 1300 people registered as Groundmiles collectors. The face-to-face survey will be carried out amongst participants during the led walks, reaching a potential 300 walkers in the course of the weekly programme.

An independent analysis of the project was carried out by Helen Preston student nurse at Walsall Manor Hospital.

Results:

Health-enhancing physical activity outcomes:

Results of an initial survey in 2001 of 300 participating residents revealed:

- 54% said Groundmiles increased the amount of exercise they did;
- 72% said it made exercise more attractive; and
- 64% said it encouraged their continued participation in exercise.

In 2003, the scheme had registered 700 participants.

A further survey recorded that 72% of registered participants did less than the recommended amount of physical activity and 86% thought that Groundmiles would encourage them to do more physical activity.

A major evaluation of the scheme had taken place amongst existing registered participants. The number of which in 2004 stands at 1300. The survey showed that:

- 44% of all respondents say that a rewards scheme would make exercise more attractive to them and the same number say that Groundmiles encourages them to take part in exercise programmes such as the health walks.
- Although 36% said that they would walk anyway regardless of the stamps, 30% said they were a nice bonus and 19% said that they were an incentive to take part. Many of the respondents also said that they couldn't understand why more people weren't taking part, as the rewards were attractive.

Two questions are comparable to those from a previous evaluation in 2001, as follwos:

- *"Does an incentive scheme that rewards you for taking part in physical activity programmes make exercise more attractive to you?"*
- *"Would an incentive scheme encourage you to continue to exercise?"*

In 2001, 72% said "yes" to the first question, compared to 44% in 2005. In 2001, the second question received a "yes" response from 64% of participants. In 2005, this fell to 40%. Although the percentages have fallen, in both instances an incentive scheme remains attractive to almost half of the respondents.

As the schemes initiative is amongst others to decrease the rates of CHD and Stroke it can be said that the scheme has reached its target population as residents who do little exercise would be those more at risk from CHD and Stroke and by participating in the scheme could help to reduce their risk. (Although, due to the short life span of the scheme, no figures are available regarding the levels of CHD and Stroke in Walsall, it can still be said to be successful. The number of residents participating in the scheme has risen since its launch and has attracted Walsall residents who felt that they did not participate in enough exercise).

Through additional funding sources the programme was expanded to target areas of deprivation and address specific health improvement programmes – smoking cessation, "cook and eat" sessions and weight-loss support – and other initiatives such as the "Sure Start programmes" associated with pre-school children and their parents.

Areas of volunteer recruitment and retention have also been included in relation to health walk leaders and conservation volunteers.

A small-scale programme was linked to a walking bus scheme aimed at encouraging parents and children to walk to school.

Charity organizations have also offered Groundmiles to participants in sponsored walk events.

Lessons learned

Sustainability:

The coordination of the associated health walk project is to be mainstreamed within the local authority. The officer appointed to this task will assist in attempts to ensure the sustainability of Groundmiles within Walsall.

We estimate that the current funding programme will be exhausted in 2006. At present there are no specific alternative sources readily identifiable. However, the establishment of a regional working group will raise the profile of the initiative and therefore increase the potential of attracting alternative sources of investment.

We have been informed that the current commercial value of an individual record on a database is approximately £0.20. We envisage that the project could eventually generate its own income, with businesses buying into the programme in order to gain access to the database.

There is also the possibility of developing an electronic system using swipe-card technology. Income could also be generated through the sale of electronic card readers and quantities of "reward points' to offer to customers.

Businesses would have the possibility of recouping their investment in a number of ways – increased promotional opportunities; increased potential for market research; opportunity to target specific customer bases; higher turnover and profits; good public relations and image.

Participating organizations either in the public or private sector have the potential to offset some of their initial costs by small price increases. For estimating the value of Groundmiles rewards and developing a points scale, we have valued 5 Groundmiles points at approximately £0.20. This sum could be passed on to the customer in the form of a small price increase on the cost of goods or services provided.

With detailed evaluation over a number of years we would hope that the cost of establishing this type of health promotion initiative would eventually result in savings to health services and the general economy by reducing the costs of both curative treatments or management of the medical conditions.

Transferability:

Groundmiles currently operates as a paper-based system, however, electronic technology and the use of "smart" swipe-cards could unlock almost unlimited opportunities for development.

The fact that the business community has been using incentive schemes in one form or another for many years should also be taken into account.

As mentioned previously, technological developments may make it possible for independent beneficial activities to be verified. For example, where systems operate for congestion charging, the same principal could be adopted for rewarding walking and cycling.

At present the only limitation regarding use are related to the fact that in order to receive Groundmiles points, participation has to be verified by the activity coordinator. If a swipe-card system were adopted, it may be possible to develop a network of card readers that could be used to record journeys either by foot or cycle. The individual could log in at points along a route. This journey could then be rewarded.

The system could also be used on public transport. As well as rewarding existing passengers, it could also encourage increased use and provide a source of information which may enable operators to improve their services.

The Department for Education was developing an electronic card for recording and rewarding educational achievement. The same principle could be adopted for healthy lifestyles. This would not only prove extremely valuable to the medical profession, it would also be a way of measuring physical activity and gathering quantifiable evidence of its effectiveness over a long-term period.

The information could provide the business community with valuable data too, particularly in terms of how people spend their leisure time. The system could also be developed to encourage promotion of healthy eating. In addition, supermarkets and restaurants would have the potential to reward purchases of healthy food items.

Assessment of the collaboration from the view of the transport sector:

At present there has been limited involvement of the transport sector, however we are in regular contact with Walsall Council's Travel Wise facilitator (part of a national programme for sustainable transport). Interest has been expressed by the marketing department of the largest bus operator in the region and we have recently approached them with regard to their participation in the working group.

Assessment of the collaboration from the view of the health sector:

The scheme has been developed by "frontline" staff in both Walsall Council and Walsall tPCT– working directly with the community. This has also been the case for the other schemes within the region. We now have strong evidence of their value. We feel the project needs championing at a senior and more strategic level. We hope that the establishment of a regional working group will help to achieve this.

Additional information/ specific comments

Initial market research points to more support and interest from the business community for larger schemes, rather than small, locally based programmes.

Having operated the scheme for six years and despite limitations of staff and resources, we consider it to be an extremely useful tool in terms of raising awareness of beneficial behaviour and as a method of motivation for attracting people to an activity and maintaining their continued participation.

Throughout its development we have received enquiries similar to this one from not only within the UK but also Korea, Australia and New Zealand. This interest coupled with the number of registered participants and it's potential to link to a plethora of other beneficial health and environmental activities, has convinced us that there is massive potential for the future development of an incentive scheme of this nature.

We consider Groundmiles to be an extremely successful initiative. However, its development over recent months has been curtailed due to staffing shortages. This has reduced the opportunity for further expansion of the initiative and for more detailed evaluation of existing areas of development.

We have found that the scheme is particularly attractive to people on low incomes – those living in areas with identified health inequalities, the elderly – and also the Asian community.

One of the interesting elements of the scheme that we've become aware of is the fact that the majority of participants prefer to build up their "points" collections, enabling them to make one large claim. Should the scheme continue in the existing format, from a management view point, we will be introducing a time limit for submission of claims.

It has also been interesting to see which are the most popular choice of gift vouchers. The vouchers chosen correlated with current performance trends amongst supermarkets and other major retail outlets in the United Kingdom.

There is a large potential for the use of incentive schemes to encourage and motivate behaviour that promotes both beneficial activities for health and the environment.

In order to be successful they need high profile marketing, a wide range of participatory activities, a large variety of rewards, which are relatively easy to obtain both in terms of collecting "points" and exchanging them for rewards.

An incentive scheme of this nature is not achievable without collaboration. A partnership approach is a key component in the establishment and future development of an initiative of this kind.

Contact

Name	Jeff McBride, Senior Countryside Officer
Address	Walsall Countryside Services Walsall Council Beacon Lodge, 551 Beacon Road Aldridge, Walsall, West Midlands, England WS9 0QW
Tel	00 44 0121 360 9464
E-mail	mcbridej@walsall.gov.uk
URL	

Project no.: 43

Country: United Kingdom

Title: **Exeter Walking Project and Stroll On, Exeter!**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	Local
Setting	City of Exeter UK
Target audience	110 000 resident population of Exeter plus visitors to the city (tourist area)
Target beneficiaries	110 000 resident population of Exeter plus visitors to the city (tourist area)
Driving force (project leader)	(No information provided)
Partners	- Sustrans (sustainable transport not-for-profit organization) - Exeter City Council (as planning authority) - Devon County Council (as highways authority) - Exeter Primary Care Trust (as health authority)
Timeframe	2001 - at least to March 2006 (A five year programme of infrastructure improvements was agreed with the local authorities and is now being implemented)
Number of target population reached	(No information provided)
Financing/cost	- Sustrans (lottery funding for the first three and a half years) - Exeter City Council (funding for minor works) - Devon County Council (funding for major works) - Exeter Primary Care Trust (PCT) (funding of healthy walking scheme)

Description of initiative/action

Aims and objectives:

Established to develop a walking strategy for Exeter and to increase the amount of walking as transport in and around the city of Exeter.

Description:

The project has been a multi-faceted approach to increase walking. The Exeter Walking Project is a partnership of Exeter City and Devon County councils and Sustrans. A five-year programme of improvements is being implemented and includes a new pedestrian/cycle bridge near the city centre and an innovative signing system to inform walkers of times to destinations rather than distance. The walking group “Stroll on, Exeter!”, was also set up, in partnership with Exeter Primary Care Trust, as part of the strategy, aimed at local people. It is a health walks scheme with six walks a week.

Infrastructure improvements centred on radial functional walking routes. Practically oriented combination of engineering measures (new paths, bridge, road crossings), awareness raising (signs, leaflets for self-guided walks, opening events), health promotion (healthy walking scheme).

Activities:

- Identifying key walking routes and improving them.
- Providing new links to overcome physical barriers.
- Establishing a long-distance leisure route through green spaces.
- Waymarking key routes and indicating times to destinations on signs.
- Linking with school travel planning and employer travel planning.
- Setting up daily led health walks.

Planning and implementation

Contribution of each sector/partner:

- Physical activity promotion: Exeter NHS Primary Care Trust employed coordinator from start of project, provided office support, after three years absorbed post, funding and activity into regular services and evaluating take up.
- Local authorities: Exeter City Council provided financial support and advice.
- Transport: Devon Travelwise (Devon County Council) provided financial support and advice, Sustrans (sustainable transport charity) provided financial support and advice, including choice of routes and design of information.

Evaluation

Annual report on plans and progress with implementation. Evaluation only of health walks programme. An evaluation is not yet planned, apart from health walks programme. The aim of the documentation is to provide information for partners and funders.

Results:

More people are walking for health reasons. Organized health walks on 7 days per week attract increasing numbers of participants. Many go on to self-guided health walking and everyday walking for other purposes (the shift to walking has not been measured, therefore no quantitative data available).

Objectives partially achieved in terms of implementing physical changes, establishing health walks and leisure walking routes. Also in establishing continuing programme of works by local authority partners.

Health-enhancing physical activity outcomes:

238 people regularly participated in the health walks during 2004 with many walking more than twice a week. An additional 100 participants used the self-guided walk packs, which are available for people to organize their own walking activities.

Lessons learned

Sustainability:

There is no end date set for the project. The local authorities now have walking infrastructure improvements and inclusion in new developments with a higher priority in their forward planning and budgets, even if Sustrans ceases to have an involvement. Each improvement or new build becomes a long-term/permanent feature. Other aspects such as the healthy walking scheme require renewal of commitment/budget to ensure they are sustained.

The Exeter Walking Project set out to encourage walking in preference to car journeys within the city, with demonstrations of good and innovative practice and the development of a sustainable walking strategy for the future.

Transferability:

Good practice could be adopted elsewhere. All aspects of the project could be transferred to other Cities. Equally good practice from elsewhere has informed this project.

Assessment of the collaboration from the view of the transport sector:

Local transport sector largely interested in reducing traffic congestion and improving air quality. Increasing walking may achieve benefits for both of these by switching utility journeys from car to foot. On the "negative" side some aspects of improved walking infrastructure (e.g. light-controlled or zebra crossings) can impede flow of traffic and increase congestion/pollution.

The UK Department for Transport have used the Exeter Walking Project as a case study in their Walking and Cycling Success Stories guide – (http://www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_033860.pdf)

Assessment of the collaboration from the view of the health sector:

Local health promotion sector is seen to benefit from improved awareness of benefits of walking, better facilities and healthy walking schemes. No perceived negatives.

Additional information/ specific comments

Partnership working can overcome some barriers to implementation such as inertia. Demonstration projects can produce interest and show good practice. Health is a bigger motivator for change of behaviour than environmental concerns.

Contact

Name	Peter Grainger
Address	Sustrans, 8 Prospect Park, Exeter, EX4 6NA, UK
Tel	01392 435648.
E-mail	peterg@sustrans.org.uk
URL	http://www.sustrans.org.uk/

Name	Jacqui Stevens
Address	Health Improvement Project Officer - Physical Activity, Exeter Primary Care Trust, Dean Clarke House, Southernhay East, Exeter EX1 1PQ
Tel.	01392 436369
E-mail	Jacqui.Stevens@Exeter-PCT.nhs.uk strollonexeter@fsmail.net
URL	http://www.exeter.gov.uk/index.aspx?articleid=1693

Project no.: 44

Country: United Kingdom

Title: **Walking Bus - Southend Borough Council**

Type of action: Behaviour change campaign

Scope	District (sub-regional)
Setting	Municipality (Southend)
Target audience	Southend has 37 primary schools with a total of 15 000 children aged between 4-11years
Target beneficiaries	Southend has 37 primary schools with a total of 15 000 children aged between 4-11years
Driving force (project leader)	The Borough Council
Partners	- Head teacher - Parents - Office staff - Council Walking Bus Advisors - Children.
Timeframe	Started in 1999, ongoing
Number of target population reached	(No information provided)
Financing/cost	- The Borough Council - National Health Service (pay £2000 a year towards salary of Walking Bus Advisors) - A capital budget of approximately £5000 provides incentives. - All other funding for fluorescent jackets etc. is obtained through sponsorship from local businesses.

Description of initiative/action

Aims and objectives:

- To encourage more children to walk to school.
- To improve the fitness levels of each child and to reduce congestion and improve safety around the school gate.

Description:

Children walk to school along a set, risk assessed, route. There is a strict adult to child ratio of one adult to every 4 infant and pre-school child (0-7 years old) and one adult to every 8 juniors (7-11years old). Each child and adult wears a fluorescent jacket.

A sticker reward system is operated giving children the opportunity to claim small prizes for walking to school each day. Once a bus has been in operation for a year, the school receives a small grant of £1,500 to be used on green issues within their school. The service is promoted to children on the www.walkingbus.org website as a means through which they

can spend time having fun with their friends before school and to parents who are given advice on how to check if a walking bus route already exists for their children's school and on setting up a new walking bus route.

The Borough Council employs three Walking Bus Advisors who work 15 hours a week term time only (38 weeks a year). Their employment is partly funded by the local National Health Service Primary Care Trust. This is in acknowledgement of the health benefits each child gets from walking more. These Advisors go out to schools to promote the Walking Bus to both parents and children. They also approach local businesses to provide the sponsorship required to provide the fluorescent jackets for each route and rewards for incentives for the children. Once a school expresses an interest the Advisor will hold a meeting for parents, agree one or more routes and get the routes risk assessed. Each parent who volunteers must receive a clearance from the Criminal Records Bureau and Road Safety Training. They are then covered by the Councils insurance policy whilst they are volunteering on a Walking Bus.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

Whilst each school that has a Walking Bus is reporting a drop in the number of cars near the school gates, no formal figures are available.

Results:

Health-enhancing physical activity outcomes:

There are currently 30 walking bus routes across 16 schools (of the 37 schools) in the borough walking daily. There are 402 children and 198 adults walking on a regular basis.

There are no specific figures for all of the schools involved in the Walking Bus scheme, but at St George's Catholic Primary, the amount of children walking to school increased by 17.4% between May 2001 and Nov 2003. The Walking Bus scheme was introduced at that school in April 2003. St George's now has 29.6% of all the children in the school are regularly walking with the Walking Bus.

Objective to have the option of the Walking Bus available to as many schools as possible so that where parents do need to drive because of distance or their own work commitments, the child has the option of walking at least part of the journey.

Lessons learned

Sustainability:

We have two routes that have been running for 5 and a half years. There is a natural "turn over" of parents as the children leave primary school and therefore we are always looking to recruit more parents to the scheme. Retaining parental interest is the main challenge.

Transferability:

The Walking Bus scheme started in Australia in 1996 and the first one in United Kingdom was in Hertfordshire in 1998. The scheme is spreading worldwide and is easily transferable.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

The fact that the National Health Service logo is put on all paperwork and most promotional items raises the public awareness to the health benefits of walking. The Health Service involvement not only helps with funding it also highlights the health benefits to the children. This is not just a transport issue. The health benefits to the children are just as important as to reduce congestion. There are only positive aspects of the NHS being linked with this scheme.

Additional information/ specific comments

Southend Walking Buses are quoted as an example of good practice in the government white paper, Choosing Health, Choosing Activity (http://www.dh.gov.uk/assetRoot/04/09/47/58/04094758.pdf).

Because of needing the clearances from the Criminal Records Bureau and the need to meet and train each parent volunteer it takes on average 20 weeks from first going into a school to starting a permanent Walking Bus.

Children do not have a problem in walking in all weathers - it is the adults that do. There is no such thing as the wrong weather for walking, just the wrong clothing. The majority of adults need some incentive to do things for others. Parent apathy is the greatest enemy.

Contact

Name	Igoe Anne, Walking Bus Advisor
Address	Southend-on-Sea Borough Council, PO Box 5560 Southend-on-Sea, SS2 6ZQ
Tel	+44 01702 215932
E-mail	anneigoe@southend.gov.uk walkingbus@southend.gov.uk
URL	http://www.southend.gov.uk/content.asp?content=1195
Documentation	http://www.dh.gov.uk/assetRoot/04/09/47/58/04094758.pdf

Project no.: 45

Country: United Kingdom

Title: **London congestion charge**

Type of action: Financial incentive

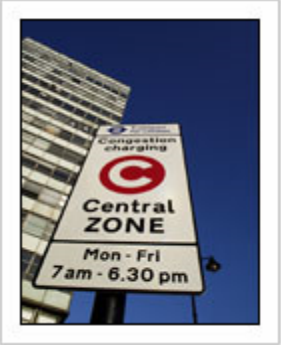
Scope	Local
Setting	City
Target audience	Londoners who travel into and within the charging zone and those who live within the charging zone.
Target beneficiaries	Londoners who travel into and within the charging zone and those who live within the charging zone.
Driving force (project leader)	- Transport for London - Mayor of London
Partners	- Urban planners - London Health Commission
Timeframe	The central London congestion charging scheme was introduced in 2003 (ongoing - western extension of scheme).
Number of target population reached	(No information provided)
Financing/cost	(No information provided)

Description of initiative/action

Aims and objectives:

The primary aim of the scheme is to reduce traffic congestion in and around the charging zone. The scheme is intended to contribute directly to four of the Mayor's ten priorities for transport as set out in his transport Strategy published in July 2001:

- to reduce congestion
- to make radical improvements in bus services
- to improve journey time reliability for car users
- to make the distribution of goods and services more reliable, sustainable and efficient.

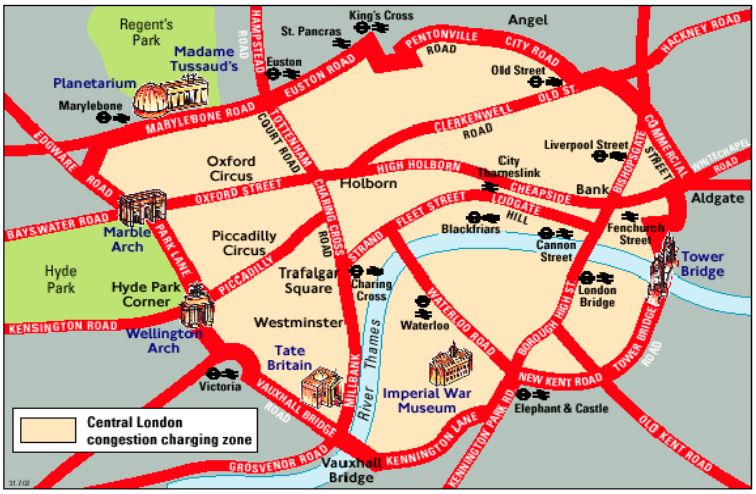


Congestion charging is predicted to cut traffic levels inside the charging zone by 10 to15% and congestion by 20 to 30% - to the equivalent of school summer holiday levels.

Description:

The congestion charge is a £5 daily charge for driving or parking a vehicle on public roads within the congestion charging zone between 07:00 and 18:30, Monday to Friday, excluding weekends and public holidays.

The congestion charging zone is 8 square miles (22 square kilometres) in size. It is in the heart of London, including centres of government, law, business, finance and entertainment; representing 1.3% of the total 617 sq miles (or 1579 sq kms) of Greater London; 174 entry and exit boundary points around zone. Traffic speeds in central London average 8 mph - the same as 100 years ago.



Over one million people enter central London by all forms of transport each morning peak, 85% of them by public transport. Each weekday, 6500 buses accommodate 4.8 million passenger journeys on more than 600 routes across the whole of the capital.

The congestion charge can be paid in advance or after travelling within the charging zone, so long as it is paid by midnight on the day of travel. The charge can be paid on a daily, weekly, monthly or annual basis. It can also be paid for several single days in one transaction if the driver knows the days they will be travelling in advance.

There are no toll-booths, barriers or tickets; instead the payment is to register the vehicle's registration number on a database. On street, cameras record and store images of vehicles and number plates as they enter or drive within the charging zone. At the end of each day, vehicle registration numbers on the database are matched to images captured. If the charge is not paid by 10pm on the day of travel, but is paid between 10pm and midnight, there is a £2 surcharge added to the standard charge, bringing the total charge to £10. If the charge is not paid by midnight on the day of travel, a Penalty Charge Notice (PCN) will be sent to the registered keeper of the vehicle. If a vehicle has more than three Penalty Charges outstanding, then the vehicle may be clamped and/or removed. In order to secure the release of the vehicle the outstanding Penalty Charges will need to be paid and other costs will be added to the outstanding amounts as appropriate (such as a clamp release fee).
Approximately 40 000 households in the charging zone own cars, a third of whom say they never drive within the hours of operation. Residents are entitled to a 90% discount from the charge (i.e. £4.00 a week, rather than £40 for non-residents).

Activities:

Congestion charging is being accompanied by a wide range of measures designed to make public transport and other alternatives to car travel easier, cheaper, faster and more reliable.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

The monitoring programme consists of five key work streams, designed to assess the range of traffic, transport, social, economic and environmental effects.

- Annual Monitoring Reports (and summary update reports)
- HIA on proposed western extension of LCC

Key aspects of scheme:

- Public transport and travel behaviour: trends and developments in 2004 in relation to the scheme are reviewed, alongside established findings for 2003.
- Congestion: this section updates key indicators of traffic congestion in and around the charging zone.
- Traffic patterns: the impacts of the scheme on traffic volumes and characteristics in and around the charging zone are described in some detail, drawing on comprehensive traffic surveys undertaken during 2004.
- Social impacts: information now available from TfL"s surveys of the social impacts of the scheme is summarized.
- Business and economy: this section reviews new and updated evidence relating to the impacts of the scheme on businesses and economic activity in central London.
- Boundary case study: this section examines interim findings from the research undertaken in a Boundary Case Study area, comprising parts of the boroughs of Islington and Hackney outside, but immediately adjacent to, the boundary of the charging zone.
- Accidents and environment: this section updates the position on key indicators of road safety, air quality and noise.
- Scheme revenues: this section summarizes the financial effects of the scheme.
- Scheme operation: this section reviews key indicators relating to the operation of the scheme.
- Enforcement: this section reviews recent trends and developments in relation to the enforcement of the scheme.

203 sets of congestion charging cameras on the boundary of the charging zone and within will use automatic number plate reading (ANPR) technology to record the number plates of vehicles in the charging zone, with a 90% accuracy rate.

<u>The camera system</u>

- A network of 203 enforcement camera sites, not just on the boundary of zone, but sited throughout the zone. At all entry points to the charging zone except cul-de-sacs.
- There are a further 10 Mobile Patrol Units which will be despatched to different locations within the charging zone for enforcement purposes.
- There are an additional 64 monitoring camera sites, which will provide supplementary traffic monitoring over and above that provided by the enforcement network.
- CCTV-type cameras, similar to those used for ports, airports and the City's "ring of steel", providing high quality video-stream (analogue) signals to Automatic Number Plate Recognition (ANPR) computer system.
- Every single lane of traffic is monitored at both exit and entry points to the charging zone.
- Tests show that there is an estimated capture rate of 90% within the charging zone.

Results:

During 2004, congestion charging has continued to meet its principal traffic and transport objectives; and the scheme continues to operate satisfactorily.

Health-enhancing physical activity outcomes:

Noise and air pollution:

The actual change to noise levels in the zone and its extension would be negligible. However, it is possible that falls in perceived noise would be found, which may in themselves have health benefits. It is unlikely that (the extension of) the congestion zone itself would cause a measurable improvement in air quality within the extended zone in the short term.

Road safety:

The implementation of the central congestion charging zone was followed by a: 9% reduction in personal injury accidents in the first year in the charging zone and inner ring road during charging hours, 4% in the same area out of charging hours and 7% overall in the rest of London. However these findings should be treated with caution because there is a background fall in personal injury road traffic accidents in London. This is shown by the simultaneous reduction in accidents in the charging zone outside the charging hours. Reductions in personal injury road traffic collisions were also occurring in the rest of London at this time and throughout London before February 2003 when congestion charging was first introduced.

Travel mode:

TfL monitoring shows that there has been an increase in the number of *cycles* entering the charging zone during charging hours. In the first year after charging this was around 20% (Summary Review: January 2005). There are no data on *walking* which compare walking in the central London congestion-charging zone before and after the implementation of the charge. Although there is no clear evidence on the impact of the charge on walking, the charge gives an incentive to switch from car to walking as well as to cycling; use of public transport also usually involves some walking.

- Patterns of travel in and around the charging zone have remained stable throughout 2004 and closely comparable to those seen in 2003 shortly after the introduction of charging.
- Measured reductions in congestion within the charging zone have remained at an average of 30% since the introduction of the scheme.
- Bus services continue to benefit from significant improvements in reliability and journey time, particularly within the zone, but also outside it.
- Public transport continues to successfully accommodate displaced car users alongside ongoing improvements to bus services throughout London.
- A substantial body of analytical evidence now exists which demonstrates that the net impact of the scheme on the central London economy has been very marginal.
- Gains in road traffic accidents and reductions to emissions of key traffic pollutants in and around the charging zone continue to be apparent. The scheme has contributed towards the substantial reductions in road traffic accidents that have been seen across Greater London in recent years. Within the charging zone, TfL estimates that traffic changes brought about by the scheme have been responsible for between 40

and 70 additional accidents “saved” per year in comparison with the background trend, broadly in line with TfL's prior expectation for the scheme. Given the general stability in traffic and congestion in and around the charging zone during 2004, the traffic emissions reductions described previously have been maintained. These included estimated reductions of 12% in emissions of NOx and PM10 from road traffic within the charging zone and little overall change on the Inner Ring Road. However, it is not possible to detect a “congestion-charging effect” in measured air quality data. Furthermore there is no evidence from sample measurements of significant changes to the ambient noise climate that might be associated with traffic changes brought about by the scheme.

Lessons learned

Sustainability:

(No information provided)

Transferability:

There are different forms of urban road pricing (area licensing, cordon licensing or tolls etc.). The form of road pricing has to be adapted to the respective situation/condition.

Assessment of the collaboration from the view of the transport sector:

(No information provided)

Assessment of the collaboration from the view of the health sector:

A Health Impact Assessment was conducted on the proposed western extension of the Central London congestion charging scheme in 2005. It provided explanations about how congestion charging could affect health. The final document (April 2005) comprised a set of recommendations which aim to enhance potential positive impacts and mitigate negative ones on health.

Additional information/ specific comments

(No information provided)

Contact

Name	Katharina Kroeger
Address	
Tel	
E-mail	KatharinaKroeger@streetmanagement.org.uk
URL	

Project no.: 46

Country: United Kingdom

Title: **Healthy Transport Project Wakefield Metropolitan District Council**

Type of action: Behaviour change campaign

Scope	Local
Setting	Wakefield District
Target audience	The entire population of the Wakefield District.
Target beneficiaries	The entire population of the Wakefield District.
Driving force (project leader)	- Wakefield Metropolitan District Council ("mainstreamed" the project) - Project manager
Partners	- National Health Service (NHS) - Other departments within the authority i.e. Schools, Libraries, Sports and Recreation and Rights of Way, steering groups and local fora. - 93 (active) trained voluntary walk leaders
Timeframe	2000 - 2006
Number of target population reached	(No information provided)
Financing/cost	- Largely mainstreamed within Council. - Some infrastructure schemes are financed by the Local Travel Plan (LTP) (The LTP is a 5 year investment plan that covers all forms of local transport, i.e. buses, trains, roads, cycling and walking) - Funding is also obtained from the NHS and Countryside Agency to fund the post of health walk coordinator.

Description of initiative/action

Aims and objectives:

- To increase the levels of health and fitness and raise awareness of the need for all to maintain a regular programme of exercise (i.e. a minimum of 5 times 30 minute walks per week, to be part of everyday life walking to the bus stop, use of stairs instead of the lift in order to accumulate 10 000 steps per day).
- To encourage a shift in transport mode and easing congestion.
- Also to work in partnership with other council departments, agencies and the NHS (Health Walk Coordinator is partially funded by this service).

Description:

Wakefield is an area seriously economically affected by disbanding of the coal mining industry in the mid 1980's. The District has attracted SRB funding (Single Regeneration Budget) for various areas and the City itself is at the beginning of a regeneration programme. Five out of the 21 electoral wards were in the 10% of the most deprived wards in the country

and a further 8 were in the next 10%. There were significant opportunities to address areas of deprivation.

Less than 30% of the British population meet the minimum required levels of physical exercise. We attempted to target specific areas of deprivation for our Health Walks following a Health Walk. Also, we endeavoured to link residential and commercial areas with cycle routes.

Our project was part of the Travel Awareness Team (TA), within our Department. This includes Road Safety Training (RST), School Crossing Patrols (SCP) and Travel Planning (TP). It was conceived as an idea in 1999, as part of the Health Action Zone starting in Wakefield. The council adopted the Healthy Transport Project in 2002. Since late 2004, the business of promoting the "health & sustainable" message has been taken over by the TA team. As of then, the project was firmly part of this team addressing "soft" measures for modal changes alongside the RST, SCP and TP services.

Activities:

Encouraging a greater participation in walking and cycling and as a means of alternative to motorized transport and improving health. We encouraged walking and cycling for health by organizing summer evening rides and walks, Also, we provides walking and cycling maps to support this aim. We took a pro-active role in the decisions of planning and cycle route development. Finally, we have developed a series of cycle forums for people to voice their opinions on cycling. We encouraged and trained local volunteers to take ownership of the walk/rides. Our project worked closely with the national Walking for Health Initiative (WHI), including a web link.

14 Individual Health Walks, 2 Health Bike Rides and a regular Spring/Summer programme of walking and cycling events. Publication of a "Self Walk Map Pack" of 36 local walking routes, 7000 of these have been printed and distributed. Programmes of "led" walks and cycle rides were published annually, 5000 leaflets were produced for both of these initiatives. We also were involved in national events i.e. National Bike Week, National Walking Day, Walk to School Week and Breast Cancer Awareness Month, to name but a few.

Planning and implementation

Contribution of each sector/partner:

"Policy" end of health support (various managers within the Primary Care Trusts who make decisions that influence the work of the project) rather than doctors in general practices involved in planning, implementing and financing the project. In the implementation phase support from community nurses (NHS).

Rights of way/highway engineers had a stake in planning and funding the intervention. Corporate Health "looking after yourself" action plan, which envelops a corporate support within the Local Authority (planning phase). Finally the Countryside Agency, a national organization, was funding the project.

- Funding: Central Government, National Health Service (NHS) and the Local authority
- Planning: Local authority and NHS
- Implementation: Local authority, NHS and support from volunteers and community groups

- Evaluation: Local authority & NHS

Evaluation

- Documented route/ride assessments completed for all rides and walks.
- Health questionnaire/social needs forms completed by all participants on the Health Walks/Rides (to determine the numbers of participants on our walks and rides, also to gain information on age, gender, ethnicity and the areas from where they come. These were monitored quarterly as "performance measures").
- Registers maintained of all organised walks and rides.

Evaluation was an ongoing process, sometimes using WHI software. An evaluation questionnaire was being produced on the quality and usefulness of the map packs. A qualitative evaluation on our less successful Health Walks is carried out. On some of our events, we considered the potential to carry out health checks at regular intervals to include BMI, flexibility, lung capacity and blood pressure. An annual progress report is produced to set out the progress made in delivering the Local Travel Plan (LTP).

There was no formal evaluation process. However, regularly a large number of "Success Stories" was received or observed, which are too numerous to mention in this format. For example, many people are known whose general health has shown a marked improvement, by virtue of taking part in our various programmes.

Results:

- In 2005, a total of 3720 people were taking part in the Health Walks. The target set for 2006 was for a minimum 5% increase on the 2005 figures. Similar targets were to be established in 2006 for the Health Rides.
- The cycle rides throughout spring and summer attracted 95 different cyclists.
- 7000 "map packs" were distributed.
- Names and addresses have been collected for monitoring.

Health-enhancing physical activity outcomes:

(No information provided)

Lessons learned

Things to consider for future implementation/advice to countries

Wakefield had difficulties in getting people to volunteer and take responsibility for walks. It is a positive means of encouraging the voluntary sector.

Sustainability:

A number of our Health Walks have been running for several years. Most participants take part every week. The majority of the walks are run by trained volunteers. We appreciate the importance of the work carried out by our team of volunteers, we do offer simple rewards in recognition of their services on a regular basis.

Transferability:

The volunteer walk leaders, once trained can run walks anywhere in the country as training/standards are the same. Ideally, a similar situation should apply to the Health Rides, if not nationally, perhaps in West Yorkshire, or anywhere else in Wakefield. We believe that the project is transferable world-wide.

Assessment of the collaboration from the view of the transport sector:

We collaborated with our Planning Department regularly, with the inspection of any planning applications which may have an effect on our existing or proposed walking or cycling infrastructure. Additionally, we helped to determine cycle routes for the Local Travel Plan (LTP) with cycle forum input. Cycle audits on schemes helped identify problems/solutions. Our cycle officer worked closely with engineers to decide on walking and cycle routes and to make suggestions on design. We were uniquely placed in that we share the same building and management structure with Highways and Engineering. A positive approach to having pedestrians at the top of the road users hierarchy.

Assessment of the collaboration from the view of the health sector:

Generally, collaboration with the Public Health Sector was good. We have been working in partnership with the National Health Service (NHS) from the advent of our project and we have always endeavoured to improve and maintain this link. Some GP's/nurses referred patients to our scheme: most supported or advertised the work we do. Some health nurses are trained walk leaders. Public health departments in both East and West Primary Care Trust (PCT) involved on steering groups of individual projects. We gave input into their strategies e.g. obesity or weight management, physical activity and smoking cessation. Weight management pathway will have our contact details and will go to every GP practice in Wakefield.

Additional information/ specific comments

The Project was originally a short-term venture, to finish in March 2005. However our partners have recognized its positive Aims and objectives, resulting in four full time posts being created within the council and the post of health walk coordinator established until March 2006, when it was to be revised. Individual initiatives are subject to appropriate timescales. Whereas there is a general acceptance of the value of physical activity in the day to day lifestyle of employers to recognize the true effect of exercise on performance so that it is actively encouraged and integrated into the daily programme.

A "vision" of what is required is needed, with a high level of commitment. It has been a distinct advantage in having firm relationships with local transport and the health authority; this has led to there being a mutual trust in the partnership.

Contact

Name	Walton David, Project Officer
Address	The Healthy Transport Project (Travel Awareness Section) Wakefield Metropolitan District Council Room 60, Upper Building Newton Bar., Wakefield WF1 2YN West Yorkshire England
Tel	0044 (0)1924 306691
E-mail	dwalton@wakefield.gov.uk
URL	http://www.wakefield.gov.uk/default.htm

Name	Sharp Amy, Project Manager
Address	The Healthy Transport Project (Travel Awareness Section) Wakefield Metropolitan District Council Room 60, Upper Building Newton Bar. Wakefield WF1 2YN West Yorkshire England
Tel.	0044 (0)1924 306089
E-mail	HealthyTransport@wakefield.gov.uk
URL	http://www.wakefield.gov.uk/default.htm

Project no.: 47

Country: United Kingdom

Title: **Camden cycling plan**

Type of action: Policy programme to promote/encourage cycling

Scope	Local
Setting	District of London (Camden)
Target audience	People living in, working in and visiting Camden
Target beneficiaries	People living in, working in and visiting Camden
Driving force (project leader)	Camden Council
Partners	- Camden's residents - Cyclists and cycling organizations - Businesses - Neighbouring boroughs - The Mayor for London - Central London Local Authority - Greater London Authority - Transport providers and operators - The police and the emergency services - Property owners and landlords - Health authorities - Royal parks - Employers - Rail operators - Safe routes to school strategy - Walking, Cycling and Road Safety Advisory Group
Timeframe	Cycling Plan published in 2001; Targets formulated for up to 2012
Number of target population reached	(No information provided)
Financing/cost	(No information provided)

Description of initiative/action

Aims and objectives:

Encourage cycling and increase the modal share. 48 targets were formulated in the plan, the most long-term one (target = tgt 1 = main target) being to achieve a 10% modal share for cycle use by 2012, a 7% modal share by 2006 (tgt 2) (estimated share in 2000: 2.5% of all trips). Measurable targets were also formulated on injuries and fatalities from road traffic accidents among cyclists (esp. children, tgt 3). In addition, organizational and operational targets such as increasing the number of children and adults provided with cycle training and issuing publicity about new cycling roads, schemes and the health benefits of cycling; engineering and audit targets such as completing route networks and providing facilities for cyclists at road closures, traffic signals and one-way streets etc. are included. With regard to cooperation, bi-monthly meetings between the Walking, Cycling and Road Safety Advisory Group are held. They also collaborate with the Safer Routes to School Strategy to develop a programme for safety and environmental improvements (tgt 11). The Council will complete

the construction of all sections of the London Cycle Network in Camden by 2005 (tgt 19). Furthermore the council will introduce 3 new 20mph zones and increase the number to 10 by 2003 (tgt 30). The Council also works in partnership with Central London local authorities, the Greater London Authority and other agencies to develop multi modal monitoring (tgt 37). It also works in partnership with the police, transport operators, businesses and property owners to reduce bicycle theft (tgt 38) and with rail operators to improve bicycle transportation and parking at stations (tgt 39). Schools are contacted to provide secure cycle parking (tgt 40) and private and public owners or residential properties are encouraged to provide it as well (tgt 41). The Council also works with employers in relation to cycle facilities at work places (tgt 42).

Description:

Comprehensive policy programme with a mix of measures including organizational measures (e.g. regular meetings of responsible bodies), audits of new traffic schemes, informational measures (e.g. seminars for road design staff, publicity campaigns), engineering measures (e.g. repairing dangerous roads, provide adequate facilities and completion of the cycle network) and research (e.g. survey on the number of commuter cyclists, fixed cycle monitoring).

"Political situation"

The plan is part of Camden's Green Transport Strategy, an overall approach to transport adopted by the Camden Council in 1997. This pulled together Camden's environment, planning and transport policies and launched a five year action plan. The objective of the strategy is to protect and improve the local and global environment and people's health.
Camden is one of the most active communities on these topics and is still regarded as one of the leading authorities in the UK in addressing cycling issues, thus the political environment is a very favourable one.

Activities:

See description.

Planning and implementation

Contribution of each sector/partner:

The divers goal of the Camden Cycling Plan can only be achieved by working in partnership with a wide range of interested parties. Partnership means consulting with affected parties at all stages of the scheme. For example, the Council created a forum of Cyclists' and Pedestrians' Liaison Group. This group meets every two months and assists with the development and consideration of cycle and pedestrian schemes, policies and programmes. The Council also consults with stakeholders before introducing new facilities and involve its partners in the design of such facilities.

Evaluation

Evaluation reports (reviews of the Cycling Plan) every two years, including process evaluation information and transport figures.

Results:

Health-enhancing physical activity outcomes:

- Camden will continue to monitor the number of cycle trips so that any changes in usage can be measured in future years.
- A new cycle trainer was appointed into a part-time post in Nov 2003 to concentrate on providing cycle training to secondary schools. During 2003/04, 294 young people received cycle training compared to 247 in 2002/2003, this is an increase of 16%. Cycle training for young people includes playground-based cycling proficiency for 10- and 11-year-olds and on-road training both as a follow-up and for secondary school pupils.
- During 2004/2005, 251 young people were trained, compared to 294 in 2003/2004; this is a decrease of 15%. This does not meet the target of a 10% increase per year.

Table T3a: Casualty reduction targets for 2000-2010 – fatal and seriously injured

	Actual					Actual/ Target	Actual/ Target	
Road User	**1994-98 average**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**Target for 2010**
Total pedestrians	104	85	101	71	88	86/91	61/87	62
Child pedestrians	17	8	11	10	10	10/14	7/13	8
Pedal cycle	31	28	28	24	30	23/27	20/26	19
Powered two wheeler	41	43	51	63	48	36/36	37/34	25
Car occupants	58	41	57	45	46	30/45	22/43	31
Others	22	11	13	22	18	17/19	8/18	13

New national targets are based on the 1994-98 average and aim for a 40% reduction, except for children where the target is a 50% reduction. Note that the figures for all child casualties (not just pedestrians) give a baseline of 25 and a target of 12 by 2010.

Table T3b: Casualty reduction targets for 2000-2010 – slight casualties

	Actual					Actual/ Target	Actual/ Target	
	1994-98 average	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**Target for 2010**
Slight casualties	1431	1429	1403	1434/ 1416	1144/ 1401	1078/ 1387	1026/ 1373	1288

These figures show that the Government's 2010 targets for reductions in total killed and serious injuries (KSIs) and casualties involving children, have been met by Camden six years early. The most significant thing is that not a single child under 16 died on Camden's roads last year, the second year in a row in which there were no child fatalities.

Although not all of the objectives have been met, Camden has made progress on many of the targets in the plan. The achievements of objectives are varying, some of them are achieved or ongoing, others delayed or updated/re-written. The "state of affairs" is varying, according to the different time scale of the 48 targets. There's increasing public resistance to

cycle schemes. In order to gain greater public acceptance, proposals for facilities for cyclists are now being integrated into wider area and town centre streets and transport schemes that offer improvements for pedestrians and bus users as well as cyclists.

Lessons learned

Sustainability:

The Camden Cycling Plan is a long-term strategy to promote cycling until 2012.

Transferability:

Both the Walking Plan and Cycling Plan have been well received and are widely regarded as models of good practice. The approach as such could be transferred but measures have to be adapted to the current problem situation.

Assessment of the collaboration from the view of the transport sector:

There has been no collaboration with the health sector for promoting cycling so far.

Assessment of the collaboration from the view of the health sector:

The revised walking plan for Camden is being developed now. As part of this the Council recently formed a partnership with the local Primary Care Trust, who have committed to targets to help encourage healthy exercise including walking and cycling (sometimes this is done by local GPs prescribing exercise to patients). Before this there was very limited involvement with the health sector. The health sector is not specifically mentioned in the review reports.

Additional information/ specific comments

The Cycling Plan was already part of an earlier WHO collection of case studies (http://www.euro.who.int/document/e75662.pdf, p. 43-44).

Contact

Name	Christopher Nicola
Address	Street Policy Team Environment Department Argyle Street WC1H 8EQ London
Tel	144 (0)20-7974 5144
E-mail	christopher.nicola@camden.gov.uk
URL	http://www.camden.gov.uk/ccm/navigation/transport-and-streets/cycling-in-camden/
Publication	Camden Cycling Plan Third Review 2005: http://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=312682

Project no.: 48

Country: United Kingdom

Title: **Reducing children's car use: the health and potential car dependency impacts**

Type of action: Survey as basis for future action

Scope	Local
Setting	Hertfordshire
Target audience	Children in the age range 5-13 (the intervention examined in detail, walking buses, tends to attract children aged 5 to 8. The data collected on children using the motion sensors and activity and travel diaries were for children aged 10 to 13)
Target beneficiaries	Children in the age range 5 to13 and 10 to 13
Driving force (project leader)	Professor Roger Mackett of the Centre for Transport Studies at University College London (UCL)
Partners (co-investigators, steering group)	- Professor Mark McCarthy of the Epidemiology and Public Health Medicine at UCL - Dr Laurel Edmunds of the Department of Public Health at the University of Oxford - Professor Neil Armstrong of the Children's Health and Exercise Research Centre at the University of Exeter - Adrian Coggins, public health promotion expert.
Timeframe	January 2001 - February 2004
Number of target population reached	(No information provided)
Financing/cost	United Kingdom Engineering and Physical Sciences Research Council (EPSRC)

Description of initiative/action

Aims and objectives:

The aims of the project were:

(a) to examine the effects of car use on children's physical activity and health;
(b) to examine the effects of car use by children on their potential long-term car dependency; and
(c) to develop a framework to evaluate the impacts of travel to school initiatives systematically, using walking buses as a case study.

Description:

This is the evaluation of a local intervention, namely walking buses to school, within a research project into the effects of car use on the lives of children, particularly in terms of the effects on their health through physical activity. Part of the project involved developing a methodology for evaluating systematically interventions to promote alternatives to the use of the car by children.

Activities:

The purpose of this research was to investigate the effects of increased car use by children, particularly for travelling to school. The project has investigated the outcomes of these in terms of health and potential car dependency. The research programme was divided into five strands, as indicated below (the percentages are the approximate relative amounts of effort put into each strand):

(a) Questionnaire distributed in schools to children and their parents and anthropometric measurements of the children (25%);
(b) Analysis of children's activity and travel patterns using motion sensors and travel and activity diaries (40%);
(c) Development of a methodology for the evaluation of travel-to-school initiatives, focusing on walking buses (30%);
(d) Analysis of the attitudes of teenagers to the car (2%);
(e) Analysis of the effects of car use on children's cognitive and mental development (3%).

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

The main objective was to develop a methodology using walking buses as an example. The fieldwork was all carried out in Hertfordshire, the area immediately north of London. Two surveys were carried out: a postal survey was carried out by sending a questionnaire to all 41 schools in Hertfordshire that had a walking bus at May 2002. This asked questions about the process of setting up the walking bus, the perceived benefits and disadvantages and about the children using the walking bus and those who had ceased using it. 26 schools responded (response rate 63%). A similar questionnaire was sent to the 464 schools in Hertfordshire that could have set up a walking bus, but had not to identify the barriers to setting up a walking bus. 213 schools responded (response rate 46%). Five walking buses were studied in depth over a period of one year, so that the dynamics could be studied, in terms of how many children joined, used and left the walking bus and their perceptions of it, as well as the perceptions of the volunteer escorts and coordinators.

Results:

Health-enhancing physical activity outcomes:

- 62% of the children using walking buses formerly travelled by car. However not all the children used the walking bus every day and not all travelled by car every day previously.
- It was estimated that about 50% of the trips on walking buses were previously made by car.
- The children using walking buses spent about an extra 7 minutes each day walking and which is an extra 36 minutes of physical activity each week, on average.
- Those previously travelling by car were walking an extra 1.5 km each day on average which meant that they were spending 22 minutes walking each day which implies an extra 110 minutes of physical activity in a week.

- In another part of the project children were fitted with three-dimensional motion sensors and completed travel and activity diaries. From this it was possible to measure the relative expenditure of calories walking, travelling by car and other activities. Many of the trips to school by car were part of a longer trip by the parent, usually to work, so there would not be a major reduction in road traffic as a result of the setting up of a walking bus.

The objectives were achieved, by showing the effects of walking buses on the use of car by children and on the level of car trips and the extra physical activity that children have as a result of using a walking bus.

Lessons learned

Sustainability:

The project lasted three years and two months. The findings are likely to be of continuing value to those wishing to justify the setting up of walking buses.

Transferability:

The findings of the project are likely to be transferable to countries with similar journey to school patterns. The methodology could be applied in other countries.

Assessment of the collaboration from the view of the transport sector:

The project has enable the health professional to gain a better understanding of the nature of travel demand and methodologies used in transport analysis, for example the travel and activity diary.

Assessment of the collaboration from the view of the health sector:

Collaboration with professional from the health field was very useful in terms of providing advice on the methodology (but this was mainly used in other parts of the project rather than the walking bus evaluation). There was useful input on the relationship between physical activity and health.

Additional information/ specific comments

The methodology seemed to work successfully, enabling data to be collected from children as young as five years of age. Thorough testing of the research instruments is required to ensure their effectiveness for such purposes. Working through schools worked well, but it is important to encourage enthusiasm for the work from the teachers, the children and the parents. Such enthusiasm seems to come much more from schools in wealthier areas which tend to have higher car ownership levels and so were appropriate for this research, but this could mean that schools in poorer areas are neglected and these children need to be encouraged to be physically active as much as children from wealthier homes.

A follow-up project extending some of the methodology (CAPABLE - Children's Activities, Perceptions And Behaviour in the Local Environment) began on 1 August 2004 and will continue until 31 July 2006. The CAPABLE project website describing the follow-up project is at http://www.casa.ucl.ac.uk/capableproject/ .

Contact

Name	Professor Roger Mackett; Telephone +44 20 7679 1554; E-mail rlm@transport.ucl.ac.uk.
Address	Centre for Transport Studies University College London Gower Street London WC1E 6BT Great Britain
Tel	+44 20 7679 1554
E-mail	rlm@transport.ucl.ac.uk
URL	http://www.cts.ucl.ac.uk

Publication	- Mackett R L, Lucas L, Paskins J and Turbin, J (2003) "A methodology for evaluating walking buses as an instrument of urban transport policy', Transport Policy, volume 10, pp 179-186. - Mackett R L, Lucas L, Paskins J and Turbin, J entitled 'Walking buses in Hertfordshire: impacts and lessons', Centre for Transport Studies, University College London (2005). http://www.cts.ucl.ac.uk/research/chcaruse/#Papers - Mackett R L, Lucas L, Paskins J and Turbin, J (2005) "The therapeutic value of children's everyday travel", Transportation Research A, volume 39, pp 205-219.