

PUBLIC HEALTH INTERVENTION GUIDANCE

SCOPE

1 Guidance title

Workplace health promotion: how to encourage employees to be physically active

1.1 Short title

Promoting physical activity in the workplace

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at promoting physical activity in the workplace.
- (b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on the following:
 - coronary heart disease (DH 2000)
 - diabetes (DH 2001)
 - mental health (DH 1999).
- (c) This guidance will support a number of related policy documents including:

- 'At least five a week' (DH 2004)
 - 'Choosing activity' (DH 2005)
 - 'Flexible working: the right to request and the duty to consider' (Department of Trade and Industry 2003)
 - 'Health, work and wellbeing – caring for our future' (HM Government 2005)
 - 'Revitalising health and safety (Department of the Environment, Transport and the Regions 2000)
 - 'Securing health together' (Health and Safety Commission 2000)
 - 'Strategy for workplace health and safety in Great Britain to 2010 and beyond' (Health and Safety Commission 2004).
- (d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at employers both in the public and private sector. It is also aimed at professionals with occupational, public health or transport planning as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors.

3 The need for guidance

- a) Physical activity promotes mental wellbeing as well as helping to prevent chronic diseases (DH 2004). Physically active employees are less likely to suffer from major health problems such as coronary heart disease, less likely to take sickness leave and less likely to have an accident at work (Dishman et al. 1998).
- b) Around 35% of men and 24% of women are physically active enough to meet the current national recommendations (doing at least 30 minutes of at least moderate activity on 5 or more days a week). Physical activity levels vary according to age, gender, socio-economic class and ethnicity (Joint Health Surveys Unit 2004).

- c) Trends highlighted by health surveys undertaken in England in 1997, 1998, 2003 and 2004 found a small increase in physical activity levels between 1997 and 2004. National travel surveys show that the average distance people walk and cycle has declined significantly in the last three decades (National Statistics 2004).
- d) Physical inactivity in England is estimated to cost £8.2 billion a year. This includes the direct costs of treating major lifestyle related diseases and the indirect costs caused through sickness absence (DH 2004).

4 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

Adults who are working for someone else.

4.2 Groups that will not be covered

Adults who are self-employed, unemployed or who do not work.

4.3 Areas

4.3.1 Areas that will be covered

This guidance will consider workplace based policies and initiatives which aim to increase employees' physical activity levels and are applicable in England. It will also consider initiatives outside the workplace that are initiated or endorsed by employers. These include:

- a) Health promotion activities and campaigns that encourage physical activity. For example, employee assistance programmes, organised lunchtime walks, onsite aerobics classes or running sessions.
- b) Subsidised membership of sports or leisure centres and other incentive schemes. For example, time off for exercise sessions during the working day.
- c) Schemes that encourage active travel. For example, schemes that encourage employees to walk or cycle part or all of the way to work, expenses policies that encourage active travel on company business and bicycle subsidies.

4.3.2 Areas that will not be covered

Modifications to the environment (built or natural) that encourage and support physical activity, since this is covered by NICE guidance in development (see section 6).

4.4 Comparators

Interventions will be examined, where possible, against relevant comparators. This may include comparisons between interventions or between intervention and control groups (that is, no intervention, 'usual practice' or both) depending on the availability of data.

4.5 Outcomes

Outcomes will include:

- participation rates (head count)
- self-reported and/or objectively measured physical activity levels (for example, by questionnaire and using measures of energy expenditure)
- factors that motivate people to be physically active (although the study itself may not necessarily report on the physical activity)
- cost effectiveness.

Where possible, both pre and post-intervention data will be used.

4.6 Key questions

The following questions will be addressed:

- What is the aim/objective of the intervention?
- How does the way it is delivered influence effectiveness?
- Does the degree to which employees are involved in the planning, implementation and review of interventions influence their effectiveness?
- Does the duration, frequency and/or intensity of the intervention influence its impact?
- Does the type of workplace influence effectiveness?
- What are the most effective and appropriate interventions for different sectors of the workforce such as men and women, younger and older workers people from different socio-economic backgrounds, minority ethnic groups and temporary/casual workers?
- Does the intervention have an impact on health inequalities?
- Does effectiveness vary according to the type of job people do?
- What are the key components of the intervention that motivate individuals to become more physically active?
- What are the barriers and facilitators to implementation – for both employers and employees?
- Is there any evidence of cost effectiveness?
- How can employers be encouraged to promote physical activity at work?
- What are the resource needs of large, medium and small enterprises in promoting physical activity at work?

4.7 Target audiences and settings

The guidance will be aimed at employers, trades unions, occupational health and other professionals working in the NHS, in other public sector organisations, and in the private, voluntary and community sectors who have a direct or indirect role in – and/or responsibility for – the promotion of physical activity in the workplace.

4.8 Status of this document

This is the final scope, incorporating comments from a 4–week consultation and a stakeholder meeting on 15 March 2007.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and ‘The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public’ (NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 NICE related guidance

Published

Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling. NICE public health intervention guidance 2 (2006). Available from: www.nice.org.uk/guidance/PHI002

Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE clinical guideline 43 (2006). Available from: www.nice.org.uk/CG43

Depression: management of depression in primary and secondary care. NICE clinical guideline 23 (2004) Available from: www.nice.org.uk/CG023

Hypertension (persistently high blood pressure) in adults. NICE clinical guideline 18 (2004). Available from: www.nice.org.uk/CG018

Management of chronic heart failure in adults in primary and secondary care. NICE clinical guideline 5 (2003). Available from: www.nice.org.uk/CG005

Management of type 2 diabetes – management of blood pressure and blood lipids. NICE clinical guideline H (2002). Available from: www.nice.org.uk/page.aspx?o=38564

Prophylaxis for patients who have experienced a myocardial infarction. NICE clinical guideline A (2001). Available from:

www.nice.org.uk/page.aspx?o=20053

Under development

Guidance on the promotion and creation of physical environments that support increased levels of physical activity. Scheduled for publication

February 2008. Scope available from:

www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv

Appendix A: Referral from the Department of Health

The Department of Health asked the Institute to develop:

'Guidance on workplace health promotion with reference to physical activity and what works in motivating and changing employees' health behaviour.'

Appendix B: References

Department of the Environment, Transport and the Regions (2000) Revitalising health and safety. London: The Stationery Office.

Department of Health (1999) National service framework for mental health: modern standards and service models. London: Department of Health.

Department of Health (2000) National service framework: coronary heart disease. London: Department of Health.

Department of Health (2001) National service framework for diabetes. London: Department of Health.

Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health. London: Department of Health

Department of Health (2005) Choosing activity: a physical activity action plan. London: Department of Health.

Department of Trade and Industry (2003) Flexible working – the right to request and the duty to consider: a guide for employers and employees. London: The Stationery Office.

Dishman RK, Oldenburg B, O'Neal H et al. (1998) Workplace physical activity interventions. American Journal of Preventive Medicine 15(4): 344-361.

Health and Safety Commission; Health and Safety Executive (2000) Securing health together. London: Health and Safety Executive.

Health and Safety Commission (2004) Strategy for workplace health and safety in Great Britain to 2010 and beyond. London: Health and Safety Executive.

HM Government (2005) Health, work and well-being – caring for our future: a strategy for the health and well-being of working age people. London: Department for Work and Pensions; Department of Health; Health and Safety Executive.

Joint Health Surveys Unit (2004) Health survey for England 2004 – updating of trend tables to include 2004 data. London: The Stationery Office.

National Statistics (2004) National travel survey 2004. London: Department for Transport.