

Walking: a cost-effective investment in public health

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Introduction:

Walking is increasingly being recognized as a highly effective form of health-enhancing physical activity, whose promotion is an important public health priority. However, environmental conditions, such as urban planning and transport options, are more influential than “classical” health promotion as determinants of people’s behaviour in relation to physical activity through active mobility. The challenge is therefore how to reach out to the transport and urban planning sectors, and make them more interested in policies and interventions that promote walking and cycling. Economic appraisals are an established practice for transport projects; however, they rarely take health effects into account. The World Health Organization therefore coordinated an international project to develop a Health Economic Assessment Tool (HEAT) for cycling and walking. While initially focused on cycling, recent epidemiological evidence providing a quantification of the health benefits of walking is now allowing the development of the tool also for walking applications, opening up new opportunities to quantify the health benefits resulting from the promotion of walking, also in monetary terms, which are more clearly understandable by other sectors.

Methods:

A systematic review of economic valuations of cycling or walking for transport was carried out. Epidemiologic literature was reviewed in search of relative risk estimates for the health impacts and walking. Based on the methodology developed for HEAT for cycling, guidance on methodological questions and a HEAT for Walking were developed, involving international experts in a consensus workshop.

Results:

HEAT is a simple, transparent, robust and practice-oriented tool estimating the value from reduced mortality due to physical activity from cycling or walking, i.e.: if x people cycle (or walk) y distance on most days, what is the economic value of the improvements in their mortality rate? From the systematic review of epidemiological literature, an aggregate risk for all-cause mortality of 0.77 (CI 0.63-0.95) has been identified, corresponding to a walking exposure of 28 minutes per day. This relative risk was used as a basis for the HEAT for walking. An international consensus meeting addressed all relevant issues for the development of HEAT walking.

Discussion:

An updated systematic review has provided for the first time the basis to develop a HEAT for walking. As walking is much more prevalent than cycling, it is likely that the new tool will find a very broad audience for application, across a range of countries and cultures. HEAT is primarily intended to be used in comprehensive economic analyses of transport interventions or infrastructure projects, but it can also serve the evaluation of past, current or future levels of active transport. Such tools illustrate the importance of considering health in transport policy and infrastructure planning, as well as the relevance of active transport for health promotion, putting “Health in All Policies” into practice.

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