



Step It Up - Stairclimbing Campaign in three DHBS

This summary sets out the process and the findings from the Step It Up stairclimbing intervention at Auckland District Health Board, Waitemata District Health Board and Counties Manukau Health in 2015.

This was a collaborative Healthy Auckland Together project, planned and implemented by Auckland Regional Public Health Service (ARPHS), with help from the DHBs.

The aim of the intervention was to increase use of stairs instead of lifts, as a way of increasing incidental physical activity throughout the day.

The project also wanted to engage with HAT partners in a collaborative initiative, share existing promotional resources to maximise participation and encourage permanent behaviour change.

Method

The campaign used an existing workplace wellness programme called Step It Up, which had been used on a more limited scale at Auckland DHB. There were a variety of posters for lift lobbies and stairwells and the heavy duty feet stickers leading people to the stairs. These resources had different messages designed to be motivational and focussed on the positive health benefits of stair climbing.

After checking with facilities management and health and safety staff for each DHB, these resources were placed in all the major lift lobbies and stairwells in every DHB building with more than two flights of stairs. In two DHBs, Auckland and Waitemata, selected car park buildings were also included, to test the resources in a building with a larger percentage of visitors than staff.

It was decided not to include carpark signage for CM Health on advice from the Health and Safety officer as while it has four floors, it is located close to the railway station and there are concerns about safety.

Only one building lobby was chosen at each DHB to evaluate the impact of the campaign. The counting site was selected according to how close the stairs and lifts were together (so they could both be seen by one counter) and how busy they are. These sites were; the ground floor lifts at the main building at North Shore Hospital; the third floor lobby by the main entrance of the Support Building at Auckland City Hospital; and the main entrance in the Scott building at Middlemore Hospital.

Carpark A at Auckland City Hospital and the Carpark at North Shore Hospital were also counted at the main lifts and stairwells, which were close to the ticket machines.

Persons (staff, patients and visitors) using the stairs and lifts were counted manually from 6.45 to 9.15am in the main buildings, as this was the start of the morning shift for many staff. Carpark buildings were counted in the afternoon from 2.30 to 4.15 pm, to capture visitor numbers from visiting hours as well. The counts were conducted for the same two days in a week for each site and for each period – baseline, 6 weeks and 3 months.

A range of supportive communications to promote stair use was written for DHB staff publications such as Nova, Waitemata Weekly and Connect+. A story was also pitched to the Element section of the NZ Herald on active design in the workplace such as stair design and this appeared during the campaign.

Results

Waitemata DHB

North Shore Hospital had a positive uptake of stairclimbing with a 27.3 percent relative change in the first six weeks, with a 12 percent point change from 44 percent of people using the stairs to 55 percent. At the three month mark, this has fallen back to 52.5 percent.

The campaign can claim a relative increase of almost 20 percent, which is high compared with international studies.

The WDHB carpark experienced more stair traffic, with a rise from the baseline of almost 40 percent to 46.2 percent at six weeks. By the time the three month count was taken however, the numbers climbing the stairs had declined by half a percentage.

Auckland DHB

Auckland City Hospital experienced a smaller relative change in the first six weeks, from 29.4 percent of people choosing the stairs at the Support Building (Lift bank C) rising to 32.6 percent – a relative percentage rise of 10.8 percent. By the end of the three months, however, the stair traffic had returned to baseline– back to 29.4 percent.

The Auckland City Hospital carpark showed a decline in stair traffic for the first six weeks, from almost 20 percent to 15.5 percent. This percentage, however, had risen by the final count to 25.8 percent, an absolute percentage change of 5 percent, or a relative change of 25 percent.

Counties Manukau Health

At Middlemore Hospital, the baseline stair count was 47 percent of total traffic, by six weeks this had declined slightly by half a percentage point. There has been a slight improvement by the end of the three months with a two total percentage point change to 49 percent, meaning a modest relative change of 4.2 percent.

Conclusion

The stair climbing campaign showed positive changes at some sites that were sustained at three months and there was also some change in behaviour in carparks.



Where uptake was poor, a review of stair design, layout and appeal is recommended. Building layout, stair design and signage are key to a successful stair climbing campaign. The above images show the Fire Exit Only signs at ADHB City Hospital (left) and the sign (right) at the main stairs at Greenlane Clinical Centre pointing to the car park and not to the rest of the floors.

Factors such as poor visibility, being difficult to access, visually unappealing, or appearing to be for emergency use only are strong barriers to stair use.

The broader issue of building design in Auckland requires some attention and public or professional discussion. Healthy Auckland Together is working with its partners at Council to promote good stair design in its Urban Design Manual guidelines to property developers, architects and planners. Healthy Auckland Together will showcase office buildings where stair use is an easy and appealing option through stair design and placement, making them more visible than lifts.

The Healthy Auckland Together action plans for workplaces will also encourage stairclimbing as part of a workplace wellbeing framework rather than isolated initiatives, embedding workplace wellbeing within organisational culture.

Conclusion

As an intervention, a formal stairclimbing promotion is relatively cheap, not that onerous and can be effective in the right building space. The greater goal, however, is to change the organisational culture in a workplace so the stairs become the default, or so stairs are seen as a welcome opportunity to include some physical activity in a day. This requires a number of structural and organisational nudges.

Recommendations

The research is unequivocal in effectiveness of climbing the stairs for a variety of physical and mental health benefits. It also illustrates the important message that physical activity does not require special equipment or clothes, or special effort or time.

There are a number of actions that can encourage stairclimbing in workplaces -

- Brief volunteers at hospitals to tell people where the stairs are as well, when they are asking for directions (provided the visitor or patient has full mobility).
- Keep the posters up and the feet down. These are environmental changes that show people where the stairs are if they are new to the building. These will need refreshing over time however, as people do become immune to them.
- Increase the visibility of stairs signage to make it obvious.
- Remove the 'fire exit only' signs from DHB sites.
- Socialise the importance of stairs with health and safety management and facilities management. There is an institutional reluctance to encourage people to use the stairs for safety reasons, and also a reluctance to install appropriate signage.
- Choose spring or summer for stairclimbing campaigns. Stairs, especially those in draughty car park buildings, are more attractive when the wind is not blowing.
- Choose sites for stair climbing campaigns with obvious stairs close to lifts.
- Promote stairclimbing in new ways – as part of meetings, as a mini break and as something a whole organisation does, including the senior management.