

# ACTIVE TRAVEL, GENERAL PHYSICAL ACTIVITY, AND BODY MASS INDEX IN SWISS ADULTS: RESULTS FROM THE SWISS HEALTH SURVEYS 2002 AND 2007

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**Background and Aims:** Physical activity (PA) is associated with numerous health benefits. Active travel (AT), such as walking and bicycling, is of interest for health promotion as an opportunity to achieve activity recommendations of at least 150 minutes per week through routine activities, such as commuting or running errands. Therefore, AT may suit people which are not inclined to engage in sports or other forms of leisure time exercise.

**Methods:** Literature relating AT, total PA levels, and Body Mass Index (BMI) was systematically reviewed. The cross-sectional Swiss Health Surveys in 2002 and 2007 included over 18'000 participants each, assessing daily duration of walking and cycling, travel modes for daily routes, frequency of moderate- and vigorous-intensity PA, as well as BMI.

Means and proportions were age-standardized. Ordinal logistic regression models were calculated for BMI and PA as outcome variables and AT as predictor, adjusting for sports and other exercise, demographics, and other potential confounding variables.

**Results:** Most reviewed studies confirmed associations in the expected directions, such as more AT being associated with more PA and lower BMI, but varied in quality and quantitative comparability. Swiss adults (age 15-75) spent on average 33 minutes walking or bicycling with a marginal increase between 2002 and 2007; however, almost half did not report any time spent walking or cycling.

AT showed significant associations with total PA. Those reporting any AT (Ave. 62 min/day) were 16% (CI95%:11-22%) more likely to be in a higher activity category than drivers. Only travel mode was significantly associated with BMI. Associations with both outcomes were stronger for travel mode bicycling than for walking.

**Conclusions:** Swiss data confirm patterns between AT, PA, and BMI observed in the literature and thus the importance of AT for general PA. Cross-sectional analyses are limited in their capability to disentangle (reverse)-causality of the observed associations.