This research note outlines the findings from Oxford Brookes University’s longitudinal evaluation of the Walking the way to Health Initiative and Paths to Health in Scotland.

Summary
There is growing evidence that walking improves peoples’ health and psychological well-being. It can also reduce the risk of developing many chronic diseases.

Funded since 2000 by the Countryside Agency, in partnership with the British Heart Foundation charity and others, the Walking the Way to Health Initiative (WHI), in England, and more latterly, the Paths to Health Project (PTH), based in Scotland, each aim to get more people walking within their own communities.

This evaluation of 750 participants attending led walks represents a broad mix of large and small English and Scottish WHI/PTH schemes.

Background information
A sedentary lifestyle increases peoples’ risk of developing many chronic diseases. The minimum amount of regular physical activity needed to reduce this risk and improve general health is 30 minutes of moderate intensity physical activity on at least 5 days a week. Less than half of the English population manage this currently. Brisk walking is the most natural and convenient form of moderate intensity physical activity that anyone
can do, except for the most seriously frail or disabled individuals. Walking is also ideal as a gentle introduction to exercise for the sedentary, and offers a host of benefits, including a sense of social wellbeing.

The ‘Walking the Way to Health’ initiative (WHI) and ‘Paths to Health Project’ (PTH) have close links and similar aims: to get more people walking within their own communities – especially those who take little exercise or live in areas of poor health. Since the Autumn of 2000, these schemes have been putting in place trained walk leaders to run regular ‘Health Walks’ in areas throughout the country, assisted by volunteers. Advertised in a variety of ways, at a local level, many walks finish up in a café or pub in order to provide further optional opportunities for socialising. The walks cover between one and four miles and vary in their level of difficulty. An important role of the walk leader is to encourage and motivate walkers on each walk with the aim of getting them to attend regularly.

The walk leader sets the pace and a second person – the back marker – stays at the back of each walk to accompany or stay behind the slowest person. 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.

**Evaluation method**

The evaluation took the form of a 3-stage survey. A research officer was informed about dates when health walks were taking place up to 3 months ahead. Efforts were made to maintain both balance and diversity within the sample, so that the decision to include a particular walk in the study depended upon the characteristics of that walk – in terms of its size, the season, urban versus rural, and geographical region – compared with the characteristics of all walks recruited to date. Information was obtained from walk participants by self-completed questionnaire. 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.

The research officer attended all walks included in the study and distributed baseline questionnaires as each walk ended. Walk participants were generally very keen to take part in the survey and while a small number of people completed their questionnaire immediately after a walk, around 95% of people took their questionnaire home and returned it in a pre-paid envelope. Some extra questionnaires were given out by walk leaders, on the same walk, subsequently. People who completed a baseline questionnaire were sent a follow-up questionnaire 3 months later and then a final questionnaire at 12 months.

A total of 750 walkers were recruited to the evaluation, representing a baseline response rate of over 75% (probably nearer 80%, based on the number of questionnaires printed, versus completed returns), with response rates of 80% at 3 months and 74% at 12 months.
Participants

- Nearly three-quarters (73%) of led walk participants were female.
- Their demographic profile was relatively well educated, affluent, and young-old (age 65 to 74), with a median age of 66 years. Most were retired.
- 95% of participants were of white ethnicity, which was representative of Britain as a whole – given the sample’s older age profile.
- More than a third (~38%) were widowed, divorced or separated, and therefore likely to live alone.

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 (eg. breathlessness, high blood pressure) – or because they were keen to maintain good health.

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’.

By 12 months into the evaluation, nearly three-quarters (72%) of questionnaire respondents had been on a led walk at least once a fortnight, i.e. 18 or more, during the previous 9 months (see pie chart below) – an extremely impressive retention rate.

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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 attenders, 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.

‘I’ve recovered confidence and stamina after a broken leg 2 years ago. Made new friends. Discovered new areas to walk.’

Reasons for attending led walks

- Feeling healthier, more alive and increasingly socially connected were key themes that emerged from peoples’ comments, in relation to their (continued) participation in led walks.
- In many cases people indicated that they had few or no other acceptable (which generally meant ‘accompanied’) opportunities for walking.
- Being part of a group of walkers increased peoples’ feeling of confidence and safety when out walking.

Factors that discouraged walking around their neighbourhood

- Around one third of people (31% overall, 36% of females) said that they worried about their personal safety (‘being attacked’), in relation to walking around their neighbourhood.
- Being alone (‘no-one to walk with’) heightened feelings of vulnerability.
- A fifth of people cited health problems as a key factor that discouraged them from walking around their neighbourhood.

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.

CONCLUSIONS

New WHI/PTH health walks schemes initially attract a high proportion of people who have been on led walks before and who appreciate their value. Such people are needed to create the momentum for getting new walking schemes up and running and to draw in newcomers. The ability of the WHI/PTH Health Walks schemes to attract such dedicated supporters, in large numbers and generally on a voluntary basis, is a measure of their success. The enormous amount of energy and enthusiasm that walk leaders put into setting up walks and advertising them locally (often by giving talks to other...
groups in their community) was witnessed by members of our research team, and found to be both remarkable and inspiring.

While WHI/PTH Health Walks schemes are going some way towards achieving their aim of attracting new, relatively disadvantaged people – in socio-economic terms – the majority of health walkers are women, around or above the age of retirement. However, it is important to realise 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.

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. Our 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). So these walks provide many people with social-psychological support or an opportunity for rehabilitation, without necessarily drawing attention to these features.

We found led walk attendance and retention to be extremely impressive. A clue to explaining this achievement came from comments received about the extra walking that people said they did since first attending Health Walks schemes, as nearly a third (30%) said that extra walking consisted mainly – or entirely – of (led) Health Walks or other forms of group walking. Poor health or concerns about health maintenance affected a reasonably high proportion of participants on walks and more than half the participants attended walks classed as ‘easy’ ‘flat’ or ‘first steps’ – which could mean that more demanding walks may be less appropriate for this group.

The finding that WHI/PTH led walks attracted mostly women, in the older age-groups – many of whom live alone – is highly appropriate in terms of WHI/PTH stated aims; as these are the very people who – without the social support, protection and encouragement of the scheme – might otherwise find it difficult to walk regularly. This would put them at risk of becoming inactive and socially isolated. Thus, 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.

WHI/PTH schemes are clearly an incredibly valuable resource. It seems an obvious point that 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.

Further reading:


This evaluation was conducted by Jill Dawson, Irene Boller, Charlie Foster & Melvyn Hillsdon representing Oxford Brookes University, School of Health & Social Care; The University of Oxford, Department of Public Health and The Department of Exercise and Health Sciences, University of Bristol.

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Read more...

The full version of the National evaluation of health walk schemes can be downloaded from the WHI website at whi.org.uk/evaluations. See also the Summary of local health walk evaluations.

‘I only meet other people when I go on the walks. It is the only time I get to mix and talk with other people.’

The Walking the way to Health Initiative (WHI) aims to improve the health and fitness of those who take little exercise or who live in areas of poor health.

WHI has helped to create more than 350 local health walk schemes and has trained over 18,000 volunteer walk leaders. Since 2000, it is estimated that we’ve encouraged over a million people to walk more.

Health Walk: a purposeful, brisk walk undertaken on a regular basis and carried out for the purpose of improving health.