

Stepping Out: A Flexible Framework for Delivering Walking Opportunities to Older Persons

Lucy Angley, Tina Watkins

Abstract

This paper will present the findings to date of the pilot program of *Stepping Out* currently being trialed in three rural and one metropolitan setting in South Australia.

A recent survey revealed that only 41% of people over 60 years of age, do enough regular physical activity to maintain or improve their health (SERCIS 1998). Considering the growth of the older population, and the relative inactivity of the population in general, finding ways to increase participation in regular physical activity is essential.

Stepping Out is a community based program designed to encourage older persons to undertake regular walking, aiming to increase the number of persons achieving the health and social benefits associated with this activity. An evaluation of the process and health related outcomes of the program will be presented, along with the strategies for achieving a successful, sustainable and community valued health promotion program.

The *Stepping Out* program involved the preparation of a resource kit for health professionals, a training program for community walking leaders, as well as resource manuals for leaders and walking group members. Community walking leaders (volunteers) were recruited largely through existing seniors clubs, trained in leading community walking groups and then supported in running regular walking groups with older members of their local community. The focus was on providing walking leaders with the confidence to step outside their grounds of familiarity, meet new people and attempt to use their enthusiasm for this simple, cost effective and sociable activity to get non-walkers walking. Walking groups led by volunteer community members and supported by community health workers provide a simple yet effective strategy to get older people walking, promote social interaction and build social capital. As a consequence the health, both physical and mental of older persons can be maintained and improved.

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Introduction

Nine months into the twelve month pilot of the *Stepping Out* Walking Group Project we can report on some of the key factors that appear to contribute to the success of establishing and maintaining community based walking groups. Firstly, we believe that a clear philosophical framework is important in underpinning any program design. Principles of accessibility and affordability being high on our agenda, we aimed to minimise the disincentives to older people participating in local walking groups and were therefore insistent that no fee be charged to participants. The second and more important principle is that participation should be enjoyable. The group leaders were encouraged not to emphasise the 'exercise is good for you' message, rather they were encouraged to market their groups as a 'let's get together to socialise and go for an easy walk'.

There are many serious bushwalking and gymnasium type walking groups available for the motivated older members of our community. Our program was designed to attract the less motivated and less active older people.

The concept of community health workers supporting community members to lead walking groups sounds simple and easy and at times we have found our colleagues to be a little dismissive of such basic health promotion! We have had to remind ourselves that if getting the population walking was easy we would already be witnessing sufficient numbers of regular walkers.

Physical Activity and Health

In recent years, increasing evidence of the significant benefits of moderate physical activity in health have come into acceptance (Blair et al 1992). It is now well documented that regular participation in moderate physical activity can have beneficial effects on various aspects of well being. This includes, but are not exclusive to, mental health, cardiovascular health, bone density and fracture prevention through maintenance of physical strength, coordination and balance.

Australia, and the world, has an ageing population. At the beginning of the twentieth century only 4% of the population was aged 65 years or over. In 1961, those over 65 years of age comprised 8.5%, rising to 11% by 1989. By 2031 the number of aged Australian's (65 and over) will have trebled from about 1,900,000 (11% of the population) in 1990 to 5,200,000 (20% of the population). As people age, there is a natural and progressive decline in physical and mental function. This does not mean, however, that this needs to be an accepted and fore gone conclusion. Moderate intensity physical exercise offers a means to manage the physiological changes that occur as the human body ages.

Moderate activity can be defined as activity that expends 50 percent of an individuals' maximal oxygen intake over any one exercise session (Shephard 1997), or as participation that results in the expenditure of about 800 kilo-calories of energy per week (Blair et al 1992). In the older population this is equivalent to the intensity reached in activities such as walking (Shephard 1997) for 30 minutes every day.

The benefits of walking are many and varied. Walking appears to be an acceptable, accessible exercise activity, especially among populations with a low prevalence of leisure-time physical activity (Siegel, Blackbill and Heath 1995). Regular walking has been shown to statistically and significantly decrease blood pressure among sedentary, older adults (Booth et al 1997; Dettore 1997; Shephard 1997), to assist in management of diabetes (Ford and Herman 1995; Wang et al 1999) for weight management (Dallas 1997) and to reduce the occurrence of depression and anxiety (Ruuskanen and Ruoppila 1995; Shephard 1997). It is interesting to consider the findings of Travis, Duncan and McAuley (1996) who found that for mall walkers (groups) the social relationships they formed were more important to them as individuals, than the health benefits they gained.

In a recent survey of 1223 South Australians aged over 50 years, only 44 per cent stated that they had undertaken moderate physical activity, sufficient to produce health related benefits, within the week preceding the survey (Sercis 1998). However, 70.4% had undertaken walking below the recommended level, indicating the potential of this physical activity. A pilot survey of the Fitness of Australians, carried out from 1990-1994, revealed that medical advice to exercise and the opportunity for group exercise were the two most influential factors to encourage inactive older persons, and to keep active older persons, walking on a regular basis (Booth et al 1995). In addition, walking was cited as the most popular physical activity for the over 60's.

Social Capital –Building Community Capacity

We now know that our health is positively influenced by participation and social interaction, and that living in a community that values and engages in mutual support is good for our health. *Stepping Out* builds both individual and community capacity, encouraging participation as well as providing support to participants and leaders who want to negotiate with agencies such as local councils about footpath and lighting issues. *Stepping Out* embraces a broader definition of health and health promotion, it is clearly working in four of the five action areas recommended by the Ottawa Charter of health promotion including: building healthy public policy; creating supportive environments; strengthening community action and developing personal skills.

We believe that the program design of *Stepping Out* is an excellent example of the “new” health promotion that stresses the importance of empowerment, links people together, and encourages community action for health (Baum 1998). It is a concrete example of how levels of trust between community members can be enhanced, and of how Human Services can support the development of “social connectedness” between community members. Following the recruitment stage, which also involves the half day training, the community health co-ordinators report that maintaining the program has taken approximately one hour a week. Each co-ordinator is supporting approximately ten walking group leaders, some groups are walking twice weekly and most groups

have between eight and ten members. So, the one-hour of paid worker time is indirectly supporting over one hundred walking group participants each week.

Stepping Out assists group leaders to gain capacities and skills in initiating and maintaining groups. The training and support provided by community health is contributing to an increase “civic competence”, a necessary ingredient for building social capital. The program has considerable potential to contribute to a community that values and engages in mutual support, the leader training emphasises the importance of practising tolerance and acceptance of difference, expecting that group leaders will model appropriate values.

Walking groups in Australia

We are still learning about the factors that contribute to the sustainability of successful walking group programs. The walking groups and programs that exist across Australia are many and varied. Some, like the walking groups of the community health services of Tasmania, have evolved informally, but with a tight network of supporters and contributors. Others, like the National Heart Foundation’s *Just Walk It* program have an organised structure and comprehensive evaluation supporting their implementation. Clearly organisational commitment is vital. Ongoing evaluation may provide us with more information about the factors that contribute to sustainable walking programs and also provide awareness of some of the key pitfalls and successes that initiators of walking group program should consider.

One specific example of a walking project is the Neighbourhood Walk project (*Walk and Talk*). This program was a collaboration between the Victorian Council on Fitness and General Health and the City of Banyule in Melbourne (Jones and Owens 1998). Activators (leaders) were recruited from the local community, who in turn, recruited family, friends or neighbours to participate in regular walking activities. The most effective method of recruitment was either newspaper advertising, or letters to established clubs and organisations. Recruitment of walkers occurred most commonly by word of mouth.

Following evaluation of the project sixty-five per cent said that a wish to improve their fitness motivated them to participate, while 55 per cent were attracted by the opportunity to meet other people. In general, walkers undertook the exercise at a level equivalent to at least the recommended health guidelines, producing health benefits of a significantly measurable level. The findings of the Neighbourhood Walk Project suggested that a locally-based, community-organised walking program may be a valuable addition to more centrally and formally organised initiatives for physical activity for older adults.

Another walking program, “Just Walk It” is a free community based physical activity program from the South-east region of Queensland (Fisher et al 1998). It was designed to promote regular participation in a low-intensity walking program through community groups led by local interested individuals trained as leaders or ‘guides’. Leaders were provided with education resources and support from trained health professionals. The program incorporated a variety of promotional methods (media, newsletter, and local organisations) and was successful in recruiting already active walkers. However, reaching the inactive older aged was proved difficult. Success of the program focussed

on the acknowledgment of the importance of the social benefits of regular group based walking. Walkers clearly identified with their guides as friends as well as leaders. This, coupled with the guides' enthusiasm, the high degree of homogeneity of the walkers and the amount of perceived social support received from walkers by family and friends, were considered the major factors contributing to the maintenance and cohesion of the walking group program.

These two programs emphasise the importance of the social aspects of group activities and providing a local focus to ensure a successful program. It seems appropriate to suggest that the simpler the concept, the easier it is for people to absorb a regular physical activity into their daily life. Walking is simple, inexpensive and does not require any specific skill or training.

Design of the Stepping Out Project

The aim of the *Stepping Out* pilot project is to promote the use of walking groups to increase the number of older persons achieving the health and social benefits known to be associated with regular walking. *Stepping Out* is funded by Health Promotion SA (HPSA), Department of Human Services, via employment of a part-time (0.4 FTE) project officer for 9 months, with the view to a wider "roll out" of the program subject to a positive evaluation of the pilot and securing funding.

Stepping Out endeavours to meet the recommendations of the US consensus conference (described below) and past projects in order to provide a flexible program for a variety of settings. A peer led system of health promotion is used. Modra and Black (1999) discuss the benefits of this, over a structured exercise program. They comment, that other than obvious cost benefits, a minimal intervention peer led group can begin a self-initiated walking program that is successful in terms of sustainability, effects on physical functioning and promotion of well being. It is acknowledged that socio-cultural, psychological, issues of isolation and perceived health status need to be considered in the organisation of a walking program (Booth et al 1997; Dornelas, Swencionis and Wylie-Rosett 1994; Simonsick, Guralnik and Fried 1999). There are also issues related to the ability of a peer-led program to meet the needs of sedentary persons who have walking difficulty.

A US consensus conference (National Institute of Health Consensus 1996) outlined some key factors which were felt to help people choose to undertake activity and maintain it. These included:

- Seeing a benefit for yourself
- Enjoying it
- Feeling you can do it fairly well
- Not disrupting daily life much
- Not too expensive or inaccessible
- Not too risky and doesn't lead to 'negative peer pressure'

Walking, as an activity, has the ability to meet these criteria.

The promotion of walking, for this project works on a three tier system. HPSA recruit local health professionals to act as regional coordinators. Regional coordinators recruit walking leaders, who then recruit walkers. The role of the regional coordinator is to canvas local groups and clubs to obtain support and to recruit mature leaders from these

clubs. Local advertising and speaking to clubs and individuals to foster their interest and gain commitment is encouraged. A regional training 1/2-day, run by the local health professional coordinator and the project officer, trains the volunteer leaders to run regular walking groups with members of their local community. The primary aim of training is to give the leaders the confidence to take a significant role in organising regular walking groups for their peers– not to train fitness leaders to answer all questions and solve all problems. Extensive time is spent discussing issues relating to leadership and identifying and developing group norms. Although *Stepping Out* leaders have the title of 'leader' there is significant emphasis placed on group decision-making and group responsibility to encourage an identification and ownership of the walking group by its members.

The regional co-ordinators are required to provide ongoing support. This involves answering queries leaders might have, organising debriefing session and general trouble shooting. During the pilot stages evaluation questionnaires are completed by walking group leaders, members and the health professionals involved to provide feedback regarding the project and provide information which may lead to modifications and improvements.

The resources provided by HPSA includes -

- *Stepping Out* Resource Kit containing:
 - Letter proforma to clubs with a promotional flier
 - Presentation kit to use with clubs (including 'script' and overheads)
 - Evaluation tools (questionnaires, evaluation of process and outcomes)
- Leaders Manuals.
- Members Manuals.

All Training day resources and incidental costs to provide training are also covered.

The pilot period has enabled different approaches and ideas to be trialed and adaptation of the program to meet the needs of the local community.

Evaluation process and results

Stepping Out is now in its ninth month of a twelve-month pilot. Evaluation is occurring with the *Stepping Out* Leaders, the walking group members and the Local Health Professional co-ordinators. There is focus on both process and outcomes. Questionnaires are provided within the *Stepping Out* Health Professionals Resource Kit and are distributed by the local Health Professionals.

The primary goal of the *Stepping Out* project is to increase the participation of older adults in regular walking activity. One measure of this has been the number of groups established, aiming for one group for every two leaders trained. To date, 29 leaders have received training with 24 walking group sessions already established per week. Although still at an early stage, sustainability has been achieved, with 89.6% (26 out of 29) of the leaders trained to date, remaining committed to the program. The target for six months post training is 80%, so things are looking encouraging.

Evaluation of the leader training sessions has been very positive. A key measure was that of change in confidence (self-efficacy). Potential leaders where asked to rate their

confidence in their ability to successfully lead a walking group before and after training. A target of 7.5 out of 10 or greater was set. This was reached, with the average level of confidence post training being 8.21. This was a statistically significant increase from pre training ($p = 0.001$).

The resources and support provided by HPSA have been well received, with minor changes recommended by a range of consumers. Local health professionals have felt very well supported by HPSA, rating their satisfaction as nine out of ten. It has been acknowledged that some financial support, perhaps in the form of small local grants, would further improve the local health professionals' abilities to commit time to the promotion of *Stepping Out*.

To date, changes in self reported health of the walking members have not been evaluated due to the short time frame. There are plans to evaluate this, as well as the ability of walking groups to affect participation in incidental physical activity over the coming months.

It is important to acknowledge that qualitative evaluation is required to measure the contribution of *Stepping Out* to community and individual capacity building. Although this has not been carried out in a structured manner, it has been obvious to the project team that *Stepping Out* has made a significant contribution to the well being and psychological health of those involved in the program as well as to their physical wellbeing.

The Health Professionals involved in *Stepping Out*, came from a variety of backgrounds, with varied experience in health promotion. None the less, HPSA was able to successfully work with these individuals, adapting support, resources and strategies to the needs of the workers. Evidence of this was the ability of a para-medical aide, with no prior health promotion experience, able to market, implement and follow through with the *Stepping Out* project, with the support of HPSA and the local health promotion workforce networks that were made. Flexibility at all levels was also paramount. For example, we had begun the project defining it as a club based walking program, suggesting to regions that they recruit walking group leaders through existing Senior's Clubs. Regions differed in their preference for recruitment strategies, with two of the four regions choosing not to write to and speak with clubs rather they advertised through the local press and used supermarket display boards as they viewed this as more time efficient. HPSA needed to listen to the needs of the people implementing the program and respond supportively to their requests.

Health professional, leaders and members attracted considerable media coverage of there walking groups in many areas. In one area, three newspaper articles have been published, in another four. These opportunities have assisting in raising the profile of *Stepping Out* and increasing the credibility of the project. This has lead to one country region being approached by their local council to consider an opportunity for collaboration in promoting walking to the community. There are plans for walking trails to be developed in consultation with the *Stepping Out* walkers.

The power of groups has been realised by many walkers in *Stepping Out*. Several groups have used their numbers to add voice to requests to local council for environmental improvements. In one region, the *Stepping Out* leaders are planning a

“picnic and walk” day for all *Stepping Out* leaders, walkers and support persons to attend in the summer months. Leaders have found it to be relatively easy to encourage others to walk, have been able to meet new people, accommodate different levels of ability and enjoy the resulting increases in self-efficacy. An overnight walk is now planned by one group with it’s nine members, and another plans to begin a cycling group, from the members of it’s walking group.

Most *Stepping Out* leaders stated a desire to help others as their reason for being interested in the project. This altruistic notion has been emphasised by several leaders who are walking with far less able older persons than themselves. A group exists with about half it’s members using walking aids. To accommodate the different levels of ability the groups has two leaders. One leader remains with the less able walking aid users, walking within a small park with plenty of seats, whilst the other leader walks with the more able members on a longer trail around the park. The members cross paths during their walks and encourage one another along. This is an excellent example of the flexibility of the *Stepping Out* framework.

We also found that we needed to be flexible about our target group. One regional co-ordinator informed us that the older people participating in one group didn’t always want to walk with other older people. Given that we had emphasised the importance of Walking Group Leaders listening and seeking input from walkers about their preferences and ideas it was important for us in ‘central office’ not to dictate the mix and make up of walking groups. Stratifying the population was clearly not useful at the community level!

Conclusion

The strength and uniqueness of *Stepping Out* is the program flexibility. *Stepping Out* is a framework for supporting community members to have the confidence to encourage others to participate in moderate physical activity and to advocate for the moderate incidental physical activity message with in their own community. Flexibility about program implementation assists regions involved to feel “ownership” of their local programs. Ownership leads to sustainability.

The long term success of *Stepping Out* remains to be seen. Evaluation is only in the early stages, with no outcome data available to date. Time will tell whether this approach has the right ingredients to meet the needs of the community in promoting walking to the older population. Plans exist to continue the evaluation of *Stepping Out* over the coming months, and to increase the role of HPSA in supporting the workforce implementing *Stepping Out* at the local level.

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