

The UK ‘Walking the Way to Health’ Initiative

Peter Ashcroft

Abstract

A new UK wide initiative is working to increase the health and fitness of at least 1.5 million sedentary people. Backed by a national health charity and government agency the challenge is to tackle the low level of walking, which is a major factor in the wasted potential for better health and well-being.

The means is to encourage and co-fund community based schemes. Each has the freedom to reflect local needs, whilst working to a common set of components with known potential. These include programmes of led walks, information about places to walk, and modest improvements on the ground to make walking safe and attractive. Many are to be backed up by doctors encouraging their patients to walk more.

The emphasis starts on walking for leisure because this is more likely to be an enjoyable and hence lasting activity. Brisk walking is the goal because this provides the greatest and quickest health returns. The end point is to make physical activity the norm, rather than the exception.

Early evidence is confirming medical, social and transport-related benefits. For example, in one scheme six in ten participants felt their stamina levels higher, and three in ten felt their stress levels lower. More than half also said they did more walking and relied less on the car for short journeys. A Randomised Control Trial, one of the few such tests ever carried out in a community setting, also shows significant improvements in levels of walking.

The national reach of this initiative allows the sharing of experiences about what does and does not encourage walking, and to provide very cost effective training and evaluation services. A quality assurance system is also encouraging effectiveness. Great untapped potential for international co-operation!

Contact Author

Peter Ashcroft, Walking for Health Project Manager
British Heart Foundation/Countryside Agency, England
John Dower House
Crescent Place
Cheltenham, GL52 3RA
England

Tel: (44) 1242 521381 Fax: (44) 1242 584270 E-mail: peter.ashcroft@countryside.gov.uk

Peter Ashcroft.

BSc (Eng), Dip TP

Peter Ashcroft, originally a civil engineer turned public transport planner, set up many unconventional transport services with rural communities in Gloucestershire, UK during the early 1980's. He joined the Countryside Commission in 1985 as a senior policy maker for countryside recreation. He developed early thinking about the synergy between leisure and conservation before the term sustainable tourism was coined. He later initiated and managed a novel 'visitor payback' project, backed by the European Union, which tested ways of attracting money from tourists to fund the conservation of popular destinations. In 1998 he set up the pilot phase of the 'Walking the way to Health' Initiative, and was later appointed as project manager. He prepared a business plan in 1999, which secured sufficient public and private funding to enable the initiative to expand to a UK wide programme.

The UK ‘Walking the Way to Health’ Initiative

Peter Ashcroft

Introduction

The ‘Walking the way to Health’ Initiative (WHI) is a major new UK venture. Its aim is to increase the health and well-being of disadvantaged and sedentary people by promoting regular and brisk walking within local communities. Over a two-year period it has expanded from a pilot phase to a full nation-wide initiative. Its main activities are to grant aid and support community based ‘walking for health’ schemes, to provide every volunteer and professional with training, to implement a nation wide accreditation system to recognise and encourage good quality in local schemes, and to monitor and evaluate the impact of the local schemes on the quality of life of participants.

WHI is a joint initiative between a well established health charity - the British Heart Foundation, and a new government body - the Countryside Agency. Extra funding comes from the UK lottery via the New Opportunities Fund distributing body and through sponsorship from Kia Cars as part of their ‘Think Before You Drive’ campaign.

The WHI represents a convergence of interests for the British Heart Foundation and the Countryside Agency. The Foundation is the leading national charity fighting heart and circulatory disease - the UK’s biggest killer. It funds research and increasingly education programmes and life saving equipment. It wants a national programme on the ground to tackle physical inactivity, which is one of the main risk factors linked to heart disease, alongside smoking, a fatty diet and high blood pressure. The Foundation wishes to place walking at the centre of its programme of public health and education investment.

The Countryside Agency is responsible for advising government and taking action on issues relating to the social, economic and environmental well being of the English countryside. It wants to reach out to the millions of people who do not yet have the confidence or skills to visit and enjoy the countryside. This Initiative offers a new way of encouraging less active people to experience the pleasures of walking, firstly on their doorstep, and later to develop an appreciation - if they wish - of green spaces in town or countryside

The rationale for ‘walking for health’

The WHI is based on the following reasoning: Fitter people have a greater chance of living longer. Today’s lifestyles discourage many from being active, fewer people are walking these days and at least seven in ten people do not take enough exercise to benefit their health. Some doctors call this the ‘silent epidemic’. Nevertheless walking is almost perfect exercise; requiring no equipment or expense, it is the best way for people from all walks of life to become more active.

Evidence shows that regular walking can *improve* confidence, stamina, energy, weight control and life expectancy. Walking can also *reduce* coronary heart disease, strokes,

diabetes, high blood pressure, bowel cancer, Alzheimer's disease, Osteoporosis, arthritis, anxiety, and stress.

Any walking is better than none. Gentle strolling is a good start for people who are not used to exercise. Brisk walking is the goal, because the heart reaches its natural 'training zone' when it has to work a little harder than normal. The ideal amount of physical activity is 30 minutes of any moderate intensity exercise on five days a week. People are more likely to start and then continue walking when they have fun, enjoy their surroundings, feel a sense of achievement and value the company they walk with.

The Pilot Phase

To our knowledge the concept of promoting walking for health in the UK was first tested in a medical and community setting during 1995 by Dr William Bird at his Sonning Common surgery (*see separate paper by Dr Bird*). A second local scheme was set up in Wokingham in 1997 in a larger catchment area. The idea for the pilot phase arose in 1998 as the Foundation and the Agency were receiving many requests for funds to set up 'walking for health' schemes following the popularity of the Sonning Common scheme. However many of them contained fundamental flaws, some attempting to reinvent wheels, others lacking thought about the target audience and the message, others unclear about implementation or evaluation.

There was clearly a demand for local action, but set within a systematic framework that would enable schemes to benefit from services that could be most effectively provided centrally. The aim of the pilot phase was to test the potential for promoting 'walking for health' to both sedentary and disadvantaged people by setting up, in trial form, the main processes for a national initiative. This was to ensure that any future expansion would be realistic and deliverable. Early behind the scenes activity included carrying out a needs assessment, drawing up guidelines for setting up local schemes, networking and promoting good practice, drawing together evaluation and other evidence about what methods are effective in promoting walking.

Demonstration schemes

The UK's first two 'walking for health' schemes had concentrated on the two main activities. Firstly providing programmes of short led walks for people who needed company and the reassurance of a group. Secondly to deliver easy to digest information on local walking routes for those who would walk more, and independently, if they knew where to go.

The pilot phase included setting up four national demonstration schemes. Their purpose was twofold, to gauge the validity of the role of led walks and easy to digest information with more difficult to reach communities in areas where the health record was known to be relatively poor, and also to test out new and innovatory methods to promote walking.

Walsall has the second highest rate of coronary heart disease in the West Midlands, and one in five residents are clinically obese. This scheme uses public art to stimulate community involvement and has created a novel incentive scheme 'Ground miles' to offer rewards for walking. Eastbourne on the south coast has a large population of older retired people. This scheme has introduced to the UK an internationally renowned

concept called the 'Sli na Slainte' or way to health. This is a route based signing system using brightly coloured designs, first developed by the Irish Heart Foundation. Leicester comprises an Asian community where coronary heart disease is 40% higher than the city average. This scheme is working with existing community groups to raise their confidence and interest in walking for health. Keighley in Yorkshire is the location for the fourth scheme, a traditional industrial area it is undergoing regeneration. This scheme is focusing on making improvements to the local walking environment and developing road skills for young people. All schemes have provided useful first hand experience about the issues, challenges and successes faced in planning and implementing local schemes.

The Nation-wide Initiative

The nation-wide initiative started in England in October 2000 and will run for five years. Further expansion is also planned for Scotland, Wales and Northern Ireland, involving local partners who will work within the UK wide venture. The thinking behind the expanded programme is to bring about a fundamental change in attitudes to being active. Twenty years ago it was impossible to conceive of smoke free public places. The vision is that in the foreseeable future it will become the norm to be physically active. To achieve this the programme needed to be big enough to get a critical mass of people on the move.

This expansion was made possible by securing additional funding. The budget for the 3-year pilot phase was £385,000 whereas the budget for the nation-wide initiative is £11.6 million. Funding has come from five sources. The British Heart Foundation and Countryside Agency pleased with the early progress of the pilot phase increased their funding to £1.2 million each. A bid was submitted to the newest lottery distributing body, the New Opportunities Fund. The Fund had set up a programme to support the establishment of 'healthy living centres' which were designed to address some of the needs in the government's public health policy *Saving Lives: Our Healthier Nation*. The WHI was seen as fitting the strategic requirements for these centres. Kia Cars offered to be the lead sponsor initially on a yearly rolling contract. The WHI fitted their need to be seen as a responsible car manufacturer who advocated avoiding the use of their product for short journeys when alternatives such as walking or cycling were feasible. The final source of funding is local health authorities or local councils who are expected to co-fund local schemes.

The WHI now has clear targets to fulfil, including benefiting the health of 1.5 million people and providing 200 grants to local groups to set up a 'walking for health' schemes.

The Countryside Agency is responsible for day to day implementation. A small dedicated team have been established to promote the WHI in target areas, to provide grant aid and technical support to assist local groups set up schemes, to support schemes during their development and implementation and provide managerial and financial information to the funders. Each local scheme will be locally owned and managed by partnerships comprising local health authorities, local councils, businesses and landowners, communities and the voluntary sector.

Tailor-made training is being provided locally to enable volunteers and professionals to have the skills and knowledge to make their own scheme successful. The contents have been carefully developed over the last 2 years.

An accreditation system has been introduced to ensure that individual schemes within the Initiative work to common quality standards. The accreditation system will also be available to other 'walking for health' schemes that are not receiving financial support but who can benefit from association with the Initiative. Each scheme will be subject to independent checking and inspection.

A tried and tested evaluation protocol has been developed for use with all schemes so that a common core of comparable data can be accurately collected, analysed and presented both for individual schemes and the entire Initiative. Evaluation methods carried out for the pilot phase has been adapted and simplified for the 200 new schemes. Eleven indicators have been set for each scheme ranging from, for example, increase in walking amongst participants on led walks to the number of people who get involved as volunteers. Standard questionnaires have been produced to help collect data.

The WHI has developed a wide range of promotional and marketing materials including a web site (www.healthywalking.net), items of print and a promotional video. One benefit of being associated with a sponsor is that they are creating additional publicity over and above that which the initiative could fund itself.

A useful role of the WHI is to ensure that the local schemes have the support they need to enable them to concentrate on their objectives. To this end several services have been developed to address concerns raised by local schemes, one example is public liability. Some people have been deterred from implementing schemes due to fears of the consequences of a participant breaking a leg or suffering a heart attack. With legal experts good practice advice has been prepared for GP's, scheme organisers, landowners and participants. Insurance cover for public liability has been provided at no cost for all schemes and individuals where our training courses have been successfully completed.

Conclusion

The WHI is designed to raise levels of physical activity in population that is becoming increasingly sedentary. It focuses on walking because this is seen as the most successful type of activity to promote to inactive people. However it is also making a practical contribution to the 'new wave' of transport policies which are giving greater prominence to walking as a mode of transport. WHI has been able to show that by encouraging people to rediscover the habits and pleasures of walking it can encourage other positive lifestyle changes, including being less dependent on the private car for short journeys. As the initiative begins to unfold there will be increasing value in sharing experiences and learning from other walking programmes.