

Assessing the Sustainability of the “*Just Walk It*” Program Model: Is it Effective and Will it Enhance Program Success?

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Abstract

It has been reported that Queensland is one of the least active states within Australia, has the lowest rate of regular walking and the highest percentage of the population doing no walking. The “*Just Walk It*” (JWI) program is a community-based program, developed by the National Heart Foundation (Queensland Division) and the School of Human Movement Studies at the University of Queensland. The program aims to increase the community’s participation in physical activity by encouraging individuals to walk together in groups in their neighbourhood. JWI may provide a sustainable framework for implementing walking as a suitable physical activity within communities and is the only program in Queensland developed with the capacity to be adopted and implemented within communities across Queensland. Detailed data were collected from 50 program stakeholders and participants in regional and city areas of Queensland, through interviews, focus groups and a survey to determine whether the JWI framework was an effective and sustainable model to engage local organisations and communities to participate in walking. Factors identified as important in implementing JWI included: 1) inter-agency collaboration, 2) strategic program planning, 3) targeting local coordinating agencies with strong community links and experience in implementing programs, 4) frequent support for local coordinators implementing the program, 5) program ownership in the local community and, 6) continued promotion and support from the Heart Foundation. The findings suggest that the JWI model is an appropriate framework for disseminating walking programs throughout the state. However, recommendations were made to improve the program’s operation and sustainability.

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After completing a degree in Exercise Management at the University of Queensland and leading community mall walking groups in Brisbane for the Division of General Practitioners, Laura accepted an Honours scholarship from the National Heart Foundation to undertake the process evaluation of the “*Just Walk It*” program. During this period she also worked at the Heart Foundation as a project officer on the program and was a member of the State Advisory committee for “*Just Walk It*”.

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Introduction

The health and psychological benefits of participation in regular moderate physical activity, like walking, are significant and include reducing the risk of coronary heart disease, type II diabetes and some cancers. Despite this, in Queensland only 47% of people participate in sufficient levels of physical activity to confer health benefits (Active Australia, 1998; Bauman, 1999). Over the past few years it has become apparent that walking at a moderate level will confer health benefits for individuals. Walking is a relatively easy activity for almost everyone, is associated with a lower risk of injury and sudden death compared to other physical activities and is particularly popular among women and older people (Brooks, 1988; Stephens, 1985; AIHW, 1999; Brown et al., 1999). In Queensland walking is more frequent among women than men, however Queensland has a lower rate of walking than any other state and the highest proportion of people who do no walking at all (Bauman, 1999).

A collaborative community-based approach to physical activity should positively influence community health, increase local support networks and enhance community identity (Active Australia, 1998). Such a community-based approach is also a cost-effective strategy for addressing health problems (Pate et al., 1995; Guldan, 1996) as it encourages greater ownership and involvement by the community in the issue (King, 1994). A review of the activity and health promotion literature suggests that community-based interventions, which are supported at a state and/or national level, may be important in sustaining individual-level improvements in physical activity. A study by Siegel et al. (1995) found that about half the people who exercise during their leisure time walk for exercise and that the majority of these people do so regularly. Given this, the promotion of local walking groups may be one of several population health strategies that can be implemented to increase the level of moderate physical activity in Queensland.

The “*Just Walk It*” (JWI) program is a locally based program that aims to increase the community’s participation in regular and enjoyable physical activity by encouraging people to walk together in groups in their neighbourhood. The program model (shown in Figure 1) is structured to provide a framework for developing sustained physical activity within communities by working with local community organisations, such as Local Governments, Community Health Centres and others. Therefore, local regions can determine the most appropriate way to implement the program in their area according to its demographic and geographic characteristics. In effect, the program can be ‘tailored’ to meet local needs.

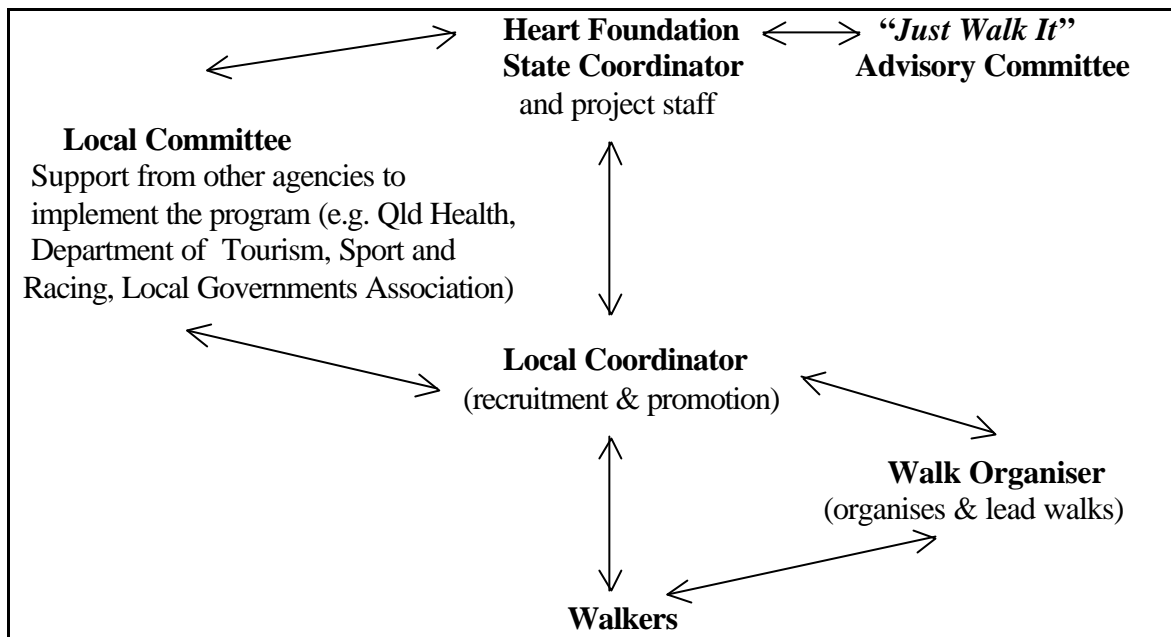


Figure 1: The “Just Walk It” organisational structure/model

The program involves volunteer walk organisers coordinating small, local walking groups. In turn, the local coordinators support their walk organisers in the recruiting and retaining of walkers and liaise directly with the Heart Foundation and the local JWI committee. The coordinator is identified, and often employed, by key primary tier provider organizations, like local government or community health, who are represented on the local JWI committee. The design of JWI addresses many of the identified barriers to participation in physical activity. It is a free program that provides a mechanism for people to exercise in a group within a social, safe and supportive network, with incentives for participation. Moreover, the local committee is designed to improve program sustainability and sensitivity to local needs.

The number of programs promoting walking is increasing and the evidence provided shows that walking programs might be an appropriate strategy to increase the prevalence of participation in regular physical activity. However, there has been limited research of the effectiveness and sustainability of large-scale walking programs. Developing and evaluating a suitable model for the delivery of a large-scale physical activity program is important from a public health perspective. JWI is the only physical activity program in Queensland developed with the capacity to be adopted and implemented within a number of organisations in many communities, and which targets a broad range of the population. JWI provided an opportunity to evaluate the process of implementing a large scale walking program. In particular, this study identified strengths and weaknesses of the programs model and ascertained the quality of the program and its resources with the aim of determining the sustainability and effectiveness of the JWI program in Queensland.

Research Overview

Fifty people (eight members of the advisory committee, 10 walk coordinators, 10 walk organisers and 25 walkers) participated in the research process. The participants were drawn from Charleville, Barcaldine, Goondiwindi, Calliope, Brisbane, Gold Coast, Redlands Shire and Townsville. For the purpose of the research regional areas are

referred to as those communities with a population less than 10,000 and metropolitan areas as those with populations greater than 10,000.

The advisory committee members (including the State Coordinator), the local coordinators and the walk organisers were interviewed. Where possible, face-to-face interviews were conducted. In instances where this could not occur, telephone interviews were undertaken. Focus groups were also conducted with walkers. A short survey was also sent to all local coordinators requesting information on the program resources and the implementation of JWI.

The interviews covered topic areas including individual roles and responsibilities in the program, perceptions of the JWI program, the support given to program participants, program structure, likes and dislikes of the program, the function of JWI groups and the quality of the resources. The focus groups with walkers covered similar topics including; likes and dislikes about the JWI program, reasons for being a member of a JWI group and the support provided, perceptions of the role of the walk organiser and the program staff, and opinions on program resources. Interviews and focus groups were tape recorded to obtain a full and accurate record of the interview and enhance the validity of the data. Participants were also provided with a brief form to complete seeking information such as employment details (organisation, position held), educational qualifications, experience in health promotion (for advisory committee members and coordinators), years in the program and involvement in other programs (for organisers and walkers).

Each interview and focus group was transcribed following its completion and the transcripts formed the basis of the data analysed. To ensure that the transcriptions generated from the individual interviews were an accurate description of the thoughts, meanings and perceptions of the participant, each participant interviewed was provided with a copy of their transcript to review and comment on where necessary. Regularities or patterns in the transcription data were sorted into categories of information and themes. The identification of major themes and key issues from each group of participants formed the basis for the evaluation of the program implementation and program quality. The identification and recognition of common themes were crosschecked with another researcher to ensure that the data analysis and conclusions were representative of the information provided by participants in that group.

In addition to this, program documents, including minutes of advisory committee meetings, operational plans and reports, and registration forms were consulted. This evidence aided the direction of the research and was used to verify the responses provided by the advisory committee members, walk coordinators and walk organisers.

The information gained from data analyses was used to evaluate the effectiveness of the program implementation, program quality and the suitability of the resources used in the program. The information collected about the progress of the program was checked against the goals and targets of the program and information detailing the intended program implementation process. Conclusions were made, on the basis of the data analysis, about the importance of each level of the program model and the suitability of the current model for the delivery of the program throughout Queensland. There was also an attempt to identify key factors in the program delivery process and model that related to program sustainability.

Results

The following section summarises the results from the focus groups, interviews, survey and analysis of program documents.

Engaging local communities

Local JWI coordinators initially heard of the program either through direct contact with Heart Foundation staff members or through hearing about the program at forums and via word-of-mouth at meetings. All coordinators interviewed stated that JWI fitted in well with the plans and goals of their organisation and this was the major reason for adopting the program. However, only one coordinator mentioned that the “*program involves no financial cost*” as a reason for adopting the program. The time lapse between expressing interest to adopt the program and actually beginning the program in the local area varied. The average time lapse was 7 months. It is also interesting to note that all those who had recently adopted the JWI program, mentioned that recent changes in the community environment (ie new walkways and/or new parks) were also reasons why they considered a walking program would be beneficial and successful. Four local coordinators with more than five years of health promotion program experience implemented the program in a shorter time frame than the two coordinators with less experience.

Coordinators in smaller regional communities typically recruited walk organisers via word-of-mouth through their local networks. They tended to ask those who were already active and walking regularly. Four coordinators mentioned that the best way to recruit people to the program is to target “*people who know the walk organisers in the area*”. They also mentioned that groups are almost self-promoting in themselves and their community. Those in larger areas used print and radio media to promote the program and generate interest in the community. Seven walk organisers said they heard about the program after being informed through presentations to a group they were in and via direct contact with their local coordinator. The remaining three organisers initially found out about the program through printed articles in newsletters or papers and posters. It should also be noted that four out of the five walk organisers interviewed from the regional areas (Bacaldine, Goondiwindi and Charleville) found out via word-of-mouth. The most common reasons for becoming a walk organiser were categorised as follows:

- i. “*It sounded like a good idea and not too hard*”,
- ii. “*Someone asked me to*” or “*no one else would do it, so I thought I would*”
- iii. “*It’s not a problem because I walk anyway*”

Only one mentioned that it was because they “*wanted a group to walk with*” and thought it would be good motivation for them to walk. When asked if they were involved – in a volunteer role – in any other community groups or associations, 70% responded *yes*. These roles included coordinators for senior citizens groups and health programs, church groups, neighbourhood watch groups and one was a volunteer tutor.

Eighty percent of the walk organisers said they knew all or most of the walkers in their group when it began, mostly because the group was formed from another group to which they belonged, their family walked with them and/or friends joined them. Of these, 75% (or 6 groups) have remained together. Those groups that have declined in numbers either did not know each other well before they started or were smaller groups (2-5 people) that had walkers who joined them infrequently for the walks. It also

appears that those groups which have a larger number of walkers walk less often (typically twice per week) and those with a smaller number walk more often.

Reasons given by walkers for initially becoming a part of the group include: “*someone asked me to*”, “*I was already walking and I thought it would be good to walk with others*”, “*I thought it would be fun*”, “*meeting other people while exercising*”, “*it was more motivation than anything, I know that if I exercise by myself I won’t do it*”, “*I needed to exercise, it gave me incentive to do something*” and “*it was just something else we could do as a group*”

Strengths and weaknesses in program implementation

Identified program strengths and weaknesses that are listed in Table 1. Program strengths related to the formation of partnerships and collaborations within the program and that the program was basically “*for local people in local communities with local support*”. Half the committee members mentioned that the “*local level*” added strength to the program implementation and maintenance.

Table 1: **Perceived strengths and weaknesses in the program model.**

Strengths	Weaknesses
<ul style="list-style-type: none"> • Number of partnerships formed • Facilitates community empowerment • There is program ownership by all participants • Has local support • Ensures that the program is included in the strategic planning of the adopting organisation • Flexibility within the program structure • Local organisations get recognition • The program addresses key barriers to physical activity • The program is self-sustaining • Easy to implement • It is free 	<ul style="list-style-type: none"> • Other walking programs exist • There is a reliance on other organisations to be involved • Nothing to make organisations adopt the program (eg policy) • The program can’t reach everyone • If the program filters from top-down (state level) there is a risk of failing to recognise regional issues • Lack of media recognition that physical activity is a health issue • Local organisations need to take on some responsibility • Relies on having enthusiastic and committed walk organisers

Coordinating and maintaining the program

All of the walk coordinators agreed that their role was to promote the program, assist and support the walk organisers and be a point of contact for local queries. The positive aspects of the program, and their role, were that it integrated into other programs they organise/run; was well organised, resourced and planned; it allowed them to have contact with people in the community and was a worthwhile program with many benefits for the community. Negative aspects included “*attrition of participants in the program*”, “*difficulty in recruiting walk organisers*”, “*process of ensuring that walkers*

are registered (to be a part of the program)” and one mentioned that it was still “*hard to reach those that aren’t already active*”. Local coordinators typically spend about 30 to 60 minutes on JWI activities per week. Time is usually spent talking with walk organisers, potential walkers and health professionals about the program and contacting the Heart Foundation for administrative matters. This is illustrated in the following quote.

“...once it is up and running it (JWI) will basically run itself. Even the support required from the staff is very minimal, we only really need to give a number and take some calls. Once it is going it is really just a matter of maintaining contact”

There was a perception by the coordinators that successful programs and walking groups needed a committed and enthusiastic walk organiser. The three ‘long-standing’ local coordinators noted that groups had folded when the walk organiser left as “*the other walkers felt that they couldn’t be bothered or that they didn’t want to chase people.*”

“To get a group together is really difficult here because they don’t see the need to have a set time and everything to walk, because lots of them (the community) are already doing it. It becomes too formal....it’s really different from a big town. In a small town everyone already knows each other, people feel safe and they feel they can do it (walk) without others. They can go for a walk when it suits them really.”

Walk organisers plan the walking routes and times, attend the walks, are a point of contact for their group and potential walkers, and return forms (registration forms and attendance logs) to the Heart Foundation. In addition, two organisers mentioned that it was their role to encourage and talk with the walkers. The walk organisers said that they spent an average of 10 minutes (range 0 to 30 minutes) per week on the administrative aspects of the program. Positive aspects of being a walk organiser included meeting and socialising with those in the group (4 responses), enjoyment of walking as an activity (3), and motivation to walk regularly (4). Negatives associated with being a walk organiser were “*chasing up*” the local coordinator for forms and incentives, preferring to walk when “*it is suitable for me*” rather than having set times, being “*too busy for regular walking times*” and making new walkers feel comfortable. Only half the walk organisers believed that their group would continue walking if they had to leave and there was no walk organiser. Furthermore, most stated that they did not know if anyone would be willing to take over as a walk organiser even though most organisers thought that “*there really isn’t much difference*” between being a walker and an organiser. Of the 24 walkers involved in the focus group, only two had considered becoming a walk organiser. Mostly, the walkers said that they “*don’t want the responsibility*” or “*don’t want to feel like I have to show up all of the time*”.

Most walk organisers mentioned social reasons as the most important motivator for people continuing to walk in the group. None of the organisers saw their group as a bigger part of the JWI program.

“Well we all know that we are affiliated with JWI, but we don’t really think of ourselves in that term. We are just a group of friends getting together to walk.”

Overall everybody was very positive about the program and walking as an activity in general. More than 85% of the walkers thought they would still be walking with their group in one years' time. Interestingly, most of the walkers also said that although JWI "*got us together in the first place*" that it was not the reason they had kept walking. However some said that being a part of a walking program (such as JWI) was motivating in itself because they knew people and enjoyed themselves. Four walkers said that walking with the group had become a "*habit*" now and two other said that their partners had begun walking since they had been involved in the group.

Program committees

The members of the advisory committee have a range experience in program management, health promotion, policy, planning and implementing program activities and represent many government and non-government organisations. Members of the advisory committee stated that inter-agency input and representation was important as "*it adds to the strength to the program because of the diversity that you can achieve and the ideas that come about*". Six agreed the program "*could not be run without the support of the advisory committee*" because it gave a "*level of program ownership in other organisations that are represented*" and "*advice and direction*" for the program. The other two thought that the program could operate without the committee but "*wouldn't have the wealth of experience and links*".

Of the 11 coordinators interviewed/surveyed, eight had local committees and of these, only one had actually utilised the committee beyond the initial planning and implementation of the program. Local coordinators invited individuals to be involved in the committee based on their background (refer to Table 2 for a list of the different members).

Table 2: Organisations and positions of members on local JWI committees

Organisations	Positions
District Health Services	Physiotherapists
TAFE	Social Workers
Hospitals	Dieticians
Local Councils	Occupational Therapists
	Sport and Recreation Officers
	Community Development Officers
	Health workers (rural, aboriginal)
	Youth Council members

The role of the local committee was to "*promote and plan how the program was going to work*", "*access the community*" and "*help launch the program*".

"When you are allocating 1-2 hours per week on the program, then whether it is worth having a committee is questionable."

The majority of those interviewed thought that they could coordinate the program without a local committee, although two stated that they were uncertain of how effective the program reach would be in the absence of other community links.

Conclusions and Recommendations

JWI positively influences those involved in the program, not just in terms of walking, but also through increased local support for physical activity. JWI appears to change social mobilisation within the community by influencing organisational practise as a consequence of a structured, collaborative approach to the local promotion of walking. Thus JWI has many key ingredients to being a “successful” population-based approach to physical activity.

However, from this research it is suggested that several key components of the program’s structure and implementation require modification to increase the effectiveness of the program. Some of these are listed below.

1. It is important that the membership on the advisory committee reflect the expertise needed to effectively target particular populations and areas. For example, it is advisable that a “regional representative” - or someone with experience implementing health programs in smaller Queensland communities - be invited to join the advisory committee.
2. The local JWI committees are not sustainable in their current form – especially in smaller communities. It may be advisable that JWI is established through local physical activity or similar “community health focused” committees that already exist and have several key representatives from a number of local agencies to ensure that the local committee is sustainable and several key players continue their local support for the program.
3. Local JWI committees or sub-committees should look to include people from a number of community-based organisations (such as Lions and Rotary clubs and P & C committees) that already have a network through which to promote the program to the community to increase its reach, ownership and support.
4. The advisory committee and JWI program staff need to develop stronger links with local committees and coordinators. This would form a link between the capacity of the two types of committees to engage the community in regular walking. This link may be in the form of shared strategic and operational plans to mirror the target populations and program direction at the local level.
5. Local coordinators situated within towns and cities with physical surroundings that are conducive to physical activity are likely to be more receptive to adopting a local walking program. However, whilst targeting locations with the ‘best environments’ may be a successful strategy, there is a risk in ignoring other communities that may be just as interested and successful.
6. It may also be beneficial for all JWI coordinators to share their experiences with others to determine the most appropriate way to engage people within their community. Establishing a communication channel through which coordinators could share ideas, concerns and experiences would appear to be a priority.
7. Individuals were more likely to be walk organisers if they were previously walking or exercising, knew the walk coordinator (especially in smaller communities) and had a strong community-focus (evidenced by the fact that many walk organisers had volunteered for other community activities and organisations). Such individuals should be identified by local coordinators and invited to become involved in the program.
8. To alleviate the likelihood of groups disbanding if the current walk organisers opt to leave the group, it may be advisable to encourage current and future walk organisers to have a “buddy” assist them with their duties. Although this is a suggestion that is

already written into the resources for walk organisers, it may be necessary to be included in the resources for walkers. This mechanism may also avoid the 'misconception' that the role of a walk organiser carried with it a large number of responsibilities.

9. The Heart Foundation, program staff, local coordinators and walk organisers need to vigorously promote JWI. In particular, there should be a focus on people who are not already *walkers*. It is also important to note that word-of-mouth and already knowing someone in the group appears to be the most effective means for forming and sustaining a walking group.
10. Effectively training and educating local coordinators and their respective committees in the rationale, operation and implementation of the JWI program is critical in developing the local capacity required to deliver and sustain the program. There may be value in establishing stronger, more prescribed agendas for the local committees – particularly in the early stages of their development. Furthermore, this process may ensure that the local coordinator has the required skills, knowledge and enthusiasm to implement and support the program effectively.

This is the first study to research the effectiveness of a state-based program in implementing and sustaining a walking program in Queensland. It is not possible to draw definitive conclusions from this research about the process of implementing JWI throughout Queensland given the number and characteristics of the subjects in the study. Nor was this the purpose of the research. Furthermore it should be remembered that a multitude of factors existing within local communities and the process through which the program is implemented and maintained throughout the state will in combination, determine the success of the program. However, this research informs not only the operation of the JWI program, but also has the potential to inform the operation of future walking programs in Queensland and other states. In turn this may positively influence the capacity of such programs to effectively engage individuals to incorporate regular walking into their lifestyles. The program model appears to be an appropriate, suitable and effective means through which a large-scale walking program can be implemented in local communities. Indeed, such a model may be adopted within other health settings and areas to implement other activity or health related programs. The extent to which JWI is adopted into the core business of local organisations varies and only time will indicate whether the program can be sustained beyond the period of funding. However, this research indicates that local capacity and infrastructure that is developed as a result of implementing JWI is crucial to the sustainability and effectiveness of the program within Queensland.

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