

Synergy and Collaboration: Keys Strategies of *Walk-it Bunbury*

Marina Norris, Trevor Shilton, Angela Stewart

Abstract

Walk-it Bunbury is a Heart Foundation program which aims to increase the proportion of residents in a regional centre in the south west of Western Australia, who walk at the recommended level.

Key to the program is a strategy mix that creates synergy across all program activities and promotional elements to ensure message consistency. A second feature is the establishment and strengthening of valuable partnerships to assist in program planning and implementation and in fostering ownership of the program by the Bunbury community.

Contact Author

Marina Norris
National Heart Foundation of Australia (WA Division)
C/- Community Health Centre, Hudson Road
Bunbury
Western Australia, Australia 6230

Tel: (61) 8 9795 8470 Fax: (61) 8 9795 7062 E-mail: marina.norris@health.wa.gov.au

Marina Norris

B A (Ed)

Health Promotion Officer, National Heart Foundation of Australia (WA Division),
Bunbury Office

Manages the *Walk-it Bunbury* program and coordinates other Division programs at the regional level. Works collaboratively with Bunbury Primary Health Services and South West Population Health Unit to support physical activity programs in the region.

Trevor Shilton

B Ed, Grad Dip Hlth Sci. FAHPA

Director - Health Promotion, National Heart Foundation of Australia (WA
Division)

Has been Director of Health Promotion in WA for twelve years and has played a key leadership role in his principal areas of health promotion interest - physical activity and Children & youth. Has developed and implemented numerous community physical activity initiatives over the past ten year and is active in national policy via the Heart Foundations National Physical Activity Advisory Committee. Formerly a teacher and curriculum writer. Founding President of the Australian Association of Health Promotion from 1990, a post he held for the Association's first eight years.

Angela Stewart

Bach App Sci (Health Promotion), Grad Dip Business (Marketing)

Physical Activity Coordinator, National Heart Foundation of Australia (WA Division)

Has worked in various health promotion and marketing roles over the past nine years in both Perth, WA and London, UK. Has been involved in implementing numerous health promotion campaigns and initiatives, and developing resources for a variety of settings and target audiences. Current role involves building intersectoral partnerships, promoting a whole-of-community approach to physical activity in WA.

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Introduction

The *Walk-it Bunbury* program is a 3 year program which aims to increase the number of adults over 25 years in the City of Bunbury, who walk for at least 30 minutes at moderate-intensity on most, preferably all, days of the week. Bunbury is a port city in the south west of Western Australia, with a population of approximately 27,000.

Planning for the program commenced in June 1999, with program implementation from March 2000.

The principal funding body is Healthway (Health Promotion Foundation WA). Other sponsors include the Health Department of WA (Health West), the National Heart Foundation of Australia (WA Division), Bunbury City Council, the South West Population Health Unit and local television station, GWN.

The program strategies recognise the added value of a comprehensive approach to maximise communication impact and include:

- Educational Resources: Free walking resources, including a map of twelve measured walking routes and all paths in the City of Bunbury, path report form to communicate with Council any path safety issues, information card with program details, poster, fridge magnet and a bi-monthly newsletter with specific event and educational information.
- Environment Change: A path stencil system, in which stencils are placed at 250 metre intervals, to direct walkers and indicate distances along the twelve measured walks. The stencil consists of the logo graphic with program name, as well as directional arrows.
- Mass Media: A local mass media campaign, involving paid and unpaid radio, print and television coverage.
- Health Professionals: General Practitioner and health professional based promotion and cross-promotion within a range of local programs.
- Educational and Participation-based Programs: Heart Foundation walking-related education programs.

All strategies and resources focus on consistently promoting the logo and communicating three behavioural skills found to encourage people to commence and maintain walking participation:

- Make it part of your day
 - Go with a friend
 - Set yourself goals
- (Corti 1998)

Formative evaluation conducted by Edith Cowan University, South West Campus, in September/October 1999 gathered information about the interests of walkers and non-walkers to assist with targeting strategies and messages.

Detailed process evaluation includes promotional activities (local media coverage and events), participation rates, resource distribution records and community consultation activities.

Impact evaluation includes pre program (December 1999) and post program (December 2001) program phone surveys conducted by the Health Promotion Evaluation Unit of the University of Western Australia, of a random sample, 600 people in Bunbury and 400 in the comparison site, Albany.

Intersectoral collaboration and a comprehensive multi-strategy approach, across a range of settings (King, 1991; Donovan & Owen, 1994) are key principles underlying *Walk-it Bunbury*. Valuable partnerships formed during the planning and development stages have created many cross-promotional opportunities and fostered positive relationships between leading state and local agencies involved in the promotion of physical activity. Through these strong partnerships, the program avoids duplication and develops credibility with other sectors, as well as the community.

The focus of the program is synergy of message across all strategies and promotional activities and materials, including resources, advertising and publicity. Consistency of the program's key messages increases clarity, and maximises program impact.

Rationale

In recent years, substantial research evidence has accumulated on the health, social, environmental and economic benefits of participation in regular moderate physical activity. The need to address increasing levels of inactivity and obesity in the population is emerging as a key public health priority throughout the western world (United States Department of Health and Human Services 1996; National Health and Medical Research Council, 1997; Commonwealth Department of Health and Family Services, 1998).

Research studies provide evidence that substantial health benefits may be gained from moderate physical activity such as walking (Blair 1989; Dunn 1999; Fletcher 1995). Based on these studies the consensus statement associated with the promotion of physical activity in the general population recommends the accumulation of 30 minutes of moderate physical activity on most days of the week, in bouts of at least 10 minutes.

In a review of twenty one community based physical activity campaigns it was concluded that campaigns that targeted a specific behaviour reported greater success than those with a general physical activity message (Epstein, 1998). Walking has been identified as the preferred choice for community members to participate in as a form of moderate physical activity (Dept Arts, Sport, the Environment and Territories, 1992). For these reasons this project aims to increase walking behaviour through a community wide behavioural and environmental support intervention as recommended by Epstein (1998).

At the national level, the Heart Foundation pioneered focus on physical activity with the *Heart Week* campaigns of 1990 and 1991. Campaign results indicated a major increase in recall of the message and recommendations were to:

- encourage physical activity in the community, and train health professionals to assist people adopt and maintain exercise programs,
- continue the themes of this campaign, and reinforce messages about the health benefits of low level activities such as walking, and
- enlist support of other sectors (Booth et al, 1990).

Walk-it Bunbury addresses cognitive training by focusing on three specific behavioural skills aimed to motivate behaviour change. These skills include setting specific goals, participation with a partner or group and planning physical activity into daily routines (Corti, 1998). It was found that people who performed these behaviours were more likely to be active. Therefore it is reasonable to assume that teaching these skills will encourage activity. *Walk-it Bunbury* recognises that a supportive environment is important, but not enough alone to support behavioural change, therefore program communication strategies are tailored to include these three behavioural skills.

Walk-it Bunbury incorporates a comprehensive, multi-level approach using a variety of strategies intensively in one regional centre. It recognises the need to develop a comprehensive strategy mix to provide the community with not only a supportive environment in which to walk, but also the skills to undertake behaviour change. The program includes educational materials and information with consistent messages, credible local referral points, such as health professionals, and opportunities to develop the behavioural skills by participating in walking based education programs. Successful implementation of these strategies requires strong intersectoral partnerships to support the comprehensive strategy mix.

Key features of the program

Partnerships

While walking and physical activity are directly relevant to the health sector, best practice programs are those that actively engage other sectors. While health agencies such as the National Heart Foundation may be able to influence community knowledge and understanding, they do not control the environment or opportunities for participation in the same way that local government, sport and recreation, transport or environment sectors can. Therefore, a collaborative or partnership based model has been used for *Walk-it Bunbury*.

Existing partners

Collaborating agencies represented on the Advisory Committee include:

- the Bunbury community
- National Heart Foundation of Australia, (WA Division)
- Bunbury City Council
- Health Promotion Evaluation Unit, University of Western Australia
- South West Population Health Unit
- Bunbury Primary Health Services
- Greater Bunbury Division of General Practice
- Ministry of Sport and Recreation
- Edith Cowan University
- Health Promotion Foundation WA, (Healthway).

Key stake holders in the field of physical activity promotion within the region were invited to be part of the planning, implementation and evaluation process. Beyond the Advisory Committee meetings which are held bi-monthly, constant e-mail, phone and face to face contact is made with various key local agencies including Bunbury City Council and the Greater Bunbury Division of General Practice.

New partners

Since the development of the Advisory Committee several other organisations have contributed to the program, and provided valuable in-kind support and promotional opportunities. A number of local programs and committees representing other organisations such as a falls prevention program, consumer reference groups, local government community liaison committees and local events committees have provided important opportunities for *Walk-it Bunbury* to be promoted beyond the initial program promotional plan. These organisations have enhanced community ownership allowing the program to be linked to a broader range of agencies from varying sectors.

Strategy mix

Walk-it Bunbury is a comprehensive program designed to address the walking environment, walking resources, development of personal skills for walking participation, program support, health service promotion and promotion across a range of levels of audience, individual, network, organisation and community (Flora, Maiback, Maccoby, 1989). Such a detailed and multi-level program would not be possible without the large range of existing and new partnerships described above.

Free educational resources assist in the promotion of the behavioural skills related to the up-take and maintenance of walking. Free walking resources, including a map, path report form, information card, poster, fridge magnet and a bi-monthly newsletter are distributed throughout the community from a range of distribution points.

The map highlights twelve measured (stencilled) walking routes, to assist in measuring distances walked and support behavioural skills, such as setting goals. The walks are circuits placed throughout the City of Bunbury to encourage neighbourhood walking, as well as walks through new and popular natural features, such as the inlet, beach and swamp.

The 'Path Report Form' is postage paid and encourages the community to communicate with Council about path safety issues. It is used to complement the map, and is designed to ensure that all paths promoted are of appropriate safety standard. It is also a key advocacy tool used to highlight the high profile walking holds in the community.

The prompt card includes a summary of the behavioural skills, program summary and a contact number for further information. The bi-monthly program newsletter is distributed to all resource distribution points, at local walking and other events and to the contact list developed from participation and query records for the program. It provides another avenue to communicate on an individual basis with community members and to target behavioural skills, physical activity recommendation, as well as to promote local walking and health related events.

Other promotional materials include posters, notepads, fridge magnet, t-shirts and caps.

The path stencil system was established in close collaboration with Bunbury City Council. The Council committed the resources and labour to implement the placement of stencils at 250 metre intervals along the twelve circuit routes, as well as directional arrows at relevant points. The stencil consists of the program logo, with graphic and text to direct walkers and indicate distances. The stencil system, complemented by the walking distance calculator on the map, supports the behavioural skills for example they assist walkers to set personal goals in terms of distance and time walked.

The mass media strategy involves paid and unpaid radio, print and television coverage. Efficient use of budget involves scheduling media during specific educational programs. All advertising and publicity promotes the program positioning statement, the physical activity message and usually highlights one of the key behavioural skills to enhance consistency and simplicity. A number of newspapers, radio and television stations are based within Bunbury, which ensures ongoing support by local media.

Health Professionals and General Practitioners were consulted in the development of resources useful when referring physical activity to suitable clients. Regular communication continues with presentations, visits to practices during resource audits and submission of articles and up-dates to relevant professional newsletters. Cross-promotional opportunities are also sought in relation to the use of resources within local programs to support physical activity recommendations.

Educational and participation-based Heart Foundation programs, such as 'Walk to the Cape' and 'Walk to School' have been adapted to highlight and complement the other strategies such as the map and the stencil system. These programs offer a practical and participatory opportunity to those who benefit from motivation provided by structured walking programs.

Message consistency

Walk-it Bunbury has been designed to highlight three key behavioural messages that build on program positioning:

- make it part of your day
- go with a friend
- 30 minutes, moderate intensity on most days.

Consistency of all communication is achieved through continued use and explanation of the messages in all advertising (radio, print and television), resources, publicity (newsletters and media releases), programs and by health professionals who recommend use of the resources and participation in the walking based educational programs.

Advertising

All paid promotional placements are concentrated during specific educational program campaigns to maximise exposure. Radio and television commercials were produced early in the program, explaining each of the key messages. Program specific crawls are added to television commercials to link with programs. Print advertising consists of a combination of message and program specific advertisements and advertorial.

Publicity

A timeline of media release and community service announcement output has been created to complement paid advertising scheduling. All media releases and community service announcements are sent to the radio and television stations, newspapers and a variety of locally based newsletters. This has resulted in positive publicity including editorial, feature articles and photographs.

The program also produces its own bi-monthly newsletter, mentioned previously. In alternate months another newsletter targeted at heart disease prevention program (HeartSmart) participants is published. This newsletter promotes *Walk-it Bunbury* educational information, behavioural skills and events as a key primary prevention strategy for heart disease.

Resources

The majority of resources produced in the first print run have been distributed throughout the community in the first 6 months of the program (March – August 2000). Nearly five thousand maps have been distributed, as well as nearly three thousand path report forms and information cards. A range of other free resources including magnets, posters, notepads and stickers are also available.

Programs

All program materials provide another opportunity to communicate the behavioural skills and benefits of walking. The programs include, 'Walk to Work', 'Walk to School' and 'Walk to the Cape'. Programs provide supportive, practical and motivating opportunities for resource (specifically map) use, as well as further promotional and evaluation opportunities.

General Practitioner and health professional referral

All GP surgeries and most physiotherapists, dietitians and other professionals in the Bunbury area are provided with program resources to use in consultation with clients who may benefit from physical activity recommendation, and participation in walking programs. Regular communication with the Division of General Practice, surgery staff, health professionals and general practitioners helps to support them in their need for further information or resources.

Making use of all available communication channels

In this regional setting, 'word of mouth' has been found to often be the most effective form of communication. It helps to raise community awareness and add to the credibility of the program when the community has a positive attitude towards the program. Developing trust and a positive community profile has been instrumental in communicating the program benefits at the local level.

The Heart Foundation Web site is another promotional tool, with website information added to resources and advertising. It is linked to a locally based portal to assist local Internet users to access the information. Direct mail is used to communicate past participants of programs and are available at all resource distribution points. Participants in collaborative programs such as the monthly community walks, a healthy lifestyle programs and mother support programs are also ideal target populations for the programs.

Evaluation

Formative evaluation

Edith Cowan University, South West Campus, was contracted to complete qualitative evaluation to inform the formative stages of the program. This involved the analysis of information gained from five focus groups (of approximately 8-10 Bunbury residents per group) during October and November 1999.

Information from the formative evaluation and the baseline survey was used to help develop and refine resources and program communication to ensure they were addressing the needs and interests of the community. Some of the key alterations made to the program at this stage included: a more detailed and in depth communication of the behavioural skills, an alteration of the 'signage' system to one of stencils on paths and messages to highlight the fun aspect of the programs and walking participation. The groups also had input into the design and colours of the logo.

Key informant interviews conducted with various local identities, both professional, community members and volunteer groups collected similar information. Many of these individuals and groups continue to be consulted as the program develops.

Process evaluation

Process evaluation records include information about all promotional activities on radio, television and in print. This consists of all media releases and community service announcements submitted to all media outlets, including locally based newsletters. A comprehensive timeline of coverage ensures a concentrated dose of the message is achieved during specific educational walking programs and coincide with other promotional activities and events.

A resource audit was conducted at the sixty resource distribution points after the first three months of implementation of the program. All comments and suggestions were recorded to assist in adapting the program to changing community needs and interests. This information and additional information collected from phone and personal contacts with community members and professionals is overwhelmingly positive in terms of the usefulness of the program and strategies.

Records are kept of all participants in promotional events and programs so that follow-up evaluation information can be collected. Databases of all contacts are used for all promotional activities, such as the newsletters to ensure that current walkers are supported and act as 'promotional tools' for the program in terms of their continued participation.

Impact evaluation

Impact evaluation includes pre program (December 1999) and post program (December 2001) phone surveys conducted by the Health Promotion Evaluation Unit of the University of Western Australia. A random sample of 600 people in Bunbury and 400 in the comparison site, Albany, another port city of similar size in a more southern part of Western Australia, were questioned. Key information gathered includes community awareness and use of the behavioural skills, the physical activity recommendation and

current levels of physical activity, specifically walking. Information from the baseline survey was used to ensure the program was targeting the right sectors of the community. A key outcome of these results was a recommendation to highlight the behavioural skills and the physical activity recommendation, with the aim of increasing the proportion of the community participating in activity at 'sufficient' levels to be of health benefit.

Conclusion

Walk-it Bunbury promotes the three key behavioural skills and the physical activity recommendation within all strategies to provide consistent and credible information to the Bunbury community. The high level of community awareness of the program is enhanced by the strength of existing partnerships, establishment of new partnership opportunities and comprehensive strategy mix.

Further process evaluation information is planned for October 2000 in the form of intercept surveys with community members in both walking and non-walking related settings. Impact evaluation is to be collected in December 2001.

All indications to date show this program to be popular with the Bunbury community as well as health, and other agencies.

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