

Best buys for walking programs and Queensland's 'Just Walk It' Program

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Introduction

- ♥ Regular, moderate physical activity offers multiple, well-documented health and community benefits
- ♥ Less than 50% of the Australian population participates in sufficient physical activity for health benefits
- ♥ Promoting physical activity has become a public health priority
- ♥ Over the past 10 years, the number of walking programs has increased worldwide.
- ♥ Despite this, few walking programs have been evaluated to see whether they change physical activity behaviour.
- ♥ Few physical activity interventions have achieved long-term behaviour change

Group Walking Programs – What is the evidence?

- ♥ Few walking programs have been evaluated to see whether they change physical activity behaviour.
- ♥ Of those that have been evaluated, the methodology varies in quality

Neighbourhood Walk and Talk (Victoria)

- ♥ Descriptive evaluation of number of groups, age, gender, socio-economic status, recruitment strategies etc.
- ♥ Also looked at frequency and duration of walking, but no baseline data.
 - Average walkers per group = 3
 - Mean age = 55 to 65; 75% women
 - Reasons for joining - well being and social

Walk Your Way to Health (UK)

- ♥ Compared advice only by GP (control) to advice and information and phone contact about Health Walks.
 - No difference between groups at 6 months, but a non-significant difference at 12 months
 - No difference when analysed as intention to treat

2 year RCT of walking with 10 year follow up (Pereira et al, 1998)

- ♥ N = 229
- ♥ At 2 years:
 - No difference in physical activity at baseline, but was at 2 years (measured by blocks walked and objectively by activity monitor).
 - No change in HDL level at 2 years.
 - Compliers to program - more active, lighter weight, non-smokers, less illness
- ♥ At 10 years:
 - Difference in physical activity was maintained
 - Fewer cardiac events, hospitalizations, surgeries, and falls in walking group

Senior Health and Physical Exercise (SHAPE) Project

- ♥ 6-month RCT with 290 in each arm (65+)
 - 3 times per week, paid leader-led walking activity versus an information-only control group
 - Measured SF-12, life satisfaction (SWLS), neighbourhood walking and neighbourhood factors
 - Results - significant improvements in SF-12 Physical ($P < 0.05$), SF-12 Mental ($P < 0.05$) scores, life satisfaction ($P < 0.05$), and walking activity ($P < 0.05$).

'Just Walk It' trial in South East Queensland

- ♥ Conducted in 1995-1996 in South East Queensland
- ♥ Mean age = 57; 79% women
- ♥ Recruited people who were already active (83%)
- ♥ 97% had high social support at baseline
- ♥ Reasons for joining - social biggest followed by fitness, then health
- ♥ Long-term impact unknown

The Queensland 'Just Walk It' Program

- ♥ The 'Just Walk It' program in Queensland is the largest population-based, group walking program in Australia, with more than 4600 participants in over 380 groups.
- ♥ Staff at agencies such as Community Health or Local Government authorities coordinate 'Just Walk It' (JWI) locally as part of their core business
- ♥ Volunteer walk organisers lead walking groups in their local communities
- ♥ Participation is free. Walkers receive incentives for walking regularly
- ♥ The program design overcomes common barriers to physical activity (cost, safety, proximity & no one to be active with)
- ♥ 'Just Walk It' is funded by the Queensland Government through Sport and Recreation Queensland and the evaluation is funded by Queensland Health.

Methods for Impact Evaluation of 'Just Walk It'

- ♥ A comprehensive, longitudinal impact evaluation of the Queensland 'Just Walk It' program was conducted.
- ♥ From April 2002, a self-administered survey was sent to all new adult participants in 'Just Walk It' at baseline and at six months.
- ♥ The survey gathered information on physical activity, social support, neighbourhood factors, self-efficacy, quality of life, reasons for involvement and demographic information.
- ♥ A preliminary analysis was conducted on a sample of 332 participants. The response rate to the survey was 60%.
- ♥ This paper outlines some key preliminary findings from this research.

Results

Representativeness of the sample

- ♥ The respondents to the survey were representative of the broader 'Just Walk It' adult population in age and gender, except that there was a modest over-representation of respondents in the 60-70 year age group (see Table 1). Retention rates at six months were also representative.

Table 1: Demographic characteristics of survey respondents

Demographic Characteristic	Adult ' <i>Just Walk It</i> ' participants (n= 3485)	Survey respondents (n = 332)
Gender: % female	82%	80%
Age: mean \pm SD	55 \pm 15	58 \pm 13
Age: 60 to 70 years	26%	35%*
Age: % over 70 years	18%	18%
Retention at 6 months	84%	79%

*p < 0.05

Who joins?

Preliminary findings indicate that '*Just Walk It*' successfully attracts and retains a number of population groups that have been identified as being least likely to participate in physical activity. These groups include: women (80%), older people (61% over 45 and 25% over 65), and people who are overweight (36%) or obese (25%). In addition, people of lower socio-economic status (38%), and people who live alone (23%) are also well represented among '*Just Walk It*' participants (see Figures 1 to 4).

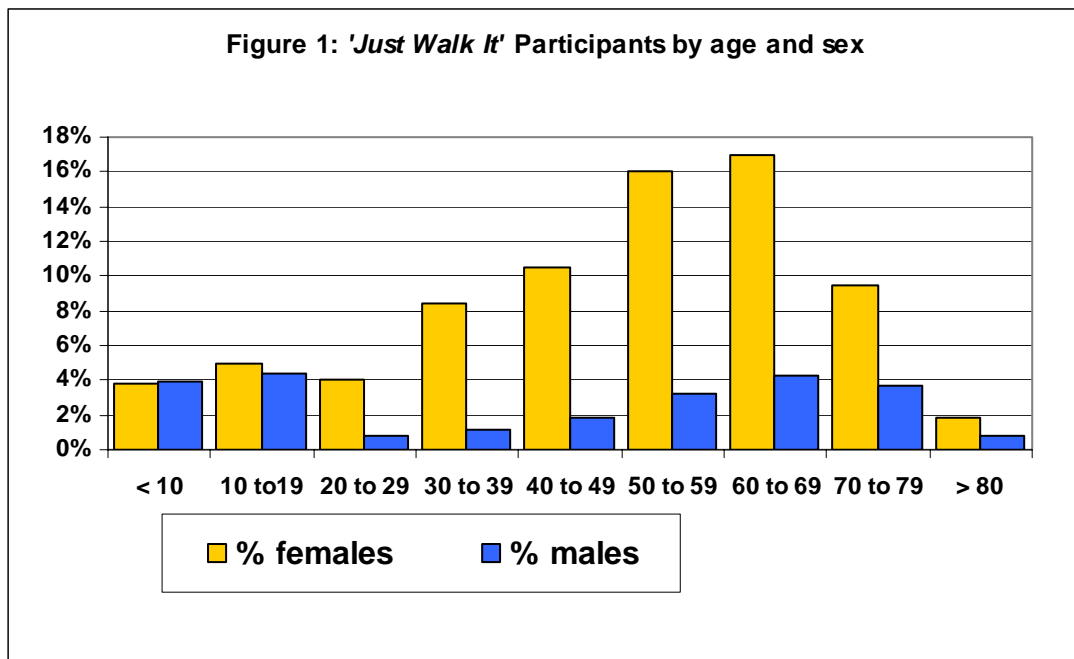


Figure 3: Household income of 'Just Walk It' participants compared to the Queensland population

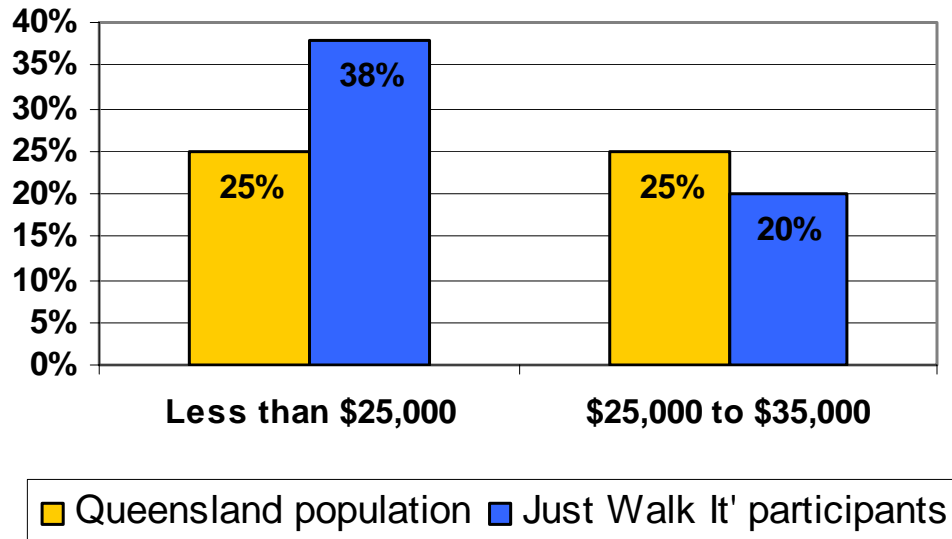
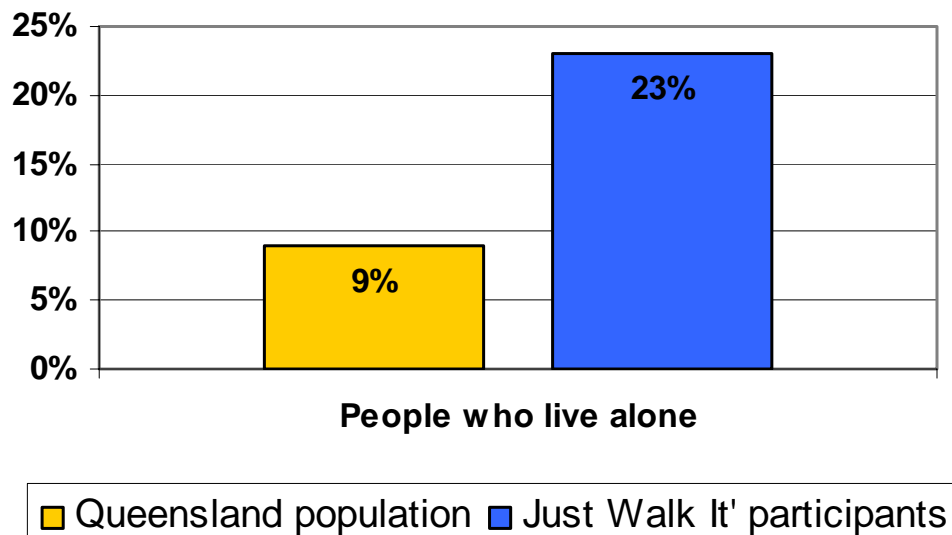
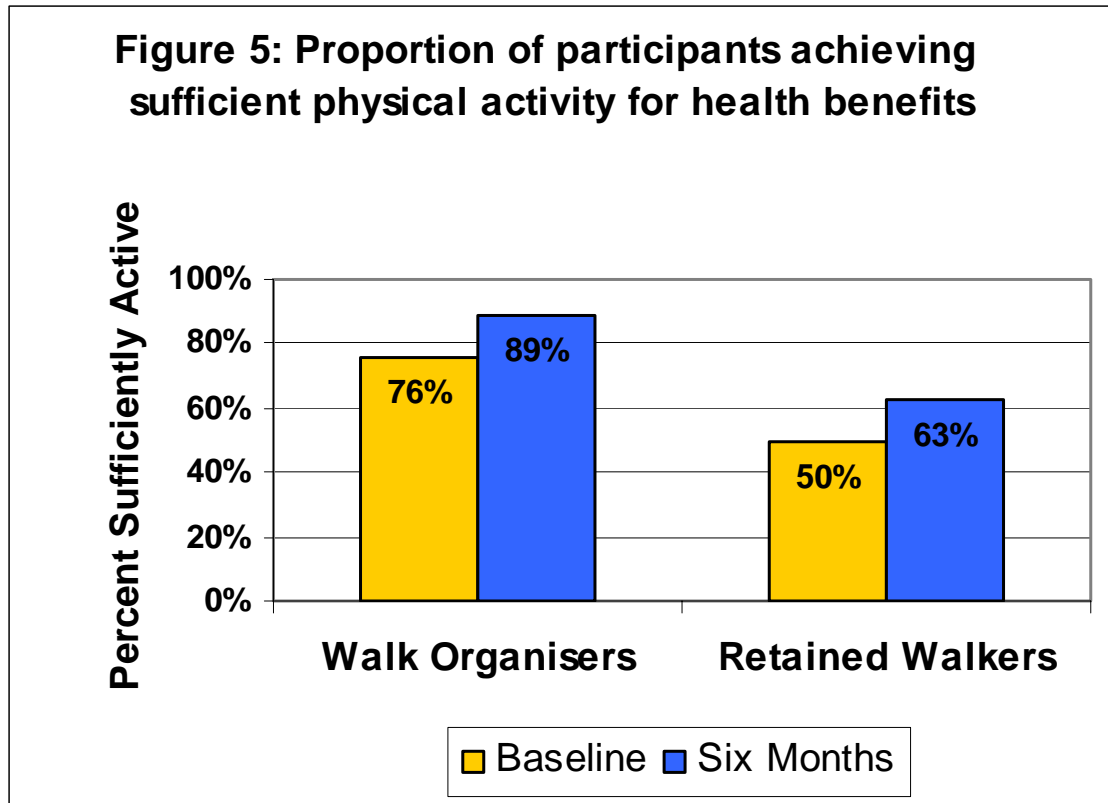


Figure 4: Proportion of 'Just Walk It' participants who live alone compared to the Queensland population



Impact on physical activity levels

Preliminary results suggest that joining and continuing with 'Just Walk It' significantly improves participants' levels of physical activity, especially walking. At baseline, 50% of walkers were achieving sufficient physical activity (≥ 150 minutes and 5 sessions per week), increasing to 63% at 6 months (See Figure 5). As expected, Walk Organisers were more likely than participants to be sufficiently active at baseline (76%), but still increased participation at six-months to 89%.



The most notable increases appear to be among those who reported insufficient physical activity before joining. This group trebled their median weekly walking time (from 60 to 180 minutes) and increased their overall engagement in physical activity from 90 to 210 minutes (see Table 2).

Table 2: Impact of ‘Just Walk It’ on Walking and Total Physical Activity

Participant group	Median ¹ walking time (mins/week)			Median total physical activity ² (mins/week)		
	Baseline	6 month	Increase	Baseline	6 month	Increase
Retained Walkers (n = 209)	120	190	58%*	210	300	43%*
Retained walkers – previously insufficiently active (n = 103)	60	180	200%*	90	210	133%*
Retained walkers – previously sufficiently active (n = 106)	210	227	8%	420	420	0%
Walk Organisers (n = 38)	165	240	45%*	420	480	14%*
Exited Walkers (n = 67)	120	120	0%	200	210	5%

* Increases are statistically significant at $p < 0.05$

Retention rates

Preliminary findings indicate that ‘Just Walk It’ participants sustain their participation in group walking. ‘Just Walk It’ has consistently demonstrated an impressive six-month retention rate in **excess of 80%**. Research in this field indicates that a three-to-six month retention rate of **50%** is standard for physical activity programs³.

Conclusions

- ♥ The popularity of group-based walking programs is increasing worldwide
- ♥ From the limited number of these programs that have been evaluated, the quality of the methodology varies considerably
- ♥ Two randomised controlled trials have shown that walking groups increase physical activity, and mental and physical health
- ♥ The ‘Just Walk It’ program in Queensland has been successful at:
 - 1) reaching populations who are least likely to participate in physical activity;
 - 2) increasing physical activity levels among these populations, and
 - 3) sustaining their participation in a physical activity program.

¹ Due to the skewed nature of population physical activity data, median physical activity time is considered a superior measure of central tendency than mean physical activity time.

² Includes walking, other moderate activity and vigorous activity (weighted by a factor of two).

³ King, A.C., & Martin, J.E. (1993) Exercise adherence and maintenance. In American College of Sports Medicine (Ed) *Resource Manual for Guidelines for Exercise Testing and Prescription*. Philadelphia: Lea & Febiger. 443-454.