

# Physical activity and health

## Walking the Way to Health Initiative and Paths to Health Project

### Introduction

The Walking the Way to Health Initiative (WHI) in England was formed in 2000 by the Countryside Agency (now Natural England) in partnership with the British Heart Foundation. From 2009, Natural England and the Department of Health joined in partnership to expand the WHI programme with a direct investment of £11.3 million over three years. The Paths to Health programme (PTH) in Scotland was initiated in 2001. It is a part of the Paths for All initiative, established by Scottish Natural Heritage to increase the number of well-managed and welcoming paths close to where people live, and promote their use. *Paths for All* has an annual budget of around £1.5 million and includes 20 partner organisations.

These initiatives recognise that there is growing evidence that walking can improve individuals' health and well-being, both mental and physical, and reduce the risk of developing many chronic diseases. It is an accessible and convenient form of exercise that most people can engage in. Both schemes therefore aim to encourage more people to walk more frequently in their own local communities, especially those people who live in areas of poor health or currently take little exercise.

The schemes have established hundreds of regular 'Health Walks' across the country. The walks are between one and four miles in length, vary in their level of difficulty and are advertised in a number of ways in the local area.

Walks are led by trained walk leaders who are assisted by volunteers. One of the most important roles of the walk leader is to motivate and encourage participants to regularly attend the walks. The walk leader sets the pace of the walk and someone will be responsible for also bringing up the rear and staying with or walking behind the slowest walker. Some walks are addressed specifically at certain groups like those overcoming heart operations, or ethnic minorities, but most are open to all.

### Evaluation method

The evaluation involved 750 Health Walk participants from a range of WHI/PTH schemes. The methodology involved a three-stage survey, with the first stage carried out on walks which were chosen to maintain balance and diversity in terms of size, season, urban/rural areas and geographical region.

All walkers were given a baseline questionnaire on the day of the walk and those who completed them were followed up with questionnaires 3 months and 12 months afterwards. The response rate was over 75% for the baseline questionnaire, 80% at 3 months and 74% at 12 months.

The questionnaires included questions designed to: measure the amount of physical activity that a person had undertaken in the last seven days; find out about Health Walk attendance, health, attitudes to walking in their local neighbourhood and living circumstances.

## Results

Some of the key findings were as follows:

- Most participants were white, female, well-educated, affluent and retired.
- Qualitative responses from walkers showed that many participants were motivated to get involved in led walks because they wanted to improve or maintain their levels of health.
- Most participants had attended a led walk before.
- Those who had not previously attended led walks were more likely to be from a disadvantaged group (non-white, low education level, living in an area of high deprivation, and registered disabled).
- At baseline, the majority of walkers were attending 'flat/easy' or 'first steps' walks.
- Twelve months after the baseline evaluation, almost three-quarters of respondents had attended 18 or more led walks in the preceding 9 months, which is roughly one led walk at least every fortnight.
- Around 65% of participants were meeting the current recommended levels of physical activity (30 minutes of moderate activity at least 5 days a week) through walking alone.
- People who had never attended a led walk before were generally less physically active overall than other participants.
- The physical activity levels of participants who stopped taking part in led walks after 3 months fell more than those who maintained their attendance.
- After 12 months, the number of led walks that people had participated in during the previous 9 months was significantly related to overall physical activity levels.
- Therefore, participation in led health walks contributed significantly to overall physical activity levels.

## Conclusion

The WHI/PFH schemes are successful in attracting people who have participated in led walks before and levels of retention are particularly impressive. There is evidence that these schemes do lead to increased levels of physical activity and are extremely valuable in many respects, including the social interaction they provide. However, the schemes are not fully achieving their aim of attracting disadvantaged people from many groups in society. In addition, it should be recognised that a lot of the retired women who make up the majority of walk participants may be disadvantaged in some ways as they often live alone, have health issues and are at risk of becoming socially isolated.

## Reference

Walking the way to Health Initiative(2006). *National evaluation of healthwalk schemes. Research Note: Led walks in England and Scotland*. Countryside Agency, Cheltenham

[http://www.whi.org.uk/popup.asp?thetype=4&thefile=uploads/documents/2335/NatE\\_valresearchnote.pdf](http://www.whi.org.uk/popup.asp?thetype=4&thefile=uploads/documents/2335/NatE_valresearchnote.pdf) accessed 25/02/10