



To: City Development

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Subject: Essential Evidence on a page: No. 61 Doorstep walks

Top line: While interventions to promote walking are at risk of largely being taken by the already active there is evidence that it is possible through a targeted distribution of information to stimulate an increase in walking among those previously sedentary.

Walking is the most basic form of physical activity humans can undertake to maintain good health. Moreover, unlike so much physical activity, there is little, if any, decline in middle age. It is a home-based year-round, readily repeatable, self-reinforcing, habit-forming activity and the main option for increasing physical activity in sedentary populations. Thus, walking is ideal as a gentle start up for the sedentary, including the inactive, immobile elderly, bringing a bonus of independence and social well-being.¹

An initiative in Wiltshire, England, to encourage home-based brisk walking as a means of increasing physical activity levels reported significant increases in walking over an 18 month period.² Five hundred packs (unit cost £0. 75) with details of ten local walks in and around Salisbury, and information on the benefits of regular exercise, were issued through public outlets including general practices. The packs were free at the point of issue. The study adopted a pre- and post intervention design utilising a self-report administered postal questionnaire. The questionnaire was designed to examine the longer term impacts of the Doorstep Walks initiative. It was issued to all participants (322) 12 months after the initial evaluation, that is 18 months after the implementation of the initiative.

A sustainability study provided an opportunity to explore whether the intervention had been successful in targeting the sedentary. Sustainability was noteworthy at 18.3% of the initial population. Approximately one in six of the initial population reported that they continued to use the resource 18 months after initial participation. This degree of sustainability represents 18,300 individuals for a Primary care Trust of 100,000 with no further cost implication. A drop out rate in participation of 41% was less than the 50% drop out reported elsewhere of 50% for individuals who join exercise programmes.³

The follow-up survey attracted a 71 per cent response rate and an uptake rate of 61 per cent with increases in perceived stamina, energy and fitness being reported. A quarter of respondents reported that the pack was a 'major feature' in their plans to improve or maintain their health. One in seven participants claimed that the initiative had encouraged them to go on alternative walks. Only 3.3% of those previously inactive claimed to have remained inactive. Of all respondents, 38 per cent got the pack from their GP, illustrating the potential of the primary care setting for such initiatives. The appeal of the initiative may be attributable to the enjoyable nature of this form of physical activity; it is non-competitive, sociable and educational.

Despite the issue of self-report the authors state that it is possible to conclude that it is beyond reasonable doubt, or that on the balance of probabilities the initiative demonstrated effectiveness and notable sustainability over time.

¹ See Essential Evidence on a page No. 6 http://www.bristol.gov.uk/ccm/cms-service/stream/asset/?asset_id=29563004

² Vernon, D., Brewin, M., Vernon, D. 2002 Sustainability and evidence of success: An 18-month follow-up study of the Doorstep Walks initiative, *Health Education Journal*, 61(1): 44-51.

³ Dishman, R. 1994 *Advances in exercise adherence*. Champaign, IL Human Kinetics.