



A LITERATURE REVIEW OF

Walking Programs

**for the
British Columbia Recreation and Parks Association**

**by
Lucy Buller, M.Sc.**

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Acknowledgment
Appreciation is extended to **SEARCH Canada**
for enabling access to the evidence-based literature.

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EXECUTIVE SUMMARY

This literature review was commissioned by The BC Recreation and Parks Association (BCRPA). BCRPA is seeking best practice information on walking programs in order to develop a provincially relevant template or guide for communities as a resource for implementing walking programs.

An international research review of best practices in walking programs in communities was conducted to describe and define:

- Elements of success in walking programs, groups, and/or clubs;
- Steps for implementation and sustainability;
- Challenges and lessons learned;
- Consideration for environmental factors such as demographics and climate;
- Common indicators for evaluation purposes (data parameters and collection);
- Case studies as examples of best practices.

Notions of “best (or “better”) practice” are essentially concepts that refer to *optimal* ways of doing something and can refer to *individual*, *community* or *organizational* functions, practices or processes. There is no single definition of best practice, but the literature is clear on *three themes* common to best practices:

1. Programs, initiatives or activities which are considered exceptional models for others to follow.
2. Examples of activities that are successful and sustainable in social and environmental terms and can be readily adopted by other individuals, communities or organizations.
3. Processes and activities that have been shown in practice to be the most effective.

Simply put, a best practice is something which is determined to be the best approach, or as a concept that refers to the best way of doing something.¹

Criteria² were used to appraise the literature for quality and inclusion in this literature review. Many programs were reviewed, but twelve were found that met the best practices criteria. They are (in no particular order):

British Columbia (BC):

1. **Volkssport Association of BC**¹ - There are thirteen clubs in BC, and national and international affiliations
2. **Hearts in Motion**² – Heart and Stroke Foundation (of BC and Canada)
3. **In Motion**³ – in Abbotsford only at this time in BC; also in Saskatchewan and Manitoba

¹ Government of the State of Victoria, Australia, 2000. Retrieved from www.health.vic.gov.au/healthpromotion/quality/evidence_index.htm

Canada:

4. **Walk This Way To Better Health**⁴ – City of Hamilton, Ontario

International:

5. **Ramblers' Association**⁵ – self-supporting, groups throughout the world
6. **Walk 2000**⁶ – Birmingham Government and City Council, UK
7. **Walking the Way to Health**⁷ – British Heart Foundation and partners
8. **WALK Arlington**⁸ – Arlington, Virginia, US
9. **Get Walking Tasmania**⁹ – Tasmanian Government
10. **Christchurch Walking Groups**¹⁰ – Christchurch City Council, Christchurch, New Zealand
11. **Walking Programs in Western Australia**¹¹ – Government of Western Australia (includes a number of walking programs addressing different issues and demographics)
12. **Brisbane Walking Groups "Just Walk It"**¹² – Heart Foundation and Brisbane City Council, Australia

In addition to these best practices, the search revealed a number of specialty areas¹⁹ in walking programs, which can be incorporated into a larger, more comprehensive walking program. Some examples are: walking programs for mothers with new babies, for older adults, mall walking programs, walk to school programs.

There were a number of findings that relate directly to the critical elements²⁰ for best practices in walking programs:

Elements of success in walking programs, groups, and/or clubs and steps for implementation and sustainability:

- Central coordination and effective leadership are critical for sustainability.
- Central coordination with volunteer leader networks is most effective – leaders need to be supported, trained, and networked.
- Leader-guided walks are most effective.
- A comprehensive, step-by-step program, addressing all elements from design to delivery is most successful, rather than a piecemeal approach.
- Using a community grants system is an effective way to support and engage communities.
- Newsletters and magazines are popular with participants.

Challenges and lessons learned are included in the body of this report. These are others from the literature:

- A comprehensive approach to health promotion requires a policy component.
- Commitment and organizational involvement of the key community-based organizations and partners are necessary.
- Short-term successes contribute to long-term effectiveness.

- Multi-component interventions require the contribution of multiple groups in order to make them successful.
- The length and intensity of interventions need to be expanded.

Consideration for environmental factors such as demographics and climate:

- Walking programs for minority populations or sub-groups of the population (eg. mothers with babies, young people, people with disabilities, people with chronic diseases, older people) should be planned using the best evidence and have input from those populations.
- Websites and all written materials need to be available in more than one language.
- Mall walking programs are more popular in colder climates and in areas with a larger proportion of older people.
- Season and climate significantly influence physical activity levels.
- Lower income people are less likely than higher income people to meet adequate physical activity recommendations. And sub-urban populations were more likely to meet the recommendations than rural populations.
- Individuals who perceive their neighbourhoods as active and safe were twice as likely to report meeting adequate physical activity recommendations compared with those who did not.²
- Environmental modifications have the potential for creating sustainable change. The barriers preventing children actively commuting to school must be removed. To do so, urban areas need to be designed or redesigned to incorporate safe routes for children to walk or ride bicycles to school.

Promotion:

- The more that people were exposed to social marketing information for walking programs, the more likely they were to act on it. The messages were effective in changing beliefs about walking. Exposure was positively associated with number of days walking per week.
- Using focus groups is an effective way to get feedback about promotional strategies. Incentives, contests, and reward schemes are used extensively and are effective.
- “Long-term change is likely to take place only after translating and disseminating programs developed to support the mass communication components.”³

Recommendations:

These recommendations have come about from reviewing evaluative materials in the literature from the best practices review, or shared directly to the writer by those involved with the programs:

1. Guided walks by walk leaders and/or volunteers are most effective for implementation and sustainability. The leaders and/or volunteers must be supported, trained, motivated, and networked.
2. Central coordination by BCRPA with volunteer leader networks should be considered.

² Hooker, SP. Et. al. Perceptions of Environmental Supports for Physical Activity in African American and White Adults in a Rural County in South Carolina. *Prev. Chronic Dis.* 2(4), 1.

³ Bauman A. (2204). Commentary on the VERB Campaign. *Prev Chronic Dis* 1(3), 1.

3. Build in an evaluation component at the start and set up the infrastructure for data collection that is easy and effective. Evaluation and sustainability remain huge challenges in all the programs. Links to universities (as with the *in motion* program) may assist with this, but caution that they must keep the grassroots in mind.
4. Partnering with other organizations for the benefit of all and to avoid saturation and duplication is recommended. There are opportunities to expand good programs in BC and/or to link with them for support and collaboration.
5. The literature search revealed that there are many opportunities for sponsorship. A walking program should include a sponsorship component.
6. Suggest that BCRPA adopt an over-arching coordinating role, very similar to best practice examples 11 and 12, and form linkages with others who have walking programs operating in the province.
7. Any comprehensive walking program should include and maintain a variety of specialty walking programs, as noted above, in order to appeal to the widest demographic possible.

Walking Programs

INTRODUCTION

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PROJECT DESCRIPTION

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METHODS

This search has been conducted using medical databases (ie. Medline, CINAHL, the Cochrane Libraries, etc.) and other specialized databases (ie. EBSCO, CRD- DARE, NHS, EED, ABI Inform, etc.). The Grey Literature was also searched (ie. Theses Canada, etc.), as well as links to quality, evidence-based practice resources on the Internet in Public Health and Health Promotion (ie. Centre for EBM at Oxford and Toronto, the sites at the Lamar Soutter Library, Bandolier, etc.). A search of general Internet sites was also undertaken using Google and FireFox. Key individuals and organizations were also contacted to retrieve any unpublished, or in-progress work.

Information was included that:

- Met all or most of the criteria for best practices outlined below;
- Provided the best evidence for the all or some of the critical elements being considered;
- Focused on community-based walking programs/groups/clubs;
- Focused on specialty walking programs/groups/clubs;
- Was in English;
- Was accessible through an online library system or through general Internet searches.

“BEST PRACTICE” – WHAT DOES IT MEAN?

Notions of “best (or “better”) practice” are essentially concepts that refer to *optimal* ways of doing something and can refer to *individual, community* or *organizational* functions, practices or processes. There is no single definition of best practice, but the literature is clear on *three themes* that are common to best practices:

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Simply put, a best practice is something which is determined to be the best approach, or as a concept that refers to the best way of doing something.⁴

A word at this point about terminology. The literature refers to walking programs, walking groups, and walking clubs. They virtually all mean the same thing: walking - alone and/or with others. Some are more organized than others. Some are formal, some are informal. For the purposes of this literature review, the term used in this report will be walking program(s).

CRITERIA FOR BEST PRACTICE

A walking program is essentially a health promotion initiative, and as such there are challenges for defining, describing, and eventually implementing any best practices in health promotion⁵:

- Integrating a coherent approach to best practices while not being prescriptive or expecting that one approach or program fits for all people and all communities;
- Encouraging evaluation and resisting the trend towards defining *acceptable* “evidence” as *quantitative* (especially experimentally derived) evidence.

While there are no set-in-stone criteria for best (or better) practices, criteria have been proposed that address these challenges and encompass elements or standards of conduct that an individual, community or organization would need to fulfill to achieve a level of Best Practice in an area of program priority, such as a walking program. These elements are:^{6, 7}

- **Impact** – The program can demonstrate a tangible and positive impact on the individuals and population served (e.g. improving the living environment, outcomes, effectiveness, quality of life, etc.) that can be measured quantitatively and qualitatively.

⁴ Government of the State of Victoria, Australia, 2000. Retrieved from www.health.vic.gov.au/healthpromotion/quality/evidence_index.htm

⁵ Best practices in health promotion: International initiatives presented by Michael Goodstadt Ph.D., C.Psych. (Professor, University of Toronto, Member, Centre for Health Promotion, member of former Best Practices Work Group) Report of proceedings for Best Practices at Home & Abroad (Toronto, September 2004)

⁶ Credit: A Path to a Better Future A Preliminary Framework for a Best Practices Program for Aboriginal Health and Health Care. Marriott Mable, March, 2001. Retrieved from: http://www.naho.ca/english/pdf/research_path.pdf

⁷ Program Training and Consultation Centre, 2005. Retrieved from: <http://www.ptcc-cfc.on.ca/bpt/bpt-meth.cfm#ed>

- **Sustainability** – The program has a plan for continuity in the initiative.
- **Responsiveness** – The program demonstrates responsiveness and relevance to community needs and to cultural and environmental (e.g. rural/urban) realities and needs of individuals and communities.
- **Collaborative approach** – Local individuals, groups, and intended recipients are involved in planning and implementation.
- **Visibility** – The program is widely promoted in the community, or those engaged in the activity are visible.
- **Community leader support** – The program has the potential to elicit the involvement and support of community leaders.
- **Mobilizes community resources** – The program identifies and uses resources within the community.
- **Competing programs** – The program fills a need within the community that is not provided by other programs or services.
- **Evaluability** – Refers to whether the intervention can be evaluated to determine its effect.

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WHY WALK?

In 2004, University of Victoria physical education professor Ryan Rhodes (with Chris Blanchard, University of Ottawa; Kerry Courneya and Ronald Plotnikoff, University of Alberta), were awarded a grant from the Social Sciences and Humanities Research Council of Canada for “Developing a Theory-based Leisure-time Walking Program”. “Despite massive evidence that physical activity is a powerful way to prevent disease, nearly 60 percent of Canadians are not active enough to reap the health benefits of regular exercise. The direct cost to our health-care system of these sedentary lifestyles is estimated to be over \$2 billion annually. This project will study how best to influence more Canadians to adopt walking as a physical activity.”⁸

The literature is clear that interventions that encourage walking and do not require attendance at a facility are most likely to lead to sustainable increases in overall physical activity. Brisk walking has the greatest potential for increasing overall activity levels of a sedentary population.⁹ Low-income, racial and ethnic minority, and populations with disabilities are more likely to be sedentary than the general population. Increasing physical activity in these groups is an important public health challenge.¹⁰ Although many of the chronic conditions plaguing older populations are preventable through appropriate lifestyle interventions such as regular physical activity, people in this age group represent the most sedentary of the adult population.¹¹ Given the acceptability of walking across all socio-demographic subgroups, efforts to increase the frequency of walking could noticeably increase the percentage of children and adults who engage in regular physical activity.¹²

The Centers for Disease Control and Prevention’s Task Force on Community Preventive Services (the Task Force) has conducted systematic reviews¹³ of community interventions to increase physical activity.¹⁴ “The Task Force either strongly recommends or recommends six interventions: two informational approaches (i.e., communitywide campaigns and point-of-decision prompts); three behavioral and social approaches (i.e., school-based physical education, social support interventions in community settings [e.g., setting up a buddy system or contracting with another person to complete specified levels of physical activity], and individually adapted health behavior change programs); and one intervention to increase physical activity by using environmental and policy approaches (i.e., creation of or enhanced access to places for physical activity, combined with informational outreach activities).” Walking programs meet several of these recommendations.

⁸ Health Canada. Retrieved from Health Canada’s website. <http://innovationstrategy.gc.ca>

⁹ Hillsdon M., Thorogood, M. (1996). A systematic review of physical activity promotion strategies. *British Journal of Sports Medicine*, 30(2), 84-89.

¹⁰ Taylor WC, Baranowski T, Young DR. (1998). Physical Activity Interventions in low-income, ethnic minority, and populations with disability. *American Journal of Preventive Medicine*, 15(4), 334-43.

¹¹ King AC., Rejeski WJ, Buchner DM. (1998). Physical activity interventions targeting older adults. A critical review and recommendations. *American Journal of Preventive Medicine*, 15(4), 316-33.

¹² Simpson ME. et al. (2003). Walking trends among U.S. adults: the Behavioral Risk Factor Surveillance System, 1987-2000. *American Journal of Preventive Medicine*, 25(2), 95-100.

¹³ Uses systematic and explicit methods to identify, select and critically appraise relevant research, and to collect and analyze data from studies that are included in the review.

¹⁴ CDC, 2001. Increasing physical activity: A report on recommendations of the task force on community preventive services. *MMWR*, 50(RR18), 1-15.

Closer to home, the Public Health Agency of Canada's Physical Activity guide supports walking as both an endurance and strength activity, two out of three types of activities to keep healthy.¹⁵ A walking program, as a community intervention that is widespread, and has consistent participation of community members, has the potential to address the rising rate of obesity. Beyond that, people walk for many reasons - for pleasure, to experience the outdoors, to socialize, to mitigate the effects of chronic health conditions, to address environmental concerns. Walking reduces fatigue and increases energy, strengthens bones and muscles, and is virtually injury-free.¹⁶

WALKING PROGRAM BEST PRACTICES FROM BRITISH COLUMBIA

1. VOLKSSPORT ASSOCIATION OF BC

From their website¹⁷: "Fun, Fitness, and Friendship."

"Through its unique non-competitive, family-oriented, fun-filled program of sporting activities, you can experience the beauty and history of Canada. Volkssporting made its debut in Canada in the early 1980's and has grown steadily ever since. The Canadian Volkssport Federation (CVF) was formed in 1986 and now has over 50 member clubs, plus provincial organizations, throughout most regions of Canada and sponsors hundreds of volkssporting events each year.

Promoting physical fitness and good health by providing fun-filled, safe exercise in a stress-free environment is the hallmark of volkssporting which includes such activities as walking, cycling, swimming and cross-country skiing. All events are non-competitive with volkssporters choosing the sport, the distance and the pace. In Canada, walking events (called volksmarches¹⁸) are by far the most popular of all the volkssport activities. A Volksmarch is an organized walk held in all weather, along a trail winding through selected scenic and historic areas.

Volkssport events are open to everyone. Membership in a volkssport club, local or otherwise, is not required. As well, anyone may participate in a volkssport event free-of-charge. Before starting, participants are simply asked to register, and at the end of the walk, to turn-in their registration card so their achievement can be recorded for statistical purposes. As the CVF is a non-profit organization, the money is used primarily for administration of all aspects of the volkssport program. It should be noted that the financial philosophy is that "commercialism" is not permitted and an event should never be intended to be a profit-making activity. Formation of a club is open to any group that is willing to support and promote the goals and purposes of the International and Canadian Federations.

Most volkssporters, however, choose to experience the personal incentive and satisfaction available at a low cost through the International Individual Achievement Awards program. The awards are based on a walker's progressive record of the number of Events completed and the Distance in kilometers walked (or biked or skied). At the end of each walk, Record Books are stamped to acknowledge participation in the event and the distance covered. Upon achieving

¹⁵ Public Health Agency of Canada. (2003). What the Experts Say. Retrieved from www.phac-aspc.gc.ca/pau-uap/paguide/activities.html

¹⁶ Government of Ontario, Active 2010, (2005). Walking-The Activity of a Lifetime.

¹⁷ VABC – Volkssport Assoc. of BC (2005). Retrieved from www.volkssportingbc.ca/newclubinfo.htm

¹⁸ The Victoria, BC International Walking Festival in April, 2006 is a Volkssporting volksmarche. www.walkvictoria.ca/

the required levels, books are forwarded to CVF Headquarters in Ottawa. In return, without additional cost, participants in the program receive special pins, commemorative patches and certificates to mark their accomplishments.”

There are both self-guided and guided walks available daytime and evening, for every level of fitness. Maps are supplied where they are required. Clubs have presidents and an executive who serve two-year terms. Guidelines on starting a club are provided by CVF. Groups submit and application form, choose a Club Name, prepare a draft Constitution, raise some start-up funds and plan a Schedule of Events for the first year. There is a magazine published for members.

Despite what appears to be a good model, Volkssporting participation is on a decline, as reported in the Board minutes of May, 2005. New initiatives are planned, such as the Victoria International Walking Festival, in an attempt to boost participation and visibility. Sponsorships in local club communities come in the form of hosting walks, discounting merchandise, maintaining communication boxes in businesses, increasing visibility for businesses, or providing links to commercial walking tours. Information about any type of evaluation (process or impact) of this initiative could not be located in the search.

2. **HEARTS IN MOTION WALKING CLUB** – Heart and Stroke Foundation (of BC and Canada)¹⁹

“In February 1993, physical inactivity was elevated to the 4th major risk factor of heart disease and stroke. The Hearts in Motion Walking Club was developed by the Heart and Stroke Foundation (H&SF) for communities to address this risk factor. The program is a health promotion program and does not involve fundraising.

In September 1993, the Hearts in Motion Walking Club was piloted in three communities in BC. The pilot programs were very successful in increasing the level of physical activity of participants, and also led to healthy choices in other heart health areas such as: smoking, blood pressure, and nutrition. As a result, the Hearts in Motion Walking Club was accepted as a national program of the Heart and Stroke Foundation of Canada.

The Hearts in Motion Walking Club is designed to encourage people to participate in regular physical activity by walking. The program allows participants to participate at their own pace, in a safe and social environment.

For a \$10 membership fee, participants that join the Hearts in Motion Walking Club receive:

- A handbook full of tips on getting started safely
- Personal activity cards to record distances walked
- Awards to recognize personal milestones
- Bi-annual newsletter with helpful information and nutrition tips
- New incentives prizes every year and the opportunity to make new friends.”

There are 42 Hearts in Motion Walking Clubs in BC. Some communities have more than one club, and many have been running for 10 years. The numbers of participants are tracked centrally through registrations. Some clubs have members who provide guided walks. Although there is no formal training for these members, they receive a manual. Incentives are offered such as recognition pins, certificates, t-shirts, etc.

¹⁹ Heart and Stroke Foundation (2005). Retrieved from ww2.heartandstroke.ca/Page.asp?PageID=1613&ContentID=10543&ContentTypeID=1

The clubs are promoted through health fairs, word of mouth, and occasionally in the newspaper. The H&SF recognizes that effective leadership at the organizational and the club levels is important to motivate and sustain the group, and without it the clubs start to dissolve quickly.

An evaluation of the Hearts in Motion (HIM) Walking Club, through a survey of members, was carried out in 2004. Although the response rate was low, the evaluation revealed some interesting findings. Most participants reported that they heard about the program through a friend or a newspaper. The majority of participants reported that they walked an average of 3 days per week. Most respondents reported that they walk minimum 30 minutes each time. The range of responses was 30-90 minutes. In addition to walking, participants reported that they also engage in other physical activities i.e. golfing, gardening, swimming, curling, yoga, etc. Most reported that prior to joining HIM they did not participate in other walking programs, but were already active otherwise. HIM, however, has increased their level of physical activity. Almost three-quarters of participants reported choosing being more health conscious by choosing healthier foods. Participants enjoy the companionship gained through the walking club. It has helped them find support in difficult times and motivates them to keep walking. Virtually all respondents found the newsletter useful for medical information, recipes, and current club information.

3. **IN MOTION** – in Abbotsford only at this time in BC; also in Saskatchewan and Manitoba

“The *in motion* program is a partnership health promotion strategy between the University of Saskatchewan, the Saskatoon Health Region, the City of Saskatoon and ParticipACTION. *In motion* is a led by Saskatoon Health Region. It provides a physical activity health promotion model that incorporates public awareness in combination with target population strategies all supported by research. The initiative has been adopted by various communities throughout Saskatchewan, Manitoba as well as Abbotsford BC.” In Abbotsford, seniors have started a walking club as part of the *in motion* strategy in that community.²⁰

“Saskatoon, SK (November 22, 2005) Saskatoon’s *in motion* initiative is spreading across Canada thanks to a generous donation from Manulife Financial to the University of Saskatchewan. Manulife’s \$400,000 gift will be used to promote the *in motion* initiative, provide national training opportunities and further research about physical activity based community initiatives. The gift will be used to develop and maintain a new Canada *in motion* website which will include a new health self-assessment tool. It will support the 2006 in motion National Training School which will bring together local, national and international experts to share strategies and research regarding physical activity and health promotion. The gift will also be used to support a post-doctoral position at the University of Saskatchewan. This person will translate research results into new materials for health professionals and community groups.”

The *in motion* program has developed, and openly shares, tools for self-assessment, personalized walking programs, promotion, and other resources. The *in motion* team coordinates efforts with other community-based and allied health resources, tracks growth and participation, leverages sponsorship opportunities, does baseline and subsequent surveying of the population relative to health and other indicators, evaluates the program, tracks and records all media and events, provides incentives, involves participants of all ages, invites individuals and communities to share their experiences and successes, and finally, receives awards of excellence for their work.

²⁰ Abbotsford in motion program, resources, media, and walking club information. Retrieved from www.abbotsfordinmotion.ca/story/stories.php?place_id=670&news_id=601

A personalized walking club is one of the activities being supported and promoted in this program, but the major focus is physical activity overall. While this program goes well beyond “club” or “group”, the model, strategies, and many of the resources are fully transferable and/or adaptable to a walking program. It is a energetic and comprehensive approach to health promotion, and truly capitalizes on building community capacity with a specific focus to increasing physical activity.

WALKING PROGRAM BEST PRACTICES FROM CANADA

4. **WALK THIS WAY TO BETTER HEALTH** – City of Hamilton, Ontario²¹

“Hamilton Walks is a new project (2005) to create a *culture of walking*. A *culture of walking* will enhance overall health, quality of life, build a stronger sense of community, and support improved air quality. It’s time for change. Many children no longer walk to school, fewer adults include walking in their daily lives, and fewer older adults walk in their community.

The goals are to promote walking pathways and trails within the City of Hamilton and beyond; to promote walking as a form of physical activity; to facilitate, support, and promote new and existing walking groups; to advocate for improved access to city sidewalks, pathways, and trails; to advocate for a safer walkable community; to advocate for a provincial and national walking strategy; to improve school zone safety; to improve air quality in school zones; to promote active forms of transportation to and from school and work.”

This program has links to walking group opportunities in the City of Hamilton, to other partners in the community who support walking, and to other walking programs in the community (all levels of fitness and all ages). There are many excellent resources (e.g. The Walking Guide, promotional materials, event calendars, strategies, etc.). The design of the program is conceptually sound, with a vision, mission, goals, etc. which means that evaluation is possible and linked to desired outcomes on both process and impact levels.

WALKING PROGRAM BEST PRACTICES FROM AROUND THE WORLD

5. **RAMBLERS’ ASSOCIATION**²²

The Ramblers' Association is Britain's biggest charity working to promote walking and to improve conditions for all walkers. There are 143,000 members in England, Scotland and Wales. The Association has been in existence for 70 years. There are now over 500 groups in 50 areas. “Through our network of dedicated volunteers and staff, we support all who walk, from beginners to experienced enthusiasts, family groups to solitary strollers and the very young to the young at heart. Our central aim is to encourage walking to improve health, to walk to work or school, to spend time with friends or simply to unwind. We believe everyone can benefit from this activity. So we're putting more resources into fulfilling this aim by expanding our Promoting Walking team and launching the Feet First initiative to promote walking to a wider range of people.”

There are now affiliate associations in North America and other parts of the world. The breadth of services, linkages, projects, and materials is enormous. Some of them are outlined in the section below and in the Tools section. There are walks for people of all ages and fitness levels, and materials to support the initiatives. The Association also advocates for protection of eco-

²¹ Hamilton Walks Website: www.doitwell.ca/index.cfm?fuseaction=custom.HamiltonWalks#walking

²² Ramblers' Association Website: www.ramblers.org.uk/campaigns/

sensitive areas, and has a mechanism to report issues or problems on the walks that require attention. This program is frequently cited by others all over the world as an example of a best practice.

From their website: “Our authoritative information service is freely available to everyone. The information section of our website is an outstanding, extensive and very popular resource: you’ll find sections on getting started, walking for health, gear, walking for people with disabilities, and access for walkers as well as more and more local walks suggestions and our Group Walks Finder with listings of led walks. Non-web users are not forgotten with our range of factsheets and guides, and booklets such as Take 30, a colourful introduction to walking for health. We offer an individual enquiry service too.”

The structure is large, very formal and well documented. There is a constitution, a strategic plan, and a general governing council. The association’s main source of income (in the millions) is the subscriptions of its members and affiliates, and donations. There is also a commercial company attached to the Trust (Ramblers’ Holidays).

While this type of initiative may be outside of the scope of what is planned by the BCRPA, there are many very useful ideas and resources that are worth investigating. Ramblers’ is the best of the international walking programs.

6. **WALK 2000**²³ - Birmingham, England

From their website: “The Walk 2000 promotes walking for health in Birmingham. The 3 main aims of the project are: to waymark 2km walking routes in parks and open spaces; to provide walking group led by qualified Walk Leaders; to train people to become Walk Leaders on a nationally accredited course.

The Walk 2000 Leaders Award is nationally accredited by the Open Colleges Network. It is designed to give Walk Leaders the skills to promote safe walking programs which help individuals increase their level of fitness and promote better health.

There is no cost to the participant for the course as it is funded by the Health Improvement Program (Government). Upon successful completion of the course Walk Leaders will be expected to lead walks to help others achieve better health. The Walk 2000 Leaders Award is suitable for anyone who has the enthusiasm to promote walking in the pursuit of better health. Individuals can join a course or companies could run a course entirely for their own staff. On successful completion of the course Walk Leaders will be expected to lead walks to help others achieve better health. Each course member will receive a Polar heart-rate monitor to keep if they complete and pass the course.”

As part of the Walk 2000 program - in conjunction with Marketing Birmingham - a pack of seven walking routes in the City Centre have been produced. Each route is 2km - a 1km route and return.” There are links to 31 leader-guided walking groups all over Birmingham “and are ideal for people looking for a gentle, safe activity to help to start to improve their health.”

While Ramblers’ is a huge and sophisticated walking program, Walk 2000 is a small, but comprehensive program. Clearly, the city of Birmingham has worked with its partners to develop

²³ Walk 2000 Website: www.birmingham.gov.uk/walk2000.bcc

and accredit the leaders' course and sustains the program effectively through community networks, and centralized contacts and coordination. There are some resources available to walkers (e.g. Hints for Walking, maps), but other programs like *in motion* have better resources. The biggest strengths of the Walk 2000 program are ground-level entry and motivation for those who are just starting to walk, the leaders' course and national accreditation, and its connections to the community. I could not find any information with regards to evaluation of this program.

7. **WALKING THE WAY TO HEALTH**²⁴ – British Heart Foundation and partners

“WHI is the 'Walking the way to Health Initiative' and it aims to get more people walking in their own communities, especially those who take little exercise or live in areas of poor health.

WHI is an initiative of the British Heart Foundation and the Countryside Agency. It benefits from extra funding from the Big Lottery Fund. WHI has helped to create over 350 local health walk schemes and has trained over 18,000 volunteer walk leaders. Since 2000, it is estimated that we've encouraged over a million people to walk more. WHI is one of 349 Healthy Living Centres (HLCs) in the UK promoting good health through health information, physical exercise and education. HLCs target the most disadvantaged sections or groups of the population and seek to address the wider determinants of health and health inequalities such as social exclusion and lack of access to services.”

This is another superb example of a best practice walking program with extensive networks. It has all the qualities of other excellent programs, and additionally, it makes the information and resources available in several languages (Bengali, Urdu, Chinese, etc.).

The tools and resources are listed in the Tools section (below). This program offers training courses for volunteers to lead the walks, and an accreditation system for ranking the quality of the walking routes. There are many opportunities for people to share their experiences, stories and expertise.

One of the biggest strengths of this program is the extensive evaluation undertaken in 2005. The evaluation in itself is a best practice for this type of program and provides valuable information for consideration in establishing a walking program. Links to the evaluation findings are outlined below in the Tools section.

8. **WALK ARLINGTON**²⁵ – Arlington, Virginia, US

“WALKArlington is an initiative of Arlington County, Virginia. WALKArlington is an effort to build on an existing partnership between Arlington citizens, businesses and County staff to *encourage more people to walk more often.*”

WALKArlington offers guided walks, links to existing walking groups, and excellent resources, as is the case with other best practice walking programs. As with most other best practices, the initiative supports networks of groups, and there are also opportunities to share stories and experiences.

The program has other multi-faceted components that are not usually found in a walking program: “WALKArlington will come to life through the combined efforts of many-from Moms and Dads advocating for safe routes to schools, to developers and County staff building safer intersections, to business owners, public artists and urban designers, park planners and event

²⁴ Walking the Way to Health website: www.whi.org.uk/details.asp?key=AX303|0|2E465997877|p|46|0

²⁵ WALKArlington website: www.walkarlington.com/about/index.html

planners working to create destinations of special character that serve as magnets for walkers.” There are many programs listed and opportunities for participation which involve community dwellers, planners, and the government. “In Arlington, the goal is a walkable community, and WALKArlington is the name of the primary initiative to make it so! An inter-disciplinary, cross-cultural citizen and staff-driven effort, WALKArlington is part of an even bigger plan to realize Arlington's intrinsic "urban village" nature, where goods and services and other needs are located close to one another and to residences and workers, and where walking is simply the safest, healthiest and most enjoyable way to get around.”

They are monitoring and tracking successes in their goals to become a more walkable community. This information is posted on their website.

9. **GET WALKING TASMANIA**²⁶ – Heart Foundation, Australia

“The Get Walking Tasmania project and website is an initiative of the government of Tasmania that is sponsored by the Heart Foundation. It is aimed at increasing Tasmanians' level of physical activity through the promotion of walking. Walking is a simple yet highly effective mode of physical activity and has many benefits. This project is supported by the Department of Health and Human Services and Sport and Recreation Tasmania.”

This program is indeed a best practice in the way it has been designed and implemented, including capitalizing on and mobilizing community resources. It provides a good basic model for step-by-step set up of a walking program. Although the events and news portions of the website are in need of updating (a sustainability issue), there has clearly been investment to building and maintaining linkages to a wide variety of walking groups, including self-guided and leader-led walks. The resources are excellent (listed in the Tools section) and opportunities are made available for participants to share stories and experiences.

This program also focuses its efforts to the workplace, unlike other programs that have so far been mentioned. There are workplace walking resources made available on the website. This is certainly a component worth investigating and will be noted more later in the Specialty Programs section.

Get Walking Tasmania has been evaluated as part of the Just Walk It initiative (see below),. For results, refer to #12 below.

10. **CHRISTCHURCH WALKING GROUPS**²⁷ - Christchurch City Council, Christchurch, New Zealand

These walking groups are part of a larger initiative called “Active Christchurch” sponsored by the City of Christchurch Leisure Services. “It is our aim to provide you with free or low cost physical activity programs and advice that will help you to be active for at least 30 minutes on most days of the week. These activities can include everyday things like walking the dog, doing the housework, cleaning the car and working in the garden.”

One of the great features of this program is an easy way to identify beginner or gentle activities and walks by the use of a “push/play button” (▶) beside the activity. “Active Christchurch is

²⁶ Get Walking Tasmania website: www.getwalking.tas.gov.au/index.html

²⁷ Active Christchurch website: www.active.christchurch.org.nz/Walking.asp

making it easy for you to identify which classes are suitable for beginners by adding this button beside appropriate classes - so look for the button when choosing an activity.”

They have some excellent resources on the website such as tips on getting started and a self-assessment. A unique feature is the availability of a no-cost private one-hour consultation with a “Healthy Lifestyle Coach” (for those over the age of 35) to assess and determine current lifestyle, physical activity levels, health, work commitments and time management.” With assistance, encouragement and support from the Healthy Lifestyle Coach you will choose an activity or activities. Together you and your Coach will form an agreement. A follow up procedure will then take place by the Coach over a period of six months. This follow up will evaluate your progress and together make changes if appropriate.”

11. **WALKING PROGRAMS IN WESTERN AUSTRALIA** - Government of Western Australia

The over-arching function of this ‘program’ is to act as a coordinating body which links walking programs, initiatives, routes, events, and groups throughout the region. They maintain an interactive map, and an extensive reach to other initiatives. The programs are sectioned by Walking for Transport, Health, Recreation, Tourism.

There are resources and guides for developing a program based on this type of model (see Walking WA Committee), complete with reports, presentations, objectives, maps, guides and brochures.

This is truly a best practice for a coordinating body role with regards to promoting walking over a large area. It provides a model that is both high-level and community-connected, and covers all the bases in between. It is different from *in motion* in that it is less ‘hands on’. One of the key features worth investigating, should this role be of interest to the BCRPA, is the sponsorship program they have initiated. Volunteer groups, sporting / active transport organizations, Health Services and Local Government Authorities can apply for funding to promote and support their walking initiatives. The criteria and application forms are on their website. One of the criteria is that programs will be evaluated and they have created a form for grantees to use in this process.

12. **BRISBANE WALKING GROUPS “JUST WALK IT”**²⁸ – Heart Foundation and Brisbane City Council, Australia

Just Walk It is Australia's largest group walking program with 4500 participants in 75 towns and cities across Queensland. It is a free program which aims to help people become more physically active by walking regularly as part of a group.” The program is hosted by the Heart Foundation and funded by the Queensland Government. It has links to other programs throughout the region (eg. Gonewalking in Brisbane, and Get Walking Tasmania).

This, like the Walking Programs in Western Australia, is another example of best practices in a coordinating role, involving multiple collaborative partners connected across the spectrum from design to delivery. As with other best practice examples, there are excellent resources available, merchandise, incentives, links to a variety of local walking groups (see tools below), etc.

²⁸ Just Walk It website www.heartfoundation.com.au/index.cfm?page=210

A key feature of this initiative which is unique is the “Just Walk It Coordinator” and volunteer organizers. “*Just Walk It* Coordinators are usually staff from Local Governments, Community Health Centres or other Community Organizations who are interested in increasing the physical activity levels of their communities.” They provide workshops as training for the coordinators and maintain a network for support and continuity. This program has been extensively evaluated. This link illustrates the evaluation parameters, methods, indicators, and outcomes. www.heartfoundation.com.au/downloads/jwi_qld_poste.pdf

SPECIALTY WALKING PROGRAMS

These Specialty Walking Programs are presented as ideas for inclusion in an overall walking program.

- **Newcomers’ Walking Club** – There are many newcomer walking programs. The Qualicum Beach Newcomers’ Club walking program offers guided walks. (References and Resources Table, ref. #47)
- **Mall Walking Clubs** – There are many mall walking programs throughout North America. They are especially popular with Seniors and in colder climates. (References and Resources Table, ref. #53, 81)
- **Lesbian Walking Groups (UK)**- Self-explanatory. (References and Resources Table, ref. #46)
- **Walking Groups for Gay Men (UK)**- Self-explanatory. (References and Resources Table, ref. #82)
- **See Mommy Run (US) and Come Walk with Us (Ontario) and Stroll Your Way to Wellbeing (Australia)** – These are both best practices in walking programs for new mothers. As such, they meet all the criteria, and similar to other best practices, they have resource materials, have walk leaders, etc. See Mommy Run has good examples of sponsorship opportunities. (References and Resources Table, ref. #32 and 33 and 38) There are other examples of these types of groups from Australia in the PDF Files database ref. # 29. Includes instructions for setting up this type of group.
- **Walk to School Program** – Safe Routes to Schools is a program that has spread across North America. This program is a best practice for this type of program. The example in the database is from Marin County in California. It contains everything needed to start a similar program in BC, including a training component. (References and Resources Table, ref. #35)
- **Walk This Way (Ontario)** – This program is a best practice for individualized, self-help walking programs. The Physical Activity Resource Centre (PARC) a member of the Ontario Health Promotion Resource System was established in April 2003 with a mandate to provide support to Physical Activity Promoters working in Public Health, Community Health Centres and Recreation Centres across Ontario. Walk This Way is a set of self-help program materials intended to assist men and women, ages 20-64, in beginning and adhering to a walking regimen to increase their physical activity levels and prevent the onset of a stroke. There is an evaluation of Walk This Way included in the reference materials. The evaluation, however, focused on the resource rather than outcomes of community uptake and implementation. There is nonetheless some good information about the quality of the resources. (References and Resources Table, ref. #65 and 66; PDF Files database ref. 23, 24, 25)

- **Walk for Life (Ontario)** – This is the best evidence for a workplace physical activity program. It is a best practice for a workplace-based walking group. All the tools are included. The full report is in the PDF Files Database ref. # 44.
- **Dog Walking Groups (UK)** – Obviously, there are probably dog walking groups all around the world. This one in the UK is a best practice for this type of group. It maintains a network of resources and links the groups, works with city/county sponsors, and has a code of conduct for dog walkers. (References and Resources Table, ref. #44)
- **Walking Women (North America)** – This is a best practice walking program geared specifically for women. There are seven groups listed in BC, but not all of them are active. The one in Kelowna, however, is very active. They charge a yearly membership fee, but they provide many excellent resources, including sponsorship ideas. It seems there might be opportunities here for partnerships. (References and Resources Table, ref. #48)
- **NIH (US)** – There are many walking programs established to address chronic health conditions, especially diabetes, stroke, and heart disease. The NIH program is not a best practice example by our definition, but there are some good ideas in this reference for an interactive website, and a sample walking program, quizzes, and other resources. The National Institutes of Health (NIH) is one of the world's foremost medical research centers.

BEST PRACTICES AND/OR BEST EVIDENCE TO ADDRESS CRITICAL ELEMENTS

1. Elements of success in walking programs, groups, and/or clubs and steps for implementation and sustainability:
 - Central coordination and effective leadership are critical for sustainability.
 - Central coordination with volunteer leader networks is most effective – leaders need to be supported, trained, and networked.
 - Leader-guided walks are most effective.
 - People who were supported locally were more likely to still be walking one year later (WHI evaluation finding).
 - A comprehensive, step-by-step program, addressing all elements from design to delivery is most successful, rather than a piecemeal approach.
 - Using a community grants system is an effective way to support and engage communities. (See: PDF Files database, ref. # 39)
 - Newsletters and magazines are popular with participants. There is an excellent example from New Zealand: “Walking New Zealand” in the References and Resources database ref. #37.
2. Challenges and lessons learned are included in the body of this report. These are others from the literature:
 - A comprehensive approach to health promotion requires a policy component.
 - Commitment and organizational involvement of the key community-based organizations and partners are necessary.
 - Short-term successes contribute to long-term effectiveness.

- Multi-component interventions require the contribution of multiple groups in order to make them successful²⁹.
 - The length and intensity of interventions need to be expanded³⁰.
3. Consideration for environmental factors such as demographics and climate:
- Walking programs for minority populations or sub-groups of the population (eg. mothers with babies, young people, people with disabilities, people with chronic diseases, older people) should be planned using the best evidence and have input from those populations (See: PDF Files database, ref. # 30)
 - Websites and all written materials need to be available in more than one language.
 - Mall walking programs are more popular in colder climates and in areas with a larger proportion of older people. See PDF Files database ref. #34.
 - Season and climate significantly influence physical activity.³¹
 - Lower income people are less likely than higher income people to meet adequate physical activity recommendations (see CDC recommendations). And sub-urban were more likely to meet the recommendations than rural populations.³²
 - Individuals who perceive their neighbourhoods as active and safe were twice as likely to report meeting adequate physical activity recommendations compared with those who did not.³³ The full report is in the PDF Files database ref. #35 "Safety and Walking Factors".
 - Environmental modifications have the potential for creating sustainable change³⁴. The barriers preventing children actively commuting to school must be removed. To do so, urban areas need to be designed or redesigned to incorporate safe routes for children to walk or ride bicycles to school.³⁵
4. Promotion:
- The Walk Missouri campaign, although not successful in terms of community uptake, had an excellent promotional campaign. The posters and other promotional materials are in the PDF Files database ref. #33 and Resources and References Table ref. #79. This social marketing approach had a top-notch evaluation component and there are lessons to be learned from it. Here are a few: The more that people were exposed to the

²⁹ Micucci, S. (2004). Environmental interventions to improve nutrition and increase physical activity in children and youth. In Thomas, H., Ciliska, D., Micucci, S., Wilson-Abra, J., Dobbins, M. & Dwyer, J. Effectiveness of Physical Activity Enhancement and Obesity Prevention Programs in Children and Youth. Hamilton, Ontario: Effective Public Health Practice Project.

³⁰ Thomas, H. (2004). Interventions to increase physical activity in children and youth. In Thomas, H., Ciliska, D., Micucci, S., Wilson-Abra, J., Dobbins, M. & Dwyer, J. Effectiveness of Physical Activity Enhancement and Obesity. Hamilton, Ontario: Effective Public Health Practice Project. Prevention Programs in Children and Youth. Hamilton, Ontario: Effective Public Health Practice Project.

³¹ Merrill, RM, Shields, EC, White, GL Jr, Druce, D. (2005). Climate conditions and Physical Activity in the US. Am J Health Beh. 29(4), 371-81.

³² Parks, SE, Housemann, RA, Brownson, RC. (2003). Differential correlates of physical activity in urban and rural adults of various socioeconomic backgrounds in the United States. J. Epidemiol. Community Health, 57, 29-35.

³³ Hooker, SP, Et. al. Perceptions of Environmental Supports for Physical Activity in African American and White Adults in a Rural County in South Carolina. Prev. Chronic Dis. 2(4), 1.

³⁴ CDC (2206). Preventing Chronic Disease, 3(1),.5.

³⁵ Ibid.

information, the more likely they were to act on it. The messages were effective in changing beliefs about walking. Exposure was positively associated with number of days walking per week.

- Target marketing can widen the appeal for younger walkers, but leader-guided walks are the best for those over the age of 50. (Finding from WHI evaluation.)
 - Walking programs in the beginning tend to attract keen walkers, but as time goes, the social element of walking attracts and retains more people. (WHI)
 - Using focus groups is an effective way to get feedback about promotional strategies. (See: PDF Files database, ref. #40)
 - Incentives, contests, and reward schemes are used extensively and are effective. There are examples throughout this report but also see: PDF Files database, ref. # 41, and References and Resources ref. 59.
 - “Long-term change is likely to take place only after translating and disseminating programs developed to support the mass communication components.”³⁶ The full article is in PDF Files database ref. #32.
5. Indicators for evaluation purposes (data parameters and collection). This is by no means an exhaustive list, but would meet minimum requirements for measurement.
- Improved general health and quality of life (QOL); reduced risk of obesity and chronic disease;
 - WHI used the SF-36³⁷ pre and after 6 months to measure change in QOL. There is also the SF-12 which could be used.
 - Track participation rates; retention rates; drop out rates – for group and individualized programs;
 - Current and prior levels of physical activity as a result of using resources;
 - Track demographics of populations using the walking programs and tie to indicators for more precision;
 - Evaluate likes and dislikes, usefulness, for all aspects of the program (ie. design, promotion, delivery, support, etc.) from the point of view of users and all other stakeholders;
 - Track and address perceived barriers to using programs and guides.

CONCLUSION AND RECOMMENDATIONS

This literature review was commissioned by The BC Recreation and Parks Association (BCRPA). BCRPA is seeking best practice information on walking programs in order to develop a provincially relevant template or guide for communities as a resource for implementing walking programs.

An international research review of best practices in walking programs in communities was conducted to describe and define:

³⁶ Bauman A. (2004). Commentary on the VERB Campaign. *Prev Chronic Dis* 1(3), 1.

³⁷ The SF-36 is a multi-purpose, short-form health survey with only 36 questions. It yields an 8-scale profile of functional health and well-being scores as well as psychometrically-based physical and mental health summary measures and a preference-based health utility index.

- Elements of success in walking programs, groups, and/or clubs;
- Steps for implementation and sustainability;
- Challenges and lessons learned;
- Consideration for environmental factors such as demographics and climate;
- Common indicators for evaluation purposes (data parameters and collection);
- Case studies as examples of best practices.

Twelve programs were found to meet the best criteria. Some of them are from BC, one is from Ontario, and the others are from around the world. There are also specialty walking programs identified as best or better practices.

Recommendations:

These recommendations have come about from reviewing evaluative materials in the literature from the best practices review, or shared directly to the writer by those involved with the programs:

1. Guided walks by walk leaders and/or volunteers are most effective for implementation and sustainability. The leaders and/or volunteers must be supported, trained, motivated, and networked.
2. Central coordination with volunteer leader networks should be considered.
3. Build in an evaluation component at the start and set up the infrastructure for data collection that is easy and effective. Evaluation and sustainability remain huge challenges in all the programs. Links to universities (as with the *in motion* program) may assist with this, but caution that they must keep the grassroots in mind.
4. Partnering with other organizations for the benefit of all and to avoid saturation and duplication is recommended. There are opportunities to expand good programs in BC and/or to link with them for support and collaboration.
5. The literature search revealed that there are many opportunities for sponsorship. A walking program should include a sponsorship component.
6. Suggest that BCRPA adopt an over-arching coordinating role, very similar to best practice examples 11 and 12, and form linkages with others who have walking programs operating in the province.
7. Any comprehensive walking program should include and maintain a variety of specialty walking programs, as noted above, in order to appeal to the widest demographic possible.

TOOLS

- **Handbook from the Heart and Stroke Foundation of BC** full of tips on getting started safely. Personal activity cards to record distances walked. Not available electronically. Contact: [Victoria Hozeph](#). (References and Resources Table, ref. #80)
- ***in motion***: ParQ, Self-Assessment, Walking Journal, Walking Tips, Walking Technique, Shoes, Fitness Plan, Definitions of Terms, etc. (References and Resources Table, ref. #55)
- **City of Hamilton: Practical Guide to Starting a Walking Group** (in PDF Files database ref. #22). Other walking resources like Progress Sheets, Bookmarks, Promotional Materials, Event Calendars, and links to other community-based walking programs. (References and Resources Table, ref. #75)
- **Ramblers' Association**: Promoting Walking examples; examples of links to other walking projects and community walks (eg. Bums off Seats); maps; advocacy tools; publications. (References and Resources Table, ref. #31)
- **Walk 2000**: Health Benefits for Walker and Hints for Walkers. (References and Resources Table, ref. #34)
- **Walk the Way to Health (WHI)**: Interactive map which outlines the 350 walking routes, complete with distances and other information; links to order a pedometer or get one for free through a government initiative; a walking log geared to different demographics; pedometer evaluation from the point of view of the users; incentives (t-shirts, hats, etc.); an awards system (Quality Mark) for walking routes (called 'schemes'), complete with case studies; volunteer training for walk leaders. Also see resources: Reasons to Walk, Walking for Health, and Why Walk, all with stories provided by those involved in the initiative. (References and Resources Table, ref. #60, and evaluations in PDF Files database ref. #47)
- **Get Walking Tasmania**: 12-Week Walking program schedules; information about all aspects of walking in a very user-friendly format, including how to start a walking group. Step-by-step guide to setting up an initiative like this program. Good samples of how to create linkages to walking contacts and groups. (References and Resources Table, ref. #80)
- **Christchurch Walking Groups**: Resources such as self-assessment questions, tips on getting started, walking groups brochure (promotion), helpful advice, . They maintain a database of walking groups coordinated through the community library system. (References and Resources Table, ref. #77) The brochure in the PDF Files database ref. # 20.
- **Walking Programs In Western Australia**: Resources for setup, examples of interactive maps, examples of programs for different populations and demographics. Sponsorship applications and criteria. Evaluation forms. Committee and program structures. (References and Resources Table, ref. #40)
- **Brisbane Walking Groups "Just Walk It"³⁸ And "Gonewalking"**: (References and Resources Table, ref. #43) Promotional resources, Physical Activity Evidence, Facts and Figures (a power point presentation), newsletter, benefits of walking and other

³⁸ Just Walk It website www.heartfoundation.com.au/index.cfm?page=210

resources. Links to walking groups throughout the region, and to a variety of walking groups (eg. parents with strollers, shopping centre groups, and schools groups).

- **Keeping Pace** – Walking Manual for older adults. Produced in Ontario. There are also some good ideas here for sponsorship opportunities. (PDF Files database, ref. #21)
- **Mothers in Motion** – This program connects to a database of some BC communities. There are links to some activities in those communities related to physical activity. There is good information, but it is limited to the provision of information only, rather than engaged and connected with the community. Nevertheless, note the sponsorship opportunities. (References and Resources Table, ref. #26)
- **Best example of online walking readiness quiz** – America's Walking. (References and Resources Table, ref. #61)
- **Best evidence for evaluating community-based interventions in health promotion** – From the CDC and NHS in the UK. (PDF Files database, ref. #13, 14, 19)
- **Best practice in planning a walking program** – step by step. See: (PDF Files database, ref. # 23)
- **Best evidence for demographics, elements of success** – The Effectiveness of Public Health Interventions for Increasing Physical Activity Among Adults. (PDF Files database, ref. # 11)
- **Best evidence for evaluation of a stroller walking program** - Stroll your way to well-being: a survey of the perceived benefits, barriers, community support, and stigma associated with pram walking groups designed for new mothers, Sydney, Australia. By Janet L. Currie, PhD Faculty of Health Sciences, Australian Catholic University, North Sydney, New South Wales, Australia and Elizabeth Develin National Breast Cancer Centre, Sydney, Australia. (PDF Files database, ref. # 38)
- **Best evidence and best practices** - for promoting physical activity with black and minority ethnic groups. Produced by the Health Education Authority in the UK. There are case examples provided. (PDF Files database, ref. # 30)
- **Best evidence and best practices** – for promoting physical activity with young women. Produced by the Health Education Authority in the UK. (PDF Files database, ref. # 31)