

## Contents

Executive Summary .....	i
1. Introduction.....	1
1.1 The benefits of walking groups .....	1
1.2 Who benefits? .....	1
1.3 International and national health promotion strategies.....	1
1.4 Local health promotion .....	3
2. Purpose of research.....	4
3. Research Methods.....	4
3.1 Aims and objectives:.....	4
3.2 Study Design .....	4
3.3 Participants.....	5
3.4 Questionnaire Procedures.....	5
3.5 Data analysis.....	5
4. St. Brendans' Attendance and membership data .....	5
5. St. Brendans' Questionnaire results .....	7
5.1 Demographics.....	7
5.2 Community .....	8
5.3 Health impact .....	9
5.4 Group friendliness .....	11
5.5 Group strength and weaknesses .....	12
6. Snapshots of other walking groups .....	12
6.1 Mayfield.....	12
6.2 Faranree/Fairhill .....	13
6.3 Churchfield/Gurranabraher.....	13
6.4 Fermoy.....	13
7. Discussion .....	13
References .....	16
Appendices .....	17
Appendix A .....	17
Appendix B.....	21



## Executive Summary

The report is an evaluation of the HAZ walking groups, focusing primarily on St. Brendans' walking group. The updated evaluation was deemed necessary as the last evaluation conducted was in 2008 and the walking groups have grown significantly since then.

International and national research has shown that walking groups are a cost-efficient intervention which can benefit people's social, emotional and physical wellbeing. In particular walking groups are beneficial to older people who are at higher risk of social isolation and to whom other physical activity may not be accessible.

The HAZ walking groups meet goals outlined in both the Health Promotion Strategic Framework 2011 and the Healthy Ireland Strategy 2013-2015. These groups create supportive environments in which people can improve their physical health and provide a pathway through which walkers can get involved in other community activities.

This evaluation used data collected from members of the walking groups via questionnaires, group attendance records, and informal interviews with group coordinators and community health workers.

Walkers were generally aged between 50 and 80 years old, were either retired or homemakers, and were almost exclusively women. Most walkers heard about the group through friends. Walkers were more likely to get involved in other activities after joining the walking groups and most had become more physically active in the everyday life since joining. There were high levels of commitment to the group. The primary reasons for attendance were exercise and friendship. St. Brendans members believed the welcoming nature of the group was key to its success.

The groups require only a small amount of financial support for the Health Action Zone, mainly for outings, which were very popular among walkers, but otherwise groups were mostly self-sufficient.

Moving forward it may be beneficial for groups to encourage committed members to partake in walking leader training to ensure the group can continue to run if current walking leaders discontinue attending. The average age of the groups has increased since 2008 so it may also be beneficial to try attracting younger members to ensure sustainability. Creating complimentary activities for people as they age out of the walking group may also be beneficial.

The walking groups have grown significantly since the last evaluation in 2008. The benefits to participants are improvements in their social lives, their general well-being and their physical health. Walking groups require low levels of funding to run and they deliver enormous benefits to some of the most vulnerable people in their respective communities. The HAZ walking groups are a highly successful and cost-efficient.

## 1. Introduction

The following report is an evaluation of the Health Action Zone walking groups with a primary focus on the St. Brendans walking group conducted by Mary Cleary, community health worker and masters' student of public health in UCC. This evaluation was undertaken as part of a work placement section of the masters' course. The updated evaluation was deemed necessary as the last evaluation conducted was in 2008 and the walking groups have grown significantly since then.

### 1.1 The benefits of walking groups

Walking groups have the ability to improve physical health and general well-being. Globally, obesity, heart disease and depression are all set to increase and walking groups are an effective intervention that tackles all of these health issues.<sup>1</sup>

Walking groups are safe and widely accessible intervention with multiple proven health benefits. Walking groups can be used to create positive health outcomes among participants including reductions in blood pressure, body mass index, cholesterol, resting heart rate and depression as well as improved physical functioning. Walking groups provide social support and reduce social isolation for participants and this is often the motivation which brings people to walking groups.<sup>2,3</sup> Walking in green areas have been positively associated with reductions in stress and increased emotional well-being.<sup>4</sup> The Irish Longitudinal Study on Ageing (TILDA) found that middle aged and older people who walk more (over 150 minutes a week) reported more participation in social activities, better quality of life and lower levels of loneliness and those who walk less are twice as likely to report depressive symptoms.<sup>5</sup>

Participation in walking groups has been shown in various studies to increase general physical activity and walking outside of the group. This increase is found particularly in groups which targeted older people.<sup>4,6</sup> Walkers have a shared experiences of wellness and it can be a channel to develop other healthy behaviours.<sup>2</sup> The social support that people get from walking in groups can help motivate them to maintain positive health changes.<sup>4</sup> Walkers in many studies commonly report that they are aiming to improve both their social lives and health. Those who regularly attend groups cited meeting like minded people as a motivation to continue attending.<sup>6</sup>

### 1.2 Who benefits?

Walking groups are particularly effective when targeting inactive or older people for whom various forms of physical activity and sports are may not be appropriate. Walking offers people a way to exercise that is relatively easy and does not require any equipment.<sup>3</sup> There are virtually no adverse affects of participating in walking groups and there is a very low risk of injury.<sup>2</sup>

Currently over two thirds of people aged over 50 in Ireland have low or moderate levels of activity. 40% of women and 27% of men report low levels of activity. This highlights the need for interventions for older people and in particular women.<sup>5</sup> Simply advising people to become more active often has limited effects and few long term benefits. Walking groups offer people a concrete way to increase their levels of physical activity. Walking groups can be an effective intervention to improve both physical and mental well-being.<sup>2</sup>

### 1.3 International and national health promotion strategies

#### **The Ottawa Charter for Health Promotion, 1986**

This charter is the seminal piece of health promotion literature from which health promotion initiatives and subsequent policies have gained direction. The key areas of action outlined in the charter include:

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community action

4. Develop personal skills
5. Reorient health services.<sup>7</sup>

The Health Action Zone walking groups embody these action areas by creating environments where people can improve their physical health in the company of other likeminded people. The walking groups provide a social outlet and are a gateway for further community involvement and the walkers can access training and volunteer to help run the groups, thus developing new skills.

### **The Health Promotion Strategic Framework 2011**

The health promotion strategic framework model outlines the following outcomes as important goals for health promotion work in Ireland; improve health, prevent and reduce disease, reduce cost to the healthcare system, create supportive environments for health. The strategy also outlines community as one of the key settings through which these outcomes can be achieved.<sup>8</sup> The walking groups are based in community settings and international, national and local research asserts the social, emotional and physical benefits of walking in groups. The groups create a supportive environment for health as group members are more likely to take up health promoting behaviour when they become part of a group. Walking can help reduce blood pressure, cholesterol, and symptoms of depression and anxiety.<sup>8</sup>

The World Health Organization outlines the following as principles of health promotion

- Empowerment
- Participative
- Holistic
- Inter-sectoral
- Equitable
- Sustainable
- Multi-Strategy

HAZ initiatives and in particular the walking groups embody many of these principles. St. Brendans' group is organised by group members and is flexible to the needs of the group. It is a sustainable group in that it is almost entirely self-supporting through members' contributions. The group contributes to the members' health holistically by meeting social, emotional and physical health needs.<sup>8</sup>

### **The Healthy Ireland strategy 2013-2025**

The Healthy Ireland strategy outlines a number of health goals including; increasing the proportion of people who are healthy at all stages of life, this incorporates providing interventions during key transitions in people's lives. As people get older and retire, they are more likely to become isolated and the HAZ walking groups give people the opportunity to remain active and social during transition periods such as retirement.<sup>9</sup>

### **The Healthy Ireland Survey 2015**

The Healthy Ireland Survey 2015 is the successor of the SLAN study. The findings show that in general men have higher rates of participation in social groups or clubs than women and women are less likely to be highly active. Probable mental health problems were more prevalent in women than men, and occurred among 12% of people aged 65+. The intersection of gender and age here means older women may be at a particular risk of PMHPs. The benefits of being part of the HAZ walking group are that they increase social

connectedness and walking can alleviate depressive symptoms. Given that women are less likely to partake in physical activity, are less likely to be part of a social group or club and are more at risk of having probable mental health problems, the walking group provides an essential outlet for the walkers in the group.<sup>10</sup>

### **Healthy Eating, Active Living Programme 2016**

The Healthy Eating, Active Living Programme 2016 aims to *“Mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight across services users, staff and the population as a whole, with a focus on families and children”*<sup>11</sup>

The HAZ walking groups connect into this programme by increasing the physical activity among members. St. Brendans walkers in particular often become involved in the community garden after joining the walking group, thus improving their knowledge of healthy eating and access to fruit and vegetables.

### **The Irish Heart Foundation and Sli Na Slainte**

The Irish Heart Foundation established Sli Na Slainte, a health promotion initiative aimed at encouraging people of all ages and abilities to walk for pleasure and good health. As part of this campaign there are now almost 220 community walking routes around the country, marked by bright and colourful signposts placed at intervals, so that people can know exactly how far they have walked. There are Sli na Slainte routes in the HAZ areas in Mayfield/The Glen and Cork City Northwest.

The Irish Heart Foundation also provides Walker Leading Training, aimed at people who wish to promote walking themselves and who wish to set up their own walking groups. This training occurs over a weekend and the cost is subsidized by the Irish Heart Foundation, they also work in collaboration with the Health Promotion Unit in the setting up and running of these leader training programmes.

## **1.4 Local health promotion**

### **Health Action Zone (HAZ)**

The Health Action Zone aims to improve the health and lifestyle of a community through a series of health focused initiatives that build on existing services and facilities, its ultimate aim is to target health inequalities in disadvantaged areas.

In each health action zone there is a community health worker who works directly with the community. In north Cork there are four HAZ areas: The Glen, Churchfield, Knocknaheeny and Mayfield. Running walking groups is just one of the various ways that the HAZ tries to impact on the health and lifestyle of a community.

The Health Action Zone has 4 walking groups in the Glen/Blackpool, Churchfield/Gurrabraher, Mayfield and Faranree/Fairhill. These groups have been running since 2005 as part of overall initiative to improve health and wellbeing of HAZ communities. They are well attended and are led by members of the community. In the last 3 years new projects have developed in Youghal, Fermoy and Mallow and walking groups have been started in each of these areas.

### **St. Brendan’s Senior Citizen Centre**

St. Brendan’s senior citizen centre provides support services and activities for the elderly in the Glen and surrounding areas and also provides a friendly, safe and secure social outlet by running a range of courses,

talks and demonstrations. St. Brendan's Senior Citizens has been existence in various iterations since 1975. The centre is currently based on 1 Imaal court and has been there since 2005. The Glen/Blackpool walking group meet at St. Brendans each week and finish at the centre where they have a cup of tea and a chat. The group has supported St. Brendans with a footfall of over 2000 people since 2007. St. Brendans provides the walking group with an ideal meeting location and gives group members the opportunity to link in with other groups and activities based in the centre.

### **St. Brendans Walking Group**

St. Brendans walking group has been running since 2005, they meet weekly every Monday. Bernard Twomey CHW started the group and continues to support it, and Ester Aherne, group member, coordinates the group. They meet throughout the year only stopping during July and August. The group collect €2 from each member per session and this covers most of the running costs of the group. The group occasionally receives funding from HAZ for end of term events, room rental and bus hire. The group go on approximately 10 outings per year where the group will walk somewhere other than the Glen. The group either get a bus or carpool as transport. Upon joining members receive a folder with a calendar, and itinerary of walks, a carpool rota and contact details for the other group members.

Every September the group run a 'Meet n' Mingle' event where other walking groups from around Cork are invited to come to the Glen. This is a good opportunity to meet people from other groups; however other walking groups have been slow to facilitate 'Meet n Mingle' events in their own areas. This can partially be explained by some groups closing and other not having the facilities to cater for large numbers of walkers. After such events a donation from the participants is given to the Irish Heart Foundation.

## **2. Purpose of research**

In 2008 the walking groups were evaluated, this report revisits the walking groups and provides updated information. This research includes an in depth evaluation of The Glen/Blackpool walking group (St. Brendans) as well a brief overview of the other HAZ walking groups. This evaluation contributes to existing evidence about the impact of walking groups on participants' health. It gives us a deeper understanding of who is attending, how often, where they are hearing about the groups and what they are gaining from their attendance. The information obtained from this research will also identify what supports maintenance and sustainability of the groups and how they could be improved.

## **3. Research Methods**

### **3.1 Aims and objectives:**

The aim of this research was to identify the impact of the walking groups in the Health Action Zones and outline the various benefits to participants. The research also explores what contributes to the success of the groups and how they could be improved moving forward.

### **3.2 Study Design**

A questionnaire was the chosen method of enquiry. The questionnaire was administered to participants the Glen/Blackpool and Mayfield HAZ walking groups, as well as the Fermoy 'Walkie Talkies' walking group.

The questionnaire consisted of 19 questions (see appendix a). The questionnaire included open and closed questions. The closed question related to demographic data and rates or attendance etc. The open questions explored participants' feelings about what made the group successful and how it could be improved.

The study also includes an analysis of attendance and membership data related to The Glen walking group (St. Brendans) from 2007 to 2017 and includes details gathered from an interview with group coordinator Ester Aherne, who gave valuable insights into the groups' dynamics. Information about the other HAZ walking groups was also collected from the CHWs who support the walking groups.

### 3.3 Participants

Participants were recruited available HAZ walking groups, St. Brendans however were the group focused on primarily during this evaluation. The questionnaire was given to participants at the end of their walking sessions. The questionnaire was delivered to 23 people from St. Brendans', 5 from the Fermoy 'Walkie Talkies' and 24 from the Mayfield walking group.

### 3.4 Questionnaire Procedures

A questionnaire was delivered to each member of the various walking groups at the end of their walking session. The participants were given assistance when and if needed whilst they completed the questionnaires.

### 3.5 Data analysis

Attendance and membership information was collected by St. Brendans senior citizen centre in the Glen. The data included numbers of registered members, numbers of walks organised and numbers of members attending each walk. Data from the questionnaires was analysed using Microsoft Excel.

## 4. St. Brendans' Attendance and membership data

This section explores attendance and membership data for St. Brendans walking group from autumn 2007 to spring 2017. This data was collected by St. Brendans senior citizens centre in the Glen where the walking group meet.

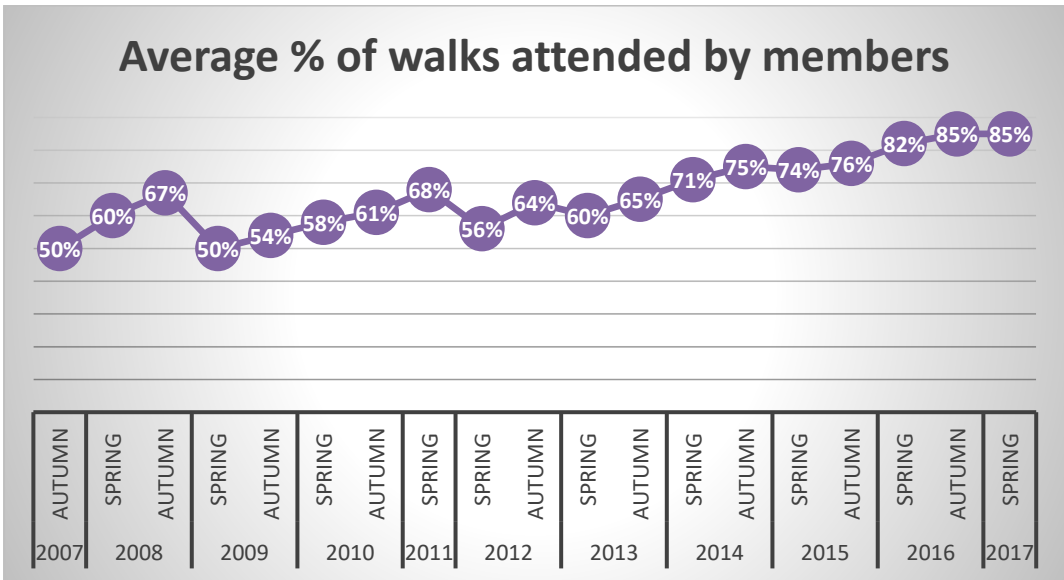


In autumn 2007 the walking group had 13 members; this has risen relatively steadily since then. As of April 2017 membership is totalling 29 members.





The average number of people per walk has increased over time. In 2007 there were 13 members in the group and on average 8 people per walk. As of spring 2017 there are approximately 23 members attending each walk, which is almost a 3 fold increase over a 10 year period.



The graph above indicates how many walks members attended on average as a percentage. This data gives an insight into how regularly members attend the group and how dedicated the members are. This average percentage of walks members attend has increased steadily. In 2007 members appeared to have lower levels of commitment to the group but this has grown steadily over time. It is also evident that members attend more walks on average during the autumn season in comparison to the spring season of the same year.

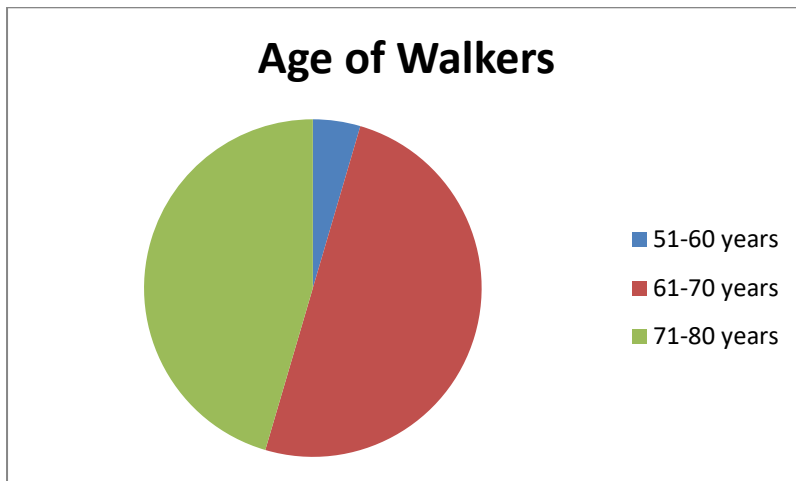
St. Brendans walking group was started in 2005, 12 years later the walking group is running at capacity. Around 23 people attend each walk, members on average attend over 85% of the walks and the group is consistently more popular during the autumn season.

## 5. St. Brendans' Questionnaire results

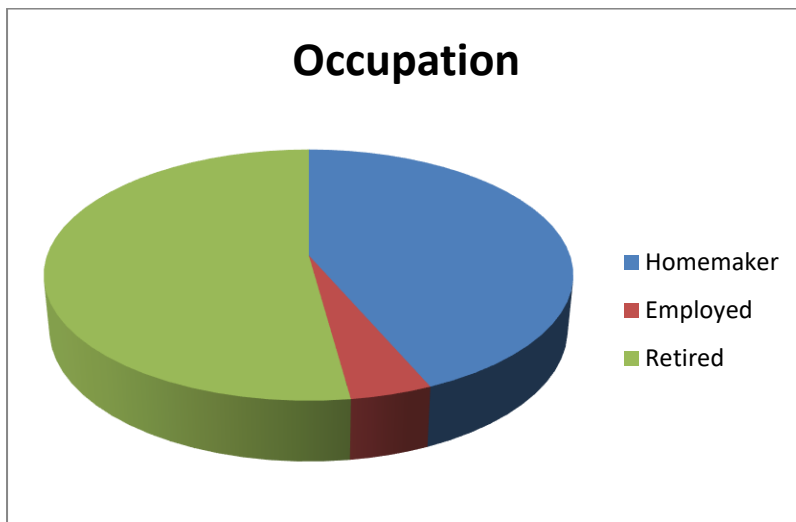
This section outlines the data gathered from St. Brendans walking group via the questionnaire. The data include demographics details, members' involvement in the community, health impact of the walking group, the friendliness of the groups and strength and weaknesses of the group. The questionnaire was administered to 23 group members.

### 5.1 Demographics

All the respondents from the Glen walking group were female.

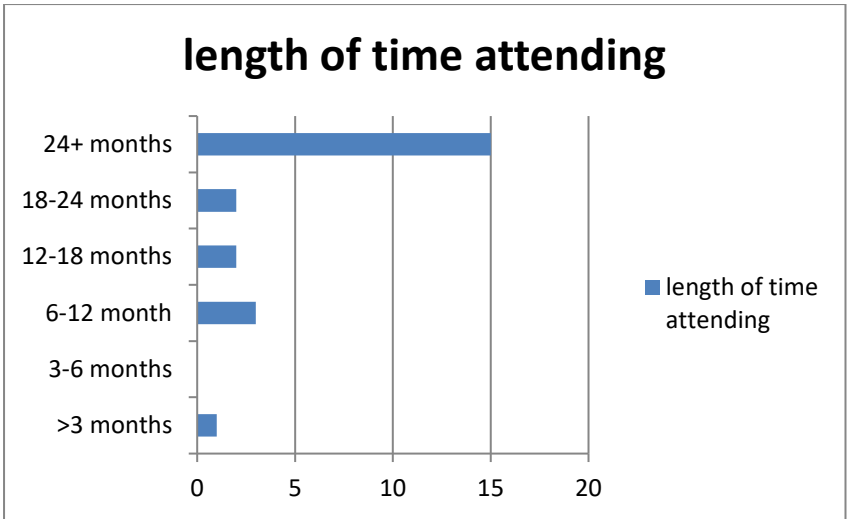


The majority of walkers are between the ages of 60 and 80. Walking is easily accessible to older people and as this group is at particular risk of isolation, the regular attendance of older people is a positive sign. 1,3



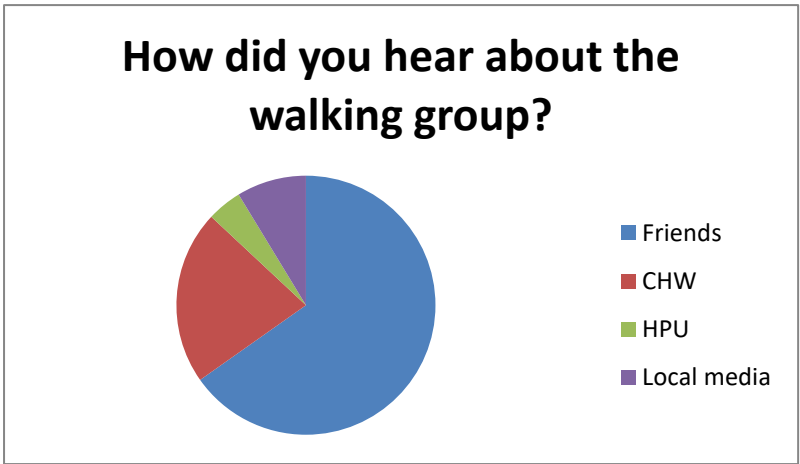
Most of the respondents listed homemaker or retired as their occupation.

This age and occupation profile may be influenced by the timing of the group which takes place at 11 am Monday morning which may not be convenient for people who are working. The meeting time of the group means it is possible to meet year round because there is always light which may not be possible if the walk took place in the evening. The age and occupation group is the ideal target group as younger people and those who are working would not be at the same risk of social isolation.

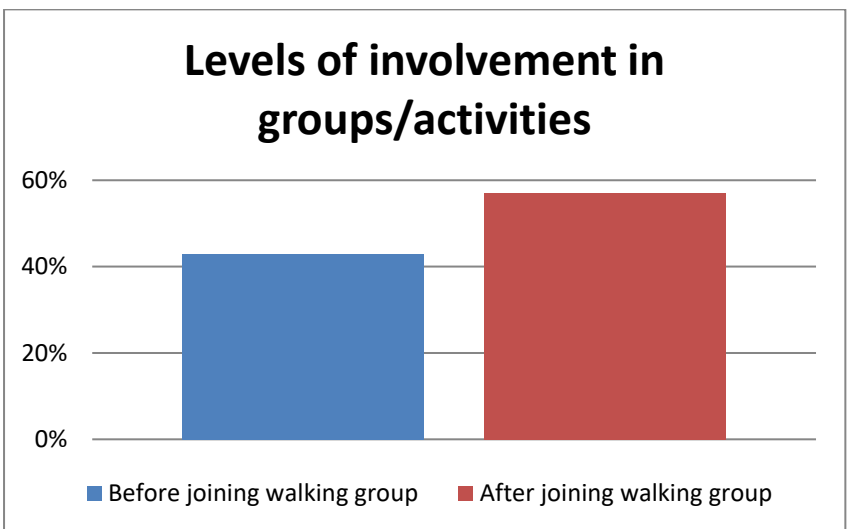


The majority of respondents had been attending the group for over 2 years. There also appears to be a steady inflow of new members which in a positive sign for the group’s sustainability.

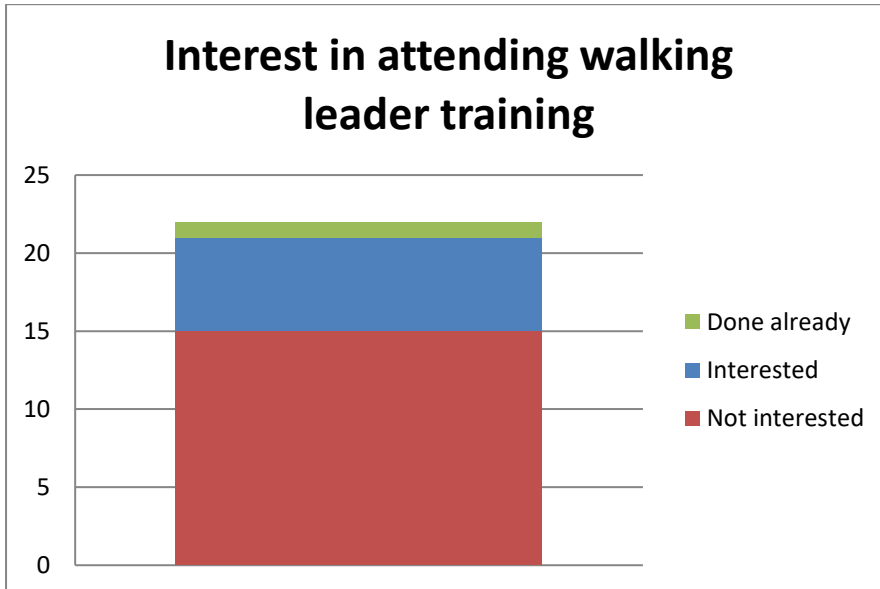
### 5.2 Community



The majority of respondents had heard about the walking group from their friends, followed by the Community Health Worker (CHW).

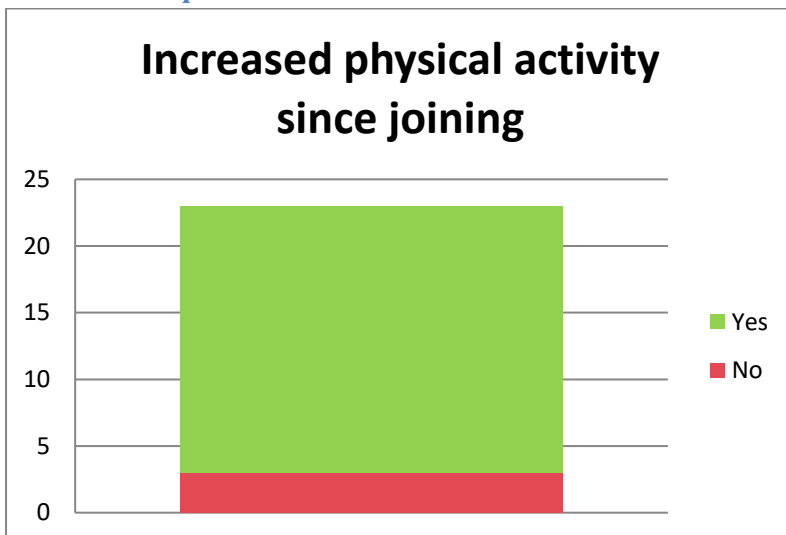


Respondents were 32% more likely to become involved in other groups or activities after joining the walking group. The most commonly reported groups respondents were involved in were yoga, the community garden and dancing, in that order.



The group has at least one trained walking leader, with another 6 members interested in attending the training if it was offered, most of those who were interested had been attending the group for over two years. The presence of trained leaders within the group and the willingness of other members to take leadership roles is a positive indicator of the group’s sustainability.

### 5.3 Health impact



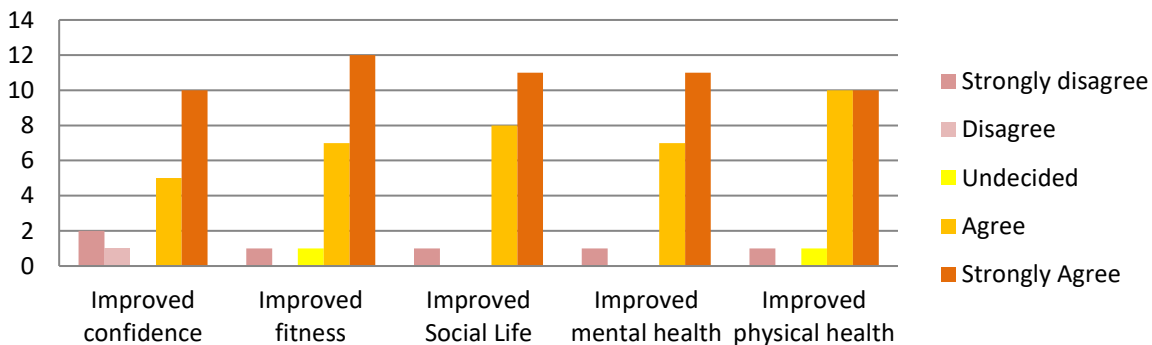
The vast majority of respondents reported becoming more physically active in their lives outside of the walking group since joining. The finding matches the international research which has shown becoming part of a walking group supports the uptake of healthier behaviour in participants lives.<sup>4</sup>

## Reasons for attendance



Exercise was the most commonly cited reason for joining the walking group, followed by friendship and social life. It is clear that the walking group serves two functions for the attendees; it helps them improve their physical health and fitness but also gives people an easily accessible social outlet. The friendships people build in these groups encourages continued attendance.<sup>2</sup>

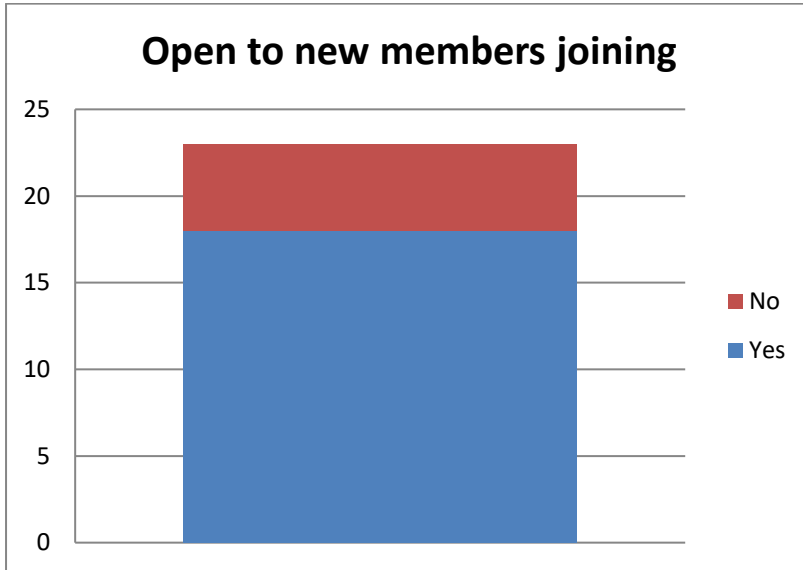
## How has attending the group impacted on your life?



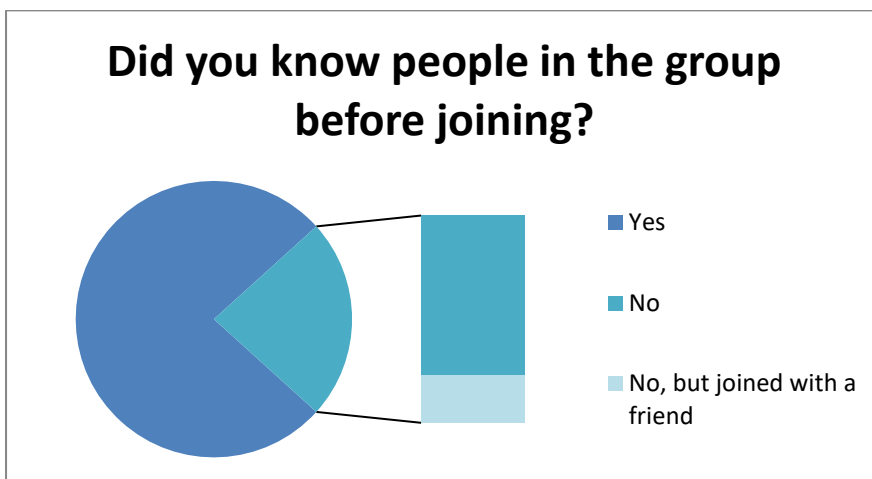
- 65% of respondents agreed or strongly agreed that attending the group led to **improved confidence**.
- 83% of respondents agreed or strongly agreed that attending the group led to **improved fitness**
- 83% of respondents agreed or strongly agreed that attending the group led to **improved social life**.
- 78% of respondents agreed or strongly agreed that attending the group led to **improved mental health**
- 87% of respondents agreed or strongly agreed that attending the group led to **improved physical health**

Further emphasizing the point illustrated by the last graph, physical health and social wellbeing are the two primary ways in which respondents felt the group had impacted their lives.

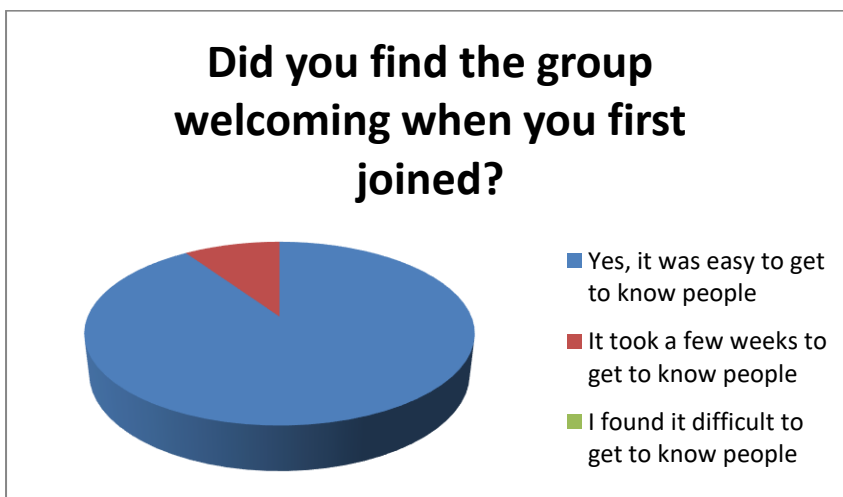
## 5.4 Group friendliness



The majority of respondents were open to new members joining. A few respondents mentioned that while they were open to new members the group was quite full at the moment.



Most respondents knew someone in the group before joining.



Essentially everyone found the group welcoming, 2 respondents did not answer this question. All of the respondents who joined without knowing anyone in the group beforehand stated that it was easy to get to know people.

## 5.5 Group strength and weaknesses

### What makes the group successful?

When asked what made the group successful two answers cropped up repeatedly, respondents cited the friendliness of the group as key to its success, it is an important social outlet for the attendees, and the welcoming friendly atmosphere motivates people to continue attending. The second answer most often cited was the leadership, the group leader Esther and Community health worker Bernard were credited with maintaining the group and creating a positive atmosphere.

### What could be improved?

Respondents felt the group could be improved with more outings and having more joint walks with other walking groups.

### Other comments

When asked if they had any other comment respondents were very positive about the group.

*“Bernard does great work coordinating this group”*

*“I love it, I look forward to it every week”*

*“I’ve made so many friends and look forward to Mondays”*

*“It’s a great outlet with fun people”*

## 6. Snapshots of other walking groups

The following section gives a brief outline of other HAZ walking groups based either on survey data or information given by the relevant community health workers.

### 6.1 Mayfield

The Mayfield group has been running for 13 years, has approximately 35-40 members and has an average attendance of 20 members per walk. They meet on Monday mornings at 10 a.m. The group members are all female. The majority of walkers are aged between 60 and 80. Mayfield had a higher number of 80+ aged walkers than St. Brendans’. Most members had heard about the group through friends and the majority had been attending the group for over 2 years. Most members attended the group every week. Members were 30% more likely to get involved in groups and activities after joining the walking group. The primary reasons for attendance were friendship/social and exercise/fitness. 89% of respondents said they had become more physically active in their everyday life since joining the walking group. 94% found the group very welcoming. People believed the key to the group’s success was the friendships people made in the group and that people were open and welcoming and you could chat with anyone in the group. People noted they would like more outings during the year. The Mayfield group meet all year long without break.

## 6.2 Faranree/Fairhill

The Nash's Boreen walking group was set up in 2011, and has between 12 and 20 people on each walk. This group walk the same route each week, so members are more likely to drop in and out of attendance. This group meet on Wednesday evenings between April and October each year, a portion of the walk is in an area without public lighting and therefore the group does not run into the winter months. The walkers are generally middle aged, and sometimes families with small children occasionally joining the walk. This group has similar numbers of men and women walking. The group was much bigger at the start but that changed for many reasons. Locals became more accustomed to walking the area and ventured up alone or in small groups. Before the group began in 2011 a great many local people were hesitant to walk in the area due to dumping issues and perceived anti social behaviour as well as a notion that there were a lot of dogs roaming on the boreen. Over the first number of years a lot of work was done to open access on the boreen and redevelop that area to allow people again to walk the boreen as a loop. Residents now report that walking during the week has increased hugely which was one of the main goals of starting this walking group at Nash's Boreen.

## 6.3 Churchfield/Gurranabraher

The Churchfield/Gurranabraher walking group has 14 members all of whom are female, and on average around 10 people attending each walk. The group is more popular during the autumn. The average age of the walkers is approximately 61-70 years old. The group has been running since 2005. New members commonly hear about the walking group through friends. The walking group has gained 4 new members since the new year.

## 6.4 Fermoy

The Fermoy 'Walkie Talkies' have been meeting for approximately 2 years. The average age of the group is between 61-70 years old. All members who filled out the questionnaire were female and stated that they attend every week. There was a mix of employed and retired people in the group. Reasons for attendance were most often cited as fitness and friendship. The group believed it may be beneficial to meet and walk with longer established groups to learn more from them.

# 7. Discussion

## Findings

Most of the walking groups appear to attract mainly retirees and are run during the day. The one group which runs in the evening has younger walkers. This is likely because people aged under 65 cannot attend walks during the day because they are working. There may be a need for more evening walks for younger people, however this group are less at risk of social isolation than older people and may not benefit from the walking groups as much as older people.

The social aspect of the walking groups was cited by the majority of respondent who filled out the questionnaires and the friendliness of the group was often cited as key to the group's success. The groups are mostly all female bar the Nash's Boreen walk which attracts younger walkers. People mostly hear about walking groups via their friends.

The larger groups had trained walking leaders and were capable of running without the community health worker being present at every walk.

## St. Brendans findings



Attendance has increased consistently since 2007 and the group is currently running at capacity. The average number of people attending walks has increased almost 3 fold over a 10 year period. Group members appear to be far more committed now than before with members on average attending more than 85% of the walks. The walking group is consistently more popular during the autumn season.

An evaluation of the HAZ walking groups was undertaken in 2008, this study had a total of 33 participants and the most group members were between the ages of 50-70. The results from St. Brendan's questionnaires show group members are mostly between the ages of 60-80 years old. The average age of the group is increasing. The majority of group members have been attending the group for over 2 years but there is a steady inflow of new members which bolsters the sustainability of the group.

Respondents were 32% more likely to become involved in other groups or activities after joining the walking group. The most commonly reported groups respondents were involved in were yoga, the community garden and dancing, in that order. Yoga and dancing are run by St. Brendans senior citizen centre and the Bernard Twomey CHW runs the community garden. St. Brendans centre and the CHW are in an ideal position to refer members to other groups which may be beneficial to walkers.

Sustainability of the group is dependent on the continuing availability of leaders. Currently the group is supported by the CHW and a group member who is a trained walking leader. 6 respondents stated that they would be interested in doing walking leader training in the future.

The group members report increased levels of physical activity in their daily life since joining the group. Members cite the primary reasons for attendance as exercise and friendship/social life. The majority of respondents reported improvements in confidence, fitness, social life and mental and physical health. The social aspect of the group was evidently very important and one of the primary reasons people attended the group. The friendliness of the group was considered one of the chief reasons accounting for the groups' success.

## **Recommendations**

Ensuring the groups remains accessible to members as they age will be key to group's sustainability. Recruiting younger members may also be important to ensure that the group's membership does not diminish as older members become less mobile and their ability to attend reduces. It may also be worthwhile creating complimentary groups that would be suitable for members if they begin to age out of the walking group.

It may be beneficial to send willing long term members to complete the walking leader training to ensure the group can continue to run in the absence of the CHW or other walking leaders.

The walking groups are essentially entirely female. Occasionally records show one man may join but may not attend regularly. This may be because there are no other men in the group. Throughout the evaluation it became apparent that the group has become a valuable place for women to discuss concerns particular to their gender and they not be open to men joining. Considering this it may be worthwhile to support groups catering to men in the community rather than attempting to increase the numbers of men attending the group.

Respondents were very interested in increasing the number of outings they went on and meeting with other walking groups. As these outings can be cost prohibitive it may be beneficial to utilise carpooling, suggest members do a 'pot luck' to save money on buying scones or cakes when they are visiting different areas and

having more groups come to visit the Glen for walks. The group members could also run a fundraiser themselves as there seems to be a high level of commitment to the group.

### **Conclusion**

The walking groups have grown significantly since the last evaluation in 2008. The groups for the most part are growing and members have high levels of commitment to the groups. The benefits to participants are improvement in their social lives, their general well-being and their physical health. Walking groups require low levels of funding to run and the deliver enormous benefits to some of the most vulnerable people in their respective communities. The HAZ walking groups are a highly successful and cost-efficient.

## References

1. Marselle, Irvine and Warber. Walking for Well-Being: Are Group Walks in Certain Types of Natural Environments Better for Well-Being than Group Walks in Urban Environments? *International Journal of Environmental Research and Public Health*. 2013;10(11):5603-5628.
2. Hanson S, Jones A. Is there evidence that walking groups have health benefits? A systematic review and meta-analysis *Br J Sports Med*. 2015.
3. Pascut et al. Walking Groups. *Acta Univ. Polacki Olumuc, Gynn*. 2010: 40:3
4. Kassavou, Turner and French. Do interventions to promote walking in groups increase physical activity? A meta-analysis *International Journal of Behavioral Nutrition and Physical Activity*. 2013: 10: 18
5. Donoghue, O'Connell and Kenny. Walking to Wellbeing: Physical activity, social participation and psychological health in Irish adults aged 50 years and over. Dublin. 2016. Available at: <https://tilda.tcd.ie/assets/pdf/Physical%20Activity%20Report.pdf>
6. Kassavou, Turner and French. The role of walkers' needs and expectations in supporting maintenance of attendance at walking groups: A longitudinal multi-perspective study of walkers and walk group leaders. *Plos One*. 2015:10:3
7. The Ottawa Charter for Health Promotion. *World Health Organization*. 2017. Available at: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>. Accessed April 20, 2017.
8. HSE. Health promotion strategic framework. 2011. Dublin: HSE National Health Promotion Office.
9. Department of Health, Healthy Ireland - A framework for improved health and wellbeing 2013-2025, Dublin: DOH, 2013. Available at:
10. Ipsos MRBI, Healthy Ireland Survey 2015 – Summary of findings, Dublin: Stationary Office, 2016. Available at: <http://www.ucd.ie/t4cms/Healthy%20Ireland%20Survey%202015%20-%20Summary%20of%20Findings.pdf>
11. HSE. Healthy Eating, Active Living Programme. 2016. Available at: <https://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/HEAL/>

## Appendices

### Appendix A

# Walking group evaluation form

---

**1. Which walking group do you attend?**

- The Glen
- Faranree/Fairhill
- Churchfield
- Mayfield

**2. Gender**

- Male
- Female

**3. Age**

- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 80+

**4. Occupation**

- Homemaker
- Employed
- Retired
- Unemployed
- Other \_\_\_\_\_

**5. How did you hear about the walking group?**

- Friends
- Community health worker
- Health promotion unit
- Newsletters/church letters/local papers
- Online
- Other: \_\_\_\_\_

**6. How long have you been attending the walking group?**

- Less than 3 months
- 3-6 months

- 6-12 months
- 12-18 months
- 18-24 months
- 24+ months

**7. How often do you attend the walking group?**

- One a week
- Once a fortnight
- Once a month
- Less than once a month

**8. Were you involved in any other local activities/groups before joining the walking group?**

- Yes
- No

If **yes** please list the activities you were involved in

\_\_\_\_\_

**9. Have you become involved in groups/activities since joining the walking group?**

- Yes
- No

If **yes** please list the activities you became involved in

\_\_\_\_\_

**10. Have you become more physically active in your everyday life outside of the walking group, since joining?**

- Yes
- No

**11. Why do you attend the walking group? You can tick multiple answers**

- Exercise
- Friendship
- Fitness
- Social life
- Health information
- Emotional wellbeing
- Other, please state \_\_\_\_\_

**12. Are you open to new members joining the group?**

- Yes
- No

**13. Did you know people in the group before you joined?**

- Yes
- No
- No, but I joined with a friend

**14. Did you find the group welcoming when you first joined?**

- Yes, it was easy to get to know people
- It took a few weeks to get to know people
- I found it difficult to get to know people

**15. Would you be interesting in taking part in walking leader training if it was offered?**

- Yes
- No

**16. How has the group impacted on your life?**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Improved confidence					
Improved fitness					
Improved social life					
Improved mental health					
Improved physical health					

**17. What do you think makes the walking group successful?**

---



---



---

**18. How do you think the walking group could be improved?**

---



---

**19. Do you have any other comments?**

---



---

-

Thank you for taking the time to complete this survey!



## Appendix B

# GET GOING

1. **Loosen Up (5 minutes)**  
Use mobility activity to loosen up your joints
2. **Stroll Out (5 - 10 minutes)**  
Stroll gently to raise your body temperature and heart rate
3. **Stride Out (10 - 20 minutes)**  
Walk at moderate intensity to gain maximum aerobic fitness benefits
4. **Stroll In (5 - 10 minutes)**  
Slow the pace down again to bring your body back to a physically relaxed state
5. **Stretch Out (5 minutes)**  
Use stretching exercises to lengthen your muscles and help prevent soreness and stiffness



Are you interested in getting active & meeting new people?

### St. Brendans Walking Group

**Meeting Place:** St. Brendans Centre, 1 Imaaf Court, The Glen  
**Day:** Every Monday  
**Time:** 11.00am

*You don't have to be fit to join us...  
 ...simply need an interest in getting active!*

**Wear suitable clothing & footwear for walking**



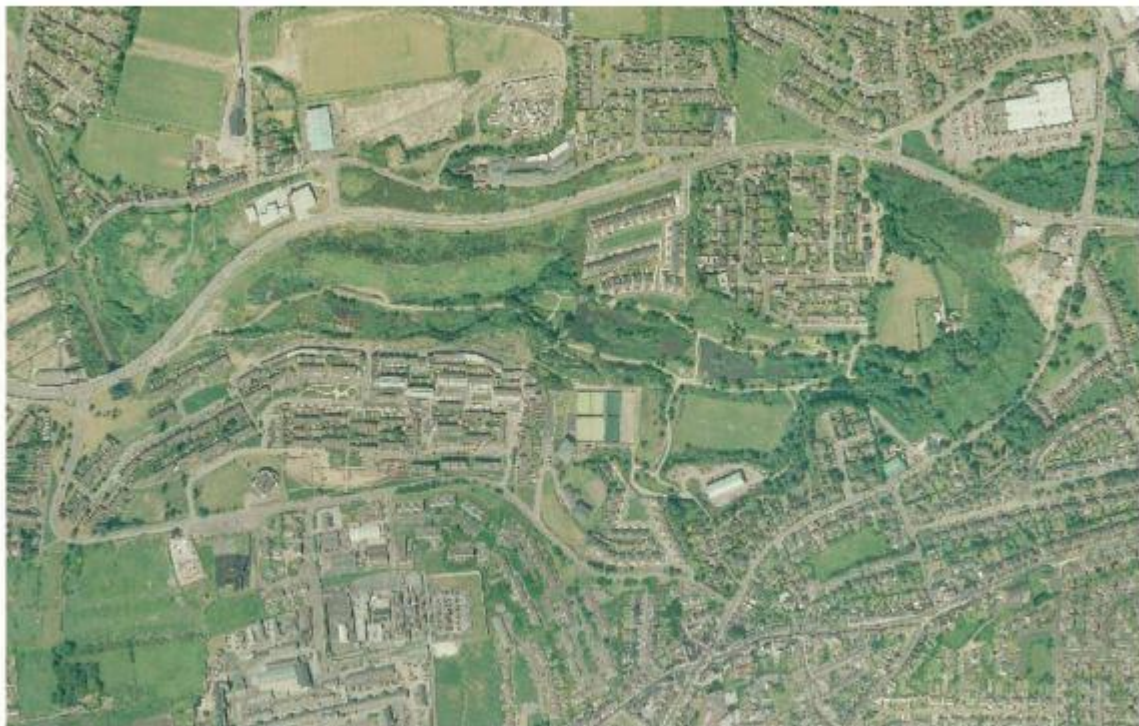
## St. Brendans Walking Group

*Walks Around  
The Glen*



**Contact:**  
 Bernard Twomey:  
 0876883495

Ester Aherne:  
 0862617329



## The Glen River Park

Parks Department  
 Recreation Amenity & Culture  
 Cork City Council