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Community health walks: Pragmatic feasibility study of an asset-based approach to address health inequalities

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21/10/2019

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Stopped

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03/12/2019

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Stopped

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02/12/2020

Condition category
Other

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims

Health walks are good for physical and mental health and are very popular. 'Walking for Health' England's largest health walk organiser has 70,000 members. People enjoy them as a sociable way of being active with little cost, except for comfortable shoes and a waterproof coat.

The walks are often organised by local organisations, such as a district council, with an interest in the health of the public. Although the costs to the organisers are low, it is important that public money is spent wisely and on things that help people to be healthier whilst ensuring people in poorer health get most benefit. However, the problem with health walks is that they usually attract better off people with better health. This is partly because of the way that people often find out about them. For example, leaflets are put in libraries which tend to be used by better-off people. Referring people with health problems from doctor's surgeries has been tried but hasn't been successful. If people with less money and in poorer health do not use health walks it creates a problem called 'health inequality' where healthier, wealthier people are getting healthier, but poorer, less healthy people are getting unhealthier.

The organisation Active Norfolk have been concerned about health walks for many years. They used to run them and a lot of people used them. However, they found that many people were already active and healthy and poorer people were not joining. Therefore Active Norfolk decided to run their walks differently. The county of Norfolk has a directory of services that lists things known as community assets such as dementia support groups. Active Norfolk used this directory to partner with these types of organisations to help them set up their own health walks. They hope this is a better way of directly supporting people who have health needs as the group is already set up and people are likely to enjoy the sociable part of the walk with people they already know. This is called an 'asset based approach' because it uses the assets that are already there.

The interest to researchers is whether this new approach is a better way of engaging inactive, unhealthier people.

If this research is successful, we will apply for money in the future to test how well the walks work in practice in reducing inequalities in health

Who can participate?
Members of an asset based community group in the recruitment area

What does the study involve?
The study will do the groundwork to see if it is possible to test whether the new health walks successfully recruit people in poor health and help them get more active. To do the research Active Norfolk will give us a list of organisations that they are planning to roll out the health walks to. We will mix this list up randomly and select 12 to take part in this research. Half the organisations will get support from Active Norfolk to set up walks and half will get a pedometer and a leaflet on being active. We will test if it is possible to collect research data from both groups and to follow them up over time.
One issue that needs addressing is that asset-based walks may be more expensive to run, despite the fact that the long-term population health benefits could be greater. To find out how acceptable this is to the organisations who pay Active Norfolk to run the walks, we will also run an experiment where people will make choices about spending public money to see what the trade-off between costs and health benefits would be. This is important as it will allow us to see if funding for the walks is likely to be provided in the future

What are the possible benefits and risks of participating?
Involvement in this research involves joining a health walk which encourages low intensity physical activity which poses limited risks to health. The benefit is joining a health walk which may be of benefit to their health. Otherwise the research is purely of an altruistic nature

Where is the study run from?
University of East Anglia, UK

When is the study starting and how long is it expected to run for?
January 2020 to June 2022

Who is funding the study?
National Institute for Health Research (NIHR)

Who is the main contact?
Dr Sarah Hanson
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Contact information

Type(s)
Scientific

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Study information

Scientific Title
Community health walks: Pragmatic feasibility study of an asset-based approach to address health inequalities

Study objectives
Evidence shows that health walks have known health benefits and increase physical activity (PA) . However, our systematic review of walking groups noted that their health benefits might not be equitably distributed between different social groups , confirming a general concern that walking interventions have the potential to increase inequity.
Our research will be a pragmatic feasibility study of the evaluation of a novel health walk scheme introduced by Active Norfolk, a large community sports partnership which aims to address the inequity concerns in the population that they serve. 'Fun and Fit' walks were developed by them to address the continuing problem evidenced by their audits that their popular, mass marketed health walks were not reaching marginalised groups. To redress this, they developed 'Fun and Fit' walks in 2017 which they started to roll out in 2018 as part of their suite of PA interventions targeted at those with the greatest health and PA needs. (please note in the rest of the document these are referred to as Asset Based Health Walks AB HWs).The walks are delivered with community partners and take an Asset Based (AB) approach with the intention of targeting marginalised groups and tailoring the walks to their needs. The AB approach focuses on what makes us healthy and utilises resources (assets) which enhance the ability of individuals and communities to be healthy and create sustainable community activities . This is in contrast to traditional health walks that tend to use passive mass recruitment methods such as posters, leaflets and word of mouth and may mainly attract existing walkers. The intervention under evaluation takes an AB approach to health walks to address inequity concerns. Our research also responds to a growing interest in the application of AB approaches in local government, NHS and other sectors as a means to improve the health of the public and reduce health inequalities.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 21/02/2020, Faculty of Medicine and Health Sciences, University of East Anglia (Norwich Medical School Bob Champion Research & Educational Building, James Watson Road, University of East Anglia, Norwich Research Park, Norwich NR4 7UQ, UK; tel not provided; fmh. ethics@uea.ac.uk), ref: 2019/20-058

Study design
Interventional randomized controlled trial feasibility study

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Physical inactivity

Interventions
Active Norfolk will provide the research team with a list of community organisations that they have prioritised as partners in their roll-out of Asset based walks and have expressed interest in the research. We will recruit 12 organisations from this list. These organisations will form the clusters. Six will be randomised (using an online randomisation tool) to receive the intervention (the AB HWs) and six will form the waiting list control and will be supported in developing their HWs after the end of the trial.

The disadvantaged groups in the organisations allocated to the control arm will receive a leaflet on Government physical activity guidelines and a pedometer. Pedometers are known to encourage walking and will be used as they are a low-cost way of mimicking what might happen in the real world should an alternative low-cost approach be commissioned. The pedometer will not be used as a data collection tool. As with the intervention group, the accelerometer will be given to control group participants to be used as a measurement tool. These organisations will all be offered the AB HWs at the end of the feasibility study

Intervention Type
Behavioural

Primary outcome(s)
Total volume of accelerometer assessed physical activity (measured by activity counts per minute) at 12 months

Key secondary outcome(s))
1. Accelerometer measured walking will be collected using the step count function of the GeneActive wrist-worn device. Participants will wear the device continuously for a 7-day period at baseline, 10 weeks, 6 months and 12 months
2. Self-reported walking measured using the International Physical Activity Questionnaire (IPAQ) administered at baseline, 10 weeks, 6 months and 12 months
3. Physical and mental health measured using the Euroqual EQ-5D-5L administered at baseline, 10 weeks, 6 months and 12 months
4. Wellbeing measured using ICECAP-A, administered at baseline, 10 weeks, 6 months and 12 months
5. Social connectedness will be measured using the UCLA Loneliness Scale, administered at baseline, 10 weeks, 6 months and 12 months
6. Ability to collect these outcome measures from participants at multiple time points, and to recruit organisations and target groups successfully:
6.1. Recruit organisations to the evaluation
6.2. Recruit the target group to take part in the evaluation
6.3. Collect data on the number of walks delivered
6.4. Monitor the number of walks attended by each participant
6.5. Collect data on the cost of delivery

Completion date
30/06/2022

Eligibility

Key inclusion criteria
Member of an asset based community group

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Below the age of 18
2. Unable to engage in a health walk

Date of first enrolment
01/01/2020

Date of final enrolment
31/12/2020

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of East Anglia
School of Health Sciences
Norwich
United Kingdom
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Sponsor information

Organisation

University of East Anglia

ROR
https://ror.org/026k5mg93

Funder(s)

Funder type
Not defined

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request. The aggregated quantitative data sets will be available on reasonable request from other academic institutions after the final journal article is published via Dr Sarah Hanson s.hanson@uea.ac.uk (PI) or Dr Emma Coombes e.coombes@uea.ac.uk (trial manager). Qualitative data, although non-identifiable, is of a more sensitive nature and will only be accessed by the research team and not be made publicly available.

IPD sharing plan summary
Available on request