



February 2013

www.walkingforhealth.org.uk
 T: 020 7339 8541
 E: walkingforhealth@ramblers.org.uk

The case for Walking for Health: a briefing for Scheme Coordinators



This briefing provides key information, statistics and arguments to help you complete funding applications and build partnerships with local authorities, the NHS and other organisations. A longer and more detailed document will be available from the Walking for Health website in February 2013.

Why physical activity?

We're not active enough for good health

Physical inactivity is a global pandemic, with far-reaching health, economic, environmental, and social consequences. *The Lancet*.¹

The UK Chief Medical Officers (CMOs) recommend that adults should do at least 150 minutes of moderate physical activity like walking every week, and children should be active for at least an hour every day. The CMOs also recommend we spend less time sitting still – “sedentary behaviour”.²

¹ Kohl et al 2012.
² Department of Health 2011

But only a small percentage of the population say they meet these recommendations. Only around a third of English adults are sufficiently active, while a third are very inactive, doing less than 30 minutes a week. Less than a third of children are sufficiently active³.

And the problem may be even worse. A study using objective measurements found only 6% of men and 4% of women met the recommendations, whilst no girls aged 11-15 were active enough⁴.

Currently adults in England are sedentary for 9-11 hours per day, which only increases as they get older⁵.

England ⁶	Men	Women	Boys	Girls
Sufficiently active	39%	29%	32%	24%
Very Inactive	30%	38%	24%	29%

³ Townsend et al 2012, Joint Health Surveys Unit 2009
⁴ Townsend et al 2012
⁵ Townsend et al 2012, BHF National Centre 2012
⁶ Joint Health Surveys Unit 2009

Physical inactivity costs lives

Physical inactivity has an impact on health comparable to that of smoking. I-Min Lee, epidemiologist⁷.

Regular physical activity reduces the risk of several serious health conditions.

Condition ⁸	Risk reduction
All cause mortality	20-35%
Coronary heart disease (CHD) and stroke	20-35%
Type 2 diabetes	35-50%
Colon cancer	30-50%
Breast cancer	20%
Hip fracture	36-68%
Depression	20-30%
Alzheimer's disease	60%

If a medication existed which had a similar effect to physical activity, it would be regarded as a "wonder drug" or a "miracle cure".

The former Chief Medical Officer of England.⁹

Regular physical activity helps¹⁰

- Increase life expectancy.
- Improve strength of muscles and bones.
- Reduce blood pressure.
- Increase levels of "good" cholesterol (HDL).

Being active promotes mental health and well being, improving self perception and self esteem, mood and sleep quality and reducing stress, anxiety and fatigue¹¹.

Being inactive

- Increases the risk of cancer, heart disease, stroke and diabetes by 25-30%.
- Shortens lifespan by three to five years¹².

The minor risks of physical activity are greatly outweighed by the numerous benefits¹³.

Physical activity helps fight obesity

Obesity is responsible for 9,000 premature deaths each year in England, and reduces life expectancy by, on average, nine years¹⁴. Obese people are 20 times more likely to develop type 2 diabetes than lean people¹⁵.

In conjunction with a healthy diet, physical activity contributes to achieving and maintaining a healthy weight¹⁶. Physical activity also independently reduces the risk of many of the health problems associated with obesity.



Physical inactivity is an economic burden

Physical inactivity costs the NHS.

An inactive person spends 37% more days in hospital and visits the doctor 5.5% more often¹⁷. The cost to the NHS of physical inactivity was estimated in 2007 at between £1billion and £1.8billion.¹⁸

Physical inactivity costs the wider economy.

The costs of physical inactivity were estimated in 2007 at £5.5billion in sickness absence, and £1billion in premature deaths¹⁹. Including NHS costs, this totals £8.3billion, or **£10billion** in today's prices.

Physical inactivity costs local primary care.

In 2009, each Primary Care Trust was spending an average of £5million a year on dealing with the consequences of physical inactivity²⁰.

Rising obesity results in rising costs.

In 2007, direct costs to the NHS of obesity alone were placed at £4.2billion a year, with an estimated cost to the wider economy (for example through sickness absence) of £16billion. If action is not taken, costs are predicted to rise to £50billion by 2050²¹.

Wise investment saves money.

Promoting physical activity will help local authorities boost the local economy, reduce demand on services and reduce health inequalities.²²

A study for the Local Government Information Unit

⁷ Goodman 2012

⁸ Department of Health 2011

⁹ Donaldson 2010

¹⁰ Department of Health 2004, 2011, World Health Organization 2010, Lee et al 2012, Cavill and Foster 2009, Dishman et al 2012, Blood Pressure Association 2008

¹¹ Department of Health 2011, McAuley et al 2005

¹² Wen and Wu 2012

¹³ Department of Health 2004, 2011

¹⁴ National Audit Office 2001

¹⁵ Foresight 2007

¹⁶ NICE 2006

¹⁷ Sari 2008

¹⁸ Allender et al 2007, HM Government 2009

¹⁹ Allender et al 2007, HM Government 2009

²⁰ HM Government 2009

²¹ Foresight 2007

²² NICE 2012a

found that every £1 spent on a health walk scheme saves the local NHS £7²³. The National Institute for Health and Clinical Excellence (NICE) found walking interventions had costs per quality adjusted life year (QALY²⁴) of less than £10,000, well below NICE's accepted value for money threshold of £20,000-30,000²⁵.

The World Health Organization offers a Health Economic Assessment Tool (HEAT) for walking which provides a conservative estimate of the value of increased amounts of walking based on reduced mortality²⁶. The Department for Transport uses HEAT in its WebTAG guidance for appraising walking schemes²⁷

Physical inactivity widens health inequalities



Older people are less physically active. Physical activity is beneficial throughout the life course, yet currently declines with age²⁸.

Age	Active men	Active women
16-24	39%	29%
55-64	32%	28%
75+	9%	6%

People on low incomes are less physically active.

Income	Active men	Active women
Highest	42%	34%
Lowest	31%	26%

Around 45% of adults in the lowest income households are active for less than 30 minutes a week.²⁹

²³ Heron and Bradshaw 2010

²⁴ A QALY is a measure used to assess the value for money of health interventions in terms of their cost per additional year of healthy life

²⁵ NICE 2012b

²⁶ Kahlmeier et al 2011

²⁷ Department for Transport 2012

²⁸ Department of Health 2011, Townsend et al 2012

²⁹ Townsend et al 2012, Joint Health Surveys Unit 2009

Certain ethnic groups are less physically active.

In 2004, Indian, Pakistani, Bangladeshi and Chinese people in England reported lower than average levels of physical activity, with 51% of Bangladeshi men and 68% of Bangladeshi women active for less than half an hour a week.³⁰

Physical inactivity often occurs alongside other unhealthy behaviours in people from lower socioeconomic and educational groups, and while overall healthy behaviour has increased in the UK in recent years, it has increased much more slowly among the poorest and those with least education³¹.

From a public health perspective, helping people to move from inactivity to low or moderate activity will produce the greatest benefit.

UK Chief Medical Officers.³²

Physical activity helps improve and manage health conditions

For **cancer** patients, physical activity is beneficial at all stages as it³³

- Improves or prevents the decline of physical function without increasing fatigue.
- Helps recover physical function after treatment.
- Reduces the risk of recurrence and of developing other long term conditions.
- Helps maintain independence and well being.

Regular physical activity improves control of blood sugar in patients with **type 2 diabetes**, even in the absence of weight loss, and can also improve overall fitness³⁴. Diabetes UK advises that keeping active will help manage diabetes³⁵.

Physical activity plays an important role in **cardiac rehabilitation**³⁶ and can help people with **peripheral vascular disease** walk further before the onset of leg pain³⁷. It is also beneficial in rehabilitation programmes for **stroke** and **chronic obstructive pulmonary disease (COPD)** patients³⁸.

Physical activity can be as effective as antidepressants or psychotherapy in treating mild or moderate **depression** particularly in the longer term³⁹.

There are few public health initiatives that have a greater potential for improving health and well being than increasing the activity levels of the population.

The former Chief Medical Officer of England.⁴⁰

³⁰ Townsend et al 2012, Joint Health Surveys Unit 2009

³¹ Buck and Frosini 2012

³² Department of Health 2011

³³ Campbell et al 2012a, 2012b

³⁴ Department of Health and Human Services 2008

³⁵ Diabetes UK 2009

³⁶ Department of Health 2000

³⁷ Department of Health 2004

³⁸ Cavill and Foster 2009

³⁹ Halliwell 2005, Department of Health 2004

⁴⁰ Department of Health 2004

Why Walking?

Walking is the nearest activity to perfect exercise.

Prof Jerry Morris (who established the link between physical activity and cardiovascular disease) and Adrienne Hardman 1997.

Brisk walking is the most accessible physical activity, addressing many of the reported barriers to being more active such as lack of time, money, poor health and physical limitations⁴¹. It is also accessible to people from groups who could most benefit from being more active – such as older people or those on low incomes.

Walking is the most likely way all adults can achieve the recommended levels of physical activity. NICE.⁴²

- Walking is free, requires no special equipment, training or gym or club memberships.
- Walking is a moderate low-impact activity, gently stressing the body's key systems⁴³. Risks of participating are small⁴⁴.
- You can walk almost anywhere and at any time.
- You can start slowly and easily and build up gradually, ideal if you are very unfit, with a long term condition or on a rehabilitation programme. For some people it's a "gateway" to more vigorous activities⁴⁵.
- You can wear everyday clothing, reducing embarrassment for unfit or overweight people.
- It's a multipurpose activity that facilitates social interaction or getting from A to B.
- Only 4% of people either need help when walking outside the home or are unable to walk on their own at all.⁴⁶

For older people, taking regular walks can increase mobility, flexibility and strength, while reducing the risk of disability and the likelihood of developing long-term health problems.

GP and broadcaster Dr Radha Mogdil.⁴⁷

Brisk walking has the greatest potential for increasing the overall activity levels of a sedentary population and is most likely to be adopted by a range of ages, socioeconomic and ethnic groups.

Hillsdon and Thorogood 1996.

Walking has cross cutting benefits

Walking can help fulfil other policy objectives through an integrated approach to local walking promotion – it is the most sustainable form of transport, brings economic benefits to both urban and rural areas, and makes many other contributions to the well being of local communities⁴⁸. Up to 40% of car trips in urban areas are less than 3km (2 miles) and walking could potentially replace many of these.⁴⁹

⁴¹ Townsend et al 2012, Joint Health Surveys Unit 2008.

⁴² NICE 2012b

⁴³ Cavill and Foster 2009

⁴⁴ Sandelin et al 1988

⁴⁵ CLES 2011

⁴⁶ Department for Transport 2003

⁴⁷ Roberts 2011

⁴⁸ Ramblers 2010, NICE 2012b

⁴⁹ Socialdata 2004

Increased walking is associated with increased social interaction, reduced crime and fear of crime, increased perceptions of safety and the development of social capital – the network of interactions between individuals and their communities.⁵⁰

Increasing the number of people who regularly walk can help meet many of the key aims of local authorities. NICE.⁵¹

The Marmot report⁵² identified active travel including walking as a key means not only of improving health but of improving the wider determinants of health inequalities and combating climate change.

Active forms of travel such as walking are the most sustainable forms of transport and are also effective ways of integrating, and increasing, physical activity into everyday life for the majority of the population. British Medical Association.⁵³

Why Walking for Health?

Walking for Health is England's leading health walks programme. It has been running successfully for 13 years and is a simple, cost effective, model for getting people to become more active.

Walking for Health offers free, friendly short walks over easy terrain led by trained walk leaders. Currently, there are **600 local schemes** providing **3,400 walks** a week across England with **70,000 regular walkers** supported by **10,000 active volunteers**⁵⁴.



Whilst most walks are open to all, they are designed for those who are inactive, or who suffer from a long term health condition, as a 'step up' to increased fitness or a 'step down' for people whose level of fitness has declined due to illness or age. Many people who join a local walking group join for health reasons, stay because it's social, and some then go on to train and become volunteer walk leaders themselves.

Walking for Health schemes are funded and managed locally, and run by a wide variety of different organisa-

⁵⁰ Sinnott et al 2011

⁵¹ NICE 2013

⁵² Marmot 2010

⁵³ British Medical Association 2012

⁵⁴ Walking for Health 2013

tions, including local councils, the NHS, local or national charities and voluntary organisations. The schemes are supported by the Walking for Health national centre which provides:

- Nationally recognised training, notably for volunteer walk leaders.
- Best practice guidance, help and advice.
- Publicity and other resources.
- Third party civil liability insurance.
- Monitoring and evaluation through a national database.
- A national brand and national publicity including through the Walking for Health website.

Since April 2012 the national centre has been run by walking charity **the Ramblers** in partnership with cancer charity **Macmillan Cancer Support**. We are committed to ensuring that everyone has access to a short, free, friendly walk within easy reach of where they live to help them improve their health and wellbeing.

The benefits of Walking for Health



Evaluations of Walking for Health in recent years have shown that the scheme:

- **Attracts significant numbers of insufficiently active participants.** Almost half of current participants previously did no more than half an hour of activity on three days a week⁵⁵.
- **Has a good level of adherence.** The average participant takes part in at least five walks a quarter⁵⁶.
- **Helps the least active get more active.** 56% of participants previously active on only 0-2 days per week have increased their activity levels⁵⁷.
- **Helps previously active people** who can no longer sustain their activity levels “step down” without becoming inactive⁵⁸.
- **Is particularly popular with over 55s and women** – groups with lower than average levels of physical activity. 72% of current participants are over 55 and 72% are women, and these groups also exhibit better levels of adherence than average⁵⁹.
- **Is highly cost effective**, with a cost:benefit ratio of 1:7 and a cost per QALY of between £750 and £3,150, well below the NICE threshold.⁶⁰

⁵⁵ Phillips et al 2012

⁵⁶ Coleman et al 2012

⁵⁷ Phillips et al 2012

⁵⁸ Phillips et al 2011, Fitches 2011

⁵⁹ Coleman et al 2012

⁶⁰ Natural England 2009

Walking is a low risk activity and the training and best practice provided by the national centre reduces the risks still further.

Brisk walking is an ideal form of exercise. The risks of walking are low and the ground rules which GPs need to explain to patients are straightforward and easy to grasp. The chance of a GP being sued if a patient comes to harm from participating in WfH is minute. Medical Protection Society



Walking for Health provides opportunities for social contact, the top motivator for many participants⁶¹. The social aspects of health walks also contribute to improving mental health and well being. Not knowing people to be active with is a recognised barrier to physical activity, and the opportunity to socialise and meet new people a key way of overcoming it.⁶²

Providing walks locally reduces the need to travel, avoiding unintended consequences such as increased carbon dioxide emissions associated with accessing physical activity opportunities further from home.⁶³

The Walking for Health approach is highly adaptable to different needs and settings, encompassing everything from small schemes providing walks for those with specific conditions or in specific groups, or walks in NHS or other clinical settings, to big public schemes where most participants are self referred.

Meeting guidelines and policies

Physical activity should be seen by all commissioners as a necessity to secure health improvements in our population and reduce the need for many people to have to use the health service in a much more costly way. Richard Sumray, Chair NHS Haringey.⁶⁴

A local Walking for Health scheme is an ideal way to:

- Contribute to achieving the government’s national ambition of a year on year increase in physical activity and a year on year decrease in the proportion of those classed as inactive, as reflected in the indicators for the public health Strategic Outcomes Framework⁶⁵.

⁶¹ Hynds and Allibone 2009

⁶² Joint Health Surveys Unit 2008, O’Brien and Morris 2009

⁶³ Goodman et al 2012

⁶⁴ Department of Health 2012b

⁶⁵ Department of Health 2012a, 2012b

- Meet NICE recommendations to develop walking programmes for insufficiently active adults, linked to national initiatives and including walks led by trained walk leaders⁶⁶.
- Meet Local Government Information Unit recommendations to include led walks for inactive people in local strategies to promote walking.⁶⁷
- Offer accessible opportunities to people identified as insufficiently active through GP health checks and the Let's Get Moving physical activity care pathway.⁶⁸
- Provide physical activity opportunities as part of cardiac rehabilitation or care for long term conditions such as cancer.

Walking is the easiest, most accessible, cost effective and enjoyable way for more people to increase their physical activity. LGIU.⁶⁹

Additionally, Walking for Health mobilises many thousands of volunteers and provides a framework for involving the third sector in the delivery of public services, increasing active citizenship and community empowerment and contributing to the government's objective to help people come together to improve their own lives.⁷⁰

Walking for Health is rigorously monitored and evaluated



Walking for Health has a standard walker registration form and a national participation database to which schemes have access on request. The form includes a single item metric designed to give a reliable measure of someone's physical activity levels, devised by a

⁶⁶ NICE 2012b

⁶⁷ Heron and Bradshaw 2010

⁶⁸ Department of Health 2012b

⁶⁹ Heron and Bradshaw 2010

⁷⁰ Cabinet Office 2013

working group including the Department of Health, Natural England, NICE and Sport England and validated by the BHF National Centre for Physical Activity⁷¹. The framework operates at both national and local level, enabling individual schemes to monitor, evaluate and report on participation and outcomes.

This partnership between the Ramblers and Macmillan will see even more people realise the health benefits of walking – building on the great work that has seen Walking for Health participants walking the equivalent of 400 times around the world since 2000. Public health minister Anne Milton MP.⁷²

We have a silent epidemic of lack of physical activity and with walking we have a wonderful opportunity to try and do something about it. Dr Harry Rutter, National Obesity Observatory.⁷³

Appendix: physical activity recommendations

The UK Chief Medical Officers recommend that⁷⁴:

Children and young people 5-18 years should spend at least an hour and up to three hours a day in moderate to vigorous physical activity.

Adults 19-64 years should aim to be active daily, with at least 2½ hours (150 minutes) of moderate activity like walking over a week, in bouts of 10 minutes or more. One way of achieving this is through moderate activity of at least 30 minutes a day on at least 5 days a week.

Older adults 65+ years should follow the adult guidelines, but those that are at risks of falls should include activities to improve balance and coordination on at least two days a week.

Everyone should reduce time spent being sedentary (sitting) for extended periods, for example cutting down time spent watching TV or using computers.

Moderate activity makes you breathe harder and your heart beat faster, but you should still be able to carry on a conversation. Examples include brisk walking, cycling, gardening or heavy housework. **Moderate activity is adequate for good health in adults.**



⁷¹ Fitches 2011, Milton et al 2010

⁷² Heron and Bradshaw 2010

⁷³ London Evening Standard 2012

⁷⁴ summarised from Department of Health 2011

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Compiled by the Walking for Health national centre

The Walking for Health national centre is run by walking charity the Ramblers in partnership with cancer charity Macmillan Cancer Support. Currently national funding is entirely from charitable sources with no direct government support, although the centre works alongside the Department of Health in achieving public health objectives.

The Ramblers and Macmillan are committed to keeping Walking for Health free and open to all while developing it still further as a major national intervention that helps increase physical activity across the population and plays a significant role in the care pathway of people with long term conditions, including cancer.

Walking for Health

The Ramblers, 2nd Floor, 89 Albert Embankment, London SE1 7TW

T: 020 7339 8541

E: walkingforhealth@ramblers.org.uk

www.walkingforhealth.org.uk

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CfSB 1.1 DdM/EB/AM 02/13