



I've been project manager with Walk England since April 2009

My main role is to deliver Dr Map projects across the county, but I also route manage the Green Chain Walk, which is part of London's Strategic Walking Network

Since graduating in Architecture in 2001, I've been involved in regeneration, urban design and community engagement work, in Holland (Rotterdam) and in the UK - predominantly working in deprived areas, to make sure local physical, social and economic changes maximise benefits for local people.

Community development
Education
Environment
Health, and
Housing

I now focus on how we engage with the environment around us for physical activity, in particular through walking

But, I'm not a health professional!

Presentation Content?

- Wider UK physical activity promotion and walking context for Dr Maps
- Creating Dr Maps with communities and stakeholders
- Overcoming barriers to get inactive people walking more
- Emerging results on the impact of the maps

In this presentation I want to take you through the Issues to Dr Maps outcomes.

Initially, I'll go through:

the wider context in the UK on which Dr Maps is based;
Then the process to develop them with community groups and stakeholders; and
then finally
how they help people overcome barriers to walking more locally – self-aided.

Importantly, as an organisation we recognise the need to continue to understand the influence of the maps on:

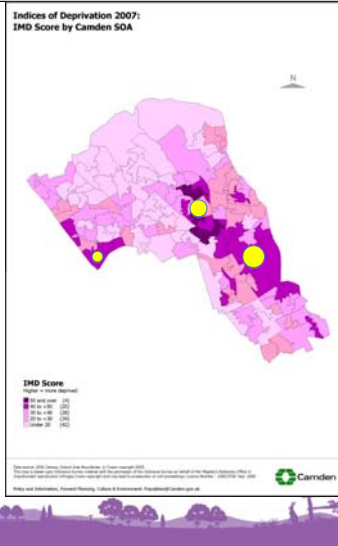
encouraging inactive people to walk;
increasing walking levels; and
health.

I'll also touch upon this throughout the presentation, and more info can be found in my paper.

And after, we can discuss the cross cutting themes between all three projects.

Walk4Life Dr Maps

- NHS funded pilot with key
- Based on need and solution assessment
- Focus on priority areas (poor health and high deprivation)
- Stakeholders involved
- Overcoming barriers to walking



Potential Beneficiaries

- Typical surgery – 14,500 patients
- 17% with health complaint were walking more would benefit
- Of these 51% would use the map
- 20% active, 80% inactive and 30% with disability



Want to give you a feel for scale of beneficiaries the maps could reach

The map on the right shows all the doctors surgeries in Camden.

If we take one surgery called as an example that is shown on the Kentish Town Dr Map.

It has 14,500 registered at the practice.

17% , roughly 2465 people, have a health complaint that would mean they could be prescribed the maps (including heart disease, diabetes, COPD, asthma and hypertension)

From the pilot, approx 51% given the map will actually use it – giving us a potential 1000 beneficiaries.

Again, from merging results out of the 1000 20% will be active already, 80% inactive and 30% with a disability.

Dr Maps came about from a commission from Camden's National Health Service (I'll abbreviate this in the presentation to NHS Camden). NHS Camden is a local organisation responsible for providing healthcare for just under quarter of a million people who live in Camden - a borough in London. Camden NHS is responsible for allocating a large budget (around 450 million) from the UK government to commission or pay for services from health providers, such as doctors and dentists. And they also support local people to develop healthier lifestyles. NHS Camden is a typical funder of Dr Maps. We have also been commissioned by 2 Healthy Towns. Healthy Towns status and funding has been given by the government to 9 areas in the UK to develop innovative ways to promote healthy living.

Dr Maps here was a pilot project, which was part of NHS Camden's wider investment programme to increase physical activity levels across the borough, which included projects like Outdoor Gyms, Give it a Go! (Free Gyms). Gym and walking were identified from Camden's Sport and Physical Activity needs assessment as being the most popular activities people in the area would like to take part in.

Priority areas were developed, which often matched the poorest areas in the borough. The map on the right shows the different levels of deprivation in the Camden Borough. The darker the magenta the higher the level of deprivation. The yellow dots on the map show the areas in which 3 maps were developed, with between 3 and 4 short routes.

The maps were created to overcome barriers to walking, to be given to target groups by health professionals such as doctors in a doctors surgery from a tear-off prescription pads – hence the name Dr Maps! The maps developed show a series of short, attractive routes that start or pass doctors surgeries and offer the opportunity for progression.

We recognise, we are still in early days when it comes to evaluation, but we undertook a small qualitative evaluation of this pilot project, which involved 58 participants, which helped to refine the mapping tool and process to create them.

Telephone interviews were carried out with 58 people who have been given a copy of the Bloomsbury Dr. Walk Map, using a standard questionnaire to gather quantitative and qualitative data.

- 58% of respondents had used the maps.
- 51% said that the maps had encouraged them to walk more.
- 62% would recommend the maps to someone else.

Of the 58 respondents:

- 67% were female.
- 57% categorized themselves as 'white British'
- 36% were from other ethnic minorities
- 31% indicated that they had a disability 'which limited their daily activities'

Some respondents indicated that they had a pre-existing and diagnosed health condition:

- Heart disease – 6%;
- High blood pressure – 14%;
- COPD – 2%;
- Diabetes – 5%;
- Asthma – 12%.

63% of respondents did not achieve the threshold of 5 sessions of 30 minutes of moderate intensity physical activity within the previous week. Only 20% were active at, or above, 5 x 30 minutes.

Qualitative Data Analysis

88 comments were made - overwhelming views were positive with only 5 'negative' and 3 'neutral' (a few people indicated they would prefer a pocket-size format and also a few people (potentially more regular walkers) felt the walks were not challenging enough).

People, Place and Perceptions



- Community engagement crucial e.g. age, gender, ethnicity etc.
- Understanding walkability barriers and motivations
- More than just health
- Exploration of the environment from different perspectives

Community involvement in developing the maps is essential to provide attractive short walks that are appealing to a range of people, including inactive people.

We know that people walk for different reasons, such as seeing new places in their neighbourhood, getting away from it, feeling more relaxed and spending time on own or see walking as an opportunity to catch up with friends or families. Is it to walk the dog, trying to get children to school and yourself to work. We want to understand people's motivations as well as their barriers to walking more locally.

At the start of each project, we find out:

Where do people walk? – The walking infrastructure paths, alleys, snickets, cut through, residential streets.

Where do people like to walk to? – What are the favourite places in the neighbourhood? Is it parks, gardens, playgrounds, waterways? Is it a lovely tree-lined or a bustling market street? Is it where the cafes are so to meet friends for a coffee?

Where do people not like to walk? – lack of lighting, fear of crime, litter, rubbish etc.

What are neighbourhoods best bits, its assets, from a community perspective? Understand that these may not be the ones you would necessarily pick out.

The picture on the left shows a group of women brainstorming where they like to walk and their barriers to walking – like 'can't fit it into my day'.

The second picture of a group showing us how difficult it is to cross the major roads in the area.

Engaging early on in the process helps to develop ownership of the final maps produced. This also gives us a picture of the social / support networks in each area and how best the maps can be distributed and used.

Getting People Involved



- Capturing people's thoughts and ideas
- Understanding walking geography
- Contributing route ideas

We use different methods tailored to engage with target groups in priority areas to capture information.

One to ones e.g. with people with medical conditions

Discussion groups

'Piggy backing' existing community group events

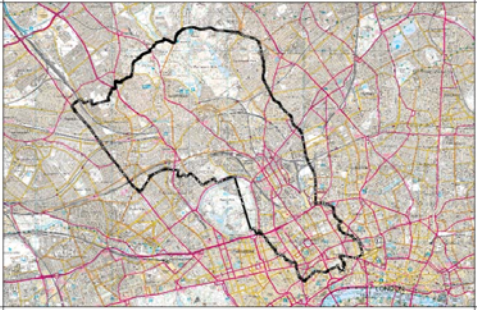
Interactive maps

Mental maps

The large map on the left was used at a community festival. People were asked to scribble their thoughts and ideas down on post it notes to place on the map.

The second image show a picture drawn by a young person, which described their walk to school. It includes the river and main green space, but also included the busy main road, which they would normally have to cross.


Route Development



Quo v2 <http://www.mapyx.com>

- Mapping community information and local resources
- Working closely with stakeholder e.g. Transport for London, planning, regeneration, as well as health
- Layering information to develop new routes

1 of 1



In addition to mapping what target groups tell us, we also map information that would be useful in developing the routes.

Work with our clients, local councils and stakeholders to find out about:

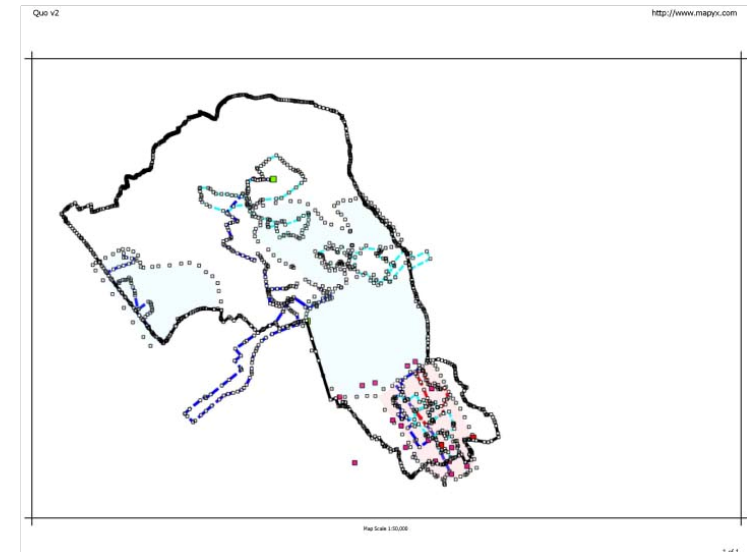
Drs, health facilities
Public Right of Way
Routes already promoted in the area and national recreational trails
Any major issues around accessibility or future plans for improving or installing new walking infrastructure

For example. Stakeholders in the Camden Project included transport, planning, health, sport and physical activity and community development

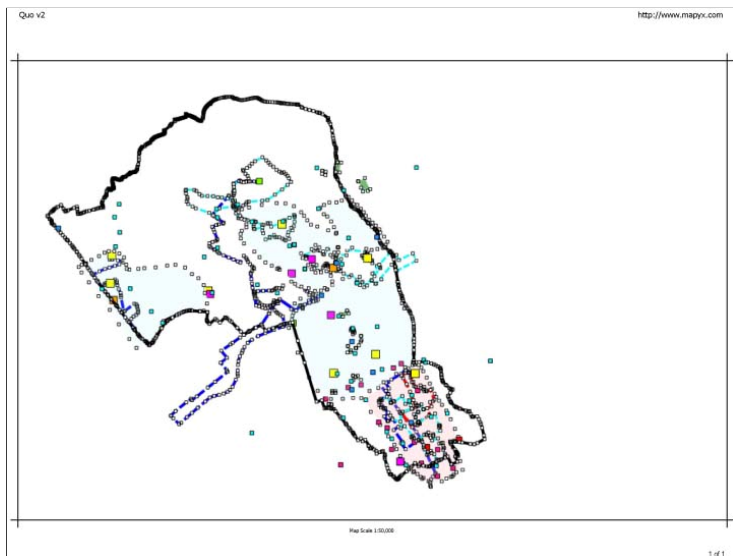
We use a free digital mapping software called Quo that is easy to use to build up layers of community and local resource information.

And, the next couple of slides quickly demonstrate how we layer this information on which to create new routes.

I've used the Camden phase two project as an example of a typical mapping process.

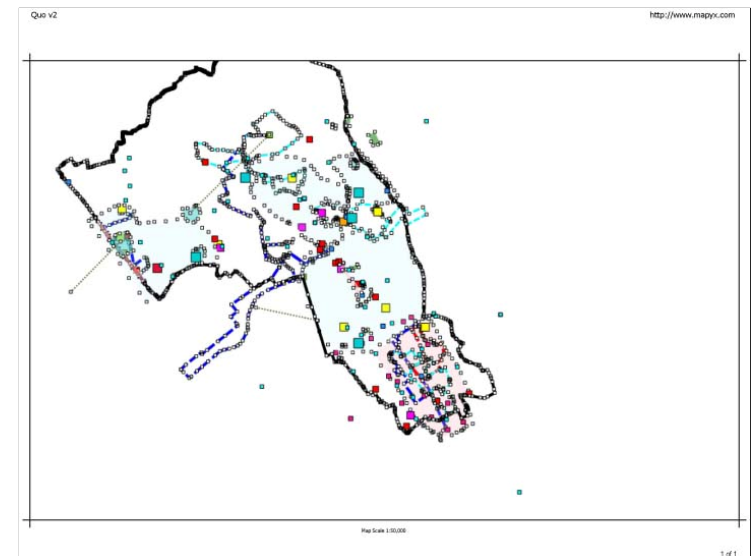


Existing and promoted routes
NHS Camden's priority areas based on their assessment and areas of deprivation



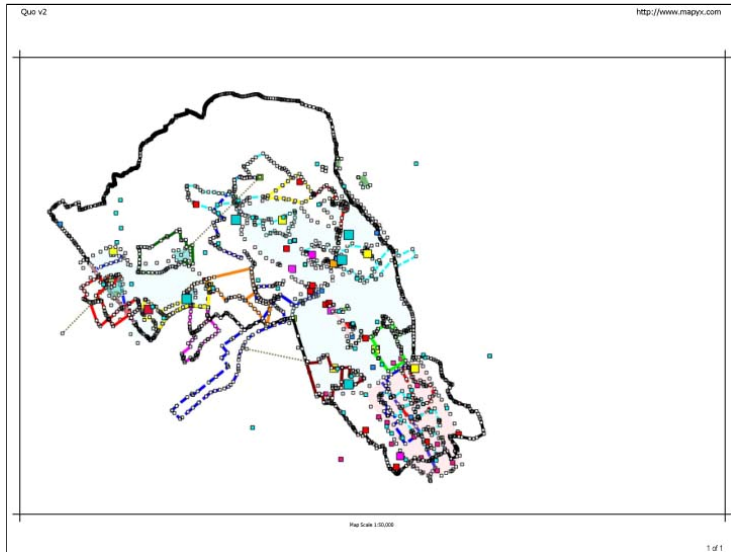
Health facilities, such as:

- Drs surgeries and polyclinics
- Other health venues such as - health check venues and pharmacies
- Parks, play spaces, pocket gardens and public realm
- Green gyms
- Sport facilities



Community information, such as:

- Local facilities – schools, libraries, high streets and shops
- Focal points e.g. markets
- Key community groups
- Other places and features of interest



We then look at how we can start to make links between some of these local features and resources.

The coloured lines, show different routes between 1 and 3 miles.

We make lots of these and then engage with groups again for their views and additions.

Identifying Risk & Barriers



- Undertake audit of routes developed
- Engage key groups in audit, where possible
- Identify risk
- Look for alternatives, if necessary

Even though we now have a good understanding of the area and routes, we go out and review / audit the routes for risk.

Does the route feel safe?

Is the route pleasant, enjoyable and interesting?

Does it have purpose and/or theme? E.g. to an outdoor gym, green space, leisure centre etc.

Is the route easy to navigate, without confusing changes in direction and crossing points?

Does the route have character and a theme(s)?

Is the route cluttered or obstructed?

Is the route restricted e.g. narrower than 0.8m?

Is the route steep and/or with steps in parts?

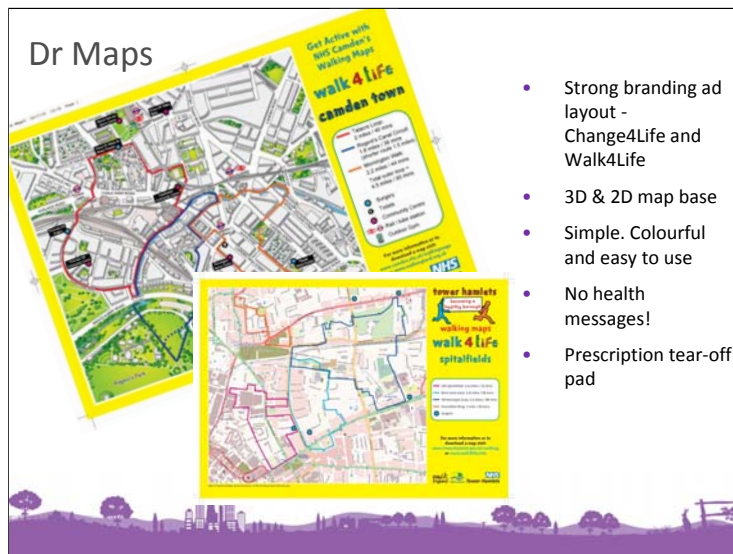
If the route is obstructed or narrow is there an alternative path?

Where on the route are there good crossing points (preferably at pedestrian crossing points)?

Are there any features that stand out e.g. architecture, plaques, green space, public realm or cultural, creative community features?

In some case we work with specific groups to review routes. For example, we have worked with the **xxx disability group** to routes accessible for wheelchair users.

Different levels of review that xxx.



- Strong branding and layout - Change4Life and Walk4Life
- 3D & 2D map base
- Simple. Colourful and easy to use
- No health messages!
- Prescription tear-off pad

Produced an appealing and friendly look and feel, using the Change4Life branding.

In phase one of Camden, we also tested the Dr Map template. Looking forward

Map base
Layout
Colours

Level of information (keen not to have preachy health messages on the reverse)

Work with an artist or graphic design to create the appealing 3D map base (which takes a long time). The Camden maps were hand drawn (which them a certain quality) and other projects a designer has attempted to replicate the feel using digital software.

In some case, owing to client budget, we use 2D map bases using free Open Street Map images.

They come in pads of 50 glued at the top to be given out easily.

Opportunities to Understand Impact



- 3 Dr Map projects
- Understand impact
- Link to Walk4Life website
- Qualitative Vs quantitative approach
- Challenges of evaluation

We've recently completed 3 projects. Phase two in Camden, Tower Hamlets – in London and Tewkesbury in Gloucestershire.

It sounds easy to then look at evaluation, but this is difficult to gain access to people, ideally over a period of time before and after being given a map.

BUT, we are working closely with our clients to identify opportunities where this could happen.

The new national Walk4Life website we have created on behalf of the Department of Transport and Health will help support evaluation of the maps.

Briefly, this is a place where people can find and create local routes across the country, which they can then print out on an OS base.

They can also keep an activity log, and track their walking progress.

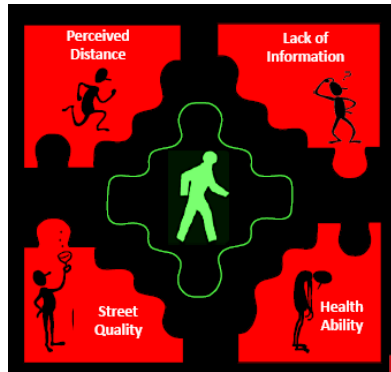
Soon there will be a function to create groups and challenges and test fitness.

All the Dr maps routes to date are also available on the site, so we can start to see how the routes are use, by whom, when and how often.

The paper maps also have this website on them, so can signpost people to where they can find more routes!

NOW WE ARE MOVING ONTO HOW THE MAPS OVERCOME THE BARRIERS

Barriers to Walking



- Perceptions
- Hard infrastructure
- Habits and attitude

The maps help to address the barriers that people face to walking more locally.

These address the 'softer' issues around walking such as:

Perceived time and distance of journey

Perceived health ability

The nature of the built environment and street quality – quality and accessibility

Lack of available information

Health Ability

- Misperception of fitness
- Lack of walking benefit understanding
- Lack of assurance and motivation



Maps are made available in other community locations, but in general the maps are given out to patients and referrals by health professionals:

Doctors
Nurses
Health trainers
Physical Activity trainers

These people have day to day contact with target groups i.e. inactive people with medical conditions where walking would benefit.

In this environment, people can talk to the health professional in more detail about their needs, motivations and barriers to walking more.

The health professional can give reassurance and advice on local walking opportunities.

To facilitate this, all the routes on the maps pass by Drs surgeries or health check venues to encourage people to step out onto a route from the front door.

In addition, the routes pass other opportunities for physical exercise – where with time and confidence, the patient may feel capable of accessing or maybe they just want to keep walking.

In some cases, led walks start from health venues and can use some of the map routes, which people then feel more confident to then use on their own.

Routes are linked to give people options for progression. So a 1 miles walk could easily turn into 2 miles as the patients fitness and confidence improves.

Also, increases the health professional is in a position to follow up with patients and / or referrals so can support people over time and help track any progress in levels of physical activity.

Time and Distance

- Misperceptions
- Lack of information
- Lack of waymarking



One of the main barriers to walking is people often over estimate how long it will take to walk in reality.

This is due to a lack of spatial and time awareness.

As you know, often hear comments like:

I don't have enough time. I'm already busy!
It's too far!
That's the long way round!

We make sure an approximate time and distance is clearly shown in the key for each route. We base this on 3 miles per hour.

Giving times also allows people to benchmark their ability and fitness over time. An initial 1 mile walk may have taken 20 minutes, but after walking a month could be down to 18.

Poorly Built Environment

- Fear of crime
- Fear of traffic
- Incivilities
- Character / sense of place
- Condition of walking infrastructure



The mapping process at the start with the community identifies the best places to walk in a community!

Each context is different. Urban, suburban, rural with different quantities and types of walking infrastructure and open space, mix of uses and street connections. The character of place, urban grain, types of streets and public realm are also different. Issues too, such as dynamic hot spot areas, characterised by fear of crime and traffic, rubbish and graffiti.

Camden and Tower Hamlets whilst deprived are very rich in terms of their layout and assets. Tewkesbury is a town surrounded by countryside and water.

All have assets which can be pulled together through walking routes.

In some cases, a lovely feature on the corner, a vibrant bustling market, an architectural feature, a great tree can make a route pleasant and memorable. It's not always about the big features, it's about understanding what people in that neighbourhood regard as pleasant and safe.

Dr Maps brings this together to make the best use of community assets available locally.

Through the review / audit we also look at issues around:

- Accessibility – widths, crossings, kerbs and steps, slopes and gradients
- Urban design
- Quality of pavements

Lack of Information

- No awareness of alternative, attractive routes
- Lack of wayfinding tool
- Time / distance
- Health benefits



What Next?

- Health and wellbeing case studies
- Engage health professionals and /or specific medical condition / community groups e.g. diabetes
- Measure physical activity levels – over time
- Overcoming barriers – over time
- Links to Walk4Life website data
- Other markets



Here, Dr Maps pulls together the information I mentioned in the previous slides – around health, time and distance and quality routes – to give a picture of routes to people they can do close to where they live.

Summary



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