Walking in a city neighbourhood, paving the way

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ABSTRACT

Background There is an increasing interest in the use of walking routes to promote physical activity. We explored the stated attitudes of selected residents from two adjacent low-income city neighbourhoods towards walking. This was in response to negative results obtained in a quantitative study assessing the impact of the Slí-na-Sláinte (path to health), a signed heart health walking route.

Method This was a qualitative focus group study.

Results The impact of the walking route was marginal. Four major themes influencing local walking emerged, centring on the social and physical environment.

Conclusion Findings suggest that the neighbourhoods are unreceptive to health promotion initiatives such as the Slí-na-Sláinte since residents are dealing with fundamental social and physical environmental issues. Initiatives such as the Slí-na-Sláinte need to be embedded in a supportive and facilitative environment if they are to achieve substantial impact.

Keywords walking, physical activity, neighbourhood, environment, Slí-na-Sláinte

Introduction

Promotion of physical activity is a major challenge for contemporary public health practitioners. Walking is reported as the most preferred form of physical activity in the EU¹ and in Ireland.² The literature shows that lower levels of leisure time activity are generally associated with lower levels of education and income.³–⁹ Of late there has been considerable research on environmental factors that influence outdoor activities such as walking.¹⁰–¹⁷ Studies designed to promote health-related walking in lower income communities are limited but show promising results.¹⁸,¹⁹

Several studies have used environmental cues such as signage to promote stair use.²⁰–²⁴ However there is less research on the use of signage to encourage walking.¹⁹ We recently carried out an evaluation of the Slí-na-Sláinte (path to health) in two adjacent low-income city neighbourhoods where walking was the preferred form of activity.²⁵,²⁶ The Slí-na-Sláinte is the Irish Heart Foundation’s international walking initiative which uses colourful signage on designated walking routes (Fig. 1). The scheme incorporates community walking leader training, formation of local walking groups and the Slí ‘challenge’ which helps people achieve walking targets. Slí-na-Sláinte routes are maintained to acceptable safety standards and are accessible to the general public at all times. Negative results from this study showed no significant increases in self-reported or objectively measured (video camera) levels of walking. This prompted us to do a follow-up qualitative investigation in order to increase our understanding of the walking routes marginal impact.

Methods

Study design

Focus groups were the chosen method of enquiry since they are a useful method of evaluating the relevance, clarity and practicality of health promotion materials.²⁷ The groups (n = 6) were moderated by one of the authors (L.B.) and a community health worker (R.C) from a local agency (Northside Initiative for Community Health NICHE) which facilitated the study. The study was completed in August and September 2004.

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Participants and recruitment

Resident men and women between the ages of 18 and 60 were recruited through a purposive sampling procedure ($n = 23$ men, $n = 30$ women). This was facilitated through the health agency staff who have extensive local knowledge. Consideration was given to inclusion of information rich cases that would reflect the population diversity. Factors taken into consideration included: sex, approximate age, levels of physical activity, occupation, marital status, dependents, interaction with the local health agency and neighbourhood involvement. Each focus group consisted of participants with a variety of these characteristics (Table 1).

Potential participants were sampled from lists of residents held by the health agency, the local clergy and by other local associates such as childcare employees. Approximately 10 days prior to each focus group, 14 potential group members were contacted by letter explaining the purpose of the study and where their names had been sourced. The groups were over-sampled in this way to ensure adequate attendance. Those who could not attend, stated that this was due to lack of time or family/work reasons.

Focus group procedures

Interview topics covered residents’ thoughts on neighbourhood walking, related facilities and amenities and views on what promotes or hinders walking. Since the objective of the study was to assess walking after introduction of the Sli­-na­-Sli­áinte, the topic of the walking route was not directly introduced into the sessions by the moderators. Any discussions on the route were initiated by participants.

Each group was hosted at the health agency premises in a room used by residents for community events/meetings, and was approximately one hour’s duration. All sessions were recorded. After initial introductions and signing of consent forms, topics were posed to the group by the moderators using a flipchart as a reminder. Participants were encouraged to give their points of view and to clarify their responses. When there was a lull or a pause in conversation, probes were used to stimulate the discussion. Group members who were shy or less inclined to respond were encouraged by the moderators. Each member received a token for participation to the value of €20.

Analytic tools and coding procedures

Qualitative analysis was carried out using constant comparison methods with a grounded theory approach. The Anno Tape 1.0 solution for qualitative data together with paper systems were used to manage and code the findings. Using techniques explained in Strauss and Corbin open, axial and selective coding procedures were applied. Concepts, themes and their properties and dimensions, were identified. Initially, each interview or focus group was listened to in order to get an idea of content. After this, open coding was used to ‘fracture’ the data or break it down into meaningful phrases, sentences or words. These were subsequently grouped into sub-categories and categories. Axial coding facilitated the process of reassembling the fractured data and was used to uncover relationships between categories and sub-categories. Selective coding was used to integrate the
Results
Analysis of the focus groups showed several emerging themes. These centred on the social and physical environment and its relevance for walking. There was limited discussion within the groups on the Slí-na-Sláinte itself, however mention of it tended to spark discussion on walking in a wider sense.

Main themes
The central theme of the study was about a ‘nurturing environment’. If the social and physical environment is a nurturing one, then residents are more likely to walk in the neighbourhood. The definition of nurture taken by the authors in this instance is foster, develop, sustain, support. Four main themes emerged in support of the central theme. Although these are identified separately, there was some clear overlap between them. For example, there was a strong sense of dissatisfaction in each theme with work being done in the neighbourhoods by the local authorities.

Theme 1—positive dynamics
This theme focused on positive neighbourhood aspects (Table 2). Residents spoke of key neighbourhood personalities who contribute to community development e.g. cleaning and maintaining the estates, lobbying politicians and forming positive working relationships with local authorities and law enforcement. The feeling was that these residents facilitate positive environments in which to live and be active. They are also influential through their actions, by encouraging others to become involved.

Positive neighbourhood contributions by groups or committees were identified. Residents said that these groups are often brought together by the aforementioned ‘active’ residents. Linked to views on neighbourhood groups was the opinion that action and organization on the part of a greater number of residents is required. In this context, it was noted that Slí-na-Sláinte walks hosted by two local walking leaders comprise of very small groups. Leading on from views on neighbourhood organization, a number of residents felt keenly about the need for strong community ‘voices’ to convey local needs e.g. facilities and improvements for walking and for making the local authorities and the politicians more aware of neighbourhood problems. Connected to this was a necessity for persistence with regard to lobbying and conveying of needs. There was a level of fear that lack of organization on the part of residents will ultimately result in loss of facilities, amenities and development opportunities. Feelings were especially strong with regard to a particular neglected amenity area.

Theme 2—negative dynamics
This theme emerged from discussions on negative neighbourhood aspects (Table 3). Residents expressed that higher than average levels of anti-social behaviour makes neighbourhood walking difficult. Other areas of the city were viewed as safer for walking and several regular walkers said that they chose to use these instead. Outside walking routes cited included three existing Slí-na-Sláinte routes. Factors cited as deterrents in using the study neighbourhood for recreational purposes included: burned out cars, groups drinking, blocked alleyways, illegal dumps and gangs of youths.

Problems with anti-social neighbours were highlighted. These were described as being troublesome in their dealings with others and in their treatment of the local physical environment. Residents remarked on a lack of discipline on the part of some parents and resulting disruption. Problems with the youth of the area were centred on gang behaviour and joy riders. Several residents made the point that the
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Feelings of neglect on the part of local authorities
emerged clearly. Residents felt that their neighbourhoods
were ignored in terms of city improvements and develop-
ments e.g. amenity walks, community halls and leisure
centres. Compared with other areas of the city, residents
were of the view that there is very little being done in their
locality.

Related to feelings of neglect were feelings of disillusion-
ment. Several residents spoke of a lack of expectation about
where they live, and how things never seem to change or
get any better. This was de-motivating for walking and other
types of locally based activities. Closely related to this was
the view that the local authorities are ‘weary’ from dealing
with problems such as burned out cars, and extensive rubb-
ishing. Stemming from feelings of disillusionment and weari-
ness was a sense of apathy. Residents spoke about
neighbours who isolate themselves insofar as possible from
interacting in the locality or with other residents. This has a
negative effect on overall community progression.

Theme 3—personal and social factors
Incentives for walking among residents included mental
benefits such as stress release and stress management
(Table 4). Walking was viewed as particularly useful since it
is easy to do, requiring a minimum of co-ordination and
skill. Sociability was an especially important incentive for
women walkers. The point was made that local women tend
to walk in groups, but local men prioritise walking their
dogs. Some residents felt that there were more local activities
for women. They also felt that in general, women are better
at doing activities such as walking. Another key incentive for
walking was being in the fresh air and experiencing the
countryside. The Slí-na-Sláinte was not viewed positively in
this sense since the route is near the road and the estates.

Over half of the residents who took part in the study
were aware of the Slí-na-Sláinte signage and route, and
several said that they liked to use it. There were mixed views
about its usefulness to the neighbourhood. Some regarded it
as a nice walk that is easy to do, while others were not quite
sure about the benefits of its presence in the area. Others
were clearly unimpressed with it and felt it does not add
value to the locality.

Table 4 Social and personal factors

‘I think right now you would see a lot of women taking part in walking,
they get involved a lot more in that now, it depends on what age they are
and what time of year. All different age groups though, I think walking is
becoming very popular’ (Harry—focus group 4).

‘Well men I think take the dogs out. You’d see a lot of men in this area of
the North side, a man and his dog, so he has to take the dog out anyway.
In the evening you’d see women out walking. You would see a lot of that
around in the morning and all during the day, just all different groups of
women’ (Ivan—focus group 6).

‘That’s never a walk (Sli´na-Sla´inte), they’re buffing us about our walk,
there is no money pouring into the place for a walk’ (Jack focus group 4).

‘When we suggested now the work on (neglected local area), the first
thing people say is Jesus that will cost an arm and a leg, they said that at
the last meeting we were at . . . . . they done a part of it, that part at the
end there now, that cost thousands about four to five years ago, did you
see the state of it now’ (Tim—focus group 6).

‘I find that there is no information available to people in this area, if an
aerobics class is going on in the youth centre on a Tuesday night, the
locals who are only a few doors down wouldn’t even know it’s going on’
(Jane—focus group 4).
A number of residents spoke about the costs of amenities. These were strong in their views that neglected amenity areas could become neighbourhood assets if developed. It was acknowledged that this would require considerable initial investment on the part of local government. Requirements for a maintenance strategy were also stressed since previous repairs to a section of one specific area for walking did not last beyond the short term.

Physical activity initiatives assisted by the local health agency were acknowledged across the groups. On the whole, it was felt that there are insufficient facilities for the neighbourhood population to engage in regular activity. Linked to this opinion were views on the availability of information about neighbourhood classes or events. Some participants said that they never saw any information whereas others said they saw advertising for activities in the local supermarket, occasionally saw flyers in their letterboxes and on the local newsletters.

**Theme 4—physical environmental factors**

There was considerable discussion on access to facilities and amenities for walking and physical activity in general (Table 5). Several older residents talked about previous amenities such as a currently neglected walk on the periphery of the neighbourhood. Such amenities are now disused due to destruction. A majority of residents felt that current facilities are insufficient. Some stated that they were not impressed with the recently launched Sli-na-Sláinte route.

Several disincentives to walking emerged. Residents discussed the local dog population which is higher than in other city areas. Some were nervous of dogs and this stopped them walking certain routes. Others were not nervous but still found walking in areas with loose dogs off-putting. Un-tethered horses were also a barrier, particularly for those who ventured on the neighbourhood hinterland.

Personal safety was high on the list of environmental barriers to walking in the neighbourhood. While some residents were more fearful than others, all agreed that there are certain parts of the locality that are unsafe for walking. Residents also expressed their fears about aforementioned gangs of youths and the speed of traffic. Those with children were particularly concerned with traffic. There were some contradictions in terms of safety. For example, although several residents cited traffic as a safety issue for walking, others viewed areas with traffic as safer for walkers in that they are less likely to be intimidated by gangs. This bears some relation to the concept of ‘witness’ where people are less likely to commit crime or behave in an anti-social manner if they are likely to be witnessed. Although there is a large population of dogs in the area, which can be intimidating for walkers, it was suggested that bringing your own dog on a walk can be a protective factor.

The issue of neighbourhood cleanliness emerged frequently. Residents talked about broken glass on footpaths and on green areas, rubbish and dumped household appliances. It was felt that the local authorities are not doing enough to maintain cleanliness. Positive environmental changes would include clean routes for walking, having a higher law enforcement presence and provision of areas that are safe from traffic and designed for family activity.

**Discussion**

**Main findings of the study**

Although neighbourhood walking was considered by the participants, this was merely a catalyst for discussion on a far wider set of neighbourhood issues. Efforts on the part of the local health agency and Irish Heart Foundation to involve locals in the running of a newly established walking route were marginally productive. Findings suggest that the neighbourhoods are unreceptive to health promotion.
initiatives such as the Sli-na-Sláinte since they are dealing with more fundamental social and physical environmental issues. It may be the case that residents discount the benefits achieved by initiatives such as the Sli-na-Sláinte since these need to be deeply embedded in a supportive and facilitative environment if they are to achieve substantial impact.

The analyses indicate that sufficient organization and commitment by residents and local authorities may result in advances that could facilitate walking amenities. Residents felt that neighbours who are actively involved in local concerns can assist this progression. Other facilitative elements include neighbourhood cohesiveness and persistence in conveyance of needs. There was a strong sense of frustration that local government and agencies are currently neglectful of the locality. Aspects of the social environment were seen to affect walking both positively and negatively. While anti-social behaviour is constraining, sociability among residents and adequate social supports were viewed as important. Residents drew attention to the fact that walking and the physical environment are inextricably linked. Barriers to walking included personal safety concerns regarding crime, traffic and animals and problems with rubbish and dumping in several areas. Although it is not stated that women walk more than men in the neighbourhood, there is a general feeling that this is the case.

In retrospect, the Sli-na-Sláinte was introduced to the neighbourhood at an inappropriate stage in the community development process and had marginal impact.

What is already known on this topic
Communities that have confidence, commitment and a range of skills are better positioned to influence circumstances than those that are apathetic and alienated. Physical activity intervention design and implementation can benefit from meaningful participation of the community and relevant agencies. Residents who are more involved in their local community tend to be happier about where they live and have better health. Community opinion leaders are among those likely to have the greatest influence on delivering physical activity intervention messages. The important role of community leaders in facilitation of locally based health promotion is supported by the literature.

Additionally, community participation is more likely when there is equity between authorities and the community or where the professional is clearly recognized as a partner in the process of decision making.

The evidence that social support is beneficial to health and that social isolation leads to ill health is now considerable. The positive association between social support and physical activity has been established. Personal safety is an important influence on walking patterns and behaviour. Accessibility is shown to be sensitive to walking behaviour. Walking may appeal to women more than men.

Health promotion had traditionally tended to individualize health thus removing it from the broader social context. Of late attempts to address this are being made through, for example, physical activity health research incorporating environmental aspects and through development of a broader bio-psycho-social model of health and its determinants.

What this study adds
There is an urgent need for research into the effectiveness of environmental interventions, particularly within socially excluded sectors of the population who have the highest prevalence of physical inactivity. Desire to engage in local activity lies at the heart of the community. Health professionals need to be aware of the social context in which they are working, since there is little advantage in introducing promotional health incentives without first addressing underlying social and environmental matters. Initiatives such as the Sli-na-Sláinte can subsequently be introduced if it is clear that they will be a useful community resource. Fostering a nurturing environment can be done by looking at ways to enhance neighbourhood self-esteem, examining formation of lasting partnerships between residents and local authorities, and through formal assessment of neighbourhood needs. Neighbourhoods such as those who participated in this research, with ongoing problems in terms of community development and self-esteem require particular attention. Consistent long-term commitment to progressive development is required since lesser albeit well-intentioned supports are unlikely to show success.

Limitations of this study
Since the study took place in a specific location in one Irish city using a purposive sampling strategy, the views of participating residents cannot be generalized. Although purposive sampling offers researchers a degree of control, selection bias cannot be ruled out. Participants attended the groups because they had time and inclination. It would be interesting to assess the views of additional locals. For example, participants talked about residents who do not appear to care about maintaining a clean and functional environment. It would be useful to obtain the views of someone from this minority population of residents, although it is unlikely that they would attend a focus group discussion.
Researchers can subconsciously or even consciously cause respondents to answer in a certain way through the use of leading questions and handling of views. Interviewer bias cannot be ruled out since both moderators have professional interests in health promotion and community development. A neutral moderator was beyond the study resources. Despite efforts to remain objective and to allow the participants’ to direct discussions towards issues of personal relevance, this may have impacted upon the results.

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Conflict of interest

None declared.

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