



KEY POINT SUMMARY

OBJECTIVES

The purpose of the study is to determine the following: (1) patterns and correlates of walking, (2) the availability of places to walk and perform other forms of physical activity, (3) the extent of walking trail use and possible effects on rates of physical activity, and (4) attitudes toward the trails and their uses.

DESIGN IMPLICATIONS

Walking trails may be beneficial in promoting physical activity among segments of the population at highest risk for inactivity, in particular women and persons in lower socioeconomic groups. Therefore, consideration should be given to creating walking trails when designing or planning a community.

Promoting Physical Activity in Rural Communities: Walking Trail Access, Use, and Effects

Brownson, R. C., Housemann, R. A., Brown, D. R., Jackson-Thompson, J, King, A. C., Malone, B. R., Sallis, J. F.

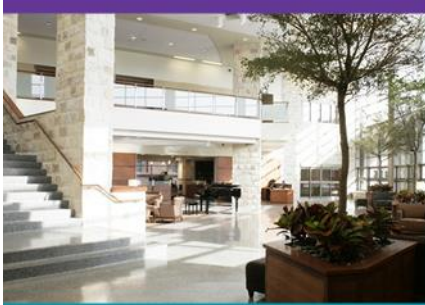
*2000 / American Journal of Preventive Medicine
Volume 18, Issue 3, Pages 235-241*

Key Concepts/Context

The health benefits of physical activity are well established. Physical activity contributes to a lower risk of coronary heart disease, as well as a variety of other chronic diseases including hypertension, non-insulin-dependent diabetes (Type 2), osteoarthritis, and osteoporosis. To promote physical activity, more environmental and policy strategies are needed. Examples of environmental and policy approaches to increase physical activity include walking and bicycle trails, liability legislation, zoning and land use, mall walking programs, building construction that encourages physical activity, policies and incentives promoting physical activity during the workday, and policies requiring comprehensive school physical health education programs. However, little research exists on the effectiveness of these strategies.

Methods

- Authors used a cross-sectional telephone survey to ask a population-based sample of 1269 residents (aged >18 years) some standard (i.e., the Missouri Behavioral Risk Factor Surveillance System, BRFSS) and specially developed questions about walking behaviors, knowledge, and attitudes.
- Nine sets of questions included as the dependent variables of primary interest in the current study: (1) walking behavior in the past month; (2) regular walking, such as walking >5 times per week and >30 minutes per occasion (the algorithm commonly used to determine compliance with current public health recommendations for moderate-intensity physical activity); (3) access to walking trails (defined by the question: "Are there any walking trails or paths in your area, not including those in state parks or national forests?"); (4) access to indoor exercise facilities (defined by the



The Center for Health Design: Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research providing the value of design in improving patient and performance outcomes in healthcare facility planning, design, and construction, optimizing the healthcare experience and contributing to superior patient, staff, and performance outcomes.

Learn more at
www.healthdesign.org

question: “Do you have access to an indoor facility where you can exercise when you don’t want to or can’t use the trail?”); (5) use of walking trails; (6) whether exercise behavior had changed due to walking trail use; (7) perceptions of safety when using trails; (8) how respondents found out about the trails; and (9) aspects of the trails most liked.

- Prevalence odds ratios (POR) and 95% confidence intervals (CI) were calculated to compare the differences in behavior, knowledge, and attitudes within various subgroups.

Findings

Only 19.5% of respondents were classified as regular walkers. About one-third of respondents (36.5%) reported having access to walking trails in their area, and 50.3% reported having access to indoor facilities for exercise. Among persons with access to walking trails, 38.8% had used the trails. Groups who were more likely to have used the walking trails included women, persons with more education, those making \$35,000 or more per year, and regular walkers. Among persons who had used the trails, 55.2% reported they had increased their amount of walking since they began using the trail. Women and persons with a high school education or less were more than twice as likely to have increased the amount of walking since they began using the walking trails.

Limitations

Author-identified limitations are as follows: 1) results of the study were dependent upon self-reported telephone survey data, for which there are several potential biases (e.g., possible underrepresentation of lower SES segments of the population); 2) although BRFSS questions on physical activity behavior have been tested for reliability, other items in our survey (e.g., perceived access to trails and indoor facilities) have not been similarly examined; 3) obtained information regarding access to walking trails is general and authors do not have data on why people who had access did not use the trails; and 4) because the data are cross-sectional, causal relationships cannot be inferred.