

FINAL REPORT
EXECUTIVE SUMMARY

Description and Evaluation of the Pennsylvania “WalkWorks” Project

Prepared by:
Institute for Evaluation Science in Community Health
Graduate School of Public Health
University of Pittsburgh

June 2012



Acknowledgements

The authors of this report acknowledge the immense effort of the “WalkWorks” project participants including staff of the Center for Public Health Practice and their “partners” in Cambria, Crawford, Greene, McKean, Venango and Washington Counties, Pennsylvania. They have accomplished much with a minimum of resources and time while demonstrating throughout the project an exemplary display of professionalism and dedication to improving public health in their communities. This report is offered with the deepest respect for their efforts.

This project was supported by a grant from the Centers for Disease Control and Prevention (CDC) (3U58DP001987-01S2). Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC, the Department of Health and Human Services, or the federal government.

Members of the Project
Evaluation Team

WalkWorks Project Staff

Center for Public Health Practice

Linda Duchak, EdM, MCHES, Project Director
Stefanie Pilotte Junker, MPH, Project Coordinator
Mary Lou Schweizer, MPH, Project Coordinator
Kurt Holliday, Communications Specialist

Institute for Evaluation Science in Community Health

Authors of This Report

Edmund M. Ricci, PhD, MLitt
Jean Nutini, MA
Jason Flatt, MPH

Community Partner Team Leaders

Cambria County: Marlene Singer, R.N., Project Director & Lori A. Gress, AFTA-CPT, Project Coordinator

Crawford County: Sue McDowell, Merrillyn Cushman & Ashleigh English, Director YWCA, Project Directors/Coordinators

Greene County: Karen Bennett, Project Director & Tracie Sypin, Project Coordinator

McKean County: Youmasu J. Siewe, PhD, MPH, Project Director & Claudia Caminite, Project Coordinator

Venango County: Terri Roberts, Project Director & Patty Spence, Project Coordinator

Washington County: Lee Rutledge-Falcione, MPH, Project Director & Lindsey Smith, Project Coordinator

Introduction and Background

This document is both a final report and an evaluation report for the Pennsylvania “WalkWorks” Project. In the body of the report, we describe how the project was organized, the extent to which its objectives were achieved, the implementation process and numerous recommendations for future WalkWorks project initiatives. All materials and guidance required to replicate this project elsewhere are contained in this report.

Environmental factors and lifestyle preferences play a major role in health problems today. Where people live, learn, work and play affects how long and well they live. Inadequate physical activity and poor eating habits are major contributors to the increased rates of unhealthy weight and obesity in the US. The negative health consequences of unhealthy weight and obesity include premature death and chronic diseases such as diabetes, heart disease, high blood pressure, asthma and various types of cancer. Other impacts include increased health care costs and lost productivity.

Being physically active is one of the best ways individuals can improve their health and well-being. Walking is an excellent form of physical activity – it’s free, easy, and accessible to people of all ages and abilities.

Social systems outside the family – such as those in the workplace, church, community or school – are an important influence on an individual’s overall health and well-being. Research provides strong evidence of the effectiveness of community-level programs that build, strengthen or maintain social systems to increase physical activity. These systems can help individuals change behaviors and manage stress. According to the Task Force on Community Preventive Studies, social support increases the frequency of physical activity by approximately 20 percent and time spent in physical activity by approximately 44 percent.

To address the problem of obesity and related chronic disease, the public health program known as “WalkWorks” began in July 2010 and concluded its formal activity in June 2012. The initiative operated in partnership with the University of Pittsburgh Center for Public Health Practice (CPHP), the Pennsylvania Department of Health (PA DOH), the Centers for Disease Control (CDC) and Prevention, and local organizations in six counties identified as high need. The program originated with the passage of the federal American Recovery and Reinvestment Act of 2009.

The general goal of WalkWorks has been to increase physical activity among children and adults in six rural western Pennsylvania counties. WalkWorks increases opportunities for walking in local communities by:

- Identifying and marking safe and accessible walking routes;

- Sponsoring free guided walking groups;
- Helping local school districts establish walk-to-school and walk-at-school programs; and
- Supporting local policy development related to pedestrian transportation.

The six counties invited to participate in the WalkWorks Program were chosen based upon the high incidence of chronic disease and obesity among county residents. The CPHP engaged a “partner” in Crawford, Venango, McKean, Washington, Greene and Cambria Counties through which the project was managed. Staff of the Center carried out the following management activities:

- Provided in-depth technical assistance for program development and implementation;
- Designed and produced print and electronic promotional materials, policy briefs, participant packets, and web pages;
- Provided signage for walking routes;
- Interacted with the PA DOH , which provided oversight; and
- Facilitated communication and sharing of ideas among partners.

The six county-level “community partners” each accepted a complex assignment. They were asked to:

- Identify four communities within their counties and establish one walking route in each;
- Work with a broadly based group of county stakeholders;
- Organize one walking group in each of the communities;
- Promote use of the walking routes and educate residents about the benefits of walking;
- Advocate for local policy development to encourage walking and environmental support; and
- Sustain the effort beyond the project period by maintaining walking routes and promoting walking.

Community partners had well-established reputations, relationships with stakeholders across the county, and the capacity to develop and implement a public health intervention. The partners were as follows:

Cambria County: Office of Community Health, Memorial Medical Center

Crawford County: Titusville Area Hospital and Titusville YWCA

Greene County: Greene County Department of Human Services

McKean County: Center for Rural Health Practice, University of Pittsburgh at
Bradford

Venango County: Oil City YMCA

Washington County: Washington County Health Partners

The communities selected within each WalkWorks county are identified in Table 1.

Table 1: Pennsylvania WalkWorks Counties and Communities

Cambria County	Greene County	Venango County
<ul style="list-style-type: none"> • Ebensburg • Johnstown • Saint Francis University • University of Pittsburgh at Johnstown 	<ul style="list-style-type: none"> • Green River Trail • Greensboro • Wana B Park • Waynesburg 	<ul style="list-style-type: none"> • Cranberry • Franklin • Oil City • Two Mile Run Park
Crawford County	McKean County	Washington County
<ul style="list-style-type: none"> • Conneautville • Meadville • Spartansburg • Titusville 	<ul style="list-style-type: none"> • Bradford • Kane • Port Allegany • Smethport 	<ul style="list-style-type: none"> • Canonsburg • Charleroi • City of Washington

Rigorous process and outcome evaluation were incorporated into the WalkWorks project from the start of the program in July 2010 until its conclusion in June 2012. The evaluation was conducted by staff of the Institute for Evaluation Science in Community Health, Graduate School of Public Health, and University of Pittsburgh. Throughout the project, the evaluation team followed guidelines and guidance offered by evaluation staff of the Division of Nutrition, Physical Activity and Obesity (DNPAO), Centers for Disease Control and Prevention, US Public Health Service. In the following section of this report, the evaluation methods, findings and recommendations are presented. This section is followed by sections on the findings of the evaluation research and recommendations for future initiatives patterned after the WalkWorks model.

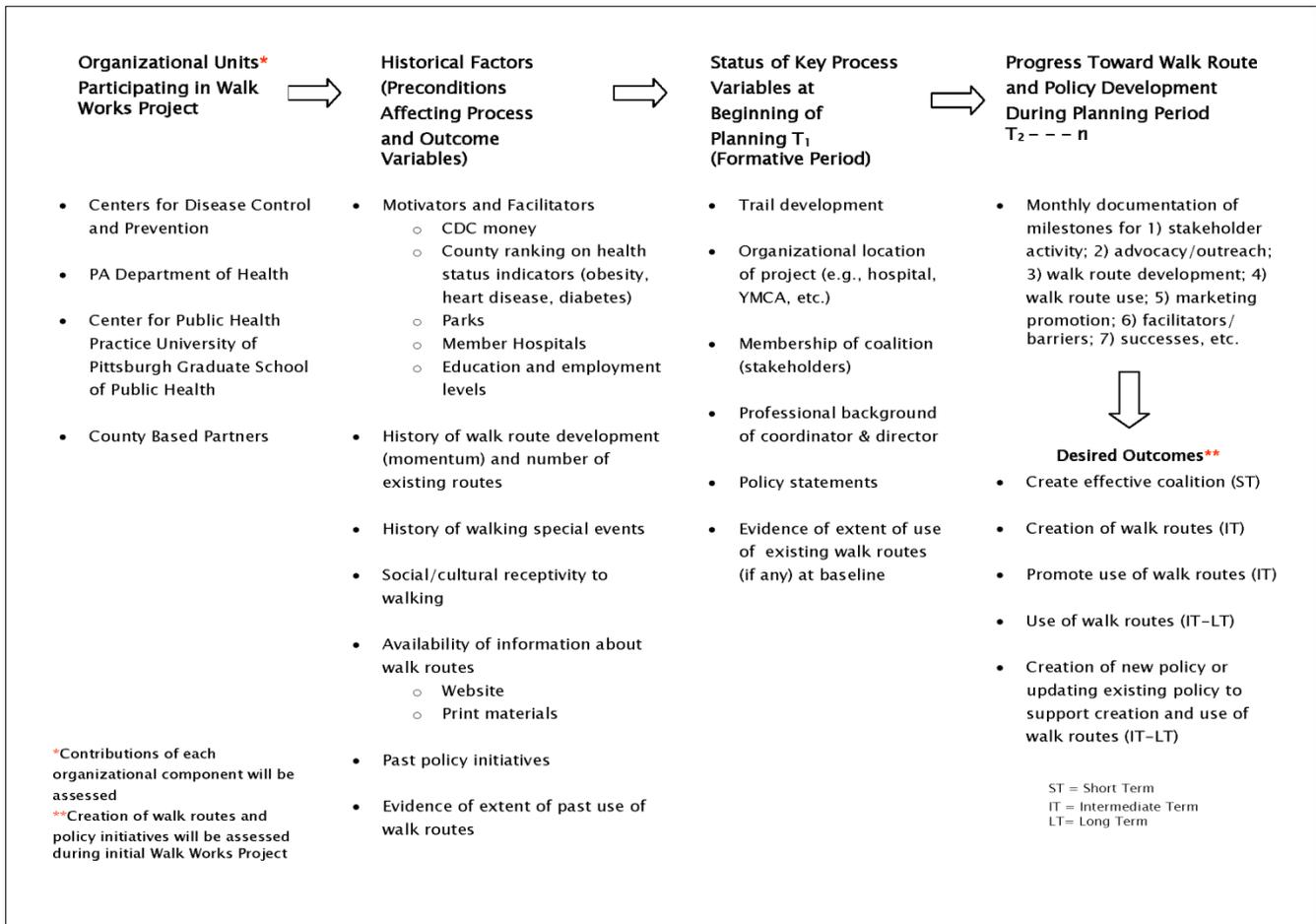
Evaluation Framework and Methods

The evaluation was conducted by the Director and staff of the Institute for Evaluation Science in Community Health of the Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh. The program evaluation was guided by the Centers for Disease Control and Prevention (CDC), “Framework for Program Evaluation in Public Health” (MMWR publication RR-11). The framework includes 6 steps, namely:

- Engage stakeholders;
- Describe the program;
- Focus the study;
- Gather and analyze evidence;
- Justify conclusions; and
- Ensure use and share lessons learned.

The evaluation process began with preparation of a list of factors for use in the evaluation (Figure 1). This list enabled us to conceptualize the entire WalkWorks process, and guided development of detailed evaluation questions, process and outcome variables, and a logic model for the project.

Figure 1: Conceptual Model for WalkWorks Project Evaluation



The conceptual model reveals our overall framework for the evaluation. At the start, we viewed WalkWorks as a community-based public health initiative that:

- Would be influenced by the individual history of each county related to planning for the built environment as well as the past configuration of working relationships among stakeholders;
- Required the participation of stakeholders representing governmental, voluntary and private organizations, although the mix would vary among the participating counties;
- Could be influenced by the locus of WalkWorks planning in each county; and
- Had very clear primary outcomes (walking-route development and walking-group formation) with secondary outcomes (policy change) that would be a “reach” within the project timeframe.

Stakeholder Participation (Step One)

The goal of the project – to increase opportunities for physical activity by utilizing the built environment – and the objectives of the project – to identify, develop, map and promote four walking routes; to implement and promote walking groups; and to promote policy change in the built environment to support physical activity – were discussed by each stakeholder group. The content of a logic model and evaluation design was discussed by the stakeholder groups based upon the readiness level of each participating county to address the project’s goals and objectives.

The stakeholder groups for this project were drawn from the following sectors in each target county: 1) Education; 2) Local government; 3) Health/public health; 4) Business; 5) Health insurers; 6) Appropriate voluntary community groups.

Describe the Program (Step Two)

A general logic model was prepared showing the resources, activities, outputs, and short-term, intermediate and long-term outcomes associated with this project (Figure 2). The logic model served as both a management tool and a guide for evaluation. The overall evaluation design included descriptive methods for process evaluation and outcome assessment.

Figure 2: General Logic Model: WalkWorks Project

Resources	Activities	Outcomes		
		Short-Term (Year 1)	Intermediate-Term (Year 2)	Long-Term (Years 3 →)
<ol style="list-style-type: none"> 1. CDC/PA DOH funding 2. SHIP infrastructure in 6 counties in PA 3. PA DOH professional staff 4. Graduate School of Public Health Professors and Staff 5. Capacity to access existing information using information technology 6. 6 county project teams 	<p>1: Increase opportunities for physical activity in each target county by improving the built environment</p> <ul style="list-style-type: none"> • Develop a group of stakeholder partners in each target county working with SHIP committees • Identify and map 1 walking route in each target county incorporating “discovery opportunities” • Develop local website to promote walking routes • Recruit community partners to promote and incentivize use of walking routes • Engage community partners in creating signage to highlight walking routes • Create a process whereby walking routes are continually assessed and improved (safe, lighted, maintained, etc.) <p>2: Encourage use of walking trails in each target county</p> <ul style="list-style-type: none"> • Work with community partners (e.g. SHIPs) to organize walking groups and encourage motivational activities • Work with the lead community partner (SHIP) to sustain walking groups • Develop and disseminate information about walking, walking events, physical activities, and other motivational materials • Organize “kick off” events and plan annual events to sustain interest in walking <p>3: Work with county stakeholder groups to prepare and implement policy statements concerning the built environment and physical activities</p> <ul style="list-style-type: none"> • Identify evidence based studies to support improvements in the built environment as a means of increasing walking • Prepare drafts of policy briefs, tailored to the situation in each county, to support the development and use of the built environment • Distribute and advocate for adoption of policy briefs in each target county across state <p>4: Integrate public service announcement (PSA) media campaign, to be developed by PA DOH, into advocacy activities in each target community to develop policy, improve the built environment and encourage its use</p>	<ul style="list-style-type: none"> • Stakeholder group is formed and members become informed and knowledgeable about the built environment and walking • Residents of the target community become informed and understand the health benefits associated with walking • Plans to improve the built environment are prepared • One walking paths is identified in each target county • Form walking groups • Informational/motivational materials are prepared and distributed • Motivational activities (e.g. kick off events) are planned • A primary partner is involved in each target county (SHIPs) • Policy statements concerning the built environment and walking are prepared for each county 	<ul style="list-style-type: none"> • Community residents become aware of walking paths and begin to use them • Residents of target communities understand the relationship between walking and health • Community members outside of stakeholder group support and initiate advocacy to improve the built environment • Policy statements are approved/formalized by school district • Use of walking trails increases by 20-30% over year 1 baseline (weekly use) • “Kick off” event is held in each target community • Walking support groups continue to function and begin a period of growth • Website is accessed by 5-10% of residents in each target county 	<p>(These outcomes are beyond the time frame for this project but can be followed through state level data obtained through BRFSS and other surveys)</p> <ul style="list-style-type: none"> • Walking trails maintained in each county • Walking behavior is maintained or increased from year 2 levels • Health status improvements are observed in group of regular walkers e.g. BMI, blood pressure levels, lipid levels)

Evaluation Focus (Step Three)

The evaluation effort was “focused” (Step 3), using a process in which the project team, working with the stakeholder groups, identified the goals (purposes) for the evaluation study. Obviously, the evaluation focused upon the stated program objectives and also attempted to identify unintended consequences of the WalkWorks Program.

Gather and Analyze Evidence (Step Four)

We prepared a case report for each target county, based upon a chronology of events, to describe the structure and operation of the program as planned, initiated and evolved in each county. These case reports are summarized in Appendix 2. The description incorporates components of the logic model including an assessment of the extent to which the project objectives were met. Data for the process evaluation came from structured monthly telephone interviews with the directors and/or coordinators of each county program; from baseline, midpoint and project end interviews, site visits to observe progress, and from observation by evaluation team members of numerous events and planning meetings. During the interviews, we inquired about:

- Historical factors that affected the WalkWorks initiative;
- Stakeholder group activity;
- The process of walk route development;
- The organization and operation of walking groups;
- Signage preparation and installation;
- Kickoff events;
- Factors that facilitated or impeded progress toward achieving goals and how these were managed; and
- Success stories.

These on site and telephone interviews provided a large volume of outcome and qualitative (process) data which has been drawn upon to prepare the findings and recommendations presented in the next section of this report. Key data are contained in tables throughout the next section.

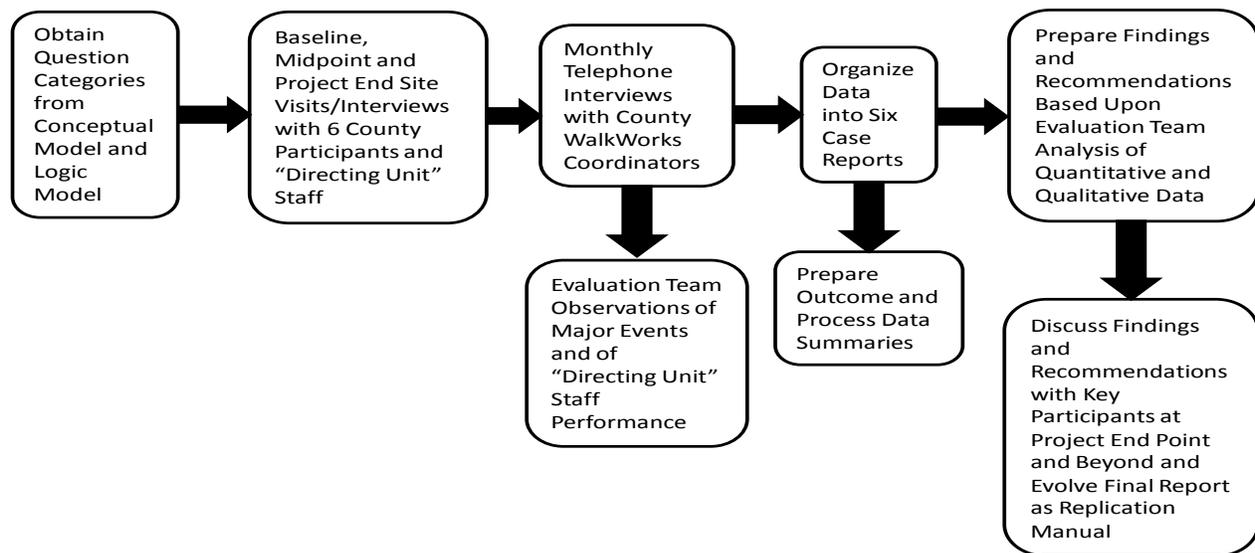
This evaluation flowed from the final logic model developed for the project. A baseline profile of each target county was prepared showing:

- Population
- Percentage rural

- Overall health ranking
- Adult obesity
- Physical inactivity
- Diagnosed diabetes
- Percentage with high school diploma, college degree
- Unemployment
- Existence of walk routes and walking groups
- Other related initiatives and policy statements

It is a given that the participating counties started from different baselines. Therefore, one task for evaluation was to assess progress (or lack of it) for each county, given the baseline profile, and clearly describe how each group worked to facilitate the needed policy, environmental and behavioral improvements, and outcomes. To do so, the evaluation team used systematic observation and documentation in each community. To keep travel and per diem costs associated with each of the county evaluations to a minimum, we carefully organized each onsite visit so that the required evaluation data were collected in one to two day visits, and we worked with project implementation staff to record and obtain data. Figure 3 is a summary of this process.

Figure 3: Data Collection for Case Reports



Each case report is summarized in Appendix 2 showing: 1) Overall chronology of activities and events; 2) Historical factors that affected the WalkWorks initiative; 3) Stakeholder group membership; 4)

Development of routes; 5) Walking group formation; 6) Signage; 7) Kick off and large-scale events; 8) Facilitating factors; 9) Issues/barriers; and, 10) Success stories.

Justify Conclusions (Step Five)

At the completion of the project, a case report was prepared for each county (Step Five) describing:

- The status of the counties' built environments for walking at baseline and level of use at project end;
- The public health process as it unfolded in each county, noting barriers and facilitating events;
- Use of the walking routes;
- The extent of organizational and partner activity, and its sustainability;
- Evidence of policy development, acceptance and formalization; and
- Extent to which organizational and environmental infrastructure have been developed and evolved in each county (related to baseline), and the steps taken to sustain the activity.

Feedback from the stakeholders and walking group participants and lessons learned are incorporated into this report. However, this process will continue beyond the project end date of June 30, 2012.

Ensure Use and Share Lessons Learned (Step Six)

In Step Six, ensuring use and sharing lessons learned, we will attempt to increase the likelihood that the evaluation findings will be used. The study findings, in the form of a "Summary of Findings and Conclusions," will be distributed to stakeholders in each county (including policymakers), and they will be asked to discuss the continued use and further development of the walking program. An attempt will be made to either: 1) Continue the stakeholder group as a working committee within each county, or; 2) Transfer functions and responsibilities for sustaining and continuing to evolve the walking program to appropriate organizations and individuals in each county.

This evaluation report addresses four general evaluation questions:

- To what extent were the WalkWorks outcomes achieved?
- How did the WalkWorks implementation process materialize?
- What barriers and facilitating factors emerged during the period of project implementation?
- What recommendations for future WalkWorks-type projects can be drawn from the initial WalkWorks project?

The sections that follow address each of these questions.

Findings from the Evaluation Study

A. Outcome Assessment

The overall conclusion of the evaluation team is that the WalkWorks Project achieved all group one outcome objectives (with one minor exception) and, in some cases, exceeded the original outcome expectations. These outcomes were achieved by the six county-level community partners and the CPHP management team in spite of significant initial delays in releasing funds to the partners and the limited amount of funding available to each county for the WalkWorks Initiative. The compensation to each county (\$15,700) was not sufficient to cover the full cost of the project during its 18-month implementation period. Therefore, each partner voluntarily contributed additional staff time to fulfill the contractual obligations associated with this effort. In so doing, they have demonstrated a high level of professionalism and commitment to the values and goals of the public health profession.

We here present the outcome targets for the WalkWorks project and show the extent to which these were reached by each county partner. With respect to the group 1 project outcome objectives, the counties were asked to:

- Identify four target communities;
- Identify and map one walk route in each community;
- Develop and facilitate one walking group in each community;
- Encourage use through “kickoff” events; and
- Arrange for display of WalkWorks signage.

As shown in Table 2, the county partners achieved these primary outcomes objectives within the project time frame. In fact, more routes were created (28) and more walk groups organized (48) than required under the contractual agreements with the CPHP and the six county partners. Signage was displayed to guide walkers (Appendix 4), and the walk routes were highly publicized through kickoff events, web-based information and press releases. In all, 37 major events were held in the six counties to inform the public about the walk routes and encourage their use. Based upon our review of “log data,” we estimated that approximately 800 participants were attracted to the various WalkWorks events and walking groups. In addition, a program titled “Mileage Club” was implemented in Venango and Greene Counties. The program recruited approximately 600 children to engage in walking activities. In one county, four walk routes were identified, however as of the date of this report, three have been mapped. The delay in placing signs on the fourth route has been caused by local delays completely beyond the control of the county partner.

Table 2: Achievement of Primary WalkWorks Outcomes by Six County Partners

Outcomes	Cambria	Crawford	Greene	McKean	Venango	Washington
Identify four target communities	Yes	Yes	Yes	Yes	Yes	Yes
Identify and map one walking route in each community (target = 4)	Yes (+4)	Yes	Yes	Yes	Yes	Identified 4; mapped 3
Form and facilitate one walk group in each community (target = 4)	Yes 6 groups	Yes 7 groups	Yes 5 groups	Yes 17 groups	Yes 4 groups	3 groups
Arrange for display of WalkWorks signage for four targeted routes	Yes	Yes	Yes	Yes	Yes	Yes
Encourage use through kickoff events, web info, and press releases	Yes 7 major events	Yes 8 major events	Yes 7 major events	Yes 5 major events	Yes 6 major events	Yes 4 major events

A second set of outcomes (group two) was also articulated in the WalkWorks proposal. The Center for Public Health Practice was to encourage policy change within the target counties by:

- Preparing two “policy briefs” and distributing them to county governments and community leaders; and
- Encouraging discussion and consideration of policy issues and opportunities by local governmental and community leaders.

While the first of these group two objectives was articulated as a clear outcome, the specific process leading to policy change was not apparent at the time of the contract signing.

The attempt to influence local policy on the built environment and encouragement of walking behavior was ambitious, given the project timeframe and resources. CPHP staff prepared two policy briefs, which were reviewed and commented upon by PA DOH staff (refer to Appendix 5 for copies). Multiple copies of the first WalkWorks policy brief were distributed to the six county partners for local distribution in July 2011. The first policy brief was distributed directly to 63 local decision makers and stakeholders. In addition, a “Complete Streets” workshop was organized and attended by 30 municipal and county-level decision makers. Complete Streets are designed and operated so they work for all users – pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Participants were provided with the fundamentals and many types of Complete Streets; fact sheets on the benefits of

Complete Streets and policy implementation; a detailed overview of the elements necessary in a successful policy; and examples of Complete Street policies and guides.

The second brief reached the counties in July 2012. However, formal activity for the WalkWorks Project ended on February 3, 2012, with an unfunded extension until June 30, 2012. It was not possible, therefore, for either the CPHP or community partners to engage further in the policy process. In addition, the process (activities) required to advocate for policy change were not clearly identified in the scope of work for the WalkWorks Project.

The evaluation team considers the WalkWorks policy initiative to have been a most productive component from which much has been learned. Our conclusions are as follows:

- The CPHP prepared two policy briefs. The first was widely distributed to decision makers throughout the six participating counties.
- The WalkWorks team was invited to deliver presentations to the planning commissions of Crawford and Venango Counties to promote the WalkWorks project, the benefits of pedestrian transportation and the complete streets concept.
- In two of the six counties (Crawford and Venango) and in two larger municipalities (Titusville and Washington), important inroads were made into the policy process by working with the planning commissions. The county planning commissioners were exceptionally supportive of WalkWorks and invited the contribution of language related to pedestrian transportation into the county's comprehensive plan (Appendix 6). Municipal planning commission members requested additional technical assistance and recommendations for modifications to the built environment in support of pedestrian transportation (Appendix 6). After the formal activity of WalkWorks concluded, a third municipality, Johnstown, requested additional technical assistance and recommendations for modifications to the built environment. The Center for Sustainable Transportation Infrastructure (CSTI) at the University of Pittsburgh's Swanson School of Engineering is responding to this request.
- Policy change relative to pedestrian transportation is a technically complex process, as are recommendations to enhance pedestrian transportation in the built environment. In the case of the PA WalkWorks project, technical assistance came from CSTI. Such expertise is not always available.
- It is essential to include members of both municipal and county-level planning commissions in future WalkWorks projects.

B. Process Assessment

1) Center for Public Health Practice

The CPHP project director worked with PA DOH staff to design the WalkWorks project including a detailed scope of work with measurable process and outcome objectives, timeline and budget. They interacted with PA DOH staff throughout the entire process to obtain their input. CPHP staff did the following:

- Identified, persuaded to participate and then contracted with six county-level community partners ;
 - Provided technical assistance to the partners through workshops, site visits and telephone consultations;
 - Designed and produced print and electronic promotional materials, web pages and guides of various sorts (Appendix 4);
 - Prepared and distributed two policy briefs on the built environment, and provided training and advocacy for policy change ; and
- Assured that the project timeframes were met, and all deliverables were provided by both CPHP staff and the community partners.

As previously noted, all group one objectives were met. Among the group two objectives, two policy briefs were prepared and distributed, and some advocacy activities were undertaken, primarily in the form of educating county level staff about the process of advocacy; however, the project ended before extensive advocacy could be undertaken. The following observations pertain to the role played by CPHP staff.

- This project was to be conducted within a very ambitious 20-month time period. However, the start of the project was delayed three months while CPHP staff and community partners awaited release of funds by the PA DOH. While the project was granted a "no-cost" extension for four months, staff could not be retained to work on the project without funding. In spite of the funding delay, all primary objectives were met or exceeded.
- When asked in the final interview with county partners to comment upon the quality of technical assistance provided by CPHP staff, the community partners were unanimously positive. They especially appreciated that CPHP staff managed all interaction with PA DOH, thus removing one potential complexity to project completion.
- The one area in which CPHP staff encountered difficulty was the design and preparation of signage. The delivery of these materials to the counties was delayed, resulting in unmarked routes during early usage. The delay was related to the numerous approvals at all

organizational levels of this project for the signage models and the desire to order all signs at one time.

- One of our strongest recommendations (see below) is that in future efforts to improve the built environment, route markers and all other necessary project materials be prepared at the start using WalkWorks materials as models. The development and production of these materials is an important byproduct of this project.

2) County Partners

Data for this process assessment has been drawn from several sources, namely: 1) Site visits to each county partner by the evaluation team at the initiation (baseline), midpoint and completion of the project; 2) Structured monthly interviews with each county partner; and 3) Quarterly narrative reports submitted by each county and then integrated into a comprehensive quarterly report. In addition, the evaluation team observed group meetings (WalkWorks) held for the partners and organized by the CPHP.

The baseline, midpoint and end-of-project interviews, monthly interviews and quarterly progress reports constitute an immense data set of approximately 100 pages for each participating county. Appendix 2 contains a structured case report for each county summarizing the historical factors, stakeholder group membership, walking routes, walking groups, signage, major promotional events, factors that facilitated achievement of project goals, major issues and barriers, and success stories. Each county followed the same detailed chronology/time frame (Appendix 1), and the timeframe adherence was effectively facilitated by CPHP staff. These analytic categories are found in Figure 1 (Factors Included in Evaluation) and in the project logic model (Figure 2). The process assessment which follows is drawn from the data presented in the case study summaries, and enhanced with insights obtained during the extensive communication and interaction among the evaluation team, community partners and CPHP staff.

Overall Project Chronology and Implementation Process

In describing the implementation process for the WalkWorks Project, we present in Appendix 8 a detailed chronology of events with timeframe. This presentation is based on documentation from progressive quarterly reports submitted by each WalkWorks county, which was then incorporated into unified quarterly reports by the CPHP. The description of the implementation process for the WalkWorks Project is fully documented in the final “Quarterly Report Summary” submitted to the PA DOH in February 2012.

The chronology is organized according to the set of tasks addressed in implementing the project. We consider these tasks to be the basic set of activities that would have to be accomplished in future replications of the program.

Discussion of the WalkWorks Implementation Process

The WalkWorks implementation process was designed in detail before the start, monitored carefully throughout and adjusted as needed to address unexpected events and barriers. The evaluation team offers several comments.

The *county partners* included two hospitals, a YMCA, two county-level departments of human services and a Center for Rural Health practice in a small university-related college. Each partner brought and capitalized upon its unique strengths and qualities.

- The *hospitals* brought credibility in health and fitness, strong community connections and stakeholder participation.
- The county human service organizations had resources, connections, reach and a history of developing and implementing community-based services.
- The YMCA team had a history of involvement with population-oriented fitness programs and was highly comfortable with promotion of walking by using the types of promotional marketing strategies that are integral to YMCA programming. Perhaps the most unique WalkWorks partner was the Center for Rural Health Practice. The Center, while lacking the fitness background, extensive community connections and resource base of the other partners, met the project outcome objectives by “taking the most direct route.” Using one of the smallest stakeholder groups in the project (9), the local coordinator identified the most important local community collaborators, met one-on-one as needed and efficiently addressed project outcomes. The overall conclusion is that each county-level organizational location provided an effective base and successfully employed different process styles in addressing the goals of WalkWorks.

The *county stakeholder groups* ranged in size from nine to twenty-six members. The most numerous classes of stakeholders who were invited to participate across the six counties were governmental officials (21), health care/public health professionals (15), educational leaders (12) and business leaders (10). This distribution clearly reflects the types of persons/organizations required to implement a WalkWorks project, with local government being of primary importance.

Among the most significant barriers encountered by the counties were:

- Funding delays that compressed the overall timeframe
- Time constraints resulting from the large scope of work

- Delay in signage reaching the community partners for kick-off events
- Insufficient time to see through policy change
- Poor weather (rain, snow, freezing conditions) affected participation in walk groups
- Addressing the needs of different fitness levels and time schedules
- Recruiting walk group leaders/walkers was a challenge requiring creativity in marketing
- Funding did not cover expenses of partners, requiring the county partners to contribute time to the WalkWorks effort.

The *major issues and challenges* that emerged at the county level as the partners worked to develop walking routes and groups are summarized in Tables 3 and 4.

Table 3: Barriers and Facilitators to the Development and Sustainability of Walking Routes

County	Barriers	Facilitators
Cambria	<ul style="list-style-type: none"> • Project expectations and restrictions not clear at the onset • Timeline changes • Changes in expectations during process • Difficult to limit number of routes in county • Eligibility criteria for routes • Time and resources to meet objectives • Difficulty with meeting marketing deadlines • Lack of funds for marketing • Unclear about the objectives and if they are reaching the people who need the program most. • Delay in signage 	<ul style="list-style-type: none"> • Interest in walking route packets • Flexibility: Promoted walking for everyone, everywhere, anytime • County interest in WalkWorks and route development • Communicating and promoting WalkWorks by e-mail • Interest in the community and from partners • Lift Johnstown and Johnstown School district partnerships
Crawford	<ul style="list-style-type: none"> • Challenging to meet deadlines • Re signage: reluctance at the local level to accept ownership that will result in cost to the municipality • Change in personnel 	<ul style="list-style-type: none"> • Developed partnerships with stakeholders across the county who are invested in combining resources to improve the health and quality of life of Crawford County citizens.
Greene	<ul style="list-style-type: none"> • Establishing routes given changes in eligibility • Signage – initial options changed & delay in receiving them 	<ul style="list-style-type: none"> • WalkWorks Workshop • Collaboration between coalition members, local area agencies, and school districts
McKean	<ul style="list-style-type: none"> • Difficulty in hiring WalkWorks Coordinator • Weather was a barrier • Long distances between communities involved a lot of travel time. • Signage wasn't available for kick-off or fall event to provide more 	<ul style="list-style-type: none"> • Identification of key contacts in communities • Participation in Borough Council meetings to rally support for WalkWorks • Face to face meetings with stakeholders

	<ul style="list-style-type: none"> advertisement and raise interest. • Advertisement is difficult since each community has a different radio station and newspaper. • WalkWorks budget limited efforts. 	
Venango	<ul style="list-style-type: none"> • Timely meetings with local officials in areas where routes are located • Adherence to project timeline, especially given other work responsibilities • Signage delay 	<ul style="list-style-type: none"> • Word of mouth to advertise WalkWorks • Meeting with local officials in areas where routes were located
Washington	<ul style="list-style-type: none"> • Uncertainty with regard to eligibility criteria for routes • Waiting for promotional materials and signs • Funding • Adherence to project timeline, especially given other work responsibilities • Project coordinator transitioned out of WalkWorks to another job 	<ul style="list-style-type: none"> • WalkWorks workshop , and technical assistance and guidance from the University of Pittsburgh • Determination – constantly contacting people to meet, etc.

Table 4: Barriers and Facilitators to the Development and Sustainability of Walking Groups

County	Barriers	Facilitators
Cambria	<ul style="list-style-type: none"> • Difficulty finding leaders. Overwhelmed with WalkWorks responsibilities • Walking schedule restrictions • Timing of materials and signage • Difficulty in getting people to join groups, but they are willing to walk • Registration requirements, paperwork, and reporting for the walking groups not user friendly and discouraged participation • Weather was a barrier. Keeping walking groups walking as weather changes 	<ul style="list-style-type: none"> • Allowed groups flexibility in the WalkWorks rules • Use of existing groups [church, businesses] to develop walking groups • Use of existing walking groups • Additional funds that will enable re-launching of WalkWorks in the Spring • Developing an online registration for leaders and participants • Personal meetings with groups and offering incentives
Crawford	<ul style="list-style-type: none"> • Grant ending during winter months limits attracting new walkers • Weather (early snowfall) • Trouble getting a group started in Titusville because of trying to accommodate different schedules (morning, afternoon, evening) and 	<ul style="list-style-type: none"> • Indoor walking groups helped to maintain groups during the winter (Titusville and Meadville group)

	<ul style="list-style-type: none"> different fitness levels • Difficult to get new walkers involved because most do not want to commit to a regular walking time. • Change in personnel 	
Greene	<ul style="list-style-type: none"> • Recruiting participants • Weather 	<ul style="list-style-type: none"> • Partnering with Greene County Human Services • Technical assistance and guidance from the University of Pittsburgh • Collaboration between coalition members, local area agencies, and school districts
McKean	<ul style="list-style-type: none"> • Difficulty finding walking group leaders in smaller communities • Leader inconsistency [vacations] • Weather was a barrier • Some walking groups were not as functional as expected. • WalkWorks budget limited efforts 	<ul style="list-style-type: none"> • Businesses are open to have WalkWorks available for employees • Developed a tracking website and helped to motivated people to walk more. • Rewards - gift certificate provided to top 3 walkers in each community and a plaque to the top 3 businesses
Venango	<ul style="list-style-type: none"> • Recruiting group leaders • Weather 	<ul style="list-style-type: none"> • Word of mouth to advertise WalkWorks
Washington	<ul style="list-style-type: none"> • Group leaders trying to keep track of multiple groups • Project coordinator transitioned out of WalkWorks to another job 	<ul style="list-style-type: none"> • Enthusiastic walking group leaders • Determination – constantly contacting people to meet, etc.

When asked to identify factors and strategies that *facilitated* the achievement of project goals to create walking routes and groups, the participants identified the following:

- High level of connectedness, professionalism and dedication of county coordinators enabled them to integrate the WalkWorks activities with their other responsibilities. In effect, the project was co-funded by the county partners.
- Recruiting creative and motivated walking group leaders is essential.
- Working closely with key local governmental officials (planning commission, council leadership/mayor).
- Engaging health professionals to promote the benefits of walking, publicly endorse the project and become involved (e.g. “Walk with a Doc”).
- Getting businesses to support and endorse walking, and facilitate employee participation
- Providing rewards to the top three walkers and businesses with the most walkers.
- Strategic selection of stakeholders in each county to include those with “clout” and resources to contribute.
- Use of one-on-one meetings to work through differences and overcome resistance.

- Using a tracking website to motivate walkers and develop a community “culture of walking.” The idea of making walking a part of “what we do here” could be further exploited.
- School district involvement is considered a critical and useful way to build walking into the youth culture in a community.
- Having an organizing team, such as the Center for Public Health Practice, whose primary focus was to provide technical assistance and materials, thereby allowing county partners to focus on local communication and organizing.
- Creation of indoor walking groups during poor weather months to maintain momentum.

Success Stories

Success stories were offered by each county and are contained in the individual county case reports (Appendix 2). We offer several here to illustrate the impact the program can have on the day to day lives of citizens.

Story 1

“The first time I had walked any distance was at the kickoff for WalkWorks in Smethport. I completed it, but it was hard to do. My legs were feeling the effects, and I was very out of breath. Since then, I have walked almost every day. My neighbor, Brenda, and I walk together, and we call ourselves the Doting Grandmas. We have a lot of fun, and we enjoy walking so much. We look forward to it every night. If one of us doesn't feel like going, the other one will say, ‘come on; you will feel better.’ And that is so true. We both have been able to increase our time drastically. We call ourselves the Doting Grandmas because we both have grandchildren that are at our houses a lot of the time. They started going on some of our walks. They love it and are always saying, ‘is it time to go on our walk?’. We love taking them with us and know that all this walking is so very good for them. I have energy now that I didn't use to have. Walking is also a good way to relieve tension, relax, and improve your overall outlook on things. I recommend it to everyone.”

Story 2

Dianna Chapman, a participant since June, lives in Smethport. She proudly declares: “I am a wife, mother, grandmother, and full-time bank employee. I am about to turn fifty in a few days, and it is going to be a great birthday. Part of that reason has to do with WalkWorks. I was overweight, sedentary and not very happy with the recent medical report I had received from my physician regarding increasing cholesterol and blood sugar levels. I have lost twenty pounds, and I feel like I have a new lease on life. I have no doubt, the next time I get my lab work checked, I will feel better about that, too. It was, in many ways, a small investment with little risk that paid off big time. It was a wise investment in my “retirement” plan, one I would recommend to all my customers!

WalkWorks has already impacted many lives, both directly through improved lifestyle choices and increased physical activity, and indirectly through increased awareness on the community leadership level. Mayors, borough managers, and other local government officials remain very interested in the program and willing to support it with their funds (e.g., buying paint for stencils) and manpower. WalkWorks educates the communities with both interesting facts about sights and history on the back of the trail maps and the health benefits of walking for every age group, especially walking in a safe environment (Safe Routes to School, Walkability Audit, etc.). Clearly, the citizens, businesses, schools, and communities in McKean County are looking forward to continuing successful partnering with WalkWorks.

Story 3

WalkWorks is enjoying continued success in McKean County. Each of the larger communities of Smethport, Bradford, Kane, and Port Allegany boasts at least one walking group; several groups began walking six months ago and are still walking today. In fact, several groups are planning to walk indoors for the winter, thus sustaining the program beyond the grant's duration.

WalkWorks McKean County collaborates with the Allegheny National Forest Visitors Bureau (NFVB). Linda Devlin, Executive Director of the NFVB, and Claudia Caminite, WalkWorks Project Coordinator, are enjoying the benefits of partnership; Ms. Devlin uses WalkWorks trail maps in her NFVB presentations, and WalkWorks trails are posted on the NFVB web-site. Ms. Devlin has partnered with Dr. Billie Schumann from the Anthropology Department at the University of Pittsburgh at Bradford (UPB). Professor Schumann works with UPB students to collect public and business input on NFVB's "Trail Towns" trail development in McKean County.

Ms. Devlin, Dr. Schumann, and Mrs. Caminite are jointly exploring the development of Smethport as a four-season trail hub for regional attractions. Ideas on the community's existing resources and needs are being considered, as well as ways to capture trail users and their economic expenditures. They have identified local organizations and residents who are eager to develop new trails, and maintain and resurface existing ones.

WalkWorks also partnered with the medical practice of Dr. Abaz Susic and held a successful Ovarian Cancer Awareness Walk in Bradford. The Awareness Walk had over 90 participants, raised over \$4,000.00 for charity and commemorated the construction of new sidewalks (which function as extensions of the existing and currently used McDowell Trail).

Story 4

At first, Mon Valley Chamber of Commerce Executive Director Debra Keefer thought the WalkWorks program was going to be “just another walking program.” Most programs come and go, but after over fifty-five community members came out to support the kick-off event in May, Keefer saw more potential in the walking program than before.

“I saw the route as a way to combine business, community, and walking. We were able to not only encourage businesses to open up their doors and offer discounts to community members, but we were also able to get people out walking” said Keefer.

The initial kick-off event, called “Fun Friday,” encouraged community members to come out and walk during their lunch break. Local businesses were also encouraged to run sidewalk sales and specials. Many local restaurants offered specials, and many retailers had special discounts and coupons.

Because of the success of the kick-off event, the chamber decided to declare the first Friday of the month, “Fun Friday,” where community members come out to walk, and the businesses offer discounts and specials.

Aside from “Fun Friday,” many businesses also encouraged their employees to take advantage of the route on their lunch breaks. The route was also used at the Lois Orange Ducoeur Breast Cancer Walk on October 8, 2011.

We’re looking forward to seeing how we can utilize the walking route for different events and programs in the future, said Keefer.

Story 5

“On June 28, 2011, I held an informational open house type get-together in the lobby of the Oil City YMCA. The day and time (a Tuesday at 5:30pm) were chosen because it is a high traffic time. ‘Mom’ took the little girl down for swimming and came back up to the display table set-up. As she browsed the materials, we started talking about how hard it is to carve out time for yourself, especially to exercise. We agreed that, as moms, we need to make time to exercise and, in order to offer our best to our families and friends, we need to be our best. While I explained the WalkWorks program and the simplicity of it, I could see some excitement in her face and a bit more enthusiasm in her voice! She gathered up the materials, gave me her email address and phone number, and said she would love to help out and be part of the WalkWorks program. I asked if she would be willing to be a group leader

and she said, 'yes'! The big draw for her is that she can have her daughter along. Not only is Mom getting to exercise, she gets to set a great example for her child!

“Whenever a program is new, like WalkWorks, sometimes there is some confusion about who is supposed to do what. After a few weeks of phone calls, the CEO of the local YMCA agreed to let WalkWorks organizers put up signs on the YMCA property, which conveniently is the starting and finishing point of the WalkWorks route. Success!

“Not long after that, the Venango County WalkWorks Director was volunteering at a flu shot clinic where a nurse was talking about the WalkWorks project. The nurse and the director started a dialogue, and the nurse said she would put in a good word about the program with the mayor of Oil City.

“Within a week, a city worker requested WalkWorks signs and placed them along the entire route. Now many more people will be able to see the signs and hopefully want to know more about the WalkWorks program and what it can do for them.

Without open communication among various community members, the signage would not have been installed.”

Recommendations for Future WalkWorks Initiatives

Project Organization and Management

The evaluation team members recommend that a more streamlined, less cumbersome organization and management structure should be employed in future replications of WalkWorks type initiatives. Streamlining the management is possible from two perspectives. First, and most importantly, the experience of the PA DOH, CPHP and the six counties, as fully documented in this report, provides a template, detailed set of tasks, and all the materials required to design and implement WalkWorks in other counties. Therefore, in the future, it should not require four levels of organization (local community, county, lead organization, e.g., CPHP and PA DOH) to approve all details of the project implementation. Since dedicated professionals will of necessity be recruited to participate at each level, more freedom from detailed oversight should be feasible. Over-management is costly in terms of time and money, resulting in unnecessary delays, and personnel redundancy. It also increases frustration at

every level, thereby reducing the interest of many participants to participate in future public health projects.

For future WalkWorks-type projects, we recommend:

- Significant initial guidance and involvement by state-level departments of health to structure and negotiate contracts with an overall project directing unit such as the CPHP or similar entity. The directing unit should be given final approval for the details of project implementation.
- Similarly, the process of implementation should be focused upon the county-level coordinators (team leaders) working with a small but strategic stakeholder group. This evaluation shows clearly that different approaches can be successfully employed at the county level.
- The role of the overall project directing unit is to provide technical assistance, and to guide and monitor the implementation process through monthly contact and occasional large group meetings that include all partners, while making available the materials and experience of the WalkWorks initiative.
- It is essential to engage local decision makers and planning commission leadership early. This strategy is important for installation of signage at the community level and policy change at both the community and county levels. The engagement of county planning commission directors can facilitate contributions to the county-wide comprehensive plans in the area of pedestrian transportation, and can also foster relationships with the community-level planning commissions and the regional planning commissions. The county planning commission directors are also closely aligned with county commissioners, who influence policy change.
- We highly recommend a partnership with a school of engineering or transportation engineer/planner early in the planning process. Technical assistance provided by the University's CSTI was invaluable to this project. Community partners requested additional assistance for specific recommendations related to sidewalks, crosswalks, and traffic-calming measures at the community level, enabling policy and environmental change. It also enabled ongoing interaction beyond the project period through grant applications to PennDOT for support of additional efforts in the WalkWorks counties.
- The timeline of this project was seriously compressed and created difficulty for the provider and sub-grantees. A minimum of three months is recommended for a project planning period after contracts have been executed with the community-based partners. Community-based partners needed substantial assistance with project development and implementation during the startup period.

Establishing a Coalition

- Approach municipalities and authorities influential at the local level, and build a coalition with stakeholders from targeted local communities (commissioners, downtown managers, community councils, chambers of commerce, local decision makers).
- Issue a press release early to attract key players interested in the project. Welcome the participation of a broad range of interested parties, which could help to later identify routes and leaders/groups.
- Rely on established relationships inherent in the characteristics of the lead county-level organization.
- Get insurance carriers involved because they are showing increased interest in disease prevention through behavioral initiatives.

Development of Routes

- Establish WalkWorks route selection criteria to identify eligible routes.
- Rely on local key players to identify routes.
- Rely on local key players to help with mapping of routes and signage.
- Cooperate with existing trail organizations to identify routes.
- Have promotional materials ready. Explore signage preferences early to have them ready for kickoff events.

Development of Walking Groups

- Rely on local key players to identify leaders.
- Find people who are enthusiastic about the project, and nurture a core group that is interested.
- Leaders should be known to the community and familiar with the area.
- Personal involvement of the County Project Coordinator is essential as potential routes are identified. The county coordinator should walk and visit the routes, maintain close contact with key players to update and show interest by spending time in the community.
- Emphasize work-based groups.
- Streamline the leader packet to make it more manageable and less intimidating.
- Consider offering a workshop for walking group leaders.
- Since the goal is to get people walking, allow for more flexibility in the motivational approaches used.
- Reconsider the need for regular logging, which is considered a burden by many.
- Consider preregistration for larger events.
- Explore the use of a website for online tracking and to provide updates to the walkers.
- Consider use of smartphone apps as a teaching tool.

Policy Briefs

- Local WalkWorks project coordinators require background and instruction on the use of policy briefs to better promote policy change.
- Allow more time to make adequate policy presentations to local policy makers.
- Recognize that policy change is a complex and time-consuming process requiring creative and sustained adequacy.
- Engage technical expertise in pedestrian mobility within the built environment such as that contained in the Center for Sustainable Transportation.

Sustainability of WalkWorks

- Obtain formalized commitment of municipalities for route/signage maintenance.
- Give communities more ownership regarding routes. Have communities set up signs, put down stencils, buy paint, etc.
- Provide incentives for walking group leaders, such as gift cards, to encourage continued participation.
- Provide incentives for communities to maintain routes and encourage walking groups to continue.
- Arrange for media recognition for key players, leaders and walking groups.
- Approach health insurance providers as a source for funds to sustain the WalkWorks effort.

Tips for Coordinators

- Walk the chosen routes, insure walker safety, verify points of interest.
- Spend time recruiting good group leaders
- Make process for using routes as easy as possible.
- Keep community leaders updated; Keep them involved and informed.
- Share success stories with all participants.