

Feasibility of a “Walk with a Future Doc” Program in a Rural Canadian Community

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ABSTRACT (#191)

Community walking programs provide an option for individuals to be physically active and improve their mood. Rural communities experience challenges in engaging in regular physical activity (PA). **PURPOSE:** Determine the feasibility of a student-doctor-led walking program in a rural setting and whether it can improve mood. **METHODS:** In 2022, we implemented a “Walk with a Future Doc” program that comprised a weekly walk and education session led by medical students. The group met for one hour/week for up to 12 weeks with rolling recruitment. Participants that attended at least six walks completed a satisfaction survey at the end of the program. The number of healthcare providers, students, and walkers were recorded each week, as well as the walking distance covered. Mood was measured before and after each walk as sad (-1), neutral (0), or happy (1). **RESULTS:** 45 participants attended at least one walk over the 12 weeks, with an average of 21±4 participants/walk. Most participants (n=24) attended at least six walks (67% female, average age range 61-70, average number of health conditions 2.3 ± 1.8). Six participants attended once and seven were lost to follow-up. Seven medical students and three physicians joined the program, with an average of two students and two physicians/walk. The average participant walking distance was 3.5 ± 0.8 km/session. Participants reported the primary reasons motivating them to join and continue the program were enjoyment of PA and belief in its importance (79% of participants), accessibility of the program (75%), meeting medical students (71%), health education talks (71%), and it being free (71%). Average mood increased following each walk (0.62 ± 0.31 to 0.94 ± 0.09, p<0.001). When participants reported a bad pre-walk mood, their mood was good at the end of the session in 6/8 instances. When participants reported a neutral pre-walk mood, it improved by the end of the session in 61/67 instances. **CONCLUSION:** Our program attracted a reasonable number of individuals, promoted PA in a rural community, and acutely improved mood. The primary motivators for joining and the feasibility outcomes offer direction for upscaling this program and providing more options for PA in rural communities.

INTRODUCTION

Rural communities experience challenges in participating in regular physical activity (Candace et al. 2018, Health Promot Chronic Dis Prev Can).

Walk with a Doc is an international initiative aimed at positioning physicians as role models for healthy living and providing opportunities for community members to be more active (Sabgir et al. 2020, Curr Cardiol Rep).

Medical students may benefit from interacting with their local community members and may be well-positioned to coordinate a walking program.

PURPOSE

Determine the uptake and participant perceptions of a new medical student-led *Walk With a Future Doc (WWAFD)* program in a rural setting.

METHODS

Participants were recruited to the program by local healthcare providers and by promotional materials shared at local businesses and on social media pages.

Walkers met 1x/wk for 12-wk at a local YMCA in Saint John, New Brunswick for a 1-hr walk and talk led by medical students and a physician supervisor. Anyone that attended >5 walks completed a survey.

10-min Health Education 50-min Self-Paced Walk



The health education topics included nutrition, sleep hygiene, chronic pain management, spending time in nature, Canada’s 24-Hour Movement Guidelines, stretching, balance, staying motivated to exercise, setting SMART goals, Canada’s Low Risk Alcohol Drinking Guidelines, hydration, and mental health coaching.

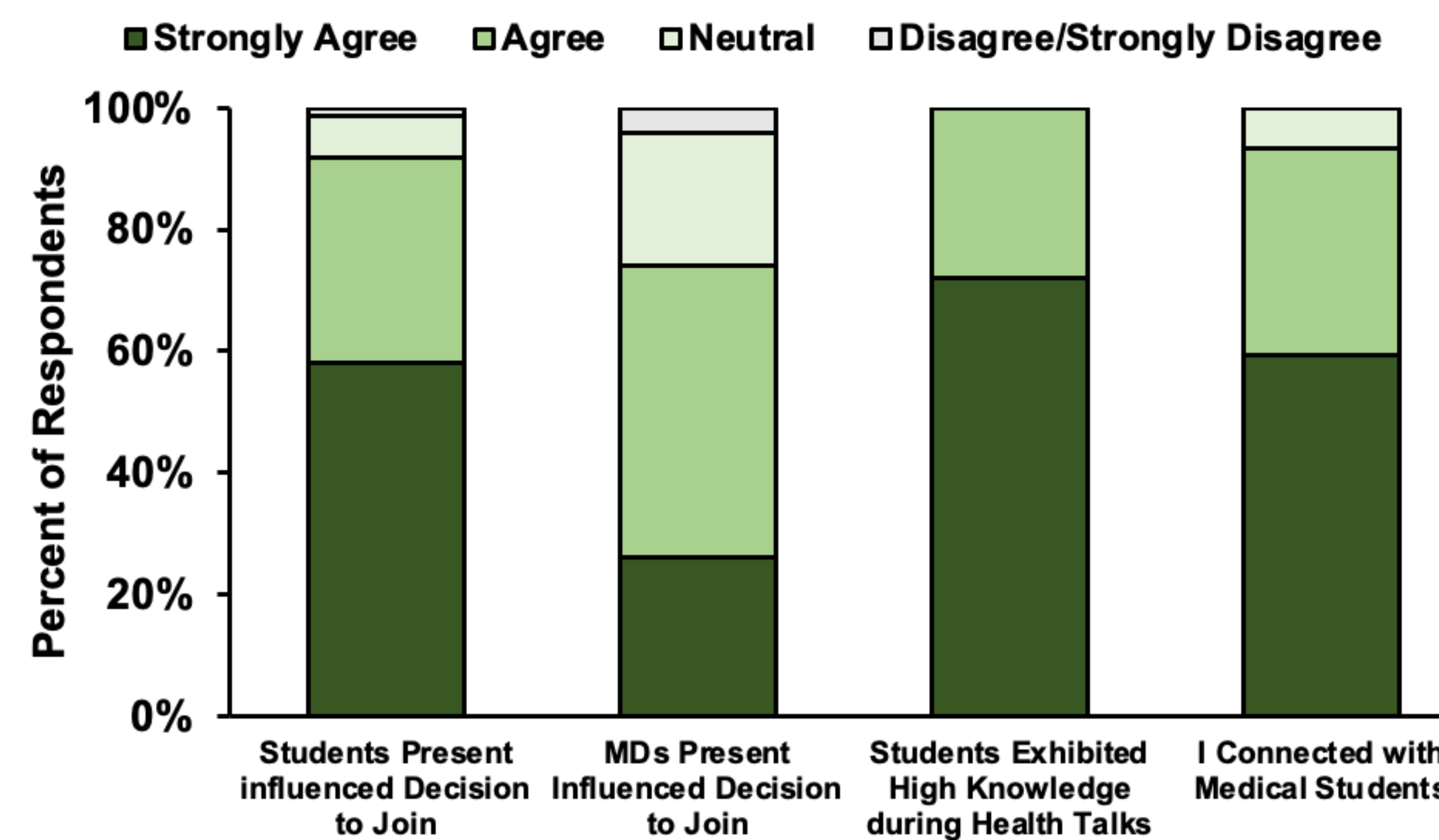
RESULTS

112 participants attended at least one walk over the two 12-wk programs, with an average of 21±4 participants/walk in the first iteration, and 38±10 in the second. Eight medical students and three physicians joined the program, with 2±1 students/walk and 2±1 physicians/walk.

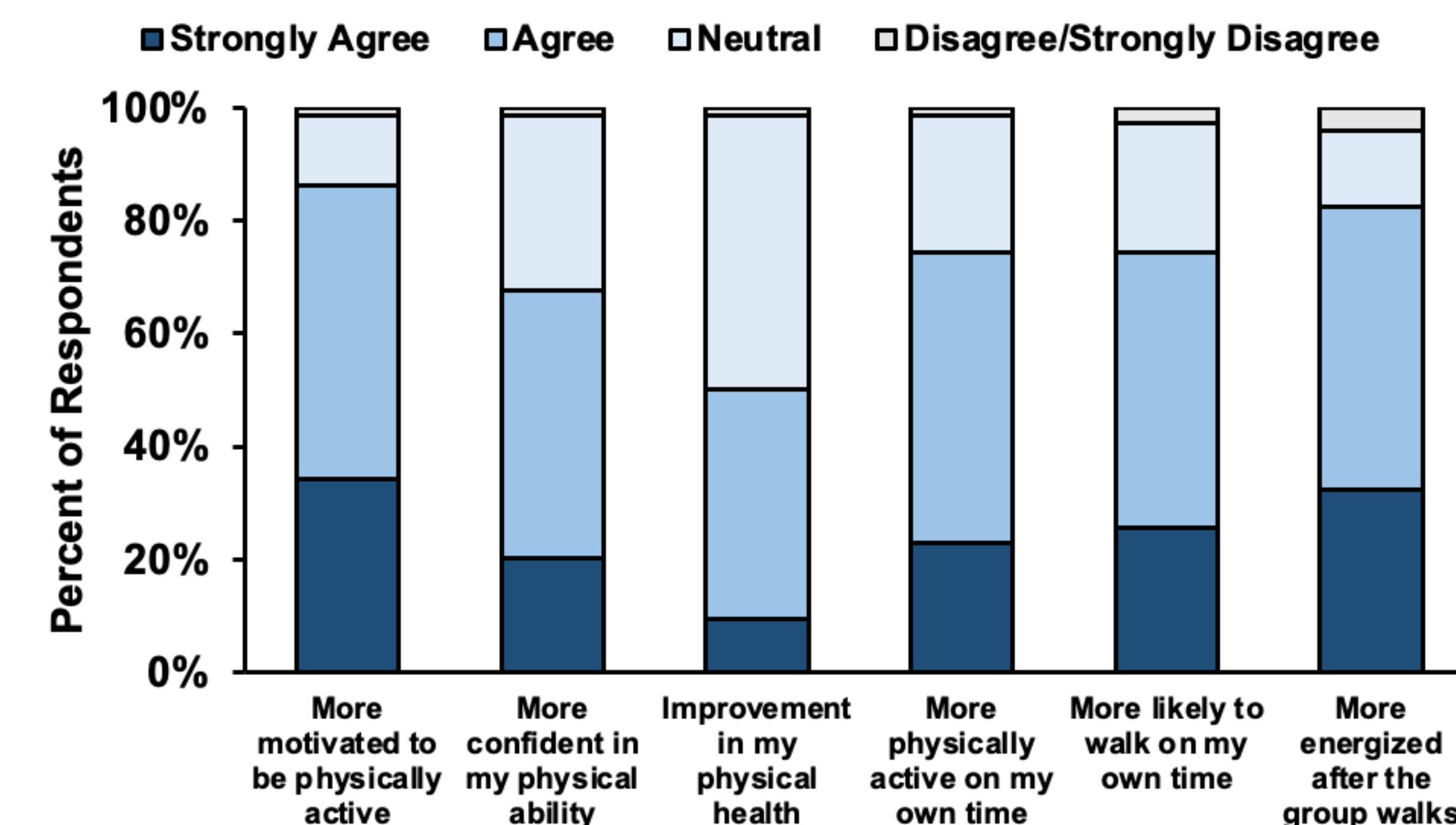
Most participants (n=64) attended at least six walks (68% female, age: 64 ± 7 years, average number of health conditions 2.9 ± 2.6). The average participant walking distance was 3.5 ± 0.8 km/session.

Mood (sad: -1, neutral: 0, happy: +1) increased following each walk: 0.50 ± 0.62 to 0.92 ± 0.29, p<0.001.

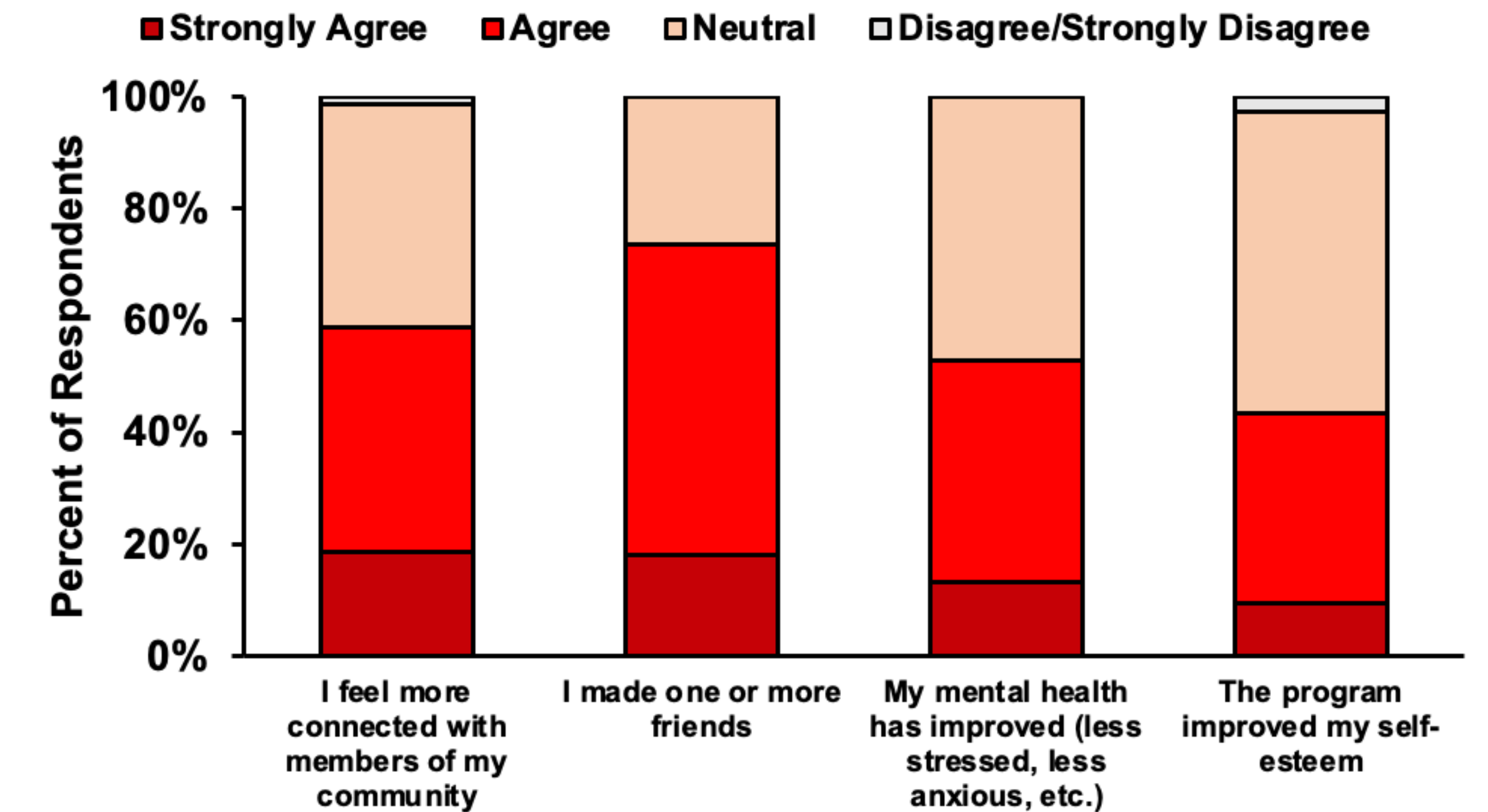
INVOLVEMENT OF STUDENTS



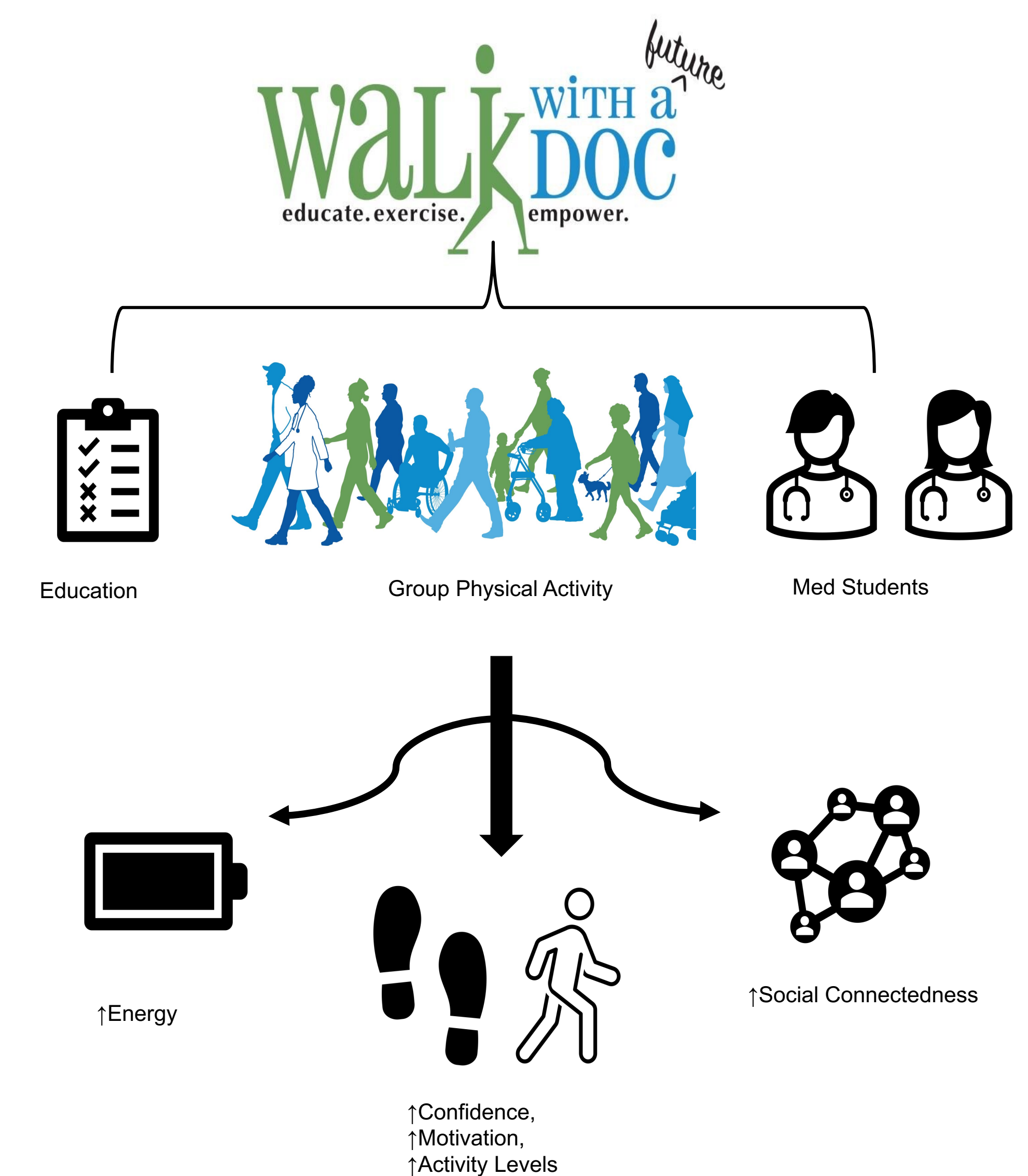
PHYSICAL ACTIVITY OUTCOMES



SOCIAL AND MENTAL HEALTH



SUMMARY GRAPHIC



CONCLUSION

The *WWAFD* program was well-received in our community. It led to more favourable self-reported activity behaviours, and acutely improved participant mood.

Establishing a *WWAFD* program may be an effective means of promoting healthy lifestyles to rural populations while also benefiting local students and healthcare professionals.

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