Why We Walk!

INTRODUCTION



WALK MEDICALHOME WALKOOC HAND

Partnering with

Every first Saturday of the month, a group of individuals gather in a national park in Washington, DC and walk with a cardiologist and a walk leader. The walk takes place no matter the weather. The walk leader takes attendance, while the cardiologist gives a brief talk on a health topic and answers the participants' questions. The walk leader guides the walk which lasts from 60 to 90 minutes or one to two and a half miles depending on the pace of the participants. During the walk, the participants continue to engage with the cardiologist. At the end of the walk the Cardiology closes by answering additional questions the participant may have and the Walk Leader usually leaves the walkers with some challenges such as eat a healthy snack or bring a friend to the next walk.











COLLABORATION

The walk is made possible due to a collaboration between national and local partners.



Ward 5 Health Coalition is a grassroots organization. Its purpose is to catalyze the core and essential functions of public health to positively impact the health and well-being of target



A group of physicians, specialists, and healthcare professionals dedicated to improving the health and well-being of our world.



BACKGROUND

Evidence supporting the benefits of Walking is plentiful. There are multiple studies that demonstrate the social-ecological aspects of walking. They discuss how walking positively impacts individuals, relationships, organizations, communities, public policy, environment, economics, and more. Likewise, a plethora of studies on the barriers as to why people may not engage in walking such as fear, safety, the built environment, and health have been published. However little is found in the literature regarding why individuals, who are members of populations that experience health disparities and social determinants of health walk. This study is an attempt to fill that gap. By using Motivation Theories as the conceptual framework to assist with analyzing the quantitative and qualitative data collected while asking the research question, Why do you walk?

DESIGN METHODS

The walk leader created a survey using Google Forms and distributed it via email to the walkers. It consisted of over 30 quantitative and qualitative questions. The survey asked questions asked about personal demographics, insurance, knowledge, behaviors, health, motivation, empowerment, and environment. The goal was to obtain from the walkers' perspectives the reasons why they walk? The survey was modeled after a questionnaire that was distributed by the national Walk With a Doc organization. The data was collected anonymously and confidentially for three months. The Google product created qualitative and quantitative analytics of the responses. The walk leader manually analyzed the data and by grouping responses into themes related to types of motivation based on the several different Theories of Motivation.



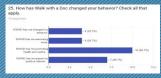
DATA

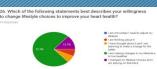
Thirty-one percent of the walkers who were emailed the survey responded. An overwhelming majority of the respondents were African American females, over lifty years of age, with a secondary education degree, and an income of over \$50,000. Most of them lived in the same ward of the city. A snapshot of the data shows that, although more than \$0% of the respondents, indicated that they have been diagnosed with Hypertension by a physician, most of them reported being healthy and engaging in health behaviors. Sixty four percent indicated that participating in the walk has increased their knowledge to become a better advocate for their own and or family member's health.

RESULTS

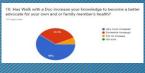
The respondents' answers corresponded to the tenants of Motivation Theories. The data show that the majority of the sampled population was **intrinsically** motivated. Participants in the walking program described the motivation coming from a place of **need**. For example, 34%expressed that the need for the safety of exercising with other was the sources of motivation. Power was communicated by 64% of the respondents, as they said that the walk has empowered them to promote health and wellness. Eighty-five percent of the participants indicated that camaraderie was one of the most important components of the walk for them. This is related to affiliation.

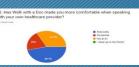












CONCLUSION

The finding of the study helped to answer the research question and contribute to the literature about what motivated this population to walk. It also supports the existing evidence related to the social-ecological aspects of walking in that the participants discussed how walking positively impacts area including relationships and community public policies. Additionally, the participants, answers as to why they walk suggest that the walks allow them to overcome some of the barriers to walking as indicated in the literature, for instance walking in the park is safe and the physical environment is conducive to walking. This study could inform the local health department and agencies on programs to implement that could increase health equity and physical activity, as well as address the social determinants of health and reduce health disparities.

