North Somerset Health Walks

Evaluation Report 2025

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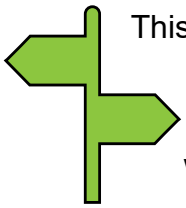
Introduction

The North Somerset Health Walks programme has been running for nearly 20 years, providing free and accessible walking opportunities to promote physical activity and support health and wellbeing across local communities. The programme engages with approximately 400 participants (2025 data) a week across ten walking groups situated in the main towns and villages across North Somerset.

As the programme reaches a significant milestone, it is an ideal time to evaluate its effectiveness and explore opportunities for future development. This aligns with current public health priorities, which emphasise reducing health inequalities, supporting mental wellbeing, and encouraging sustainable lifestyle changes through accessible interventions.



This summative evaluation was conducted by the Physical Activity Team within Public Health between January and April 2025. Its purpose was to gain a comprehensive understanding of the programme's outcomes and overall impact, ensuring the health walks programme continues to meet the needs of the local community.

Specifically, the evaluation aimed to:

- Assess the impact of Health Walks on participants' health and wellbeing with a focus on the management of long-term health conditions and overcoming loneliness and isolation.
- Identify barriers to participation that may prevent wider engagement.

The evaluation involved a paper-based survey distributed to health walk participants with responses collated and analysed using Microsoft Forms. The findings presented in this report provide insights into the programme's outcomes, its current reach and highlight areas for improvement. These insights will inform the strategic direction of the programme, identify gaps in provision, and support the development of alternative delivery models where appropriate.

Ultimately, the goal is to enhance community engagement and enable more individuals, particularly those with greater health needs to benefit from increased physical activity through walking, thereby improving overall health and wellbeing.

Background

Physical inactivity is a major public health concern, contributing to a range of chronic conditions including cardiovascular disease, type 2 diabetes, obesity, and poor mental health. According to the UK Chief Medical Officers' (CMO) Physical Activity Guidelines, adults should aim to achieve at least 150 minutes of moderate-intensity activity per week which includes activities such as brisk walking, to maintain good health. [1]

> 'Adults aged 19-64 years should aim to be physically active daily, with at least 150 minutes of moderate activity per week such as walking'.

Meeting these guidelines is associated with significant health benefits, including improved sleep, weight management, stress reduction, and enhanced quality of life. Regular physical activity can reduce the risk of developing:

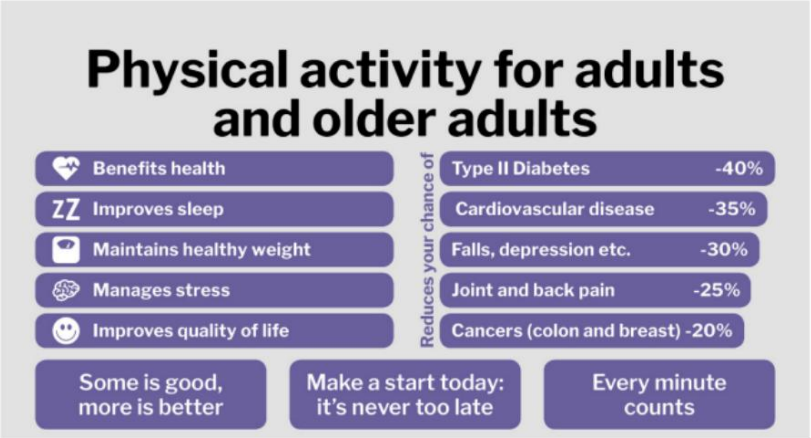
- **Type 2 diabetes by up to 40%**
- **Cardiovascular disease by up to 35%**
- **Falls and depression by up to 30%**
- **Joint and back pain by up to 25%**
- **Colon and breast cancers by up to 20%** [2]

While the CMO guidelines recommend 150 minutes of physical activity per week, it is important to recognise targeting those adults that are significantly inactive will produce the greatest reduction in chronic disease.[3]

Many individuals face barriers to regular physical activity, motivation, limited access to facilities and social isolation, which is where walking offers a practical solution to such challenges. It is one of the most accessible forms of physical activity requiring no special equipment, there is no cost, and can be adapted to suit different abilities. Regular walking not only helps individuals meet recommended activity guidelines but also offers additional benefits, including improved cardiovascular health, better management of long-term conditions, and enhanced mental wellbeing through social interaction and time spent outdoors.

Evidence from a systematic review found that walking groups significantly improved blood pressure, resting heart rate, body fat, BMI, cholesterol levels, depression scores and overall physical functioning across 42 studies involving over 1600 participants. [4]

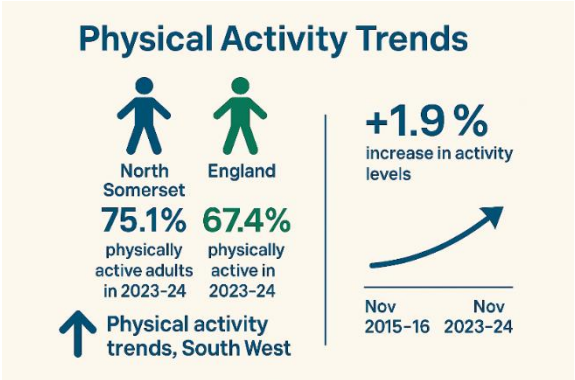
All such findings add up to make walking an effective intervention for reducing health inequalities and promoting inclusive participation.



The North Somerset Health Walks Programme was established to harness these benefits and reduce health inequalities by providing free, guided walks in various locations across North Somerset. There are currently ten health walk groups that offer walks that vary in length and are adapted to accommodate different needs within each group. This in turn adds up to seventeen walks offered per week.

Currently the scheme has just over 90 active health walk volunteers that provide a supportive and welcoming environment to all those that attend.

The social aspect of the walks helps reduce isolation, promotes mental health and wellbeing and fosters community connections. This programme adheres to NICE guideline PH41 Physical activity: Walking and Cycling in respect of increasing overall levels of physical activity, leading to associated health benefits. [5]



Local data from Fingertips shows that 75.1% of adults in North Somerset are physically active, compared to 67.4% nationally [6]. This is a positive indication of physical activity levels but also highlights the need to maintain and expand opportunities for those who are less active, particularly those that are underrepresented and face health inequalities.

Broader trends from the Sport England Active Lives Survey [7] show a 1.9% increase in activity levels across the southwest region compared to previous years, reinforcing the importance of community-based initiatives such as the Health Walks programme in North Somerset.

The intended outcomes of the programme are to:

- Increase levels of physical activity among residents, especially those that face barriers in becoming and staying physically active.
- Improve physical and mental health, particularly for those with long-term health conditions.
- Reduce social isolation and strengthen community networks.
- Provide an accessible and sustainable intervention to help tackle health inequalities.

This evaluation seeks to understand how effectively these objectives are being met and to identify opportunities for improvement and expansion.

Design and Methods

This evaluation adopted a mixed-methods approach to provide a comprehensive understanding of the Health Walks programme's impact and effectiveness.
The design combined quantitative data to measure participation and health-related outcomes with qualitative insights to explore participants' experiences, motivations, and perceived benefits. This approach was chosen to align with the evaluation objectives:

- Assess the impact of Health Walks on physical and mental health, including long-term conditions.
- Identify barriers to participation and opportunities for improvement.

The evaluation was conducted between January and April 2025.

Data Collection Methods

Participant Questionnaire

- A paper-based survey was distributed to walkers before the start of the Health Walk, with clear instructions provided on what was expected of them.
- The questionnaire captured:
  Quantitative data: number of walks attended, demographic details, self-reported health conditions.
  Qualitative data: reasons for joining, perceived benefits, barriers to participation, and impact on wellbeing.
- Surveys were collected in person and entered onto Microsoft forms by members of the Physical Activity Team.

Data Analysis

Quantitative Analysis

- Responses were collated in Microsoft Forms and exported to Excel for descriptive statistical analysis.

Qualitative Analysis

- Open-ended responses help to identify recurring themes related to motivations, benefits, and barriers.

Ethical Considerations

- Participation was voluntary, and all responses were anonymous.
- No identifiable personal data was collected.
- Consent was implied through completion of the questionnaire.

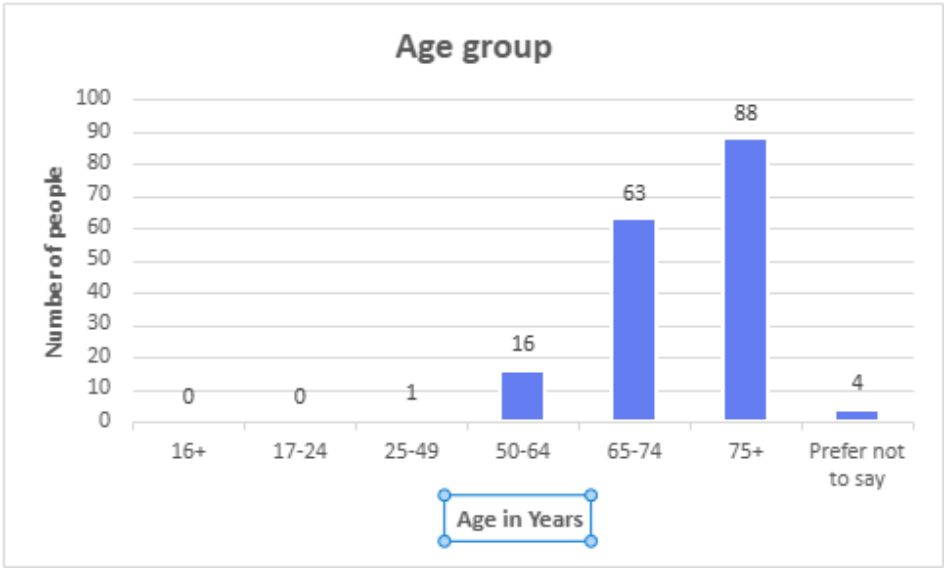
Limitations

- Data entry errors or duplication may have occurred during manual input into Microsoft Forms.
- Self-reported data introduces potential bias and inaccuracies.
- Lack of baseline data limits the ability to measure changes over time.
- Possible non-response bias if certain groups (e.g., less active individuals) were underrepresented.
- Limited qualitative depth due to reliance on written responses rather than interviews or focus groups.
- The survey collected data on which group each participant attended along with the first four digits of their postcode.

Results & Findings

1. Respondent profile
1a) Age

There were 179 responses to this survey equating to 45% of the weekly average attendance. 50% of these responders were over 75 years, 34% aged 65-74 years and 9% aged 50-64 years. Less than 2% were aged 25-49 with 5% respondents not answering this question (Graph one).



Graph One

The demographic profile of this report reflects the programme's strong appeal to older adults especially those that are 75 years and older. This is a priority age for maintaining mobility, functional health and independence as well as preventing and reducing social isolation.

The number of walkers on this programme aged between 65-74 years were over a third of the total respondents, the age when physical activity can often start to decline yet is of extreme importance to maintain positive habits whilst becoming older.

It would have been of added value to acquire the number of walkers who were 80 years plus and who were still walking independently.

"I go to stay fit at 85 years of age!"

The lower representation of younger age groups is unsurprising given the prevalence of walks on weekdays when most suited to retired people. Almost all health walk volunteers are retired which adds to the rationale why walks are offered during the week. Previously it has been asked to offer walks in the evenings and weekends which has been achieved in Weston and Clevedon but not in other places due to volunteer capacity.

It is also reasonable to suggest that from a visual perspective health walks can be viewed only for those of a certain age.

There does seem to be a growing walking offer for working-age adults and those with family commitments through informal get togethers, mostly driven by social media. Digital offers are also more appealing for this age range. for example the Active 10 Campaign that does specifically target those in their forties.

1b) Gender

There were 77% females and 21% male participants that completed the survey with 2% preferring not to say. These percentages do reflect how many more females attend health walks, something that has been witnessed and acknowledged since the programme began.

Men experience higher rates of serious health conditions than women and have a lower life expectancy. Promoting physical activity is therefore particularly important for men with walking being a practical and accessible way of supporting improved health outcomes.

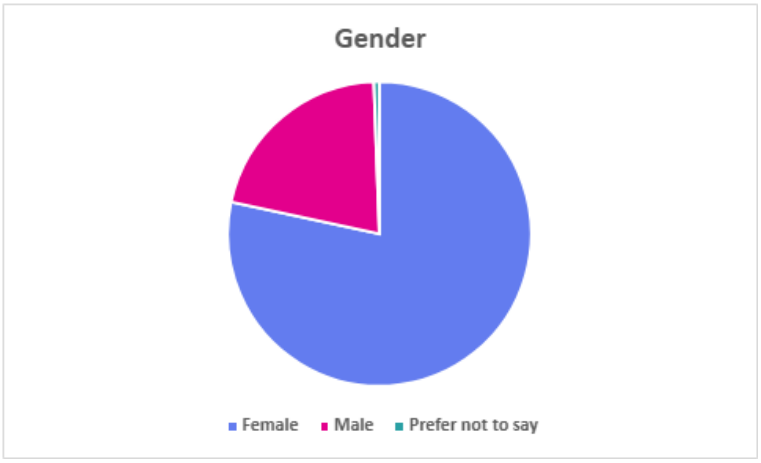


Chart One

There is one walking group in North Somerset that is for men and walks for about an hour but attendance and adherence is relatively low. However other rambler type walking groups that provide longer and more challenging walks (8-10 miles) in the area do have higher numbers of male attendances when comparing to a health walk.

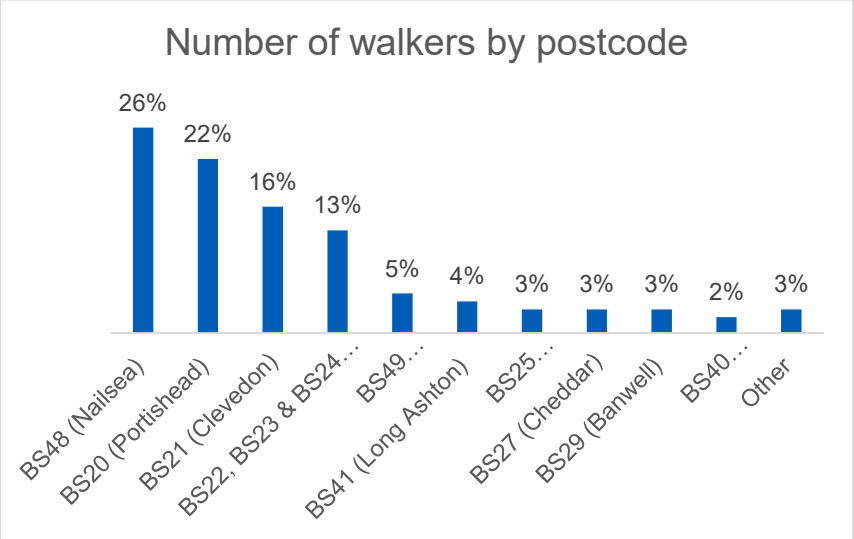
The findings did show that health walks were more favourable for men as they aged with just four men who completed this survey between the ages of 50-64 years, ten men between the ages of 65-74 and 21 men completing it who were 75 yrs+. This could suggest that the health walks model is not so appealing to men of a younger retirement age and who are capable of more challenging walks and/or are happy to walk on their own rather than in an organised group.

GP practices have signposted several patients, many of them men, to the health walks programme. Take up and adherence has been low, suggesting further work to explore why this is the case.

1c) Residency

171 out of the total responders (179) provided the first four digits of their postcode.
Residency of walkers:
BS20 postcode (Portishead) 22%.
BS21 postcode (Clevedon) 16%
BS22, BS23 & BS24 (Weston-super-Mare)13%.
BS25 (Winscombe/Sandford) 3%
BS27 (Cheddar) 3%
BS29 (Banwell) 3%
BS40 (Wrington/Blagdon) 2%
BS41 (Long Ashton) 4%
BS48 postcode (Nailsea) 26%
BS49 postcode (Yatton/Congresbury) 5%
Other 3%

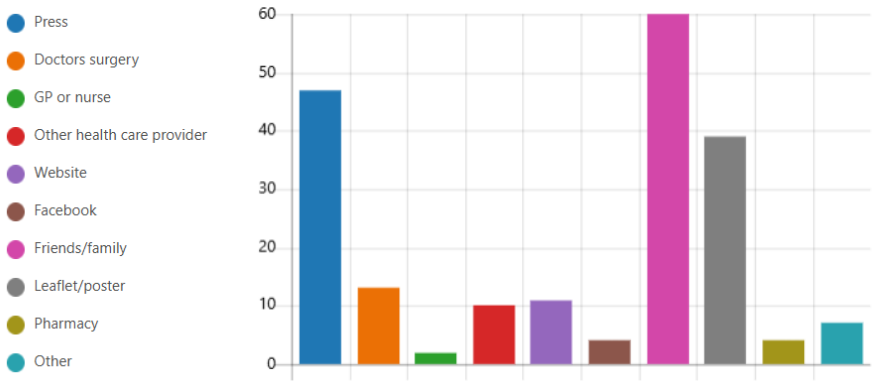
The number of walkers living in the postcodes above reflect the size of the walking group in each locality with the highest number of walkers residing in Nailsea.
Some walkers also attend walks multiple times in one week and beyond where they reside.



Graph Two

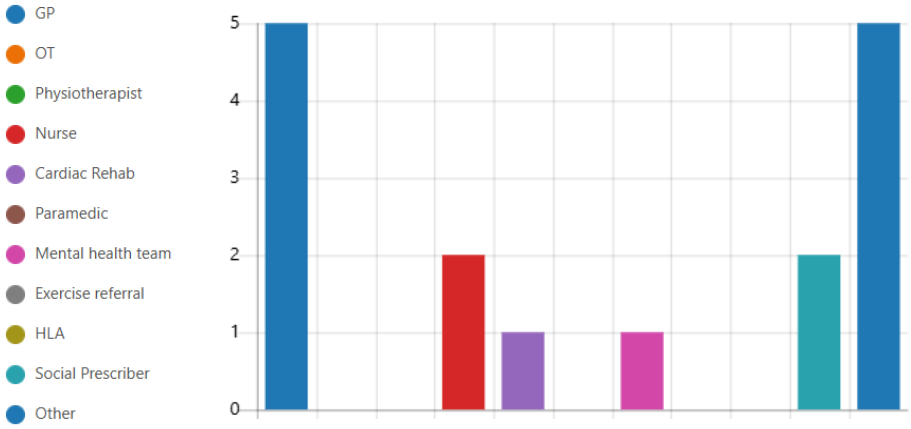
This report shows many walkers come from more affluent areas across Nailsea and Portishead with an insignificant number coming from postcodes within the two deprived wards in Weston-Super-Mare.
Health walk attendance from those who live in the most deprived areas of North Somerset have always been stubbornly low. In the past, walks have been established within neighbourhoods of high need but have been relatively short lived; volunteers being difficult to identify, recruit and then remain with the scheme.
Even when walks have started from deprived areas, such as the seafront, there has been little engagement with those that live in the immediate area.

2. Knowledge and Awareness about Health Walks



Graph Three

Walkers could indicate as many of the above options as they wished when informing us as to where they found out about Health Walks. This was predominately through friends and family (60 mentions) press (47 mentions), leaflets/posters (39 mentions), doctor's surgeries (13 mentions) with other healthcare providers including nurses and pharmacies (15 mentions). Finding out through the internet/social media was mentioned 15 times (Graph three).



Graph Four

When asked if walkers had been recommended to attend a health walk by a particular health care professional (Graph 4) fifteen individuals said they had been with their GP and 'other' being the most popular.

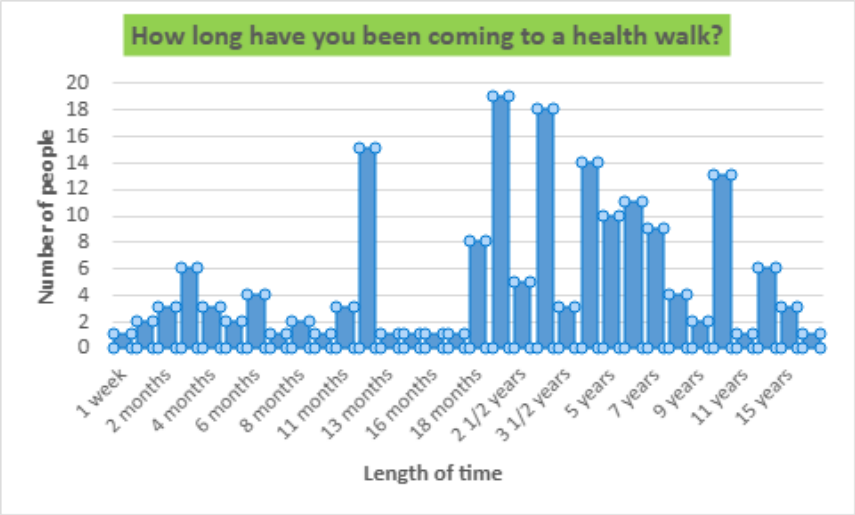
Although health walks are frequently put on social media channels, and many leaflets are distributed across a large selection of community and health care venues every quarter, frequent conversation with friends and family was the strongest and most effective form of communicating.

Clinical pathways remain important and need to be strengthened. 28 mentions were given regarding contacts with health care professionals but only 15 of these walkers told the survey what healthcare professional informed them (Graph four).

In summary, with recent collaboration with GP's and other healthcare professionals, it is hoped this will improve.

3. Participation Patterns

One walker said they had been walking with the scheme for over 15 years with nine walking for between 10-15 years. Forty-five have been attending for between 5-10 years. The largest proportion of the walkers completing the survey have been walking for between one to five years (96) with 26 starting in the last year.



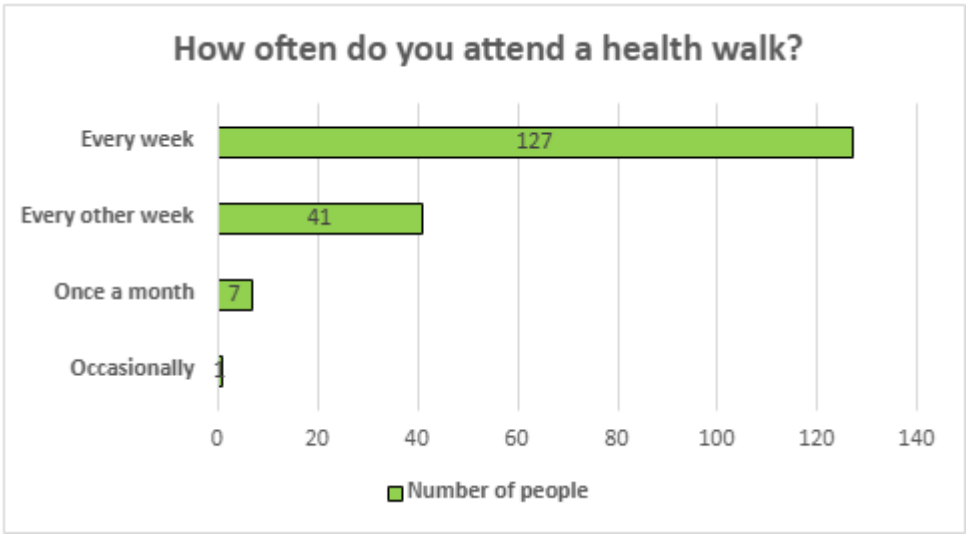
Graph Five

Participation findings show dedication to the programme which can only mean positive benefits are being experienced. The longevity of attendance can also be of benefit when it comes to the preventative healthcare, preventing physical decline, a particularly important element of health for older adults.

It is also encouraging to see new members continually joining, with some participants just starting their health walk journey. These attendance figures only represent 45% of the total number of walkers who attend the programme on a weekly basis.

3a) Frequency of attendance

72% of the respondents reported they attended a health walk every week with 22% reporting attendance every other week (not all health walks run weekly). Around 5% reported attending a health walk once a month with less than 1% attending occasionally (Graph 6).



Graph Six

It is positive to see the majority of those who completed the survey are regularly attending which is critical for sustaining health benefits and social connections. The consistency suggests the programme is well-embedded in participants' weekly routines and understand the health and wellbeing benefits walking can bring.

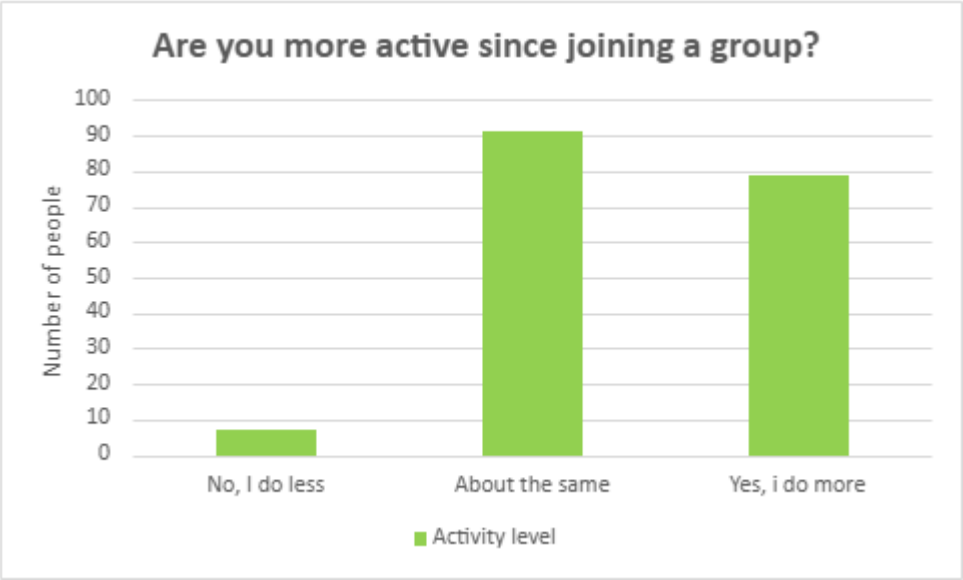
There is a smaller number attending once a month which could be attributed to physical capability, motivation and/or mood, or simply not having the opportunity to attend sessions due to time/ day of the week or other life commitments.

These attendance figures may have been influenced by the time of year the survey was carried out (Jan-March) when people make healthy new year commitments or conversely put attendees off coming due to less favourable weather conditions. Also to note not all health walks are weekly.

"I like having a regular commitment to go outside and walk and health walks gives me this and more!"

4. Changes in Physical Activity Levels

Since attending the health walks programme, 3% reported being less active, 53% said their activity levels were about the same and 44% reported being more active since joining (Graph 7).



Graph Seven

Before joining a health walk, 60% of respondents said they already walked more than once a week (at least 30-minute bout). 25% reported walking once a week already with 6% of people saying they walked once a month. 7% said they did not walk at all before joining a health walk (Chart 2).

Chart Two

It is often seen in self-reported surveys a bias towards overestimation of physical activity levels which could be the case with this survey.

However, it might be that responders were actively walking anyway and then found that health walks were another opportunity to walk but with others. Considering a large proportion of the walkers have been walking for five years plus they may not necessarily recall how much they walked before they started health walks.

Those who reported walking about the same appear to value the social and mental health benefits of Health Walks, with increasing their activity not being a priority. The walks are providing that motivation to maintaining physical activity levels which is of huge benefit as we become older.

"I walk all year round now since coming to Health Walks. I would not bother if not in a group, especially in cold/hot weather"

5. Health Impacts

This evaluation report set out to assess the impact of the health walks programme on physical and mental health and specifically long-term conditions. 19% declared they lived with a condition or disability that limited their daily activities (Chart 3).

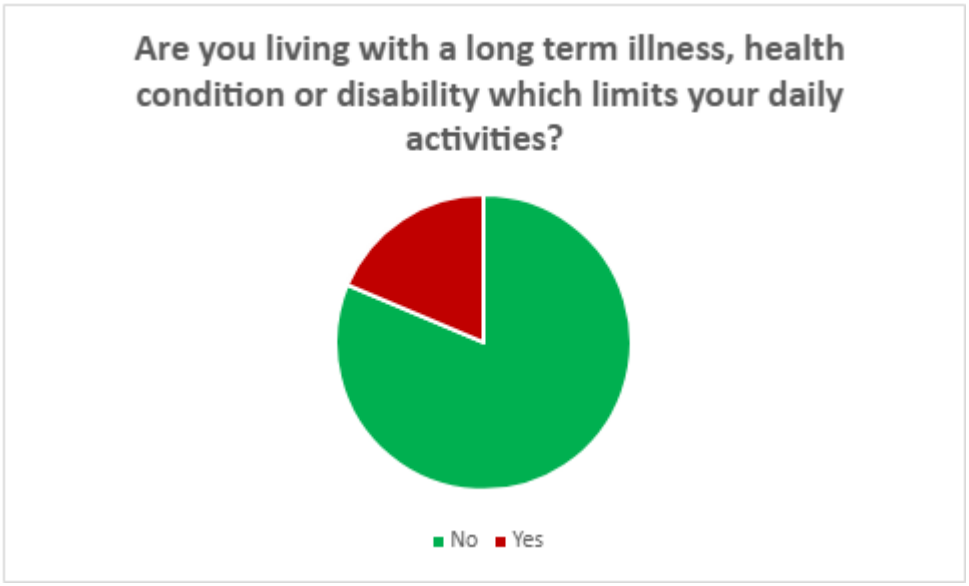
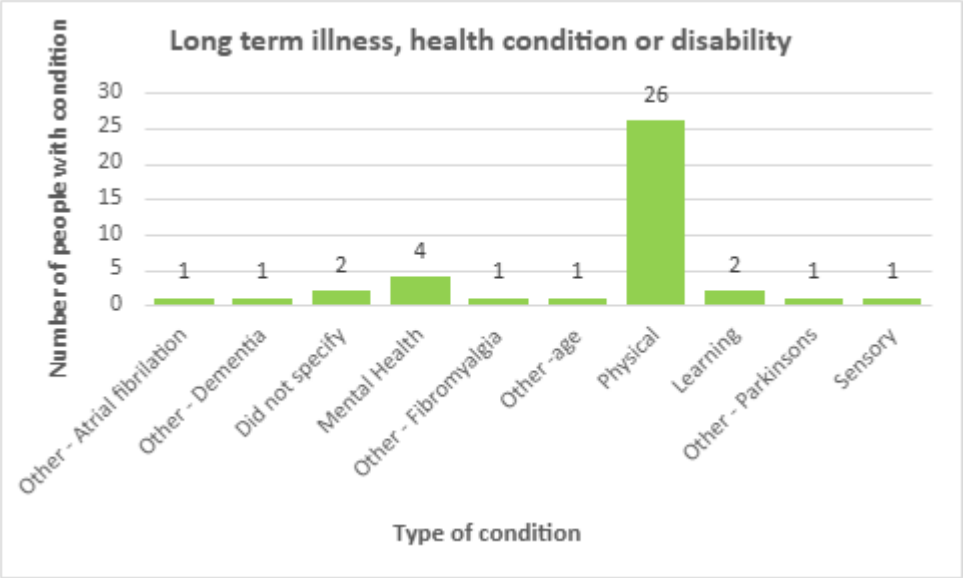


Chart Three

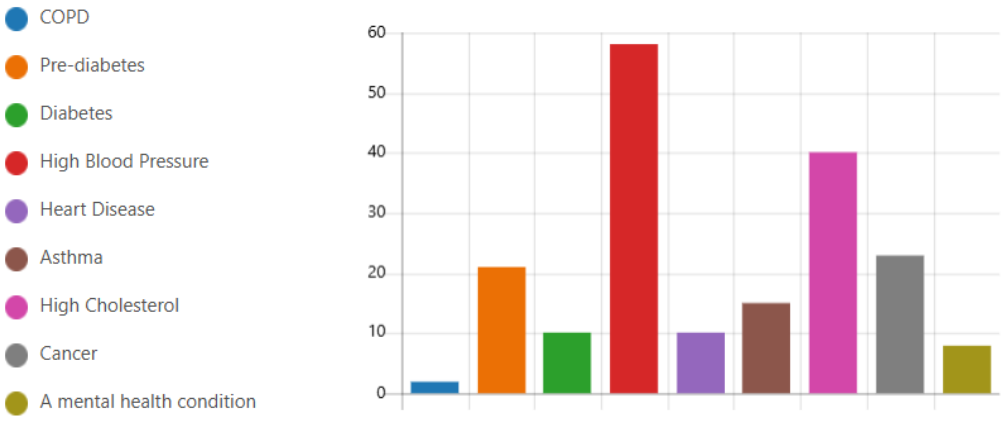
Out of the 19% who said yes to the above, 64% said it was a form of physical impairment that limited them (graph eight); to note, multiple answers could be selected.



Graph Eight

5a) Long term Health Conditions

Health conditions that were provided from respondents (Graph 9) included pre-diabetes (12%), diabetes (6%), high blood pressure (34%), heart disease (7%), asthma (9%), high cholesterol (22%) and cancer (13%) with some walkers ticking more than one of the above conditions.



Graph Nine

Of the 19% who answered yes to living with a long-term illness, health condition or disability which limits daily activity (chart three) 64% said that their condition had improved or is better managed due to attending a regular health walk (chart four).

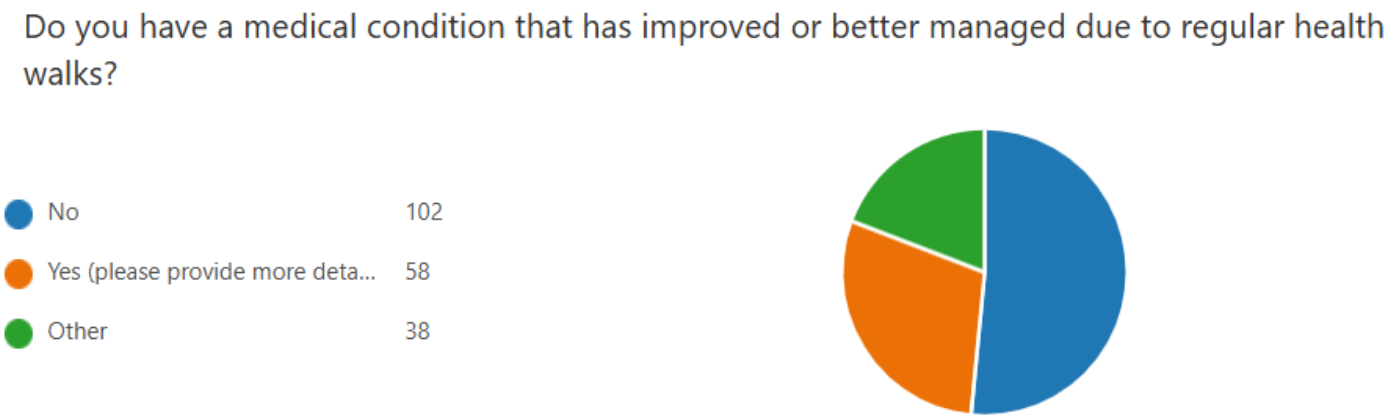


Chart Four

One of the key purposes of Health Walks is support those with long term health conditions (LTHC) to become and/or remain physically active.

The 'We Are Undefeatable Campaign' states that one in four people in England live with a long-term health condition. Those in this group are twice as likely to be inactive, despite evidence that being active can help manage many conditions and reduce the impact and severity of some symptoms.

There is discrepancy in the health impact findings in that 33 of participants declared they had a medical condition yet there were 166 individuals indicating they had one or more LTHC. This discrepancy most probably occurred due to the way the question was written. One question referring to a medical condition the other to a long-term health condition, these two terms should not have been used interchangeably.

"On three painkillers a day for osteoarthritis –now I take none and enjoy walking."

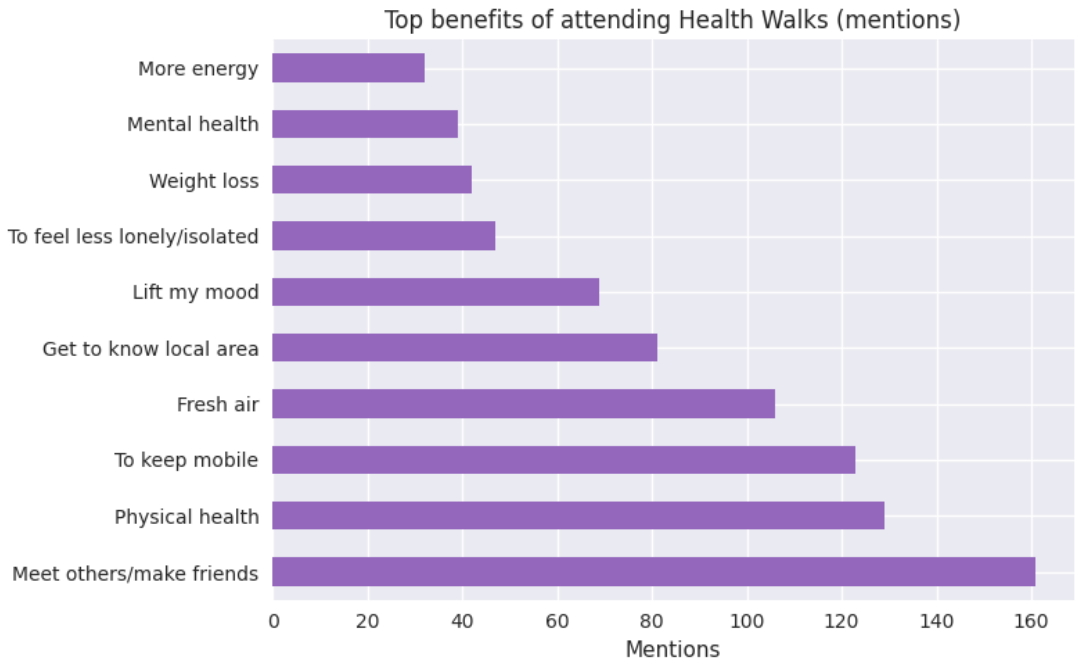
The health impacts identified in this report as a result of regular walking are overall credible and align with the UK Chief Medical Officers' recommendations for the prevention and management of chronic disease.
This evidence strengthens the case for continued investment and targeted referral pathways. Monitoring the intensity of the health walks and its correlation with improving health outcomes is something to be further investigated.

“My diabetes levels have reduced with exercising more”

6. Personal and Social Benefits

Participants were asked to select five out of 14 benefits listed that were of most importance to them when attending health walks (graph ten).

The most popular benefit was: ‘meeting others/ making friends’ with 161 mentions. Physical health was the next most popular mention (129), with keeping mobile (123) and getting out in the fresh air (106) next. Getting to know the local area was seen of benefit to 81 walkers, whilst lifting mood was chosen by 69 walkers. 47 walkers said it helped them feel less lonely/isolated with improved mental health being selected by 39 of the respondents.



Graph Ten

The top priority for attending health walks was to meet others and make friends. This suggests strong social and community engagement. Statements included:

"It is lovely to do something that is good for my health while meeting people who are all so friendly."
"I feel less lonely"
"Helps me with isolation and gives me structure to my week."

The prominence of social benefits highlights the dual role of health walks as both a physical activity intervention and a community connector. This is particularly relevant for tackling loneliness as a public health priority demonstrating the programme's significant contribution to reducing isolation.

"My mental health has vastly improved, and I feel fitter."

Quotes such as *"Still grieving the loss of my husband—this helps me a lot"* illustrate its emotional and social impact, which goes beyond physical health.

Although improving mental health was chosen less as a benefit than others, it can be strongly suggested that many of the other benefits chosen contribute not just to physical health but equally to better mental wellbeing; i.e. fresh air, meeting others etc.

7. Social Connectedness and Loneliness

This question was asked on its own in addition to asking it in the last question to tease out if the importance of this benefit was significant. 36 out of the total number of respondents did select that walks 'definitely' helped them feel less lonely/isolated with nine saying most of the time it had helped and seven chose sometimes it helped.

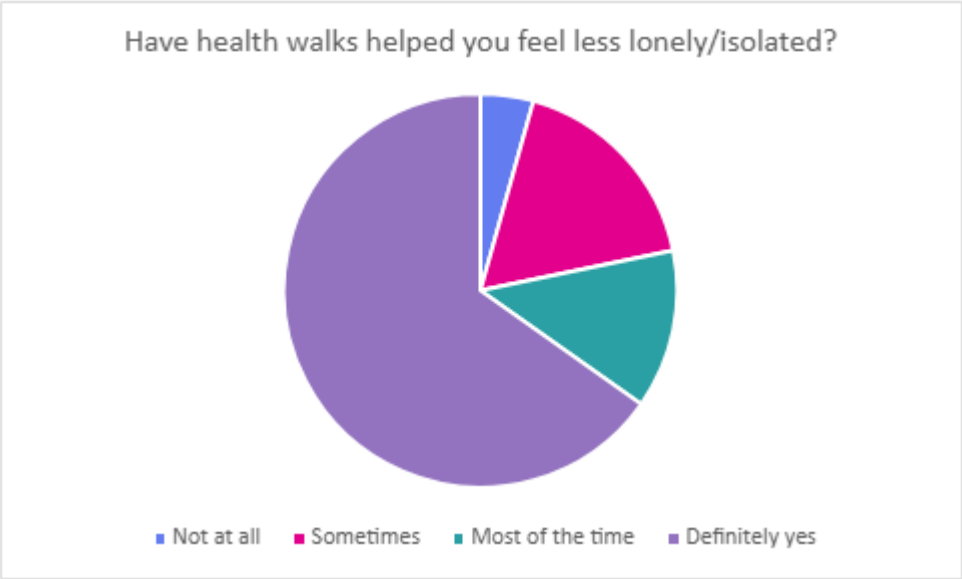


Chart Five

9. Quality of Service

Questions were asked to gain an insight into the overall satisfaction *of the scheme* felt by walkers. (1 = Poor, 5 = Excellent)

Q 1. Initial contact with the scheme 4.63/5 (n=161).
Q 2. Walks programme 4.68/5 (n=165).
Q 3. Volunteer Health Walk Leaders: 4.89/5 (n=162).
Q 4. Ongoing communication: 4.73/5 (n=161).

These scores indicate consistently high satisfaction with delivery and leadership, suggesting strong volunteer engagement and effective programme management. Maintaining this quality will be essential as the programme scales or adapts to new delivery models with the recruitment of new volunteers being crucial.

"Everything is Brilliant"
"Very friendly and welcoming, leaders are great and the walk are varied"

10. Views on the Health Walks Programme

This report asked walkers ten questions to assess walker satisfaction across different aspects of the programme (Graph 11).

Only 32% of the total number of walkers who completed the survey choose to answer this question. 7% of walkers stated the walk was too slow with 5% saying it was too fast. A very small number (less than 8%) selected that they were bored with same walking routes and again a very small number said the walks were too short (4%).

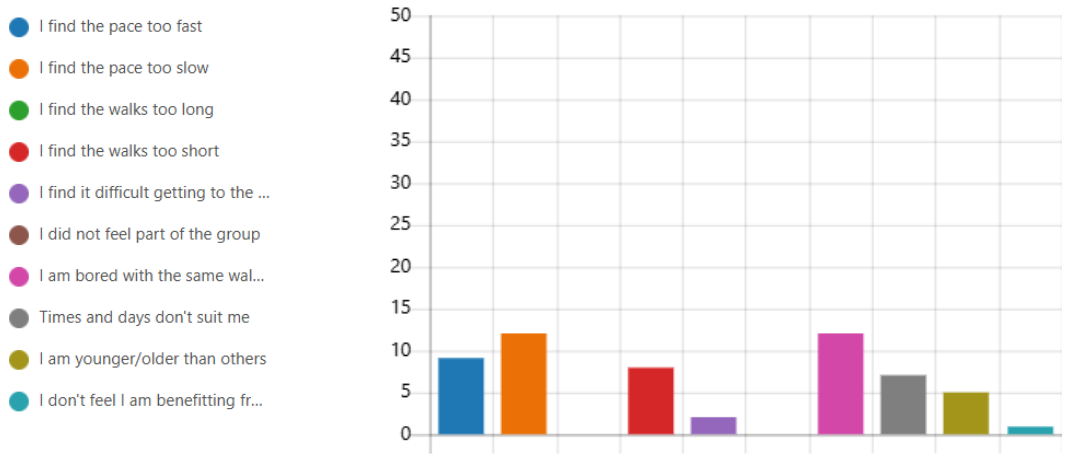
Occasional feedback from walkers and leaders is that the pace is too slow and that the walks do not offer enough variety. However, these two points have not been significant findings in this report demonstrating it is very few who experience this. It has been witnessed by volunteer leaders that those initially unhappy with pace become happier as they start to reap all the other benefits of attending, for example, the social benefits.

Four of the walking groups do offer more than one walk at any one time to cater for varying fitness levels, but this is influenced by the number of volunteers present, to lead all walks safely and be able to manage all walkers.

A very small percentage (4%) stated that the days and times were not suitable, however this only reflects those who completed the survey. It does not answer the question how accessible the walks are to anybody who might wish to attend. Once again to provide more walks at other times relies heavily on volunteer capacity.

None of the findings from this question hold significant dissatisfaction or indicate that action needs to necessarily happen to improve the health walk offer although it can be assumed if a wider offer of walks were to exist, they would be welcomed.

The reasons for a low response for this question could be that it came at the end of the survey when enthusiasm waivered as well as walkers not having strong views either way to anything asked of them.



Graph Eleven

Summary

This evaluation report is based on data collected from those who currently attend the Health Walks programme in North Somerset. It provides an insight into the effectiveness and impact of the scheme with the intended outcome to:

- Increase levels of physical activity among residents, especially those that face barriers in becoming and staying physically active.
- Improve physical and mental health, particularly for those with long-term health conditions.
- Reduce social isolation and strengthen community networks.
- Provide an accessible and sustainable intervention to help tackle health inequalities.

The key points to highlight from the undertaking of this evaluation are:

- Health Walks are most effective in engaging older individuals between the ages of 65-86 years old to become and stay physically active through walking.
- Health Walks appeal to women more than men.
- The programme continues to meet the needs of the local community with the capacity to reach more communities.
- Social engagement and reducing loneliness through attending the programme is paramount for many walkers.
- The health walks programme provides this ideal opportunity for those who wish to remain physically and socially active into retirement and beyond.
- The health walk model is just one approach to use walking as a tool to encourage more communities to walk more.
- Walker satisfaction is high across many areas.
- A wider offer of walks would be welcomed but is not required to achieve overall walker satisfaction.

Future Action:

To act on the key findings and summary points above Health Walks North Somerset needs to:

- Increase engagement with underrepresented groups particularly those in areas of higher health need with communities shaping their own tailored Health Walks Programme.
- Continued collaborative working with other partners particularly health care professionals to strengthening clinical referral pathways ensuring those who have long term health conditions are encouraged to attend Health Walks.
- Regular recruitment of volunteers to ensure sustainability of all health walk groups across North Somerset with concerted effort in identifying volunteers for weekend/evening walks.
- Continue to monitor, collect and collate qualitative data to demonstrate the number of walkers attending with long term health conditions.
- Continue to offer 30-minute walks to enable those recovering from ill health or an operation and those with restricted mobility to remain physically active and still socially engaged.
- Increase awareness that the Better Health North Somerset website exists with up-to-date health walk information across all programmes in North Somerset.

- To ensure walk leaders are championing the importance of continuing to walk as you age as a tool for preventative health.
- Continue to work collaboratively with a wide range of partners that can support the scheme in achieving all the above.

Appendices

Health walk questionnaire

References

1. UK Chief Medical Officers (2019). Physical Activity Guidelines.

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5. NICE (2012). Physical activity: Walking & Cycling, Public Health Guidance (PH41).

6. Department of Health and Social Care (2024). Obesity, Physical Activity and Nutrition. Fingertips, Public Health Profiles.

7. Sport England (2023) Active Lives Survey 2023–24.