

“Positive Walkers” – steps ahead...

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1. Background

- In 2017, a client led walking group for people living with HIV (PLHIV) was commenced, then disbanded...
- Client feedback indicated the need for a structured, sustainable and supported walking group. This prompted a HOT/Albion dietitians and consumer collaboration to encourage healthier lifestyles and address social isolation.
- 20 March 2018 - first walk.
- “Positive Walkers” aligns with SESLHD’s ‘Journey to Excellence 2018-2020’ (community wellbeing and health equity), and the NSW HIV strategy 2016-2020.

2. Why walk?

HEALTH BENEFITS

- Strong evidence supports the benefits of physical activity for PLHIV:
 - reduced risk of health complications associated with aging and long term anti-retroviral therapy
 - improved cardiorespiratory fitness, body composition and quality of life.^{1,2}

OTHER POSITIVES

- Free, requires no special equipment
- Avoids the gym (many clients describe being uncomfortable in the gym environment)



6. What have we learnt?

- Success requires dedicated and reliable WOs.
- WOs have health problems too, e.g. HIV-associated neurocognitive disorders (HAND) affects ability to organise a walk.
- Multiple medical appointments affect attendance.
- Communication is critical - notification of walks, WOs’ rosters, regular meetings with WOs and HOT/Albion dietitians.
- Same meeting point facilitates attendance.
- Importance of a planned, safe, scenic and enjoyable route.
- Lack of access to the internet (HFW website) is common in this community so requires phone reminders.
- IT support may be required for WOs.
- Many clients need extra support to attend - remembering walks, organising their week, and/or managing social anxiety.
- ‘Closed group’ has meant recruitment is more complex.



5. Feedback from Walkers

- ‘I get out of the house which is great, I wouldn’t go out otherwise’.
- ‘It gets me out of bed’.
- ‘I find that walking makes chatting easy. I am a quiet person, I am surprised by how easy’.
- ‘Walking stops me smoking’.
- ‘I breathe easier’. ‘My lungs get fresh air’.
- ‘I get an appetite’.
- ‘Just turning up has boosted my confidence’.
- ‘It’s wonderful walking away your worries’.
- ‘It’s refreshing and enjoyable’.
- ‘The routine motivates you’.
- ‘Exercise is good for my brain and thinking’.
- ‘I go home happy’. ‘I like the social aspect’.
- ‘Being on an organised walk means I can trust the route, I can walk without looking at my feet...I stand taller’.



4. Outcomes/impact

- Weekly walks.
- Duration of walks: 45 mins to 2 hours depending on walker interest and time available.
- Distance: 2 to 6km.
- Speed: ‘chatty’ pace.
- Feedback from fitter walkers who dropped out after week 1 - pace is too slow, would prefer a ‘fitter’ walk.
- 7 participants with an average of 1-2/ walk.
- 3 WOs, only 1 remaining due to health issues.



7. Future plans

- Recruit 4 WOs – equal representation and ownership from Albion and HOT.
- Promotion through wider HIV friendly networks to increase participation.
- Recruit through ACTIVATE and ACTIVATE Maintenance (Albion’s Nutrition and Exercise Programme for PLHIV) and WAVES group from HOT.
- Exercise Physiology students – establishing a walking group for fitter PLHIV.
- Quality improvement – health outcome measures - body composition, physical activity levels, quality of life; and qualitative data from focus groups and client satisfaction surveys.



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References

1. Gomes-Neto et al Clinics (Sao Paulo) 2013 68: 1157-1167.
2. O’Brien et al. BMC Infect Dis. 2016 Apr 26;16:182. doi: 10.1186/s12879-016-1478-2.
3. Ball et al. 2017. International Journal of Behavioural Nutrition and Physical Activity 14:161. doi: 10.1186/s12966-0