Equity focused health impact assessment

Walk to School program
July 2015 – March 2016

VicHealth™

Contents

Acknowledgements

VicHealth acknowledges and thanks the following people and organisations for their time and expertise on this project:

- Caroline Amirtharajah, City of Ballarat
- Vicki Bradley, South Gippsland Shire Council
- Jaala Freer, Mitchell Shire Council
- Sharon McArthur, Moorabool Shire Council
- Jane Potter, Heart Foundation
- Ben Rossiter, Victoria Walks
- Janine Harfield, Wimmera Health Care Group
- Jane McCracken, Sunraysia Community Health Services
- Andrea Sloane, Mildura Rural City Council

This report was written by Kerryn O'Rourke, Kellye Hartman, Maya Rivis and Rayoni Nelson, with input from members of the project group, Candice McKeon, Cassie Nicholls and Sarah Posner.

HIA training and expert support was provided by Katie Hirono, Fiona Haigh and Ben Harris-Roxas from the Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales.

Executive summary

About the equity focused health impact assessment

Health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.

VicHealth has a strong focus on addressing health inequities and works to improve health and wellbeing by reducing health inequities through the community.

Equity focused health impact assessments (EFHIA) use a structured assessment methodology to prospectively:

- determine the potential differential impacts of a policy or practice on health and the distribution of these impacts with reference to specific groups or populations (in this case people in rural and regional communities); and

- assess whether the differential impacts are inequitable.

This EFHIA was undertaken to determine how the proposed Walk to School 2016 program would be accessible for rural and regional communities, particularly whether the program marketing/promotions, design and delivery would make the campaign accessible to rural and regional families so that these families would have the opportunity to benefit from the campaign.

This EFHIA did not explore differential outcomes of the proposed Walk to School 2016 program and this will need to be investigated as part of future evaluation activities.

The EFHIA process was led by VicHealth and informed by a range of stakeholders from rural and regional local councils, schools and relevant non-government organisations. The EFHIA process was undertaken between July 2015 and February 2016 in time to inform decision-making for the design and implementation of Walk to School 2016.

Recommendations

The EFHIA identified possible impacts of the proposed Walk to School 2016 and made a number of priority recommendations under four separate themes which aim to improve accessibility for rural and regional communities.

1. Strengthen integrated approach

    a. Enhance social infrastructure planning – car parking, walking buddies, walk maps, involvement of older students in a leadership capacity. Potentially use social media to support and promote all these.

    b. Align enhancing social infrastructure planning with other, complementary work on infrastructural changes conducive to walking.

    c. Look at what can be realistically and effectively achieved in a month, and link into bigger plans and strategies of councils.

    d. Align and frame with other community goals – not only physical activity. Align/leverage/link: How does Walk to School help councils to achieve their other objectives?

2. Strengthen research and evaluation

a. Make equity goals explicit – and do further research and targeting of population sub-groups with reduced access to the program in rural/regional areas.

b. Incorporate walking and other active transport indicators in VicHealth indicators.

c. Collect or advocate for better outcomes data.

3. Strengthen advocacy

a. Develop best-practice guidelines – such as tools and case studies for councils (and schools).

4. Increase flexibility and adaptability

a. Open the funding to health organisations, or open funding to councils to partner with health services too. They can work with councils who have more limited capacity.

b. Provide incentives for partnership.

c. Keep the Walk to School program flexible so that it can be tailored by and for communities.

The recommendations and priority actions will be considered by VicHealth and inform adjustments and changes to the campaign design in 2016 and future years.

Introduction

This equity focused health impact assessment (EFHIA) was conducted by a VicHealth team participating in health impact assessment learning by doing training at Centre for Health Equity Training, Research and Evaluation, part of the UNSW Australia Centre for Primary Health Care and Equity.

An EFHIA is a systematic assessment of the potential differential impacts of a proposal or program on people's health. The purpose of an EFHIA is to influence a decision-making process about the future design and implementation of the proposal, with the aim of promoting health equity (Mahoney, Simpson et al 2004).

An EFHIA includes the following seven steps:

1. Screening: determining whether the EFHIA is feasible and likely to be useful

2. Scoping: determining the focus, research questions and plan for the EFHIA

3. Identification: collection of information relevant to research questions, for assessment of differential health impacts

4. Assessment: identification and assessment of differential impacts

5. Recommendations: formulation of recommendations for the proposal to better promote health equity

6. Reporting: document and disseminate findings to decision-makers, affected communities and other stakeholders

7. Monitoring and evaluation: changes that occur as a result of the EFHIA.

This EFHIA has assessed rural and regional accessibility of the upcoming VicHealth Walk to School 2016 program (positive and negative) for the purpose of making adjustments and changes to its design for the promotion of health equity.

Background

The Walk to School program is a statewide program designed to increase active travel to and from school by primary school-aged children. It has been implemented by VicHealth, in the month of October each year since 2006. Since 2013, VicHealth has provided grants to Victorian local councils to deliver Walk to School in their local area.

Overview of plans for Walk to School 2016

To provide context to the assessment process, the following outlines the key activity streams proposed to be delivered as part of the Walk to School 2016 campaign:

- **Local Government Area (LGA) grants program** – grants of up to $10k offered to all Victorian councils to deliver local promotional, school engagement and active travel activities. Anticipated 60–65 grants to be distributed.

- **School engagement** – direct email communications, free collateral and links to relevant resources, prizes for highest participation. Anticipated 650 – 750 schools to be engaged.

- **Digital assets** – website (key engagement platform for councils and schools), app (engagement option for individuals/families).

- **Sports/corporate partnerships** – to increase reach of campaign messages and support campaign delivery through the provision of ambassadors for media activities and prizes for students and schools.

- **Stakeholder engagement** – liaison with stakeholders (key players in active travel, children's health and wellbeing) to leverage other initiatives and tools; development and distribution of campaign toolkit to support stakeholders to promote the campaign through their owned channels.

- **Promotions through owned, earned and paid media** – social media (Facebook and Twitter); program of PR and media relations including ambassador engagement and workplace engagement program targeting large employers across metro and rural/regional areas; modest paid media spend focusing on digital advertising and some regional print advertisements.

- **Research and evaluation strategy** – program of data collection, carer and stakeholder surveys to measure the reach and impact of the campaign including attitudinal and behaviour change outcomes.

Objectives

This EFHIA aims to:

- determine how the proposed Walk to School 2016 program would be accessible for rural and regional communities, in particular, whether the program marketing/promotions, design and delivery would make the campaign accessible to rural and regional families so that these families would have the opportunity to benefit from the campaign.

- identify opportunities to improve accessibility of the program to rural and regional families.

- monitor and evaluate the extent to which the recommendations are implemented.

EFHIA Step 1 – Screening

The 'screening' step was undertaken by the VicHealth internal working group to determine the rationale, suitability and feasibility of undertaking an EFHIA for Walk to School 2016.

Screening is based on a series of questions or activities that interrogate the proposal and its potential or actual links to equity and to the goals of reducing inequalities in health.

The following was considered during the screening step:

- target population(s) for Walk to School
- the potential links between Walk to School and health
- key stakeholders of Walk to School
- equity dimensions of Walk to School
- opportunities for changes to be made to Walk to School.

At the conclusion of the screening step it was recommended that an EFHIA be undertaken as there was uncertainty about the accessibility to and health impact of Walk to School. It was determined that there would be benefits to identifying opportunities to adjust Walk to School to improve accessibility and health impacts.

It was determined that a rapid to intermediate EFHIA was feasible, and that the EFHIA should aim to be conducted between July 2015 and February 2016, in time to influence decision-making for the design and implementation of Walk to School 2016.

A range of internal and external stakeholders were identified to participate in the EFHIA including:

- Internal stakeholders – Walk to School Project Manager (on EFHIA working group), Manager of Campaigns, Executive Manager of Communications, Executive Manager of Programs, Principal Program Officer Physical Activity (on EFHIA working group), CEO.
- External stakeholders – Rural and regional local councils, schools, Victoria Walks and the Heart Foundation Equity Advisor and Walking program manager.

EFHIA Step 2 – Scoping

The 'scoping' step within an EFHIA consists of three components:

1. Establishing the scope and nature of the specific EFHIA and being clear about exactly what is to be done, at what level and in what time frame.

2. Identifying individuals to be responsible for each aspect of the work.

3. Other project management aspects (timing, budget, planning and reporting).

The scoping step was undertaken by the internal working group and considered focusing on a range of population groups including children and families on a low income, Aboriginal children and their families, children with disabilities and their families, children and families from CALD backgrounds and rural and regional children and families. A variety of determinants known to influence participation in children's active travel were also considered when deciding on scope. These included parental fear, distance from home to school, time and walkability of neighbourhoods.

Due to a range of factors, the group focused this EFHIA on rural and regional accessibility of the Walk to School program. These factors included:

- time and resource constraints that meant a broad EFHIA focusing on a number of population groups and/or many health determinants would not be feasible.

- Knowledge of some key research findings that indicated regional and rural communities may experience greater levels of disadvantage compared to metropolitan communities, including:

    o The Victorian Public Health and Wellbeing Plan 2015–19 states that particular attention to regional and rural communities is needed as people living in regional and rural Victoria do not enjoy the same level of health and wellbeing as other Victorians.

    o According to the Health and Wellbeing Status of Victoria 2015–19, 'Younger children in rural areas were more likely to meet guidelines than children in metropolitan areas', however 'people living in regional and remote areas of Australia are generally less physically active than those living in metropolitan areas'.

    o Evidence indicates that active transport choices – walking and cycling instead of driving – contribute to individual achievement of recommended physical activity levels, and that high levels of persistent physical activity participation among children are correlated with adult levels of activity.

The project group acknowledged that differential outcomes were beyond the scope of this EFHIA and would need to be investigated as part of future EFHIA/evaluation activities. Instead, the group agreed to focus this EFHIA on whether participation in the Walk to School 2016 campaign would be accessible to rural and regional families – in particular, whether the program marketing/promotions, design and delivery would make the campaign accessible to rural and regional families so that these families would have the opportunity to benefit from the campaign.

Table 1 lists the EFHIA research questions in relation to existing conditions, potential impacts, indicators and data sources.

Table 1. Research questions, indicators and data sources

Existing conditions research questions	Impact research questions	Indicators	Data sources
What is the association between geographic location of household and children's participation in past Walk to School programs?	What are the potential barriers to participation in Walk to School for regional/rural families?	• Geographic status of LGA/postcode • Parental fear • Distance to school • Infrastructure • Time pressures/rushing among parents of primary aged children • Walkability • Employment status	• VicHealth Indicators • VicHealth Health Equity evidence review • 2014 Walk to School parents' survey • 2014 Walk to School council survey • VicHealth Parental fear research • Potentially additional focus groups/online survey if required
	What is the potential impact of promotional/marketing activities (advertising, social media, media and promotion through networks) on access to Walk to School by regional/rural families?	• attitudes and social norms among regional/rural parents • reach of promotional activities into regional areas • appropriateness of promotional activities in regional areas • access to internet among parents of primary aged children in regional areas	• 2014 Walk to School parents' survey • Past Walk to School media, social media, paid media reach/performance
	What is the potential impact of key messages/calls to action on access to Walk to School by regional/rural families?	• attitudes and social norms among regional/rural parents • appropriateness of key messages for regional areas	• 2014 Walk to School parents' survey • 2014 Walk to School school survey • 2014 Walk to School council survey • message testing report 2015

What is the current capacity of regional/rural councils to deliver/implement active travel campaigns/programs at a local level? Includes organisational capacity, resources, priorities and environment.	What is the potential impact of the Walk to School grant program on access to Walk to School by regional/rural families?	• rural/regional council capacity, resources (staff and funds), priorities and competing agendas • uptake of other/competing active travel/health campaigns • Municipal Health and Wellbeing Plans – presence of active travel priority rural/regional infrastructure • impact of rural/regional council actions on decisions/ behaviours/choices of parents in rural areas	• 2014 Walk to School parents' survey • 2015 Walk to School council survey (possibly build in extra organisational capacity questions) • Past Walk to School media grant evaluations • Municipal Health and Wellbeing Plans
What is the current capacity of regional/rural schools to deliver/implement active travel campaigns/programs at a school level? Includes organisational capacity, resources, priorities and environment.	What is the potential impact of school engagement activities on access to Walk to School by regional/rural families?	• rural/regional school capacity • impact of schools on decisions/behaviours/choices of parents in rural areas • uptake of other/competing active travel/health campaigns • Presence of active travel as school priority/Achievement Program priority	• 2014 Walk to School parents' survey • 2014 Walk to School council survey • 2014 Walk to School school survey • literature about other school based campaigns/ participation • Achievement Program registrations

EFHIA Step 3 – Identification

The 'identification' step of an EFHIA involves collecting information (data and evidence) to identify the potential and/or actual impacts of the proposal.

The specific questions developed in the identification step included:

1. What do we know about physical activity in rural and regional communities?

2. What do we know about what influences physical activity and active transport?

3. What do we know about successful active travel interventions?

4. What do we know about past Walk to School participation in rural and regional communities?

5. What do we know about barriers to Walk to School participation specific to rural and regional communities?

6. What do we know about council capacity in regional communities?

7. What do we know about primary school capacity in regional and rural communities?

The suggested assumptions and answers developed for each of the specific questions developed during the identification step (by VicHealth and stakeholders) are detailed below.

What do we know about physical activity in rural and regional communities?

1. Adults in rural and regional areas may have lower levels of physical activity compared to people in metropolitan areas or major cities:

    a. More adults in outer regional and remote Australia are obese (31 per cent) than those in major cities (23 per cent).[1]

    b. A higher proportion of adults in outer regional and remote parts of Australia (43 per cent) did no exercise compared with those who lived in major cities (36 per cent). The availability and accessibility to sporting and public transport facilities may encourage more people to participate in recreational physical activity and these facilities are less readily available in rural areas.[2]

    c. Likelihood of meeting physical activity recommendations has been shown to decrease with remoteness and area-level socioeconomic disadvantage in Australian adults.[3]

    d. In general, Australians who are more socially advantaged are more likely to be regularly physically activity. Typically, social disadvantage is indicated by measures such as a low level of education, low income, low occupational status, or living in a socioeconomically disadvantaged neighbourhood.[4]

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[1] ABS, 2011, *Overweight and Obesity in Adults in Australia: A Snapshot, 2007–08* (cat. no. 4842.0.55.001) – released 27/05/2011

[2] National Rural Health Alliance (2011). Fact Sheet 26: Physical Activity in Rural Australia, accessed 6/11/15 at http://ruralhealth.org.au/content/fact-sheet-26-physical-activity-rural-australia

[3] Australian Bureau of Statistics. (2013b). Australian Health Survey: Physical Activity, 2011–12. Canberra: Australian Bureau of Statistics.

[4] Deakin University 2015, *Evidence Review: Addressing the social determinants of inequities in physical activity and related health outcomes*, p.5

2. However, physical activity levels among children may not be linked to rurality or disadvantage:

   a. Proportion of Australian children aged 2–17 years meeting physical activity recommendations does not change across levels of remoteness.[5]

   b. Among youth, Victorian data showed no association of either family or neighbourhood social disadvantage with active commuting to school among children.[6]

   c. Socioeconomic status may have some impact on physical activity levels, however the evidence is not clear:

      i. 'There are mixed theories on the impact of socioeconomic status and participation in physical activity by children … Research conducted by Spinks et al. (2006) found that children from low-income families were more likely to walk or cycle for transport. Salmon et al. (2005) also found that children attending schools in low socioeconomic areas were more likely to walk to school than those in high socioeconomic areas. Similar results were noted in a South Australian study (Harten and Olds 2004).'[7]

      ii. Feedback from external stakeholders suggests status may have some impact on physical activity levels, however the evidence is not clear: it is possible that locally the social disadvantaged would be the students actively commuting to school more regularly as it is their only means of transport (no family, petrol too expensive, no money for the bus, parents still in bed and the children get themselves to school).

What do we know about what influences physical activity and active transport?

1. Active travel levels are influenced by a range of factors, including traffic, infrastructure and safety:

   a. Transport-related physical activity is strongly linked to urban features, including street connectivity and proximity to facilities, and such features are related to neighbourhood disadvantage in complex ways across locations.[8]

   b. Social norms may influence parental decisions on whether their child walks or cycles to school, or is driven there instead[9] [10]. Observing others engaging in particular

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[5] Australian Bureau of Statistics. (2013). Australian Health Survey: Physical Activity, 2011–12. Canberra: Australian Bureau of Statistics.

[6] Timperio, A., Ball, K., Salmon, J., Roberts, R., Giles-Corti, B., Simmons, D., . . . Crawford, D. (2006). Personal, family, social, and environmental correlates of active commuting to school. American Journal of Preventive Medicine, 30(1), 45–51.

[7] Drummond, M. J.N., Drummond, C. E., Dollman, J., and Abery, L. 'Physical activity from early childhood to adolescence: a literature review of issues and interventions in disadvantaged populations', *Journal of Student Wellbeing.* December 2010, Vol. 4(2), 17–31. Page 22

[8] Turrell, G., Haynes, M., Wilson, L. A., & Giles-Corti, B. (2013). Can the built environment reduce health inequalities? A study of neighbourhood socioeconomic disadvantage and walking for transport. Health Place, Jan (19), 89–98.

[9] McMillan, T. E. (2005). Urban form and a child's trip to school: the current literature and a framework for future research. Journal of Planning Literature, 19(4), 440–456.

[10] Mitra, R. (2013). Independent Mobility and mode choice for school transportation: a review and framework for future research. Transport Reviews, 33(1), 21–43. doi: 10.1080/01441647.2012.743490.

physical activity behaviours may help shape the perception that these are normative or desirable behaviours, and hence encourage the same behaviour in others.[11]

    c. Factors associated with children's increased active transportation to and from school are shorter walkable distances between home and school.[12]

    d. Community environments – and often those in the most disadvantaged neighbourhoods – are not conducive to safe, pleasant walking.[13]

    e. Certain development patterns – such as a lack of sidewalks, long distances to schools and the need to cross busy streets – discourage walking and cycling.[14]

2. There are specific barriers to physical activity that affect rural and regional communities. However, these communities vary greatly within their own geographic region and across the state and don't all share the same experience, environment and social factors:

    a. 'Barriers and challenges faced by rural residents in undertaking physical activity ... include lack of time, confidence and motivation to engage in physical activity, as well as limited transport to sporting facilities and events … Other barriers are cultural. They include the belief that 'rural work' provides sufficient physical activity so that it is not necessary to pursue physical activity during leisure hours. Other barriers to physical activity are related to the lower socioeconomic status of rural residents, making them less able to afford sporting equipment and fees. Rural residents also have less access to healthcare professionals who can potentially provide support and encouragement for participation in physical activity.'[15]

    b. Local context-specific data is required for each geographic location. Experts caution against generalising findings from other countries or even states and localities to the Victorian context.[16]

    c. External stakeholders noted that almost all reports aggregate rural and regional data and acknowledge that it would be useful to look at differences in physical activity rates in rural versus regional areas.

    d. External stakeholders noted that access to sporting and recreational facilities varies across council areas. For example, Horsham is regarded as the 'Capital of the Wimmera' and has access to various sporting and recreational facilities including gyms. This is not the case for the smaller surrounding towns. Due to the size of the town, the majority of the population drives from A to B and parks very close to (if not at the front door of) the final destination.

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[11] Deakin University 2015, *Evidence Review: Addressing the social determinants of inequities in physical activity and related health outcomes*, p.11

[12] Chillón, P., Evenson, K., Vaughn, A., & Ward, D. (2011). A systematic review of interventions for promoting active transportation to school. International Journal of Behavioral Nutrition and Physical Activity, 8(1), 10.

[13] Ball, K., Salmon, J., Giles-Corti, B., & Crawford, D. (2006). How can socioeconomic differences in physical activity among women be explained? A qualitative study. Women & Health, 41(1), 93–113.

[14] Sallis, J. F., & Glanz, K. (2006). The role of built environments in physical activity, eating, and obesity in childhood. The Future of Children, 16(1), 89–108. doi: 10.1353/foc.2006.0009

[15] National Rural Health Alliance (2011). *Fact Sheet 26: Physical Activity in Rural Australia*, accessed 6/11/15 at http://ruralhealth.org.au/content/fact-sheet-26-physical-activity-rural-australia

[16] Deakin University 2015, *Evidence Review: Addressing the social determinants of inequities in physical activity and related health outcomes*, p.7

What do we know about successful active travel interventions?

1. Interventions that are specific, combine communications, programs and infrastructure, involve a range of stakeholders and are locally relevant are more likely to be successful:

   a. Interventions tend to be more effective if they aim to increase active transport to school specifically, rather than target broader health outcomes, and if they are multi-setting (involving parents, schools and local communities) rather than single-setting initiatives.[17]

   b. Community-based walking events aimed at increasing walking rates are moderately effective in increasing physical activity, but only when they are combined with broader support such as provision of community walking maps and signage for routes, local newspaper articles and newsletters and capacity-building within local government.[18]

   c. Successful intervention approaches for promoting increased walking and cycling include traffic calming methods, the creation of multi-use trails (walking, cycling), road closures or restrictions on use, road user charges (tolls: see also economic instruments), cycling infrastructure and the creation of safe routes to school.[19]

   d. Given that rural communities are heterogeneous in terms of size, culture and types of barriers faced, a recent rural study commissioned by Health Promotion Queensland strongly concluded that [health promotion] strategies and interventions need to take into consideration the local environment and circumstances, rather than using a one size fits all approach.[20]

2. A systematic review of programs for promoting active transport, such as walking to school across the United States, Australia and the United Kingdom indicated that the characteristics of effective programs included use of policy and events to achieve change.[21]

   a. Research shows that caregiver perceptions of few other children in the neighbourhood walking to and from school,[22] [23] as well as beliefs regarding the social acceptability of this behaviour,[24] [25] [26] significantly inhibit this form of active

[17] Chillón, P., Evenson, K., Vaughn, A., & Ward, D. (2011). A systematic review of interventions for promoting active transportation to school. International Journal of Behavioral Nutrition and Physical Activity, 8(1), 10.

[18] World Health Organization (2009). Interventions on Diet and Physical Activity: What Works. Summary Report. Geneva.

[19] Deakin University 2015, *Evidence Review: Addressing the social determinants of inequities in physical activity and related health outcomes*, p.18

[20] National Rural Health Alliance (2011). *Fact Sheet 26: Physical Activity in Rural Australia*, accessed 6/11/15 at http://ruralhealth.org.au/content/fact-sheet-26-physical-activity-rural-australia

[21] Chillón, P., Evenson, K. R., Vaughn, A. and Ward, D. S. (2011), 'A systematic review of interventions for promoting active transportation to school', International Journal Behavioural Nutrition and Physical Activity, Vol. 8 No. 1, pp. 10–27.

[22] Chillón, P., Hales, D., Vaughn, A., Gizlice, Z., Ni, A. and Ward, D. S. (2014), 'A cross-sectional study of demographic, environmental and parental barriers to active school travel among children in the United States', International Journal of Behavioral Nutrition and Physical Activity, Vol. 11, No. 1, pp. 61–71.

[23] Timperio, A., Ball, K., Salmon, J., Roberts, R., Giles-Corti, B., Simmons, D., Baur, L.A. and Crawford, D. (2006), 'Personal, family, social, and environmental correlates of active commuting to school', American Journal of Preventative Medicine, Vol. 30 No. 1, pp. 45–51.

[24] McMillan, T.E. (2007), 'The relative influence of urban form on a child's travel mode to school', Transportation Research Part A, Vol. 41 No.1, pp. 69–79.

[25] Panter, J. R., Jones, A. P., Van Sluijs, E. M. and Griffin, S. J. (2010), 'Attitudes, social support and environmental perceptions as predictors of active commuting behaviour in school children', Journal of Epidemiology and Community Health, Vol. 64 No. 1, pp. 41–48.

[26] Schuster, L., Kubacki, K., and Rundle-Thiele, S. (in press), 'Understanding caregivers' intentions for their child to walk to school: Further application of the theory of planned behaviour', Health Marketing Quarterly, Vol. 33 No. 4.

transportation. Walking rates could thus be improved through approaches that act upon caregiver perceptions of these descriptive and injunctive social norms respectively.[27]

b. Feedback from external stakeholders also indicates that sustained activity and adequate funding are required to make a real change in active travel behaviours, including the promotion of walking options and funding to fix/develop footpaths.

What do we know about past Walk to School participation in rural and regional communities?

1. Across the state, student participation is driven by council and school participation:

   a. In 2015, 94 per cent of participating schools and 94 per cent of participating students were from funded Local Government Areas (LGAs).[28]

   b. In 2014, school engagement resulted in 99.6 per cent of total student participation, with only 0.4 per cent of participants attending non-participating schools.[29]

2. Of all Victorian rural and regional schools, 39 per cent participated in Walk to School 2015 compared to 29 per cent of all Victorian metro schools.

3. About half of the schools that participated in Walk to School 2015 were from rural and regional areas, but only 38 per cent of participating students were from regional and rural areas. Participating students in regional and rural areas walked on average 15 times during October, covering 11 km, compared to 17 walks covering 12 km by metro students (see Table 2).

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[27] Lorenc, T., Brunton, G., Oliver, S., Oliver, K. and Oakley, A. (2008), 'Attitudes to walking and cycling among children, young people and parents: A systematic review', Journal of Epidemiology and Community Health, Vol. 62 No.10, pp. 852-857.

[28] In-house analysis of Walk to School 2015 participation data

[29] In-house analysis of Walk to School 2014 participation data

Table 2. 2015 School participation by metro and regional areas

2015 Walk to School results	statewide	metro	rural/regional
Participating schools	620	304	316
New schools	259	106	153
Proportion of participating schools[#]	100%	49%	51%
Participating students	108,997	67,059	41,938
Proportion of schools	33.12%	28.52%	39.21%
Proportion of participating students[#]	100%	62%	38%
Walks	1,780,659	1,132,767	647,892
Walks per student	16	17	15
Estimated distance (km)	1,279,745	814,427	465,317
Estimated distance per student (km)	12	12	11
Participation rate	28.98%	28.91%	29.10%

* Note: Walk to School participation data should be treated as indicative only, as it is self-reported data

Note: these are proportions of the total, not taking into account different distribution of students/schools in different areas.

4. A lower proportion of non-metro councils applied for and received Walk to School grants compared to metro councils:

    a. Walk to School grants are offered to all Victorian local governments. In 2014, 52 councils (84 per cent of all metro councils and 54 per cent of all non-metro councils) received grants. In 2015, 61 councils (84 per cent of all metro councils and 73 per cent of all non-metro councils) received grants.[30]

What do we know about barriers to Walk to School participation specific to rural and regional communities?

1. Feedback from external stakeholders indicates that children and families in rural areas face particular barriers to walking to school, including:

    a. The distance for many children to walk is too far from home, due to preferred schools not being close, children travelling from across or out of town.

    b. The large expanses of 'nothingness' through which children would have to walk makes walking less appealing: no trees, shade, seats or protection from the weather. Parents are not happy about stopping at 'nothing' as a stop and drop point. Other parents can't drop children off closer to school to walk, because of work commitments and there is a high reliance on the bus.

    c. The supervision of children if they are dropped off before school is challenging. The school doesn't have the teaching resources to allocate a teacher there each day and the insurance would be a nightmare for the school if they didn't provide supervision in a school-organised event, so there is an attempt to put in place the 'drop and stride'. The school has some great ideas how this can work and parents also want it to work. They would like to do it all year round not just for the month, but it will take a longer period of time to organise than just the lead up to October.

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[30] In-house analysis of Walk to School 2014 participation data

d. Some schools have less than 30 students so don't have teacher capacity to escort walking to drop/pick up points.

e. Convincing parents that it is okay for their children to walk is one of the biggest hurdles.

f. 'Drop and stride' initiatives require supervision from school teachers and long term planning. For example, at some schools, parents will utilise the park and walk options during October, but they comment that they look forward to the month ending. Last year when staff dressed in costumes and stood at the park and walk locations, they regularly had parents stop, wind down their car window, ask what we were doing and still drive off once it was explained.

g. The weather can also be a major factor. While we don't seem to have much rain we do have very hot summers.

h. Heavy school bags – often containing laptops, sports clothes (including shoes) and swimming gear – can be a major factor.

i. In some cases it is almost a status symbol for parents that they can drop their children at school. Having the capacity and means to get their children to school means the children don't have to look after themselves and get themselves to school.

j. Some schools commented that, due to the low SES of particular parts of town through which children walk, parents will not let their children walk if they have the potential to be alone. They fear the safety of children is compromised in an area known for crime. Unfortunately for one school, a student was approached by a stranger the month before Walk to School began. This was highly publicised in the press and on radio across the whole community, once again reinforcing the stranger danger component of why parents aren't letting children walk.

k. Safety issues – including lack of footpaths for students to walk along (sometimes due to new estates being established), major roads with lots of trucks, fast speed zones and lack of safe crossing points, dry surroundings, the three cornered jacks (large sharp prickles) that get into shoes and burst bike tyres – concern parents of younger children especially, as well as dogs roaming off leash in rural farming areas scaring children walking past and the need for shade and seats.

What do we know about council capacity in regional and rural communities?

1. Rural councils play a significant role in shaping and servicing the Victorian community:

   a. Around 61 per cent (48) of Victoria's 79 local council areas are regional or rural (non-metropolitan).

   b. Victoria's 38 rural councils are responsible for 79 per cent of Victoria's land area and, in 2011, had a combined population of approximately 704,000 people.[31]

2. Rural and regional councils may have smaller or more stretched budgets for infrastructure and/or community health and wellbeing activities:

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[31] Rural Councils Victoria, http://www.ruralcouncilsvictoria.org.au/about/#sthash.tXhv7khq.dpuf, accessed 28 October 2015

a. Across the state, rate capping will be introduced for the 2016–17 council budgets, which may affect councils' capacity and resources: 'NSW rate caps have devastated the local infrastructure.'[32]

b. Much of the local infrastructure more directly related to wellbeing and lifestyle is provided through local government … Councils in rural and remote areas, in particular, are among those serving static or declining populations, reducing rate income and putting their financial sustainability at risk. Yet in contrast to cities, these country councils are often required to incur substantial expenses to attract and sustain health services (including doctors) to their towns.[33]

3. Rural and regional councils may find Walk to School slightly easier to administer than metropolitan councils:

a. Overall, 79 per cent of metropolitan councils and 92 per cent of non-metropolitan councils indicated they found it 'easy' to administer Walk to School 2014; 11 per cent of metropolitan councils and 8 per cent of non-metropolitan councils indicated they found it 'difficult'.[34]

4. Feedback from external stakeholders indicated that council capacity is limited and partnerships may be required to deliver Walk to School in the future:

a. Councils have in the past leveraged relationships with Community Health and Primary Care Partnerships to run Walk to School. Next year there will be no capacity. Council focus is more on enabling the infrastructure around walking and putting strategies in place so the whole of council can work towards creating the supportive environments for active travel across the whole of the community and especially around schools. This is a process that takes a long time and is especially hard when grant funded positions end and there is no focus on public health in the council.

b. Funding should be open to Health Organisations as well as councils. For example, one council commented that they 'would not be participating if [their local] Health Care Group's Community Health Coordinator had not originally approached [council] re-partnering on the project. [This council] is the largest council in the region, yet they do not have the capacity to coordinate the program'.[35]

5. External stakeholders noted that the grants are not sufficient to support sustained behaviour change:

a. 'There needs to be a refocus around what the initiative can do to start the conversation around walking all year. What do schools and local council's and community need to put in place so that students can walk every day of the year? The response to this will be different for each community and for each school, so

[32] MAV media release 20 Oct 2015, State Property Taxes Rise, Dark Side of Rate Capping Revealed, http://www.mav.asn.au/News/Pages/state-property-taxes-rise-dark-side-of-rate-capping-revealed-20oct15.aspx accessed 27 November 2015

[33] National Rural Health Alliance, *Fact Sheet 23 – Measuring the metropolitan-rural inequity* (2010), http://ruralhealth.org.au/sites/default/files/fact-sheets/Fact-Sheet-23-%20measuring%20the%20metropolitan-rural%20inequity_0.pdf

[34] In-house analysis of Walk to School 2014 council survey data

[35] Feedback from a rural council involved in the EFHIA process

there can't be the expectation that $10,000 and three months will make a difference.'[36]

    b. 'The environment [in some rural areas] is hot in summer, mild in winter with strong winds in spring. To consider all for this in the environment to improve walking to school involves multiple departments across Council, including planning and local developers, parks and gardens, environment, water, community development, just to name a few. We can do it, but it needs to be priority and in some cases it won't be until decent equivalent full time staff and funding is put behind it.'[37]

    c. 'The $10,000 does not cover enough equivalent full time staff to enable substantial work to create the changes needed. It is also difficult to justify the amount of time we use up writing for grants of a small about and then what we can do with the money that will make long term sustainable change.'[38]

    d. 'Feedback from schools this year is that Walk to School month is a great event, however it doesn't offer the opportunity for any long term sustainable change to continue the motivation around walking, it's hard to justify doing this again. With this type of feedback, Council is reluctant to offer equivalent full time staff around it. We have this year tried to do more sustainable work to develop 'drop and stride' zones for interested and targeted schools. The amount of time that it has taken to do this, due to varying needs of schools, has extended well beyond the allotted time in which to spend the funds.'[39]

6. External stakeholders noted the need to embed active travel into broader council leadership priorities, strategy and planning:

    a. 'There needs to be some thought about how active travel priorities are put into community health and wellbeing plans, Integrated Health Promotion plans and those of Primary Care Partnerships and a whole community response. This could be achieved with a grant funded position in local councils that spanned more like a three year period (five would be better). This position needs to be in place before the planning cycles for local government begin (September 2016). They are positions that need to understand the interrelationships between environment and health outcomes and also the impact social determinants of health have on access to education, and health outcomes. They are people who need to understand the local community and how it 'ticks', what the local political scene is and who you need to bring into the fold to get things done.
'Junior positions will not achieve this if they do not have leadership support from the top level, so CEOs and Mayors of Council need to be engaged and motivated to make the necessary changes to the community to increase walking to school.'[40]

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[36] Feedback from a rural council involved in the EFHIA process.
[37] Feedback from a rural council involved in the EFHIA process.
[38] Feedback from a rural council involved in the EFHIA process.
[39] Feedback from a rural council involved in the EFHIA process.
[40] Feedback from a rural council involved in the EFHIA process.

What we know about primary schools' capacity in regional and rural communities?

1. Rural and regional schools may find Walk to School slightly more difficult to access and administer than metropolitan schools:

    a. The 2014 Walk to School participation results show that participation is *slightly* lower among schools in regional and rural areas (non-metro local government areas) (24 per cent) compared to schools in metro areas (28 per cent). This is likely to be affected by the lower proportion of councils in rural and regional areas participating in the campaign.[41]

    b. Analysis of Walk to School 2014 survey results show that overall, 94 per cent of metropolitan schools and 92 per cent of non-metropolitan schools indicated they found it 'easy' to administer Walk to School 2014; 4 per cent of metropolitan schools and 6 per cent of non-metropolitan schools indicated they found it 'difficult'.[42]

2. Feedback from external stakeholders indicated that Walk to School just becomes another add on that some teacher has to take on as part of their role. It is important that the principal agrees to campaign in order to support the work internally.

3. External stakeholders noted the importance of school champions:

    a. 'Like all programs, it is reliant of school "champions" to get behind and support the program. Some schools and teachers are fantastic and others leave a lot to be desired. I have always tried to promote that it is a great opportunity to promote active transport in general. For various some families may have barriers to participation before or after school but they may be able to go for a family walk after tea or on a weekend so this should be encouraged.'[43]

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[41] In-house analysis of Walk to School 2014 participation data
[42] In-house analysis of Walk to School 2014 school survey data
[43] Feedback from a rural council involved in the EFHIA process.

EFHIA Step 4 – Assessment

The 'assessment' step of an EFHIA involves bringing together the evidence (stakeholder and research evidence) compiled in the 'identification' step, then making decisions about the implications of the evidence with an aim of identifying the likely impacts of the Walk to School 2016 campaign – specifically whether the proposed program marketing/promotions, design and delivery would make the campaign accessible to rural and regional families so that these families would have the opportunity to benefit from the campaign.

This assessment step was conducted by email and a face-to-face workshop of working group members and invited stakeholders. All non-metro Victorian local councils were informed about the EFHIA project and invited to express interest in participating in the workshop.

VicHealth selected council and community health service representatives from regional and rural areas based on their knowledge of local demographics, public health issues and priorities, council policies and procedures, the ability to influence council activities, as well as an interest in health equity. In order to achieve a mix of viewpoints and expertise, VicHealth selected a mix of smaller and larger regional and rural councils, including one council that had not participated in Walk to School in recent years.

Victoria Walks and the Heart Foundation, two key not-for-profit organisations were also invited for their walking and equity expertise, respectively.

As part of this assessment step, stakeholders were provided with:

1. An organised summary of the data and evidence collected in the identification step. Those who could not attend the assessment workshop were provided with an opportunity to have input by email. Stakeholders were asked to consider and bring answers to the following questions:

    a. Are we missing any data?
    b. Can you add some local data?
    c. What does the data tell us?

2. A presentation of VicHealth's assessment of likely differential accessibility (impacts) for input from external stakeholders.
3. A summary of plans for Walk to School 2016 to give context to the assessment step.

The following questions were explored during the assessment phase:

1. What are the likely barriers and enablers for rural and regional families?
2. What are the likely impacts of the overall campaign design?
3. What are the likely impacts of the promotional activity?
4. What are the likely impacts of the key messages?
5. What are the likely impacts of the grant program and council engagement?
6. What are the likely impacts of school engagement activities?

The VicHealth EFHIA team compiled the evidence and assumptions for each question with contributions made by participating councils and stakeholders. Each of the questions and their respective evidence and assumptions are listed below.

What are the likely barriers and enablers for rural and regional families?

1. Poor walking infrastructure and distance to school are likely to be continuing barriers to participation in 2016:

    a. This well-established barrier to walking [poor walking infrastructure, location of schools, too far to walk] was also frequently mentioned as a challenge/barrier for the Walk to School program, with schools in rural and outer suburban areas, and schools with large catchment areas (including some large independent schools in inner Melbourne) most affected.[44]

    b. Of the metropolitan councils, 60 per cent indicated that distance to school was a main barrier to active travel for local students, versus 92 per cent of regional and rural councils.[45]

2. Social norms around walking may be less positive in rural and regional communities compared to metropolitan communities:

    a. Analysis of Walk to School 2014 evaluation data indicates that more rural and regional carers strongly disagreed with the statement: 'Many of the children in the neighbourhood walk to/from school'.[46]

    b. Analysis of Walk to School 2014 evaluation data indicates that carers in regional and rural areas have less positive injunctive social norms (i.e. Social norms around what others think):

        i. Fewer (30.8 per cent) regional/rural carers said that people who are important to them think the child 'should' walk to school compared to metro carers (45.2 per cent).[47]

        ii. Fewer (35.7 per cent) regional/rural carers said that people who are important to them would approve of the child walking to/from school compared to metro carers (49.3 per cent).

        iii. Fewer (27 per cent) regional/rural carers said that people who are important to them want the child to walk to/from school, compared to metro carers (44.9 per cent).

3. Carers in rural and regional areas may feel walking to school is more difficult, compared to carers in metropolitan areas:

    a. Analysis of Walk to School 2014 evaluation data indicates that 49 per cent of metropolitan carers and 59 per cent of non-metropolitan carers agreed with the statement: 'It would be or is difficult for the child to walk to/from school', while 42 per cent of metropolitan carers and 31 per cent of non-metropolitan carers disagreed with the statement.

4. However, rural and regional families may have more time to travel to school, compared to metropolitan families:

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[44] Dr Jan Garrard, Evaluation of the VicHealth 2014 Walk to School Grant Program, Walk to School 2014 grant evaluation – Final report, page 35
[45] In-house analysis of Walk to School 2014 council survey results
[46] In-house analysis of Walk to School 2014 parent survey results
[47] In-house analysis of Walk to School 2014 parent survey results

a. 50 per cent of metropolitan schools indicated lack of time was a main barrier to active travel among their students, versus 6 per cent of non-metropolitan schools.[48]

b. Walk to School offers a structured but somewhat flexible model that can be shaped by councils and schools in line with local needs, to engage rural and regional communities in appropriate ways. This is likely to make the campaign more accessible to rural and regional communities than a fixed, one-size-fits-all approach.

5. Cost should not be a barrier to participation – Walk to School can provide a free physical activity opportunity for rural and regional families.

6. Walk to School is unlikely to provide any significant opportunities for councils to improve local walking infrastructure for families and students due to the small grant amounts available.

7. External stakeholders noted that the extra time required to walk to school rather than drive can be a barrier:

a. 'One of my schools is situated in a small local town. The Principal is always keen to participate, however she refuses to promote active transport before or after school as she feels it may put added pressure on families. Instead, three times a week the whole school walks around the block once school commences at 0900. While this is great and allows an opportunity to talk about walking it is not sustainable.'

What are the likely impacts of the overall campaign design?

1. In terms of shifting social norms that may be a barrier to participation in rural and regional communities, the month-long campaign model may help to increase visibility of walking behaviour, support positive social norms and provide an incentive or motivation to walk more often, with increased visible walking behaviour during the month prompting others to join in as discussed above.

2. The involvement of local councils and schools allows a multi-setting approach, with activities shaped to meet local needs and contextual factors (factors likely to lead to success, as discussed above).

3. The assessment group discussed that there may be an opportunity to overcome some of these challenges using a flexible, multi-setting approach.

What is the likely impact of the promotional activity?

1. Modest budgets for VicHealth-driven advertising – it is unlikely that effective advertising can be delivered across all of Victoria, or even all rural/regional areas with this budget.

2. Local newspapers are likely to be an effective channel to communicate with regional and rural communities and families, with both paid advertising and local media stories likely to reach and engage regional and rural families:

a. An article from The Newspaper Works (the industry body advocating the cultural influence and commercial value of news media publishing in Australia) indicates a high proportion of regional consumers are either non- or light-consumers of mainstream media. Regional readers:

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[48] In-house analysis of Walk to School 2014 school survey results

      i. engage more deeply with regional newspapers compared with TV and radio,

      ii. are more likely to act on, keep or share content compared with TV, radio or letterbox catalogues/flyers,

      iii. will more likely keep details of a newspaper ad (46 per cent) than a flyer (14 per cent),

      iv. will be nearly three times as likely to share something with family and friends if read in a newspaper (48 per cent) than if they received the information from local radio (14 per cent) or TV (15 per cent), and

      v. feel positive towards advertisers (54 per cent) compared with those on TV (24 per cent), radio (25 per cent) and in catalogues (18 per cent).[49]

3. Feedback from external stakeholders indicated that the promotional activities may not be sufficient/appropriate to make an impact in rural communities:

    a. Only the local Walk to School ads were seen as important to have. There wasn't enough of any other type of promotion to really have an impact locally. They thought that the ads should run all year and not just during this month. No other promotional material was referred to as having an impact.

    b. Good to have the sign on the fence for parents to see and posters around school and in class. Not enough posters around community to really have an impact.

4. Social media may be an effective channel to engage with regional and rural families. While it's not the whole solution, effective and considered use of social media to promote campaign messages is likely to be effective in reaching regional and rural communities:

    a. Social media is a relatively inexpensive, immediate and far-reaching promotional channel with the potential to distribute messages all Victorian areas including regional and rural.[50]

    b. However, there are some differences in social media use among people in regional areas compared to people in metro areas:

      i. Slightly fewer Australians in regional and rural locations access the internet on a daily basis compared to people in metro areas (77 vs 81 per cent).

      ii. Fewer Australians in regional and rural locations own a smartphone compared to people in metro areas (66 vs 73 per cent).

      iii. Minor differences are apparent when comparing metropolitan and regional results for frequency of social media usage.

      iv. Noticeably fewer people in regional areas used Instagram (16 vs 33 per cent) and LinkedIn (17 vs 30 per cent).

      v. Rural residents reported significantly fewer contacts (friends, contacts or followers) than their metropolitan counterparts (254 vs 318).

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[49] The Newspaper Works article 'The power or regional and community newspaper media' (2014), http://www.thenewspaperworks.com.au/think-local-complete-the-picture/)
[50] Sensis Social Media Report (2015), https://www.sensis.com.au/content/dam/sas/PDFdirectory/Sensis_Social_Media_Report_2015.pdf

5. Council-led paid media and PR/media activity can support VicHealth's centralised promotional activities but rely on council resources, expertise, relationships with local media, budget for local advertising and the ability to leverage effective owned channels like website and social media.

6. The mix of PR and media activity may result in a fairly even spread of reach and impact within metro, rural and regional areas.

    a. Analysis of Walk to School 2014 evaluation data indicates that there were no statistically significant differences between metropolitan and non-metropolitan carer responses for unprompted or prompted awareness of the campaign.[51]

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[51] In-house analysis of Walk to School 2014 carer survey results

What are the likely impacts of key messages?

Key messages likely to be used in 2016 include:

- VicHealth's Walk to School month is a free, easy and fun way for kids to get active in October.

- VicHealth's Walk to School month encourages primary school students to walk to and from school throughout October to build healthy habits for life.

- Walk, ride or scoot to school this October to enjoy more time to chat with your kids.

- Part way is ok! If you can't walk all the way, why not park the car a few blocks from school and walk, ride or scoot the rest of the way?

- Parents can find out more and sign their child up online at www.walktoschool.vic.gov.au, or download the free Walk to School app to record each walk in October and be part of the statewide effort.

1. As poor walking infrastructure and distance are likely to be challenges for rural/regional families, the message 'part way is ok' may resonate better with parents in these areas.

2. Promotion of a statewide campaign and call to action that's not suitable/relevant/accessible to rural and regional families may reinforce the sense of rural/regional disadvantage or sense of missing out, reinforcing existing inequities.

3. Due to the varied nature of regional and rural communities, there may be a variety of key messages that resonate with members of these communities.

    a. Findings from Walk to School message testing focus groups in 2015 found no significant difference between the preferences of regional versus metro participants. Even within each focus group, there were a variety of responses to the key messages tested.

4. Feedback from external stakeholders suggested that there is no real impact of key messages, but that Walk to School messages are consistent with what goes on within the Achievement Program and the campaign is really just a complementary event to this.

What are the likely impacts of the grant program and council engagement?

1. The grant funding model (the same funding amount available to all councils) may allow for greater impact in metropolitan areas where councils and schools are already better resourced, compared to rural and regional areas:

    a. In general, larger councils are more able to provide additional administrative and staffing resources in support of the program (e.g. Communications departments or teams to assist with communication/promotion plans and activities; and allocating responsibility for conducting the Walk to School program to a team rather than one part-time individual funded by the grant). Smaller councils were also more likely to be located in rural areas where school numbers are lower, school enrolments are

relatively small and students travel longer distances to school, often on a school bus. All of these factors suggest that $10,000 invested in a small rural council will result in fewer students walking to school than $10,000 invested in a large metropolitan council with more council support available and more and larger schools with more students living within walking distance to school.[52]

b. In these instances, effectiveness needs to be considered in conjunction with equity, as small rural councils are often located in more disadvantaged areas, with poorer health and fewer opportunities than large councils to secure funding and resources in a range of areas.[53]

c. The grant program does not include significant funds for infrastructure (e.g. park and walk facilities and footpaths) development, so two of the key barriers to participation in rural/regional areas, distance and lack of infrastructure, cannot be addressed within the program. Other funds would need to be sought from other funding agencies (requiring additional administration) or leveraging council infrastructure funds, which may be more challenging for rural/regional councils.

2. The time required to implement the Walk to School campaign in the local community may be more significant for regional and rural councils due to distance and lack of supportive infrastructure, compared to metropolitan councils:

a. The time required by council staff to conduct the Walk to School program was mentioned by a number of councils ... This was a particular concern for rural councils who faced long travel distances to visit schools, either as part of the initial school engagement process or assistance with, or participation in schools' Walk to School activities.[54]

3. The Walk to School grants attempt to use a streamlined and transparent approach, a single point of contact and a flexible approach, which is likely to support regional/rural councils through reduced red tape and opportunities to deliver relevant, local interventions.

However, the Walk to School grants will not offer a long-term approach or sustained funding (beyond a year), won't include a transition plan out of the program, won't offer a specific rural or regional approach and won't offer geographically-weighted funding. As such, the current model may continue to cause administrative burden due to repeated funding applications each year, may not provide sufficient timescales to allow programs to have an impact and a better chance of lasting success, may not enable sustained results and benefits, may not adequately address specific regional needs and may exacerbate uncertainty about sustained intervention and funding.

a. The Rural and Regional Committee's *Inquiry into the Extent and Nature of Disadvantage and Inequity in Rural and Regional Victoria – Final report*[55] suggests that throughout regional Victoria, successful funding models for tackling disadvantage in rural and regional communities include the following elements:

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[52] Dr Jan Garrard, Evaluation of the VicHealth 2014 Walk to School Grant Program, Walk to School 2014 grant evaluation – Final report, page 49

[53] Ibid.

54 Ibid., page 37

[55] Rural and Regional Committee (2010) Inquiry into the Extent and Nature of Disadvantage and Inequity in Rural and Regional Victoria, p. 71 available at
http://www.parliament.vic.gov.au/images/stories/committees/rrc/disadvantage_and_inequality/report/20101014_for_web.pdf, accessed online October 2015

<ol type="i" start="1">
a streamlined transparent process
a single point of contact
a long-term approach
a transition plan out of the program to ensure benefits are maintained
a rural and regional approach
a flexible – not a one-size-fits-all – approach
geographically-based weighting to recognise the higher costs of rural and regional program delivery.

<ol start="4">
At the assessment meeting, the group discussed options for strengthening the grant program, including:
<ol type="a">
Additional funding pilot program to trial added regional/rural engagement.
Online portal to facilitate communications, sharing ideas and troubleshooting between funded councils.

What are the likely impacts of school engagement activities?

School engagement and delivery of Walk to School activities is likely to have a positive impact on students in regional and rural areas:
<ol type="a">
Physical education for school children through the school curriculum, including the promotion of physical activity has been shown to be effective with diverse populations and in diverse settings (e.g. rural or urban).[56]
School settings generally use whole-of-population approaches, such as integrating health promotion into school curriculum and policies, changing the school ethos/environment and/or engaging with families/communities (Langford et al. 2014; Mũkoma & Fisher 2004). This should be highly effective in addressing health equity as it should theoretically reach the broadest range of children.[57]
Nevertheless, children from 'at risk' groups may be missed if they do not attend school regularly (WHO 2013). Other children who live in disadvantaged circumstances but who attend schools in socioeconomically more-advantaged areas could be missed in initiatives which only target schools in disadvantaged areas.[58]

School engagement may be more time-consuming and resource-intensive in rural and regional areas compared to metropolitan areas:
<ol type="a">
In recruiting and engaging schools for Walk to School 2014, face-to-face contact was reported to be particularly effective, but it is time-consuming, particularly for rural and outer Melbourne metropolitan Local Government Areas (some councils were

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[56] Kahn, E. B., Ramsey, L. T., Brownson, R. C., Heath, G. W., Howze, E. H., Powell, K. E., . . . Corso, P. (2002). The effectiveness of interventions to increase physical activity: a systematic review. American Journal of Preventive Medicine, 22(Supplement 4), 73–106. doi: 10.1016/S0749- 3797(02)00434–8.

[57] World Health Organization (Regional Office for Europe) (2013). Early Years, Family and Education Task Group: Report European Review of Social Determinants of Health and the Health Divide in The WHO European Region. Copenhagen: WHO.

[58] Ibid.

able to link in with existing school network meetings to reduce travel time to numerous schools).[59]

b. Smaller rural councils and schools … often adopted flexible Walk to School strategies such as students walking around the school oval, or having the school bus or parents who drive their children to school, dropping the children at a walkable location to walk the remainder of the journey. While these alternative activities increase walking during Walk to School month, they are unlikely to be sustainable in the longer term.[60]

3. Regional and rural schools may play a more significant role in driving student participation than schools in metropolitan areas:

a. 2014 Walk to School participation results show that participation was slightly lower among schools in regional and rural areas (non-metro local government areas) compared to schools in metro areas. However, of the schools that participated, the proportion of schools that participated as a whole (i.e. submitted school-level data) was higher among rural/regional schools compared to metro schools and the state average (the proportion of schools with individual families or students signed up independently was higher in metro areas than in rural/regional areas).[61]

[59] Dr Jan Garrard, Evaluation of the VicHealth 2014 Walk to School Grant Program, Walk to School 2014 grant evaluation – Final report, page 42
[60] Ibid., page 49
[61] In-house analysis of Walk to School 2014 participation results

EFHIA Step 5 – Recommendations

The 'recommendations' step of an EFHIA aims to formulate and prioritise recommendations that are based on the answers to the questions asked during the various EFHIA steps. Each recommendation should provide adequate evidence and rationale.

The recommendations should highlight practical ways to ensure that the proposed program marketing/promotions, design and delivery would make the campaign accessible to rural and regional families so that these families would have the opportunity to benefit from the campaign.

The assessment workshop generated a list of 24 recommendations for the improvement of program accessibility in rural and regional communities. The recommendations were circulated to participants (including those that participated by email rather than face-to-face) for ranking 1–24.

Seven people (including three VicHealth members) participated in the ranking process.

After ranking, similar recommendations were grouped into overarching themes of:

1. Strengthen integrated approach
2. Strengthen research and evaluation
3. Strengthen advocacy
4. Increase flexibility and adaptability.

The VicHealth working group assessed and prioritised these recommendations according to their perceived importance, potential impact, organisational context and practical implementation. The working group then discussed how each prioritised recommendation could be actioned and listed actions for VicHealth, Victoria Walks and councils.

Table 3 outlines the recommendations ranked in order of importance/perceived impact on accessibility and notes whether the action is best advanced by VicHealth, councils or Victoria Walks.

A number of additional recommendations were identified and discussed but not prioritised by the working group or external stakeholders. These additional recommendations have been recorded and should be considered by VicHealth in the delivery of the program in future years.

Table 4 outlines the additional recommendations.

Table 3. Priority recommendations, actions and monitoring and evaluation

Ranked	Recommendation	Notes/actions	Monitoring/evaluation
Theme: Strengthen integrated approach			
1	**Enhance social infrastructure planning – park spots, walking buddies, walk maps, involvement of older students in a leadership capacity. Potentially use social media for all these.** **(also) Align with other, complementary work on infrastructural changes conducive to walking.**	VicHealth actions: ● Consider strengthening long term initiatives including social infrastructure planning as part of grant requirements. ● Consider strengthening requirement in the grants program by mandating a proportion of the grant to be spent on this type of work – but maintain flexibility to allow for different communities to address different issues and needs. ● Write and provide case study examples of such practice, with strong representation of regional and rural councils. ● Advocacy role re influencing councils directly and via state: include VicHealth indicator info on council factsheets for the Municipal Public Health and Wellbeing Plan; influence new school planning processes with a focus on regional and rural communities. ● Consider facilitating a conversation with the Municipal Association of Victoria/Victoria Walks regarding social infrastructure work in regional and rural areas. Victoria Walks actions: ● Support conversation with VicHealth/Municipal Association of Victoria regarding social infrastructure work across councils in regional and rural areas.	

Ranked	Recommendation	Notes/actions	Monitoring/evaluation
		Council actions: ● Regional and rural councils also need to determine what's best and how to deliver this work themselves.	
2	**Look at what can realistically and effectively achieved in a month and link into bigger plans of councils.**	VicHealth actions: ● Focus on what the campaign is actually trying to achieve and continue to support regional and rural councils in this space. Council actions: ● Regional and rural councils to tell VicHealth what they can do in a month (via grant application process) – can't achieve long term behaviour change in a month; focus on raising awareness and identifying opportunities for longer term work.	
7	**Align and frame with other community goals – not only PA. Align/leverage/link: How does Walk to School help councils to achieve their other objectives?**	VicHealth actions: ● Continue to develop key messages targeted to different audiences – including regional and rural parents, councils and schools. Continue message testing to ensure messages resonate with regional and rural audiences. ● Continue to engage stakeholders around Walk to School regarding appropriate common goals, motivators and priorities.	

Ranked	Recommendation	Notes/actions	Monitoring/evaluation
		Council actions: • Consider environmental goals, parking, social connection, safety, traffic, parent engagement and other goals. Promote other potential benefits. What does this program do for the regional or rural community, schools and parents? E.g. schools may be motivated by traffic issues, distances to school may be greater in regional and rural areas so drop and walk facilities may be appropriate.	
Theme: Strengthen research and evaluation			
3	**Make equity goals explicit – and do further research and targeting of population sub-groups with reduced access to the program in rural/regional areas.**	VicHealth actions: • Scope opportunities for further research into regional and rural priorities, behaviour and health outcomes as part of the 2016 campaign. • Equity goals are explicit in program logic – make these public. • Review equity goals for coming years and continue to strengthen, either for regional and rural groups, or other identified groups requiring additional support.	
8	**Incorporate walking and other active transport indicators in VicHealth indicators.**	VicHealth actions: • Get school-specific, active travel-specific data incorporated into VicHealth indicators, including for regional and rural areas. • Look at other existing data sources for regional and rural communities. • Develop better (more comprehensive/targeted) research questions, e.g. regional walking rates.	

Ranked	Recommendation	Notes/actions	Monitoring/evaluation
9	**Collect or advocate for better outcomes data.**	VicHealth actions: • Develop return on investment model for Walk to School that can also be applied to regional and rural communities. Victoria Walks actions: • Advocate and collaborate to achieve better outcome data.	
Theme: Strengthen advocacy			
4	**Develop best-practice guidelines – such as tools and case studies for councils (and schools).**	VicHealth actions: • Continue to develop a diverse range of supporting documents and resources with a focus on regional and rural communities. • Ask councils for vox pops for our website, ensuring strong representation from rural and regional councils. • Link to indicators work here too and collaborate with Victoria Walks on this.	
Theme: Increase flexibility and adaptability			
5	**Open the funding to health organisations too. They can work with councils with low capacity.** **(also) Partner with health services. Provide incentives for partnership.**	VicHealth actions: • Councils can sub-contract and partner with health organisations. VicHealth should promote this option more. • As this relies on good relationships between organisations, VicHealth could suggest example structures for such relationships in regional and rural areas.	

Ranked	Recommendation	Notes/actions	Monitoring/evaluation
		Council actions: • Facilitate partnerships with local health organisations to deliver Walk to School in regional and rural areas.	
6	**Keep the Walk to School program flexible so that it can be tailored by and for communities.**	VicHealth actions: • Balance flexibility and what we need it to deliver in regional and rural areas – i.e. flexibility in how, rather than what. • Continue to encourage regional and rural councils to develop plans that suit them.	

Table 4. Recommendations discussed but not prioritised – for future consideration

Ranked	Notes	RECOMMENDATION
10	This is an option for councils to consider when delivering local Walk to School activities.	Look at how councils can support long term programs alongside Walk to School.
11	This is an option for councils to consider when delivering local Walk to School activities.	Fund councils to work with schools to identify barriers to participation e.g. by using an external facilitator. This also may be an opportunity to identify champions within schools.
12	This is an option for councils to consider when delivering local Walk to School activities.	Identify/build champions in schools.
13	This is an option for VicHealth to consider. Past evaluation has indicated that Walk to School grants may not be more effective if more funding was available to each council, however equity considerations will continue to influence funding model.	Potentially implement funding based on need (weighted funding).
14	This is an option for VicHealth to consider. Past evaluation has sought to elicit this information and further evaluation could be conducted to strengthen findings in future years.	Evaluation strategy to better elicit council (and school) progress/success.
15	This is an option for councils to consider when delivering local Walk to School activities.	Provide incentives for school data collection/reporting.
16	This is an option for VicHealth to consider in future years.	Identify or build council champions.
17	This is an option for Victoria Walks to consider.	Request/advocate for Commonwealth funding for walking infrastructure to complement and enhance effectiveness of Walk to School.
18	VicHealth currently cross-promotes the Achievement Program and should consider strengthening this connection in future years.	Link with Achievement Program.
19	This is an option for councils to consider when delivering local Walk to School activities.	Ensure community engagement around the grant application.
20	This is a consideration for VicHealth, however the aim of Walk to School relates to active travel, while other initiatives exist to support PE programs in schools, so this would require a significant shift in objectives and strategies.	Invest in strengthening PE programs rather than Walk to School program in rural/regional areas.

21	This is a consideration for VicHealth, however Walk to School and similar campaigns generally complement, rather than compete with each other in terms of the desired outcomes.	Communicate how Walk to School is different from other programs, such as Walking School Bus and Walk to School Day.
22	This is not seen to be effective in driving long term behaviour change.	Allow those with limited capacity, to do Walk to School for one day.

EFHIA Step 6 – Reporting

This report sets out the processes and outcomes of the Walk to School EFHIA process. The report aims to capture key information about the project, including the rationale, assumptions and decisions made, to inform future EFHIA projects at VicHealth.

The report also captures insights specific to Walk to School and active travel in rural and regional Victoria more broadly, which may be valuable to stakeholders working in this space.

Stakeholders were invited to review and provide feedback on the draft report, however no feedback was received. A representative from the Centre for Health Equity Training, Research and Evaluation reviewed and provided feedback on the report and this feedback has been incorporated into the final report.

EFHIA Step 7 – Monitoring and evaluation

Monitoring and evaluation of the EFHIA recommendations will be incorporated into the Walk to School project plan and evaluation.

Table 3 provides detail of how each recommendation will be monitored and evaluated.

References

The key documents used by the project team to guide this EFHIA were:

- Harris P., Harris-Roxas B., Harris E. & Kemp L. (2007) *Health Impact Assessment: A Practical Guide,* Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW.
- Mahoney M., Simpson S., Harris E., Aldrich R. Stewart Williams J. (2004) *Equity Focused Health Impact Assessment Framework*, the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).