Data supplement

This file contains further details of methods and results to accompany the paper *Interventions to promote walking: systematic review* by David Ogilvie, Charles Foster, Helen Rothnie, Nick Cavill, Val Hamilton, Claire Fitzsimons and Nanette Mutrie on behalf of the Scottish Physical Activity Research Collaboration (SPARColl) published on bmj.com.

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EXPANDED METHODS

Search strategy

Our search for evidence consisted of:

1. Searching electronic literature databases and websites
2. Screening reports of systematic reviews on related topics
3. Snowballing from reference lists of included studies
4. Contacting experts to identify additional 'grey' and unpublished literature.

Searching electronic literature databases and websites — In August 2005 we searched 25 electronic literature databases (Box A) using search terms designed to detect studies of interventions or changes related to walking and refined on the basis of pilot searches (Box B). We applied the following search limits: publication date 1990-present (or nearest equivalent, depending on database), human (in databases where this limit could be set), and developed countries (in databases where this limit could be set). We specified no limits on type of participant, type of study design, type of intervention, or language of publication. We also searched a purposive sample of websites (Box C) chosen for their likelihood to contribute additional 'grey' or unpublished literature, particularly in the transport field.

Screening related systematic reviews — We screened the reports of recent systematic reviews and evidence briefings on related topics known to the authors to identify additional primary studies to be considered for inclusion.

Snowballing from reference lists — We screened the reference lists of papers included in the review to identify additional primary studies to be considered for inclusion.

Contacting experts — In March 2006 we invited an international group of experts to comment on an interim list of included studies and to nominate additional primary studies (particularly unpublished or recently-published studies) to be considered for inclusion.

Box A
Electronic databases searched

Ageline
ASSIA
British Nursing Index
Cochrane Controlled Trials Register (CENTRAL)
CINAHL
Cochrane Database of Systematic Reviews
NHS Economic Evaluation Database
Database of Abstracts of Reviews of Effects (DARE)
EMBASE
EPPI-Centre
ERIC
Geobase
Health Evidence Bulletins Wales
IUHPE
Medline
NCCHTA
NICE
PAIS
PLANEX (IDOX)
PsycInfo
Effective Public Health Practice Project (Hamilton, Ontario)
Web of Knowledge (Science and Social Science Citation Indices)
Scottish Intercollegiate Guidelines Network (SIGN)
SportDiscus
Transport

Box B
Search syntax for electronic databases

(walk* OR stair use OR activ* commut* OR activ* travel* OR green* commut* OR green* transport* OR green* travel* OR ecological commut* OR ecological transport* OR ecological travel* OR non-motorised OR non-motorized [OR activ* transport*]† [OR physical* activ* OR exercis*]‡) AND (campaign* OR encourag* OR habit* or impact* or increase* or intervention* or pattern* or policy or policies or program* or project* or promot* or scheme* or shift* or start* [OR Health behavior/ OR Health education/ OR Health promotion/ OR Patient education/]§

We also ran a separate search for the term pedometer*

* Truncation wildcard
† Non-biomedical databases only
‡ Transport database only
§ MeSH headings used in Medline database only

Box C
Websites searched

www.activelivingresearch.org
www.dpi.wa.gov.au/travelsmart
www.eltis.org
www.epommweb.org
www.nottingham.ac.uk/sbe/planbiblios
www.ntl.bts.gov
www.sustrans.org.uk
www.transguide.org
www.transport.sa.gov.au/environment/travelsmartsa
www.travelsmart.gov.au
www.travelsmart.vic.gov.au
www.trl.co.uk

Study selection and inclusion criteria

Our search syntax for electronic databases was deliberately sensitive rather than specific and resulted in a large proportion of initial hits which were obviously irrelevant to the research question on the basis of their titles (for example, the search term *walk** applied to a wide range of databases retrieved titles which referred to walk-in clinics, 'dead man walking', 'walking the talk', or George Walker Bush). We rapidly sifted out obviously irrelevant references of this kind on the basis of their titles, reducing the number requiring detailed assessment to a total of 2163. We then assessed the titles and abstracts of each of the remaining references against three outline inclusion criteria: was it a study of the effects of an intervention, was it a controlled before-and-after study, and was walking one of the outcomes reported? We were able to exclude a small number of harder-to-source studies without ordering the full text (for example, by confirming directly with the author or supervisor of an overseas postgraduate thesis that the study did not meet our inclusion criteria). With these exceptions, we ordered the full text of any reference which appeared capable of meeting these criteria, and assessed the full text against the following detailed inclusion criteria:

Types of study design — Randomised controlled trials or controlled before-and-after experimental or observational studies of the effects of an intervention on how much people walk. The effects of the intervention had to be compared with those observed in a 'no intervention', 'attention control' and/or 'minimal intervention' control or comparison group, area or population. We excluded studies in which the 'control' condition consisted of an alternative intervention which was intended or likely to promote walking and which exceeded what we judged could reasonably be described as 'standard' or 'usual' care, treatment or practice.

Types of participant — People of any age, except that we excluded studies focused on trained athletes or sports students.

Types of intervention — Interventions of any kind and in any field, whether targeted on individuals, settings, groups, communities or whole populations and including fiscal, environmental, legislative and other policy interventions.

We did not exclude studies solely on the basis that they involved interventions directed at 'clinical' or 'institutional' populations. However, we did exclude studies in which we deemed

that the purpose, setting and outcome of the intervention were *all* primarily clinical (for example, the early mobilisation of hospital inpatients following a stroke, or where the 'walking' comprised an exercise test under clinical supervision and ECG monitoring, or studies to evaluate the effects of a prescribed walking regime on clinical or physiological outcomes).

Types of outcome measure — Studies had to report a specific measure of walking at both baseline and follow-up in such a way that the change in walking in the intervention group had been or could be compared with that in the control group. A change in the amount of walking was the primary outcome measure for the systematic review, but need not have been the primary outcome measure of the primary study or the stated aim of the intervention. For example, changes in walking could have been reported as part of an overall assessment of changes in physical activity, or the amount of walking could have changed as an indirect or unintended effect of a policy or environmental intervention.

We defined 'walking' as commonly understood in everyday life, undertaken for any or all purposes including transport, leisure, sport, exercise (human or dog-walking) or fitness. We accepted any measure of walking in these terms, including but not limited to:

- Self-reported walking, whether treated as a continuous or categorical variable, e.g. total daily or weekly minutes, estimated energy expenditure attributed to walking, proportion reporting a pre-determined threshold quantity of walking (e.g. meeting the level recommended in a public health guideline), or frequency of participation in walking

- Mode share, distance or time attributed to walking as a mode of transport (in transport studies)

- Objective measures of activity or energy expenditure attributable to walking (e.g. pedometer or accelerometer data) where available.

We excluded studies in which the 'walking' outcome measure was the mere taking of steps in a clinical context (e.g. 'mobilisation' or 'ambulation'), the assessment of the functional capacity to walk (e.g. a six-minute walk test), or simple adherence to a prescribed walking regime.

Data extraction and validity assessment

We developed and piloted bespoke data extraction and validity assessment forms which included a range of potential indicators of study validity adapted from the Hamilton (a.k.a. Thomas) tool developed for the Effective Public Health Practice Project and recommended for use, with adaptation, in a recent health technology assessment report.[19] We extracted and tabulated data on the available walking outcome measures for each study and the results of statistical tests (95% confidence intervals or p-values) where authors reported them, and systematically considered the suitability of the data reported in each study for meta-analysis. In the main paper, we tabulated the most inclusive measures of walking available for each study (e.g. total time spent walking per week for all purposes, as opposed to walking for a specific purpose such as travel to and from work). We then summarised study validity using a condensed set of seven binary criteria which could meaningfully be applied to all the study designs included in the review, drawing on the approaches used by the authors in recent related systematic reviews.[17 20]

Quality control of study selection, data extraction and validity assessment

Following a pilot calibration phase involving four members of the review team, titles and abstracts were assessed against the outline inclusion criteria by one reviewer. All undecided cases, plus a 10% sample of exclusion decisions, were cross-checked by another reviewer. Full-text articles were assessed against the detailed inclusion criteria by one reviewer, with a 10% sample of exclusion decisions (other than obviously irrelevant studies) being cross-checked by another reviewer and all undecided cases being reviewed by the team in plenary session. For each included study, data extraction and validity assessment were carried out by two reviewers who verified each other's work, with any discrepancies being resolved by discussion between the two reviewers and, where necessary, by the team in plenary session.

TABLE A. CHARACTERISTICS OF INCLUDED STUDIES

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Brief advice to individuals						
Purath	2004	Stage-based brief tailored counselling and goal-setting (3–5 min, based on PACE [b]) from nurse practitioner in workplace setting followed by booster telephone call 2 weeks later	Sedentary female university employees (18-65) who voluntarily attended annual health screening provided by the university (midwestern USA)	Randomised controlled trial	University department	Total minutes walked per week. Minutes walked for exercise per week. Blocks walked per day. Flights of stairs climbed per day. Minutes walked to work per week. Minutes walked on errands per week. Minutes walked during lunch or breaks per week (CAQ [c] and PACE tools adapted from NHIS [d])
Calfas	1996	Stage-based brief tailored counselling and goal-setting (3–5 min, based on PACE [b]) from doctor or nurse followed by booster telephone call 2 weeks later	Sedentary adults (18+) registered with primary care practices (San Diego county, California, USA)	Non-randomised controlled trial	Physician	Total minutes walked per week (CAQ [c]). Minutes walked for exercise per week (CAQ; NHIS [d])
Kerse	1999	Education programme (5 stages over 2–3 months) for general practitioners, who were expected to incorporate the intervention into their daily practice and to pass on advice on health promotion (including PA) to patients as appropriate	General practitioners and their elderly (65+) community-dwelling patients (Melbourne, Australia)	Randomised controlled trial	Physician	Minutes walked per day and in previous fortnight (National Heart Foundation of Australia and Australian Bureau of Statistics survey questions)
Halbert A	2000	Brief (20 min) individualised PA advice from an exercise specialist in a general practice setting including a written 3-month PA plan. Follow-up reinforcement sessions at 3 and 6 months	Sedentary adults (60+) in primary care practices (Adelaide, Australia)	Randomised controlled trial	Individual	Sessions of walking per week. Minutes walked per session
Halbert B	2001	As in Halbert A	Sedentary adults (60+) with symptomatic osteoarthritis in primary care practices (Adelaide, Australia)	Sub-study of randomised controlled trial in Halbert A	Individual	Sessions of walking per week. Minutes walked per session

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Norris	2000	Stage-based brief tailored counselling and goal-setting (based on PACE [b]) from physician and written exercise prescription followed by booster telephone call from researcher 4 weeks later [e]	Healthy adults (30+) enrolled at a staff model health maintenance organisation in Puget Sound (Washington state, USA)	Randomised controlled trial	Physician	Total minutes walked per week (modified PASE [f])
Remote support to individuals						
Napolitano	2003	Internet-based intervention (web site and 12 weekly email tip sheets) to support and encourage maintenance of PA	Healthy hospital employees (18–65) with low baseline activity levels (northeastern USA)	Randomised controlled trial	Individual	Minutes walked per week (BRFSS [g])
Jarvis	1997	Telephone-linked communication for activity counselling and tracking (TLC-ACT) system using computer-controlled speech generation to 'talk' weekly to participants for 3 months to provide positive and individualised feedback to motivate or reinforce changes in walking behaviour	Healthy sedentary individuals (60+) from a primary care practice (Boston, USA)	Randomised controlled trial	Individual	Minutes walked per week
Nies	2003	Telephone counselling consisting of 16 phone calls of ~15 min duration over 24 weeks addressing exercise benefits, goal setting, exercise efficacy, social support, restructuring plans and relapse prevention	Sedentary or inactive women (30–60) in metropolitan communities in northern and southern states (USA)	Randomised controlled trial	Individual	Minutes walked per day
Group-based approaches						
Coull	2004	Participation in monthly 2-hour meetings led by voluntary trained lay health mentors addressing cardiovascular risk factors and coping with ischaemic heart disease. Participants were advised to increase their PA, particularly walking	Patients (60+) with ischaemic heart disease (Falkirk, Scotland)	Randomised controlled trial	Individual	Minutes walked per week

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Fisher	2004	Neighbourhood walking program (3 walks/week for 6 months) led by walking leaders recruited from the community, plus written information and advice	Sedentary older residents (65+) of multiple neighbourhoods (Portland, Oregon, USA)	Randomised controlled trial	Neighbourhood	Neighbourhood walking activity over the preceding 6 months (composite of three 5-point rating scales)
Pereira	1998	Led walking training (twice weekly for 8 weeks) plus follow-up encouragement (including some home visits) by leaders, social events, encouragement to walk with others	Postmenopausal women (50–65) (Pittsburgh, USA)	Randomised controlled trial	Individual	Usual walking in miles/week (also converted to kcal/week) (CAQ [c] plus additional items)
Ferreira	2005	Brief additional group sessions (5–10 min/week for 12 weeks) providing advice on nutrition and/or increasing moderate PA appended to weekly sessions already attended by women participating in an exercise programme [h]	Physically active older women (50–72) attending a senior centre (Sao Caetano do Sul, Brazil)	Non-randomised controlled trial	Group	Sessions of walking per week. Minutes walked per week (IPAQ [i])
Michalowski	1999	Stage-matched educational sessions on physical activity (1 hour/week for 3 weeks) and written materials focusing on ways to incorporate PA into daily lifestyle	Women (28–89; most 60+) attending a health check or university wellness screening program or employed at university (West Lafayette, Indiana, USA)	Non-randomised controlled trial	Individual	Hours walked per week in past month (YALE survey)
De Kraker	2005	Lunchtime walking co-ordinator and project group established in workplaces, with organised activities throughout campaign year to promote lunchtime walking as an opportunity for social contact and compensation for sitting during most of working day	Employees (mean age 38) in sedentary jobs (Netherlands)	Non-randomised panel study	Workplace	Proportion reporting walking at lunchtime at least once a week. Frequency of walking at lunchtime in previous two weeks
Pedometers						

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Schofield	2005	12-week self-monitoring and educational programme involving weekly half-hour group meetings for 6 weeks to review activity and set goals expressed as either step counts (in which case a pedometer was issued) or minutes, followed by written personalised reminders for a further 6 weeks [j]	Low-active adolescent girls (15–18) at high schools (Queensland, Australia)	Randomised controlled trial	School	4-day step counts (Yamax Digiwalker SW700)
Merom	NP	Self-help booklet with stage-specific advice on beginning and maintaining a walking programme, plus prepaid postcards for recording and reporting walking activity weekly for 6 weeks. Some also received a pedometer plus instructions and an additional booklet and recorded step counts [k]	Inactive adults (30–65) in urban and rural communities (New South Wales, Australia)	Randomised controlled trial	Individual	Sessions and minutes of walking for leisure per week (CAQ [c]). Sessions and minutes of walking for exercise, recreation and to get to places (AAQ [l]). Odds of meeting threshold criteria to be described as regular walkers (CAQ, AAQ)
Barilotti	2002	Pedometer plus advice to set a goal of taking 10,000 steps a day, coupled with supporting measures also offered to control group (two email prompts, links to relevant websites and free use of a fitness centre during the trial)	University staff and students (18+) (Washington DC, USA)	Non-randomised controlled trial	University department	Minutes walked per week (modified Aerobic Center Longitudinal Study questionnaire)
Croteau	2004	Pedometer plus weekly individual review and counselling sessions for 4 weeks covering pedometer usage, individualised goal setting, and selection of strategies to increase PA	Older adults (68–95) in a community-based assisted living facility (Maine, USA)	Randomised controlled trial	Individual	7-day step counts (Yamax Digiwalker SW-200)
Talbot	2003	Pedometer plus brief individual counselling and goal-setting to increase walking by 10% every 4 weeks, delivered in conjunction with 12 weekly 1-hour education sessions on self-management of arthritis (also offered to control group)	Adults (60+) with symptomatic osteoarthritis of the knee (Baltimore and Washington DC, USA)	Randomised controlled trial	Individual	3-day step counts (Yamax Digiwalker SW-200)

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Tudor-Locke	2004	Pedometer plus manual and calendars to aid goal-setting and self-monitoring. Weekly group meetings during initial 4-week adoption phase; participants then used pedometers and calendars themselves in subsequent 12-week adherence phase	Overweight or obese sedentary adults (40–60) with type II diabetes attending a diabetes education centre (London, Ontario, Canada)	Randomised controlled trial	Individual	3-day step counts (Yamax Digiwalker SW-200)
Baker	NP	Initial 4-week walking programme based on weekly graduated goals expressed as either step counts (in which case a pedometer was issued) or minutes, followed after 8 months by four supporting emails for a sub-sample of participants [m]	Respondents (mean age 42) to advertisements at a university campus (Glasgow, Scotland)	Randomised controlled trial	Individual	7-day step counts (Omron HJ-104 Step-O-Meter pedometer)
Community-level approaches						
Brownson (Bootheel)	2004	Range of community-based health promotion activities including individually-tailored newsletters, feedback on use of walking trails, formation of walking groups, community walking events	Adult residents (18+) in six communities in the Bootheel region (Missouri, USA)	Controlled repeated cross-sectional study	Community	Total minutes walked per week. Minutes walked for exercise per week (based on BRFSS [g])
Brownson (Ozarks)	2005	Multilevel 'ecological' community intervention including stage-matched newsletters, promotion of local walking trails, PACE [b] -based stage-matched counselling from physicians, formation of walking clubs, community walking events, newspaper articles	Adult residents (18+) of six communities in the Ozark region (Missouri, USA)	Non-randomised panel study	Community	Total minutes walked per week. Proportions walking for at least 30 min 5 days per week (based on BRFSS [g])

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Reger-Nash (Wheeling)	2005	Multifaceted media-based community campaign (2 communication waves over 12 months) including paid advertising, website, public relations events and educational activities at workplaces, churches and other local organisations; local physicians asked to write PA prescriptions for their patients; ongoing advocacy for policy and environmental change	Sedentary older adults (50–65) in Wheeling (West Virginia, USA)	Non-randomised panel study	Community	Minutes walked per week. Proportions meeting threshold criteria to be described as sufficiently active walkers or reporting increase in daily walking from baseline (BRFSS [g]). Direct observation of walkers (2 h/day for 1 week) at 5 predetermined popular walking sites
NSW Health	2002	Community-wide environmental PA promotion campaign focusing on local parks, including park modifications (e.g. signs, repairs), distribution of maps, media advertising, and establishment of walking groups	Adult residents (25–65) of Parramatta (suburb of Sydney, Australia)	Controlled repeated cross-sectional study	Community	Proportions reporting having walked in previous two weeks (questionnaire based on NSW Department of Health PA survey). Direct observation of walkers in parks
Reger-Nash (Welch)	2005	Mass media advertising campaign plus several additional community educational strategies, staged media events, and distribution of pedometers	Residents (35–65) of McDowell County (West Virginia, USA)	Non-randomised panel study	Community	Minutes walked per week. Odds of increasing time spent walking by at least 30 min/week
Targeted or individualised promotion of active travel						
Mutrie	2002	Self-help pack to encourage active commuting including written interactive materials, activity diary, maps, distances from local stations, information on local cycle and outdoor shops, contacts for relevant organisations, reflective safety accessories	Employees (19–69) already identified as thinking about, or having started, active commuting to work at three workplaces (Glasgow, Scotland)	Randomised controlled trial	Individual	Minutes walked to work per week (Scottish Physical Activity Questionnaire)
Marinelli	2002	IndiMark [n]	Households in the Grange district (inner northern Brisbane, Australia)	Non-randomised panel study	Community	Household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey)

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Socialdata (Perth pilot)	2000	IndiMark [n]	Households in South Perth (suburbs close to city centre, Perth, Australia)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Household	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Socialdata (Perth)	2001	IndiMark [n] including improved timetables at bus stops and local awareness-raising campaign	Households in South Perth (suburbs close to city centre, Perth, Australia)	Controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Sustrans (Frome)	2002	IndiMark [n]	Households in Frome (Somerset, England)	Non-randomised panel study	Household	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey)
Sustrans (Gloucester pilot)	2002	IndiMark [n]	Households in Quedgeley (suburb of Gloucester, England)	Non-randomised panel study	Household	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey)
Socialdata (Melville)	2004	IndiMark [n] including improved timetables at bus stops and local awareness-raising campaign	Households in target area 'Melville West' (defined group of suburbs of Perth, Australia)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Sustrans (Bishopston)	2004	IndiMark [n] including discount card for local outdoor shops, walking kit including pedometer, option of home visit to encourage walking	Households in Bishopston, St Andrews and Ashley Down (suburbs of Bristol, England)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Sustrans (Cramlington)	2004	IndiMark [n] including discount card for local outdoor shop, walking kit including pedometer, option of home visit to encourage walking	Households within 400m of a bus stop on the main public transport corridor in the new town of Cramlington (near Newcastle, England)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Sustrans (Gloucester)	2004	IndiMark [n] including discount card for local sports shop, walking kit including pedometer, option of home visit to encourage walking	Households in Quedgeley (suburb of Gloucester, England)	Controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Sustrans (Nottingham)	2004	IndiMark [n] including discount card for local outdoor shops, walking kit including pedometer, option of home visit to encourage walking	Households in two contrasting suburbs (Nottingham, England)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Sustrans (Sheffield)	2004	IndiMark [n] including discount card for local outdoor shop, walking kit including pedometer, option of home visit to encourage walking	Households on a public transport corridor in Hillsborough and Middlewood (suburbs of Sheffield, England)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey). Minutes walked per day as main mode of transport
Haq	2004	Targeted marketing of active travel using incentive packages including pedometer, leaflet on benefits of walking, local walking maps. Booster telephone call and reminder postcard after 3 months	Households in selected areas of York (England)	Non-randomised panel study	Household	Proportion of all trips for which walking was the main mode of transport. Trips and distance walked per person per week
TAPESTRY (Viernheim)	2003	IndiMark [n]	Residents in target areas of Viernheim (Germany)	Controlled repeated cross-sectional study	Community	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year (New-KONTIV travel survey)

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
School travel initiatives						
McKee	2004	Multifaceted school-based Travelling Green active commuting intervention including local map, stickers, interactive workbook, parents' evening and information leaflet, weekly goal-setting activity to be done with parents, curriculum pack for teacher	Children (9–10) living within the three mile 'statutory walking distance' from primary school (West Dunbartonshire, Scotland)	Non-randomised controlled trial	School	Distance walked on journey to school, based on researcher-assisted digital mapping of individuals' routes to school and modes of transport used
Rowland	2005	16 hours of input to each school over one school year from a school travel coordinator with teaching qualifications and road safety experience: meetings with parents and governors, focus groups, school travel working groups, advice on developing and implementing a school travel plan	Pupils (6–10) in primary schools and their parents in Camden and Islington (London, England)	Randomised controlled trial	School	Proportion of children walking to school on the day of the survey
TAPESTRY (Hertfordshire)	2003	School travel initiative linked to a national (UK) 'Walk to School Week' campaign: leaflets on benefits of walking, posters and banners for display within schools, stickers, certificates, curricular packs, campaign website	Pupils (4–11) at urban primary schools and their parents in Hertfordshire (England)	Controlled repeated cross-sectional study with nested cohort	School	Proportion of children walking to school at least once per week
Miscellaneous transport interventions						
Shoup	1997	'Cashing-out' cost of subsidising workplace parking by offering at least equivalent subsidies to staff who commute by modes other than driving	Employees of case study organisations employing at least 50 staff in urban southern California (USA)	Controlled repeated cross-sectional study	Workplace	Proportion of all journeys to work over one week for which walking was the main mode of transport (SCAQMD [o] Weekly Employee Survey)
Troelsen	2004	Multifaceted city-wide cycling promotion including provision of information, improvements to infrastructure, changes to regulations, promotional campaigns	City of Odense, Denmark	Controlled repeated cross-sectional study	City	Proportion of all trips over 300m for which walking was the main mode of transport. Trips and distance walked per person per day (Danish national transport survey)

Study	Year	Intervention	Study population and location (age range where reported)	Study design	Level at which intervention allocated	Main walking outcome measure(s) [a]
Hodgson	1998	Multifaceted sustainable transport awareness campaign	Households living on trunk road corridor (Maidstone, England)	Controlled repeated cross-sectional study	Community	Frequency of walking trips by members of household in a typical week
Cervero	2002	Neighbourhood-based car-sharing cooperative	Members and aspiring members of cooperative in San Francisco (USA)	Mixed non-randomised panel study and controlled repeated cross-sectional study	Individual	Proportion of all trips over 2 days for which walking was the main mode of transport

NP: not published. PA: physical activity

[a] Where no data collection tool is indicated, self-reported data were obtained using an *ad hoc* or unidentified questionnaire

[b] Patient-centered Assessment and Counselling for Exercise

[c] Paffenbarger's College Alumni Questionnaire

[d] National Health Interview Survey

[e] The intervention group was subdivided into 'regular' and 'enhanced' follow-up groups (the latter received additional telephone and postcard follow-up prompts at 2, 3, 4 and 5 months), but there was no difference in outcomes between the two groups

[f] Physical Activity Scale for the Elderly

[g] Behavioural Risk Factor Surveillance System

[h] Three intervention groups: nutrition advice only, PA advice only, or both

[i] International Physical Activity Questionnaire

[j] Two intervention groups: goals expressed as pedometer step counts or goals expressed as minutes

[k] Two intervention groups: mailed walking programme (WP) or mailed walking programme plus pedometer (WPP)

[l] Active Australia Questionnaire

[m] Two-stage design: sample initially randomised to initial 4-week intervention group, then again at 8 months into email or control groups for follow-up. Two intervention groups in initial phase: goals expressed as pedometer step counts or goals expressed as minutes

[n] IndiMark® is an individualised marketing technique aimed at promoting the use of environmentally friendly modes of transport (EFM). Households are initially segmented into 'R' (regular EFM users), 'I' (interested), and 'N' (not interested). Group 'R' is subdivided into 'R with' (requiring further information) and 'R without' (not requiring information) (segmentation phase). All 'R' households receive promotional material to reward and confirm their travel choices. Households in groups 'I' and 'R with' receive information and services (bus and train timetables, cycling information, health materials, etc) according to their level of interest and current use of EFMs as well as promotional material, maps and personalised journey planners (information phase). Home visits to discuss travel needs are also available to 'I' households, and this group is also eligible for further travel incentives, e.g. free bus tickets (convincing phase). 'N' households receive no further contact

[o] South Coast Air Quality Management District

TABLE B. KEY METHODOLOGICAL AND OUTCOME DATA FOR INCLUDED STUDIES

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Brief advice to individuals							
Purath	271	100%	63%	90%	6 weeks	Total minutes walked per week	Net change +26.9 (P=0.001)
						Minutes walked for exercise per week	Net change +45.0 (P=0.001)
						Blocks walked per day	Net change +5.77 (P=0.033)
						Flights of stairs climbed per day	Net change +0.4 (NS)
						Minutes walked to work per week	Net change –0.44 (NS)
						Minutes walked on errands per week	Net change +7.9 (NS)
						Minutes walked during lunch or breaks per week	Net change +3.4 (NS)
Calfas	212 [e]	84% [e]	63% [e]	83% [e]	4–6 weeks	Total minutes walked per week (CAQ)	Net change +13 (residualised change scores adjusted for clustering by office: intervention +0.1131, control –0.1093; P<0.025)
						Minutes walked for exercise per week (CAQ)	Net change +28.8 (residualised change scores adjusted for clustering by office: intervention +0.1984, control –0.1668; P<0.05)
						Minutes walked for exercise per week (NHIS)	Net change +29.6 (residualised change scores adjusted for clustering by office: intervention +0.2299, control –0.1928; P<0.05)
Kerse	267 [f]	54% [f]	64% [f]	85% [f]	12 months	Minutes walked per day	Mean effect size +8.4 (95% CI –0.31 to +17.6, P=0.059) [g]
						Minutes walked in previous fortnight	Mean effect size +88 (95% CI +8 to +168, P=0.032) [h]
Halbert A	274	54%	32%	83%	12 months	Sessions of walking per week	Intervention group: median increased from 0 to 3; control group: median increased from 0 to 2 (difference between groups: P<0.05)

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
						Minutes walked per session	Intervention and control groups: both medians increased from 0 to 30 min (no significant difference between groups)
Halbert B	69	59%	32% [i]	100%	12 months	Sessions of walking per week	Increased in both groups (no significant difference between groups; precise data NR)
						Minutes walked per session	Increased in both groups (no significant difference between groups; precise data NR)
Norris	822 [j]	52% [j]	53% [j]	94% [j]	6 months	Total minutes walked per week	Net change +0.1 (7.4% difference between groups at follow-up, P=0.41)
Remote support to individuals							
Napolitano	52	86%	NA [k]	70%	3 months	Minutes walked per week	Net change +61.69 (P<0.05)
Jarvis	52	100% [l]	36%	71% [m]	3 months	Minutes walked per week	Significant net increase among those reporting low baseline levels of walking (+50; P<0.02) but not among those reporting 60 min/week or more of walking at baseline
Nies	160	100%	NA [k]	81%	6 months	Minutes walked per day	Net change +4.6 (P<0.01)
Group-based approaches							
Coull	289	40%	78%	91%	12 months	Minutes walked per week	Net change +73 (95% CI +1 to +137; P<0.05)
Fisher	582 [n]	69%	31%	70% [o]	6 months	Neighbourhood walking activity over the preceding 6 months	Effect size 0.20. In multilevel growth curve analysis, significant change in slope mean for the intervention neighbourhoods (P<0.001), showing an increase in neighbourhood walking; no significant change in control (P=0.12); significant difference between intervention and control (P<0.05)
Pereira	196	100%	NA [k]	84%	>10 years	Miles walked in usual week	Net increase in median +2.6 at 2-year follow-up, +7.3 at 10-year follow up [p]
						Estimated energy expended in walking in usual week	Significant net increase in median energy expenditure attributable to total walking (+420 kcal/week, P=0.01) and to walking for exercise (+706 kcal/week, P=0.01)

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Ferreira	62	100%	NR	60%	12 weeks	Sessions of walking per week. Minutes walked per week	Significant increase in frequency of sessions in both the PA-only intervention group (+2.9, P<0.05) and the control group (+1.8, P<0.05). Significant increase in minutes in the PA-only group (+62 min/week, P<0.05). No significant differences between any of the intervention groups and the control group
Michalowski	48	100%	NR [q]	96%	4 months	Hours walked per week in past month	No significant difference between groups (mean changes: intervention group +0.53, control group –0.83)
De Kraker	249	63%	44%	36%	12 months	Proportion walking at lunchtime at least once a week	Significant increase in intervention workplaces (from 52% to 71%; 'P=0.00') but not in control workplaces (from 39% to 47%; P=0.59); significant difference in changes between intervention and control workplaces (P=0.01). No significant differences between subgroups defined by baseline PA or baseline intention to walk at lunchtime
						Frequency of walking at lunchtime in previous two weeks	Significant increases in both intervention workplaces (+0.8, 'P=0.00') and control workplaces (+1.0, 'P=0.00'; no significant difference between groups (P=0.67)
Pedometers							
Schofield	68	100%	94%	75%	12 weeks	Daily step counts averaged over 4 days	Significant increase in pedometer group compared with control (net change +2591 steps/day; effect size=0.13, P=0.03) but not in time-based group compared with control
Merom	369 [r]	85%	NA [s]	83%	3 months	Sessions and minutes of walking for leisure per week (CAQ)	Significant difference between groups in median changes in weekly sessions (ITT: WPP +2.0, WP +1.4, control 0; P<0.001) and minutes (ITT: WPP +54, WP +25, control 0; P=0.002)
						Sessions and minutes of walking for exercise, recreation and to get to places (AAQ)	Significant difference between groups in median change in weekly sessions (ITT: WPP +1.0, WP +1.0, control 0; P=0.021) but not in median change in weekly minutes (ITT: WPP +30, WP +15, control +15; P=0.337)

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
						Odds of meeting threshold criteria to be described as regular leisure-time walkers (5 x 30 min/week) (CAQ)	Participants in intervention groups not significantly more likely than controls to be regular leisure-time walkers (ITT: WPP: adjusted OR 1.95, 95% CI 0.75 to 5.09; WP: adjusted OR 2.18, 95% CI 0.85 to 5.62)
						Odds of meeting threshold criteria to be described as regular walkers (at least 150 min and 5 sessions per week) (AAQ)	Participants in intervention groups not significantly more likely than controls to be regular walkers (ITT: WPP: adjusted OR 1.75, 95% CI 0.92 to 3.34; WP: adjusted OR 0.88, 95% CI 0.43 to 1.79)
Barilotti	67	67%	NA [k]	75%	6 weeks	Minutes walked per week	Net change +57.5 (P=0.03; absolute baseline values NR)
Croteau	15	93%	NA [k]	75%	6 weeks	7-day step counts	Net change –1124 steps/week (no significant difference between groups)
Talbot	34	77%	NR [t]	81% [u]	24 weeks	Daily step counts averaged over 3 days	Significant time-group interaction after accounting for age (P=0.04); significant between-group differences between baseline and 12 weeks (P=0.01) but not between 12 and 24 weeks. Net change in unadjusted step counts +1498 steps/day at 12 weeks, +687 at 24 weeks; unadjusted step counts for intervention group not reported to be significantly different from baseline at either follow-up point
Tudor-Locke	38	45%	47%	53% [v]	24 weeks	Daily step counts averaged over 3 days	Significant net increase between baseline and 16 weeks (+4027 steps/day, P<0.001) but no significant difference between groups at 24 weeks (7924 vs 6557, P=0.17)
Baker	61	72%	NA [k]	66%	12 months	7-day step counts	Significant time-group interaction (P=0.01). Within pedometer group, significant increase between baseline and 4 weeks (+21039 steps/week, P<0.001); significant decrease between 4 weeks and 52 weeks (–12595 steps/week, P=0.044); no significant difference between baseline and 52 weeks (P=0.122). No significant changes over time within time-based or control groups. No significant difference in step counts between email and no-email subgroups

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Community-level approaches							
Brownson (Bootheel)	1233 [w]	75%	NR	NA	13–20 months [x]	Total minutes walked per week	Net change –1.4 (P=0.91)
						Minutes walked for exercise per week	Net change –5.6 (P=0.37)
Brownson (Ozarks)	1531	76%	65%	62%	12 months	Total minutes walked per week	Net change +5.2 (NS)
						Proportions walking for at least 30 min 5 days per week	No significant difference between groups at baseline (18.8% vs 19.1%, P=0.86) or follow-up (22.2% vs 21.6%, P=0.81) after adjustment for baseline walking, age, education, and gender. Positive but non-significant linear trend in walking within intervention group according to 'dose' of intervention to which exposed (P=0.09)
Reger-Nash (Wheeling)	463 [y]	68%	72%	69%	8 weeks	Minutes walked at moderate intensity per week	Among participants defined as sedentary at baseline, net change +20 (NS)
						Proportion of participants walking at moderate intensity for at least 30 min/day on at least 5 days/week	Among participants defined as sedentary at baseline, significant difference in favour of intervention community (32.2% vs 18%; OR 2.12; 95% CI 1.41 to 2.24, P<0.05)
						Direct observation of walkers (2 h/day for 1 week) at 5 predetermined popular walking sites	23% increase in observations in the intervention community compared with a 6% decrease in the comparison community (OR 1.31; 95% CI 1.14 to 1.50, P<0.0001)
	730	68%	72% [z]	47%	12 months	Minutes walked per week	Significant net increase after 3 and 12 months (not after 6 months) only in group A (walked for 0–10 min/day at baseline): net difference in medians between groups at 12 months +75 min/week (P<0.01)
						Proportion of participants walking at moderate intensity for at least 30 min/day on at least 5 days/week	Significant net increase after 3 months only in groups A (walked for 0–10 min/day at baseline: 30.6% vs 16.7%, P<0.05) and B (walked for 15–60 min/day at baseline: 60% vs 44.4%, P<0.01). After 12 months, significant net increase persisted only for group A (32.4% vs 18.2%, P<0.05)

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
						Odds of an increase in time spent walking in group A (most sedentary at baseline)	After 3 months, OR 1.93 (95% CI 1.21 to 3.28, P<0.01); after 12 months, OR 1.72 (95% CI 1.01 to 2.95, P<0.05)
NSW Health	840 [aa]	NR	20%	NA	9 months	Proportion reporting having walked in previous two weeks	No significant difference between groups in walking for exercise or recreation (P=0.728), but respondents in the intervention community were significantly more likely than controls to have walked for reasons other than exercise or recreation (P<0.0001) and for any reason (proportion who had walked for any reason increased from 83.6% to 89.3% in the intervention area and from 80.2% to 81.0% in the control area, P=0.001)
						Direct observation of walkers in parks	No significant increase in incidence of observations of park users or walkers
Reger-Nash (Welch)	173	NR	NR	54%	NR	Minutes walked per week	In the most sedentary group (walked for 0–10 min/day at baseline), net increase in median: +60 min/week (NS)
						Odds of increasing time spent walking by at least 30 min/week	Adjusted OR 2.0 (95% CI 1.01 to 3.97)
Targeted or individualised promotion of active travel							
Mutrie	194	64%	89% [bb]	61%	6 months	Time spent walking to work per week	Relative increase in time spent walking to work by intervention group was 1.93 (95% CI 1.06 to 3.52) times the increase for a corresponding member of the control group who walked the same amount at baseline
						Minutes walked to work per week by participants who did not walk to work at the start of the study	Significant net increase in favour of intervention group (+125 vs +61) [cc]
						Minutes walked to work per week by participants who already walked to work at the start of the study	Significant net increase in favour of intervention group (+27 vs +10) [cc]

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Marinelli	589 [dd]	NR	78%	84%	3–11 months	Household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase +18 trips/year
Socialdata (Perth pilot)	413 [dd]	NR	77%	85%	12 months [ee]	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 12% to 15% +34 trips/year
						Minutes walked per day as main mode of transport	+3
Socialdata (Perth)	1959	NR	76%	83% [ff]	8 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Increased from 12% to 16% (P<0.01), compared with decrease from 15% to 13% in control group +49 trips/year
						Minutes walked per day as main mode of transport	+3
Sustrans (Frome)	749	NR	73%	80%	4 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Increased from 30% to 33%, compared with no change in control group (22%) +31 trips/year
Sustrans (Gloucester pilot)	624	NR	66%	76%	4 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Increased from 27% to 30%, compared with no change in control group (19%) +25 trips/year

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Socialdata (Melville)	2410	NR	78%	87% gg	10 months hh	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 10% to 12% +26 trips/year
						Minutes walked per day as main mode of transport	+5
Sustrans (Bishopston)	993	NR	73%	78% ii	9 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 38% to 40% +19 trips/year
						Minutes walked per day as main mode of transport	+2
Sustrans (Cramlington)	796	NR	75%	70% ii	9 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 22% to 26% +34 trips/year
						Minutes walked per day as main mode of transport	+1
Sustrans (Gloucester)	889	NR	65%	NA	9 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 21% to 25% +40 trips/year
						Minutes walked per day as main mode of transport	+2

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Sustrans (Nottingham)	1337	NR	65%	80% [jj]	6 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 25% to 30% (+59 trips/year) in Lady Bay (more affluent, peripheral suburb) Net increase from 32% to 34% (+22 trips/year) in the Meadows (less affluent, more central suburb)
						Minutes walked per day as main mode of transport	Lady Bay: +3 Meadows: +2
Sustrans (Sheffield)	986	NR	65%	NA	9 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	Net increase from 25% to 29% +38 trips/year
						Minutes walked per day as main mode of transport	+2
Haq	227	55%	73% 10% 16% [kk]	62%	6 months	Proportion of all household trips for which walking was the main mode of transport	Increased from 8% to 18%, compared with a decrease from 9% to 8% in control group
						Trips walked per person per week	Increased from 5.5 to 5.8, compared with a decrease from 7 to 4 in control group
						Kilometres walked per person per week	No change, compared with a decrease of 0.1 km in control group
TAPESTRY (Viernheim)	987	NR	76%	NA	12 months	Proportion of all household trips for which walking was the main mode of transport, scaled up to estimated total number of walking trips per year	28% vs 26% +16 trips/year
School travel initiatives							
McKee	55	60%	100% [ll]	92%	7 weeks	Distance walked on journey to school	Net increase +555 metres (95% CI +315 to +795, P<0.001)

Study	Sample size [a]	% Female [b]	Response rate [c]	Completion rate [d]	Follow-up	Outcome measure	Findings
Rowland	1386	53%	51% [mm]	92% [nn]	One school year + 2 months	Proportion of children walking to school on the day of the survey	70% of children in intervention schools at follow-up compared with 71% of children in control schools. Adjusted OR for walking, cycling or using public transport 0.98 (95% CI 0.61 to 1.59) [oo]
TAPESTRY (Hertfordshire)	1403	NR	38% [pp]	51% [qq]	3–4 weeks	Proportion of children walking to school at least once per week	Increased from 75% to 76% in intervention schools and decreased from 78% to 77% in control schools (NS)
Miscellaneous transport interventions							
Shoup	1807	NR	~ 90% [rr]	NA	1–3 years depending on site	Proportion of all journeys to work over one week for which walking was the main mode of transport	Increased from 2.3% to 3.4% (separate chi-squared test for change in overall distribution of mode share at each of the eight intervention workplaces P<0.01) compared with no change at the single control workplace (1%)
Troelsen	~ 500 [ss]	NR	~ 65% [tt]	NA	Comparison of data from pre-intervention (1994–97) and intra-intervention (1999–2002) periods	Proportion of all trips over 300m for which walking was the main mode of transport	Decreased from 9.7% to 8.8% (net increase of 8% after adjustment for trends in control areas and other confounders)
						Trips walked per person per day	–0.06 (unadjusted); +0.02 (adjusted for trends in control areas and other confounders)
						KIlometres walked per person per day	–0.1 (unadjusted); +0.1 (adjusted for trends in control areas and other confounders)
Hodgson	1218	NR	20%	NA	2 years	Frequency of walking trips by members of household in a typical week	Intervention area: –0.07 (NS). Control area: +0.13 (NS)
Cervero	NR [uu]	59%	22%	NR [vv]	8–9 months	Proportion of all trips over 2 days for which walking was the main mode of transport	Non-significant increase in both intervention group (+0.1%, P>0.10) and control group (+3.5%, P>0.10); no significant difference between groups

95% CI: 95% confidence interval. ITT: intention-to-treat analysis. NA: not applicable. NR: not reported. NS: not statistically significant. OR: odds ratio. RR: response rate

[a] Number of participants in follow-up analysis

[b] Baseline sample unless otherwise indicated

[c] Proportion of selected individuals that agreed to participate (either total RR or the average of the intervention and control group RRs if reported separately); if a repeat cross-sectional study, the lowest wave-specific response rate

[d] Proportion of participants completing the study (if this varied between intervention and control groups, the lowest is recorded); not applicable to repeat cross-sectional studies

[e] Numbers given refer to patient sample. Physician data: 17 physicians (29% female); RR for physicians NR; completion rate for physicians 77%. Only physicians interested in physical activity counselling were recruited into the intervention arm of the study in order to maximise compliance. Control physicians were matched with intervention physicians on specialty and demographic profile of patients

[f] Numbers given refer to patient sample. Physician data: 40 physicians (14% female); RR for physicians 51%; completion rate for physicians 95%. 10 elderly patients selected from each practice

[g] Reanalysis of the proportions of people who increased their walking by discrete amounts also showed a significant net effect of the intervention (on quintiles of min/day, P=0.005; on tertiles of min/fortnight, P=0.025)

[h] Correlation between self-reported walking in previous fortnight and on previous day was high both at baseline (Pearson's coefficient 0.66, P<0.0001) and at follow-up (0.38, P<0.0001)

[i] Not specifically reported in this paper, but taken to be the same as in Halbert A (Halbert B reports data from a subset of the Halbert A trial with same initial recruitment and allocation)

[j] Numbers given refer to patient sample. Physician data: 34 physicians from three geographically separate primary care clinics were recruited; RR for physicians 80%. Physicians were randomised to intervention or control groups, stratified by clinic to ensure equal numbers per treatment group at each clinic. Two physicians dropped out after randomisation but prior to patient recruitment

[k] Study population selected from respondents to an advertising campaign inviting participation in a trial, therefore not possible to calculate true response rate

[l] Proportion of female participants in initial sample not stated. The initial sample included both men and women, of whom 68 (76% female) completed the trial. This paper only reports data for the 52 women who completed the trial

[m] Initial intervention group (i.e. men and women)

[n] 442 (treatment-received analysis), 582 (intention-to-treat analysis)

[o] Intervention group (NR for control group). Overall, the proportions providing data at each timepoint were 100% (baseline), 83% (3 months) and 80% (6 months)

[p] Self-reported walking outcome data at the end of the original 2-year study were validated using objective data (Large Scale Integrated Activity Monitor)

[q] Recruited from a corporate women's health check, university employee wellness screening, and from employees in one university administration building. Participants self-selected into intervention and control groups

[r] 314 (treatment-received analysis), 369 (intention-to-treat analysis)

[s] Study population recruited from among respondents to New South Wales health survey as well as by placing advertisements in local newspapers and on the area health services intranet, therefore not possible to calculate true response rate

[t] Recruited through senior centres and advertisements in local newspapers

[u] Reflects participants who dropped out after an unspecified interval following baseline testing and randomisation

[v] Completion rate at 16 weeks was higher (77%). Difference in completion rate at 16 and 24 weeks mainly accounted for by drop-outs from the intervention group

[w] Size of follow-up sample NR; baseline data for 1233 participants reported

[x] Baseline survey 2000-2001, follow-up survey 2002

[y] Sedentary participants in intervention and control groups combined. 8-week follow-up data are reported only for this sedentary subgroup

[z] By implication (follow-up study)

[aa] By implication ('420 completed interviews were required from each ward at each of the data collection periods')

[bb] After preliminary recruitment and screening to identify employees who met the stage-of-change criteria for receiving the intervention

[cc] P<0.05 by implication from general methods reported for study

[dd] Number of households (number of individuals NR)

[ee] Control group data not reported for 2-year follow-up

[ff] RR for follow-up cross-sectional survey in intervention area was 76%. In control area, original panel was followed up with completion rate of 83%

[gg] RR for follow-up cross-sectional survey in intervention area was 78%. In control area, original panel was followed up with completion rate of 87%

[hh] 10 months after onset of intervention, 3.5 years after baseline survey

[ii] Mixed repeated cross-sectional and panel design; not clear what this figure refers to

[jj] Intervention area. Repeated cross-sectional study in control area

[kk] Response rates for intervention group Y1 (telephone survey), intervention group Y2 (postal survey) and control group (postal survey) respectively

[ll] All children in selected classes took part

[mm] Cluster randomised controlled trial in which the school was the unit of allocation: 21/41 (51%) of eligible schools agreed to participate and were randomised

[nn] 10/11 (91%) of intervention schools and all 10 control schools responded at follow-up, with total achieved samples of 714 and 672 children respectively. Pupil-level RR 85%

[oo] 92% of non-car journeys made on foot

[pp] Pupil-level response rate in follow-up wave of repeated cross-sectional survey. At school level, 147/443 (33%) eligible schools were supplied with intervention materials, of which 11 (8%) agreed to participate in the evaluation study. School-level response rate for the control arm of the study NR

[qq] Proportion of baseline responses from intervention schools successfully matched to a follow-up response in nested cohort analysis; reported outcomes based on both matched and unmatched (repeat cross-sectional) data

[rr] Response rate varied between case-study sites (eight intervention workplaces and one control workplace) from ~70% to 100%

[ss] Intervention area only (NR for control areas; assumed to be approximately equal)

[tt] NR in this paper; based on aggregate reported RR for Danish national transport survey

[uu] 147 respondents completed both baseline and 3-month follow-up, of whom the majority were in the control group; 8-to-9-month follow-up contained responses from 247 members and 157 non-members, but not clear how many of these had completed the baseline wave

[vv] Overall RRs for the follow-up cross-sectional surveys: 34.6% at 3 months; 22.6% at 8-to-9 months. Follow-up rates within the panel NR

TABLE C. SOCIAL DISTRIBUTION OF EFFECTS ON WALKING

Study	Reported findings
Brief advice to individuals	
Halbert A	Authors report (data not shown) that men reported significantly more minutes of walking per session than women at all follow-up points (P=0.02)
Remote support to individuals	
Napolitano	Men were more likely than women to drop out of the study
Jarvis	Although the paper reports data for women only, the intial sample contained both men and women. In multivariate analysis controlling for minutes walked at baseline and treatment group, sex was not significantly related to minutes walked at follow-up, nor did the effect of the intervention differ between males and females
Nies	In multivariate analysis, intervention-group women in southern states reported a significantly greater increase in walking than control-group women in southern states, whereas among northern women neither intervention nor control groups reported a significant increase. The effect of the intervention was not significantly related to either race or income
Group-based approaches	
Coull	Authors note that participation did not vary between socio-economic groups
Fisher	Effect of intervention was not moderated by a dichotomised variable representing neighbourhood walking friendliness
De Kraker	Significant increase in proportion reporting walking at lunchtime at least once a week in intervention workplaces in both 'green' (n=2, P=0.02) and 'grey' (urban, built up) (n=2, P=0.03) settings; no significant difference between settings (P=0.44)
Community-level approaches	
Brownson (Bootheel)	Different effect sizes seen in different subgroups: non-significant positive net changes in total walking among respondents with a high school degree or less and among respondents with annual household income <$20,000; non-significant negative net change in total walking among African-American respondents
Brownson (Ozarks)	Dose-response relationship stronger for men than for women (men: trend for dose: categorical P=0.13, continuous P=0.08; women: trend for dose: categorical P=0.32, continuous P=0.45). When outcomes were stratified by access to the physical environment, there was a statistically significant linear trend in increase in walking with dose of intervention only in the subgroup exposed to high-access environments
NSW Health	Significant area-by-gender interaction: in the intervention area males were more likely to walk than females, whereas in the control area females were more likely to walk than males. 'For males in the intervention ward the odds of walking were 2.8 times higher than for males in the control ward, whereas the odds of walking for females in the intervention ward were only 20% higher than for females in the control ward'
	Odds of walking 'at least 50% higher' for respondents whose income was $45,000 or more compared with those earning less than $25,000
	Odds of walking '30% lower' (95% CI 0.46 to 0.94) in the 35–44 age group compared with the 25–34 age group
	Odds of walking '40% lower' (95% CI 0.33 to 0.95) for respondents whose usual language at home was not English compared with English-speaking respondents
Targeted or individualised promotion of active travel	

Study	Reported findings
Socialdata (Perth pilot)	Walking trips increased in all age groups 'with no special tendency'; largest increase was among females aged 20–59 (compared with males aged 20–59, all aged under 20, and all aged 60+)
Sustrans (Bishopston)	Increase in walking mode share was seen in each of the five postcode sectors included in the intervention area
Sustrans (Nottingham)	No absolute increase in walking seen in the Meadows (less affluent area), perhaps reflecting higher baseline mode share for walking (therefore lower market for the intervention) or lower contact rate with potential participants
Haq	No differences in uncontrolled changes in walking mode share between the four intervention areas, but large differences when compared with controls (changes reported among controls in each of these areas were –14%, 0, +9%, and –19% for areas characterised as 'low income', 'private housing development', and 'rural high income and high car ownership' (two areas) respectively

95% CI: 95% confidence interval

TABLE D. EFFECTS ON PHYSICAL ACTIVITY, FITNESS, DISEASE RISK FACTORS, HEALTH AND WELLBEING

Study	Effect sought	Findings
Brief advice to individuals		
Purath	Physical activity	Significant net increase in vigorous plus moderate activity at the weekend (CAQ: +0.41 hours, P=0.008) but not on weekdays (+0.29 hours, NS)
Calfas	Physical activity	Significant net increase in 3-day Caltrac accelerometer counts in sub-sample (n=56: +17.1 counts/hour, P<0.005), but no significant difference between groups in self-reported moderate activity (Seven-day Physical Activity Recall)
Kerse	Physical activity	No significant difference between groups in total activity in previous fortnight
	Self-rated health	Measured on a 5-point scale. In general: mean change –0.09 (95% CI –0.14 to +0.33, P=0.44). Self-rated health now compared with 12 months ago: mean change +0.28 (95% CI +0.02 to +0.52, P=0.029)
	Frequency of pleasurable activities	Measured on a 5-point scale. Mean change +0.30 (95% CI +0.16 to +0.43, P<0.001)
	Other	No significant differences between groups in functional status, psychological wellbeing, or total number of drugs used
Halbert A	Physical activity	Significant net increase in both frequency (+2 sessions/week, P<0.05) and duration (+20 min/session, P<0.05) of self-reported vigorous activity, but no significant difference between groups in 4-day Caltrac accelerometer counts in sub-sample (n=59)
	Disease risk factors	No significant differences between groups in resting heart rate, blood pressure or lipid profile. Body weight decreased among men and control-group women, but increased significantly among intervention-group women (P=0.01)
	Self-rated health	SF-36 scores decreased in both groups. Women in the intervention group reported significantly greater decreases than controls on the role emotional (P=0.02), role physical (P=0.04) and social functioning (P=0.04) subscales
Halbert B	Physical activity	No significant difference between groups
	Disease risk factors	No significant differences between groups in resting heart rate, blood pressure, lipid profile or body weight
	Osteoarthritis symptom score	No significant difference between groups (Western Ontario and McMaster Universities Osteoarthritis Index)
	Self-rated health	No significant difference between groups (SF-36)
Norris	Physical activity	No significant difference between groups (Paffenbarger physical activity index)
	Other	No significant differences between groups in a range of indicators (self-rated health, number of falls in past 6 months, emotional well-being) except that participants in the intervention group were significantly more likely than controls to report cutting down on work because of illness (20.9% vs 16.9%, P=0.02)
Remote support to individuals		
Napolitano	Physical activity	Significant net increase in moderate activity after one month (+13.58 min/week, P<0.05) but no significant difference after 3 months

Study	Effect sought	Findings
Nies	Fitness	No significant differences between groups in 1-mile walk test or VO_2max
	Disease risk factors	No significant differences between groups in body mass index or blood pressure
	Wellbeing	Intervention group reported greater increases than control group in both vigour (net increase +1.60, P<0.10) and fatigue (net increase +1.87, P<0.10) subscales of Profile of Mood States
Group-based approaches		
Coull	Physical activity	Intervention group had a significantly smaller decrease in self-rated current exercise activity than control group (measured on a 5-point scale: net change +0.33; 95% CI +0.02 to +0.52, P<0.05). Net increase in total exercise (min/week): +147 (95% CI –8 to +266, NS)
	Fitness	No significant difference between groups in duration of exercise tolerance test in a sub-sample (n=189) at follow-up
	Disease risk factors	No significant differences between groups in blood pressure or lipid profile
	Wellbeing	Significant net improvement only on physical functioning subscale of SF-36 (+6.1; 95% CI +2.4 to +9.5, P<0.01)
	Other	Intervention group required significantly less domestic help from their family (13% less; 95% CI 3 to 23, P<0.01) and had a significantly lower incidence of cardiovascular outpatient attendance (–0.25; 95% CI –0.08 to –0.61, P<0.01) than control group. Intervention group significantly less likely to require angiography (9% vs 19%; 95% CI for difference –2% to –18%, P<0.05) but significantly more likely to have a recorded episode of unstable angina (7% vs 1%; 95% CI for difference +1% to +10%, P<0.05) than control group. No significant differences between groups in other measures of health service resource use
Fisher	Wellbeing	Significant improvements in SF-12 physical (effect size 0.35, P<0.05) and mental (effect size 0.23, P<0.05) summary scores and satisfaction with life scale (SWLS: effect size 0.24, P=0.05) compared with control neighbourhoods
Pereira	Physical activity	After excluding walking for exercise, no significant difference between groups (Paffenbarger sport index)
	Other	Although none of the differences between intervention group and controls were significant, intervention group scored better on all questions on functional ability and self-rated health such as overall health, difficulty in climbing down steps, difficulty in walking 2–3 blocks on level ground, and needing a cane or other walking aid. 2% of women in the intervention group reported a diagnosis of heart disease at follow-up compared with 12% in the control group (P=0.07)
Ferreira	Physical activity	Significant net increase in weekly sessions of moderate activity in both the nutrition+PA (+0.9) and the PA-only (+1.6) intervention groups compared with the control group (–0.5) (P<0.05), but no significant differences in weekly minutes of moderate activity between any of the intervention groups and the control group (IPAQ)
Michalowski	Physical activity	No significant differences between groups in total time spent engaging in activity, vigorous activity, moving, or energy expenditure (YALE survey)
De Kraker	Physical activity	Non-significant increase in proportion of intervention group meeting national physical activity guideline (from 33% to 36%, P=0.29). The intervention group were significantly more likely than the control group to report participating in sport at least once a week (P=0.04; data NR)

Study	Effect sought	Findings
Pedometers		
Schofield	Physical activity	Non-significant increases in vigorous activity, and in moderate plus vigorous activity, in both intervention groups; no significant differences between groups (Three Day Physical Activity Recall)
	Fitness	No significant difference between groups in 1-mile walk test
	Disease risk factors	No significant changes in body mass index in any group
Merom	Physical activity (CAQ)	Significant difference between groups in median change in total leisure time activity (min/week) (ITT: WPP +64, WP +22, control 0; P=0.003)
		Participants in WPP group significantly more likely than controls to report sufficient leisure-time activity (at least 150 min and 5 sessions per week) (ITT: adjusted OR 2.40, 95% CI 1.17 to 4.93); participants in WP group not significantly more likely to do so than controls (ITT: adjusted OR 2.05, 95% CI 0.98 to 4.31)
	Physical activity (AAQ)	No significant difference in total activity between groups
		Participants in intervention groups not significantly more likely than controls to be sufficiently active (at least 150 min and 5 sessions per week) (ITT: WPP: adjusted OR 1.59, 95% CI 0.92 to 2.79; WP: adjusted OR 0.98, 95% CI 0.63 to 1.22)
Barilotti	Physical activity	No significant difference between groups
Croteau	Physical activity	Non-significant decrease in intervention group; non-significant increase in control group (PASE)
	Physical performance	Control group showed significant improvements on Physical Performance Battery (P=0.05); intervention group did not
Talbot	Physical activity	Total accelerometer vector magnitude not influenced by time or intervention group (authors suggested this could be explained by intervention group participants having adopted a more efficient gait)
	Isometric strength and functional performance	Net increase in one out of four measures of knee extensor isometric peak torque (right KE 120° PT_{Iso}: +20.1% vs –3.5%; significant difference between groups, P=0.02) but not in right KE 140° PT_{Iso}, left KE 120° PT_{Iso} or left KE 140° PT_{Iso}. Significant time-group interaction in performance of normal-pace walk-turn-walk test (adjusted for age: net improvement at 12 weeks 0.43 sec, P=0.04). No significant differences between groups in performance of fast-pace walk-turn-walk test, timed stair climb or timed chair rise
	Arthritis pain rating	No significant difference between groups
Tudor-Locke	Fitness and disease risk factors	No significant differences between groups in weight, waist circumference, hip circumference, resting heart rate, blood pressure, glycaemia or lipid profile

Study	Effect sought	Findings
Baker	Physical activity	Significant differences between groups in total minutes after 4 weeks (P=0.004), with both pedometer (P=0.002) and time-based (P=0.01) groups reporting a significantly greater number of minutes than controls (Scottish Physical Activity Questionnaire). After 52 weeks, time-based group reported significantly greater number of minutes than pedometer group (P=0.014). Analysis of changes over time showed significant increase for time-based group (P=0.01) reflecting significant increases between baseline and week 4 (P=0.007) and between baseline and week 52 (P=0.005), and for the control group (P=0.024), but post-hoc paired comparisons not significant at adjusted levels of significance. For pedometer group, no significant change over 52 weeks: significant increase between baseline and week 4 (P=0.011) followed by significant decrease between weeks 4 and 52 (P=0.012). No significant difference beween email and no-email subgroups
Community-level approaches		
Brownson (Ozarks)	Physical activity	Comparable data for intervention and control communities NR
Reger-Nash (Wheeling)	Physical activity	No significant differences between groups in moderate or vigorous activity
NSW Health	Physical activity	No significant differences between groups in proportions of respondents that reported engaging in vigorous or light-to-moderate physical activity, or in at least 150 min and 5 sessions of moderate activity per week, or in 3 sessions of 20 min of vigorous activity per week
Targeted or individualised promotion of active travel		
Mutrie	Self-rated health	Significant net improvements (P<0.05) on three of the eight subscales of the SF-36: mental health (intervention group: +4, control group: –2), vitality (+7 vs 0) and general health (+5 vs –2)
Miscellaneous transport interventions		
Troelsen	Morbidity and mortality	Aggregate morbidity and mortality data presented but not clearly linked to changes in walking

95% CI: 95% confidence interval. ITT: intention-to-treat analysis. NR: not reported. NS: not statistically significant. OR: odds ratio. PA: physical activity

TABLE E. EXCLUDED STUDIES

Reference	Reason(s) for exclusion*
Aaronson L. Measuring adherence to a women's walking program: commentary by Aaronson. *West J Nurs Res* 2001;23:27-28.	ABC
Abraham C, Kelley K. RCT of a theory-based intervention promoting healthy eating and physical activity amongst out-patients older than 65 years. *Soc Sci Med* 2004;59:787-797.	C
Active Living Research. Active living research reference list for 2004-2005. www.activelivingresearch.org (accessed 5 December 2005).	D
Active Living Research. Physical activity interventions: environmental or ecological citations. www.activelivingresearch.org (accessed 5 December 2005).	D
Adams J, White M. A systematic approach to the development and evaluation of an intervention promoting stair use. *Health Educ J* 2002;61:272-286.	B
ADONIS Project. *Best practice to promote cycling and walking*. Copenhagen: Road Directorate, Danish Ministry of Transport, 1998.	ABC
Alderman C. Walking back to healthiness. *Nurs Stand* 1999;14(4):14-15.	BC
Allison M, Keller C, Powell-Cope G, Resnick B, Riesch S. Self-efficacy intervention effect on physical activity in older adults. *West J Nurs Res* 2004;26:31-58.	C
Almgren C. Effects on mode choice with individualised marketing (IndiMark) in Göteborg. European Conference on Mobility Management (ECOMM), Karlstad, Sweden, 2003.	C
American College of Sports Medicine. Walking for health: measurement and research issues and challenges [conference programme]. Urbana-Champaign, Illinois: University of Illinois at Urbana-Champaign, 2005.	D
Andersen R, Franckowiak S, Snyder J, Bartlett S, Fontaine K. Can inexpensive signs encourage the use of stairs? Results from a community intervention. *Ann Intern Med* 1998;129:363-39.	B
Anderson T. Safe routes to school in Odense, Denmark. In: Tolley R, editor. *The greening of urban transport: planning for walking and cycling in European cities*. Chichester: Wiley, 1997.	BC
Anderssen S, Stromme S. Fysisk aktivitet og helse: anbefalinger. *Tidsskr Nor Laegeforen* 2001;121:2037-2041.	D
Anton S, Perri M, Riley J, Kanasky W, Rodrigue J, Sears S, et al. Differential predictors of adherence in exercise programs with moderate versus higher levels of intensity and frequency. *J Sport Exerc Psychol* 2005;27:171-187.	C
Armstrong K, Edwards H. The effectiveness of a pram-walking exercise programme in reducing depressive symptomatology for postnatal women. *Int J Nurs Pract* 2004;10:177-194.	C
Asikainen T, Kukkonen-Harjula K, Miilunpalo S. Exercise for health for early postmenopausal women — a systematic review of randomised controlled trials. *Sports Med* 2004;34:753-778.	D
Asikainen T, Miilunpalo S, Oja P, Rinne M, Pasanen M, Uusi-Rasi K, et al. Randomised, controlled walking trials in postmenopausal women: the minimum dose to improve aerobic fitness? *Br J Sports Med* 2002;36:189-194.	AC
Aurilio L. Promotion of adoption and adherence to regular leisure-time walking behavior in healthy mid-life women: a randomized controlled study [PhD thesis]. Pittsburgh: University of Pittsburgh, 2000.	F
Auweele Y, Boen F, Schapendonk W, Dornez K. Promoting stair use among female employees: the effects of a health sign followed by an e-mail. *J Sport Exerc Psychol* 2005;27:188-196.	B
Aytur S. Relationships of land use and transportation policies to physical activity and obesity. www.activelivingresearch.org (accessed 5 December 2005).	AB
Ball K, Bauman A, Leslie E, Owen N. Perceived environmental aesthetics and convenience and company are associated with walking for exercise among Australian adults. *Prev Med* 2001;33:434-440.	AB
Ball K, Salmon J, Leslie E, Owen N, King A. Piloting the feasibility and effectiveness of print- and telephone-mediated interventions for promoting the adoption of physical activity in Australian adults. *J Sci Med Sport* 2005;8:134-142.	B
Baranowski T, Anderson C, Carmack C. Mediating variable framework in physical activity interventions. How are we doing? How might we do better? *Am J Prev Med* 1998;15:266-297.	D

Reference	Reason(s) for exclusion*
Bar-Or O, Baranowski T. Physical activity, adiposity, and obesity among adolescents. *Pediatr Exerc Sci* 1994;6:348-360.	D
Bass D. Promoting physical activity through the extra-curricular programme. *Eur J Phys Educ* 1999;4:45-64.	ABC
Baudains C, Dingle P, Styles I. Greening commuter mode choice through workplace intervention: comparative effectiveness of three behaviour change strategies and implications for reducing car dependency in Perth, Western Australia. European Transport Conference, Cambridge, 2002.	BC
Baudains C, Styles I, Dingle P. TravelSmart Workplace: walking and the journey to work. *Road Transport Res* 2001;1:26-34.	B
Bauldoff G, Hoffman L, Zullo T, Sciurba F. Exercise maintenance following pulmonary rehabilitation: effect of distractive stimuli. *Chest* 2002;122:948-954.	AB
Bauman A, Bellew B, Owen N, Vita P. Impact of an Australian mass media campaign targeting physical activity in 1998. *Am J Prev Med* 2001;21:41-47.	C
Bauman A. Updating the evidence that physical activity is good for health: an epidemiological review 2000-2003. *J Sci Med Sport* 2004;7(Suppl 1):6-19.	D
Behall K, Howe J, Martel G, Scott W, Dooly C. Comparison of resistive to aerobic exercise training on cardiovascular risk factors of sedentary, overweight premenopausal and postmenopausal women. *Nutr Res* 2003;23:607-619.	ABC
Biddle S, Fox K, Edmunds L. *Physical activity promotion in primary health care in England: final research report*. London: Health Education Authority, 1994.	D
Biddle S, Mutrie N. *Psychology of physical activity: determinants, well-being, and interventions*. London: Routledge, 2001.	ABC
Bjaras G, Harberg L, Ostenson C. Walking campaigns — a useful way to get people involved in physical activity? Experience from the Stockholm Diabetes Prevention Program (SDPP). *Scand J Public Health* 1999;27:237-238.	B
Bjaras G, Harberg L, Sydhoff J, Ostenson C. Walking campaign: a model for developing participation in physical activity? Experiences from three campaign periods of the Stockholm Diabetes Prevention Program (SDPP). *Patient Educ Couns* 2001;42:9-14.	B
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* Reasons for exclusion:

A: not an intervention study as defined by inclusion criteria
B: not a controlled before-and-after study as defined by inclusion criteria
C: no walking outcome data as defined by inclusion criteria
D: review, bibliography or overview contributing no, or insufficient, primary data
E: duplicate publication contributing no additional relevant primary data
F: full text requested but not received in time to be included in analysis