“It’s Better Than Alone”: Impact of Building Roads Together, a community-based peer walking and rolling program

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Background
There is growing economic, political, social and cultural exclusion of immigrants and refugees across Canada. Meaningful engagement of communities, including people with lived experience of exclusion (peers), in planning, implementation and evaluation of interventions can contribute to their relevance, uptake, effectiveness, and impact. There is growing engagement of patients and communities in health system transformation. There is limited literature, however, on peers leading design and evaluation of interventions.

Approach
Building Roads Together is a community-based peer walking/rolling program designed to promote inclusion and health equity. The program was implemented in Regent Park, Canada’s first social housing development transforming to a mixed income neighbourhood. BRT is innovative in applying an intersectionality theoretical framework, and community-based and peer research approaches to program design, implementation, scaling, and evaluation. BRT was designed by a peer researcher, in collaboration with community-based agencies, while embedded in Regent Park.

Methods
A participatory qualitative evaluation was conducted from January – August 2017. Graduate students in a participatory research methodologies seminar at York University were trained to conduct a qualitative evaluation in collaboration with community members. They conducted, audio-recorded, and transcribed semi-structured in-depth interviews with diverse stakeholders (3 BRT staff members, 4 partners/collaborators, 2 developing partners, 6 peer walking group leaders, and 7 walkers). We applied the DEPICT method for participatory qualitative analysis. Students and community stakeholders met at the Regent Park Community Centre to collaboratively analyze the findings, based on transcripts coded by students. Students summarized these conversations in the form of brief individual reports for each code, and then consolidated them to produce a final report.

Results
Evaluation findings from trained peer walking/rolling group leaders and walkers indicate that BRT:
• increases social inclusion
  Participants felt more connected to their diverse community.
• reduces social isolation
  Participants increased their English language and communication skills, engagement in community events, and social interactions.
• improves physical health
  BRT provided an accessible form of exercise that helped participants lower blood pressure, manage symptoms of diabetes, and lose weight.
• improves mental health
  Participants gained peer support, stress relief, and feelings of happiness, and calmness.
• builds leadership capacity
  Participants gained confidence enabling them to engage in community-based volunteer work, designing and leading other programs and initiatives, and political advocacy.

Conclusions
BRT increased participants’ sense of community, and the number, depth, and longevity of their social relationships within their community during the revitalization process. Despite BRT’s elegant simplicity, profound impact on community members, and consistent engagement of all stakeholders, the program was not sustainable without ongoing institutional and staff support.

Next Steps
Based on the evaluation findings, the Building Roads Together-Global Solutions Network, a unique community-university-hospital partnership, is leading the development of a multi-disciplinary, multi-sectoral implementation science research program to plan, implement, and evaluate scaling Building Roads Together within Toronto, and other cities in Canada and globally. The network currently consists of: trained peer walking group leaders; community-based agencies; Toronto Public Health; City of Toronto Parks, Forestry, and Recreation Advocate for People with Disability Issues; Canadian Centre on Disability Studies; Division of Policy and Planning Sciences, University of Tsukuba, Japan; and Universidad de los Andes, Bogotá, Colombia.

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