

“PUMP”, For a Million Steps

- Spain

Title in original language:

Por UN millón DE PASOs -“PUMP”

Which 'life stage' for CVDs prevention targets the intervention?

Any group of people can take part. However, population groups with certain specific profiles are taken into special consideration; for example: groups of people with CVD risks factors, sedentary groups, underprivileged people, people with disabilities or mentally ill, the elder.

Short description of the intervention:

WHO: Any institution, group or association of individuals can participate. They may register at the official platform, where all the needed information is explained, and accept the terms and conditions stated in the “Registration of Participation”. WHAT: Accept the challenge “would you be able to achieve a million steps in a month with the steps contributed by all the individual participants? WHERE: The group walks can take place anywhere. It doesn't matter whether they are in urban areas or in the countryside. WHEN: Any time. They are self-programmed by each group. HOW: Accumulating, in a series of group-walks in a month, the number of steps aimed, by the contribution of all the participants (steps are registered using a pedometer).

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The intervention wholly adheres, follows and supports the WHO's Global Strategy on Diet, Physical Activity and Health. Piloting of the intervention was carried out in 2008.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, and methods?

Both the intervention concept and its specific elements are very simple and easy to understand. Each stage of the practice is clearly described in the official platform and professional additional support is offered.

To which type of interventions does your example of good practice belong to?

Group intervention.

How is this example of good practice funded?

The Regional Ministry of Health provides the pedometers and any professional support needed. Its implementation is, in practice, extremely inexpensive –the cost of a pedometer for each group who registers. Health promotion technicians in each Health District throughout Andalusia consider providing support on the PUMP practice as one of their tasks, relevant for each District's annual objectives.

What is/was the level of implementation of your example of good practice?

The practice has been implemented, since 2008, in ANDALUSIA (the Southern and most populated region of Spain). Each year, at the local level, nearly 150 municipalities and 100 associations participate, signifying more than 23000 individuals (almost 600 million steps altogether!).

What are the main aim and the main objectives of your example of good practice?

A sedentary life-style by means of promoting a group physical activity (walks) with a specific, measurable goal (to achieve 1 million steps). Since the achievement of the goal is not feasible in just a few walks, the group naturally adopts a repeated routine of walks. Moreover, the contribution of every single participant counts, so that makes the adherence to the practice is mutually encouraged. There is also a “step-treasurer”, a member who registers the steps the group makes in every walk; this makes the practice instantly be providing a result-feedback and reinforcement. This practice is, therefore, periodic, stimulating, self-managed and contains a strong social component. In fact, a “side-effect” of the practice –in reality another noteworthy objective– is the strengthening of THE community/social relations, inasmuch as by means of pursuing the common goal, social relations and a sense of group cohesiveness and efficacy are triggered.

Please give a description of the problem the good practice example wants to tackle:

By means of promoting a physical group activity (which also fosters social interactions), the practice aims to prevent/reduce risk factors associated to conditions such as CVD, obesity, Type 2 diabetes

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes, the intervention is part of the Andalusian Plan for the Promotion of Physical Activity and Balanced Diets (“PAFAE”) and is closely linked to several Comprehensive Health Promotion Action Plans in the Government of Andalusia, such as the Comprehensive Action Plan on Diabetes and the Child Obesity Comprehensive Action Plan (“PIOBIN”). Above all, it is also fully aligned with the WHO Global Strategy on Diet, Physical Activity and Health.

Implementation of your example of good practice is/was:

Continuous (integrated in the system) . The intervention was launched in 2008 and is still ongoing.

Which vulnerable social groups were targeted?

Mental health groups, elderly groups, people with disabilities and people in distant areas.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, and using different strategies?

The practice encompasses many other health promotion activities, related to several Andalusian Comprehensive Health Promotion Action Plans being currently carried out by the Regional Ministry of Health (with the collaboration of the Health Care Centres, the municipalities, associations, health services in companies...)

Was an effective partnership in place?

The practice is aligning Public Health Institutions (such as Health Care Centres), Educational Institutions (such as schools), Municipalities (Community involvement) and even the Private Sector (health department of companies etc.).

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

As it was mentioned earlier, the practice is a substantial part of the Plan for the Promotion of Physical activity and balanced diets in Andalusia. It is also closely linked to several Comprehensive Health Promotion Action Plans currently ongoing with the support of the Government of Andalusia.

Was the intervention implemented equitably, i.e. proportional to needs?

The population signs up voluntarily to participate.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

As mentioned before, it is all clearly stated in the platform explaining the practice. Furthermore, participation in local presentations, workshops, conferences, media etc. is regularly done by the Health Promotion professionals (both from Health Districts and Health Care Centres).

Did the evaluation results achieve the stated goals and objectives?

As attested by the lofty number of “steps” achieved and also the high number of people participating every year, we can assume that (at the very least) the promotion of physical activity was successfully accomplished.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

The practice uses an on-line data system (password protected), which is able to provide process indicators such as: number of associations, participants, steps, age and territory...

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

Yes. Apart from the on-line data system (link provided in previous question), an annual report includes the monitoring data for this and all the other Programs carried out in the Health Promotion Service of the General Secretariat of Public Health. Screen capture of the on-line data system and a chart summarising PUMP figures (from Health Promotion Service 2014 Report) follow.

Hacer la consulta

Descargar la información resultante de la consulta (formato EXCEL)

Zona	Valor
Total de actividades	300 actividades
Actividades iniciadas	190 actividades
Actividades finalizadas	118 actividades
Total de participantes	47.162 participantes
Total de mujeres participantes	26.990 mujeres
% de mujeres participantes	57,26 mujeres
Total de hombre participantes	16.322 hombres
% de hombres participantes	34,44 hombres
Numero de pasos diarios	1.615.311.307 pasos
Media de pasos por participante	34.28 pasos/participante
Duración media de las actividades	32 días
Actividades por grupos de edad	
≤ 17 años	103 actividades
18-64 años	276 actividades
65 y más años	96 actividades
Todos los edades	21 actividades

Tabla 12: PUMP. 2014

PROVINCIA	MUNICIPIOS	ASOCIACIONES	MUJERES PARTICIPANTES	HOMBRES PARTICIPANTES	PASOS
Almería	18	7	684	353	61178896
Cádiz	18	30	2278	1765	89196671
Córdoba	18	4	725	266	35777589
Granada	20	3	226	186	6826734
Huelva	11	6	1150	866	30127062
Jaén	18	12	1125	744	37925149
Málaga	17	22	4118	3398	121112011
Sevilla	13	4	3340	1431	201586496
Andalucía	133	88	13646	9009	583730608

Fuente: Registro del PUMP

Who did the evaluation?

Internal and external parties

Specifically, what has been measured / evaluated?

Process evaluation: The on-line data system provides process indicators such as number of associations, number and age of participants (gender disaggregated), number of steps, number of days of activities, territory. The fact that many groups repeat participating in the practice is also an indirect indicator of satisfaction with it. Further qualitative information is frequently also gathered by the Health Promotion professionals, the association websites,

social media and or, informally, in the day of the “diploma ceremony” (when local health officials deliver a speech and a certificate of recognition –for having successfully accomplish the goal– is given to the participants). The practice have been awarded with a National Health System Good Practice Recognition (Spanish Ministry of Health, 2015), a prize in the Andalusian Health Programs Competition (2010) and in the NAOS Contest (Spanish strategy for nutrition, physical activity and prevention of obesity, 2010).

What are the main results/conclusions/recommendations from the evaluation?

The intervention is highly effective to involve people in physical activity. Its strong social component is an asset that enhances community involvement and social support. The practice may easily encompass other health promotion activities.

Is the evaluation report available, preferably in English or at least an English summary?

This is the very first document describing this practice in English.

Was there a follow-up or is any follow-up evaluation planned in the future?

The practice is continually ongoing.

Who implemented the intervention?

- Regional Ministry of Health
- Province Delegations
- Health Districts
- Health Care Centres
- Health Promotion Professionals
- Municipalities and companies health services
- Associations or groups of individuals

What core activities are/have been implemented?

The Regional Ministry of Health gives support to the general diffusion of the practice. Health Promotion Professionals provides direct personal support and help encompassing the practice in the framework of all the other health promotion activities.

Was the intervention designed and implemented in consultation with the target population?

The intervention is almost completely “self-catered” with health promotion professionals providing general additional support and guidance.

Did the intervention achieve meaningful participation among the intended target population?

YES, as mentioned earlier, the number of participants is very high every year.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

As mentioned before, the practice strong social component is an asset that enhances community involvement, social support and self-efficacy.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Due to the extremely inexpensive nature of the intervention, its continuation is well assured and even new modalities of the practice are arising (which includes certain appealing variants).

Are there specific knowledge transfer strategies in place?

There are experiences of other Spanish speaking countries having adopted the practice such as:

- Municipios de Buenos Aires (Argentina)
- Municipios de Posadas (Argentina)
- Centro Andaluz sociocultural y Deportivo de San Rafael (San Rafael. Mendoza. Argentina)
- Centro Andaluz General de Alvear (Mendoza. Argentina)
- Centro Cultural Andaluz en La Habana
- Colectivos de la Municipalidad de Buenos Aires

Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?

The practice simplicity, high transferability and possible adaptation to any local context make it easy an eventual scaling up. We can gather in an English document further details upon request.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

- Inexpensive.
- Easy to carry out
- Self-catered
- Strong social component and community support
- High impact in the media

What were, in your opinion, the main lessons to be learned?

The practice is SIMPLE, EFFECTIVE, FUN AND INEXPENSIVE!

Web page related to the intervention

www.juntadeandalucia.es/salud/porunmillondepasos

Facebook: [Por 1 millon de pasos](#)

Other relevant documents:

An English report gathering this type of documents will be provided in the future

Contact details

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