



Correction

Correction: Amaya et al. What Do We Know about the Use of the Walk-Along Method to Identify the Perceived Neighborhood Environment Correlates of Walking Activity in Healthy Older Adults: Methodological Considerations Related to Data Collection—A Systematic Review. *Sustainability* 2022, 14, 11792

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In the original article [1], there were mistakes in reference citations and reference order, as published in the publication production process. Some detailed changes are as follows:

1. Citation Revisions in Paragraphs

Three uncited references [39–41] were mistakenly removed and the order of references was rearranged during the publishing process, so we re-added the three references and revised the reference citations in Sections 2.1 and 2.2. Therefore, the newly added [39–41] should be included in the Reference Section. With this correction, the order of references [30–101] has been adjusted accordingly.

2. Citations and Ranges Revisions in Tables

Correction of the citations and ranges in tables.

Some ranges with [] in tables were interpreted as references. Therefore, the corrected Tables 1–4 appear below.



Citation: Amaya, V.; Chardon, M.; Klein, H.; Moulaert, T.; Vuillerme, N. Correction: Amaya et al. What Do We Know about the Use of the Walk-Along Method to Identify the Perceived Neighborhood Environment Correlates of Walking Activity in Healthy Older Adults: Methodological Considerations Related to Data Collection—A Systematic Review. *Sustainability* 2022, 14, 11792. *Sustainability* 2023, 15, 2970. <https://doi.org/10.3390/su15042970>

Received: 4 January 2023

Accepted: 13 January 2023

Published: 7 February 2023



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Table 1. Included articles in chronological order of publication.

Author	Publication Year	Country	Title	Journal	Funding
Močnik et al. [9]	2022	Singapore	Exploring facilitators and barriers of older adults' outdoor mobility: A walk-along study in Singapore.	Journal of Transport & Health	This research is supported by Singapore's Ministry of National Development and National Research Foundation under the L2NIC Award No L2NICTDF1-2017-2. Any opinions, findings and conclusions or recommendations expressed in this material are those of the authors and do not reflect the views of Singapore's Ministry of National Development and National Research Foundation.
Lauwers et al. [59]	2021	Belgium	Exploring how the urban neighborhood environment influences mental well-being using walking interviews.	Health and Place	This work was supported by the Belgian Federal Science Policy Office (BELSPO) [grant number BR/175/A3/NAMED].
Herrmann-Lunecke et al. [60]	2021	Chile	Perception of the built environment and walking in pericentral neighbourhoods in Santiago, Chile.	Journal of Aging and Physical Activity	This work was supported by ANID under grant Fondecyt Regular No. 1200527 and by CONICYT under grant Fondecyt Regular No. 1170292.
Grove [61]	2021	Ireland	Ageing as Well as You Can in Place: Applying a Geographical Lens to the Capability Approach.	Social Science & Medicine	This research was funded by the Health Research Board in Ireland (SPHeRE/2013/1).
Sun and Lau [62]	2021	China	Go-along with older people to public transport in high-density cities: Understanding the concerns and walking barriers through their lens.	Journal of Transport & Health	This research is supported by Research Grants Council (RGC) of Hong Kong No. 17600818.
Lager et al. [35]	2021	The Netherlands	Neighbourhood walks as place-making in later life.	Social & Cultural Geography	Not mentioned.

Table 1. Cont.

Author	Publication Year	Country	Title	Journal	Funding
Kou et al. [36]	2021	China	Physical environmental factors influencing older adults' park use: A qualitative study.	Urban Forestry & Urban Greening	This work was supported by the Economic & Social Research Council as part of the wider Healthy Urban Living and Ageing in Place (HULAP) Project [ES/N013336/1, 2016]. Ruibing Kou was supported by the Chinese Scholarship Council No. 201606370019.
Hand et al. [10]	2021	Canada	Applying the Go-along Method to Enhance Understandings of Occupation in Context.	Journal of Occupational Science	This work was supported by the Social Science and Humanities Research Council of Canada under No. 435-2018-1440.
Saint-Onge et al. [8]	2021	Canada	Older Public Housing Tenants' Capabilities for Physical Activity Described Using Walk-along Interviews in Montreal, Canada.	International Journal of Environmental Research and Public Health	The main author received a doctoral research scholarship from the FRQ-SC during this study.
Li and Woolrych. [58]	2021	U.K.	Experiences of Older People and Social Inclusion in Relation to Smart "Age-Friendly" Cities: A Case Study of Chongqing, China.	Frontiers in Public Health	This study was supported by The School of Energy, Geoscience, Infrastructure and Society (EGIS) at Heriot-Watt University.
Veitch et al. [7]	2020	Australia	Designing parks for older adults: A qualitative study using walk-along interviews.	Urban Forestry & Urban Greening	This research was funded by an Australian Research Council Discovery Project (No. DP170100188). JV is supported by a Future Leader Fellowship from the National Heart Foundation of Australia (ID 101928).
Carroll et al. [55]	2020	Denmark	Going along with older people: exploring age-friendly neighbourhood design through their lens.	Journal of Housing and the Built Environment	This research was supported by Områdefornyelsen Sydhavnen, The Danish Foundation for Culture and Sports Facilities, The Velux Foundations, and TrygFonden.

Table 1. Cont.

Author	Publication Year	Country	Title	Journal	Funding
Hand. [56]	2020	Canada	Older Women's Engagement in Community Occupations: Considerations of Lifespan and Place.	Scandinavian Journal of Occupational Therapy	The author gratefully acknowledges funding from the Social Sciences and Humanities Research Council of Canada.
Sundevall and Jansson [57]	2020	Sweden	Inclusive Parks across Ages: Multifunction and Urban Open Space Management for Children, Adolescents, and the Elderly.	International Journal of Environmental Research and Public Health	This research was funded by Stiftelsen Carl-Fredrik von Horns fond and Stiftelsen Fonden för markvård till minne av Sanders Alburg through The Royal Swedish Academy of Agriculture and Forestry (KSLA).
Cao et al. [6]	2019	Singapore	Using Walk-Along Interviews to Identify Environmental Factors Influencing Older Adults' Out-of-Home Behaviors in a High-Rise, High-Density Neighborhood.	International Journal of Environmental Research and Public Health	This research received no external funding.
Macintyre et al. [25]	2019	England	I Would Never Come Here Because I've Got My Own Garden": Older Adults' Perceptions of Small Urban Green Spaces.	International Journal of Environmental Research and Public Health	This research was funded as part of the GHIA project by the Natural Environment Research Council, the Arts and Humanities Research Council and the Economic and Social Research Council under the Valuing Nature Programme, grant number NE/N013530/1. J.S.B.
Cassarino et al. [54]	2019	Ireland	Cognitive and Sensory Dimensions of Older People's Preferences of Outdoor Spaces for Walking: A Survey Study in Ireland.	International Journal of Environmental Research and Public Health	This research received no external funding. This work was partially supported by Seed Award funding granted by the School of Applied Psychology, University College Cork, Ireland.

Table 1. Cont.

Author	Publication Year	Country	Title	Journal	Funding
Thandi et al. [38]	2018	Canada	Engaging Older Men in Physical Activity: Implications for Health Promotion Practice.	American Journal of Men's Health	The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was funded by the Canadian Institutes of Health Research (Ref. Number 138295). Writing up of this work was partly funded by Movember Canada (No. 11R18455).
Lee and Dean. [30]	2018	Canada	Perceptions of Walkability and Determinants of Walking Behaviour among Urban Seniors in Toronto, Canada.	Journal of Transport & Health	Not mentioned.
Hand et al. [23]	2018	Canada	Toward Understanding Person-Place Transactions in Neighborhoods: A Qualitative-Participatory Geospatial Approach.	Gerontologist	This study was supported by the Social Science and Humanities Research Council (No. 430-2015-00618).
Suopajarvi [37]	2018	Finland	From Tar City to Smart City Living with the Smart City Ideology as a Senior City Dweller.	Ethnologia Fennica	This article is based on research projects that were funded by the Academy of Finland No. 258570 and No. 132847.
Nordin et al. [53]	2018	Sweden	The physical environment, activity and interaction in residential care facilities for older people: a comparative case study.	Scandinavian Journal of Caring Sciences	The School of Education, Health and Social Studies at Dalarna University supported this study.
Zandieh et al. [52]	2017	The Netherlands	Do Inequalities in Neighborhood Walkability Drive Disparities in Older Adults' Outdoor Walking?	International Journal of Environmental Research and Public Health	This research was financially supported by Erasmus Mundus scholarship supplied by the European Union.
Luusua et al. [32]	2016	Finland	Northern Urban Lights: Emplaced Experiences of Urban Lighting as Digital Augmentation.	Architecture and interaction: Human computer interaction	We would like to thank our participants, the Academy of Finland for their support of the UBI Metrics and the Adaptive Urban Lighting projects, as well as the Nokia Foundation for their support.

Table 1. Cont.

Author	Publication Year	Country	Title	Journal	Funding
Ottoni et al. [49]	2016	Canada	Benches become like porches’’: The built and social environment’s influence on older adults experiences’ of mobility and well-being.	Social Science & Medicine	Not mentioned.
Curl et al. [50]	2016	U.K.	Developing an Audit Checklist to Assess Outdoor Falls Risk.	Proceedings of the Institution of Civil Engineers: Urban Design and Planning	<p>This research was funded through the Medical Research Council (grant reference G1002782/1) as part of the Lifelong Health and Well-being (LLHW) Cross-Council Programme. The LLHW Funding Partners are: Arts and Humanities Research Council, Biotechnology and Biological Sciences Research Council, Engineering and Physical Sciences Research Council, Economic and Social Research Council, Medical Research Council, Chief Scientist Office of the Scottish Government Health Directorates, National Institute for Health Research/The Department of Health, The Health and Social Care Research and Development of the Public Health Agency (Northern Ireland), Wales Office of Research and Development for Health and Social Care, and the Welsh Assembly Government. The LLHW programme and funding partners had no role in the design, collection, analysis, or interpretation of data; in the writing of the manuscript; or in the decision to submit the manuscript for publication.</p>

Table 1. Cont.

Author	Publication Year	Country	Title	Journal	Funding
Yoo and Kim [46]	2016	Republic of Korea	Perceived urban neighborhood environment for physical activity of older adults in Seoul, Korea: A multimethod qualitative study.	Preventive Medicine	This work was supported by the 2014 SNU Brain Fusion Program of the Seoul National University (SNU Project No. 0434-20140016) and the Korea Health Promotion Foundation Research Grant (15-08).
Zandieh et al. [51]	2016	England	Older Adults' Outdoor Walking: Inequalities in Neighbourhood Safety, Pedestrian Infrastructure and Aesthetics.	International Journal of Environmental Research and Public Health	This research was financially supported by Erasmus Mundus scholarship supplied by the European Union.
Lager et al. [48]	2015	The Netherlands	Understanding older adults' social capital in place: Obstacles to and opportunities for social contacts in the neighbourhood.	Geoforum	This research would not have been possible without the financial support of the Ubbo Emmius Fund.
Gardner [47]	2014	Canada	The role of social engagement and identity in community mobility among older adults aging in place.	Disability and Rehabilitation	Not mentioned.
Van Cauwenberg et al. [5]	2012	Belgium	Environmental factors influencing older adults' walking for transportation: a study using walk-along interviews.	International Journal of Behavioral Nutrition and Physical Activity	Not mentioned.

This table shows the basic information about the 31 articles included in the systematic review: author names, years of publication, country of the first authors' affiliation, article title, journal wherein the article was published, and the funding sources.

Table 2. Basic socio-demographic information of participants included in each study.

Author	Number of Group (n)	Number of Participants (n)	Gender (F: Female; M: Male) (n)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/ Birthplace	Income
Močnik et al., 2022 [9]	1	90	F: 70; M: 20	70.48	More than half of the participants self-rated their health as moderate, and almost a third rated it as good.	Not mentioned.	Chinese: 76; Malay: 6; Indian 7; Other state: 1.	All participants' incomes were provided by a government social assistance program.

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Lauwers et al., 2021 [59]	3 (–50) years old (50–70) years old (70+)	50 years old: 9 (50–70): 9 (70+): 10	No specific information about older adults. All participants: F:17; M: 11	(50–70): 9 (70+): 10	Not mentioned.	No specific information: The recruitment strategy intended to reach a varied sample in terms of age, gender, education level, employment status, and cultural background.	Not mentioned.	Not mentioned.
Herrmann-Lunecke et al., 2021 [60]	3 Young adults Middle-aged adults Older adults	No specific information for older adults: 120 participants (20 participants per neighborhood).	No specific information about older adults. Half of each neighborhood group was composed of women.	Older adults were above 60 years old.	Not mentioned.	Not mentioned.	Not mentioned.	Not mentioned.
Grove 2021 [61]	1	15 (10 in WAI)	No specific information about WAI participants. All participants: F: 12; M: 3	No specific information about WAI participants. All participants: (65–69): 1 (70–74): 9 (75–79): 1 (80–84): 0 (85–89): 1 Age not identified during interview: 3	Chronic Obstructive Pulmonary Disease: 3. Alzheimer’s Disease: 2. Parkinson’s Disease: 1. Digestive Conditions: 2. Macular degeneration: 1. Non-specific limitations: 2. None identified: 4	Not mentioned.	Not mentioned.	Not mentioned.
Sun and Lau 2021 [62]	1	72	F: 44; M: 28	(65–69): 27 (70–74): 17 (75–79): 20 (80+): 8	Not mentioned.	Not educated: 8 Primary school: 36 School: 24 Tertiary school: 4	Not mentioned.	No income: 51 Less than HKD 5000: 10 HKD 5–9,999,000: 9 HKD +10,000: 5
Lager et al., 2021 [35]	1	12	F:10; M: 2	74.58 (8.07) [CI] (65–87)	Not mentioned.	No specific information.	White: 12	Not mentioned.

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Kou et al., 2021 [36]	1	20 (15 in WAI)	No specific information about WAI participants: F:8; M:12	No specific information about WAI participants: 73.89 (8.23)	Advanced lower extremity functioning: 86.5 (11.9)	No specific information about WAI participants. Primary level of education: 2 Secondary level of education: 9 Tertiary level of education: 9	White: 20	Not mentioned.
Hand et al., 2021 [10]	1	The original study involved 38 participants but results from 2 women only were presented	F:2	75 and 77	Nancy ^[P] : significant health challenges/Eleanor ^[P] : no information	Not mentioned.	Not mentioned.	Not mentioned.
Saint-Onge et al., 2021 [8]	1	26	F:18; M:8	71.96 (8.0)	Self-reported Very good: 11 Good: 10 Average: 4 Bad: 1 Very bad: 0	Secondary or less: 17 College diploma: 2 University diploma: 7	Not mentioned.	USD 9999 or less: 2 USD 10,000–19,999: 17 USD 20,000–39,999: 5
Li and Woolrych 2021 [58]	3: Living in different district: Dahuanglu Community (DC) Shiyoulu Community (SC) Huualongqiao Community (HC)	64 (WAI: 21): DC: 22 (6) SC: 21 (7) HC: 21 (8)	No specific information about WAI participants. All participants— DC: F: 13; M: 9 SC: F:16; M: 5 HC: F10; M:11	No specific information about WAI participants. All participants— DC: 74.91 (60–90 med: 75) SC: 72.9 (60–86 med: 73) HC: 70.0 (62–84 med: 69)	Participants ranged in terms of gender, ages, socio-economic background (low, medium, and high levels of income), health status, education, living status, and household composition.	No specific information about WAI participants. All participants— DC: No qualification: 5 Elementary education: 2 Secondary education: 5 College, university education, and scientific education: 5 SC: No qualification: 3 Elementary education: 0 Secondary education: 15 College, university education, and scientific education: 3 HC: No qualification: 0 Elementary education: 2 Secondary education: 13 College, university education, and scientific education: 6	Not mentioned.	GBP (March 2020: GBP 1 = CNY 9): No specific information about participants of WAI. All participants— DC: 308.89 (308.89–555.56 med: 333.33) SC: 356.08 (111.11–1111.11 med: 333.33) HC: 407.41 (222.22–666.67 med: 333.33)

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/ Birthplace	Income
Veitch et al., 2020 [7]	1	30	F:15; M:15	74.9 (5.4)	Not mentioned.	Low (did not complete high school): 3 Medium (year 12/trade/certificate): 4 High (university or tertiary qualification): 23	Not mentioned.	Not mentioned.
Carroll et al., 2020 [55]	1	16	F:8; M:8	73.38 (10.06) (59–90)	Not mentioned.	Not mentioned.	Not mentioned.	Not mentioned.
Hand 2020 [56]	1	14 (3 in the current study results)	F:3	Above 65 years old (no other information).	Not mentioned.	Not mentioned.	Not mentioned.	Not mentioned.
Sundevall and Jansson 2020 [57]	3: Children Adolescent Elderly	Elderly: 6	F:3; M:3	F: 70.33 (4.51) [C] M: 73.67 (4.04) [C]	Not mentioned.	Not mentioned.	Lived in Landskrona all life: 3 Born in Landskrona and has also moved back: 1 Born in the region and lives in Landskrona for 25 years: 1 Born in other part of Sweden and has lived in Landskrona for several years: 1	Not mentioned.
Cao et al., 2019 [6]	1	12	F:6; M:6	(55–64): 2 (65–74): 6 (75–84): 4	Not mentioned.	Not mentioned.	Chinese: 10 Indian: 1 Other: 1	Not mentioned.
Macintyre et al., 2019 [25]	1	10	F:8; M:2	(60+)	Not mentioned.	Not mentioned.	Not mentioned.	Not mentioned.
Cassarino et al., 2019 [54]	1	112 (7 in WAI)	No specific information	No specific information.	Not mentioned.	Not mentioned.	Not mentioned.	Not mentioned.

Table 2. Cont.

Author	Number of Group (n)	Number of Participants (n)	Gender (F: Female; M: Male) (n)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Thandi et al., 2018 [38]	1	4	M:4	(70–86)	Functionally capable of completing daily activities. Self-reported—Multiple chronic health conditions: 1 Generally healthy; history of back pain and some shortness of breath: 1 Previous stroke: mild cognitive decline: 1 Generally healthy; history of leg pain following biking accident as a pedestrian: 1	Secondary school: 2 Graduate degree: 1 University degree: 1	White, of European background	Satisfied with their financial status.
Lee and Dean 2018 [30]	2: Wychwood and Edenbrigde-Humber valley habitants	28 (3 in WAI)	No specific information about WAI participants. All participants: Wychwood: F:14; M:0 Edenbrigde-Humber valley: F:11; M:3	No specific information about WAI participants. All participants: Wychwood: (65–69):1 (70–74):0 (75–79):4 (80–84):3 (85–89):4 [90+]:3 Edenbrigde-Humber valley: (65–69):0 (70–74):0 (75–79):2 (80–84):1 (85–89):4 (90+): 6	The population sample of seniors ranged in terms of socio-economic status as well as overall physical and mental health levels	Not mentioned.	No specific information about WAI participants. All participants birthplaces—Wychwood: Canada: 11 Ireland:1 Jamaica: 2 Edenbrigde-Humber valley: Canada:12 Scotland:1 Slovenia:1	Not mentioned.
Hand et al., 2018 [23]	1	14 (13 in WAI)	No specific information about WAI participants. All participants: F:11; M:3	No specific information about WAI participants. All participants: 75.92 (8.29) ^[C]	Self-reported: experiencing very good or excellent health	Completed high school or higher education.	Caucasian	Not mentioned.

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Suopajärvi 2018 [37]	1	16 (10 in WAI)	Not mentioned	(61–87) (2011)	All lived independently.	No specific information about WAI participants. All participants— Basic education: 2 Intermediate education level: 10 University education: 4	No specific information about WAI participants. All participants: All except two of them had lived for most of their lives in Oulu	Financially capable of using computers and the internet
Nordin et al., 2018 [53]	2 RCF A RCF B	The staff and relatives who were at the RCFs during data collection received information and were invited to participate in the unstructured observations and walk-along interviews. In total, there were 83 people included; Residents: 54 Staff members: 25 Relatives: 4 Older adults: 58	Older adults: 52 RCF A: F:20; M: 6 RCF B: F:17; M:9	RCF A: 87 (74–96) RCF B: 88 (71–100)	RCF A Communication, poor: 3.85%; good: 96.15 Orientation, poor: 19.24%; good: 80.76% Mobility, poor: 26.93%; good: 73.07% Emotion, poor: 26.93%; good: 73.07% Socialization, poor: 11.54%; good: 88.46% RCF B Communication, poor: 15.9%; good: 84.61% Orientation, poor: 11.54%; good: 88.46% Mobility, poor: 23.08%; good: 76.92% Emotion, poor: 34.62%; good: 65.38% Socialization, poor: 19.24%; good: 80.76%	Not mentioned.	Not mentioned.	Not mentioned.
Zandieh et al., 2017 [52]	2: Low- and high-deprivation areas	173 (19 in WAI) Low-deprivation area: 93 (9 in WAI) High-deprivation area: 80 (10 in WAI)	Low-deprivation area: F: 7; M: 2 High-deprivation area: F: 6; M: 4	Low-deprivation area: (65–74): 4 (75+): 5 High-deprivation area: (65–74): 5 (75+): 5	Able to walk, independent in daily life activities, and mentally healthy. Self-reported Low-deprivation area Good: 9 Poor: 0 High-deprivation area Good: 9 Poor: 1	Low-deprivation area—GCSE and higher: 9 Sub-GCSE: 0 High-deprivation area—GCSE and higher: 2 Sub-GCSE: 8	Low-deprivation area—White British: 8 BME groups: 1 High-deprivation area: White British: 5 BME groups: 5	Not mentioned.

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Luusua et al., 2016 [32]	2: Young adults, older adults	16 (5 older adults)	F:3; M:2	(65+)	Not mentioned.	Different educational, personal, and employment back-grounds.	Not mentioned.	Not mentioned.
Otoni et al., 2016 [49]	2 2012: T1 2014: T2	50. T1: 28 T2: 22	T1— F:17; M: 11 T2— F:12; M:10	T1— (−75): 21 (75+): 7 T2— (−75): 14 (75+): 8	Not mentioned.	T1— Secondary school or less: 2 Trade school: 8 University or graduate school: 18 T2— Secondary school or less: 3 Trade school: 6 University or graduate school: 12 No response: 1	T1— European Descent 26 First nation: 1 West Indian: 1 T2— European: 21 West Indian: 1	T1— Low (less than USD 25,000): 7 Medium (USD 25,000–74,999): 12 High (USD +75,000): 5 No response: 4 T2— Low: 2 Medium: 12 High: 3 No response: 5
Curl et al., 2016 [50]	1	20	F:17; M: 3	77 (6.71)	Fallers	Not mentioned.	Not mentioned.	Not mentioned.
Yoo and Kim 2016 [46]	2: Older adults Service providers	Older adults: 46 (19 in WAI)	No specific information about WAI participants. All participants: F:28, M: 18	75.4 (6.4)	Good: 13 Average: 21 Bad: 12	Not mentioned.	Not mentioned.	Not mentioned.
Zandieh et al., 2016 [51]	2: Low- and high-deprivation areas	173 (19 in WAI) Low-deprivation area: 93 (9 in WAI) High-deprivation area: 80 (10 in WAI)	Low-deprivation area— F: 7; M: 2 High-deprivation area— F: 6; M:4	Low-deprivation area— (65–74): 4 (75+): 5 High-deprivation area— (65–74): 5 (75+): 5	Able to walk, independent in daily life activities, and mentally healthy. Self-reported Low-deprivation area Good: 9 Poor: 0 High-deprivation area Good: 9 Poor: 1	Low-deprivation area— GCSE and higher: 9 Sub-GCSE: 0 High-deprivation area— GCSE and higher: 2 Sub-GCSE: 8	Low-deprivation area— White British: 8 BME groups: 1 High-deprivation area— White British: 5 BME groups: 5	Not mentioned.
Lager et al., 2015 [48]	1	7	F:7	(65–70): 2 (70–75): 1 (75–80): 1 (85–90): 3	Not mentioned.	Not mentioned.	White: 7	Not mentioned.

Table 2. Cont.

Author	Number of Group (<i>n</i>)	Number of Participants (<i>n</i>)	Gender (F: Female; M: Male) (<i>n</i>)	Age, Mean (SD) (Range), Years	Health Status	Education	Ethnicity/Birthplace	Income
Gardner 2014 [47]	1	6	F:3; M:3	82.5 (4.32)	Participants varied in their levels of education and income, lived in a variety of housing types, reflected a range of functional abilities, and used various forms of mobility within their neighborhoods.	Highschool: 2 Some highschool: 3 PhD: 1	White Canadian: 3 White Austrian: 1 White Irish: 1	USD 10–20,000: 2 USD 20–30,000: 3 USD 30–40,000: 1
Van Cauwenberg et al., 2012 [5]	1	57	F: 27; M:30	73.4 (5.4)	Not mentioned.	Higher education: 27	Not mentioned.	Not mentioned.

[P] indicates a pseudonym. [C] indicates that the value was calculated by the reviewers. WAI: walk-along interview; HKD: Hong Kong dollar; GBP: British Pounds; CNY: Yuan; RCF: residential care facilities; GCSE: general certificates of secondary education or its equivalents; BME: black and minority ethnic.

Table 3. Exclusion/inclusion criteria of participants of each included study.

Author	Exclusion/Inclusion Criteria
Močnik et al., 2022 [9]	Not mentioned.
Lauwers et al., 2021 [59]	The recruitment strategy intended to reach a varied sample in terms of age, gender, education level, employment status, and cultural background. However, the large geographical scale and time limitation of the study led to convenience sampling, based on the willingness of the people we met in the organizations. Knowing the mixed use of language in the Brussels Capital Region (most spoken: French, English, and Dutch), only participants skilled in Dutch, French, or English with a minimum age of 18 years were included.
Herrmann-Lunecke et al., 2021 [60]	Participants were required to speak Spanish and to have lived in the neighborhood for at least the last two years.
Grove 2021 [61]	Not mentioned.
Sun and Lau 2021 [62]	Living in the study areas and familiar with the designated routes, aged 65 or above, and can walk and use public transport without aids.
Lager et al., 2021 [35]	The Dutch retirement age of the time (65) was chosen as the threshold.
Kou et al., 2021 [36]	Not mentioned.
Hand et al., 2021 [10]	Residents were eligible to participate in the larger study if they: (a) had lived in one of the neighborhoods for at least 1 year, (b) were not working or were engaged in part-time paid employment, (c) were able to converse in English, and (d) were able to access the community, either alone or with assistance.

Table 3. Cont.

Author	Exclusion/Inclusion Criteria
Saint-Onge et al., 2021 [8]	Individuals were eligible to participate if they were (1) tenants of one of the three study sites; (2) able to walk four 10 min sessions, and (3) able to communicate in either French, English, or Spanish. They were excluded if they reported having an intellectual, visual, or auditory impairment that could significantly impact walking safety and ability.
Li and Woolrych 2021 [58]	Not mentioned.
Veitch et al., 2020 [7]	Required to be English-speaking.
Carroll et al., 2020 [55]	Irrespective of their physical ability or potential impairment.
Hand 2020 [56]	Selection criteria were age 65 years or more, able to participate in an interview in English, not working full-time, and able to move about the community in some way.
Sundevall and Jansson 2020 [57]	Not mentioned.
Cao et al., 2019 [6]	This study included those aged 55–64 because Singapore is aging rapidly, and this age group’s opinions are valuable for future developments. To be recruited, participants needed to be able to speak either English or Mandarin Chinese and be living in Yuhua East, or living in a nearby neighborhood but walking to the facilities in Yuhua East on a daily or weekly basis.
Macintyre et al., 2019 [25]	Any adults aged 60 or over in 2018 were considered eligible to participate if they lived or spent a large amount of time (i.e., a minimum of one or more hours every two weeks) in Old Moat when the study occurred. Participants were excluded from the study if they had a diagnosis of dementia, since this could affect their ability to participate in the interviews. Participants who were able to complete walk-along interviews were prioritized for recruitment, although participants who preferred to participate in a sitting down photo elicitation interview were also recruited.
Cassarino et al., 2019 [54]	Not mentioned.
Thandi et al., 2018 [38]	Inclusion criteria were broad—they had to self-identify as men aged 65 or older, be able to communicate in English, live in the community, and be able to move about within and outside their homes.
Lee and Dean 2018 [30]	The only selection criteria were that participants had to live in the chosen neighborhoods, Wychwood and Edenbridge-Humber Valley, and be over the age of 65 years.
Hand et al., 2018 [23]	We recruited 14 residents age 65 years or more living in two neighborhoods with diverse characteristics in a mid-sized Canadian city. Individuals were eligible to participate if they had lived in one of the target neighborhoods for at least 1 year, could participate in an interview in English, were not working full-time, and were able to venture into their community.
Suopajarvi 2018 [37]	All except two of them had lived for most of their lives in Oulu; however, this was not a criterion for selecting study participants.
Nordin et al., 2018 [53]	Not mentioned.
Zandieh et al., 2017 [52]	Inclusion criteria were being aged 65 or over, residing in one of the selected wards, being able to walk, being independent in daily life activities, and being mentally healthy.
Luusua et al., 2016 [32]	Not mentioned.
Otoni et al., 2016 [49]	We include participants who reside in one of three adjacent neighborhoods: Vancouver’s West End, Yaletown, and Downtown.
Curl et al., 2016 [50]	Older adults (aged 65 years and over) who had experienced a fall in the previous 12 months. We defined “older people” as those aged 65 or older. We used the Scottish Walkability Assessment Tool (SWAT) as a starting point for our audit checklist. We used a convenience sample, recruited from those who had already participated in a focus group about falling outdoors, and based on having experienced a fall during the previous year and their willingness to participate in further research.
Yoo and Kim 2016 [46]	Not mentioned.

Table 3. *Cont.*

Author	Exclusion/Inclusion Criteria
Zandieh et al., 2016 [51]	Older adults (65 years and upward), residents of a low- or high-deprivation area, those able to walk, those independent in their daily life activities, and the mentally healthy were eligible to participate in this research. Ability to speak English was not an eligibility criteria.
Lager et al., 2015 [48]	Not mentioned.
Gardner 2014 [47]	Over the age of 75, living alone (as most older adults in this age category live alone) and having resided in the study neighborhood for a minimum of three years.
Van Cauwenberg et al., 2012 [5]	To be included, participants had to be over 65 years old, dwelling in the community, and able to walk independently for at least 30 min.

Table 4. Data collection duration and WAI duration.

Author	Number of Participants	Data Collection Duration	WAI Duration per Participant		Total Duration of the WAI (Number of Participants × Duration per Participant)	
			Range	Mean	Range	Mean
Močnik et al., 2022 [9]	90	From 1 December 2017 to 21 February 2018 (3 months)	Not mentioned	Not mentioned.		
Lauwers et al., 2021 [59]	Total: 28 50 years old: 9 (50–70): 9 (70+): 10	From March 2019 to June 2019 (4 months)	Not mentioned	90 min (1 h 30 min)		2520 min (42 h)
Herrmann-Lunecke et al., 2021 [60]	No specific information for older adults: 120 participants (20 participants per neighborhood)	From September 2018 and November 2018 (2 months)	Not mentioned	Not mentioned		
Grove 2021 [61]	15 (10 in WAI)	From December 2017 to September 2018 (10 months)	Not mentioned	13 min (0 h 13 min)		130 min (2 h 10 min)
Sun and Lau 2021 [62]	72	From January 2019 to March 2019 (3 months)	Not mentioned	Not mentioned.		
Lager et al., 2021 [35]	12	No specific information about the duration of data collection. Summer of 2012 and Spring of 2013.	Not mentioned	Not mentioned.		
Kou et al., 2021 [36]	20 (15 in WAI)	No specific information about the duration of data collection.	Not mentioned	56 min, SD = 10 (0 h 56 min)		840 min (14 h)

Table 4. Cont.

Author	Number of Participants	Data Collection Duration	WAI Duration per Participant		Total Duration of the WAI (Number of Participants × Duration per Participant)	
			Range	Mean	Range	Mean
Hand et al., 2021 [10]	The original study involved 38 participants but results from 2 women only were presented	No specific information about the duration of data collection.	- Nancy: 50 min (0 h 50 min) - Eleanor: 35 min (0 h 35 min)	Not mentioned.		
Saint-Onge et al., 2021 [8]	26	From 11 September to 25 October 2017 (2 months)	60–150 min (1 h–2 h 30 min)	Not mentioned.	1560–3900 min (26–65 h)	
Li and Woolrych 2021 [58]	64 (WAI: 21) DC: 22 (6) SC: 21 (7) HC: 21 (8)	From December 2019 to January 2020 (2 months)	Not mentioned	Not mentioned.		
Veitch et al., 2020 [7]	30	From October 2017 to February 2018 (5 months)	6–35 min (0 h 06–0 h 35 min)	16 min (0 h 16 min)	180–1050 min (3 h–17 h 30 min)	480 min (8 h)
Carroll et al., 2020 [55]	16	No specific information about the duration of data collection.	30 min to more than 120 min (0 h 30 min to more than 2 h)	Not mentioned	480 min to more than 1920 min (8 h to more than 32 h)	
Hand 2020 [56]	14 (3 in the current study results)	No specific information about the duration of data collection.	45–120 min (0 h 45 min–2 h)	Not mentioned.	630–1680 min (10 h 30 min–28 h)	
Sundevall and Jansson 2020 [57]	Elderly: 6	No specific information about the duration of data collection.	30–84 min (0 h 30–1 h 24 min)	Not mentioned.	180–504 min (3 h–8 h 24 min)	
Cao et al., 2019 [6]	12	From August 2018 to September 2018 (2 months)	9 min to more than 120 min (0 h 09 min to more than 2 h)	Not mentioned.	108 min to more than 1440 min (1 h 48 min to more than 24 h)	
Macintyre et al., 2019 [25]	10	Not mentioned	30–100 min (0 h 30–1 h 40 min)	Not mentioned.	300–1000 min (5 h–16 h 40 min)	
Cassarino et al., 2019 [54]	112 (7 in WAI)	No specific information about the duration of data collection.	Not mentioned	Not mentioned.		
Thandi et al., 2018 [38]	4	No specific information about the duration of data collection.	30–60 min (0 h 30 min–1 h)	Not mentioned.	120–240 min (2–4 h)	

Table 4. Cont.

Author	Number of Participants	Data Collection Duration	WAI Duration per Participant		Total Duration of the WAI (Number of Participants × Duration per Participant)	
			Range	Mean	Range	Mean
Lee and Dean 2018 [30]	28 (3 in WAI)	No specific information about the duration of data collection.	Not mentioned	Not mentioned.		
Hand et al., 2018 [23]	14 (13 in WAI)	No specific information about the duration of data collection.	30–120 min (0 h 30 min–2 h)	Not mentioned.	390–1560 min (6 h 30 min–26 h)	
Suopajarvi 2018 [37]	16 (10 in WAI)	No specific information about the duration of data collection.	60–90 min (1 h–1 h 30 min)	Not mentioned.	600–900 min (10–15 h)	
Nordin et al., 2018 [53]	The staff and relatives who were at the RCFs during data collection received information and were invited to participate in the unstructured observations and walk-along interviews. In total, the 83 people included Residents: 54; Staff members: 25; Relatives: 4; Older adults: 58	Data were collected across a 5-week period during early spring (1 month)	Not mentioned	Not mentioned.		
Zandieh et al., 2017 [52]	173 (19 in WAI) <u>Low-deprivation area: 93 (9 in WAI)</u> <u>High-deprivation area: 80 (10 in WAI)</u>	From 7 July to October 2012 (4 months)	30–60 min (0 h 30 min–1 h)	Not mentioned.	570–1140 min (9 h 30 min–19 h)	
Luusua et al., 2016 [32]	16 (5 older adults)	From December to February (the year is not mentioned) (3 months)	Not mentioned	Not mentioned.		
Otoni et al., 2016 [49]	Total: 50 <u>T1: 28</u> <u>T2: 22</u>	No specific information about the duration of data collection.	Not mentioned	Not mentioned.		

Table 4. Cont.

Author	Number of Participants	Data Collection Duration	WAI Duration per Participant		Total Duration of the WAI (Number of Participants × Duration per Participant)	
			Range	Mean	Range	Mean
Curl et al., 2016 [50]	20	No specific information about the duration of data collection.	Not mentioned	25.1 min, SD = 10.92 (0 h 25 min)		502 min (8 h 22 min)
Yoo and Kim 2016 [46]	Older adults: 46 (19 in WAI)	From April 2014 to November 2015 (20 months)	Not mentioned	Not mentioned		
Zandieh et al., 2016 [51]	173 (19 in WAI) Low-deprivation area: 93 (9 in WAI) High-deprivation area: 80 (10 in WAI)	From July 2012 to November 2012 (5 months)	30–60 min (0 h 30 min–1 h)	Not mentioned.	570–1140 min (9 h 30 min–19 h)	
Lager et al., 2015 [48]	7	From September 2012 and February 2013 (2 months)	30–90 min (0 h 30–1 h 30 min)	Not mentioned.	210–630 min (3 h 30–10 h 30 min)	
Gardner 2014 [47]	6	Data was collected over an 8-month period during.	120–240 min (2–4 h)	Not mentioned.	1080–1440 min (18–24 h)	
Van Cauwenberg et al., 2012 [5]	57	From November 2010 to February 2011 (4 months)	30 min approximately	Not mentioned.	1710 min (28 h 30 min) approximately	

3. Revisions in Paragraphs

In Section 4.7, “Limitations to this systematic review include the search strategy as only five databases were consulted.” should be corrected to “Limitations to this systematic review include the search strategy as only four databases were consulted.”

The authors state that the scientific conclusions are unaffected. This correction was approved by the Academic Editor. The original publication has also been updated.

4. References

The newly added [39], [40] and [41] should be added to the Reference Section. With this correction, the order of some references has been adjusted accordingly.

Therefore, the References section should be:

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The authors state that the scientific conclusions are unaffected. This correction was approved by the Academic Editor. The original publication has also been updated.

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