

# The WalkABLE Alberta program: Informed change to community walkability in Alberta

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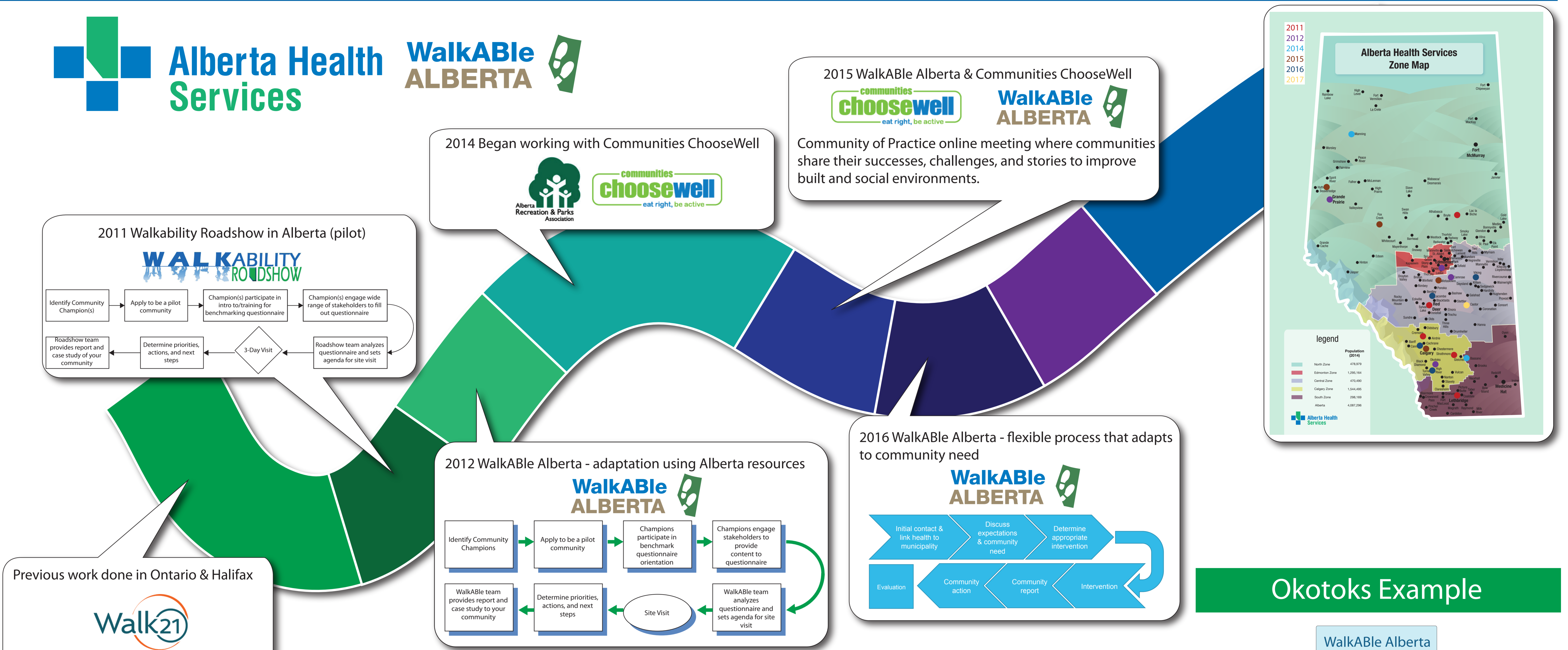


Figure 1. WalkABLE Alberta scaled timeline of program evolution.

## Health Issue

Regular physical activity can help reduce the risk of premature death and chronic diseases like coronary heart disease, stroke, hypertension, colon cancer, breast cancer and type II diabetes. Physically active individuals have a 20–50% reduced relative risk of death. Only 57% of Albertans reported participating in a sufficient amount of physical activity for health benefits (ACAL, 2017). One area Alberta Health Services (AHS) chooses to reduce chronic disease was to promote physical activity, especially promoting a popular physical activity, walking as it is a physical activity that is popular (Alberta Government, 2008) accessible, low cost, has a low skill level required (Lee and Buchner, 2008), low level risk of injury (Hootman et al. 2002) and is the most common activity of those who report being physically active (Simpson et al. 2003).

## History of WalkABLE Alberta



(see Figure 1).

## Program Outcomes

In order to ensure usefulness of the event to various communities, a different approach was used with varying themes. Although sizes and issues are unique to each community, evaluations conducted indicate that the sessions provide useful information for most participants.

- Tailored recommendations and a plan to improve walkability provided to communities
- Community committees formed that focused on walkability
- Wayfinding: signage and maps created
- Organized community events promoted and implemented
- Community stakeholders engaged
- Increased prioritization of walkability among council members and in the municipal departments
- Changes made to the built environment
- Pilot initiatives were implemented
- A health representative was more closely engaged with municipality
- A Community of Practice event has been hosted at least twice a year to encourage sharing

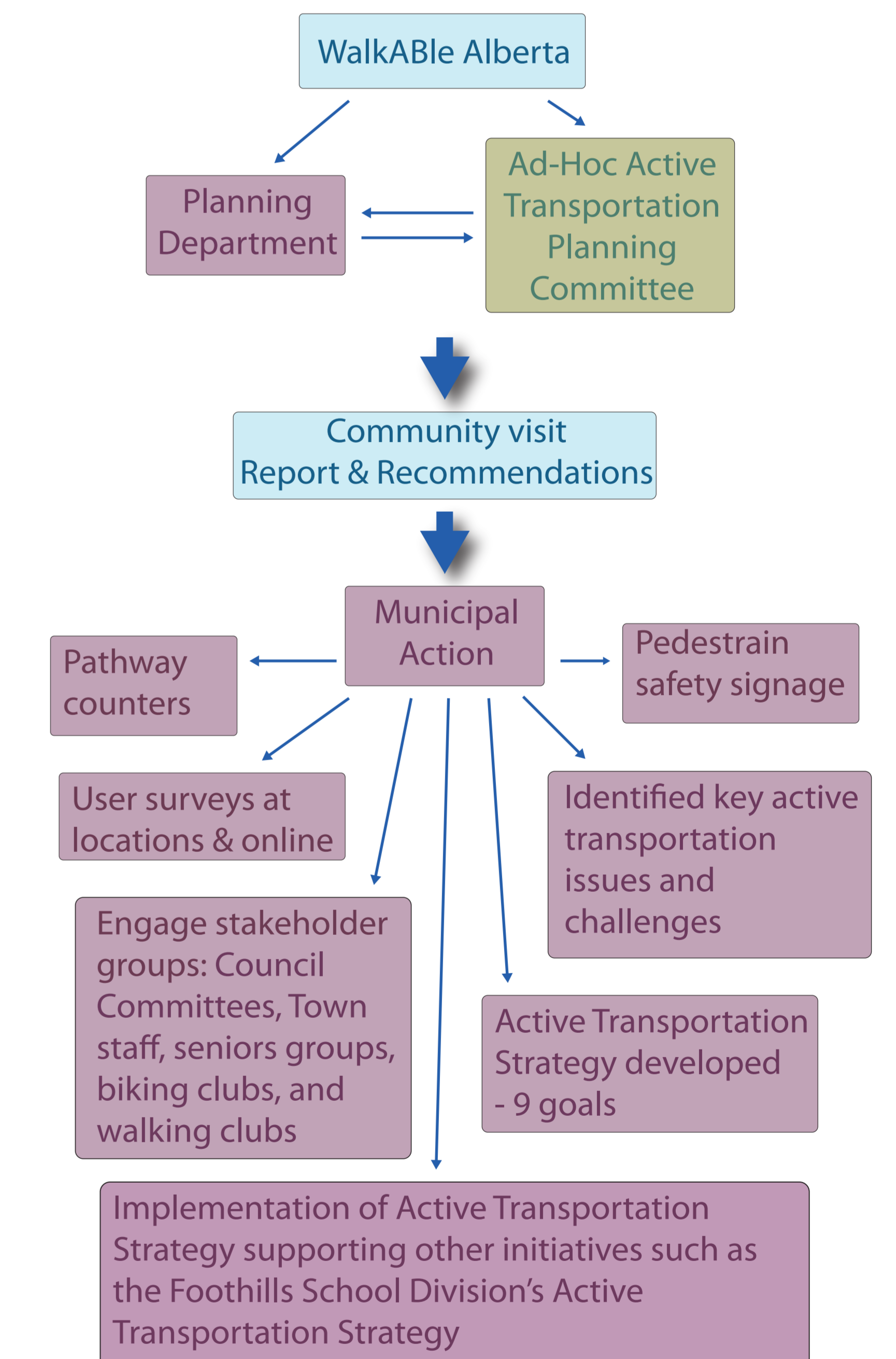
## WalkABLE Alberta in Communities

Implementation and outcomes are different for every community. Implementation varies depending on community needs and the sector leading walkability initiatives. In some communities the health sector takes a primary role in leading, in other communities the municipality takes the lead. In either case, the breadth, depth, and scope of community action can be increased by involving more community stakeholders who support and encourage community actions identified.

## Camrose Example



## Okotoks Example



## References

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