HEALTHY BUILT ENVIRONMENTS

Translating what we know into
effective practice

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We now have ample evidence of the ways in which the design and management of our cities can either support or hinder health-supportive behaviour. A recent study conducted by our City Wellbeing Program of the health attributes of four residential estates in the Sydney region found, amongst other outcomes, that although various health-supportive attributes were proposed, there were substantial deficiencies in how they were implemented and then managed.

Our research revealed that although these deficiencies were obvious to the residents, they were seemingly not apparent to the professional designers and managers. It is ironic that those practitioners are also residents, albeit in different locations, with their own health concerns, needs and responses, similar to the people for whom they are planning. And yet, these direct personal understandings are rarely considered, nor questions such as the following, seldom asked:

- How will this facility/infrastructure actually be used?
- Indeed, will it be used?
- How should it/will it be managed long-term?
- What would make it more effective?

From our research findings we have written 14 'lessons' or 'practice prompts' to address this gap. The prompts focus on the deficient process matters revealed by our study and aim to encourage greater practitioner mindfulness to ensure on-ground outcomes better achieve intentions and needs.

The Practice Prompts [1]

1 Establish networks beyond the development.
Health benefits accrue by including good connections with the wider area.

2 Make development planning realistic to ensure facilities are achieved.
Avoid adverse outcomes if an innovative proposal cannot be realised - include alternatives that can be implemented if required.

3 Early provision of walkable local centres.
Encourage early health-supportive habits – initially this might require "pop-up" facilities, temporary subsidies, and other interventions.

4 Responses need to be place-specific (one size does not fit all).
Ensure facilities respond to varying community needs across ages, abilities and circumstances.

5 A more empathic engagement by designers and managers.
'Walk in the shoes' of others from diverse backgrounds to judge whether the proposal delivers.

6 Listen to the locals.
Value and use lived-experiences of connections between health and daily activity.

7 A required attention to detail.
Ensure the detail is considered in the content of plans, at implementation, and on-going management.

8 Active recreation facilities for informal use and formal group activities.
Avoid simplistic allocation of recreation space. Provide for the full range of informal passive and formal group activities, and include individual and informal group active recreation, perhaps with some semi-formal organisation.

9 There is wide-spread interest in walking for recreation and transport, and potentially in cycling for recreation.
Additional quality walking and cycling infrastructure, including extensions to wider destinations and for active transport, can increase physical activity.

10 Short (neighbourhood) walking and cycling routes may not achieve needed levels of activity.
Users may become bored with the same routes, limiting participation over time. Ensure a variety of destinations and connections to regional networks.

11 Specific attention required to challenge a 'default' car culture.
Reduce the need for a car through convenient, safe and attractive walking, cycling and public transport infrastructure, and supportive programs.

12 On-going management is as important as initial provision.
Facilities are not used if poorly maintained, don't have convenient opening

Figure 1: It may be possible to cycle and walk, but is there anywhere to go? (Source: Author)

hours, don't manage user behaviour, are unaffordable, or lack child care.

13 Effective local information for new residents.
It takes time to get to know neighbours and local facilities. Community officers and welcome programs assist; however face-to-face interaction is critical for success.

14 Co-opt contemporary trends.
We can be highly influenced by trends and fashions. Built environments should facilitate these where supporting healthy activity, even if only short-lived.

Want to know more about translating research into practice – check out the new Cities & Health journal where our paper has been recently published ■

Reference
[1] To read more, go to City Wellbeing: https://cityfutures.be.unsw.edu.au/research/projects/planning-and-building-healthy-communities-a-multidisciplinary-study-of-the-relationship-between-the-built-environment-and-human-health/

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