FACTSHEET

Healthy spaces

Aesthetics

The aesthetics or attractiveness of a location can affect the way people use and experience an area, and their enjoyment of it. Walking trails and bicycle paths or parklands can be made more appealing by including water features, plants, signage and artwork. Research shows that an aesthetically pleasing activity environment attracts more users.

Connectivity

Town planners need to think carefully about how people can move on foot to minimise car use. In general, traditional grid-link streetscapes enable people to walk in a more direct (quicker) route to a specific destination, compared to networks of cul-de-sacs (no-through roads). Direct links in paths and roads allow people to walk to local destinations.

Environments for all people

Places and facilities should be accessible to all individuals, regardless of their ambulatory ability and age. Accessibility to people using walking aids such as walkers, canes and wheelchairs should be considered.

Mixed density

Residential areas that contain a mixture of housing types (such as flats, units, townhouses and houses, of both single and multiple storeys) will generally attract a diversity of people in different stages of their lives. This can help to increase physical activity in the area. (For example, having retired people in your community may mean that more people are out and about, providing a safer environment for all.)

Mixed land use

Having a mixture of residential, commercial and recreational facilities provides many potential destinations within walking or cycling distance. People are more likely to use active transport if these destinations are within 1 or 2 kilometres of where they live.

Parks and open spaces

There needs to be a provision for recreational reserves and parklands for both passive recreation and sport. Preservation of natural environments and green space to attract fauna help provide an attractive environment for walking and cycling.

Safety and surveillance

Environments need to be designed with safety in mind, particularly because feeling unsafe is a major barrier preventing people from being active. For example, poorly lit streets may increase both the perceived and actual risk of walking your dog after dark, compared with brightly lit pathways that attract many other users at night.

Social inclusion

This refers to built environments that cater to the needs and interests of a diverse range of people and community groups, regardless of their cultural, political and socioeconomic background. For example, parks can incorporate spaces for games such as bocce, a popular pastime for many people with European backgrounds. By doing this, they not only provide physical activity opportunities for a particular cultural group but also help to promote it to other groups.

Supportive infrastructure

This refers to features and facilities that make physical activity easier. These include structures that encourage:

- walking (footpaths, lighting, drinking fountains, signage, amenities)
- cycling (bike paths, bike racks, bike shelters, bike lanes on busy roads, showers in workplaces)
- public transport (safe shelters, lighting, signage)
- social interaction (seating, barbecue areas, shade, shelter, amenities)
- recreation (seating, playgrounds, facilities, fixed exercise equipment stations, goal posts and nets).

Processes for creating healthy spaces and places

The famous saying, 'Build it and they will come' (from the movie *Field of Dreams*), is also true when promoting physical activity. However, research shows that simply introducing changes to the built environment, in isolation, won't necessarily result in increased physical activity behaviour. As we saw in the discussion of social-ecological models in Chapter 2, physical activity behaviour is complex, and the most effective way to change behaviour is to implement multiple levels of influence. The Heart Foundation recognises that a number of processes need to be considered when planning and developing healthy activity places and spaces. Let's take a look at each of these important processes.

Research

Rather than basing ideas on intuition and opinion alone, decision-making is informed by the findings from systematic research, and over time, it will be possible to track the link between the built environment and health.

Integration

The most effective planning requires collaborative discussions across multiple sectors. This means working together, sharing roles, responsibilities, regulations, policies and implementation of programs. For example, introducing traffic calming features around schools (to make it to safer for children walking and cycling to school) requires local council, planners, schools and law enforcement to work together.

Implementation

At every stage of development, implementation needs to include existing networks and organisations to engage communities and plan for active communities. For change to be successful, there must be a shared vision, shared ownership and clear understanding of who is responsible for each aspect.

Education and training

Building an environment that makes the healthy choice the easy choice requires systematic education and training for the decision makers. (Imagine a town planner not having any understanding of the importance of physical activity and health.)

Partnerships

Shared vision and coordinated effort to design an active environment are essential to create sustainable changes. Organisations need to work together to determine short- and long-term goals and develop clear management processes with agreed processes and outcomes.

Measuring success

Once clear goals have been established, it is important to monitor and evaluate the implementation plan and outcomes. Think back to the example of traffic calming. How we could measure and evaluate whether this change to the built environment results in increasing physical activity?