

# Healthy By Design; A Rural Experience Project

## Regional Public Health Small Grants Fund 2012

### Introduction

The Healthy By Design; A Rural Experience Project (HBD;ARE) has been undertaken as a partnership project of Buloke Shire Council, Swan Hill Rural City Council and Gannawarra Shire Council and the Community Planning and Development Program at the La Trobe University Bendigo Campus, and the Southern Mallee Primary Care Partnership supported by a successful application to the Loddon Mallee Region Department of Health Regional Public Health Small Grants Fund, December 2011. Jenny Donovan, Principal of Inclusive Design contributed too and participated in the project.

Once Swan Hill Rural City Council (lead agency) received notice the funding application had been successful all project partners contributed to the development of the Healthy By Design; A Rural Experience Project Work and Evaluation Plan inclusive of budget (Appendix 1). *NB. This plan has been updated on the 29<sup>th</sup> January 2013 to note the final progress of each objective and reference in report.*

The following Healthy By Design; A Rural Experience Project Case Study provides outcomes of process evaluation of the project.

Impact for each objective as per the Healthy By Design; A Rural Experience Project Work and Evaluation Plan is detailed in the Healthy By Design; A Rural Experience Project Final Report (Appendix 2).



## Healthy By Design; A Rural Experience Project Case Study

### Identified Partners

Partner Organisations	Roles and responsibilities with regard to the project	Contact person details (name, position)
Swan Hill Rural City Council	Lead agency Project partner and working group member	Fiona Gormann Acting Community Facilitation Manager
	Project partner and working group member	Teresa Lever Healthy Communities Coordinator
Buloke Shire Council	Project partner and working group member	Anthony Judd Manager Assets and Infrastructure
	Project partner and working group member	Mark Remnant Community Planning Officer
	Project partner	Kia Grieves Environmental Health Officer
	Project partner	Michele Bos Planning Officer
Gannawarra Shire Council	Project partner and working group member	Jason Russell Acting Chief Executive Officer
	Project partner and working group member	Narelle O'Donoghue Environmental Health, Health Planning
	Project partner and working group member	Chris White Manager Community Sustainability
Southern Mallee Primary Care Partnership	Facilitation Project partner and working group member	Bronwyn Hogan Executive Officer
	Facilitation Project partner and working group member	Sallie Amy Health Promotion Officer
La Trobe University – Bendigo Campus	Lead on research, testing and documenting outcomes of project initiatives Project partner and working group member	Trevor Budge Associate Professor Course Convenor Community Planning and Development Program, School of Social Sciences, Faculty of Humanities and Social Sciences, Faculty Campus Coordinator Bendigo
	Project partner and working group member	Melissa Kennedy Community Planning and Development Program, Faculty of Humanities and Social Sciences, La Trobe University, Bendigo
Inclusive Design	Lead on research, testing and documenting outcomes of project initiatives	Jenny Donovan Principal of Inclusive Design

### APPROACH

The final version of the Healthy By Design; A Rural Experience Project Work and Evaluation Plan was approved on the 18<sup>th</sup> of April 2012 and submitted to the Loddon Mallee Region Department of Health.

Throughout the project communication has been predominantly via email coordinated by Southern Mallee Primary Care Partnership (SMPCP); this included distribution of key documents for project partners to consider and comment, project updates and meeting documents. A total of four teleconferences occurred between all project partners hosted from Swan Hill Rural City Council with up to four sites being connected.

At other times direct communication between Councils, Community Planning and Development Program, La Trobe University and SMPCP was undertaken for key project activity and information.

Community Planning and Development Program, La Trobe University lead the three of the four objectives of the endorsed Work Plan;

- Objective 1. Healthy By Design Case Studies one per LGA of Buloke, Gannawarra and Swan Hill
- Objective 3. A Rural Experience
- Objective 4. Documenting the Findings

SMPCP lead one objective of the Work Plan;

- Objective 2. Sharing the Experience

## **PROJECT OUTCOMES**

### **Objective Outcomes**

Objective 1. Healthy By Design Case Studies one per LGA of Buloke, Gannawarra and Swan Hill  
Refer to Healthy By Design; A Rural Experience Project Final Report

Objective 2. Sharing the Experience

Refer to Healthy By Design; A Rural Experience Project Final Report

- SMPCP Healthy Rural Planning Presentation and Workshop Report will be provided once finalised

Objective 3. A Rural Experience

Refer to Healthy By Design; A Rural Experience Project Final Report

Objective 4. Documenting the Findings

Healthy By Design; A Rural Experience Project Briefing Note (Appendix 3)

This document has been compiled as a result of the findings from the project and should be utilised in conjunction with the Heart Foundation, Healthy By Design; a planners guide to environments for active living. The project identified other aspects of good health including access to healthy food options, emotional and psychological health and raising awareness about healthier lifestyles. The Healthy By Design; A Rural Experience Project Briefing Note aims to bring to attention the other factors and design considerations that can influence and support planning for healthier communities.

Documenting the Findings has not been achieved or impacts reached as stated in the Work Plan. Within Healthy By Design; A Rural Experience Final Report, (5 Conclusions Page 16 – 18), a range of improvements and changes to the current Heart Foundation, Healthy By Design; A planners guide for environments to active living have been drawn from the findings of the work undertaken within the project. The majority of project partners did expect a guide relevant to rural communities and environments was to be the final result but can accept that in hindsight the project was possibly overly ambitious. Project partners do acknowledge the real cost of such a document was well outside the scope of funding, Healthy By Design is the property of the Heart Foundation, Australia and further evidence from other rural settings would be required to build a valid resource.

### **Project Outcomes For Each Council**

The following information has been provided by each council.

*NB. Healthy By Design; A Rural Experience Project Final Report (Appendix 2) and Healthy By Design; A Rural Experience Project Briefing Note (Appendix 3) are referred to in council reflections.*

#### **Buloke Shire Council**

The report highlights the importance of effective relationships and collaboration between Council, State and Federal government, Health Services and communities. Buloke is incorporating into its relationship with local health services community development components that reflect the issues raised in the report. Evidence among both old and young residents indicates that access to nutritious food is already an area requiring a collaborative approach by services.

Social inclusion is also an area requiring work over the coming period. With communities made up of households existing along the full spectrum of the socio economic continuum, a range of partnerships and engagement strategies will need to be employed.

Buloke has a particular interest and responsibility to rural farming families as these make up a significant part of the economic and community demographic. The importance of social as well as physical design as a determinant of community health and wellbeing focuses the challenges for rural Councils in a period marked by a lack of resources, both financial and human.

*“Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, supporting people to enjoy health is not just the responsibility of the health sector, but extends to everyone who influences the opportunities open to people, a description which in turn includes planners and urban designers.”*

While we are well aware of the importance of public health, the shape and structure of the rural social contract is changing dramatically. While our community health services are moving to meet the ongoing challenges of addressing the existing and emerging problems, the resourcing bodies appear reluctant to support prevention through practical planning and implementation with anymore than cost shifting.

In order to provide public spaces and buildings that address healthy design principles, and provide the elements recommended in the report, rural Councils require access to resources that provide the capacity to assist communities to move from the idea and concept phases of community inspired capital improvements to documented working plans.

Rural Councils continue to struggle with the demand for more and better quality infrastructure, while addressing the legacy left by aging, deteriorating structures which no longer meet community needs. The current community leaders struggle with an intense ‘tie to place’ which results in difficulty addressing the issues dispassionately. The recognition that more community infrastructure does not mean better, is difficult for residents who have seen their community impacted by the reality of an aging and shrinking population.

The existing Shire hall, senior citizens rooms, band hall, service club facility, sporting complex provide a reminder of former glory, but also drain the public purse. While battling to find the resources to address this legacy, rural Councils find themselves struggling to allocate resources to implement an often costly set of criteria in designing and producing public facilities

(The following points refer to page 9 Healthy By Design; A Rural Experience Final Report)

### *3.5 Implementation, the “Lost in translation” factor*

*The study also acknowledged that it is the actual project as built that affects the outcome, not the drawn plan. A project that is poorly implemented may raise hopes only to dash them or make a situation worse. For this reason, our analysis also included an implementation factor and assessment was focussed on what was actually built. However, in a desire to ensure that this didn’t unfairly tarnish a good plan, we also drew some conclusions about whether the plan, if implemented as intended, would have achieved different outcomes, where possible.*

### *3.6 Results*

*The individual case studies and the results of the assessment are presented in Appendix 1. The assessment of the three projects allowed us to draw the following conclusions. The existing guidelines appear helpful for assessing environments that support activity but health can be influenced by a wider range of variables than those covered in the guidelines. These include:*

- *people’s access to education about the benefits and requirements of being healthy, in order that people can make well informed decisions and link behaviour to health outcome,*
- *people’s access to food in order that food choices might be considered; and,*
- *social inclusion, recognising the critical role that community engagement has in emotional and psychological health (Crawford et al. 2010).*

While Buloke Shire Council’s Assets and Infrastructure, Community and Economic Development teams continue to address the issues raised in the report, there will be continuing pressure on rural Councils and communities to allocate resources to prevention rather than remedial action.

Buloke project planning and capital works implementation continue to be informed by the principles espoused in the report. Further refinements to both capital and community planning will be undertaken in the ensuing period. The findings of the report will inform these efforts.

Buloke will continue to aim for the best social inclusion outcomes, making effective use of the environmental advantages available in our rural community settings. This will be impacted by the availability of human and financial resources and the support of relevant resourcing bodies and the work and aspirations of local communities.

### **Gannawarra Shire Council**

The case study chosen for Gannawarra was the redevelopment of Apex Park, Koondrook. The Apex Park project was undertaken over a number of years in close partnership with the Koondrook community. While the "Healthy by Design: a planners' guide to environments for active living" was not a document that drove the planning and implementation of the project, it was pleasing to see that the assessment of the project by LaTrobe University confirmed that the principles of Healthy by Design were in fact incorporated into the project, and that the design for the redevelopment was translated into on-ground works.

The project description was "improving the functionality within the Apex Park area so that existing buildings are better utilised and developed into assets that support the community vision for their town meeting space". The project assessment showed that much more was achieved than improving assets and utilisation, and in fact that the project had significant flow-on benefits for improving health and wellbeing opportunities for the community through play spaces, walking tracks and trails, promotion of heritage and culture, tourism, etc. and that this has led to increased community pride and attractiveness to both residents and visitors.

Council reviewed the case study assessment report and agreed that the report accurately described the project and that the issues identified as being areas for improvement were appropriate (disabled access from the toilets to the park and additional lighting for night time use).

Prior to the case study work by LaTrobe University, disabled access from the toilets had been identified and this work was well underway when the assessment report was received. There is now good disabled access from the public toilets across the road to the park opposite.

The issue of better lighting for night time use had also been identified by Council prior to the case study work by LaTrobe University. Currently solar lighting is provided in the park with electric lighting at the BBQ shelter. Upgrading lighting for increased night time use generally within the park area will be further assessed by Council however this needs to be balanced with infrastructure upgrade costs, ongoing power costs, and additional safety measures required as a result of encouraging increased night time use.

The other opportunities highlighted such as incorporating fruit trees and vegetables into the park provide interesting 'food' for thought and we believe this is useful for getting people to think a bit more outside the square.

The report provided a source of discussion at a Council level around the importance of taking a 'big picture' approach and ensuring that health and wellbeing outcomes are considered in future projects, and the importance of accurate translation of plans into on-ground works.

Other projects in the design phase at the time the case study assessment report was received were reviewed to ensure that all aspects were covered, for example, the Atkinson Park playground project had a sensory herb garden added to the plan as a result of a discussion on the incorporation of fruit trees and vegetable gardens into designs.

A lot of work had already occurred prior to the Rural Experience project however this project provided an additional talking point between officers from various departments; assets, infrastructure, design, planning, works and community services. It has increased the profile of the importance of

people and particularly the understanding that the built environment has a significant impact on health and wellbeing opportunities for individuals and communities.

Reports such as produced by the Rural Experience project provide support to work occurring and confirms that we are moving in the right direction.

A number of significant strategic documents have been developed over the past two years - Gannawarra 2025, Youth Strategic Plan, Early Years Plan, Recreation Reserve Master Plans, Disability Plan, Community Safety Plan, Environmental Sustainability Plan, and the Positive Ageing Strategy. The development of a new Council Plan and Municipal Public Health and Wellbeing Plan in 2013 provides Council with a fantastic opportunity to embed the principles of Healthy by Design into Council processes.

Overall the project was well managed considering that three municipalities were involved all with varying levels of understanding of healthy by design and indeed commitment from respective Council's as to the importance of the topic and working in partnership.

In hindsight the project was overly ambitious in its outcomes (eg. Heart Foundation owns the Healthy by Design guide so not having a Healthy by Design: A Rural Planner's guide to environments for active living was not the outcome of the project as intended).

The true cost of the project was also well underestimated.

The project did however achieve a great deal in starting the conversation at a local government level around the importance of design of the built environment that supports health and wellbeing.

A lot of ground work has been done in preparation for advocating for the Healthy by Design guide to be updated to consider the rural context and this is a positive outcome.

A partnership approach for moving this project to the next stage has been agreed to between the three Councils and this commitment is also a positive move in the right direction.

### **Swan Hill Rural City Council**

Swan Hill Rural City Council (SHRCC) is committed to partnerships on both a community and regional level. Locally, healthy partnerships have been established with 11 communities to develop and implement community plans unique to each township. Other forms of local collaboration are project based such as the redevelopment of George Lay Park driven by Swan Hill College VCAL students in consultation with local residents. With the support of Council, this two year process has delivered a successful community project delivering health benefits by encouraging physical activity and reinforcing the impact of the built environment on the health of communities.

It is this focus on the built environment and the relevance of Healthy by Design guidelines in a rural setting that was the impetus for Swan Hill to partner with our surrounding rural local governments, to investigate the application of the design framework against local projects.

Rather than showcase our successes, SHRCC identified two local projects that would benefit from assessment. The first project was the SHRCC Bicycle Strategy developed in 1997, submitted as a case study. Findings from the assessment clearly identified issues such as the poor integration with other facilities and potential conflicts with other road users that do not support creation of a cycling culture. Highlighting these issues reinforces the uniqueness in a rural environment where vehicular travel is integral to people movement, particularly when public transport is absent. However, the case study supports the development of an active transport strategy to rectify these local conflicts and commence an education program to change cycling culture.

The other project was the design charrette held in Lake Boga. Lake Boga was selected due to the range of design issues that exist within a single location and the openness of the community to receive constructive feedback and take ownership of potential improvements. The community of Lake Boga enthusiastically seized the opportunity to share their town with the students and staff from La Trobe

University undertaking the assessment. Participation by the local primary school ensured that the views of younger members of the community were considered. Recommendations from the draft report identify realistic projects across three timeframes that will be considered by Lake Boga Inc and SHRCC for future implementation and continuation of the partnership.

Whilst the projects across the three local governments have been location specific, the findings from each case study on the testing of the Healthy by Design guidelines provide transferable knowledge in terms of identifying planning practice that supports healthy lifestyles in rural communities. In addition, the absence of consideration of factors such as access to food and social infrastructure highlight additional design considerations for rural communities. By undertaking the partnership, broader testing could be applied and the involvement of health representatives was integral to advocating the importance of rural urban design. Facilitation by Southern Mallee Primary Care Partnership provided an existing structure to coordinate collection and dissemination of information between the three local governments and continue advocacy work within the health network.

SHRCC envisages the next steps to consist of reviewing planning tools to integrate the Health and the Public Health and Well Being Plan within Council. This would involve a desktop review of policies, statements and plans resulting in the development of a checklist or reference sheet. This resource would then be used when local governments are developing documents such as the Council Plan, processing planning permits or when working in partnership with communities.

### **Project feedback from Community Planning and Development Program, La Trobe University and Inclusive Design**

The results of study provided significant insights into the differences between rural and metropolitan communities and recognised that while Healthy by Design has proved to be a robust and helpful framework for focussing planners' and designers' attention on achieving healthy outcomes, it may benefit from a series amendments so as to better suit the particular needs and circumstances of rural communities. This study also found that the existing Healthy by Design guidelines, if implemented, would be helpful in creating environments that support activity but were less effective in supporting the other pillars of good health: such as access to healthy food options, recognising emotional and psychological health, and providing education/raising awareness about healthier lifestyles and opportunities to improve wellbeing.

La Trobe University has commenced discussions with the Heart Foundation about a general review of Healthy by Design and a specific project about developing a Healthy By Design package that more explicitly takes into account the needs of rural and regional communities.

#### **Outcomes**

In conjunction with a full report on the study including recommended amendments to Healthy by Design from a rural perspective, a briefing note was also produced to introduce these ideas to guide planners and other local government professionals to plan for healthier communities.

#### **Evaluation**

The project findings significantly contribute to building a strong local evidence base on the need for greater consideration of healthy rural planning. It also recommends how the *Healthy by Design* planning tool can be strengthened based on locally applicable information. While the project was necessarily limited in its scope, it provided the opportunity to collect information at the local level which is critically important in determining how effective such resources are in supporting the communities they are designed to assist. The project results ultimately highlight the need for a revision of *Healthy by Design* to more strongly guide rural and regional communities and to take into consideration a broader definition of health (i.e. not just physical activity).

As a final point, the project also produced the conclusions that; Understanding of the issue is patchy and whilst there appears to be almost universal support that health is a core concern of planning there is little consensus or even understanding of what that means in practice.

Greater work is also needed on reviewing local government policies, processes and procedures concerning the integration of health and planning to ensure healthy outcomes at the detailed planning and design level are not precluded by decisions made in later stages.

A well laid out, inspiring and accessible document that provided planners with the metrics to assess the likely impacts on health of different developments may help planners to make better informed decisions and “go into bat” to ensure rural and regional communities are hard wired to support healthy outcomes.

## **GENERAL FEEDBACK**

The following information has been drawn from feedback provided by project partners and discussion between project partners via teleconference meetings.

### **Project Management**

The Healthy By Design; A Rural Experience Project Work and Evaluation Plan has been a very good guide to monitor the progress of all project activity and achievements. The timeframe for objective 1 *Healthy By Design Case Studies one per LGA of Buloke, Gannawarra and Swan Hill* was not realistic and occurred in September but benefited from objective 3 *A Rural Experience* having been completed and the emergence of other design factors and considerations.

Project partners have reported the project was well managed utilising SMPCP structure that was already in place. This allowed for a collaborative project between the Buloke, Gannawarra and Swan Hill Councils to be bought together and progressed steadily as a relationship and buy in was already in place.

Healthy By Design and healthy planning principles being articulated in the SMPCP Strategic and Operational Plan 2009 – 13 and being progressed by SMPCP Promoting Healthy Lifestyle Committee and links to all council Municipal Public Health and Wellbeing Plans has supported the desire of all Councils to be involved and work on the project within their capacity. The Primary Care Partnership structure also accommodated broader involvement of other sectors and organisations including the health sector particularly for objective 2 *Sharing the Experience*.

### **Partnership Approach**

The partnership of the three Councils has allowed for the expansion of testing of Healthy By Design in a broad range of rural settings and the outcomes being shared. This has seen a greater exploration of environments and populations and greater transfer of knowledge than if the project had been undertaken in one local government area only.

### **General Findings**

- Heart Foundation, Healthy By Design; a planners guide for active living is good and useful for individual projects but does fall short for local governments
- The project has shown the change of thinking over time regarding health. Healthy By Design was first developed in 2004 to increase physical activity, health is now seen in a more holistic view eg. access to food, social inclusion, resonance with values
- Councils are more aware, expectations and knowledge have increased regarding influences on health
- Further work is required to build knowledge of the principles of healthy by design and connection between health and planning
- Healthy By Design agenda has moved onto and with other organisations such as VicHealth, Planning Institute of Australia

### **Application in Rural Settings**

- Heart Foundation, Healthy By Design; a planners guide to environments for active living does need updating to be as applicable in rural and smaller communities
- The project has highlighted challenges for rural Councils with several smaller communities and issues in maintaining those communities with limited resources (eg. people, finances)

- Gaps are more significant in rural Councils and communities due to smaller populations, distance and access and limits to services

## **POSSIBLE NEXT STEPS**

### **Advocacy**

The Healthy By Design; A Rural Experience Project has confirmed the Heart Foundation, Healthy By Design; A planners guide to environments for active living is not as applicable in rural and small communities and advocating for a review to include this perspective and broader elements relating to health should occur. There is opportunity for SMPCP to take a lead in this and engaging with La Trobe University in advocating to not only the Heart Foundation but other bodies such as VicHealth and Planning Institute of Australia.

As opportunity arises response from SMPCP to strategic state and local planning acts, policy and frameworks to include the aspect of health in planning could be considered and acted upon as appropriate. Presenting and advocating with the rural perspective backed by evidence is an opportunity to reduce a blanket approach that usually has a best fit in larger urban population centres.

### **Promotion of Healthy By Design and healthy planning principles**

Further promotion of Healthy By Design and health planning principles across local government, health, community and other sectors would be beneficial to raise the knowledge of the relationship between health and the built environment. The Final Report and Briefing Note is one platform for project partners to use within their organisations to continue the conversations and applications that have commenced via the project.

Greater knowledge would assist to change thinking and processes across the board so it becomes common practice, support updating strategic planning documents with health in mind and relationships to other plans from local to state and federal levels.

### **Further evidence and embedding in local government practice**

Buloke, Gannawarra and Swan Hill Councils have acknowledged there may be further work to be undertaken in order to better understand and apply the Healthy By Design; A Rural Experience Project Briefing Note within practice and in an integrated manner. Each Council has expressed a way forward is possible with consideration for capacity and current processes.

Partners agreed that there may be merit in exploring whether a second stage of the project would be of value. The scope for any such further project work would need to be carefully considered by Councils in order to ensure that any evaluation tool or framework that is subsequently developed is consistent with other existing or emerging Council policy guidance. In this respect, it would be necessary for any further project to demonstrate the practical benefit of embedding healthy planning principles in Council strategic plans and processes.

Outcomes of evidence collection and evaluation could be shared with Community Planning and Development Program, La Trobe University to build on their work with students, planners and advocacy and also shared with other state bodies to highlight the position and work of smaller rural Councils and communities.

The merits of furthering this work within a collaborative partnership approach will be considered by project partners in due course.