

# **Improving health outcomes for elderly people in a regional and rural environment**

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October, 2006

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## **Acknowledgements**

This project was funded by the Department of Human Services under the Public Health Research Projects 2004-2005 funding round.

We gratefully acknowledge the assistance of all residents, service providers and planners who participated in the focus groups we conducted for this project. We also acknowledge the assistance of volunteers and workers at various meeting places who were contacted by the researchers. A number of residents also contributed fantastic photographs as part of this project. This research would not have been possible without the support and time given by all of these people.

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The following participants and researchers contributed photos that are featured in this report:

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# Improving health outcomes for elderly people in a regional and rural environment

## Executive Summary

### *Introduction*

#### **The Context: Barwon – G21**

This project was conducted in the context of the Geelong Strategic Alliance (G21) which consists of five municipalities: Golden Plains, Greater Geelong, Queenscliffe, Surf Coast and Colac Otway.

#### **Aims**

The aims of this project are:

- To determine the specific characteristics of the rural and regional built environment that have the most profound impact on the physical and mental health and wellbeing of the ageing population;
- To determine which of the above characteristics are amenable to change, and to provide recommendations about more effective use of available funding for built environment infrastructure;
- To formulate a planning model/framework to inform the integrated Municipal Public Health Plan that will assist health, aged care and housing policy program managers to plan for the future needs of an ageing population.

### *Methodology*

#### **Focus Group Interviews**

- Ten focus group discussions with older residents aged between 60-80 years were conducted across five local government areas (LGAs).
- A further five, second round focus groups (one focus group per LGA), with previous focus group participants (60-80 years old) were conducted to validate the findings.
- One focus group discussion was conducted with younger residents aged 40 – 60 years.
- Two service provider focus groups were conducted.
- Six focus groups were conducted with planners, across each LGA.

#### **Observations**

- One or two focus group participants per LGA took photos of the best and worst aspects of their local neighbourhood.

#### **Case Studies**

- A number of case studies were also conducted, which involved observing three successful meeting/gathering places across two LGAs.
- Data was also gathered from three Senior Citizens' Centres.

#### **Document Audit**

The MSS, MPHP and Council Plans for each LGA were examined for their inclusion of factors identified as important by residents.

## ***Focus Group Results***

### *Focus Groups with Residents*

Ten focus group discussions with residents aged 60 to 80 years were held across the five LGAs and included a total of 96 participants.

When asked about their favourite features of their neighbourhood, the most common responses were:

- Aspects of the natural environment (80% of 10 groups)
- People being friendly etc (80%)
- Sense of community (40%)
- Access to health services (20%)
- Access to other services / places (30%)
- Sense of security / safety (30%)

When asked what they would you like to change in their neighbourhood, the most frequent responses were:

- Transport issues (90% of 10 groups)
- Footpaths (70%)
- Safety issues (50%)
- Development issues (40%)
- Improved services (40%)

When asked what makes it hard to exercise or get out and about, responses were:

- Footpaths (70% of 10 groups)
- Safety issues (60%)
- Transport issues (40%)
- Cost (30%)
- Other (50%)
- 

When asked what would help people to exercise or get out and about, the most frequent responses were:

- Footpaths / Pathways (40% of 10 groups)
- Transport issues (40%)
- Safety issues (40%)
- Things that encourage walking (30%)
- Access to heated swimming pool (40%)
- Walking was the most common type of exercise mentioned in the groups.

Participants were asked what makes it easier to stay in touch with others. The most frequent responses were:

- Being involved in groups or clubs (90% of 10 groups)
- Going to meeting places (50%)
- Doing voluntary work (50%)

The key themes that emerged from the focus group discussions with older people were:

- Problems with footpaths or a lack of footpaths

- Issues related to public and community transport
- The importance of belonging to groups
- The importance of having access to meeting places
- Issues related to safety, particularly in relation to traffic and roads
- Isolation as a problem for some people in their community
- The importance of local health and other services
- Access to a heated swimming pool or hydrotherapy pool is desired

In the second round of focus groups, in which one focus group discussion was held in each LGA:

- The key findings from the first round were validated
- When asked to rate the importance of various aspects of their environment, participants rated 'police presence' very highly, although this was not frequently mentioned in the focus groups
- Other ratings were consistent with the first round of focus groups

#### *Focus Group with 40 – 60 year olds*

One focus group was conducted with 40-60 year olds.

Many of the issues raised in the focus groups with older residents were discussed, with the following additional topics:

- Importance of group membership
- Important to get involved when younger
- Need to facilitate older people becoming connected
- Access is important with new developments

#### *Focus Groups with Service Providers*

Two focus groups were conducted with service providers who have direct contact with people aged 60 to 80 years.

Many of the issues discussed in the focus groups with older residents were also discussed in the focus groups with service providers.

Additional issues discussed included:

- The impact of changes in society on older people
- The role of paid carer or volunteer
- The need for more carers for the elderly
- The need for meeting places and walking destinations
- How to disseminate information most effectively
- Getting people involved in groups
- Different views on transport
- Need to provide services closer to people
- Need to provide education on food availability and options

#### *Focus Groups with Local Government Planners*

Focus groups were conducted with planners in each LGA, and included a total of 52 participants.

When asked what they believe are problems for older people, responses included:

- Footpaths / pathways
- Transport

- Housing / built environment / development
- Access to services / infrastructure
- Safety
- Need to promote walking / open spaces
- Social engagement
- Meeting places / facilities

When asked about the best aspects of the built environment, responses included:

- Social connectedness
- Opportunities to be physically active
- Access to services or shops
- Natural features of the environment

Planners were asked what would prevent older people from walking or being physically active, and their responses included:

- Footpaths / obstacles on footpaths
- A lack of a destinations to walk to
- Perceptions of safety
- Affordability
- Lack of public transport
- Need for facilities for less active
- Need to provide information on what is available

A question on barriers and enablers to older people staying in touch elicited the following responses:

- Physical barriers, including footpaths
- Footpaths / pathways as enablers
- Moving into a new area - barrier
- Strong local connections - enabler
- Problems with transport
- Events/groups/facilities - enabler
- 'Tight' groups a barrier
- Changes in local shops
- Perception of safety
- Lack of social planning
- Too many holiday homes

When asked what makes it hard to plan for older people, the responses of planners included:

- Being reactive not proactive
- Catering for different people and areas
- Mixed usage of areas and facilities
- Lack of knowledge of needs
- Some discussion of the advantages and disadvantages of older people being grouped together
- The lack of a network or integration between departments
- Aged department not 'into planning'
- The role of other levels of government



Planners were asked what would make it easier to plan for the elderly. They discussed the following issues:

The importance of consultation and communication with older people  
Discussion and collaboration between different areas of Council  
The need for guidelines and a commitment to policy

When asked if they had started to plan for the ageing, planners responded by:

Mentioning specific activities that they undertake that relate to older people  
Discussing concerns about the location of retirement villages and nursing homes  
Referring to planning strategies or documents that they are currently preparing.

### ***Case Studies: Meeting Places***

Because meeting places came up as being very important in relation to social engagement we conducted a small number of case studies, looking at different types of meeting places.

- ***The Iluka Cafe***

The Iluka Café in Apollo Bay represents an extremely successful example of a commercial venue being used by older people as an informal meeting place. Friendly owners and staff are very supportive of this informal group. There is no formal arrangement, people know that there will be someone there most mornings.

- ***Diversitat Community Centre***

While the Diversitat Community Centre provides a range of activities, we chose a regular lunchtime activity as an appropriate time to visit. These BBQs are well attended with some community members coming for years. Volunteers prepare the food and are very much part of the social interaction provided by the BBQ.

- ***Rosewall Café***

The Rosewall café was an initiative within the Neighborhood Renewal Plan. The café is located in the Rosewall Neighbourhood Centre, and is run solely by volunteers and is not for profit.

- ***Senior Citizens' Centres***

Data was gathered from 3 Senior Citizen's Centres.

The number of members they had ranged from only a handful to 180, with only one centre was getting many new members each year.

### ***Observations***

This observational component of the project involved one or two focus group participants per LGA taking photos of the best and worst aspects of their local neighbourhood.

A number of these photos have been used throughout this Report

Many of the photos reflected the themes that emerged from the focus group discussions with older residents.

New themes identified in the photos were open drains, access to a meeting place or service, and more positively, children's playgrounds.

### ***Document Audit***

- The most recent MSS, MPHP and Council Plans for each LGA were obtained.
- Some LGAs are in the process of updating these documents.
- Footpaths and public transport were identified in at least one of the documents in each LGA.
- One key issue that was rarely located in these documents was meeting places.

### ***Summary of Findings***

- Overall, residents themselves indicate that footpaths, public or community transport, group membership and access to meeting places are particularly important in promoting physical and social engagement.
- Given the significance of groups and of convenient meeting places to older people themselves, it is clearly important that local governments do facilitate access to appropriate facilities.
- Walking was identified as the most common form of exercise done by participants. The problems discussed by residents in relation to footpaths and roads are particularly important and can facilitate or impede both physical and social activity.
- The need for more public or community transport was an issue frequently raised in the residents' focus groups.
- In general comments from participants, when discussing safety, related to aspects of the built environment rather than to their personal safety.
- Smaller communities have the advantage of people knowing most members in their community, but residents where development is occurring are concerned that they may lose this sense of community.

### ***Discussion***

- The findings were discussed in relation to the policy frameworks offered by the WHO Healthy Cities approach.
- This research has embraced an ecological focus that attempts to integrate concern for environmental and social sustainability, public policy, individual behaviour and an emphasis on holistic understanding of health.
- The eleven elements identified by Hancock and Duhl as parameters for healthy cities were presented and reorganised to highlight their relevance to the built environment.
- A discussion of urban planning and equity was presented.
- The findings were discussed in relation to the importance of 'third places', that is, places other than home and work, with the Iluka café presented as a successful example of a third place where people can experience social interaction and social support.
- This research supports other findings that the built environment plays a key role in fostering a sense of community and in influencing participation in community life.

### ***Implications for local government***

- New residential subdivision provisions: Clause 56. The implications of this new clause were briefly discussed .
- The cost implications of retrofitting existing environments were discussed, and the possibility of involving the community in raising funds.
- Community facilities – local government has a role to play in relation to providing 'third places'.

- Challenges to local government planning capacity were discussed in relation to planners having insufficient time and resources, and a shortage of planners.

### *Local efforts to create sustainable neighbourhoods*

A number of examples of projects and approaches were presented briefly:

*The Greenlight Project* - a study of pedestrian crossings in several Victorian municipalities was described.

Re-visioning Senior Citizens Centres - some aspects of COGG's current work were presented.

A Café Meals Program implemented by the City of Yarra and North Yarra Community Health was presented as one example of promoting social support in commercial 'third places'.

*Missed Business* (The City of Whitehorse), a guide for small business and retailers which aims to assist small business owners to improve access to their goods and services, was presented as a way to assist business to encourage community participation.

Given the importance of footpaths, the need for footpath audits, and for LGAs to provide residents with clear information on how to report concerns about footpaths was discussed.

- A Local Government Walkability Indicators project was outlined.
- Strategies to improve public transport were mentioned, including the work of G21.

### *Resources*

- The "Watch Out For Health" Planning Checklist, developed by the NHS as a tool for use when conducted a Health Impact Assessment was presented.
- A report released by the Australian Local Government Association (ALGA), *Age-friendly built environments: Opportunities for local government*, was briefly described.
- The work of the Baltimore Neighborhood Indicators Alliance was described.

### **Recommendations**

The Report concluded with some recommendations in relation to healthy and sustainable urban planning, under the headings of:

- Embedding health and wellbeing into planning schemes – if health and wellbeing issues are not incorporated into planning schemes they will not be enacted upon. It is argued that the MSS needs to encompass principles such as walkability.
- Workforce development – various strategies incorporating DHS or other organisations are proposed in relation to workforce development.
- Policy coordination - it is suggested that the DHS Public Health Group could play a coordinating role in linking various departments and organisations.
- Engaging the private sector – one possibility is working with planning consultancy firms.
- Forging intersectoral collaboration – the DHS – Deakin University partnership and G21 are discussed as having a role in this.
- Improving the evidence base – various work in relevant areas is occurring and could be further developed.
- Improving planning tools – the use of HIA decision-making tools is suggested.
- The need for research on strategies to develop a sense of community.



# Improving health outcomes for elderly people in a regional and rural environment

## Introduction

### Background

The interactive experiences that older people have with their neighbourhoods, and the impact of infrastructure and urban amenity on people's physical activity and quality of life are indicative of the need to consider the social determinants of health. Many of the factors influencing older people's health lie in the complex social, economic and physical environments in which they live. In *Social Determinants of Health: The Solid Facts*, Wilkinson and Marmot (2003) discuss ten different but interrelated aspects of the social determinants of health and identify the research underpinning each area. The following social determinants are of particular relevance to older people and the environments in which they live, and will be addressed in this study:

- The need for policies to prevent people from falling into long-term disadvantage;
- How the social and psychological environment affects health;
- The role of friendship and social cohesion;
- The dangers of social exclusion;
- The need to ensure access to supplies of healthy food for everyone; and
- The need for healthier transport systems.

### Built environment, older people and wellbeing

Built environments have a range of characteristics including the quality of the infrastructure (roads, footpaths, access to public transport), public space (streetscapes, access to parks and gardens), a sense of safety and community, the availability of healthy foods and access to health and related services. There are many ways in which these characteristics influence individual and collective behaviour and affect both physical and mental health.

Social isolation has been shown to be linked with adverse health outcomes, including a greater risk of dying (Michael, Berkman, Colditz, Holmes & Kawachi, 2002), and a greater risk of cognitive impairment among elderly persons (Bassuk, Glass & Berkman, 1999). People who are socially isolated are at two to three times greater risk of dying compared with people who have a network of social relationships and sources of emotional support (Brunner, 1997). Older people can be more susceptible to social isolation as a result of the physical effects of ageing and their changed life circumstances (e.g. retirement, death of a significant other, decreased mobility etc.). Participating in community activities may enable some people to overcome isolation and perceived powerlessness, which in turn has a positive effect on health and wellbeing (Labonte 1997). Research commissioned in the Barwon-South Western Region found that there were links between lower levels of social engagement and lower self-assessed physical and mental health (Savage et al., 2002).

The socio-economic environment also impacts on the relationship between the environment and health. Persons of lower socio-economic status have higher

mortality rates for most major causes of death, experience more ill-health, and are less likely to act to prevent or detect disease at an asymptomatic stage than persons of a higher socio-economic status (Turrell, Oldenburg, McGuffog, & Dent, 1999). However, although it is known that when people change their environment their disease risk changes (Marmot 2000), it is not known which aspects of the environment have the greatest impact on health (Weich et al., 2001). Kendig (2000) has suggested that sometimes what are perceived as individual limitations may in fact be unnecessary demands in the environment: “problems with shopping and transport depend as much on access to shops and public transport as they do on the physical abilities of older people” (p. 104). The role of shops and cafes was seen as so critical to facilitating social contact between residents that one author has suggested a subsidy scheme to encourage their presence in residential areas (Baum & Palmer, 2002).

Aicher (1998) identified determinants of urban health that urban developers must consider, and recommended that social support could be enhanced if urban developers would consider the impact of planning on social connections, consider the impact of existing housing and other policies on social networks, and “allow and encourage communities to develop a sense of community identity and cohesiveness”. Furthermore, Aicher recommended that urban developers could enhance people’s satisfaction with their immediate environment by ensuring diverse environments, some degree of control over their environment, participation in decision making, and the sensory stimulation of all senses. He argued that planning should embed opportunities for skills, self-esteem, personal growth and self-actualisation into the urban fabric. Carr (1982) suggested that settings should be designed to enable and facilitate the activities that people plan to execute within them. This highlights the need for participative planning, in order to identify potential users’ needs, preferences, and intentions.

The project focuses particularly on the role of the built environment in promoting physical activity and social engagement amongst older people. There is strong evidence (Savage & Bailey, 2004) that physical activity is of benefit in relation to a large number of health problems. These include five of the six Australian National health priorities: cardiovascular disease prevention; diabetes prevention and control; the primary prevention of some cancers; injury prevention and control; and the promotion of mental health (Bauman, Bellew, Vita, Brown & Owen, 2002).

The Healthy by Design guide (National Heart Foundation, 2004) was developed in response to local government requests for practical guidance in designing more liveable communities. Healthy by Design is particularly focused on influencing people to walk and cycle in their local neighbourhood, thereby improving quality of life, and recognises the important role of local government. This proposal in part utilises the Healthy by Design guide as a conceptual framework for the research, building into it the above broader determinants that relate to social connectivity and community participation.

### **Integrating Municipal Public Health Planning and Urban Planning**

Victoria’s statewide policy framework for Municipal Public Health Planning (MPHP), *Environments for Health*, provides an approach to planning that considers the overall impact on health and wellbeing of factors originating across any or all of the built, social, economic and natural environments. The Framework actively encourages

enhanced integrated planning efforts amongst health, urban and corporate planners, and has drawn strongly on a ‘Healthy Cities’ approach and literature. The Framework aims to ensure that MPHPs can effectively inform other programs, avoid duplication of planning effort at a local level, and coordinate public health efforts across sectors.

To have maximum impact, municipal public health planning must inform the content and be incorporated into the municipal Corporate Plan, and be integrated into all other Council plans. It is of particular importance that MPHPs integrate with and inform the Municipal Strategic Statement (MSS), which is the municipality’s urban plan. Through legislation, all local Councils are required to develop a MSS, which details key strategic planning, land use, transport and development objectives and strategies for the municipality. *Environments for Health* has made a clear argument for councils to develop enhanced linkages between the MPHP, MSS and Corporate Plans. This research aims to contribute to the body of knowledge that informs enhanced understanding of people’s relationships to their urban environments, and the related urban and health policy and planning directives that are needed to enhance wellbeing. Using older people as a case example, this research will provide evidence and an approach that will support improved integrated municipal planning approaches.

### **The Context: Barwon – G21**

The Geelong Strategic Alliance (G21) consists of five municipalities: Golden Plains, Greater Geelong, Queenscliffe, Surf Coast and Colac Otway, in collaboration with 100 community and business agencies across the region. The Barwon Primary Care Forum and Barwon Health are key members of G21. G21 is devising and implementing a strategic plan for the future sustainable growth, development and wellbeing of the region. Ten ‘pillars’ or common themes have been identified. This research specifically relates to the Health and Wellbeing Pillar. A major aim of this pillar is to integrate Municipal Health Plans across the region. The five municipalities, together with the Barwon Primary Care Forum, have developed a planning framework that fully integrates municipal public health planning with community health planning. The region consists of rural and regional environments, and a range of socio-economic situations. It also consists of areas where significant numbers of elderly people are choosing to relocate for their retirement years.

### **Aims**

The aims of this project are:

- To determine the specific characteristics of the rural and regional built environment that have the most profound impact on the physical and mental health and wellbeing of the ageing population;
- To determine which of the above characteristics are amenable to change, and to provide recommendations about more effective use of available funding for built environment infrastructure;
- To formulate a planning model/framework to inform the integrated Municipal Public Health Plan that will assist health, aged care and housing policy program managers to plan for the future needs of an ageing population.

## **Methodology**

### **Focus Group Interviews**

Ten focus group discussions with older residents aged between 60-80 years were conducted across five local government areas (LGAs). Recruitment occurred via verbal and written invitation to already established groups. This process was initiated by either a member of the Reference Group for this project, the local government or community, recommending a suitable community group that would be representative of the older population within their LGA. Each focus group was held at a local venue that was convenient for the group, frequently at their usual meeting place. A small number of the focus groups were held at the home of one of the participants. All participants were given a Plain Language Statement to read, and signed an Informed Consent Form, prior to the commencement of the discussion. Focus group discussions were tape recorded with the participants' permission. Participants were asked a series of semi-structured, open ended questions. The purpose of this was to identify characteristics of regional and rural neighbourhoods that impact on the physical and mental health and wellbeing of the ageing population.

A further five, second round focus groups (one focus group per LGA), with previous focus group participants (60-80 years old) were conducted. This enabled any gaps within the research findings to be identified, as well as the opportunity for participants to rate the importance of each issue of concern raised in all of the previous discussions.

One focus group was conducted with people aged between 40-60 years. More focus groups had initially been planned with this age group, however liaising with this group proved challenging and unsuccessful. Possible reasons for this include: many people this age are still active in the workforce, busy juggling family commitments and may not see ageing as a priority issue.

Two service provider focus groups were conducted in order to obtain a comprehensive perspective on the aspects of the built environment that are amenable to change. A further seven focus groups were conducted with planners across each LGA. This enabled comparisons to be made as well as recommendations about more effective use of available funding for built environment infrastructure.

All focus groups were audio taped and transcribed. A thematic analysis was conducted using the transcription data, in which key themes were initially identified and then all relevant data coded.

### **Observational Study**

The observational study of the project involved one or two focus group participants per LGA taking photos of the best and worst aspects of their local neighbourhood. Participants were invited to be involved in the observational component during the second round focus group interviews. Participants were briefed on the ethical aspects of the observation as well as any issues regarding privacy and confidentiality. A selection of photos gathered from participants are used as visual illustrations in this report.



### **Case Studies**

A number of case studies were also conducted, which involved observing three successful meeting/gathering places across two LGAs. The importance of meeting and gathering places had been raised consistently across the focus group interviews with 60-80 year olds. Adding to this, three Senior Citizens' Centres from different LGAs also participated in a phone interview. This information was used to identify other existing meeting places and to determine how they are being utilised to best meet the needs of the older population. These findings have been used to identify the elements that contribute to a successful meeting or gathering place.

### **Document Audit**

The most recent Municipal Strategic Statement (MSS), Municipal Public Health Plan (MPHP) and Council Plans for each LGA were obtained and examined for their inclusion of factors identified as important by residents.

## Focus Group Results

### *Focus Groups with Residents: Responses to Specific Questions*

A total of ten focus groups were held with older residents, across the five LGAs. Table 1 provides details of the groups and participants.

**Table 1 Residents' focus groups, 60-80 year olds**

<b>LGA</b>	<b>No of participants</b>
<b>Borough of Queenscliffe</b>	
Ladies Probus Club	9
Men's Probus Club	7
<b>City of Greater Geelong</b>	
Diversitat	13
Vision Australia	10
<b>Colac Otway Shire</b>	
Colac Gentle Exercise Group	10
Apollo Bay Seniors	14
Birregurra Meals Program	9
<b>Golden Plains</b>	
Linton Historical Society	7
<b>Surfcoast Shire</b>	
Torquay Residents	8
Aires Inlet District Association	9
<b>Total</b>	<b>96</b>

There were a number of themes that emerged from the residents' focus group data that recurred in response to various questions. The findings will initially be presented as summaries of responses to key specific questions, followed by some details of the As dominant themes discussed by participants. Quotations from focus group participants are included in the text in italics.

- *What residents like about their neighbourhood*

Participants in the focus groups with older residents were asked what they like most about their neighbourhood or the place where they live. Their responses were summarised by theme and are presented in Table 2. Details of responses, by location,

are presented in Appendix A. In eight of the ten groups, participants spoke about aspects of the natural environment. No participants in the focus groups in the urban locations mentioned aspects of the natural environment. Positive comments about the people in their neighbourhood were also mentioned by eight of the ten groups.

**Table 2 Residents’ comments on what they like best about their neighbourhood (N = 10 groups)**

<i>Type of Comment</i>	<i>No of Groups</i>
Aspects of the natural environment (open space, peaceful, views, fresh air etc.)	8
People (friendly, age group etc)	8
Sense of community	4
Access to health services	2
Access to other services / places (including close to public transport and near bus stops – 1 group)	3
Sense of security / safety	3
Historically interesting	2
Various – each mentioned by 1 group (e.g., traffic is easy, level footpaths, open fires)	8

▪ *What residents would like to change in their neighbourhood*

The summary of responses to this question are presented in Table 3 and indicate that issues related to transport were the most frequently mentioned things that participants would like to change. The next most frequently mentioned theme was footpaths, mentioned in seven of the groups in response to this question. It was notable that when footpaths were mentioned, there was typically general agreement amongst participants in the group. The two groups that did not mention footpaths in this context were both coastal groups (both in the Borough of Queenscliffe).

## What participants like about their neighbourhood



**Table 3 Residents' comments on what they would like to change in their neighbourhood (N = 10 groups)**

<i>Type of Comment</i>	<i>No of Groups</i>
Transport issues – need more public transport, need more community transport, more accessible transport, seat belts on buses	9
Footpaths – need more or better paths, are dangerous, need cleaning, need more bike paths	7
Safety issues – pedestrian crossings, more police presence, fewer trucks, improve roads, slower traffic, bikes and bags in front of shops	5
Development – general concern, too many townhouses being built, insufficient infrastructure, mix of restaurants in housing area	4
Improved services (cleaner streets, gutters, more rubbish collection)	4
Access to health services	3
Access to shops / services	3
Parking – need more	3
Lighting	2
Various – each mentioned in one group each	8

▪ *Physical activity and 'getting out and about'*

Residents were asked about the type of exercise they do outside of the home. The most frequently mentioned form of exercise, and one that was mentioned in every group, was walking. Gardening was mentioned in six of the groups. A range of other types of exercise was mentioned across the groups including golf, bowls, going to the gym, resistance training, swimming, aerobics, tennis, bike riding and soft tennis.

Participants in the residents' focus groups were asked what things in your neighbourhood make it hard to exercise or to get out and about. Table 4 summarises responses to this question. As the table shows, concerns about footpaths and a number of safety issues were the most common responses to this question.

**Table 4 Residents' comments on things that make it hard to exercise or get out and about (N = 10 groups)**

<i>Type of Comment</i>	<i>No of Groups</i>
Footpaths – need more, are dangerous, overhanging trees, sharing with bikes etc.	7
Safety issues – pedestrian crossings, roundabouts, deep drains, dogs, snakes etc.	6
Transport issues – need more public transport, need community transport	4
Cost – petrol etc., swimming pool	3
Other – need seats, need a park, health problems, laziness, weather, access etc	5

Participants were also asked what would help them to exercise or get out and about. A summary of their responses is provided in Table 5. The most frequently mentioned comments related to footpaths or pathways, transport issues, particularly the need for more transport, and various safety issues.

### **Problems with footpaths make it hard to get out and about**



**Table 5 Residents' comments on things that would help them to exercise or get out and about (N = 10 groups)**

<i>Type of Comment</i>	<i>No of Groups</i>
Footpaths / Pathways – need more, need to be repaired, need more bush tracks and cycling paths, do not want concrete but clear paths	4
Transport issues – need more, need community transport, information on transport that is available, accessible transport	4
Safety issues – pedestrian crossings, safe to walk in daytime, trucks too close to path over bridge, need to paint storm water lids yellow so you can see them	4
Things that would encourage walking – walking groups, walk with someone, more seats on paths, places that are pleasant to walk to	3
Access to heated swimming pool	4
Access to hydrotherapy pool	3
Access to gym	2
Cost – of transport, pool, resistance training, free exercise at community centre	2
Toilets – need more / better signage	2
Specific activity suggested (e.g., music / dance club, Tai Chi, exercise bike at home) mentioned in one group	9
Information on what's on	1
More voluntary groups	1
Social activities / meeting place	1

- *Staying in touch with others*

When asked what helps older people to stay in touch with others, the most frequent response, given in nine of the ten groups, was being involved with a group or club (see Table 6). Going to meeting places or doing voluntary work were each mentioned in five of the groups. Participants in one of the groups only mentioned being a member of a club or group, going to a meeting place (a type of club), and using the telephone as things that make it easy to stay in touch.

**Table 6 Residents’ comments on things that make it easy to stay in touch with others (N = 10 groups)**

<i>Type of Comment</i>	<i>No of Groups</i>
Being involved in groups or clubs (including sports clubs)	9
Going to meeting places (formal and informal)	5
Voluntary work	5
Walk up the road / go to the Post Office / go for a walk	4
Telephone / email / internet / writing letters	4
Neighbours / friends / family	3
Doing courses (e.g, computer course)	2
Various – each mentioned in one group	8

### ***Focus Groups with Residents: Themes Identified Across Questions***

- *Footpaths*

The issue of footpaths was a recurring theme across the focus groups with residents. Footpaths were mentioned as one of the things that make it hard for older people to get out and about or to exercise, as something that would help them to exercise, and as one of the things they would change in their neighbourhood. Many different aspects of footpaths were mentioned in the groups. With the exception of one group where an individual stated that footpaths were *not* a major issue, the comments about footpaths were negative. Table 7 provides a summary of the comments made in the focus group discussions, and the number of groups within which each type of comment was made. It should be noted that comments made about footpaths were usually supported by many group members.



## Problems with footpaths

**Table 7 Residents' comments on footpaths (N = 10 groups)**

<i>Comment</i>	<i>No of Groups</i>
Need more footpaths	7
Footpaths are hazardous, need repairs, could fall	5
Have to walk on road; scooter use road	5
Concerns with sharing with bikes, skateboards, bikes left on paths	4
Not good for walking sticks or prams	3
Trees and plants overhanging paths	3
Need paths to be safe for wheelchairs	2
Gutters and paths need cleaning	2
Deep drains are dangerous	2
Want walking tracks / paths, <i>not</i> concrete	2
Need lighting on paths	1
Safety concerns – lack of surveillance	1
Safety concerns – could fall and not be found	1
Footpaths change (vision impaired)	1
Level of gutters	1
Would like more bike tracks	1

As Table 7 shows, the most frequent comment about footpaths was the need for more. This was mentioned in seven of the eight groups, and included comments such as:

*Need footpaths in the main service streets and along major roads.*

*More footpaths.*

*Walking is hard going with no footpaths.*

Where there are footpaths, there were concerns that these were hazardous to walk on, particularly for older people. Five of the seven groups discussed this concern:

*State of footpaths can make it unsafe.*

*I had two falls, both caused by atrocious footpaths.*

Another, related concern, was that where there are no footpaths, or if footpaths are not adequate, people have to walk or use their scooters on the road:

*A lot of the time you need to walk on the road.*

*Scooters go on the roads because there are no footpaths there.*

## Problems with footpaths



Four of the groups raised concerns about sharing paths with bikes or skateboards, or that bikes were left on paths outside of shops. In one group a suggestion was made as to how this problem could be overcome, which was greeted with some enthusiasm by the group:

*It's dangerous when you share these things with young kids riding their bike and skating. Some footpaths are very narrow. In some countries they have a yellow line between pedestrians and other users.*

It is notable that in two of the groups, one coastal and one rural, participants discussed wanting walking tracks or paths rather than concrete footpaths. One participant explained:

*Need footpaths that will fit into the natural environment and retain an informal look.*

#### ▪ **Seating**

In three of the older residents' focus groups, some comment was made on the need for more seating, around towns, along walking paths, or near the beach. This response was usually made to one of the questions on what things make it hard to get out and about. A typical comment was:

*We need seats around town – especially for older people walking into town. You need to have a rest on the way.*

#### ▪ **Toilets**

Participants in four of the groups mentioned some issues with public toilets, usually a need for more public toilets, especially near shops and the beach. There was one comment about some toilets not being very clean, and one that signs on toilet blocks are not clear enough, particularly for those with a visual impairment:

*Clear signs on toilet blocks. Many are too small with no contrast colour. The nicer the place the worse the toilet signs are because they try to disguise them.*

#### ▪ **Swimming pool**

The topic of heated swimming pools was discussed in nine of the older residents' focus groups, usually in response to questions about things in their neighbourhood that would help them to exercise or get out and about. Six older residents' focus groups mentioned the issue of not having access to a swimming pool:

*Older people are supposed to swim and we don't have access to a pool. Swimming in the ocean is seasonal and sometimes it's too hard.*

*Would love to have a bus that would take us to and from a swimming pool. Don't have to have one here, but just to have transport to the pool would be nice.*

One group of older residents' expressed concern about the cost of swimming:

*Council should reduce the cost for older people. I can't afford \$600 a year to go to the pool. Council should reduce the price for pensioners.*

Participants in four of the groups expressed the need for hydrotherapy facilities:

*We would like a hydrotherapy pool. We are pushing for one now, but it will only be for people with arthritis or disabled people ... we would like a hydro pool for everyone.*

#### ▪ *Transport*

Some concerns about transport were raised in nine of the ten older residents' focus groups. The most frequent issue related to a lack of public transport available, which was mentioned in seven of the groups. At times the comment was that there is a lack of any transport available, at other times comments related to the service that is available being infrequent or slow:

*There's an infrequent bus service to Geelong and takes you an hour to get to Geelong. You have to rely on cars.*

*Improvements in public transport. Drastic need for more transport.*

The cost of public transport, or of taxis where transport was not available, was mentioned in three of the groups:

*Transport for the hidden elderly who are socially isolated. Don't have a good taxi service and it's costly.*

A lack of bus stops, changes in where buses stop, or bus stops in the wrong places were discussed in two of the focus groups with older residents, with such comments as:

*There's no bus stop at Mogg's Creek because of the double lines.*

Another issue raised in two focus groups was that timetable information is not available or not well advertised.

A number of other issues were mentioned in single focus groups, with the participants with vision impairments raising particular concerns about access issues in relation to public transport. These included buses stopping next to trees or poles, it being dangerous getting on and off the platform at stations, and that bus stops are not clearly identifiable:

*Locating the stop can be very difficult as there is often no way to recognise the stop without vision.*

Participants in this group indicated that there is a need to educate bus drivers about the needs of individuals with impaired vision, so that the drivers could be more helpful.

A small number of individuals indicated that they were aware that the lack of public transport would have a greater effect on them when they could no longer drive:

*When I get older I will have to move (from my home) and when I can't drive, it will be hard to get to places, to do things.*

When discussing transport, some mention was made by participants in eight of the older residents' groups of community transport. In some groups there was a discussion about what community transport is actually available in their area, and an agreement that people need more information on this:

*They need to communicate the community transport that is available.*

In two coastal groups, participants indicated that they would like the free shuttle bus service that is available in the peak period to be extended. Other comments about community transport included the idea of replacing large V-Line buses with smaller community buses, the need for community transport when other transport was not available, and the need to have community transport to take people to various activities that are available. There were also a number of positive comments about the community transport that is available.

### **Bus stops: Placement, seats and shelter important**



▪ *The importance of belonging to groups*

When asked what makes it easier to stay in touch with others, participants in all but one of the groups stressed the importance of clubs and groups to them. Groups were seen as an important way of meeting and staying in contact with people:

*It brings you out and I've met lots of people since I joined Probus, which a neighbour invited me to.*

*You really need to be part of a group to be connected.*

For some this was one of only a few sources of social engagement:

*The only contact I have is coming to the club once a week and speaking to my daughter on the phone.*

A large number of groups and clubs were mentioned across the residents' focus groups. The most frequently mentioned were:

- Probus clubs
- Sports clubs (e.g., bowls, golf )
- Church groups
- U3A
- Hobby clubs (e.g., gardening, photography, scrabble)
- Volunteer groups (e.g., CFA, Red Cross, Do-Care)
- Senior citizens
- Life Activities club

There was some discussion of the need to make an effort to participate in clubs or groups. Some participants described their difficulty to join something, and others spoke of the great difference it made for them once they did:

*I moved from Melbourne and I asked if any help was needed (voluntary) .... And they did. After that, things just moved. I made the effort that day and haven't looked back.*

*I found it hard at the beginning to join something. It's especially hard if you're introverted. I'm not and it took me about 15 months to join a group, to initiate something.... You need personal contact with someone inviting you to join.*

## The importance of groups for social engagement



### ▪ *Meeting or gathering places*

Having access to places in which to spend time with others was clearly important for a large number of the older residents included in this study. For many participants, being a member of a club or group provided them with a meeting or gathering place. Less formal meeting places were also mentioned in the residents' focus groups. These included a local hotel, friends' houses, or a local restaurant or café. For example, when asked what makes it easier to stay in touch with others, one participant's response evoked a very positive reaction from many members of the focus group:

*Going to the Iluka Restaurant. There's always someone there. It's great ... there's always someone to chat to.*

A number of participants, in two focus groups (one urban, one rural), discussed a need for more meeting places, or for a specific meeting place such as a drop-in centre or a neighbourhood house or community centre in their area. The idea of having somewhere to go to have a chat was greater with lots of nods and agreement when it was mentioned:

*Would like a drop-in centre. I often feel alone. Neighbours go to work ... I feel claustrophobic. Would like somewhere to go and have a chat.*

*Would like a community centre, a community centre that is open every day.*

*There's not enough 'get together' opportunities. ... A 'drop-in' centre would be welcome.*

In one group there was a comment about the ownership of the Recreation Hall being an issue, and that this facility could be used to help older and younger people to meet.

## The importance of meeting places



### ■ *Isolation*

In eight of the older residents' focus groups, participants showed an awareness that there are isolated people living in their area. Individuals suggested that people from non-English speaking backgrounds may be isolated, or those who are frail aged or wheelchair-bound, or who do not know about activities that are available. Some concern was also expressed about isolated people in the advent of a bushfire.

*Some older people in our community are frail aged and I do worry about them. ... They aren't part of any groups so you wouldn't know if something has happened to them.*

While it was stated that people had to make an effort themselves to be involved in groups and activities, participants did make some suggestions about ways to reduce the problem of isolation in their community. In some groups it was argued that people needed more information on what services and activities are available for older people, such as transport services. In several groups, participants were informing each other about services such as community transport options that some were not aware of. It was noted that people who are new to an area in particular need to be provided with information. Two specific suggestions were made in relation to people who move into the area:

*We really need an information pack. Need all the information on groups, services, buses etc in the one place and for everyone to use.*



*It's important if someone moves into the street, you introduce yourself to them. Don't wait for them to say something.*

One participant in another group had a solution to the isolation that they observed amongst the recipients of Meals on Wheels:

*Meals on Wheels participants crave a chat but you don't have time as others need you to deliver to them. You really need 'Friends on Wheels'. These people need more social contact.*

▪ **Access to health services**

Participants in eight of the older residents' focus groups indicated some concern about access to health services. Two groups specially mentioned the lack of transport to health services:

*Need a helicopter in Horsham, Colac and Hamilton in the event of accidents on the Great Ocean Road. The most recent accident ... resulted in the most seriously injured having to wait an hour for the nearest helicopter to fly from Bendigo. They were belatedly transferred to the Alfred Hospital.*

*Access to health services ... that's OK if you can drive.*

It is notable that two groups, both rural, expressed good transportation to health services:

*Council can take you to medical things for a small fee of \$5.00 - \$10.00. You need to give them three days notice.*

*You can ring Council and make a time and the volunteer driver will pick you up from your home and drop you back.*

One group explained that:

*We're fairly well off for health services, but need to go to Anglesea for medication. A sub-branch here would be good. If a chemist had a shuttle bus, they could do deliveries.*

Three of the groups, all rural, raised concerns regarding their lack of access to medical practitioners. One participant said:

*We have no GP or Chemist ... A pick up point at the Shire Office would help.*

Other participants explained:

*I've been on a waiting list for a knee reconstruction for three years.*

*Need more doctors in Colac. Hear people say they can't get in for three weeks ... and we do have lots of doctors, but you just can't get in to see them.*

*A podiatrist is needed*

#### ▪ **Access to other services**

Access to other services was also mentioned in many of the focus group discussions, mostly in relation to concerns about a lack of access to some service. Concern about losing, or not having, local shops and services such as banks was mentioned in three of the groups:

*More services. Once they go (like the butcher, the bank) we never get them back.*

Participants in three groups mentioned the need for a rubbish skip, or for hard rubbish collection:

*Hard rubbish and green rubbish collections needed. You need a car for these things.*

In two groups participants discussed their concerns about losing access to a library. A large number of other issues related to services were mentioned in a single group. There were also a small number of positive comments about services, with participants in two groups (from one LGA) noting that community transport was available when needed.

#### ▪ **Safety**

When asked how safe they feel in their neighbourhood, the issues that older residents mentioned included problems with footpaths or pathways, problems with roads, pedestrian crossings, lighting, the need for more police, dogs, and concern about bushfires. The more general comments about safety will be discussed briefly, followed by a discussion of the factors perceived by participants as affecting their safety.

It is notable that in four of the groups, participants indicated that they do feel safe, with such comments as:

*Leaving windows open is okay. No worries about being threatened. Feel okay walking at night.*

In three groups, participants indicated that they did not feel safe. In one group where a participant indicated that she felt unsafe in some gardens, the other focus group participants disagreed with her view. In the other groups where people indicated that they felt unsafe, this was particularly in relation to walking alone:

*Some places feel a bit unsafe at night, especially if alone.*

### Footpaths / pathways

Problems with footpaths or pathways were mentioned in eight of the groups when asked about safety. This aspect of safety has been discussed in detail earlier in this report. Many of the issues in relation to footpaths described above were seen as having an impact on the safety of participants.

### Roads

In five of the groups, a number of problems were mentioned in relation to roads in response to the question about safety. The problems discussed included need to enforce speed limits, roads that have rough surfaces, too many trucks on the highway, the need for more passing lanes on the Great Ocean Road, and for an alternative route for emergencies, concerns about the Geelong to Colac road being dangerous, and a need for a roundabout in a specific location. Examples of comments about roads included:

*[street name] parallel to the Great Ocean Road, has an increased traffic flow since pedestrian crossings were placed on the Great Ocean Road. The speed limit is frequently ignored and we need a traffic camera...*

*The road from Geelong to Colac is so dangerous. So many accidents and deaths.*

### Pedestrian crossings

Participants in four of the older residents' focus groups indicated some concern about pedestrian crossings. The issues they mentioned included difficulty crossing the road during peak holiday season and not enough time allowed to cross the road:

*It's hard to cross the road during holidays. Need pedestrian lights, yellow flashing lights.*

*Sometimes you find clickers don't work or they don't go for long enough and you can get stuck. This is very dangerous on busy roads.*

### Lighting

In three of the older residents' focus groups, lighting was mentioned in relation to safety, particularly the need for more lighting:

*Need extra lighting installed.*

### Need for greater police presence.

When asked about safety, participants in three of the focus groups mentioned a need for a greater police presence. In two groups from coastal locations, this was seen to be most necessary during holiday periods, or 'schoolies' week. Not having a permanently staff police station was seen as a problem:

*Need a greater police presence. With the issue of theft, where do you report it? I found a wallet and there was no one at the station to leave it with.*

### Other factors in relation to safety

Participants in two groups mentioned dogs as a problem, and concern about bushfires in relation to safety. A large number of other issues were mentioned in single groups in relation to safety including deep drains, snakes, the lack of seat belts on buses, and a number of issues of particular relevance to people with a vision impairment.

### **Second round of focus groups**

A second round of focus groups was held after the key themes from the first focus groups were identified. One focus group was held in each LGA. As part of the second round of focus groups, participants were asked to rate the importance of the key themes that had emerged from the first round of focus group discussions. A total of 38 participants took part in one of the second focus groups, and were not necessarily involved in the first round of focus group discussions (see Table 8). Participants were asked to rate each one as 'Not important', 'Somewhat important' or 'Extremely important'. Table 9 presents the total ratings for each theme in each focus group, in order of the frequency with which themes were rated 'Extremely important'.

**Table 8 Residents aged 60-80 year – Second round of focus groups**

<b>LGA</b>	<b>No of participants</b>
Borough of Queenscliffe	3
City of Greater Geelong	11
Colac Otway Shire	13
Golden Plains	4
Surfcoast Shire	7
<b>Total</b>	<b>38</b>

**Table 9 Residents' ratings of the importance of key themes (N = 5 groups)**

	<b>Not important</b>	<b>Somewhat important</b>	<b>Extremely important</b>	<b>Total Number of Responses</b>
Belonging to a group	0 (0%)	4 (11%)	34 (89%)	38
Greater police presence	0 (0%)	5 (13%)	33 (87%)	38
Safe footpaths	1 (3%)	4 (11%)	32 (86%)	37
A local aged care facility in the community in which I live	1 (3%)	6 (16%)	31 (82%)	38
A local and affordable heated swimming pool	3 (8%)	5 (14%)	29 (78%)	37
Affordable and time efficient transport for longer distances	3 (8%)	7 (18%)	28 (74%)	38
Affordable and time efficient transport within your community	2 (5%)	8 (22%)	27 (73%)	37
Public toilets in children's play areas, shopping precincts and beach areas	3 (8%)	7 (19%)	26 (72%)	36
Being introduced/ invited to a group	1 (3%)	8 (28%)	20 (69%)	29
Having a meeting or gathering place for a cuppa and a chat	3 (8%)	10 (27%)	24 (65%)	37
Car parking	2 (6%)	9 (26%)	24 (69%)	35
Footpaths on both sides of the road	4 (12%)	9 (26%)	21 (62%)	34
Access to community buses	1 (3%)	15 (41%)	21 (57%)	37
Divided footpaths between walkers, and skateboarders, bikes and roller blade's	7 (19%)	9 (25%)	20 (56%)	36
More 'clicker' time to cross pedestrian crossings safely.	5 (14%)	11 (31%)	20 (56%)	36
Shopping strips walking distance from home	8 (22%)	9 (24%)	20 (54%)	37
A local and affordable gym	8 (22%)	9 (24%)	20 (54%)	37
More pedestrian crossings	7 (22%)	13 (41%)	12 (38%)	32
Increase in residential development	9 (26%)	13 (37%)	13 (37%)	35

NOTE: Some percentages total to more than 100 due to rounding.

As Table 9 shows, 89% of participants in these groups indicated that ‘belonging to a group’ was extremely important, and 86% indicated that ‘safe footpaths’ are extremely important. The high importance given to these two areas is consistent with the findings from the first round of focus groups with older residents. It is interesting to note that 87% of participants, when asked specifically about it, rated ‘greater police presence’ as extremely important. This issue was not particularly prominent in the first round of focus groups. This finding highlights the differential response patterns that are possible using different methodologies. It is likely that the open questions utilised in the first round of focus groups elicited responses that were of most immediate relevance to participants. In the second round of focus groups, when cued with other issues, participants also rated these as very important.

Appendix B provides a summary of the key themes rated as ‘extremely important’ by participants in the second round of focus group for each LGA.

### **Focus Group with 40 – 60 year olds**

One focus group was held with residents aged between 40 and 60 years (see Table 10).

**Table 10 40-60 year residents’ focus groups (N = 1 group)**

<b>LGA</b>	<b>No of participants</b>
<b>Golden Plains</b>	
CFA Volunteers	7

Participants in this group confirmed many of the comments made by the older residents, including the importance of groups and clubs, knowing most people in a small community, problems with footpaths and roads, then need for more transport, and a need for more walking paths. Some new themes also emerged from this group, and will be discussed briefly.

- ***Need to join groups when young***

This group highlighted the importance of being a member of a group or of groups, in relation to social engagement. In relation to group membership, these participants stressed the importance of joining a group while you are young, rather than waiting until you are older. In this way, your social connections were established before you were in the older age bracket, when it may be more difficult to join as a new member.

*If you are young / middle aged and you fail to develop networks or participate in groups, then as you get older you find it even more difficult to join groups, and are more at risk of becoming isolated.*

*Some older people get to the age or stage where they just can't be bothered any more. Need to encourage people when they are younger to join in, not wait until they get too old and it's too late.*

This point was also made in relation to people who work outside of the town in which they live. They also are at risk of being isolated after they have retired:

*Some people perceive themselves as too busy. They live and work outside of Bannockburn and come home to sleep. Then when they get older they will realise they don't know anyone.*

- ***Need to facilitate older people becoming connected***

There were some comments on the need to actively facilitate older people becoming becoming involved in their community, for example:

*Some older people can't be bothered, therefore need to actively get in touch with them.*

No more specific suggestions were made as to how this could be achieved, other than the need to cater for clubs to cater for older people.

- ***Access important with new developments***

There were general comments on the need for footpaths and good access to shops and facilities. This was particularly mentioned in relation to new development, and to a new community centre that is being built:

*With that community centre being built, there's going to be lots of new mums going there and there's no access.*

### ***Focus Groups with Service Providers***

Two focus groups were conducted with service providers who have direct contact with people aged 60 to 80 years. Details for these groups are provided in Table 11 below.

**Table 11 Service provider' focus groups (N = 2groups)**

<b>LGA</b>	<b>No of participants</b>
<b>City of Greater Geelong</b>	
CoGG Service Providers	8
Meals on Wheels Volunteers	5
<b>Total</b>	<b>13</b>

Participants in the service provider focus groups mentioned a number of issues that were covered by the discussions with residents, including the need for more or better footpaths, a need for more pedestrian lights, a need for more community transport, and access issues in relation to transport, particularly buses. In relation to roads and access, it was suggested that there is a need for more crossovers for wheelchair and scooter access. These participants also discussed the problem of social isolation amongst older people in the community. The issues discussed in these two groups that were somewhat different to those discussed in the residents' groups are presented below.

- *Changes in society*

Participants in one of these groups discussed how societal changes had had a detrimental impact on how older people are treated:

*Life is too busy and fast paced. Previous generations seemed to 'honour' their elders more and consider and involve them. There's less respect now.*

Another change commented on was that people don't always know their neighbour now, which reduces the social contact of older persons.

- *The role of paid carer or volunteer*

One group mentioned problems with the restrictions on what a paid carer or a volunteer is permitted to do. This was seen as limited the extent to which older people are being assisted:

*Volunteers worry about overextending their responsibilities. For example, we can't physically help, can't change a light globe, can't clean. We don't want to cause ourself or the Council to be legally liable for anything.*

*More people would attend groups if their carers weren't so restricted in their roles. They can't go here, they can't go there.*

There was also some comment in one group on the role of volunteers in relation to problems they identify when they visit older people. They appeared to be frustrated that they report problems but little action is taken:

*Volunteers remove old food from the recipients' fridge and return it to the centre to report it, but it doesn't go any further. More assessments might avoid incidents or problems.*

*Volunteers report recipients that have 'gone downhill' but need to make a lot of noise to get a response [from local government].*



- ***Need for more carers for the elderly***

Participants in one of the service providers' focus groups suggested that there is a need for more carers to take care of, and involve, older people. Some practical suggestions were made:

*We need migrant volunteers and carers to help out other migrants of the same nationality.*

*Money ... should go to church groups for example so they could take on a caring role.*

- ***Need for meeting places and walking destinations***

While the residents' focus groups discussed the importance of meeting places, the perspective of the service providers showed a greater awareness of the qualities that meeting places and walking destinations should have, and of the important function they can serve. They also had some advice for planners. As service providers commented:

*Need more strip shopping. Businesses need to be supported to start up. Has to be a pleasant physical environment, attractive, people there, walking distance, a hub, depth of footpath, oasis, sense of people being around.*

*Senior Citizens' Centres need to become multi-purpose community buildings to attract more users. Not everyone sees themselves as 'senior'. The name of Senior Citizens' Centres needs to change so more people can identify themselves with it.*

*Town planners when they are planning new subdivisions, they need to plan for local shops, Maternal and Child Health centres, walkability that leads to a hub (for example, community centre, library).*

- ***Dissemination of information***

One of the service provider groups discussed the issue of disseminating information to older people. They indicated that older people did not always have a clear understanding about what was available to them:

*There's a lot of confusion with older people about what services, groups and programs are available to them.*

This led to a discussion as to how to best inform older people, and some concern that some people could be missed:

*There seems to be a gap though. If you don't receive Meals on Wheels, home care, or are connected to any groups or services, or don't have the confidence to attend information forums etc, then you are at risk of social isolation.*

Participants suggested assessment officers employed by the local government, and GPs as sources of information for older people who were at risk of being socially isolated.

- *Getting people involved in groups*

It was noted in one group that older people may lack the confidence to go to a club, and that illness may be problematic also:

*An episode of illness may result in people not having the confidence or energy to get back to groups. Many don't return back to the groups they were previously involved in.*

Some suggestions were made as to how to encourage older people to be involved. These included bringing people to a club with a 'buddy system', although it was commented that this requires time and resources. Another suggestion, made in the other service provider's group reflected a similar idea – having someone take them and invite them along to encourage social group involvement.

- *Service providers' views on transport*

Transport featured as an important topic in the service providers' focus groups, as it did in the older residents' groups. However, the service providers provided a somewhat different perspective on this issue. There was for example, some comment made in both groups on changes to the criteria for eligibility for half price taxis, and it was suggested that many people are no longer able to obtain the reduced taxi fare. It was also argued that perhaps half priced taxi vouchers should be available for social outings, but that older people were keeping them for emergencies.

The need for more community buses was also discussed in both service provider groups, with specific mention of the importance of community buses to access local Community Centres and shopping centres. The circular route of buses and hence long trips were mentioned, particularly in the context of an older person wanting to visit their partner in the Geelong Hospital. Some awareness of what is happening about transport issues was shown by one service provider who commented that a lot of these issues were covered by the G21 transport pillar. In one group it was suggested that perhaps community buses could be subsidised or sponsored by local services or businesses:

*For example if the bus was sponsored by the gym for a day the bus could pick people up and take them to the gym that day, and if the bus was sponsored by a medical practice another day, the bus would then pick up residents on that day and take them there. Volunteer drivers could be used. It could be a win-win for older people and business in Geelong.*

- *Provide services closer to people*

In relation to the provision of services, the view was expressed by several people that services should be placed together, and close to where people are living:

*Need 'One Stop Shops'. Have GP, case manager, other services all in one environment where people can access it.*

Need to decentralise staff. Management and staff need to go where the people are.

- *Provide education on food availability and options*

In one group the suggestion was made that some older people, particularly older men, need education on food availability and options so that they could prepare healthy meals for themselves:

*Some older men have never cooked or cleaned before. Volunteers could individually teach them how to save money in some areas. They could know where to shop and how to make cheap and healthy meals.*

### **Focus Groups with Local Government Planners**

**Table 12 Planners' focus groups**

<b>LGA</b>	<b>No of participants</b>
Borough of Queenscliffe	2
City of Greater Geelong	33
Colac Otway Shire	6
Golden Plains	4
Surfcoast Shire	7
<b>Total</b>	<b>52</b>

Given the many differences between the size and type of locality of the Local Governments that were included in this study, it is not surprising that the planners from the different local governments had quite different responses to many of the questions. It should be noted that there were two focus groups held with planners in the City of Greater Geelong. Responses from the two groups were combined and reported as coming from the one LGA. Also, due to time constraints, some of the questions were not asked in the focus groups held in two of the LGAs. The results presented below indicate how many of the LGAs were asked each question.

▪ *Problems for the elderly*

Each of the planners' focus groups was asked what they think are the problems for the elderly, and also what do they think could be improved in their local environment. The responses were quite diverse, and are summarised in Table 13.

**Table 13 Planners' comments on problems for the elderly (N = 5 groups)**

<i>Comment</i>	<i>No of Groups</i>
Footpaths / pathways	4
Transport	4
Housing / Built environment / Development	4
Access to services / infrastructure issues	3
Safety	3
Need to promote walking / open spaces	2
Social engagement	2
Meeting places / facilities	2
Other (various)	5

An awareness of problems associated with footpaths or pathways for the elderly was evident in three of the four planners' focus groups with such comments as:

*Footpaths, footpaths, footpaths.*

*Lack of good paths for people to walk on.*

Transport was briefly mentioned as a problem in four of the groups, and the role of transport in relation to access to services was also raised:

*Public transport – lack of services, buses etc.*

*Need a community bus.*

Participants in four of the planners' groups mentioned housing, the built environment or development issues as problems for the elderly. In one LGA, the need to consider heritage characteristics was mentioned as sometimes problematic when considering improvements to structures. There was some perception of a conflict between what developers want to do and what communities want, and of the problem of providing suitable housing for older persons:

*Retirement villages are often enclaves – means they are removed from their communities.*

*Balance between natural environment and the development of town boundaries, balance of aesthetics, density...*

Problems in providing appropriate services to people throughout large municipalities was discussed in three groups, particularly amongst planners working in more rural

localities. Shifts in populations was seen as presenting challenges in terms of service provision:

*There's quite a significant growth ... a significant change from a small town growing into quite a big town and there is quite a lot of catching up to do in terms of ... infrastructure and services.*

*...towns like ...attracting older people and retirees, ageing population but it doesn't have the infrastructure and services needed such as a hospital that can cater for the health needs of the older population. As a result there's going to be a huge demand on services...*

Safety issues were discussed in three of the groups. Roads that are dangerous to cross was mentioned in two of these groups, and the problem of having a busy road or highway through the town. One group also mentioned a need for better lighting.

Problems mentioned by two of the planners' groups included the need to promote walking and provide open spaces, the need for increased opportunities for social engagement for older people, and the importance of meeting places or facilities. A number of other issues were mentioned by individuals in different groups.

▪ ***Best aspects of the built environment***

When asked what were the best aspects of the built environment in their area, some mention of the environment that related to social connectedness was made by planners from all five LGAs. Some indicated that the size of communities or townships helps with connectedness, with small communities being most connected. Some planners mentioned that their communities are strong, while others indicated that there are facilities or groups and clubs that keep people connected:

*Community centres that have a range of activities. Although these centres do need to be more multi-purpose.*

Planners in four of the LGAs referred to opportunities to be physically active, particularly walking and pathways, various recreational facilities and open spaces:

*Recreational facilities, bowling greens, parks ...*

Another feature of the built environment mentioned in four of the five LGAs was access to services or shops. Access was particularly spoken of in terms of access for people with a disability and in relation to the physical closeness of services:

*We have the traditional corner store milk bar ... which you don't get in new areas.*

Natural features of the environment were also discussed in response to this question in four of LGAs. Aspects of the environment mentioned included space, a rural lifestyle, sea breezes, the coastal environment, climate, diversity of landscape, and closeness to the bush and the beach.

A number of other responses were made by individuals including the presence of nursing homes, neighbourhood character, and safety due to the size of the community.

- *Things that would prevent elderly people from walking or being physically active*

A question about things that would prevent elderly people from walking was asked in the planners' focus groups in four of the LGAs. Table 14 presents a summary of responses by planners to this question.

Not surprisingly, footpaths, including obstacles on footpaths around shops, or access issues were mentioned in all four groups.

*Limited footpath network... can't get to shops etc.*

It was noted in one group that work is being done to address this problem.

In two of the planners' groups, a lack of destinations to walk to was mentioned as preventing walking:

*Lack of strip shopping centres or places to walk to.*

Other issues mentioned in two of the groups were perceptions of safety, including fear of crime and unsafe footpaths, and affordability – that older people are not prepared to pay for activities or affordability of housing so that older people are close to their families. Individuals mentioned such factors as a lack of public transport, the need to provide facilities for the less active, and the need to provide older people with information about activities that are available.

Participants in one of the focus groups for planners were asked what would encourage older people to be physically active. Responses were grouped into two themes: health promotion and providing an appropriate environment to encourage activity. The latter theme included specific suggestions about open spaces, walking paths, and a need for seating, lighting, shade and public toilets.

**Table 14 Planners' comments on things that would prevent elderly people from walking or being physically active (N = 4 groups)**

<i>Comment</i>	<i>No of Groups</i>
Footpaths / obstacles on footpaths	4
A lack of destinations to walk to	2
Perceptions of safety	2
Affordabililty	2
Lack of public transport	1
Need to provide facilities for the less active	1
Need to provide information on what is available	1

- *Sense of community*

The planners in four of the LGAs were asked if they believe residents in the areas have a sense of community. In all four groups, planners noted that in smaller communities people have a stronger sense of community:

*... has had the benefit of smaller coastal towns historically. The smaller community is contained and people are connected.*

In three of the groups it was suggested that often you need to be involved in activities to feel connected, and that there were some isolated people who were not involved. It was noted that in some towns you need to join something like the football club or the cricket club to ‘get that connection’. In two of the groups it was argued that there is variation across the LGA, and that some areas or specific groups such as migrant or church groups, have a stronger sense of community than others. In one group comments were made about strong family ties existing in that LGA, with some concern expressed that rising housing prices could lead to a reduction in the close proximity of family members in the future.

- *Barriers and enablers to older people staying in touch*

Focus groups of planners from all five of the LGAs were asked about barriers to older people staying in touch and three groups were asked about things that enable older people to stay in touch. Responses to these two questions have been combined (see Table 15).

**Table 15 Planners’ comments on barriers and enablers to older people staying in touch (N = 5 groups)**

<i>Comment</i>	<i>No of Groups</i>
Physical barriers (including footpaths, pedestrian crossings)	4
Footpaths or pathways as enablers	2
Moving into a new area a problem	2
Strong local connections if stay in same area	1
Problems with transport	2
Community events, access to facilities, presence of groups as enablers	3
‘Tight’ groups using a facility can be a barrier	1
Perception of activities as being for old people	1
Changes in local shops – no corner store / strip shopping	1
Perception of safety	1
Lack of social planning	1
Too many holiday homes (often empty) in area	1

In four groups, physical barriers to staying in touch were mentioned. A lack of footpaths or pathways was mentioned as a barrier, as were issues around pedestrian crossings, lighting, overhanging trees, and mobility or accessibility issues:

*Pedestrian crossings, pram crossings, timing sequence of lights.*

Similarly, footpaths or pathways were discussed as enablers of people staying in touch in two groups:

*If you make pathways people will get out and about.*

Planners in two groups mentioned that people who move into a new area may miss their family, and have problems making connections in the new area. Having strong family and neighbourhood connections if you have lived in one area for many years was seen as helping people to be connected:

*If you're new in town it can be difficult to develop connections.*

In two groups, problems with transport were briefly discussed in two LGAs in response to the question of barriers, including the distance to bus stops, and a need for shelters at stops.

In focus groups in three of the LGAs, the topic of community events, access to facilities, or the presence of many community groups was discussed as important in enabling people to stay in touch:

*There's a fair few clubs about like Probus... and they're well attended.*

Interestingly, clubs and groups were also discussed by planners in one LGA as presenting a barrier to staying in touch. It was stated that some groups are 'tight' and territorial about their facility, which means it is only being used by a small number of people. One example was given where this type of situation had been addressed:

*But over a period of time, through a lot of hard work and group discussions, other groups have come in.*

The perception of certain activities such as bowls only being for old people was also seen as discouraging people from participating. It was also explained that some older people do not know what is available in their community, and that some are just not members of a club.

One issue mentioned by planners in one LGA was changes in local shops. This included the lack of local corner shops, insufficient strip shopping, and places in shopping centres 'clear out people' because they need the turnover. The following comment about strip shopping indicates some awareness of the importance of this aspect of the built environment:



*Not enough strip shopping, but they are not economical and will disappear. Overseas they are coming back, but here they seem to be closing up. The impact is less connection.*

Another suggestion made by planners in one LGA was that safety issues, or fear of young people, might prevent older people from getting out and staying connected with people. It was noted that perceptions of safety do not necessarily reflect actual safety. A lack of social planning was also mentioned by planners in one LGA as a problem in response to the question on barriers for older people staying in touch. In one group, the problem of having many holiday homes in the LGA was also suggested as influencing older people staying in touch, as some would have many empty homes in their neighbourhood.

- *How safe do older people feel*

The planners in four of the LGAs were asked to comment on how safe they believe older people feel in their area. In four of the groups, planners indicated that people do feel safe generally. In two of the groups the difference between perceived and actual safety was discussed, and the role that the media plays in perceptions of safety:

*Newspapers etc. create perceptions of unsafety that are not necessarily there. This affects older people especially.*

There was some discussion of safety in homes amongst participants in three groups. It was suggested that some people do not know who lives next to them, particularly where houses are rented or have temporary residents. Similarly, in areas with a large proportion of holiday homes, many houses in the street could be empty. It was mentioned that some older people worry about having a fall or being ill and not being found. Concern was also raised about people not using heating to save money and living in damp houses.

In one focus group discussion with planners, open space was mentioned as a safety issue. It was suggested that a sense of insecurity, not knowing who may be hiding behind a bush, or worrying about a bkie gang turning up and being alone, keeps some people away from open space and bushland areas.

A number of other issues were mentioned briefly by individuals in the planners' groups, including concern about the influx of young people at holiday, about young people and skate boards, vandalism, the need for more lighting, and bushfire safety.

- *What makes it hard to plan for the elderly*

The question 'what makes it hard to plan for the elderly', was asked in the focus groups with planners in four of the five LGAs. Table 16 presents a summary of their responses.

**Table 16 Planners' comments on what makes it hard to plan for the elderly (N = 4 groups)**

<i>Comment</i>	<i>No of Groups</i>
Planners are reactive not proactive, lack time and resources	4
Difficult to plan for different types of people, or different areas	4
Mixed usage of areas and of available facilities	2
Lack of knowledge of the needs of older people	2
New development issues	2
Advantages and disadvantages of older people being grouped together	2
Lack of planning network or integration between departments	1
Aged and disability services not traditionally 'into planning'	1
So much is actually determined by other levels of government	1

In the focus groups in all four of these LGAs, the problem of planners being reactive rather than proactive, or lacking the time and resources to devote to planning or for capital works, was mentioned as a problem. The lack of resources was related to a lack of staff capacity and also to finances:

*Tend to be reactive not proactive. Spend time responding to proposals, not planning.*

*There's all this pressure to get this work out.*

One issue that was raised in all four of these groups was the problem of planning for different types of people, or different areas. Different demographic groups in particular were mentioned as requiring attention in three of the focus groups.

*Need to focus on the 0-4 ages as well. Need to share resources.*

*A certain amount of resources cater for the majority. Older people get left off because they're not the majority.*

The needs of tourists and holiday makers were mentioned in one of the groups, and in another the fact that holiday home owners have different attitudes to changes and improvements compared with the permanent residents:

*Need to look after the residents but there are also the tourists' needs and they are a big part of our Shire.*

In two of the groups, there was some discussion of mixed usage of areas and of available facilities. To some extent the problem of not knowing what the mix of a population is going to be in the future was seen as problematic, and flexibility in amenities was seen as a possible solution to this problem. Difficulties in getting some organisations to change the use of existing facilities was acknowledged:

*I think there's a real challenge about the integration of mixed stage usage of space and facilities...we should be making buildings flexible but allowing the usage of the time to suit the predominant group in the area.*

*Difficult to get traditional organisations ... to acknowledge change in communities.*

Another response in two groups related to a lack of knowledge of the needs of older people. In discussing this, one participant mentioned that often people aged over 60 years are taking care of young grandchildren. It was suggested that greater understanding of the needs of older people is needed.

*Hard to find out what people want and then provide it.*

New development issues were also mentioned in two of the planners' focus groups. Where to place retirement villages was discussed in one group. Another group discussed a range of topics related to new development, including the problem of people in new developments needing services, but the services not being viable until the population was sufficient. It was also noted that:

*Council has a role at a planning level at educating the community about household size ... we are talking about a significant number of households that are one or two persons and I think we need to be making sure that block sizes and housing types are mixed to cater for older people...*

There was some mention in two of the groups of the advantages and disadvantages of older people being grouped together. While this was seen as facilitating service delivery, it was not seen as successful generally.

An important issue that was discussed in one focus group was a perceived lack of a planning network, or of integration between different departments with the local government:

*Need some mechanism to increase dialogue between areas within Council.*

*This organisation needs a whole of organisation approach, a coordinated approach to the planning issues, whatever they might be.*

Other issues raised in relation to what makes it hard to plan for the elderly, that were mentioned in only one group, included the fact that traditionally the aged and disability services area was not 'into planning', but was rather a service provider. It

was suggested that possibly at times people in the organisation assumed that aged and disability services were taking care of planning issues when they were not doing so. In one group it was indicated that some people do not want change, and consider things like handrails as 'suburban'. In another group it was argued that it is difficult for local governments to plan for the elderly when so much, such as health care, is in fact determined by other levels of government. A diverse range of other comments were made by single individuals in response to this question.

▪ *What would make it easier to plan for the elderly*

In three of the five of the LGAs where planners were asked what would make it easier to plan for the elderly, there was some discussion of the importance of consultation and communication with older people. It was noted in one group that this applied to all residents, not specifically to older residents.

*Level of participation. We have a forum and people come. There's a process for two-way communication.*

In three of the five LGAs there was some mention of the importance of discussion and collaboration between different areas of Council, and of being better informed of generally. In one group the need to be better informed was expressed as a need for reliable population information, and that population projections were not helpful in that LGA. In one LGA it was noted that the focus group discussion provided an opportunity to discuss a specific topic, that is, ageing, and that this was valuable:

*This sort of discussion is an interesting one. I think we are having many more discussions across departments... which has got to be a positive thing .... Having these sorts of discussions about planning for the ageing we'll need so we are able to interact at that level and be around the table like this.*

Another issue that was mentioned in two of the LGAs was the need for guidelines, or policy, and a stronger commitment to policy. One participant was quite specific about what was needed:

*Having policy frameworks or at least a commitment to policy. Things are not currently in place. Need to have things written in and then measure against what goals are.*

In one LGA planners spoke of the need for long term planning and to plan for sustainability over time. Consistent with the comments made when asked what makes it hard to plan for the elderly, planners in one group indicated that they have operational matters that take up much of their time. Participants in one group mentioned obtaining data from a demographer / population forecaster consultancy to better predict service demand. In one group it was suggested that there are limitations to Local Government's ability to plan for the elderly, particularly in relation to the location of aged care facilities. A range of other topics were raised by individuals in various groups in response to this question.

- *How do you cater for the variance amongst residents in your LGA*

This question was specifically asked in four of the five LGAs. This was generally seen as presenting a problem for local governments. In three groups, planners indicated that they are aware of this as an issue, and are planning towards it, with such comments as:

*...look at different communities in detail and the demographic trends etc on a town by town basis...*

To some extent the planners merely acknowledged that this is an issue for them:

*Good question.*

*Every region seems to have a different focus.*

- *Have you started to plan for the ageing?*

This question was asked in four of the five LGAs. In all LGAs, planners responded by mentioning specific activities that they are undertaking that relate to older people, such as issues with access, applications for retirement villages and housing for the elderly. Some concern was raised about the location of retirement villages and nursing homes:

*More and more proposals for retirement villages in rural areas. But they will be isolated.*

In three of the LGAs, planners referred to planning strategies or documents that they have or are currently preparing. Two of these were strategies or plans specifically focused on ageing. It is interesting to note that no mention was made by planners of a document in one LGA that specifically focuses on older people.

Planners in two of the LGAs indicated that planning for the ageing is something they are starting to think about. In one group the following comment was made:

*... it's really heartening to actually see that right across Council now, it doesn't matter what department you are working in, you are thinking about the ramifications of the built environment, natural environment or whatever on the ageing population.*

Individuals in two groups indicated that they are not planning specifically for the ageing, that their planning is more across the whole population.

- *MSS*

Four of the planners' groups were specifically asked about the Municipal Strategic Statement (MSS). It was indicated in one group that the MSS is years overdue, and in another that they are "currently reviewing the planning scheme", and in another that changes were about to happen.

Planners from three LGAs indicated that the planning process involves planners from different areas working together:

*There used to be more siloed planning. Now a lot of that has been broken down and we are working together more.*

It was noted by planners from two LGAs that the MSS does not involve planning specifically or in detail for older people.

Interestingly, there was very little mention of documents such as the MSS or the MPHP throughout the discussions with planners.

## Case Studies: Meeting Places

Because meeting places came up as being very important in relation to social engagement, and because there has been less research done on this compared with the walkability of neighbourhoods, we decided to conduct a small number of case studies, looking at different types of meeting places.

### *The Iluka Cafe*

The Iluka café in Apollo Bay was chosen as one of the meeting place case studies as it was discussed as a meeting place with great enthusiasm in the Apollo Bay older residents' focus group. From the outside, the Iluka appears to be typical of the type of take-away food / café that is prevalent in coastal towns. What is different about the Iluka is that it has become the regular meeting place for a large group of older women. The owners of the Café, and the people working there are friendly and very happy for people to stay a long time. In fact, they have welcomed the regular group, chat happily with them, and take phone messages for them. The coffee is good, and the coffee and meals are quite cheap. The café has sufficient tables that the group is not interfering with other clients.

The researchers chatted with the older people who were in the Café, who had taken over one side of the café, pulling smaller tables together to make one long table. Their comments and our observations follow:

- There will always be someone in the café from about 10 am in the morning. Some people come every day. The group comprised all women on the day we observed.
- The loosely defined 'group' have been meeting for nine years (not the same people, the group has evolved over time). There were two new people in the café on the day we were there.
- New people are invited to join the group. For example, one woman stated that if she see someone walking by, she will often approach the person and say "I saw you walking by, why don't you come and join us?"
- They can stay for hours only buying one coffee, and the coffee is cheap and good.
- They can add extra tables and more chairs in to allow for extra people as they arrive.
- They have a favourite table in front of the window, and always sit there. They like the view- both the foreshore, and watching people walk by.
- The staff are very friendly.
- the group moved from another café up the street when the owners bought their present premises, because they liked the owners, or perhaps liked the environment the owners provided.
- The group was engaged in friendly, vigorous chatter.
- Most people walked to the café, some drove, one came by scooter. The walkers stated that it was important for them to be able to walk, and that otherwise they would not walk (for exercise). The café gave them somewhere to walk to, and a purpose for getting out of the house.
- More people joined the group while we were there, and were warmly greeted.
- The food was standard take-away fare: fish and chips; chicken and chips; sandwiches; lasagne; fried rice; salads; cakes and biscuits.
- Men are welcome, but rarely join in. One bus driver occasionally joins in.

- The setting included reasonably comfortable, sturdy chairs with vinyl padded seats, clean laminex tables, not a noise environment – there was no

It would appear that this type of informal gathering suits women particularly. Importantly, this was a non-judgemental group, with no demands made on anyone to participate in any way, and no official reason to meet. People were free to come or not, and if they were present, were able to join in the conversation or simply listen. This group appeared to have no boundaries and was open to new people. The key aspects of the venue as an informal meeting place were the friendliness of the staff, the fact that people were welcome to stay as long as they liked even if they only ordered one cup of coffee, and the convenient location. It is of some interest that this meeting place also promoted walking for many members of this informal group.

### The Iluka Cafe



### *Diversitat Community Centre*

The Diversitat Community Centre was identified in one of the residents' focus groups as providing a fantastic meeting place for older people. Diversitat provides a range of support services for socially isolated, frail and elderly people from culturally and linguistically diverse backgrounds (CALD). They receive both federal and state funding through the Department of Human Services for Homme and Community Care (HACC).

While the Diversitat Community Centre provides a range of activities, we chose a regular lunchtime activity as an appropriate time to visit. Each Friday, with the



support of volunteers, Diversitat Community Centre provides a community BBQ. Anyone from the community is welcome to attend. The cost is \$4.00. These BBQs are well attended with some community members coming for years. Volunteers prepare the food and are very much part of the social interaction provided by the BBQ. When members of the research team visited the Friday BBQ, it was apparent that this is a highly social occasion, with the thirty or more people there swapping tables and interacting with great pleasure.

It was clear that many of the people attending the Friday BBQ also attended other activities at Diversitat, and considered the Centre as their regular meeting place. The following programs/groups operate at the Diversitat Community Centre:

- Multicultural Planned Activity Group (PAG), High Needs  
This group operates Tuesday, Wednesday & Thursday  
Note: all participants in the PAGs need to have completed an assessment form (SCOTT), must be 65 years old or over and be from a CALD background.
- Multicultural Planned Activity Group, Core. These include: Italian Men's Group; Macedonian Men's Group; Polish Ladies Group; and Italian Women's Group.
- International Women's Groups - This is for women aged for 65 years or older.
- All activities at the centre include: outings; board games; guest speakers; socialisation; card games; day trips; gentle exercise; carpet bowls; needlework; art and craft; bocce; concerts and BBQs.

### **The Diversitat Centre**



### *Rosewall Café*

The Rosewall café was an initiative within the Neighborhood Renewal Plan. The café is located in the Rosewall Neighbourhood Centre, and has been open for nearly two years. Initially the aim was to connect people, with a focus on serving breakfast. The Rosewall Café does not receive any external funding.

The café is now open every Tuesday and Wednesday from 9.30am – 1.30pm. It is run solely by volunteers and is not for profit. The volunteers are from all age groups and they also have hospitality students work in the café. Recently the café relocated from the smaller kitchen to the larger kitchen.

The café provides school lunches to Rosewall Primary School two days a week. It also provides catering for functions and groups and is used by staff and participants of the Rosewall Neighborhood House. Unfortunately they do not have many ‘walk ins’ off the street use the café. A possible reason for this may be the lack of community awareness of the café, lack of signage and or/indirect entrance to the café. There are currently plans to separate the café from the larger meeting space, which will enable the café to function independently of any meetings or activities being held in the meeting space.

### **The Rosewall Café**



### Senior Citizens' Centres

Some discussion of Senior Citizens' Centres occurred in some residents' and planners' focus groups, which prompted a brief survey of the membership and use of a representative sample of these centres. An appropriate person at three Senior Citizens' Centres was contacted by telephone and asked to provide information on the number of current members, on the average number of new members the centre acquires each year, and on the activities held at centre. The results are presented in Table 17. It is clear that there is an enormous variation in the viability of individual Senior Citizen Centres across the region. Not surprisingly, the one with the greatest membership was offering the most, and greatest range of, activities. It is not clear whether this is due to the larger number of members, or whether the range of activities encourages new members to join. The spokesperson for one Senior Citizens' Centre indicated that the name 'senior' frightens people off, that many older people do not see themselves as 'senior'. This group calls themselves 'recycled teenagers'.

**Table 17 Senior Citizens' Centres (N = 3)**

Centre	Number of members	New members each year	Activities held at centre	Other groups hiring the Centre
A	180	Lose / gain approx 10-12 per year	Bowls Cards Tai chi Mah-jong Friday Bingo Craft 4 sausage sizzles per yr Christmas activities Mini bus takes members to: Leisure Link in Belmont Friday shopping 3 day trips per year	Jazz ballet group Town Club Theatre group Probus clubs Neighbourhood Watch Garden club Rate Payers Association Legal Aid
B	30-35	Might get 1 new member per year	Bowls Cards Singing Monthly activities	Drumming Line dancing Ball room dancing Mum's groups Scottish dancing Alcoholics Anonymous
C	Handful	Don't get many new members	Catch up once a month for lunch or a cuppa	No longer have their hall Will get access to room at the Council once a week

## Observations

This observational component of the project involved one or two focus group participants per LGA taking photos of the best and worst aspects of their local neighbourhood. A selection of these photos have been used throughout the report to provide visual representations of some of the comments made in the focus group discussions with residents. A brief thematic summary of the photos submitted is provided below.

### *Familiar themes*

To a large extent the photographs submitted by residents reflected the findings of the focus group discussions. There were a number of photos representing the things that people like about their neighbourhood. Some were scenes of natural beauty, particularly seaside scenes and views of the sea and cliffs or beach. There were a number of photos of pathways through treed areas or along cliff tops. While these pathways were not necessarily concrete, they were even and clearly marked. Other positive photos included activities involving older people: people walking their dogs along pathways; people enjoying cafes, and people involved in organised physical activity. These activities had all been mentioned in the focus group discussions, but their selection by the photographers emphasises the significance of these social activities in the lives of participants. One participant also included some photos of footpaths that were wide and even and showed a person with a walker, and one on a scooter, using these footpaths with ease.

The photos representing the things that people did not like about their neighbourhood that had been discussed at some length in the focus groups mostly featured footpaths and problems with roads. Footpaths were a popular choice of image, and photos included extremely uneven footpaths, footpaths blocked by parked cars, footpaths overgrown with trees, footpaths that almost join the road or have rough edges, and roads with no footpaths at all. Examples of people walking on the road were included and emphasised the danger that this presents, particularly when there are also cars parked on the side of the road, or the road is narrow. Photos also showed intersections that are difficult to cross and roads where cars tended to speed, thus endangering pedestrians attempting to cross the road. In written comments that accompanied some photos, it was suggested that roundabouts or pedestrian crossings were required at these sites. This was a theme that was discussed in many of the focus groups with residents. In photos from one LGA, a narrow and uneven pathway for pedestrians across a bridge was shown. A similar issue was raised in a focus group discussion that took place in a different LGA.

### *Newer themes*

There were some additional themes that emerged from the photos. Problems with open drains and culverts were a more dominant theme in the photos than in the focus group discussions. They featured prominently in the photos submitted by participants from 3 of the 5 LGAs. It is possible that while some participants did not think of drains during the focus group, when they were out and about observing their neighbourhood with a critical eye the open drains caught their attention. In some written comments it was observed that the drains present a safety issue as they are

sometimes quite deep and close to where people walk, and also are a health hazard as some have stagnant water lying in them.

Photos from participants in two LGAs highlighted difficulties in relation to access to a meeting place or to a service. One photo indicated the long distance required to walk from the car park. Others showed problems with uneven surfaces that impeded access to a community health centre and to a senior citizens' centre.

On a more positive note, photographs from two LGAs depicted children's playgrounds that were well maintained, in good locations, and clearly a popular addition to the area. This topic was not raised in the focus group discussions.

### **New themes – Negatives**

#### **Physical access to services identified in the photos as a problem**



## Open drains and culverts



## New themes - Positives Children's playgrounds



## Document Audit

The most recent Municipal Strategic Statement (MSS), Municipal Public Health Plan (MPHP) and Council Plans for each LGA were obtained. Table 18 indicates the documents that were utilised in this audit.

**Table 18 Documents Available for the Document Audit**

	<b>MPHP</b>	<b>MSS</b>	<b>Corporate Plan</b>
<b>City of Greater Geelong</b>	Currently in draft form. Will be adopted September 06	Currently being rewritten. First draft to be completed by November 06	Title: City Plan 2006-2010  Formally adopted June 06
<b>Surf Coast Shire</b>	Current plan	Current from January 06	Surf Coast Shire Plan 2005-2009
<b>Colac Otway Shire</b>	Draft plan September 06	Consultant is currently working on the latest MSS	Colac Otway Shire Council Plan, 2005-2009
<b>Golden Plains Shire</b>	No current MPHP  To be reviewed in next 12 months	Current from January 06	Golden Plains Shire Council, Council Plan 2006-2010
<b>Borough of Queenscliffe</b>	Current plan, 2005-2008	Current from March 99	Borough of Queenscliffe Council Plan, 2205/06 – 2008/09

An electronic or manual search for key terms that represent important issues identified by residents was performed. The results are presented in Table 19. It should be noted that the documents included in this audit for some LGAs are about to be replaced, thus the findings in Table 19 may not be an accurate representation of the situation for those LGAs. This document audit was restricted to the three documents listed above. Some LGAs have additional strategies and documents that may cover the issues listed, however these were not included in the audit as the intention was to survey the key documents only.

**Table 19 Document Audit – Five Key Issues**

	<b>Footpaths / Pathways / Paths</b>	<b>Public / Community Transport</b>	<b>Traffic calming / roundabouts</b>	<b>Pedestrian crossings / access</b>	<b>Meeting places</b>
<b>City of Greater Geelong</b>	City Plan ** MSS *	City Plan * MSS*	City Plan ** MSS *	MSS *	
<b>Surf Coast Shire</b>	City Plan ** MSS * MPHP*	City Plan * MSS * MPHP*	City Plan MSS * MPHP*	MSS * MPHP*	
<b>Colac Otway Shire</b>	City Plan ** MSS * MPHP*	MSS * MPHP**	MPHP*	MSS *	MPHP*
<b>Golden Plains</b>	City Plan * MSS*	City Plan * MSS*	MSS *		
<b>Borough of Queenscliffe</b>	MSS *	MSS *	MSS *		MSS *

\* Identified as issue

\*\* Identified and definite plans / currently acting on



## Summary of Findings

Overall, residents themselves have indicated that footpaths, public or community transport, group membership and access to meeting places that enable informal group interaction are particularly important in promoting physical and social engagement. These factors are all amenable to change and fall to some extent within the jurisdiction of local government.

### *Social Engagement*

A common theme amongst the residents' focus groups was the important role that clubs or groups and meeting places play in relation to staying connected to people. In the planners' focus groups there was also an acknowledgement of the importance of clubs and groups, and frequently some discussion of the use of various facilities. The perception of the service providers in relation to meeting places was more consistent with those of the planners than those of the residents. The planners and service providers both highlighted the importance of meeting places and walking destinations and the need for meeting places to be multi-purpose in their function. Discussions in some planners' focus groups stressed the need to be more flexible in the use of facilities that are available as meeting places. Given the significance of groups and of convenient meeting places to older people themselves, it is clearly important that local governments do facilitate access to appropriate facilities.

It would be useful to trial different ways of involving people in groups. It would be possible to utilise active members to invite and take new people along to some groups. Active, outgoing individuals could be used to welcome newcomers to their neighbourhood, could introduce them to other neighbours, and tell them about opportunities for physical and social activity.

Our findings on the importance of meeting places indicate that the type of venue is not important, if the location is convenient, and the people are friendly. Successful meeting places were identified that were informal (for example the Iluka Café, where a group of older people gather), or formal (for example the Diversitat Centre.) Local cafés can be very successful informal meeting places for people who are not keen on joining more formal groups. The actual structure of the venue is therefore less important than the activities that are held there, and whether the people who go there constitute a 'group', or a less formal, more open 'network'.

### *Physical activity*

Walking was the most frequently mentioned type of exercise outside of the home in the older residents' focus groups. This is consistent with the Australian literature in which walking has been reported as the preferred physical activity of 68% of people aged 60 years and over (Booth, Bauman, Owen & Gore, 1997). Walking has also been reported as the sport or leisure activity most frequently undertaken by all people in Geelong, including those in the older age groups (City of Greater Geelong, 2004) and in the Barwon-South Western region (Savage, Bailey, Connell & Austin, 2002). The popularity of walking highlights the importance of the factors that people identified as preventing them from getting out and about. The problems discussed by residents in relation to footpaths and roads are particularly important and can facilitate or impede both physical and social activity.

While the importance of footpaths in promoting walking and engagement is acknowledged in the literature (Booth, Owen, Bauman, Clavisi & Leslie, 2000; Heart Foundation, 2004), this study has provided details on many aspects of footpaths that are problematic to residents. Concerns raised by residents relate to areas where there are no footpaths at all, footpaths having uneven surfaces, having trees overhanging or bushes obstructing them, footpaths being too narrow, and having to share footpaths with cyclists or skateboarders. The importance of footpaths was acknowledged in the focus groups with planners and service providers. Planners in particular demonstrated an awareness of the contribution that good pathways can make to both social engagement and physical activity. For the planners, a key concern was the resources required to maintain and build footpaths.

Walking tracks and pathways were also discussed by residents and planners as enabling social engagement and physical activity. The photographs submitted by residents featured some particularly desirable pathways through pleasant natural environments – through wooded areas or along beaches or clifftops.

As previously mentioned, walking was most frequently stated by residents as the way that they get their exercise. There was generally less attention given in the focus groups to more organised forms of physical activity, although there was a great deal of enthusiasm for having a local swimming pool. The desire expressed by older residents for either a local heated pool, or for easy access to a heated pool was surprising and is not featured in the published literature.

### *Transport*

The need for more public or community transport was an issue frequently raised in the residents' focus groups. Access to transport, whether it be private, community or public, is often essential to an older person's independence, and links individuals with many services and activities (Bishop, 2000). It has been described as necessary for "shopping, working, obtaining medical treatment, recreation and generally for broad participation in community activities" (Clarke, Baum, Rosenfeld & Dunn, 1988).

The lack of public transport identified by the older residents is problematic, given the ageing population in this region. The dependence on cars for transport in the region not only has environmental and health impacts, but also exacerbates the impact of ageing once driving a car is no longer possible.

One focus group participant referred to the fact that the G21 transport pillar covers many of the transport issues raised during that focus group discussion. The draft final report from the G21 Integrated Public Transport Strategy (2005) does indeed address the issues raised in the focus groups in relation to public and community transport.

### *Safety*

In general comments from participants when discussing safety related to aspects of the built environment rather than to their personal safety. Footpaths and pathways that they viewed as dangerous were discussed, as were concerns about fast traffic and dangerous roads. A lack of pedestrian crossings and lights that did not allow sufficient time to cross the road was also discussed, as was the need for more lighting. In terms of their personal safety, participants in four focus groups indicated that they did feel safe, while those in three groups mentioned not feeling safe in some circumstances.

The discussion on safety in the planners' focus groups focused on different aspects of safety. They discussed the problem of the media emphasising the small number of violent acts and crimes that occur and that this may cause older people to feel unsafe out of proportion to their actual safety. The planners also discussed the problem in communities with a large number of holiday homes of people not having neighbours at home for most of the year, or of not knowing their neighbours.

### *Sense of community*

Psychological sense of community has been defined as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together” (McMillan & Chavis, 1986, p. 9). McMillan and Chavis argued that sense of community can be influenced specifically by the qualities of a place, as well as by the relationships that people can develop across different places. Smaller communities have the advantage of people knowing most members in their community. Residents suggested that this advantage is disappearing as increasing development occurs, and the population increases, particularly in some coastal communities. It would be worthwhile attempting to maintain the benefits of small, cohesive communities, while the size of communities grows.

## Discussion

*Cities<sup>1</sup> [and towns and villages] should be places of laughter, loving, working, learning, selling, buying, dying, birth, debating, arguing, politicking; in short a place to fulfil our emotional, social and physical needs. Yet cities are often places where intimacy is difficult.... Cities that encourage people to move out of the isolation of their homes to discover a wide range of rewarding relationships may be the best form of mental health promotion we can invent (Baum, 1993, p. 33).*

*Physical and social planning are unavoidably enmeshed. Environments are typically constructed for social reasons, designs lead to social consequences whether intended or not, and even the humblest construction inevitably acquires a socially ascribed meaning (Halpern, 1995, p. 2).*

Our research has highlighted the impact of the physical and built environment on our senses, our emotions, our sense of community, participation in community life, and general wellbeing. Psychologist Seymour Sarason (1974) warned that focussing on social issues without considering the expanse of contextual factors in which those issues occur - such as urban planning, architecture, economics, institutional arrangements and services, politics, demographics, land values and usage, recreation, education, law, and policing - will yield an incomplete and misleading understanding of the people in that context, and the forces affecting their health-related actions and choices (Sarason, 1974, p. 150). Yet this has often been the case in health-related research and policy, perhaps because we often take the built environment for granted as the setting and backdrop by which we live our lives. This section of our Report will discuss our findings in the light of conceptual and policy frameworks offered by the World Health Organisation (WHO) Healthy Cities approach.

### *Planning health 'into' cities and communities*

Our research is an example of the 'new public health' paradigm that emerged formally in 1986 with the advent of the Ottawa Charter (WHO, 1986) and the WHO Healthy Cities approach. As such, we have embraced an ecological focus that attempts to integrate concern for environmental and social sustainability, public policy, individual behaviour, and an emphasis on holistic understandings of health. Yet the roots of our approach can be found in *The Urban Condition* (Duhl, 1963). In a foreshadowing of the Ottawa Charter, Duhl argued for holistic solutions involving all the community; a move from illness to wellness; an orientation towards social action and policy development; participatory, democratic planning; and integrated planning solutions. In anticipation of the Healthy Cities movement, in which he was an integral player, Duhl noted that:

*The world of mental health is not unlike the world of city planning, transport, economics and the like, in its inability to see how its very solution is completely dependent upon solutions in spheres entirely foreign to its own.*

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<sup>1</sup> While Baum refers to 'cities', we argue that the same principles apply also to rural and regional areas

*Ultimately, each solution must be sought within its relevant community and also as a part within an organized whole. (p. xii).*

The WHO Healthy Cities Program is a long-term development approach that has helped to place health on the agenda of more than 10,000 cities, towns, municipalities, villages and islands around the world, and build a constituency of support for public health at the local level (Tsouros, 1995). Healthy Cities initiatives are characterized by a broad-based, intersectoral political commitment to health and wellbeing in its broadest ecological sense, a commitment to innovation, an embrace of democratic community participation, and a resultant healthy public policy (WHO, 1995). The Healthy Cities movement is based on the recognition that city and urban environments affect citizens' health, and that healthy municipal public policy is needed to effect change (Ashton, 1992).

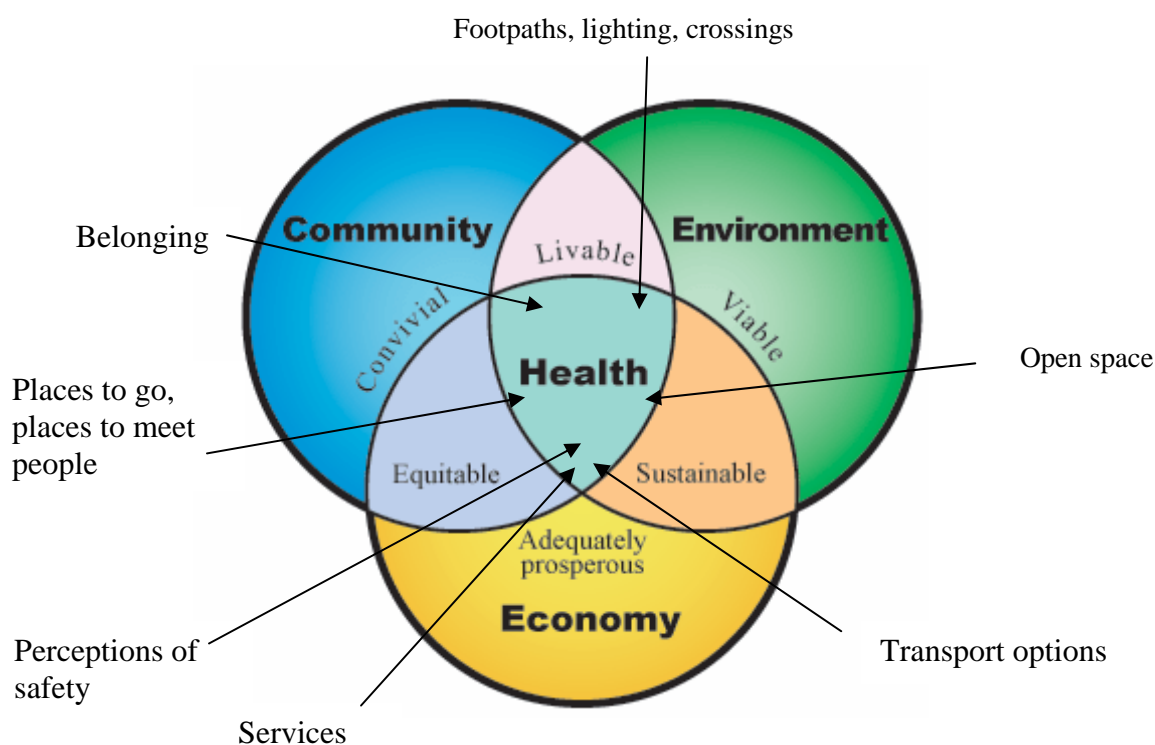
Eleven elements have been identified as key parameters for healthy cities, communities and towns (Hancock & Duhl, 1988):

1. A clean, safe, high-quality environment (including housing).
2. An ecosystem that is stable now and sustainable in the long term.
3. A strong, mutually supportive and non-exploitative community.
4. A high degree of public participation in and control over the decisions affecting life, health and wellbeing.
5. The meeting of basic needs (food, water, shelter, income, safety, work) for all people.
6. Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interaction and communication.
7. A diverse, vital and innovative economy.
8. Encouragement of connections with the past, with the varied cultural and biological heritage and with other groups and individuals.
9. An urban form (design) that is compatible with and enhances the preceding parameters and forms of behaviour.
10. An optimum level of appropriate public health and sick care services accessible to all.
11. High health status (both high positive health status and low disease status).

Public Health efforts traditionally have focused on the first, tenth and eleventh parameters. However an ecological, multi-sectoral, multi-level, multidisciplinary approach to promoting public health and wellbeing needs to include all eleven. It is no accident that 'health' appears in the last two parameters: Hancock and Duhl considered that addressing the first nine parameters would create the natural conditions for high health status and minimize the requirements for public health and sick care services. The built environment has expression across almost all of these parameters; it is important to note the salience of an enabling urban form (the ninth parameter) that plans health 'into' the environment via the first eight. Our research findings have expressions across all these parameters. Re-organized, the above list might be presented as follows:

Ecosystem	An ecosystem that is stable now and sustainable in the long term.
Hard infrastructure	A clean, safe, high-quality environment (including housing).
Soft Infrastructure	The meeting of basic needs (food, water, shelter, income, safety, work) for all people. A diverse, vital and innovative economy. An optimum level of appropriate public health and sick care services accessible to all.
Social environment	A strong, mutually supportive and non-exploitative community. A high degree of public participation in and control over the decisions affecting life, health and wellbeing.
Psychosocial dimensions of the built environment	Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interaction and communication. Encouragement of connections with the past, with the varied cultural and biological heritage and with other groups and individuals. A city form (design) that is compatible with and enhances the preceding parameters and forms of behaviour.
Health Outcomes	High health status (both high positive health status and low disease status).

Hancock (1993) synthesised these parameters into a model of human health and wellbeing that emerges from the interplay of environment, economy and community. He has also described health and wellbeing in terms of ‘human capital’, which he describes as being the sum total of natural capital, social capital and economic capital (Hancock, 2001). As detailed in Figure 1 below, quality of life is attained when we achieve adequate prosperity, a viable environment and convivial communities. Embedded in this equation are notions of livability, equity and sustainability. Our findings have been mapped across these domains, as shown in Figure 1. The placement and direction of the arrows attempts to give some idea of how health and wellbeing can be addressed through a focus on these urban planning priorities, showing how they map across the domains of liveability, viability, sustainability, prosperity, equity and conviviality.



**Figure 1. Urban planning priorities for older residents, drawing on Hancock's (1993) Healthy Cities model**

Baum (1993) argued that cities, towns and municipalities can be judged for their health – and equity – according to three sets of environmental criteria. These are:

- i. Physical form, including the use of land, housing type and standard, communications infrastructure, transport provision and the quality of the built and natural environment
- ii. Interaction, recognizing that people come to cities for contact with others. This contact includes politics, work, economic activity, caring, education, recreation and home life
- iii. Individual experiences of the city, which include the sense of history and tradition, life-style, culture, expressions of creativity and art (p. 32).

How we build our townships will impact on the nature and quality of citizens' interactions, and their individual experiences. Especially, Baum (1993) argued that any 'healthy cities' program must address poverty and its root causes, and the way poverty and wealth are expressed in urban form. Wealthier areas of cities and towns may already provide opportunities for people to experience better health, by virtue of having a better and wider range of amenities such as parks, shops, accessible transport, high levels of perceived safety by women and parents, cafes and restaurants, opportunities for people to live and work near their homes,, and so on. The challenge is make all urban areas like this (Baum, 1993; Ellaway & Macintyre, 1996).

Inherent in any discussion of urban planning and equity is the need to discuss issues of power and control (Dovey, 1999). Places are created and shaped by those in control of resources and with certain interests:

*“... primarily the pursuit of amenity, profit, status and political power. The built environment reflects the identities, differences and struggles of gender, class, race, culture and age. It shows the interests of people in empowerment and freedom, the interests of the state in social order, and the private corporate interest in stimulating consumption”* (Dovey, 1999, p. 1).

Dovey argued that any investigation into people’s lifeworld also needs to investigate the impact of social structure and ideology on people’s lived experience. Otherwise, “a focus on experience runs the risk that the ideological framings of place remain buried and hence powerful” (p. 44). All people, but especially people with disabilities, children, people of colour, women and older people confront these power relationships daily, in the form of traffic, un-navigable streets and curbs, inadequate and unsafe public toilets, poor public seating and lighting and inaccessible buildings. Dovey was concerned that people need to be aware of the expressions of power in the places and spaces in which they live their lives, and in which elements of the social structure are codified and otherwise reproduced (see Giddens, 1984). Therefore, if citizens, developers and planners are genuine in their desire to create equitable, socially-inclusive, life-affirming environments, they will need to explore together the power relations that are imbedded in the built fabric of their towns and neighbourhoods. Community engagement processes employed by local government in developing municipal public health plans and municipal strategic statements could be audited and augmented for their capacity to engage citizens and stakeholders in this important area of adult learning and community building.

Embedded in our research has been a concern for intergenerational equity: to what extent do our townships and neighbourhoods facilitate social inclusion of and quality of life for, older people? Car-based, ageist societies, with the attendant consequences of low population density, high-volume traffic, and urban sprawl, have created townships and urban vistas that are designed to be navigated and experienced by young people travelling at high speed (see Aicher, 1998; Engwicht, 1992; Frumkin, Frank & Jackson, 2004; Kaplan & Kaplan, 1982). Whilst many roads are now controlled for speed through speed bumps, 40kmh school safety zones and 50kmh speed limits on residential roads, our research identified that feeling safe is still an issue for older residents. Provision of footpaths, lighting and crossings, would thus facilitate social inclusion and equity by making neighbourhoods more inviting to walk or cycle through. Resources such as *Healthy by Design* (National Heart Foundation, 2004) provide useful tools to assist in ensuring that all of these aspects are considered (see Appendix C for the findings of the present study in the context of the Healthy by Design matrix).

Intergenerational equity is also a feature of sufficient places for people to meet each other, formally and/or informally, to experience community. Our research indicated that for many older people, having a formal group to join was an extremely important enabling factor. In this, local service providers might have a role to play in helping citizens to establish these networks or to locate and join existing ones. However, we



identified that some other people may not want to join a formal group, with their inherent risks of in-groups, joining rituals and social norms that may proscribe social conformity. For citizens such as those who enjoy the Iluka Café in Apollo Bay, adequate opportunities for 'third places' need to be built *into* local neighbourhoods, in the form of small-scale, locally-run shops and cafes, where people can experience social interaction and social support, and also form informal acquaintanceships with proprietors of commercial services (Baum & Palmer, 2002; Rosenbaum, 2006). An aspect of the physical environment, in relation to meeting places, was emphasised in the photographs submitted by residents. Safe and easy access needs to be provided. This means both paths and even surfaces for people who are walking, and proximity to car parks for those who drive or are driven there.

Third places are particularly important for older people, whose organic, historical social networks may have declined over time, particularly if they have moved to a new town (Rosenbaum, 2006).

*Third places are defined as the public places on neutral ground where people can gather and interact. In contrast to first places (home) and second places (work), third places allow people to put aside their concerns and simply enjoy the company and conversation around them... [B]eer gardens, main streets, pubs, cafés, coffeehouses, post offices, and other third places are the heart of a community's social vitality and the foundation of a functioning democracy. They promote social equality by leveling the status of guests, provide a setting for grassroots politics, create habits of public association, and offer psychological support to individuals and communities (Project for Public Spaces, 2006).*

Duhl and Sanchez (1999) lament the negative impact that urban planning in the US has had on third places: "The coffee shop, the local grocery store and other informal gathering sites that foster a sense of social connection have been zoned out of residential areas" (p. 13).

Baum and Palmer's (2002) study on the influence of place on people's social participation, social capital and health identified several suggestions for providing 'opportunity structures' for lively 'third places', especially in socio-economically deprived areas. These included:

- subsidies to develop communal spaces such as cafes and local shops
- parks with 'community facilitators' who could work to ensure perceptions of safety as well as encourage community building activities
- developing attractive places to walk (and, by extension, other physical activity)
- general environmental improvement programs that might enhance people's perceptions of the commons

Baum and Palmer concluded: "Health promoters have long discussed the need to focus their efforts upstream, and to avoid simply rescuing people once they have health problems. Designing suburbs as spaces in which contact with citizens is encouraged may be one of the more effective forms of upstream health promotion" (2002, p. 360).

In sum, our research supports other findings that the built environment plays a key role in fostering a sense of community and in influencing participation in local neighbourhood life (Chavis & Wandersman, 1990). Indeed, participation in community life has been found to be more likely to be stimulated by social and physical features of their environment, such as fewer barriers on residents' property, improved street lighting, and street width, than simply by people's demographic characteristics or their fear of crime (Perkins, Florin, Rich, Wandersman & Chavis, 1990). Perkins et al. argued that community organizers might be more likely to encourage neighbourhood participation by providing residents with an opportunity to engage in positive efforts to enhance the physical and social amenity of their neighbourhood, rather than resorting to making negative appeals to people's fear of crime. Collective problem solving encourages social interaction, information sharing and a sense of solidarity amongst residents (Perkins et al., 1996). Sense of community is both a cause and effect of community participation.

### ***Implications for local government***

Local government has a crucial role to play in creating this vision of health and 'human capital': not only in Barwon, but globally. As noted by the World Health Organisation,

*“Action taken at the local level is now universally recognized as a requirement for the true achievement of global improvements in environmental health. Municipalities are the form of government not only closest to the population but also often the most effective at working in partnership with community stakeholders: a prerequisite for any initiative on environmental health action.”* (MacArthur, 2002, p.1)

Inherent in our research has been the key role of local government in building community capital through the active engagement of citizens, developers and other stakeholders in a purposeful exploration of the various long-term visions people hold for their communities, what they would like them to look like and how they would like them to function – as outlined in *Environments for Health* (DHS, 2001), and in new urban planning provisions.

### ***New residential subdivision provisions: Clause 56***

The Minister for Planning, Rob Hulls MP, has recently announced the Sustainable Neighbourhoods package of new planning provisions for residential subdivision that will apply to planning permit applications lodged on or after 9 October 2006.

*The Sustainable Neighbourhoods package of planning scheme changes implements State Government policy to achieve more liveable and sustainable communities. The new residential subdivision provisions in Clause 56 of planning schemes set out requirements for the design and assessment of residential subdivisions in urban areas throughout Victoria. The Clause 56 changes are supported by complementary State Planning Policy provisions for subdivision, changes in relevant zones and overlays and planning practice notes* (DSE, 2006)

Clause 56 has been developed to ensure implementation of the State Planning Policy Framework and the Local Planning Policy Framework (including the MSS). The

various sub-clauses aim to promote compact and walkable neighbourhoods, mixed-use activity centres, appropriate planning and provision of community facilities, and urban places with identity and character throughout Victoria. The new Clause 56 provisions cover a wide range of action areas, including: subdivision site and context description and design response; policy implementation; livable and sustainable communities; lot design; urban landscape; access and mobility management; integrated water management; site management; utilities; and transitional arrangements (DSE, 2006). Section 56.03-1 contains specific standards to facilitate walking, cycling, public transport, planning for community facilities, and activity centres. Local directions will be needed to implement Clause 56; local governments will need to map their work across the various components of the Clause. (Interestingly, planners consulted during focus groups did not mention the new Clause.)

### *Cost implications*

Clearly, these outcomes are closely aligned to the attainment of health and wellbeing. We argue that the health impacts of proposed developments derived from Clause 56 could and should be considered as part of decision making. However there will be costs associated in retrofitting existing environments; local councils may need to allocate a proportion of annual maintenance budgets to retrofit existing neighbourhoods to enhance walkability, for example. As part of the National Contingence Management Strategy, the City of Greater Geelong recently mapped all of its public toilets (Federal Department of Health & Ageing, 2006). Key informants identified that this initiative involved an audit of some 280 toilets, which required a significant allocation of funds. Likewise, upgrading bus shelters, of which there are hundreds in the Barwon South West Region, was estimated to cost \$15,000 per shelter. Therefore, community consultation needs to identify the shelters most needing upgrades. Making public transport sufficiently accessible to comply with the standards of the Disability Discrimination Act will also contain significant cost implications for local government. In driving municipal public health planning, local councils may need to involve local social entrepreneurs and NGOs such as Probus in identifying innovative ways of coordinating community action to raise the funds needed to retrofit, renovate and implement best practice in age-friendly urban design.

### *Community facilities*

In terms of the provision of 'third places', our research suggests that local councils may benefit from re-purposing community amenities such as senior citizens' centres. The great variation in the viability of senior citizens' centres across the region illustrates the importance of local governments adopting a flexible approach when using them to promoting social engagement. Some planners discussed difficulties they encountered in achieving this. It was apparent in the focus group discussions with residents that many are not aware of all the services available to them in their local area. It is important to promote 'drop-in' venues that are available and accessible for older people.

There is also a need to re-consider the name of 'Senior Citizens' Centres' and the way that these facilities are used. It is likely that with time the notion of 'senior citizens' centres will become less popular, as people identify less with the idea of being 'senior'. The emerging population of older people may well have differing expectations of such places than the present aged population, and may prefer to use

them for other events, such as venues for life-long learning, yoga or cultural festivals for all ages, rather than as facilities targeting a particular age cohort from a narrowly socially subscribed notion of how older people are supposed to think and act, and what they will want. Today's senior citizens' centres may in fact represent cultural stereotypes of ageing that may not reflect the aspirations and expectations of today's "over 55s".

### *Challenges to local government planning capacity*

From our research it seems that local government planners are largely aware of the importance of the factors identified by residents, particularly of footpaths and the importance of social engagement. It is of some concern that local government planners said that they are too reactive, and do not have enough time or resources. It would appear that they are not necessarily required by guidelines to consider the health implications of their planning decisions. We also found that a silo mentality and lack of integration between departments can be a problem in larger local governments. The dialogue between LGAs and older people is important, and from our experience, there are many very articulate older people who are keen to make a contribution to the civic life of their community.

We are aware of the acute shortage of planners in Australia, especially in rural and regional areas. Currently there is a critical shortage of skilled and experienced experts able to plan and manage social change and create sustainable communities within Victoria and nationally. Development proceeds apace and there are new challenges for those attempting to manage the array of economic, social and environmental changes that are occurring (Holliday, 2005). The vast array of often disparate planning requirements placed on local government personnel across all policy domains inevitably has had an impact on corporate, health, social and urban planners' capacity to integrate their planning efforts. We know that the development of *Environments for Health* and its attendant implementation initiatives have attempted to address at least some of these planning issues, however many of our key informants in local government did not demonstrate an awareness of its existence. Likewise, they rarely mentioned the range of other planning documents developed and employed within their own councils. Many simply have not had the time to find out, and facilitative organisational systems do not yet exist to enable people to learn about each others' policy areas.

We suggest that other initiatives might be required to help local government health and urban planners form collaborative partnerships – perhaps through regular 'Leading the Way'-style in-service training for staff and councillors. The Municipal Association of Victoria (MAV), DHS, Planning Institute of Australia (PIA) and VicHealth may need to find ways to invest further in local government capacity building. It is most likely that other state government departments such as the Department of Sustainability and the Environment (DSE), Department of Victorian Communities (DVC) and Department of Primary Industries (DPI) also have a key role to play, and opportunities need to be identified to forge greater collaboration. Other agencies in the Barwon region, such as G21 and Deakin University, will have a key role to play, and we identify some strategies below for further action.

### **Examples of local efforts to create sustainable neighbourhoods**

Many local councils have already embarked on creative initiatives to fulfil the requirements of Clause 56; some examples are given below.

- **Pedestrian Crossings:** *The Greenlight Project* was a study of pedestrian crossings in the municipalities of Port Phillip, Bayside and Greater Geelong (City of Port Phillip, 2005). A key finding of the study was that often the time allocated for pedestrians to cross at signalised crossings is inadequate. This is a concern raised in some of the older residents' focus groups in the present study. *The Greenlight Project* provides specific recommendations on the timing necessary to allow sufficient time for pedestrians to complete their crossing, and other strategies to assist pedestrians. While the focus of that project was on Walking School Bus groups, the findings are equally relevant to all pedestrians, particularly to older people.
- **Re-visioning Senior Citizens Centres:** Some strategies in relation to broadening the role of Senior Citizens' Centres have been flagged by the City of Greater Geelong (COGG). In its *Live Well, A Strategy for Healthy Mature Communities 2004-2014* (City of Greater Geelong, 2005), COGG has indicated an intention to engage Senior Citizens' Centres in health promotion activities for older people. COGG also holds quarterly Executive Committee meetings which have evolved into governance workshops for Committees of Management. These provide a forum for the discussion of issues between Senior Citizens' Clubs and Council. The Council also encourages Senior Citizens' Centres to allow access to community groups.
- **Promoting social support in commercial 'third places':** A Café Meals Program implemented by the City of Yarra and North Yarra Community Health (Doljanin & Olaris, 2004) provides cheap meals at four participating cafés for homeless people. By presenting their membership card, the homeless people registered for the program receive a meal to the value of \$8.80 for only \$2.00. The remainder of the meal is subsidised by HACC Flexible Service Response funding. The social benefits for participants have been acknowledged as one of the strengths of the program (Doljanin & Olaris, 2004). A similar concept could perhaps be adapted to provide older people with access to meals or coffee at cafés in their area at a reduced rate, to promote social engagement.
- **Assisting business to encourage community participation:** *Missed Business* (The City of Whitehorse) is a guide for small business and retailers which aims to assist small business owners to improve access to their goods and services, particularly for people with disabilities. The guide covers such issues as clear footpaths, clear signage and entrances, and wide walkways. It is stated that use of the guide will improve access for people with a disability, parents or carers of young children, and older people. A brief Access Checklist for Retail Outlets is included in the guide. Many of the suggestions made in this guide address access issues raised in the focus groups, particularly by participants with a visual impairment.
- **Footpaths:** Members of the Steering Group for this project indicated that it is important for Local Governments to prioritise the footpaths that they invest

resources in, for example by giving footpaths that lead to key activity areas priority. It was also stated that this is undertaken by Local Governments. An example of the assessment of footpaths and how the Shire determines where to apply resources is provided on the Colac Otway Shire website: “Every footpath in the Shire is rated according to its condition, the level of pedestrian traffic and safety concerns” (Colac Otway Shire, 2006).

Given the many concerns expressed by residents in the focus groups in the present study, it is important that there is a mechanism for residents to report problems with footpaths to their Council. The City of Greater Geelong website provides a good example of a Council providing clear directions for residents as to the appropriate department (and telephone numbers) to contact for a range of issues in relation to footpaths (City of Greater Geelong, 2006). This type of information could be provided by all LGAs in the region.

- **Local Government Walkability Indicators project**  
Seven local governments in northern Melbourne have received DHS MPHP Good Practice funds to develop a set of indicators to assess the walkability of local neighbourhoods. Developed in collaboration with Deakin University and central and regional DHS Public Health staff, these indicators will be available for implementation by late 2006.
- **Improved public transport:** The Department for Victorian Communities’ ‘Transport Connections’ initiative aims to support communities in rural and regional Victoria and outer metropolitan areas to develop strategies to address their transport needs. “Through local partnerships and the use of existing transport assets and services, such as taxis, school buses, community buses and volunteers, communities are able to develop innovative approaches that can make participation in community life more accessible.” (DVC, 2006). Nine pilot projects have received three-year funding to date. One of these, ‘Bass Coast Transport Connections’, aims to “eliminate inefficiencies and maximise the use of existing resources, to develop innovative, additional transport options”, in part by encouraging older people to make use of the existing school bus service (Bass Coast Shire, 2006). In collaboration with the Department of Infrastructure and the five municipalities within the G21 Region, G21 has been conducting an extensive review and mapping of existing public transport – and gaps - across the region. “Significant funding to facilitate public transport service improvements in the G21 Region (as identified in the Strategy), was announced by the State Government in May 2006 and will commence in 2007.” (G21, 2006).

## **Resources**

- **“Watch Out For Health” Planning Checklist.** Health Impact Assessment (HIA) has been defined as “a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.” (European Centre for Health Policy & World Health Organisation Regional Office for Europe, 1999, p. 4). HIA can help to factor the potential positive and negative health impacts of potential courses of action into complex policy decisions in

domains traditionally outside the health sector – such as urban planning (Fielding & Briss, 2006, Kemm, 2001; Rutt et al, 2005).

Initiated by the NHS Healthy Urban Development Unit (2006), the checklist provides a useful example of how to apply a health lens to urban planning policies and proposals, ranging from site-specific planning applications to regional and sub-regional planning policies. Developed from a WHO Healthy Cities publication on healthy urban planning (Barton & Tsourou, 2000), the guide provides a systematic and useful tool to assist planners to consider a wide range of social determinants, as outlined in Figure 2 below. We consider that HIA, such as this tool developed by NHS (2006) provides state and local governments – and private developers - with an important planning resource.

WATCH OUT FOR HEALTH – A GUIDE TO HEALTHY SUSTAINABLE COMMUNITIES	
√	<b>Healthy Lifestyles</b> – Do planning policies and proposals encourage and promote healthy exercise? Opportunities for play and exercise. Open spaces. Green space and parks. Playing fields. Manage parks and spaces for everyone. Green space within 15 minutes from any home.
√	<b>Housing Quality</b> – Do planning policies and proposals encourage and promote housing quality? Lifetime homes standards. Adaptability and flexibility. Are homes well designed and oriented; have the highest energy efficiency rating; and constructed from environmentally friendly materials as locally sourced as possible? Tenure mix. Affordability.
√	<b>Access to Work</b> – Do planning policies and proposals encourage and promote access to employment and training opportunities? Does the development or policy promote diversity in jobs for local residents; and provide opportunities for business?
√	<b>Accessibility</b> – Do planning policies and proposals encourage and promote accessibility? Encourage mobility. Public transport. Reduce car dependency. Minimise the need to travel. Is the community served by frequent, reliable, cheap public transport? Are the streets pedestrian-friendly and cycle-friendly?
√	<b>Food Access</b> – Do planning policies and proposals encourage and promote access to wholesome locally produced food? Address food deserts. Does the development or plan allow for allotments, city farms or healthy living centres; safeguard good agricultural land from development; and avoid centralisation of shopping and provision of large supermarkets?
√	<b>Crime Reduction and Community Safety</b> – Do planning policies and proposals encourage and promote crime reduction and community safety? Is there effective security and street surveillance? Traffic calming and home zones.
√	<b>Air Quality and Neighbourhood Amenity</b> – Do planning policies and proposals encourage and promote air quality and an attractive environment? Good urban design. High quality public spaces. Minimise air and noise pollution and conserve existing quality townscape.
√	<b>Social Cohesion and Social Capital</b> – Do planning policies and proposals encourage and promote social cohesion and social capital? Opportunities for social interaction, leisure activities and local empowerment. Avoid community severance by major roads or large commercial schemes. Are existing health inequalities likely to be reduced?
√	<b>Public Services</b> – Do planning policies and proposals encourage and promote access to good public services? The right services in the right place. Sustainable design and construction in public buildings. Are community facilities provided and is community involvement encouraged?
√	<b>Resource Minimisation</b> – Do planning policies and proposals encourage waste reduction, minimise energy and water use, minimise use of non-renewable resources, promote recycling and waste reduction, promote sustainable urban drainage, minimise land contamination?
√	<b>Climate Change</b> – Do planning policies and proposals encourage and promote climate stability and minimisation of greenhouse gases? Does the plan or development reduce energy use in buildings and transport?

Figure 2. Watch out for health planning checklist (NHS 2006, p. 3)

- **Age-friendly built environments: Opportunities for local government.** As an initiative stemming from its Australian Local Government Population Ageing Action Plan 2004 – 2008, the Australian Local Government Association (ALGA) recently released Age-friendly built environments: Opportunities for local government. This guide includes several strategies for designing age-friendly built environments, including: (i) promoting age-friendly built environments; (ii) creating a safe and secure pedestrian environment; (iii) fostering age-friendly community planning and design; (iv) improve transportation options for Seniors; (v) encouraging supportive recreation facilities, parks and tracks; and (vi) encouraging housing choices. The ALGA highlight the role of local government,

and the benefits for local government that can be derived from age-friendly planning (ALGA, 2005).

- The **Baltimore Neighborhood Indicators Alliance** (BNIA) offers an example for G21, Barwon planners and other advocates to use indicators to promote healthy, age-friendly urban design. BNIA consists of diverse groups committed to promoting, supporting and making better decisions using accurate, reliable, and accessible data and information for improving the quality of life in Baltimore City neighbourhoods<sup>2</sup>. This unique Alliance builds on and coordinates the related work of citywide nonprofit organizations, city and state government, neighbourhoods, foundations, businesses and universities to support and strengthen the principle and practice of well informed decision making for change toward strong neighbourhoods and a thriving city. While each affiliated organization continues in its own way to promote this principle, their work is coordinated and mobilized through involvement with the Alliance to move this principle forward in a more comprehensive and powerful way focusing on supporting neighbourhood improvement and serving the neighbourhoods of Baltimore City. The affiliated organizations contribute their strengths to provide a valuable resource for neighbourhoods. The work of the Alliance aims to enable stakeholders to understand and have access to important neighbourhood data and indicators in order to make better-informed, strategic decisions that can help to: (i) enhance local community organizing strategies; (ii) develop effective neighbourhood plans; (iii) inform policy decisions; (iv) target resource investment; (v) set goals in neighbourhoods and citywide; and (vi) designate indicators to measure progress toward success. This resource has three major components:
  - The **Vital Signs** - outcome indicators designed to "take the pulse of Baltimore neighborhoods" by measuring progress toward a shared vision and desired outcomes for strong neighborhoods and a thriving, vital city. These Vital Signs were developed using a comprehensive community driven process, and are tracked over time.
  - The **"One Stop Shop"** provides access to the Vital Signs and other data about Baltimore and its neighborhoods from a variety of sources in a user-friendly way using GIS mapping technology. The "One Stop Shop" is available through the Alliance office and on this website using an innovative interactive mapping tool. Access Points throughout the city are established in order to provide greater access to the Alliance's resources for those who do not have internet access or need assistance in using them. These Access Points currently include the public branch libraries, community centers, and some job training centers.
  - The **Technical Assistance and Training Strategy** offers training on accessing, understanding, and using data, indicators, and the Vital Signs to enhance long-term neighborhood improvement and promote a results-based approach to decision making using the Vital Signs.

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<sup>2</sup> <http://www.bnia.org/>



## Recommendations

Duhl and Sanchez (1999) identified that a range of tools are needed for healthy and sustainable urban planning. These include: policy tools; planning tools; information tools; fiscal tools; decision making tools; educational tools and participation tools. Our recommendations cover many of these domains.

### *Embedding health and wellbeing into planning schemes*

Key informants for this project expressed the concern that if health and wellbeing issues are not incorporated into planning schemes, then they will not be enacted upon. It was argued that the principles of the MSS need to link to such issues as walkability. One suggestion was that the “Watch Out For Health” Planning Checklist or a similar document could form part of the planning scheme. It was also indicated by key informants that an early part of the process of writing new policy should encompass community consultation. While the implementation of Clause 56 will have an impact on new developments, it is less clear how these principles will be incorporated into established areas. We recommend that planners and policy makers advocate that municipal planning schemes include provision and practice notes for enhancing walkability and other health benefits.

### *Workforce development*

Our research has identified the need for systematic workforce development in the local government sector, in order to build local government capacity for integrated planning and to facilitate community engagement in the planning process. To this end, we recommend a number of strategies:

- We recommend that the Department of Human Services, via its local government initiatives in public health, expand workforce development for local government via *Environments for Health*
- The MAV could investigate ways of increasing the frequency of its inservice training for councillors and staff
- The PIA could extend its ‘Planning for Health’ portfolio to a full-time position, with a focus on extending its workforce development
- VicHealth’s Leading the Way program could be extended to include a supplement outlining the specific planning processes operating in each local government

### *Policy Coordination*

In extending its workforce development, we suggest that the DHS Public Health Group could also play a coordinating role in bringing on board an enhanced regional presence of colleagues in DSE, DVC and other departments. To do this, the issue of local government could be made a higher profile priority within DHS Head Office – an expanded local government coordination unit could be developed with a strategic coordination role across all public health activity.

### *Engaging the private sector*

The private development sector needs to be engaged. This is one area of activity that Deakin University (Geelong Waterfront) has begun to investigate with one progressive planning consultancy firm.

### *Forging intersectoral collaboration*

- Expanded role of the DHS Barwon South West – Deakin University partnership:

A great deal of health and wellbeing-related planning activity is currently happening in the BSW region. The DHS Barwon South West – Deakin University partnership has begun to explore ways of working better with G21 and other stakeholders, including:

- Local Governments via MPHP, MSS, and Community Plans
- The Barwon, Grampians, and South West Primary Care Partnerships
- Great South Coast Investment and Development framework, driven by DVC
- The Regional Managers' Forum. This extremely important strategic network includes senior managers from Departments of Education & Training, Infrastructure, Sustainability and Environment, Justice, and Primary Industry. It also includes CEOs of each local government. Dr Lynsday Neilson, the Secretary of DSE, chairs the Barwon Regional Managers' Forum, with secretariat provided by DVC.

Clearly, there is a need for all these stakeholders and networks to make a commitment to advancing healthy urban planning for all ages, including older citizens. It is anticipated that the Deakin University-DHS partnership could have a role to play in ensuring that this issue is elevated to the political agenda, and that resources are identified that can ensure enhanced capacity of all agencies to engage in integrated planning.

- Expanded role of G21

WHO Healthy Cities Initiatives typically involve the establishment of a peak intersectoral working group comprising senior personnel from key organizations; a team to assist the working group; to conduct community diagnosis; to develop strong links with education bodies all levels, for educative purposes as well as to collect data; for all participating agencies to examine ways of engaging in health promotion; for public debate to be generated, with a view towards fostering city-level health advocacy; and for targeted health promotion interventions to be developed and evaluated (Ashton, 1992). “The emphasis of these tasks is on the provision of enabling mechanisms for health promotion to be developed through healthy public policy and increased public accountability; it is also on breaking down vertical structures and barriers and obtaining better horizontal integration for working together” (Ashton, 1992, pp. 9-10). In many ways, G21 already operates in accordance with Healthy Cities approaches; an opportunity exists to explore ways of G21 assuming carriage of responsibility for coordinating a regional approach to planning health into regional towns and cities.

### *Improving the evidence base*

Through its ‘Health and Wellbeing’ and other Pillars, G21 is also developing methods for monitoring and evaluating progress across the Pillars. Through the support of Deakin University, opportunities exist to ensure that indicators and other measuring approaches can be developed to ensure that local governments, developers and other

stakeholders are gathering data that can be compared and integrated at the neighbourhood, LGA and regional levels. It is worth noting that there is a plethora of indicators work underway across Victoria, nationally and internationally<sup>3</sup>. Locally, the Colac Otway Shire implemented an extensive program which developed community health, wellbeing and social capital indicators (Savage, Bailey & Fletcher, 2005). That work has informed the Shire's MPHP. Currently, Hancock's (1993) six domains of equity, viability, sustainability, conviviality, prosperity and livability are being used to guide the development of indicators that assess quality of life in seachange communities<sup>4</sup>. This process is currently being supported by the CSIRO's Sustainable Ecosystems project, based in Canberra<sup>5</sup>. Deakin University is represented on this project by Dr Iain Butterworth and Prof Bob Cummins. The DHS MPHP Good Practice Program has also developed monitoring and evaluation initiatives with application to other municipalities<sup>6</sup>. We believe that an enhanced workforce development program would include up-skilling and consultancy in implementing these kinds of indicators.

### *Improving planning tools*

Many innovative approaches are under development, in Victoria and elsewhere, to enhance decision-making in relation to urban planning.

We are aware of the growing interest of HIA across the DHS and increasingly in local government in Victoria. HIA decision-making tools such as the *Watch out for Health Checklist* can help decision makers to consider how a proposed urban development might impact on the social determinants of health. Integrating HIA into urban planning policy at the state and local government level could well help to increase awareness of the need to build health and wellbeing 'into' planning (Northridge & Sclar, 2003).

### *Research on sense of community*

There is scope for further research on the concept of building a psychological sense of community. This could include investigating strategies to promote community sense of belonging, a commitment to local community, and interaction between members of a community. Local government should have a role and responsibility to develop and test such strategies in their local communities.

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<sup>3</sup> See the WHO Healthy Cities website, <http://www.who.dk/eprise/main/WHO/Progs/HCP/Home>

<sup>4</sup> See Rod McCrea, University of Queensland [r.mccrea@uq.edu.au](mailto:r.mccrea@uq.edu.au)

<sup>5</sup> Contact Dr Gail Kelly, [Gail.Kelly@csiro.au](mailto:Gail.Kelly@csiro.au)

<sup>6</sup> See <http://www.health.vic.gov.au/localgov/goodprac/index.htm>

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## **Appendix A : Details of responses in focus groups to key questions – Residents aged 60 – 80 yrs**

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<b>Table 4:</b>	<b>Things that would help you to exercise or get out and about</b>	<b>p. 94</b>
<b>Table 5:</b>	<b>Things that make it easier for you to stay in touch with others</b>	<b>p. 98</b>
<b>Table 6:</b>	<b>Things that make it difficult for you to stay in touch with others (Only answered by 3 groups)</b>	<b>p. 100</b>



**Table 1: Best Aspects of your neighborhood**

	Golden Plains	Colac Otway Shire			Surfcoast		Queenscliffe		City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton ( <u>n</u> = 7)	Colac ( <u>n</u> = 10)	Birre-Gurra ( <u>n</u> = 9)	Apollo Bay ( <u>n</u> = 14)	Aires Inlet ( <u>n</u> = 9)	Torquay ( <u>n</u> = 8)	Women's ( <u>n</u> = 9)	Men's ( <u>n</u> = 7)	Diversitat ( <u>n</u> = 13)	Vision Australia ( <u>n</u> = 10)
<b>NATURAL ENVIRONMENT</b>										
Open space		✓								
Peaceful	✓									
Quietness		✓	✓				✓			
Pretty place	✓							✓		
Views				✓						
Environment			✓	✓				✓		
Bush		✓			✓					
Fresh air		✓				✓				
Privacy				✓						
Beach					✓		✓			
Walking on beach and walking tracks						✓				
Weather / climate					✓	✓				
Bird life					✓					
<b>PEOPLE</b>										
Friendly		✓	✓	✓	✓		✓	✓		
Personalities						✓				
Many people my own age		✓						✓		
People care				✓	✓		✓			

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Neighbours		✓							✓	
Live near family orientated people / young children		✓							✓	
Population mix					✓					
<b>SENSE OF COMMUNITY</b>										
Because small, easy to be involved in activities								✓		
Sense of community	✓				✓					
Sense of identity					✓					
Atmosphere	✓						✓	✓		
Village feel								✓		
<b>ACCESS TO HEALTH SERVICES</b>										
Access to GPs				✓						
Access to hospital				✓						
Respite				✓						
Hospital in the home		✓								
Health care		✓								
<b>ACCESS TO OTHER</b>										

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
<b>SERVICES / PLACES</b>										
Close to shops									✓	✓
Close to leisure centre and services									✓	
Have most sporting facilities								✓		
Close to public transport									✓	
Near bus stops									✓	
Close to: Colac, Geelong, Melb, Beach				✓				✓		
<b>VARIOUS</b>										
Sense of security / safety	✓			✓	✓					
Historically interesting	✓				✓					
Env't familiarity										✓
Traffic is easy						✓				
Retirement village		✓								
Open fires		✓								
Neighborhood character					✓					
Beautiful gardens and trees									✓	
Level footpaths										✓

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Having a spouse										√

**Table 2: What would you change in your neighborhood?**

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
<b>FOOTPATHS</b>										
Need more / better	√		√	√		√			√	
Cut trees on footpaths			√							
Are dangerous		√		√					√	√
Need cleaning		√								
More bike tracks						√				
<b>TRANSPORT</b>										
Need more public transport	√	√		√	√	√		√		

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Extend free shuttle bus				✓	✓					
Need community transport / more	✓		✓	✓						
Need info on community bus		✓								
Seat belts in buses									✓	
More accessible transport										✓
SAFETY										
More police presence					✓					
Reduce trucks		✓								
Improve roads		✓								
Traffic too fast				✓						
Need more pedestrian crossings / longer time to cross						✓				✓
Bikes and bags etc in front of shops										✓
DEVELOPMENT										
Too many townhouses being built				✓					✓	
No infrastructure				✓		✓				

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
for										
General concern					✓	✓				
Mix of restaurants in housing area						✓				
ACCESS TO HEALTH SERVICES										
Surgery			✓							
Dental			✓							
GP	✓	✓								
Specialists		✓								
ACCESS TO SHOPS / SERVICES										
Need more	✓		✓							
Bank closed	✓									
Access to gym								✓		
Water aerobics	✓									
IMPROVE SERVICES										
Gutters cleaned			✓						✓	
Improve rubbish collection	✓		✓			✓				
Streets cleaned									✓	
VARIOUS										
Parking – need		✓		✓			✓			

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
more										
More toilets / cleaner / fixed toilets		✓							✓	
Lighting						✓			✓	
Need aged care units	✓									
More young people							✓			
New playground							✓			
New theatre							✓			
Extra post boxes				✓						
Need info pack		✓								
More seats				✓						
Housing is unaffordable for young people								✓		
Holiday houses – feel isolated								✓		
Drop-in centre / n'hood house									✓	
Greater understanding / recognition of vision impaired problems										✓
Info on What's on									✓	

**Table 3: Things that make it hard to exercise**

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
<b>FOOTPATHS/ PATHWAYS</b>										
Need more / better	✓				✓			✓	✓	✓
Plants on nature strips / overhanging					✓					✓
Dangerous, need fixing, uneven,	✓	✓		✓						✓
Tree roots	✓									
Sharing with bikes								✓		✓
Change in footpaths										✓
<b>TRANSPORT</b>										
Need more		✓					✓	✓		
Need community bus / transport							✓		✓	
<b>SAFETY</b>										
Pedestrian crossings - need				✓			✓			
Pedestrian lights not clicking										✓



	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Roundabouts										✓
Deep drains / gutters				✓						✓
Dogs			✓	✓						
Snakes	✓	✓								
Some places feel unsafe at night							✓			
Unmade roads / uneven surfaces	✓									
Colour of seats – blends in										✓
COST										
Petrol etc		✓			✓					
Swimming pool is expensive									✓	
OTHER										
Seats - Need more	✓			✓						
Need a park	✓									
Helicopter for accidents				✓						
Health problems		✓							✓	
Laziness		✓								
Weather		✓								
Too many hills									✓	
Streets untidy									✓	
Waiting list for 'Weight Program'							✓			

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Access to shops, esp wheelchair							√			

**Table 4: Things that would help you to exercise or get out and about**

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
<b>FOOTPATHS / PATHWAYS</b>										
Need more				✓	✓					
Repair footpaths				✓					✓	
Not concrete, but clear paths					✓					
Bush tracks					✓					
More cycling paths				✓		✓				
<b>ENCOURAGE WALKING</b>										
Walking groups	✓								✓	
Walk with someone									✓	
More seats on paths							✓		✓	
Places that are pleasant to walk to						✓				
<b>TRANSPORT</b>										
Need more					✓					
Community					✓			✓		

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
transport										
Info on community & public transport		✓								✓
Accessible transport										✓
SAFETY										
Pedestrian crossing		✓						✓		
Walking over bridge dangerous – trucks close to path		✓								
Safe to walk in daytime									✓	
Paint storm water lids yellow										✓
COST										
Reduce cost of transport					✓					
Reduced cost at pool									✓	
Reduce cost of resistance training									✓	
Free exercise at community centre									✓	
ACCESS TO HEATED				✓	✓		✓	✓		

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
SWIMMING POOL										
HYDROTHERAPY POOL	✓	✓						✓		
GYM							✓	✓		
SPECIFIC ACTIVITIES										
Water aerobics	✓									
Sporting complex				✓						
Club for men									✓	
Music / dance clubs		✓								
Tai Chi							✓			
Activity classes	✓									
Resistance classes	✓									
Exercise bike at home									✓	
Joined balance group									✓	
Toilets - more							✓	✓		
Clear signs on toilets										✓
INFORMATION ON WHAT'S ON								✓		
MORE VOLUNTARY GROUPS		✓								

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
<b>SOCIAL ACTIVITIES / MEETING PLACE</b>										
Get together opportunities	✓									
Drop-in centre	✓									

**Table 5: Things that make it easier for you to stay in touch with others**

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
Being a member of a club / group / groups	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Going to meeting place (formal and informal)	✓	✓		✓		✓			✓	
Voluntary work		✓		✓		✓	✓	✓		
Walk up the street / go to Post Office / go out walking	✓			✓			✓			✓
Small communities make it easy				✓			✓	✓		
NEIGHBOURS / FRIENDS / FAMILY										
Neighbours check on each other			✓							
Family around			✓			✓				
Friends take out shopping										✓
Generally there's somebody about, someone to help			✓							
TELEPHONE /										

	Golden Plains	Colac Otway Shire			Surfcoast	Queenscliffe			City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
EMAIL / LETTERS										
Telephone		✓	✓						✓	
Internet / email		✓			✓					
Writing letters		✓								
COURSES (EG COMPUTER)	✓	✓								
VARIOUS										
Motor car		✓								
Get info in local news sheet				✓						
Community activities					✓					
Live in retirement village		✓								
Introduce yourself to someone new in your street				✓						
'Out and About' once a month			✓							
Doctors are good at connecting people								✓		
Community transport		✓								



**Table 6: Things that make it difficult for you to stay in touch with others (Only answered by 3 groups)**

	Golden Plains	Colac Otway Shire			Surfcoast		Queenscliffe		City of Greater Geelong	
	RURAL			COASTAL					URBAN	
	Linton (n = 7)	Colac (n = 10)	Birre-Gurra (n = 9)	Apollo Bay (n = 14)	Aires Inlet (n = 9)	Torquay (n = 8)	Women's (n = 9)	Men's (n = 7)	Diversitat (n = 13)	Vision Australia (n = 10)
People who aren't part of a group				✓	✓					
Living alone					✓					
Being housebound				✓						
Having no family around			✓							
This community is hard to get to know				✓						
People don't like to visit like they used to			✓							
Telephone calls – STD / cost					✓					
Mobile phone coverage a problem										
Can't get broadband					✓					
Internet access a problem					✓					
Not being able to drive will have an impact			✓							

**Appendix B: Summary of residents' rating of key themes as 'extremely important' (second round of focus groups with older residents)**

	<b>Golden Plains</b> <b>(<u>n</u> = 4)</b>	<b>Surf Coast Shire</b> <b>(<u>n</u> = 7)</b>	<b>Borough of Queenscliffe</b> <b>(<u>n</u> = 3)</b>	<b>Colac Otway Shire</b> <b>(<u>n</u> = 13)</b>	<b>City of Greater Geelong</b> <b>(<u>n</u> = 11)</b>
<b>Issue</b>	Extremely important	Extremely important	Extremely important	Extremely important	Extremely important
Belonging to a group	4	5	3	12	10
Greater police presence	4	3	3	12	11
Safe footpaths	4	4	2	12	10
A local aged care facility in the community I live in	3	4	2	13	9
A local and affordable heated swimming pool	2	5	3	13	6
Affordable and time efficient transport for longer distances	4	3	3	10	8
Affordable and time efficient transport within your community	3	2	3	11	8
Public toilets in children's play areas, shopping precincts and beach areas	2	2	2	11	9

Being introduced/ invited to a group	2		2	7	9
Having a meeting or gathering place for a cuppa and a chat	3	4	2	7	8
Car parking	1	2		11	10
Footpaths on both sides of the road	3	1		8	9
Access to community buses	3	2		9	7
Divided footpaths between walkers, and skateboarders, bikes and roller blade's	1			9	10
More 'clicker' time to cross pedestrian crossings safely.	2			10	8
Shopping strips walking distance from home		4	2	7	7
A local and affordable gym	2	4	2	9	3
More pedestrian crossings	1	1		4	6
Increase in residential development *	2	4	1	1	5

**Notes:**

\* Linton participants expressed concern about residential development. Their concern was more about the lack of new development and the need to increase residency in order to maintain current services (i.e. grocery store).

## Appendix C: Our Findings in the Context of the Healthy by Design Matrix

	Physical activity	Shade	Safer design	Access design	Road user safety
Sightlines & surveillance				✓	✓
Lighting	✓		✓		✓
Signage	✓	✓		✓	
Maintenance	✓		✓	✓	
Landscaping & open space				✓	
Concealment & entrapment				✓	
Trees and vegetation				✓	
Fencing and walls					
Seating	✓		✓	✓	
Shelter	✓				
Street design	✓		✓	✓	✓
Building design	✓	✓	✓		
Active frontages	✓			✓	
Mixed use	✓		✓	✓	
Connections	✓		✓		
Walking & cycling routes	✓		✓	✓	✓
Public transport	✓		✓	✓	✓

Table adapted from National Heart Foundation Australia (2004) *Healthy by Design: a planners' guide to environments for active living*.