



# **Health Active by Design: Industry Intent to Change Survey 2026**

Qualitative results



Prepared by:

Sunet Jordaan, Heart Foundation

Suggested citation:

Jordaan, S. Healthy Active by Design: Industry Intent to Change Survey 2026 – Qualitative results. Heart Foundation. Australia (2026)

### Acknowledgement of Country

The Heart Foundation acknowledges the Traditional Owners and custodians of country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

# 1. Introduction

The design of the built environment and its level of 'walkability' can have a significant impact on whether people in that area will be able to live an active life. Being physically active can significantly reduce the risk of a primary killer in Australia, heart disease, and helps to manage symptoms.

Our [Healthy Active by Design](#) resources help local council and industry practitioners across the country to design and deliver more walkable, liveable local neighbourhoods.

## 2. Industry Intent to Change Survey 2026

This report presents findings from the 2026 Industry Intent to Change Survey, which aims to better understand the sentiment, experiences, and intentions of practitioners, elected leaders, and decision makers in improving walkability outcomes. The survey builds on the 2025 baseline, allowing for comparison over time.

The analysis includes both quantitative and qualitative data. Qualitative responses have been analysed using a content analysis approach to identify key insights and contextual factors influencing practice. While not a full thematic analysis, these findings provide valuable depth and should be interpreted alongside the quantitative results.

### **Q1: Do you face any barriers in making changes for improved walkability in your work?**

A strong majority of respondents (78%) reported facing barriers to implementing walkability improvements, representing a notable increase from 63% in 2025. This suggests that while awareness and intent are increasing, the challenges to implementation remain significant and may be intensifying.

The most commonly cited barriers were lack of funding (59%), lack of support from elected leaders or decision makers (44%), and limited collaboration across councils or organisations (33%). These findings are consistent with 2025 and reinforce the structural nature of the challenges.

Qualitative responses highlight deeper systemic issues. A recurring theme is the persistence of car-centric planning paradigms, with one respondent noting “legacy policy & design approaches that still prioritise car movement.”

Organisational silos and misalignment between strategic planning and operational delivery were also evident. One respondent described how:

*“Strategic planners do not have the skills, knowledge or experience to capture and address issues, yet they control the big budgets.”*

Political dynamics continue to influence implementation, particularly where walkability priorities conflict with other interests. As one respondent noted:

*“There is little support from senior staff to enforce the requirements when things get political.”*

Additional barriers include geographic constraints, infrastructure limitations, and a perceived lack of centralised guidance. Overall, the findings confirm that improving walkability requires coordinated action across policy, funding, organisational capability, and cross-sector collaboration.

## **Q2. Have you previously heard of Healthy Active by Design?**

Awareness of Healthy Active by Design has increased substantially, with 78% of respondents indicating familiarity with the resource, compared to 52% in 2025. This represents a significant improvement in reach.

Among those who were aware of the resource, the most common pathways for discovery were professional organisations or associations (51%), colleagues or peers (38%), and conferences or workshops (36%).

Qualitative responses suggest that exposure is also occurring through university education and aligned government programs. These findings reinforce the importance of embedding Healthy Active by Design within professional networks and policy initiatives to continue expanding its reach.

**Q3. Which Healthy Active by Design resources have been, or are most likely to be, of use to you?**

Among respondents familiar with the resources, Movement Networks design features (56%), case studies (54%), and evidence papers (46%) were identified as the most useful.

While case studies remain highly valued, their perceived usefulness has declined from 70% in 2025 to 54% in 2026. This may indicate a shift in practitioner needs towards more technical and implementation-focused resources.

The continued demand for design features and evidence papers suggests that practitioners are seeking actionable guidance and robust evidence to support decision-making and advocacy.

**Q4. Have you used any of the following Healthy Active by Design resources that were released in 2025?**

This question was introduced in 2026 and provides an early indication of uptake of newly released resources.

Usage was consistent across the three resources listed, with 28% of respondents indicating use of:

- Results of the 2025 *What Australia Wants: Neighbourhood Design* survey
- Community Walkability Checklist
- Evidence paper – Active school travel

These findings suggest moderate uptake of new resources, with potential for further promotion and integration into practice.

**Q5. Are any of the following Healthy Active by Design resources likely to be of use to you?**

This question was introduced in 2026. Among respondents who had not previously heard of Healthy Active by Design, there was strong interest in future use of the resources.

The most relevant resources identified were:

- Supporting module: Walkability in less advantaged areas (82%)
- Design feature: Open public spaces (64%)
- Supporting module: Healthy active ageing (64%)

These responses highlight a clear demand for resources that address equity, ageing populations, and inclusive design, aligning with broader sector priorities.

**Q6a. Have you/has your organisation made any recent changes to improve walkability in the built environment?**

A majority of respondents (62%) reported that they or their organisation had made recent changes to improve walkability, an increase from 57% in 2025. Changes were most commonly made in strategic planning (61%), followed by project and practice (55%) and policy or regulatory changes (35%).

Qualitative responses illustrate a range of practical actions, including infrastructure improvements, research, and advocacy. One respondent noted:

*“Built a larger number of crossings and footpaths where communities wanted them to get kids to school.”*

These findings indicate growing momentum in implementing walkability improvements, particularly at the strategic and project levels.

**Q6b. Did you use Healthy Active by Design resources to inform any of the changes?**

Among those who reported making changes, 29% indicated that they used Healthy Active by Design resources, a significant increase from 16% in 2025.

However, 45% of respondents were unsure whether the resources had been used, suggesting ongoing challenges with internal awareness and knowledge sharing.

This reflects a positive shift in uptake, while also highlighting the need to strengthen visibility and integration within organisations.

#### **Q6c. Examples of how Healthy Active by Design resources have been used**

Qualitative responses demonstrate that Healthy Active by Design resources are primarily used to support advocacy, communication, and evidence-based decision-making.

Respondents reported using the resources for:

- Council reporting and responding to elected members
- Executive and Councillor briefings
- Strategic planning and project design
- Audits and assessments of existing environments

One respondent explained:

*"Used for evidence in executive and Councillor briefings... used as evidence for benefits of active mobility for ageing on health and community outcomes."*

Another highlighted the practical application of tools:

*"The checklist is used to assess existing alignment with the HABD guidelines."*

These findings reinforce the role of Healthy Active by Design as both an advocacy and decision-support tool.

#### **Q7a. Do you/does your organisation intend to make any changes to improve walkability in the built environment?**

Intent to implement changes has increased significantly, with 74% of respondents indicating planned changes, compared to 57% in 2025.

Planned changes are primarily focused on planning (70%), project and practice (59%), and policy or regulatory areas (54%), indicating a broadening scope of action.

This reflects strong and growing commitment across the sector to improving walkability outcomes.

**Q7b. When are these changes likely to occur?**

Respondents indicated that planned changes are expected over the medium to long term:

- 14% within the next 6 months
- 30% within the next year
- 49% within the next three years

These timeframes suggest that while momentum is building, implementation is likely to occur progressively over time.

**Q7c. Will the Healthy Active by Design resources help inform any of these changes?**

Among those planning changes, 51% indicated that Healthy Active by Design would inform their work, a notable increase from 32% in 2025.

The proportion of respondents who were unsure has decreased from 60% in 2025 to 49% in 2026, indicating improved awareness and clarity. This again highlights an ongoing challenge around internal communication and the visibility of HABD within organisations.

**Q7d. In what ways will Healthy Active by Design inform these changes?**

Respondents indicated that the resources will primarily support:

- Facilitating better decision-making (63%)

- Explaining benefits to the community (53%)
- Enhancing collaboration (47%)
- Explaining benefits internally (47%)

These findings reinforce the role of Healthy Active by Design in supporting both technical and communication aspects of practice.

### **Q7e. Reasons for not planning to use Healthy Active by Design resources**

Qualitative responses suggest that barriers to use include organisational constraints, competing priorities, and perceptions of the resources as high-level or advocacy-focused.

One respondent noted:

*“HABD should ideally have more prominence in practice considering the quality of information it provides.”*

Others highlighted structural challenges, including lack of authority to influence decisions and competing technical requirements.

### **Q7f. Reasons for uncertainty about using Healthy Active by Design resources**

Respondents who were unsure identified factors such as limited involvement in decision-making, reliance on existing standards, and competing priorities. One respondent described the complexity of balancing competing demands:

*“There are too many other, louder requirements... it's too hard to justify with everything else pushing for attention.”*

These findings highlight the importance of positioning Healthy Active by Design within existing frameworks and decision-making processes.

### **Q8. Activities that could help create change**

This question was introduced in 2026. Respondents identified training and practical tools as key enablers of change. The most selected activities were:

- Training to conduct Walkshops (63%)
- Updated health impact and evidence pages (47%)
- Information on healthy built environment language, messaging and narrative (42%)
- Additional features for the Community Walkability Map (42%)

These findings indicate strong demand for capacity-building and communication support.

### **Q9. New design checklists that could support change**

This question was introduced in 2026. Respondents prioritised new checklists for:

- Active school travel (68%)
- Accessibility and inclusivity (58%)
- Crime prevention and safety (53%)

This reflects a focus on safety, equity, and inclusive design in walkability initiatives.

### **Q10. Themes for new resources**

This question was introduced in 2026. Key themes identified were:

- Social infrastructure to address isolation (72%)
- Designing for children (67%)
- Transport disadvantage in outer urban areas (56%)

These priorities highlight a shift towards more holistic and equity-focused approaches.

### **Q11. Are there any other comments you would like to make about your/your organisation's actual or intended change in practice for more walkable built environments?**

This question offered respondents an opportunity to reflect more broadly on their organisation's current or intended changes toward improving walkability. Several key insights emerged, reinforcing earlier findings and revealing deeper contextual considerations.

Qualitative responses emphasise the complexity of implementing walkability improvements, including political challenges, competing priorities, and the need for system-level change.

One respondent noted:

*“Main barrier is political environment – little interest in making more walkable built environments due to complaints about impacts on cars.”*

Others highlighted challenges in translating evidence into planning regulations and the need for better coordination across systems.

These reflections confirm the multifaceted nature of walkability practice — spanning planning, funding, design, advocacy, and education — and point to both the potential and limitations that organisations face in turning intent into sustained impact.

**Q12. Are there any other comments you would like to make about ways in which the Heart Foundation can better support your efforts to change practice for more walkable built environments?**

Respondents identified several key areas for support, including:

- Stronger advocacy to decision-makers and governments
- Increased engagement with local councils
- More practical examples and leadership case studies
- Training, workshops, and forums

There were also calls for improved communication and dissemination:

*“How do we influence... elected members and the people doing the planning.”*

These findings reinforce the importance of advocacy, capacity-building, and stakeholder engagement.

**Q13. Guidance on healthy food environments**

A majority of respondents (72%) indicated that further guidance on planning and urban design for access to healthy food would be useful (32% very useful; 40% somewhat useful).

This highlights growing interest in integrating food environments into broader healthy built environment strategies.

### **3. Conclusion**

The 2026 survey findings demonstrate strong and growing momentum across the sector to improve walkability in the built environment. Compared to 2025, there have been clear increases in awareness of Healthy Active by Design, use of resources, and intent to implement change.

However, these positive trends are accompanied by a corresponding increase in perceived barriers, particularly related to funding, political support, and organisational constraints. This underscores the complexity of translating intent into practice.

Healthy Active by Design is increasingly recognised as a valuable tool, particularly for supporting advocacy, communication, and decision-making. Continued efforts to increase visibility, embed the resources within organisational processes, and provide practical, implementation-focused guidance will be critical to expanding its impact.

Overall, the findings suggest that practitioners are motivated and ready to lead change, but require sustained support through leadership, collaboration, evidence, and resourcing to achieve meaningful and lasting improvements in walkability across Australia.