

Love your Heart, Love your Community:

A citizen science research project using the
Heart Foundation's Community Walkability Checklist



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We acknowledge the Palawa/Pakana, Gadigal and Wangal peoples, the Traditional Custodians of the land upon which we live and work. We honour their enduring culture and knowledges as vital to the self-determination, wellbeing and resilience of their communities.

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Ethics

The work undertaken during this project was approved by the University of Tasmania Human Research Ethics Committee on 6 August 2025 (ID: 32263).

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Executive Summary



Love Your Heart, Love Your Community was a citizen science research project, delivered in 2025 in Tasmania, designed to generate community-informed evidence to support policy action for cardiovascular disease prevention through healthier neighbourhood environments. The project examined the feasibility, relevance and utility of the Heart Foundation's newly digitised *Community Walkability Checklist* as a tool for capturing local-level insights on walkability, access to healthy food, and environmental conditions that enable or constrain physical activity.

What did we do?

A three-stage data collection process was implemented between August and September 2025. Participants were invited to:

1. Complete an online consent and demographic survey;
2. Complete the digital *Community Walkability Checklist* during or after a walk in their local area; and
3. Complete a feedback survey reflecting on their experience of using the Checklist.

Targeted recruitment focused on six Tasmanian activity centres – Sorell, Swansea, Devonport, George Town, Blackmans Bay and Smithton – selected to capture geographic, socioeconomic, and policy diversity. Participation was also open statewide.



What did we find?

A total of 129 participants completed the demographic survey and Checklist, with 108 completing all three components of the study.

Walkability strengths identified included:



Natural environments: Approximately 80% of participants rated access to beaches, waterways, parks and calming natural surroundings positively, underscoring the importance of protecting and leveraging natural assets within healthy place-making and active living strategies.



Social environments: More than half of participants rated opportunities for seeing other people, social interaction and encountering points of interest positively, suggesting that many neighbourhoods provide conditions that can support incidental physical activity and social connection.



Safety and aesthetics: Personal safety and neighbourhood cleanliness were generally rated positively, indicating that foundational conditions for walking are present in many locations.

Walkability gaps and deficits included:

Footpaths: While footpath presence was often rated positively, footpath quality, width and separation from traffic were rated poorly (41% of participants).



Pedestrian crossings: Availability was commonly rated poorly, often due to their absence, despite more favourable ratings for wait times and crossing length where crossings were present.



Amenities: Amenities critical to inclusive walking – such as seating, drinking fountains, shelter and toilets – were often rated by participants as fair or poor (45%), typically because they were absent.



Public transport: Access to public transport, and the quality of associated infrastructure such as shelter and seating, were frequently identified as constraints.

Access to healthy food environments was mixed. Approximately half of participants rated access as good; however, many reported limited variety

and a high concentration of fast-food outlets, highlighting inequities in local food environments.

What did participants think of the Checklist?

The *Community Walkability Checklist* was generally considered fit for purpose. Participants described it as clear, easy to use and relevant to everyday experience. Importantly, the tool prompted reflection, enabling participants to consider walkability through broader accessibility and equity lenses.

Nevertheless, limitations were identified, particularly among participants in rural and semi-rural contexts. These included:

- Limited response options (e.g. absence of “not applicable” categories);
- Reduced contextual relevance for rural settings;
- Lack of item-level comment fields; and
- Variable performance on mobile devices.

These issues have implications for broad application and scalability of the tool.

Outcomes and Impact: What difference did the project make?

The project delivered outcomes at both the participant and system levels.

For participants, involvement in the research resulted in:

- Increased awareness and critical reflection on neighbourhood conditions;
- Expanded understanding of what walkability means for other people, including people with mobility limitations and families with children;
- Validation of lived experience by providing a structured mechanism to articulate everyday barriers;
- Identification and highlighting of positive local assets; and
- Highlighting infrastructure and environmental inequities.

High completion rates and rich qualitative responses suggest the Checklist was perceived as accessible, meaningful and worthwhile.



At a system level, the project demonstrates that citizens can generate data that may inform policy and planning while simultaneously building community capacity, engagement and legitimacy for future action. Some participants indicated no intention to pursue further advocacy, citing existing engagement, satisfaction with local conditions or uncertainty about effective ways to do this – underscoring the need for clear, transparent mechanisms linking community input to decision-making.

Policy Relevance: Why the Research Matters

Creating neighbourhood environments that support physical activity and healthy eating is a critical lever for cardiovascular disease prevention and for addressing health inequities. However, planning and health decision-makers frequently lack fine-grained, place-based evidence on how environments are experienced in practice by community members. This project demonstrates that citizen-generated data can:

- Complement traditional health, transport and planning indicators;
- Reveal variation within and between communities;
- Support the prioritisation of infrastructure and amenity investment; and
- Build legitimacy and social licence for policy and planning interventions through meaningful community engagement.

By testing the *Community Walkability Checklist* in diverse Tasmanian contexts, the project generated insights into both environmental conditions and the feasibility and applicability of the tool for broader application in policy, practice and research settings.

Recommendations for the Heart Foundation

1. Review the feedback and revise the *Community Walkability Checklist*
2. Embed the Checklist within policy and planning frameworks
3. Clarify pathways from community input to action
4. Support local government and community uptake
5. Continue investment in citizen science for health equity

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Section 1

– Introduction

Why was this project undertaken?

This project was undertaken to assist the Menzies Institute for Medical Research (Menzies), University of Tasmania, and the Heart Foundation to improve the heart health of people living in Tasmania. Currently Tasmania has higher than average rates of heart disease compared to the rest of Australia. Tasmanians are also less active and have poorer diets – key modifiable risk behaviours for heart disease – than those living in other states.

People who live in neighbourhoods where it is easy to be active and to access nutritious foods are more active, have healthier diets, and have better cardiovascular health than those living in neighbourhoods that do not support these important protective and preventive behaviours.

Those living in regional areas and socioeconomically disadvantaged areas (who are overrepresented in the Tasmanian population) tend to be less active, eat poorer diets, and have worse heart health. Yet creating neighbourhoods that support heart health is challenging, and it can be difficult for local and state governments to know where to best direct resources for maximum impact.

Engaging communities in the process of identifying aspects of their neighbourhood that support or hinder physical activity and healthy diets, using a citizen science approach, centres the lived experience of community members.¹ It can amplify the community voice and may increase the likelihood of community buy-in for initiatives to create environments that promote heart health.



What is citizen science?

Citizen science involves members of the public (citizen scientists) being actively involved in some or all parts of the research process. In this project, citizen scientists in Tasmania collected data and provided feedback using a digital data collection tool, The Heart Foundation **Community Walkability Checklist** (the Checklist). The Checklist helps citizen scientists to assess how walkable (or wheelable), healthy and welcoming their neighbourhoods, suburbs or towns are.

Citizen science has been used to help researchers collect walkability data and inform local planning in past Tasmanian research **projects**. Researchers could not do this type of research without the help of citizen scientists. This approach is still emerging in public health research but there is growing interest in involving the community due to the co-benefits of empowering community voice, building community capacity and scientific literacy, and identification of locally relevant solutions to complex problems.

How is this project aligned with the Heart Foundation's strategic objectives?

This project aligns directly with the Heart Foundation's '**Health for Every Heart**' strategy, which focuses on ensuring all people living in Australia - regardless of their background, location, or economic circumstances - have the opportunity to enjoy a healthy heart.

There is clear and direct alignment with three of the four Health for Every Heart strategy actions:

- 'Advance heart health **equity**' through its focus on regional communities and communities experiencing socioeconomic disadvantage;
- '**Create environments** and systems that enable healthy behaviours' by focusing on the physical environment and how it supports communities to be active and eat well;
- '**Prevent**, detect, and manage risk early' by supporting all people – with and without cardiovascular conditions – to be active and eat well.



There is further alignment with the Heart Foundation's [Blueprint for an Active Australia](#) (particularly the Built Environments, Active Travel, and Disadvantaged Populations action areas), the [Healthy Active by Design](#) toolkit including the recently released module for [Walkability in Less Advantaged Areas](#), and [Community Walkability Map](#), as well as the [Heart Foundation Walking](#) programs.



Project Aim and Objectives

This project's broad aim is to improve the cardiovascular health of people living in Tasmania by creating neighbourhoods that support physical activity and healthy eating ('Healthy Heart Environments'). Delivery of this project is aligned to the Heart Foundation's work plan for 2025/26 and the broad key strategic direction for the Heart Foundation in Tasmania.

Specific objectives were:

- To test the feasibility of using a citizen science approach to collect information about physical activity and food environments in Tasmania
- To test the feasibility of using the Heart Foundation's Community Walkability Checklist to measure walkability in Tasmania
- To explore considerations around geographic (urban/rural) and socioeconomic inequities
- To build community capacity for research and advocacy
- To inform future larger research funding applications which are aligned to Menzies and Heart Foundation strategic priorities



Section 2 – Methodology

Project planning was undertaken to ensure smooth and timely delivery of the project with a key focus on the selection of 'activity centres' (targeted areas of focus) and planning for successful recruitment. While recruitment advertising and copromotion with community partners focussed on the activity centres, all people living in Tasmania were able to participate in the research. Timelines and key activities are contained in Appendix 1.



2.1 Target Population

All Tasmanians were welcome to participate in this research, but targeted 'activity centres' were identified in an attempt to generalise localised data. Menzies developed a matrix and criteria to identify and assess characteristics of potential target activity centres to achieve diversity of environments. The matrix considered:

- **Area-level socioeconomic position:** Socio-Economic Indexes for Areas (SEIFA): A product developed by the Australian Bureau of Statistics (ABS) that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly ABS Census.
- **Rurality:** A mix of rural, urban and suburban locations; regionality across the three key regions (south, north, north-west) of Tasmania.
- **Population size:** Number of residents within an activity centre.

- **Policy and program context:**

- Local Government Area (LGA) policy settings and program investments that prioritise and support walkability
- Tasmanian Heart Foundation Walking Group locations (present in 19/29 LGAs) and the locations of Personal Walking Plan participants
- Tasmanian Department of Health's Healthy Tasmania 2022-26 strategy *Lift Local* grant investments

Ten activity centres were shortlisted (see Appendix 2). Following consultation with the Heart Foundation, the Local Government Association of Tasmania, and the Menzies team, six activity centres were selected to be targeted for promotion – Sorell, Swansea, Devonport, George Town, Blackmans Bay and Smithton.

2.2 Recruitment

Community engagement, promotion planning and implementation were delivered by Menzies across Tasmania but specifically targeting the six activity centres:



Developing a project website

outlining the research participation steps and a link to a consent form and demographic survey. The website included content outlining the importance of walkability and details of the project and research team members.



Designing and implementing a **social media campaign** in the activity centres which ran for two weeks. For the campaign, images that readily identified the location of the activity centres were used.



Engaging with co-promotion partners

inviting them to support the project by sharing it on social media and in newsletters (e.g., local councils and community organisations).



Advertising in three of the activity centre's newspapers

– Sorell, Swansea and Blackmans Bay (other locations did not have local newspapers).



A **'Closing soon' campaign** was run on social media targeting the activity centres for the last two weeks of the recruitment period.

Appendix 3 details the number of website visits and their traffic source during the recruitment phase.

2.3 Data Collection

The Heart Foundation and Menzies team members co-designed a participant journey for the project using a simple three-step process. This created a seamless experience with automated next steps to encourage participants through the study processes. The three-step process involved:



1

When potential participants landed on the project web page, they were invited to read the study information, provide consent to participate (a mandatory requirement for participation), then complete a survey collecting basic information about demographic characteristics (e.g., age, gender, education level), health and health behaviours (e.g., physical activity, diet, blood pressure, general health), and contact information.



2

After completion of Step 1, participants were emailed a link with information about Step 2. This included the Heart Foundation digital Community Walkability Checklist (full version; see Appendix 4) to complete during or after a walk in their local area. The checklist asked participants to rate the availability, quality and characteristics of neighbourhood features such as footpaths, road crossings, shade, greenery, natural environments, healthy food options, social opportunities, public transport, amenities, safety, cleanliness, pollution, and ways the area makes them feel. There was also an open-ended question to provide any further comments they would like to make.



3

Upon completion of Step 2, participants were emailed a link to a final survey that asked participants to provide feedback about why they participated in the research, what they thought of the Checklist by rating and commenting on the ease of use, appeal, organisation, and relevance of the checklist, and to share other reflections or experiences.



Steps 1 and 3 (demographic and feedback surveys) were administered using the secure REDCap (Research Electronic Data Capture) web-based survey software hosted at the University of Tasmania.^{2,3} Step 2 (the Checklist) was administered with **Typeform**, an online survey administration tool hosted by the Heart Foundation. Participants were asked to provide their email address in each part of the survey so their data from each part could be linked. A copy of the survey questions is provided in Appendix 5.

Email was used to prompt participants to complete the research process. Participants who completed the consent/demographics step were prompted twice by email. Participants who had completed the Checklist but not the feedback survey were prompted one week prior to the data collection phase closing.

2.4 Analysis

There was insufficient data from any one activity centre to generate activity centre-specific reports, therefore data from all respondents across Tasmania is reported.

Quantitative data were analysed using descriptive statistics (percentages and numbers) and qualitative data were analysed thematically. Qualitative responses from the Checklist open-ended question and feedback survey were systematically analysed and organised into overarching themes, with illustrative quotes provided to demonstrate the themes.

Increasingly, online surveys are being targeted by 'imposters' posing as participants either for financial reward or for social disruption.^{4,5} Despite building in features to minimise and proactively identify fraudulent responses (e.g., reCAPTCHA, monitoring completion speeds, and a survey question that is answerable by automated algorithmic bots but not by human respondents), numerous suspicious responses were received. Appendix 6 describes our approach to screening for fraudulent responses and our rationale for excluding likely fraudulent data from the analytical sample.

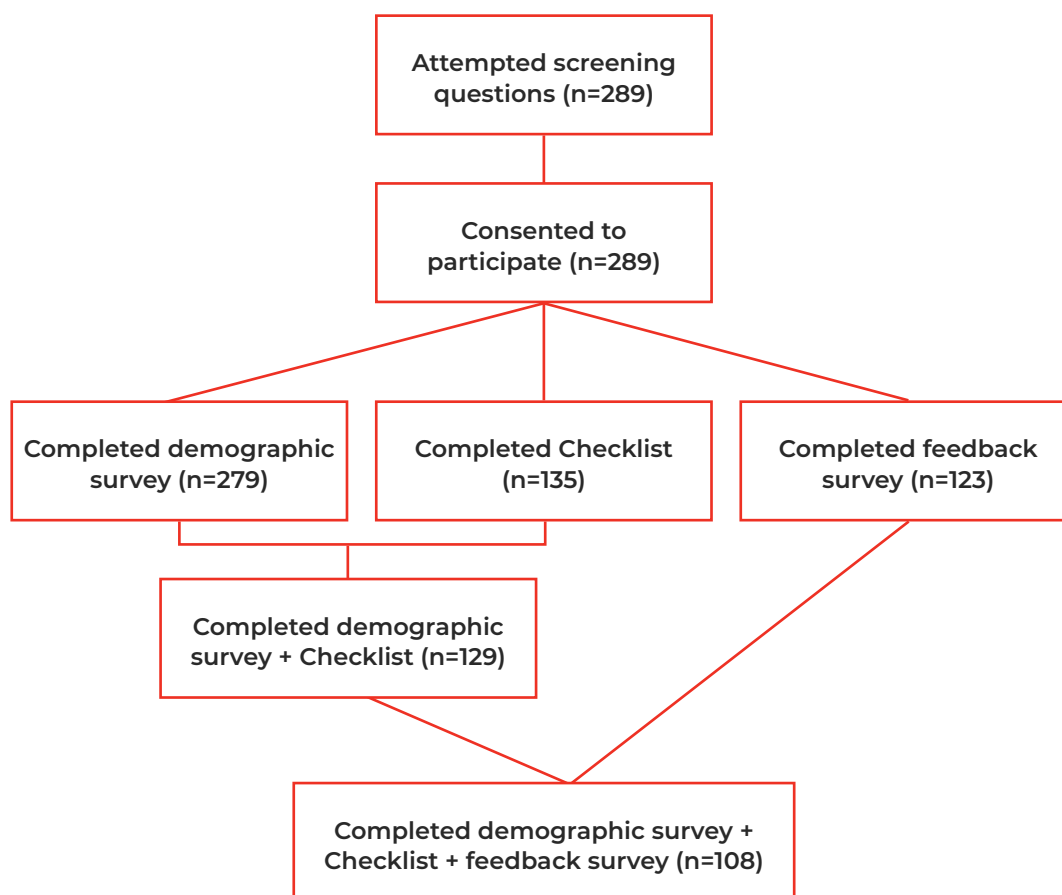
Section 3 – Demographic, health and behavioural characteristics of participants

3.1 Overall participation

A total of 129 participants completed the demographic survey and Checklist, with 108 participants completing the demographic survey, Checklist, and the feedback survey (Figure 1). A small number of participants completed more than one segment and/or had missing data for essential aspects.



Figure 1. Participant flowchart describing participation in the Love your heart, Love your Community project



3.2 Demographic characteristics of participants

This section describes the demographic characteristics of participants who completed the demographics survey and the Checklist (steps 1 and 2), and those who completed the demographics survey, the Checklist and the feedback survey (steps 1-3). Around two thirds of participants were in the 30 – 69-year age group, approximately two thirds identified as women, around half had a university undergraduate or postgraduate degree, a third each were working part-time/casual or retired, a third were living as a couple with children, and most spoke English at home (Table 1). Demographic characteristics were similar between those completing the first two steps (demographics and the Checklist) and those completing all steps (demographics, the Checklist, and the feedback survey). Some demographic characteristic categories were collapsed; see Appendix 7 for further detail.

Table 1: Demographic characteristics of participants

Characteristic	Completed demographics & Checklist (n=129) % (n)	Completed demographics, Checklist, & feedback survey (n=108) % (n)
Age (years)		
18-29	21 (27)	24 (26)
30-49	30 (39)	31 (33)
50-69	32 (41)	29 (31)
70+	17 (22)	17 (18)
Gender		
Woman	67 (87)	69 (75)
Man	31 (40)	29 (31)
Non-binary and other	2 (2)	2 (2)
Highest level of education		
Year 12 or less	10 (14)	11 (12)
TAFE/diploma/trade/ certificate/advanced diploma	36 (46)	35 (38)
Bachelor's degree	29 (38)	32 (35)
University postgraduate degree	22 (29)	19 (21)
Other	2 (2)	2 (2)
Current work status		
Full time	19 (25)	19 (21)
Part time or casual	34 (44)	36 (39)
Retired	29 (37)	28 (30)
Other (studying, unemployed, volunteering etc)	17 (23)	18 (18)
Household makeup		
Single person	25 (32)	25 (27)
Couple only	25 (32)	25 (27)
Couple with children	34 (44)	34 (37)
Single parent with children	4 (5)	5 (5)
Other (share house, multigenerational, etc)	13 (16)	10 (12)
Children under 18 living with you		
Yes	35 (45)	37 (40)
No	65 (83)	63 (67)
Language other than English spoken at home		
Yes	5 (7)	6 (6)
No	95 (122)	94 (102)

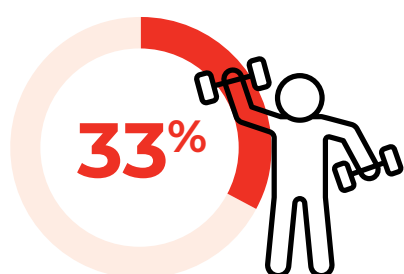
While participants were dispersed across Tasmania, the largest clusters were around the major centres of Hobart and Devonport (Figure 2). Clusters are observed around the activity centres – Smithton, Swansea, Sorrell, Blackmans Bay, George Town and Devonport – as hoped. Sixty-five per cent of participants ($n=81$) were from the Greater Hobart area, 12% ($n=15$) were from Northern Tasmania, 19% ($n=23$) were from Northwest Tasmania, and 4% ($n=5$) were from the West Coast and Central Highlands.

Figure 2. Location by postcode of participants across Tasmania



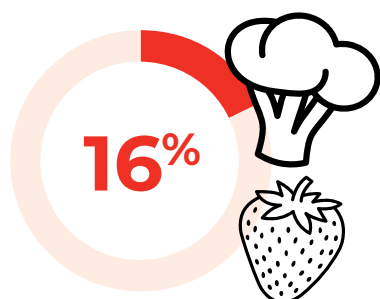
3.3 Health and health behaviours of participants

Fifty per cent of participants reported being physically active for 30 minutes on five or more days in the past week and 57% reported strength training at least twice in the past week (as per the [adult Australian Physical Activity and Sedentary Behaviour Guidelines](#)) (Table 2).



A total of **33% of participants met both the physical activity and strength training guidelines.**

Sixty-one per cent of participants reported eating two or more serves of fruit per day and 20% reported eating five or more serves of vegetables per day (as per the [Australian Dietary Guidelines](#)).



A total of **16% of participants met both the fruit and vegetable recommendations.**

Table 2. Participant physical activity and dietary behaviours

	Completed demographics & Checklist (n=129) % (n)	Completed demographics, Checklist, & feedback survey (n=108) % (n)
Past week frequency (days/week) of 30 minutes/PA		
0	4 (5)	5 (5)
1	3 (4)	3 (3)
2	11 (14)	9 (10)
3	20 (25)	20 (21)
4	13 (16)	14 (15)
5	24 (31)	22 (24)
6	13 (16)	15 (16)
7	13 (17)	12 (13)
Past week frequency (days) of strength/toning activity		
0	33 (42)	28 (30)
1	11 (14)	13 (14)
2	16 (21)	17 (18)
3	13 (17)	13 (14)
4	9 (11)	9 (10)
5	14 (18)	15 (16)
6	2 (2)	2 (2)
7	3 (4)	4 (4)
Meets physical activity guidelines⁶		
Yes	33 (43)	36 (39)
No	67 (86)	64 (69)
Fruit serves per day		
0	13 (17)	12 (13)
1	26 (34)	25 (27)
2	29 (37)	29 (31)
3	16 (21)	17 (18)
4	9 (12)	10 (11)
5	5 (6)	6 (6)
6+	2 (2)	2 (2)
Vegetable serves per day		
0	5 (6)	6 (6)
1	15 (19)	14 (15)
2	19 (25)	18 (19)
3	20 (26)	21 (23)
4	21 (27)	21 (23)
5	14 (18)	14 (15)
6+	6 (8)	6 (7)
Meets fruit and vegetable consumption guidelines⁷		
Yes	16 (20)	16 (17)
No	85 (109)	84 (91)



Around half of participants (53%) rated their health as excellent or very good, a third as good, and the remaining 14% as fair or poor (Table 3). One quarter reported that they had ever been told by a health professional that they had high blood pressure, and 11% reported that they had an illness, injury or disability that prevents walking or wheeling more than 2km.

Table 3. Self-reported health characteristics

	Completed demographics & Checklist (n=129) % (n)	Completed demographics, Checklist, & feedback survey (n=108) % (n)
Self-reported health status		
Excellent	16 (20)	17 (18)
Very good	37 (48)	38 (41)
Good	33 (42)	31 (34)
Fair	12 (16)	12 (13)
Poor	2 (3)	2 (2)
Ever had high blood pressure (hypertension)		
Yes	27 (35)	25 (27)
No	73 (94)	75 (81)
Have illness, injury or disability (prevents walking/wheeling >2km)		
Yes	11 (14)	10 (11)
No	89 (115)	90 (97)

Section 4 – Heart Foundation Checklist

Questions in the Checklist asked participants to rate neighbourhood features as good, fair, or poor. The final open-ended question inquired whether participants had further comments (n=72 responses). Where possible, these responses have been included alongside quantitative responses to the Checklist to provide additional context.



4.1 Timing and context of completion

Participants completed the Checklist throughout the week, with the most common day (nearly a third) being a Thursday (Table 4). Participants completed the Checklist throughout the day, including in the evening, suggesting that many participants completed the Checklist after walking rather than during the walk in real-time. Most commonly, participants walked with a pet, by themselves and with no aid.



Table 4. Participant time, day, company and use of aids.

	Participant % (n)
Day of Checklist completion	
Mon	7 (10)
Tues	15 (20)
Wed	19 (26)
Thurs	31 (41)
Fri	12 (16)
Sat	7 (10)
Sun	8 (11)
Time of Checklist completion	
6am-8.59am	8 (11)
9-11.59am	19 (25)
12-2.59pm	20 (27)
3-5.59pm	15 (20)
6 – 8.59pm	22 (29)
9-11.59pm	14 (19)
12-2.59am	2 (3)
Who did you walk with, and did you use any aids?*	
Mobility aid	6 (9)
Self/no aid	21 (30)
Pet	29 (42)
Pram	6 (9)
Family, partner or friend	10 (15)
Support worker	1 (2)
Did not answer	25 (36)

*Total percentage exceeds 100 as multiple responses could be selected

4.2 Community Walkability Checklist

This section summarises how participants rated various aspects of their neighbourhood and includes both quantitative and qualitative data from the Checklist.

4.2.1 Footpaths

Nearly two thirds of participants (63%) reported good availability of footpaths in their neighbourhood (Table 5). However, less than half (42%) reported footpaths as good quality, only 35% reported footpaths as being of good width, and 41% rated the separation from people riding bikes or using other modes such as scooters, as poor.

Table 5. Footpaths rating, % (n)

Footpaths*	Good	Fair	Poor
Availability	63% (84)	23% (31)	14% (18)
Quality	42% (54)	37% (48)	21% (27)
Width	35% (43)	47% (57)	18% (22)
Separation	25% (29)	34% (39)	41% (47)

*How would you rate footpaths in your neighbourhood?

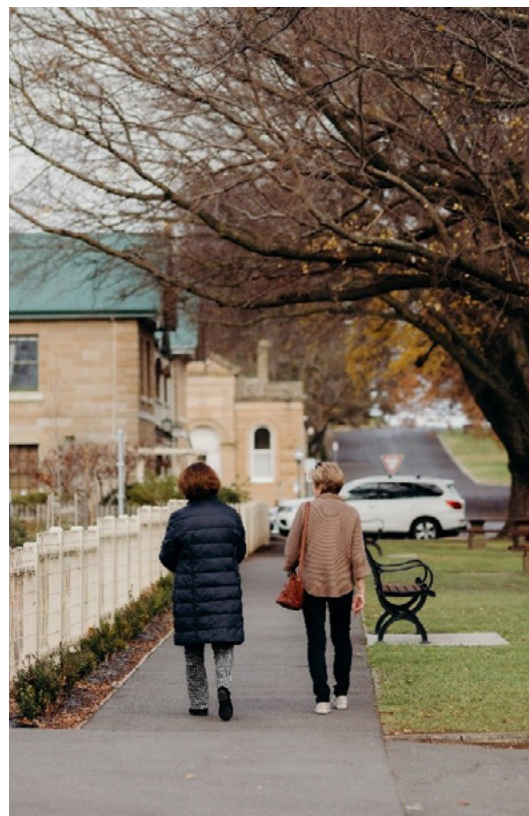
Participants were concerned about the condition of footpaths. Their comments raised issues with trip hazards, footpaths not being flat and/or sloping, being narrow, only on one side of the street – all of which impacted the walkability of their area.

“We have 2 footpaths. If I walk I am usually on the road. We do need more footpaths. Since my time here I have seen 3 elderly people trip over due to no footpaths.”

“Most of the pathways on [road] are either too slim for two people to walk side by side which makes it difficult for me as I use sighted guide, they are mostly uneven making it impossible to use my cane and they are all slanted which makes it harder again for me and over hanging vegetation.”

Many participants have raised issues relating to the absence of footpaths or tracks, forcing them to walk on the road.

“My neighbourhood needs a footpath. School children getting to and from buses walk along the road verge.”



“I would use a footpath to visit my neighbours if there was one. Currently the only way to walk is by using the roadside vegetation.”

“The lack of footpaths in the whole of Molesworth restricts my opportunities to walk. The dust from cars travelling on gravel roads doesn't help.”

Footpath obstructions along the walking routes resulting from household garden maintenance, car parking and bins were also raised as an issue.

“If I could get a pram to the walking track it would be more accessible. Often the ramps for prams are still very hard to use. There is often pine bark from resident's garden covering foot path, and they don't clean up after trimming hedge. Gum tree overhanging footpath which I avoid on windy days.”

“On bin day it is hard to get around, especially with a pram. Some people don't take their bins in for a day. It's quite hilly too.”

4.2.2 Pedestrian Crossings and Accessibility

Less than half of participants (41%) reported good availability of crossings (Table 6). Yet 56% reported good wait time at traffic lights for people crossing, 55% reported the length of crossings at traffic lights for people as good, and 44% reporting good crossing/kerb ramps.

Table 6. Pedestrian crossing ratings, % (n)

Pedestrian crossings*	Good	Fair	Poor
Availability	41% (53)	24% (39)	29% (38)
Wait time at traffic lights for people crossing	56% (56)	29% (29)	15% (15)
Length of crossing at traffic lights for people	55% (50)	32% (29)	17% (16)
Crossing/kerb ramps (the ramp from the footpath to the road, particularly at intersections and pedestrian crossings)	44% (52)	41% (48)	15% (17)

*How would you rate pedestrian crossings in your neighbourhood?

Physical features such as sloping terrain and/or a lack of infrastructure such as ramps, rails and stairs impacted walkability and access to destinations.

“My part of our street is new and aimed at mostly over sixties. I have medical reasons I can't walk up hill. My street is sloped which makes it a chore. Also, the walkway to the beach is extremely sloped and only has part of it railed.”

“Some of the curbs make it hard to walk with a pram as there isn't always accessibility ramps on and off the curb (especially in old parts)”

“Whilst there are fairly new and regular crossing making it so much easier with prams, bikes, wheelchairs, etc, compared to 12 months ago. What I find really frustrating is cars parking either across these crossings or on the nature strip over the top of these crossings marking.





4.2.3 Shade, Green Spaces, Natural Environments, Noise and Air Pollution

Half of participants reported a good amount and quality of shade cover that provided a pleasant walking environment, 58% reported good access to and quality of public open spaces and playgrounds that are nice and in good condition, and 80% reporting good access to pleasant and calming places of nature and natural surrounds (Table 7). Around half (49%) of participants reported their area was generally quiet with minimal noise, and two thirds (64%) reported that the air was clean and fresh with no noticeable pollution, making walking comfortable and pleasant.

Table 7. Shade cover, green spaces, and natural environments ratings, % (n)

Shade, Green Space, Natural Environment	Good	Fair	Poor
Amount and quality of shade cover*	50% (44)	47% (49)	16% (18)
Access to and quality of public open spaces (e.g. parks, playgrounds, reserves, gardens, sports ovals, beaches, and rivers)	58% (76)	36% (47)	6% (8)
Access to pleasant and calming places of nature and natural surrounds	80% (103)	17% (22)	3% (4)
Noise levels (e.g. from traffic, construction, industry) **	49% (64)	45% (58)	6% (8)
Level of air pollution (e.g. from vehicle emissions, industrial fumes, smoke) **	64% (83)	31% (40)	5% (6)

*How would you rate shade cover in your neighbourhood (including tree canopy and other structures)?

**How would you rate noise and air pollution in your neighbourhood?

Having easy access to the natural environment and pleasing aesthetics through views, parklands and beaches enhance participants enjoyment of walking in their area.

- “ I live close to the beach, this adds to the enjoyment of walking.”
- “ Devonport is beautiful place along the waterfront, the new hotel and light show are really nice.”
- “ My home is approximately 3k from the Main Street where most amenities are. It is a nice walk generally on foot paths with nice views.”



4.2.4 Healthy Food

Around half of participants reported good access to healthy food while less than half reported good variety of healthy food (Table 8). A third reported good access to fast food in their neighbourhood.

Table 8. Healthy food availability ratings, % (n)

Healthy food availability*	Good	Fair	Poor
Access	51% (68)	37% (49)	12% (16)
Variety	42% (56)	46% (61)	12% (16)
Fast Food	27% (33)	53% (66)	20% (25)

*How would you rate the availability of fresh, healthy food in your neighbourhood?



4.2.5 Social Opportunities

More than half of participants (56%) reported that there were safe, welcoming, and comfortable spaces to meet and connect with others (Table 9). Similarly, 59% reported they mostly see other people when out walking, and 52% reported lots of points of interest on their walk.

Table 9. Social opportunities ratings, % (n)

Social opportunities*	Good	Fair	Poor
Places to socialise with others	56% (74)	37% (49)	7% (8)
See other people	59% (71)	36% (44)	5% (6)
Points of interest (street art, landscaping, scenic views, shop fronts and buildings)	52% (67)	38% (49)	10% (13)

*How would you rate the following opportunities to meet and connect with other people in your neighbourhood? (This might include local parks, cafes, plazas, libraries, sporting facilities or other welcoming spaces to relax and linger.)

4.2.6 Public Transport

Nearly half of participants (49%) reported fair availability of public transport (Table 10). Nearly three quarters of participants (71%) reported fair (shelter and seating provided but are not always good) or poor (no shelter or seating) shelter and seating at public transport stops, while 57% they can walk to their local public transport stop.

Table 10. Public transport ratings, % (n)

Public transport*	Good	Fair	Poor
Availability of public transport stops (bus, tram, ferry or train) with regular services within walking distance of your home	38% (49)	49% (64)	13% (17)
Shelter and seating at public transport stops	29% (37)	37% (47)	34% (42)
Ability to walk to public transport stops	57% (69)	25% (30)	18% (23)

*How would you rate public transport in your neighbourhood?

4.2.7 Amenities

Sixty-one per cent of participants reported fair (some availability, but not enough) or poor (no availability) of seating or rest options in their neighbourhood (Table 11). Eighty-one per cent reported fair (some, but not enough) or poor (none) drinking fountains in their neighbourhood, while less than half of participants (43%) reported good access to public toilets in convenient locations. Forty per cent of participants reported that walking paths and surrounding areas were well-lit providing a good sense of safety with another 46% reporting some areas were well-lit but others needed improvement. More than a third of participants reported there were no places to shelter from the weather, while 45% reported some shelters existed but they rated them as fair.

Table 11. Amenities ratings, % (n)

Amenities*	Good	Fair	Poor
Seating	37% (47)	54% (71)	9% (14)
Drinking fountains	19% (25)	36% (48)	45% (59)
Public toilets	43% (56)	45% (58)	12% (16)
Lighting	40% (49)	46% (57)	14% (18)
Places to find shelter from the weather	20% (25)	45% (58)	35% (44)
Signage to help you find your way	57% (67)	38% (44)	5% (6)

*How would you rate amenities in your neighbourhood?

4.2.8 Vehicle Traffic

Two thirds of participants rated the speed of vehicles as fair (sometimes travelling too fast) or poor (often travel at unsafe speeds), meaning they sometimes or often feel uncomfortable or unsafe walking in their area (Table 12). One quarter rated obstacles and measures to slow traffic as poor and more than half rated separation as fair (separation not always present) or poor (separation doesn't exist).

Table 12. Vehicle traffic and traffic safety rating, % (n)

Vehicle traffic and traffic safety	Good	Fair	Poor
Speed of motor vehicles*	36% (47)	54% (71)	10% (13)
Obstacles to slow traffic down (speed bumps, slow points, or other measures)*	43% (56)	32% (41)	25% (32)
Separation of footpaths from vehicle traffic*	41% (49)	39% (46)	20% (24)

*How would you rate traffic-related safety in your neighbourhood?

Safety concerns associated with a lack of infrastructure was raised as an issue impacting walkability by participants. Traffic speed was perceived as reducing the safety of walking.

“Footpaths would be very welcome here. You have to walk on the road which has a speed limit of 80 then 60 then 50 when the footpaths start.”

“Some Hwy crossings don't feel safe due to vehicles speed and some not stopping at red lights.”



4.2.9 Cleanliness

More than half of participants (53%) reported their neighbourhood as being clean and well-maintained with a good amount of rubbish bins, and a similar amount (56%) reported their area as being well-maintained and without obstacles such as shrubs, bushes or signage (Table 13).

Table 13. Cleanliness of neighbourhood ratings, % (n)

Cleanliness & aesthetics	Good	Fair	Poor
Litter, graffiti and vandalism	53% (71)	43% (57)	4% (6)
Maintenance of shrubs, signage and other amenities	56% (74)	36% (47)	8% (11)

**How would you rate the cleanliness and aesthetics of your neighbourhood?*

4.2.10 Personal Safety

Nearly two thirds of participants (63%) reported that they felt safe walking in their area (Table 14).

Table 14. Personal safety ratings, % (n)

Personal safety*	Good	Fair	Poor
Perceived level of safety	63% (84)	32% (43)	5% (7)

**How would you rate personal safety in your neighbourhood?*

4.2.11 Destinations

Around half of participants (52%) reported a good variety of destinations within walking distance of their home, and 51% reported a good mix of housing types with sufficient density to support a range of local destinations and services. However, 44% reported that footpaths were disconnected or non-existent, making walking difficult (Table 15).

Table 15. Distance, density and connectivity rating

	Good	Fair	Poor
Variety of destinations within walking distance of your home	52% (67)	38% (49)	10% (13)
Population density	51% (63)	37% (45)	12% (15)
Connectivity of walking routes to access local destinations	40% (48)	44% (53)	16% (19)

**How would you rate the following aspects of your neighbourhood?*

Connectivity and pedestrian networks impact participants' ability to navigate their local area and can enhance or detract from walkability. Participants said:



The design of new subdivisions lacks permeability. Pedestrian crossing points are dated and poorly designed. Footpaths on both sides of the road are provided in some areas and poorly maintained - better to have one well maintained footpath. There are few less formal off-road walking tracks."



The area has improved more recently, however there's still more work needed in the local area. ... lack of connecting paths in some places is frustrating."



Love this area for walking. Mix of footpaths, lanes, beach. Diverse community. Good facilities for location."

4.2.12 Further comments

Seventy-three participants made further comments about walkability in their area. Key issues related to footpaths, safety, access and maintenance, access to the natural environment, and connectivity, summarised below:



Footpaths were the most reported barrier to walkability, with many participants describing uneven, sloped, narrow or missing paths that forced them onto the road and reduced their sense of safety.



Safety concerns strongly shaped the walking experience. Participants cited speeding cars, lack of separation from traffic, and inconsistent kerb ramps as major issues affecting confidence and comfort.



Natural environments were a major motivator for walking. Beaches, waterfronts, parks and calming natural surrounds were noted as enhancing enjoyment and encouraging participation.



Access and maintenance issues disrupted walking routes. Overgrown vegetation, garden debris, bins, and cars blocking crossings were frustrations, especially for people using prams or mobility aids.



Connectivity and neighbourhood design influenced ease of movement. Participants highlighted disconnected paths, steep terrain, and limited off-road routes as barriers to convenient and continuous walking.

Section 5 – Checklist Feedback Survey



5.1 Motivation for participating

Participants were motivated to participate in the research for altruistic reasons (Table 16.). Over two thirds cited participating in research as their motivation. Seven in 10 participants said giving back to the community was their motivation.

Table 16. Reason for participating, % (n)

Reason	% / number
Give back to the community	69% (74)
Collect data to improve the community	69% (74)
Participate in research	64% (69)
Learn new skills	8% (9)
Meet new people	5% (5)
Other	2% (2)

We summarised the remaining questions for the Checklist Feedback Survey findings under three headings:

1. About the Checklist
2. Actions and motivations, and
3. Knowledge and learning

5.2 About the Checklist

As described in Section 3.1, 108 participants completed a Checklist Feedback Survey. Participants generally found the Checklist easy to use, clearly presented, and broadly relevant, especially in suburban and urban contexts. However, improvements may enhance nuance, flexibility, and device compatibility, particularly for users in rural and semi-rural areas. Adding

‘not applicable’ options, more detailed response categories, clearer instructions, and better mobile performance would help ensure the tool is universally suitable. Participants also suggested broader community promotion and more frequent use to help track changes in walkability over time.

5.2.1 Usability

What worked well

Participants consistently described the Checklist as easy to use, noting simple language, clear examples, and intuitive multiple-choice selections.

“ I liked that we didn’t have to write an essay for each answer, easy to click on the choice that fits best.”

“ All questions and examples were very clear.”

“ Even on my phone, it was easy to use as answers saved when I accidentally refreshed the page.”

The order and flow of items supported smooth completion.

“ The items were well organised in such a way it was easy for me to navigate through.”

Usability issues

A smaller number found it challenging with commonly reported reasons being:

- Response categories felt too limited
- Participants wanted more nuance (e.g., “borderline” between fair and poor)
- Rural participants could not answer questions that did not apply to their context, or

participants wanted comment boxes to explain responses (“Sometimes I had to just pick the closest option but it wasn’t quite right.” “I would have liked to be able to put comments along the way.”)

- Several recommended adding “Other” options, “Not applicable” options, ability to record comments per item, or photos showing examples of good/fair/poor infrastructure.

5.2.2 Functionality

Feedback on functionality was mixed and often related to the device used to complete the checklist.

What worked well

Some found the Checklist worked smoothly across devices:

“Even on my phone, it was easy to use...”

Functionality issues

Others found phone use difficult:

“It did scroll down without me wanting to, to the next page a lot.” and “Easy on my PC, very difficult on my phone.”

Other functional challenges included:

- Difficulty uploading photos
- Not being able to see long text in comment boxes
- Confusion about whether questions applied to the route walked or the broader area they lived in
- A desire to view all checklist items before starting
- A desire for a tally/count system (e.g., number of crossings or benches passed).

“I would have preferred to have all the questions available upfront so I could think about it as I walked.”

5.2.3 Relevance

Relevant for many

About half of respondents found the Checklist relevant and reflective of real local walkability issues.

“The checklist covered essential aspects of walkability.”

“All the checklist items reflected real issues in my local area.”

Less relevant for rural and semi-rural contexts

Participants from rural locations noted that many checklist items did not apply or that lack of infrastructure did not necessarily reflect poor walkability.

“I live in George Town – we do not have traffic lights!”

“In rural communities you may not need playgrounds, shelters, lighting etc.”

“If something was not available, it is not necessarily a negative.”

Need for nuance

Participants reported missing:

- Options for “not relevant”
- More detailed descriptors of infrastructure
- Context for accessibility
- Features such as:
 - Hills or terrain difficulty
 - Footpath width and ramp access
 - Crossing frequency
 - Community amenities (street libraries, community gardens)

“Missing ramp/chair access too.”

“You could have included info re hills and accessibility.”

5.2.4 Other Themes

Promotion and regular use

Some participants commented that the Checklist should be promoted more widely and repeated regularly to track change.

“More awareness should be done so more people will get to know about the project.”

“The checklist should be done every 3 months...”

Privacy statement placement

One participant strongly recommended placing the privacy statement earlier:

“The privacy statement being at the very end is a bad idea...”



A summary of the Checklist feedback survey question responses are captured in Table 17.

Table 17. 'About the Checklist' qualitative questions, number (percentage) of responses, and general findings

Checklist Feedback Question	Number (%) Responses	Notes
Would you like to comment about how easy the checklist was to use?	87 (81%)	Usability, functionality and relevance themes
Would you like to comment about how appealing the formatting was?	65 (60%)	Question often misinterpreted as usability-focused rather than aesthetics
Would you like to comment about the order of items?	51 (47%)	Mostly positive; one critique re: privacy statement placement
Would you like to comment about how relevant the items were?	62 (57%)	Split between relevant and less relevant, especially influenced by rural contexts
What was missing?	11 (10%)	Smaller response; mainly rural relevance and missing features
How could we improve the Heart Foundation Community Walkability Checklist?	113	37 responses were that the Checklist did not need changing or that they did not have suggestions. Other detailed suggestions were across usability, functionality, and relevance.

5.3 Action and motivations

Participants were asked about any actions they planned to take after completing the Checklist, and if there were no plans for action, reasons why (Table 18).

Table 18. Action and motivations questions overview, number (percentage) of responses, and general findings

Question	Number (%) Responses	Notes
Please specify the action you plan to take	58 (54%)	Most respondents intend to take action after completing the study; actions relate to advocacy, influencing others, and personal walking behaviour.
Why do you not plan to take any action?	51 (49%)	Non-action reasons include already advocating, being satisfied with walkability, uncertainty about what to do, limitations (time, skills, age), and low expectations of change.

Across both questions, participants demonstrate a strong underlying commitment to walkability, with their planned or unplanned actions shaped by:

- confidence and clarity about what action they can take
- satisfaction with current local conditions
- current and past experiences with advocacy
- structural constraints such as rurality
- personal capacity and competing priorities

The study motivated participants to act, particularly via advocacy to councils and community groups or through increased walking activity.

- Where action was not planned, it was largely because participants felt they were already active, that local walkability was adequate, or that they lacked clarity, time, or capability to do more.
- Rural participants expressed unique barriers, including perceptions that advocacy would be ineffective or slow to lead to change.
- There is a clear difference between those newly activated by the Checklist and those who feel they have reached the limits of their influence.

Participants' responses to the two questions, "the action you plan to take" and "why you do not plan to take any action", reflect a shared set of underlying motivations and barriers. Rather than existing as two distinct groups, participants sit along a spectrum of engagement, ranging from newly activated advocates to individuals who feel they are already doing all they can or are unsure how to contribute further. Their motivations, confidence levels and contextual realities shape where they sit on this spectrum.

Advocacy: From Newly Motivated to Already Active or Disillusioned

For many, involvement in the study generated a stronger desire to advocate for more walkable neighbourhoods. Participants described feeling empowered to contact councils, raise concerns in community groups, or use their own experiences to push for improvements. As one participant noted,

"I am motivated to pay more attention to my environment... so I can speak up for positive changes."

Another planned to share insights widely:

"Yes, I plan to share the findings with local community groups and advocate for improvements."

At the other end of the spectrum, equally committed participants felt they were already advocating, sometimes over many years, and saw no additional action they could take. Some reported reduced confidence in their influence, with one participant saying,

"I've messaged local council over the years many times and not had good results."

Another commented,

"I am already involved in advocating better walkability and accessibility in my area."

These contrasting experiences reflect a shared commitment to walkability but differing perceptions of efficacy, influence and opportunity to act.

Walking Behaviour: Intending to Walk More vs Feeling Behaviour Is Already Optimal

Participation in the study encouraged some people to increase their walking or involve others:

"Continue the walking, encourage my family to do more of it," and "To start a walking group."

These participants experienced the checklist as a catalyst for personal health behaviour change.

Conversely, others felt no need to take further action because they were satisfied with their existing routines:



“ *I walk regularly, happy with the paths etc so not sure what else I would do.”*

Although these individuals were highly engaged walkers, they did not see additional action as necessary. Importantly, both groups valued walking - just from different starting points.

Community Awareness: Clear Actions for Some, Uncertainty for Others

Some respondents expressed confidence in what action to take, sharing resources, posting updates online, and communicating with neighbours.

For example, one person wrote,

“ *I have shared in my local community Facebook page about the need for people to consider others and not park over... designated areas on the footpath.”*

In contrast, others expressed uncertainty about what actions would be effective or felt they lacked the skills or capacity:

“ *Not sure what would be effective,” and “Others are better equipped.”*

These responses suggest that clarity, confidence and perceived capacity influence whether people act, even when they share similar concerns about walkability.

Local Conditions: Identifying Problems vs Feeling Needs Are Already Met

Perceptions of local walkability also shaped actions. Participants highly motivated to act often reported safety concerns or infrastructure gaps:

“ *Walkability near my home... is terrible, and I have refused to walk with a pram due to safety concerns.”*

For them, the study validated their experiences and reinforced the importance of action.

By contrast, others felt no need to act because their area had sufficient walkability features:

“ *Happy with how it is... see council being mindful and in action about accessibility.”*

Satisfaction with the status quo reduced the perceived need for advocacy or personal behaviour change.

Structural Context: Acting Despite Barriers vs Feeling Action Is Futile

Rural and semi-rural participants often highlighted the same structural barriers yet responded differently. Some took action regardless:

“ *We are already lobbying our Council and State Growth for a footpath... and this will continue.”*

Others felt action would not lead to change:

“ *Area is rural and so unlikely Council would act quickly to change anything.”*

This reflects a divergence in perception about the impact of advocacy in rural contexts, where infrastructure gaps and limited local resources may shape resident's expectations of what is possible.

Capacity and Practical Constraints Affect Everyone

Time pressure and competing priorities influenced responses across the spectrum. For some, these constraints limited the type or extent of action they planned to take. For others, capacity constraints prevented any action at all:

“ *Busy with work.”*

This theme underpins both questions and highlights the importance of designing walkability initiatives that accommodate varying levels of participant capacity.

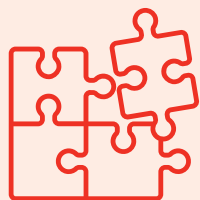
5.4 Knowledge and learning

Participants were asked whether they were encouraged to think differently (and if not, why not), and what they have learned from being involved (and if nothing, why not). Across the knowledge and learning questions (Table 19), the Checklist helped many participants:

- see their neighbourhood with new eyes,
- understand walkability as a system influenced by infrastructure, safety, aesthetics and social factors,
- recognise how accessibility challenges affect others, and
- discover new walking routes or destinations.

Meanwhile, lack of new learning typically reflected strong pre-existing awareness, routine familiarity, or ongoing advocacy, rather than lack of engagement.

The findings show that the Checklist supports both education and reflection, with potential to strengthen community awareness of walkability, accessibility and healthy neighbourhood design.



Participants' reflections reveal four overarching themes:

1. Increased awareness and deeper understanding of walkability
2. Recognition of accessibility needs and greater empathy for others
3. Familiarity with local area as a limiting factor for new learning
4. Changed perceptions of the social and emotional value of walking

These themes cut across all four questions, demonstrating differences in how people engaged with the Checklist based on their prior knowledge, walking habits and advocacy experience.

Table 19. Knowledge and learning questions overview, number (percentage) of responses, and general findings

Question	Number (%) Responses	Notes
Please explain how you were encouraged to think differently	76 (70%)	Participants reported increased awareness of walkability features, greater sensitivity to accessibility issues, and noticing more about their environment. Many also reported being motivated to walk more or explore new areas.
Why did your thoughts not change?	40 (37%)	Participants felt they were already aware of local walkability issues, were long-term advocates, or believed their area was already walkable.
Please explain what you have learned	64 (59%)	Many gained new knowledge about walkability factors (infrastructure, accessibility, safety), discovered new routes, and recognised how features impact others with mobility constraints.
Why did you not learn something new?	47 (44%)	Participants felt they already walked regularly, knew their area well, or had pre-existing awareness of accessibility issues due to lived experience or community involvement.

5.4.1 Increased Awareness of Walkability Features and Local Environment

Many participants described the Checklist as a tool that helped them see their area differently. They noticed features, good and bad, that they had previously overlooked.

They became more aware of how footpath conditions, lighting, road verges, shade, crossings and signage influence walkability and safety.



Yes, using the Checklist made me more aware of the specific features that support or hinder walkability... and encouraged me to notice details I hadn't considered before."



It made me lookout for things and view things in a different way."



I discovered areas that are more walkable than I expected and also noticed dangerous spots I had overlooked before."

Some realised why they enjoyed walking in their community:

“The checklist highlighted why I enjoy my walks so much and made me realise how lucky I was to live in Blackmans Bay.”

Others discovered new routes or destinations:

“Yes, I walked different routes to see other areas in my community.”

“Made me realise... I can reach several wineries and a truffledore!”

This theme also includes noticing the aesthetic and social aspects of walking, what makes walking appealing, pleasant or easy to integrate into daily life.



5.4.2 Greater Understanding of Accessibility and Mobility Needs

Participants reported increased understanding of how walkability impacts people with prams, wheelchairs, mobility aids, young children or older adults.

For many, this emerged as a new perspective:

“Encouraged a critical appraisal of the area for families with prams, older people with mobility issues.”

“While I am aware of damaged pavement... I hadn't thought of them as impassable for someone with less mobility.”

“I learned... how inadequate lighting and lack of crossings impact accessibility.”

Some now see walkability as a community-wide issue, not just a personal one, with implications for inclusion, social connection and equitable access.

A number reported new motivation to encourage walking among others:

“I want to encourage more people to take daily walks.”

5.4.3 Existing Knowledge or Experience Limited the Opportunity to Learn Something New

Participants whose thinking did not shift typically described themselves as already highly aware of walkability features, often due to:

- long-term walking habits
- involvement in community groups
- previous advocacy
- lived experience with accessibility constraints (e.g., pram use)

“I'm usually conscious of these problems when walking around. They're unavoidable.”

“I was already aware of how bad my area is because I have a pram and young child.”

“I appreciate my walking area already and have noted... accessibility before.”

Others did not experience new learning because they believed their area was already walkable:

“I often walk the same walk, love it and need no changes.”

“I walk regularly... and feel safe and have access to parks and a community centre.”

This theme shows that the Checklist had less impact where baseline knowledge was already high, either because participants had been advocating for years or because their environment presented fewer challenges.

5.4.4 Changed Perceptions of the Social and Emotional Value of Walking

Several participants began to view walking differently, not just as transport or exercise but as a social and community-building activity.

“I have never considered walking in my community as a social activity... completing the project made me think about walking with people and socialising.”

This shift may represent a broader re-evaluation of how walking contributes to wellbeing, connection and local lifestyle.

Section 6 – Conclusions and Recommendations

Participants were motivated by altruistic reasons to take part in this collaborative research project. Participants came from across Tasmania and the lifespan.

Women and those with higher levels of education were over-represented.

The assessment of walkability indicates that fragmented and inconsistent infrastructure provision undermines the continuity and accessibility of the walking network, thereby affecting walkability, participation and perceived safety. The impact of these limitations will be experienced more strongly by older adults, people with disability, and carers with prams and children.

In summary the Heart Foundation Community Walkability Checklist:

- **Prompted reflection and awareness.** Participants appeared to notice issues they had previously overlooked, such as footpath conditions, connectivity, and safety, suggesting the Checklist encouraged careful observation of their neighbourhood.
- **Expanded the knowledge of participants.** Participants described being able to consider walkability from others' perspective, particularly people with mobility issues and children and also increased their understanding of the diversity of factors that enhance walkability.
- **Validated lived experience.** Many comments show that people felt the Checklist captured real barriers they routinely face (e.g., missing footpaths, overhanging vegetation, cars blocking crossings), giving them a structured way to express these frustrations.
- **Helped articulate what they valued.** Participants frequently highlighted the joy of walking near parks, beaches, and nature, indicating the Checklist allowed them to recognise and name positive local features.
- **Made challenges visible and "nameable".** Several respondents used the comment section to describe obstacles like slopes, narrow paths, poor ramps and litter, suggesting the tool gave them a voice to report practical, concrete issues.
- **Revealed inequities for some.** Comments contrasting well-maintained areas with poorly connected or neglected ones show participants recognised inconsistent walkability across neighbourhoods.



Overall, the tool was considered easy to use and meaningful. The high completion numbers and detailed responses suggest participants found the Checklist straightforward and worthwhile, and appreciated having a structured way to contribute to improving their community.

Recommendations for the Heart Foundation

1. Review the feedback and revise the Community Walkability Checklist.

In future revisions, consider improving usability and equity by:

- Introducing “not applicable” and more graduated response options;
- Allowing item-level comments and photo uploads;
- Improving functionality for mobile phones; and
- Ensuring relevance for rural and semi-rural contexts while maintaining comparability.

2. Embed the Checklist within Policy and Planning Frameworks

Position the Checklist as a repeatable, place-based monitoring tool to support Australian local government planning, prevention strategies and evaluation, beyond a one-off engagement mechanism.

3. Clarify Pathways from Community Input to Action

Strengthen guidance for Australian communities and councils on how Checklist findings can inform advocacy, prioritisation and decision-making, including clear feedback loops to reduce consultation fatigue and build trust.

4. Support Local Government and Community Uptake

Promote the Checklist through Heart Foundation Walking groups, local councils and partner organisations, recognising capacity constraints while offering a practical, evidence-informed tool for healthy placemaking.

5. Continue Investment in Citizen Science for Health Equity

This project illustrates the value of citizen science in amplifying lived experience and supporting equity-focused prevention. Continued investment will strengthen the Heart Foundation’s leadership at the intersection of community, evidence and policy.

Collectively, these actions would position the Heart Foundation’s Community Walkability Checklist as a credible policy-support instrument, helping to bridge community experience, evidence generation and healthier planning and investment decisions across Australia.

Section 7 – Appendices

Appendix 1. Table of key project tasks and timelines

Project Task	Timeline	
Finalise ethics approval	1.6.2025	30.7.2025
Recruit and onboard Project Officer	1.6.2025	30.6.2025
Finalise Data sharing agreement	1.6.2025	30.7.2025
Finalise REDCap surveys	1.7.2025	30.7.2025
Finalise recruitment and promotional materials	1.7.2025	30.7.2025
Launch participant recruitment and monitor	1.8.2025	30.9.2025
Facilitate participant onboarding as required	1.8.2025	30.9.2025
Participants complete consent and demographic survey	1.8.2025	30.9.2025
Participants complete the Checklist	1.8.2025	30.9.2025
Data cleaning and descriptive, Checklist and feedback analysis	1.10.2025	30.10.2025
Draft project report	1.11.2025	30.11.2025
Finalise ethics and funder reporting	1.12.2025	20.12.2025

Appendix 2. Activity Centre Matrix Shortlisting and Selection

Local Government Area	Activity Centre Type *	Regionality	Suggested Activity Centre	LGA SEIFA	Population	Region	Lift Local project
Central Coast Council	Urban	Outer Regional	Ulverstone	927	11289	North West	Tool to measure health and wellbeing impacts
Circular Head	Urban	Outer Regional	Smithton	943	3934	North West	Roadshow, health check, data collection on health and wellbeing behaviours
Clarence	Suburban	Inner Regional	Rosny 842, Bellerive 4945	989	842; 4945	South	Community food insecurity assessment
Devonport Council	Urban	Outer Regional	Devonport	906	26150	North West	Develop community wellbeing index and platform for dissemination
George Town Council	Urban	Outer Regional	George Town	861	7378	North	Develop a H&WB Plan
Glamorgan Spring Bay	Urban	Remote	Swansea	950	997	South	Active Living Strategy
Glenorchy	Suburban	Inner Regional	Glenorchy	927	12013	South	Artwork to support delivery of Reconciliation Plan
Kingborough	Suburban	Inner Regional	Blackmans Bay	1039	7688	South	Develop a H & WB strategy
Sorrell Council	Urban	Inner Regional	Sorrell	990	3587	South	Develop a Tracks and Trails Strategy
West Coast	Urban/rural	Remote	Queenstown 1808, Strahan 634, Rosebery 752, Zeehan 702	861	1808, 634, 752, 702	North West	Develop a H&WB Plan
West Tamar	Urban	Inner Regional	Legana	1044	4769	North	To review the previous Community Health and Wellbeing Project to update and to inform future work and planning in health and wellbeing

*used ABS definition to categorise

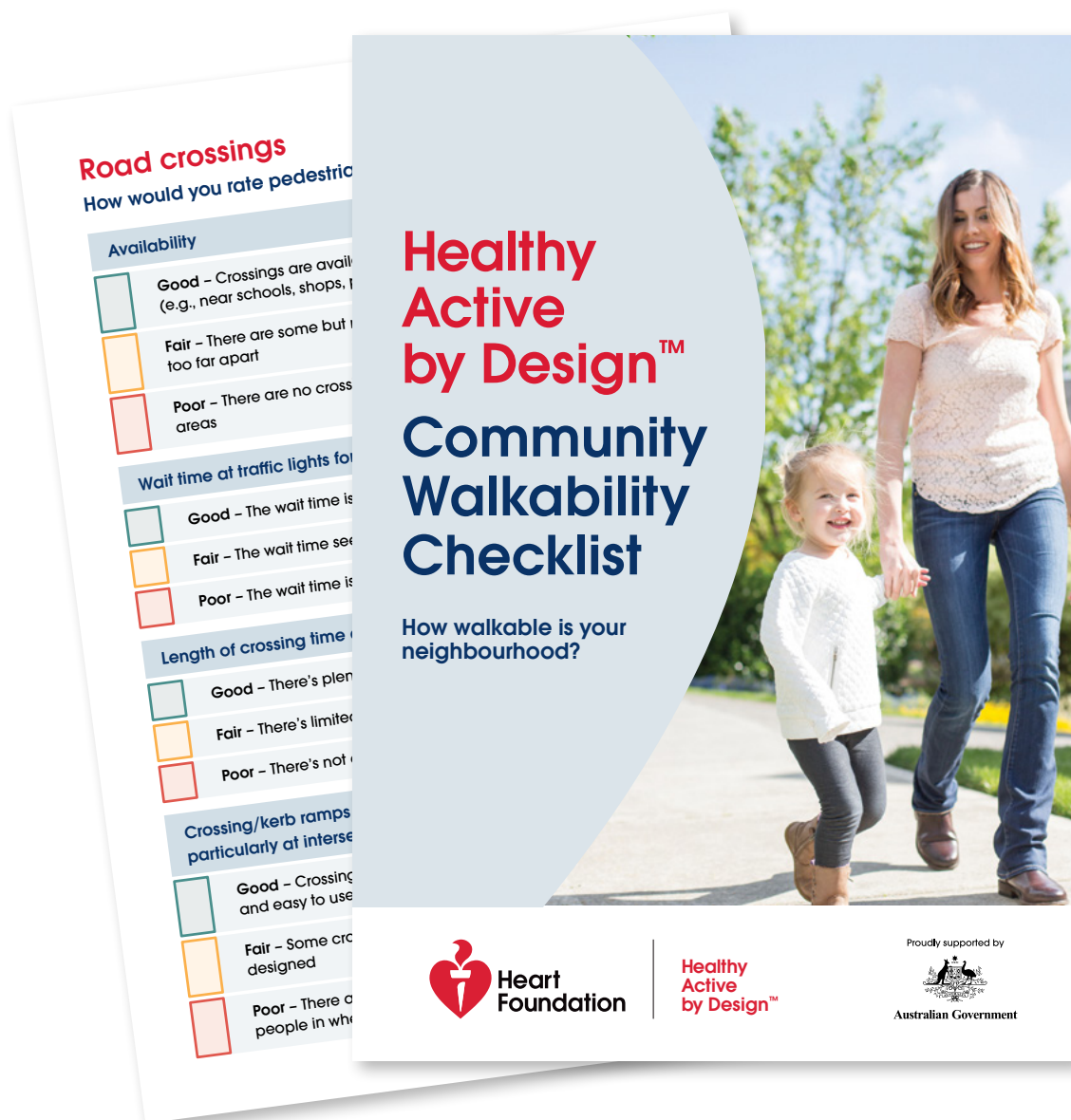
Aligned policy documents (examples)	Heart Foundation walking groups	PWP participants	Current Programs/ Resources	HT grants
Cycle Strategy, Food Security Strategy, Active Recreation asset plan, Age Friendly, Greening Central Coast, Community Safety, Disability Inclusion, Open Space and Recreation, Our Place our Future Strategic Plan	1 group, 25 members (Aboriginal Health group)	329		
Health and Wellbeing plan (open for consultation), Age Friendly, Greening Circular Head	2 Smithton walking groups, 11 members and 16 members	87		Community Connection Guide (HT Grant funded)
Community Wellbeing Strategy, Age Friendly, Active Living, Community Safety	Rosny 18 members, Bellerive 4 members (Winteringham group)	1132		Healthy Together
Living Well Health and Wellbeing Strategy 2023-2033, Open Space Strategy, Disability Inclusion, Public Lighting Strategy, Council Annual Plan	2 HF walking groups, 28 members	463	Living Well Devonport Programs	
Health and Wellbeing Strategy, Sport and Recreation Strategy, Street Tree Strategy, Annual Plan	2 groups, 4 walkers	134	Healthy George Town (deliver health and wellbeing workshops/sessions; curated by Healthy Tasmania P/L); Health and Wellbeing Committee being established	
Strategic Plan, GSBC Advocacy Initiatives 2025, Walking and cycling strategy	no groups	63	Spring Bay Community Food Hub	
Healthy Communities Plan, Access and Inclusion, Open Space, safe Communities,	Goodwood 6 members; Glenorchy 16 members	610		
Health and Wellbeing Plan, Cycling, Open Space, Tracks and Trails, Positive Aging	1 group Blackmans Bay 54 members	713		
Active Transport Strategy; Social Strategy; Council Annual Plan 2025/26	2 HF walking groups over 50 members	316	Sorell Community Health facilitate community activities	HT grant for Active Connection: Link Tracks Uniting Miena Park and Penna Beach
West Coast Community Plan 2025, Health and Wellbeing Plan 2025-2030, West Coast Walks,	no groups	48	Healthy Communities Program, The Liveable Communities Advisory Committee	Healthy Together
Community Health and Wellbeing Plan, Positive Aging, Recreation Plan, Trails Strategy, Public Open Space, Urban Street and Parks Trees	no groups	266		Tasmanian councils supporting climate healthy and resilient communities

Appendix 3. Number of website visits and their traffic source during the recruitment phase

Traffic source*	Traffic category	Site sessions	%	Unique visitors	%
Facebook	Paid social	3,788	75%	3,272	75%
Facebook	Organic social	636	17%	578	17%
Direct	Direct	408	8%	316	7%
Instagram	Paid social	151	3%	128	3%
Google	Organic search	31	0.6%	29	0.6%
loveyourheart.com.au	Paid social	7		7	
LinkedIn	Organic social	5		5	
Fb ⁸	Paid social	4		4	
Google	Referral	3		3	
statics.teams.cdn.office.net ⁹	Referral	3		3	
Bing	Organic search	2		2	
com.linkedin.android ¹⁰	Referral	2		1	
cardiovascularresearchflagship. createsendl.com ¹¹	Referral	1		1	
Instagram	Organic social	1		1	
Total		5,042		4,350	

*Organic social media visits come from unpaid, "natural" interactions like sharing posts and profile links, which reach existing followers and their networks, while paid social media visits result from advertising campaigns where you pay to promote posts and reach specific, often new, audiences through targeted ads.

Appendix 4. Heart Foundation Checklist



[Download PDF here](#)

Appendix 5. Demographic and Checklist feedback surveys

Section A: About You

We ask these questions so we can understand who is taking part in this study. When we publish the results, no one will be able to tell what your answers were.

#	Question	Response
1	Do you have an illness, injury or disability that stops you from walking/wheeling more than 2km?	No Yes (please contact research team so we can see if we can help you to participate)
2	What age are you?	Numeric field (minimum 18)
3	What is your gender identity?	Woman Man Non-Binary Other (please specify) Prefer not to answer
4	What is the highest level of education you have finished?	Year 10 or less Year 11 Year 12 TAFE/diploma/trade/ certificate/ advanced diploma Bachelor degree University postgraduate degree Other (please specify)
5	What is your current work status?	Working full time Working on a part-time or casual basis Doing study or training Looking for work Doing unpaid voluntary work Retired Home duties Other (please specify)
6	What is the make-up of your household?	Single-person household Couple only Couple with child(ren) Single parent with child(ren) Share house with non-related people Multi-generational home (living with parents, grandparents, other relatives, etc.) Other (please specify)

Appendix 5 (cont.)

#	Question	Response
7	How many children under 18 years do you have living with you (at least most of the time)?	Numeric field (minimum 0) Drop down menu to 10+
8	Do you speak a language other than English at home?	No, English only Yes (please specify)
9	In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job.	Numeric field (0-7 days)
10	In the last week, on how many days did you do any strength or toning activities? This may include lifting weights, resistance training, pull-ups, push-ups, or sit-ups	Numeric field (0-7 days)
11	This question is about your usual consumption of fruit, including fresh, dried, frozen and tinned fruit. How many serves of fruit do you usually eat each day?	Don't eat fruit Less than 1 serve 1 2 3 4 5 6 serves or more
12	This question is about your usual consumption of vegetables, including fresh, frozen and tinned vegetables. How many serves of vegetables do you usually eat each day?	Don't eat vegetables Less than 1 serve 1 2 3 4 5 6 serves or more
13	In general, would you say that your health is...	Excellent Very good Good Fair Poor
14	Have you ever been told by your doctor that you have high blood pressure (hypertension)?	No Yes
15	What is your name (first and last name)	Open ended text field
16	What is your current home address? (we need this information to see if we can combine data from your area)	Street number, street name, suburb, postcode

Appendix 5 (cont.)

#	Question	Response
17	What is your contact phone number? (we need this information to keep in touch with you)	Numeric field
18	What is your email address? (we need this information to keep in touch with you)	Email address
19	Would you like to receive notice of the findings when they are released?	Yes No

Thank you so much for taking part in this study. We greatly value your time and interest.

The next steps :

- If you want to get started with the Heart Foundation Community Walkability Checklist, please click [here](#).
- We will also email you a link for the Checklist
- Once you have completed the Checklist we will email you a link for a short survey that asks about your experience using the Checklist
- After you complete your feedback survey, we will send you a \$20 gift voucher as a thank you for taking part. This only applies if you are one of the first 100 people to participate in this research.

Section B: Process Evaluation

Question	Response
Why did you sign up for this study?	To participate in a research project To give something back to the community To collect data to improve my community To learn new skills To meet new people Other (please specify) Comments
How easy was it to use the Heart Foundation's Community Walkability Checklist?	Very easy Easy Somewhat easy Not at all easy Comments
How appealing was the formatting of the Heart Foundation's Community Walkability Checklist?	Very appealing Appealing Somewhat appealing Not at all appealing Comments

Appendix 5 (cont.)

Question	Response
How organised were the order of items in the Heart Foundation's Community Walkability Checklist?	Very organised Organised Somewhat organised Not at all organised Comments
How relevant were the items in the Heart Foundation's Community Walkability Checklist?	Very relevant Relevant Somewhat relevant Not at all relevant Comments
What was missing from the Heart Foundation's Community Walkability Checklist?	Open-ended
How could we improve the Heart Foundation's Community Walkability Checklist?	Open-ended
Do you plan to take any action as a result of being involved in this project?	No (why not?) Yes (please specify)
Did your use of the Checklist encourage you to think differently about walking in your local area?	Yes (please explain) No (why not)
Did your use of the Checklist help you to learn something new about walking in your area?	Yes (please explain) No (why not)
Do you have any other feedback about this research or the Heart Foundation's Community Walkability Checklist?	Open-ended
Would you like to receive a \$20 voucher for participating in this study?	No (survey ends) Yes (please provide your name and email address)

Thank you again for taking part in this study. We greatly value your time and interest and hope you enjoyed being involved.

Appendix 6. Detecting imposters and creating exclusions

Increasingly studies that gather data through online tools are detecting fraudsters in participants. Mindful of this, the Menzies team installed reCAPTCHA verification, included a bot detection question in the consent/demographics survey, and an automated flag for unrealistically fast completion speeds.

The Menzies team was alerted to several participants being possible imposters when gift cards, the participation incentive, were returned to sender in the third week of the recruitment phase. A pattern started to emerge when we manually checked participants' personal address information through Google. We observed:

- Home addresses that were currently listed for sale on a commercial real estate website,
- Tasmanian addresses that did not exist, and
- Non-Tasmanian addresses.

Participants were contacted to request their Tasmanian address, in case of error. Only one was inputted incorrectly.

We also observed that the suspicious participant data included email addresses that included more than two digits not related to a year date, and/or phone numbers with incorrect prefixes.

Similar observations have been reported in several studies including an article with tips on how to detect fraudsters¹² and how to screen and design studies to reduce fraudster engagement¹³, including bot detection.

Drawing on the research¹⁴ and the manual review detection, the Menzies team designed criteria for cleaning the data to avoid and reduce the possible inclusion of imposters in the final analytical sample.

Consequently, the exclusion flags to determine the final analytical sample were a combination of two or more of:

- Non-Tasmanian phone numbers (landlines are acceptable with the correct prefix – 03 for Tasmania or 04 for mobiles)
- Non-Tasmanian post code
- 3 or more numbers in email address (exceptions: sequences resembling a year 1900-2026)
- Non-Tasmanian suburb/town
- Time for completion (start consent to complete feedback) < 20 minutes
- Start and complete on the same day on 26 Sep 2025 or 27 Sep 2025.

Appendix 7. Expanded demographic characteristics of participants

Characteristic	Completed demographics & Checklist (n=129) % (n)	Completed demographics, Checklist, & feedback survey (n=108) % (n)
Age (years)		
18-29	21 (27)	24 (26)
30-49	30 (39)	31 (33)
50-69	32 (41)	29 (31)
70+	17 (22)	17 (18)
Gender		
Woman	67 (87)	69 (75)
Man	31 (40)	29 (31)
Non-binary and other	2 (2)	2 (2)
Highest level of education		
Year 10 or less	5 (7)	6 (7)
Year 12	5 (7)	5 (5)
TAFE/diploma/trade/ certificate/ advanced diploma	36 (46)	35 (38)
Bachelor's degree	29 (38)	32 (35)
University postgraduate degree	22 (29)	19 (21)
Other	2 (2)	2 (2)
Current work status		
Full time	19 (25)	19 (21)
Part time or casual	34 (44)	36 (39)
Studying or training	3 (4)	3 (3)
Looking for work	5 (7)	5 (5)
Unpaid voluntary work	4 (5)	5 (5)
Retired	29 (37)	28 (30)
Home duties	2 (3)	2 (2)
Other	3 (4)	3 (3)
Household makeup		
Single person	25 (32)	25 (27)
Couple only	25 (32)	25 (27)
Couple with children	34 (44)	34 (37)
Single parent with children	4 (5)	5 (5)
Share house with non-related people	4 (5)	4 (4)
Multigenerational home	7 (9)	6 (7)
Other	2 (2)	1 (1)
Children under 18 living with you		
Yes	35 (45)	37 (40)
No	65 (83)	63 (67)
Language other than English spoken at home		
Yes	5 (7)	6 (6)
No	95 (122)	94 (102)

Endnotes

- 1 Hinckson E, Schneider M, Winter SJ, Stone E, Puhan M, Stathi A, Porter MM, Gardiner PA, Dos Santos DL, Wolff A, King AC. Citizen science applied to building healthier community environments: advancing the field through shared construct and measurement development. *Int J Behav Nutr Phys Act*. 2017 Sep 29;14(1):133. doi: 10.1186/s12966-017-0588-6. PMID: 28962580; PMCID: PMC5622546.
- 2 Harris P, Taylor R, Thielke R, Payne J, Gonzalez N, Conde J. Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*. 2009;42(2):377-81
- 3 Harris P, Taylor R, Minor B, Elliott V, Fernandez M, O'Neal L, et al. The REDCap consortium: Building an international community of software platform partners. *Journal of Biomedical Informatics*. 2019;95:103208.
- 4 Medero K, Abdi H, Ford C, Gollust S. Detecting and preventing imposter participants: Methods and recommendations for qualitative researchers. *Qualitative Health Research*. 2025 Apr 18;10497323251333243
- 5 Goodrich, Brittney, Marieke Fenton, Jerrod Penn, John Bovay, and Travis Mountain. 2023. " Battling Bots: Experiences and Strategies to Mitigate Fraudulent Responses in Online Surveys." *Applied Economic Perspectives and Policy* 45(2): 762–784. <https://doi.org/10.1002/aepp.13353>
- 6 Considered meet the PA guidelines if (a) did 30 minutes or more of physical activity that was enough to raise breathing rate on 5 or more days in the last week, (b) AND did strength or toning activities on 2 or more days in the last week.
- 7 Considered to meet the fruit and vegetable consumption guidelines if eat 2 or more serves of fruit per day and 5 or more serves of vegetables per day
- 8 Facebook
- 9 Indicates a tool to check the safety of the link was used
- 10 Referral came from a LinkedIn post
- 11 Referral came from Menzies post
- 12 Teitcher JE, Bockting WO, Bauermeister JA, Hoefer CJ, Miner MH, Klitzman RL. Detecting, preventing, and responding to "fraudsters" in internet research: ethics and tradeoffs. *J Law Med Ethics*. 2015 Spring;43(1):116-33. doi: 10.1111/jlme.12200. PMID: 25846043; PMCID: PMC4669957.
- 13 Davies MR, Monssen D, Sharpe H, Allen KL, Simms B, Goldsmith KA, Byford S, Lawrence V, Schmidt U. Management of fraudulent participants in online research: Practical recommendations from a randomized controlled feasibility trial. *Int J Eat Disord*. 2024 Jun;57(6):1311-1321. doi: 10.1002/eat.24085. Epub 2023 Nov 3. PMID: 37921564.
- 14 Medero K, Abdi H, Ford C, Gollust S. Detecting and Preventing Imposter Participants: Methods and Recommendations for Qualitative Researchers. *Qualitative Health Research*. 2025;0(0). doi:10.1177/10497323251333243