Advice Paper: Community Health Centre Design

August 2026

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A catalogue record for this book is available from the National Library of Australia

Suggested citation:

Gorman, K August 2026. Advice Paper: Community Health Centre Design.

Health Care Consumers Association. Canberra.

Acknowledgements

HCCA would like to thank the members of the Health Infrastructure Consumer Reference Group who have contributed their knowledge and experience to this paper:

Alison Killen

Ankith Aswath

Bianca Rossetti

Elvin Lam

Heather Warfield

Holly Fletcher

Iga Morzynska

Jessica Johnson

Julia Rollings

Kate Davis

Kerry Snell

Lorraine Mallinson

Louise Bannister

Louise Irvine

Luke Lake

Naomi Knight

Ravi Krishnamurthy

Saad Kahlid

Shobha Varkey

HCCA also wishes to thank the many people who have contributed consumer and carer insights to HCCA's work in health infrastructure projects over nearly two decades of advocacy in this space.

About HCCA

The Health Care Consumers' Association (HCCA) is a health promotion agency and the peak consumer health advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is committed to **consumer-centred care**[1] as a foundation principle in all its work and to promoting consumer-centred care across the health system, within government and across the ACT community. Consumer-centred care meets the physical, emotional, psychological and cultural needs of consumers and is responsive to someone's unique circumstances and goals.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not for-Profits Commission.

About the ACT Health Infrastructure Consumer Reference Group

In 2023, the ACT Government established the Health Infrastructure Reference Group (HICRG) led by the Health Care Consumers Association (HCCA), to provide input into health infrastructure projects across the ACT.

This group provides expert advice and guidance to ensure that the needs of healthcare consumers and carers are at the forefront of health infrastructure planning and design.

The HICRG oversees consumer and carer engagement, providing invaluable advice on matters such as design, accessibility, safety and amenities. It works collaboratively with existing clinical, consumer, and community groups to achieve the best outcomes for our community.

[1] Consumer-Centred Care Position Statement - HCCA

Contents

Purpose

The purpose of this paper is to provide advice on practical design principles and features which support people seeking health care in (non-inpatient) community health facilities in the ACT. We intend this advice to inform consumer-centred design in future community health infrastructure projects.

This paper is based on

- advice from the members of the ACT Health Infrastructure Consumer Reference Group, combined with
- advice contributed by community members to the many ACT health infrastructure projects HCCA has supported since 2008.

It includes some consumer-led design improvements to the recent design of the new Building 5 on the Canberra Hospital campus (opened in 2024).

This paper follows a related previous paper Northside Hospital HCCA design advice August 2025. The Northside Hospital paper is different from this one in that it provides advice on consumer needs for **tertiary** hospital design.

About Community Health Centres

This paper provides advice on **consumer- centred design in health centres which are located within the community.** These facilities provide people with drop-in or appointment-based episodes of care. Patients are not admitted overnight; conditions are of lower acuity (although they may be long-term) and care is provided to help people manage their own health while living in the community.

While HCCA is confident that the recommendations in this paper represent improvements to consumer and staff comfort, safety and functionality, this advice should not be considered a replacement for thorough and meaningful inclusion of consumer input throughout the whole design planning phase. In particular, input from consumers must be sought and considered in real time and in combination with information about the purpose of the facility. Community organisations that support consumers with specific conditions or experiences will also be valuable in advising facility design.

A note about the structure of this paper: Some principles or design examples are repeated in multiple sections. This is because the same principles and features support different groups of users or are valuable in a range of spaces. We have written this paper with the expectation that users may not read the whole document but may turn to the discrete section that applies to the specific work they are doing. Therefore, while we have tried to minimise repetition, some is inevitable.

Executive Summary

This advice paper outlines key consumer-centred design principles for community health centres in the ACT, drawing on extensive input from the ACT Health Infrastructure Consumer Reference Group (HICRG) and community consultations undertaken by the Health Care Consumers' Association (HCCA). Its purpose is to provide **practical design principles and features which support people seeking health care in (non-inpatient) community health facilities in the ACT**.

Community health centres serve people with a wide range of health conditions, many of whom experience temporary or long-term impairment, mobility limitations, sensory needs, or cognitive challenges. These facilities also support families, carers, and people from culturally and linguistically diverse backgrounds. The design principles in this paper emphasise universal design, cultural safety, accessibility, privacy, and the creation of calm, welcoming environments that promote wellbeing and independence.

The recommendations of this paper aim to ensure that future community health infrastructure is inclusive, accessible, safe and responsive to the diverse needs of consumers, carers and staff. The advice of this paper **does not replace the need for ongoing, meaningful consumer involvement throughout all stages of planning and design**. Real-time engagement with consumers and community organisations remains essential to ensure facilities genuinely meet the needs of the people who use them.

Key Design Principles

Design for All Physical Abilities

Community health centres must accommodate people with a wide range of physical, sensory and cognitive abilities. **Universal design principles**[2] guide this approach, ensuring equitable use, intuitive navigation and minimal physical effort. This principle recognises that many consumers experience temporary or long-term impairment and require environments that support independence and dignity.

Design for Diverse Communities

Facilities should reflect and welcome the cultural, linguistic, social and identity diversity of the ACT community. This includes creating environments that feel safe, inclusive and culturally responsive for Aboriginal and Torres Strait Islander peoples, multicultural communities, LGBTQIA+ people, neurodivergent individuals and people with disabilities. Visible signals of welcome, clear communication supports and culturally relevant design elements help reduce stigma and improve access to care.

Design for Family and Carer Needs

Many consumers attend appointments with carers, children or dependants, and facilities must support these relationships. Spaces should enable carers to participate in care, allow families to wait comfortably and provide options for privacy when needed. This

[2] The 7 Principles - Centre for Excellence in Universal Design

principle recognises that carers are essential partners in health management and require environments that accommodate and support their role.

Design for Wayfinding

Clear, intuitive navigation is essential for people of all ages, abilities and literacy levels. The paper notes that multilingual signage alone cannot meet the needs of diverse communities, and that digital tools, universal icons and plain-English communication are increasingly important. Effective wayfinding reduces stress, supports independence and helps consumers move confidently through a facility.

Design for Dementia and Cognitive Impairment

People with dementia or cognitive impairment benefit from environments that minimise confusion, reduce sensory overload and support orientation. Calm, consistent and well-lit spaces help maintain independence and reduce distress. This principle also acknowledges that cognitive impairment may be temporary or unrecognised, making supportive design beneficial for a wide range of consumers.

Design for Privacy and Separation

Consumers need environments that protect confidentiality and allow for private conversations, particularly when accessing sensitive or stigmatised services. The ability to wait in separate or low-stimulation spaces is essential for people with sensory needs, trauma histories, immune compromise or communicable illness. Privacy supports dignity, safety and equitable access to care.

Design for Calm, Comfort and Amenity

Calm, welcoming environments support emotional wellbeing for consumers, carers and staff. Natural light, views of outdoor spaces, fresh air and natural materials help create a sense of comfort and reduce stress. This principle recognises that the physical environment plays a significant role in shaping the overall care experience.

Design for Community Access

Community health centres should be easy to reach and integrated with other health and community services. Locating facilities near public transport, safe walking routes and related health supports reduces barriers for people with chronic conditions, mobility limitations or limited energy. Accessible, well-connected centres help consumers manage their health more effectively while living in the community.

This paper provides specific design inclusions for each of the eight principles. These should be considered a starting point in design considerations and be supplemented and modified with real-time consultation with diverse consumers and carers who will use the facility and can contribute lived experience advice.

Consumer- centred design principles and their application to community health infrastructure

In the design of health care spaces, there are some essential principles and specific features that are widely applicable across areas. For both the health care consumer/ carer and staff, these principles aim to improve the experience and outcomes of attending a healthcare facility in the community.

Principle: Design for all physical abilities

Create inclusive, accessible health centre environments that meet the needs of people with a wide range of physical, sensory and cognitive abilities.

Many, if not most, people visiting a community health centre are experiencing some form of impairment- whether long-term or temporary.

Universal design is design which is suitable for the whole range of human ability. Designing with **universal design principles** ensures that spaces accommodate the widest range of abilities possible (or as close to it as possible) and does not disadvantage a group of people.

Universal design principles are:

1. Equitable use: The design does not disadvantage or stigmatise any group of users.
2. Flexibility in use: The design accommodates a wide range of individual preferences and abilities.
3. Simple, intuitive use: Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.
4. Perceptible information: The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
5. Tolerance for error: The design minimises hazards and the adverse consequences of accidental or unintended actions.
6. Low physical effort: The design can be used efficiently and comfortably, and with a minimum of fatigue.
7. Size and space for approach and use: Appropriate size and space is provided for approach, reach, manipulation, and use, regardless of the user's body size, posture, or mobility.

Design Applications

Accessibility features accommodate both physical, cognitive and sensory differences in users.

- Multi-height options for functional areas:
    - The installation of fittings and amenities at different heights (e.g. power points, hand basins, seating, drink fountain options).
    - Reception counters at wheelchair/seated height, as well as standing height.

    - Note: Give equal consideration to convenience and suitability of the location of wheelchair-suitable amenities as is given to the location of other amenities.
- Wide corridors, waiting areas, and doorways. Enough space for people with wheelchairs, strollers and mobility aids to move around, through and pass each other.
- Automatic doors, where possible. If not feasible, doors that are lightweight with lever-type door handles.
- Fully accessible adult toilet and changeroom facilities and the inclusion of single-user, all gender bathrooms with some to include automatic doors.
- Accessible waiting areas: a mix of ergonomic chairs with and without arms to accommodate people with different needs, including chairs to accommodate bariatric consumers and spaces for electric wheelchairs. Include spaces for mobility aids such as 4-wheel walkers to be parked.
- An allocated area for pick up and set down that is protected from the elements and can accommodate a range of vehicle/bus sizes should also be provided.
- A front entrance which accommodates all users with wide doorway, automatic doors and level entry (not steps). Do not make a ‘disability entry door’ in a separate or less convenient place.
- Low sensory-input lounge/ waiting rooms. Helpful for people who are neurodivergent, or who have epilepsy, asthma, multiple chemical sensitivities (MCS), sensory processing disorders, migraines, dementia, mental health needs and other conditions.
- Embed accessible technology for hearing, vision and comprehension support. Supportive technology for these needs is a fast-evolving area. Rather than specify which technology should be used, it is more appropriate to consult with support organisations and consumers at the time of facility design, to select the best option for the use of the building and needs of community. Consideration should be given to the need for additional space if a language translator is attending in person (a consumer may need them in addition to a family member or carer).
- Technology support- device charging facilities (for devices ranging from hearing aids to mobility scooters), facilities such as additional screens for telehealth and for interpreting (for both consumers and health staff), and space for parking/ storing mobility equipment.

Principle: Design for diverse communities

Design for diverse communities means designing inclusive and welcoming spaces which reflect the needs, identities and experiences of people in our communities.

In this context, ‘diverse’, includes individuals and groups across different cultural and linguistic backgrounds and literacy levels, Aboriginal and Torres Strait Islander people, people with disabilities, LGBTQIA+ communities, neurodivergent individuals and older adults. Most consumers hold intersecting identities (i.e. they belong to multiple communities at once), which can lead to increased stigma and marginalisation and affects their health outcomes and access to care.

Consumers have told us that for culturally responsive care, they need health buildings to include design features and technology that improve access to and understanding of information, including

- interpreter services
- translated health information in the main community languages.
- clear signage in plain English (non-medical terminology and no acronyms)
- technology to translate information and help with communications
- artwork, plants and design elements that reflect and welcome diverse communities.
- access to private spaces for breastfeeding
- inclusion of single-stall, gender neutral toilet facilities[3]
- visible indication of welcome, cultural competence and safety from stigma and discrimination.

Design Applications

- Welcome to Country displays
- Visible indications of welcome and safety, for example
  - Cultural/ identity flags
  - Signage expressing welcome in common community languages
  - Signage/posters expressing welcome and support for identity/ disability/ condition. visual representations use a variety of skin tones, ages, bodies and abilities
  - Availability of relevant and helpful consumer information
- Include artwork by local Aboriginal and multicultural artists.
- Visible information about interpreter services and Auslan capable translation technology
- Use culturally appropriate icons, internationally recognized icons, plain English wording and legible fonts (font design and size)
- Clearly marked all-gender amenities
- Availability of sensory-friendly spaces
- Use of native plants with local cultural significance in landscaping
- Reliable, free Wi-Fi. Strong Wifi essential for Auslan video interpreting in emergencies if a local interpreter is unavailable in person.

Principle: Design for family and carer needs

Carers are essential for many people to be able to access health care, and for the care itself to be safe and effective[4]. Parents may need to bring dependent children with them when they attend their own appointments. People who are carers may need to bring the person they care for to their own appointment. Therefore, support the role of families and carers by designing spaces that promote their comfort, access and participation in care.

[3] HICRG Advice Paper: All Gender Facilities - HCCA
[4] Patient and Family Roles in Safety | PSNet

Design Applications

- Make provision in the space allocation of waiting rooms and treatment rooms for people to be accompanied by others. These may be adults or dependent children.
- Provide separate waiting areas for children's services and families
- Provide spaces for family and carers that include power/charging stations
- Provide privacy curtains in examination and treatment spaces
- Comfortable, non-clinical lounges. Small groups of seating are preferable to rows, to allow people to be separated from strangers yet close with family members.
- Separate spaces which can be used as private breakout rooms or family conference rooms
- Water dispensing facilities
- Integration with digital support tools
- Inclusion of children's play area
- Consider inclusion of a child-sized toilet alongside an adult toilet in a single stall. This is helpful for parents who are accompanied by young children and may be of particular value where a health facility provides paediatric services and therefore has a high volume of children visiting.

Principle: Design for Wayfinding

Help people navigate to and around a health facility with ease regardless of age, ability or literacy level.

In discussing wayfinding over many projects, HCCA often hears consumers from multicultural communities say they would like signage to be translated into different languages. Given the number of community languages in the ACT, and the competing desire for simple uncluttered signage, this is unlikely to be a practical solution for physical signage.

However, noting the fast-evolving digital tools that are used in both wayfinding and literacy spaces, designers must consider the ways in which people who may not be able to read, read common formats or read English can use digital or other tools to find their way, and create a physical environment that supports this. For example, ensuring signage words are in plain English for clear translation when using translation apps, using universal icons, coloured graphic markers, and providing paper and digital maps/apps with translated information.

Design Applications

- Clear signage optimally placed using colour and plain English in large, legible fonts with high contrast backgrounds. Incorporate icons and braille where possible
- Direct and simple routes between key areas, including to the building itself and within it, the main reception
- Main entry/ reception is clearly marked with large font signage on the outside of the building
- The layout of chairs should be oriented to have direct sight lines to information sources, i.e. where people will be called by clinicians or monitors displaying status or wait times. The layout should allow for auditory and visual privacy, e.g. avoid unbroken rows of chairs all facing the same way.
- Wide, non-slip, well-lit footpaths and accessible pavements with sloping kerbs that are wide and unobstructed
- Clear, visible signage at all entrances and drop-off points
- Avoid signage clutter and visual overload with maps available in different formats and locations
- Locate translated written materials in accessible, organised displays
- Use of distinctive art or sculpture as recognisable place markers in wayfinding.
- Free, public technology (both wifi and hardwired) which provides wayfinding help.
- If a facility is large, or there are several buildings on a campus, include on signage the distance consumers will need to travel to specific points.
- Colour coded rooms and maps.
- Roads, walkways, signage and building entrances are well lit.

Principle: Design for dementia and cognitive impairment

Dementia is an umbrella term for a range of degenerative conditions which cause changes to mood, memory, thinking and behaviour. It is more common in people over the age of 65.

People living with dementia can experience their surroundings as confusing, disorienting, disabling and even dangerous.

Cognitive impairment also causes similar changes which may be temporary or permanent. Cognitive impairment is common, but is often not identified, or it is dismissed or misdiagnosed. For example, it may be dismissed due to the person’s age or as dementia, potentially preventing further assessment and action.

Cognitive impairment can be caused by a variety of factors, such as

- medication side effects
- sleep deprivation
- anxiety
- stroke or other vascular disease
- traumatic brain injury.

Creating calm, clear and safe environments in a community health facility will support orientation, independence and wellbeing for people with dementia and cognitive impairment. Another important mitigation strategy is the involvement of family members in their care[5].

A well-designed care environment maintains people's abilities, independence and engagement in their own care[6]. The surroundings should provide prompts for wayfinding, maximise accessibility and reduce risks[7].

Design Applications

- Clear contrasts for floors, walls and furniture
- Clinic room and toilet doors highly visible
- Clear and consistent signage
- Maximise natural light into indoor spaces
- Low noise levels, soft lighting and clutter-free spaces are helpful, therefore
    - Maximise sound baffling
    - Make lighting levels adjustable where possible
    - Provide adequate storage space for the equipment and items used in an area.
- Secure and easy-to-navigate outdoor areas
- Smooth transitions from indoors to outdoors
- Toilet seats and handrails contrast with floors and walls
- Consider removing mirrors and reflective surfaces as some people with dementia find glare and reflections from mirrors and reflective surfaces confusing and frightening

Principle: Design for privacy and separation

The principle of designing for privacy and separation emerges from consistent consumer feedback about the need to maintain their privacy in public health spaces. The information disclosed by consumers and provided to them is personal information that must be treated confidentially.

Some areas of a facility, such as reception or treatment spaces, or the consumer's condition or circumstances (for example people who have experienced assault) may require a higher degree of privacy, or the ability for a person to be able to be separated from others.

Consumers accessing health services addressing sensitive health issues or stigmatised conditions, for example, sexual health or addiction services may be deterred from getting help if access is not private and discrete.

Crowded and/or noisy waiting rooms are a significant barrier for people with neuro-sensitivity, some disabilities or trauma. The option of a separate waiting space with low

[5] Blacktown Carer Zone
[6] DTA_Full-Handbook.pdf
[7] A guide to creating a dementia-friendly ward | Nursing Times

stimulation is needed to ensure that consumers with sensory sensitivities are able to manage their condition with dignity and fully participate in health care.

Being able to wait in a separate space is reassuring and helpful for people who are immune compromised and vulnerable to infection. It can also be used to protect others, by separating a waiting person who may have a communicable illness.

Design Applications

- Design for private conversations at reception counter
- Soundproofing of treatment spaces
- Flexible private wait spaces that can be used for
    - Private space for breastfeeding
    - Low stimulation wait space for sensory needs
    - Isolation if suspected infectious or immune compromised
    - People who have been harmed by violence
    - Private check-in to reception or private discussion of needs
    - Decentralised waiting spaces in larger services to allow people to wait close to their service and/or to separate groups of people e.g. children's services from adult services

Principle: Design for calm, comfort and amenity

This includes a suite of measures to help both staff, consumers and carers feel comfortable and calm inside a health facility. Bringing fresh air, natural light and natural material elements indoor and ensuring views and access to outdoors supports physical, mental and emotional wellbeing.

Design Applications

- Large windows and natural light in reception, corridors, clinic rooms and waiting areas
- Natural materials inside
    - Gardens, including native plants outside
    - Inclusion of children's outdoor play area
    - Views to outside, ideally with natural elements (calming)
- Consideration given to fresh air/adequate ventilation/use of air purifiers
- Inclusion of sensory adjustment measures such as
    - lighting, temperature and sound control
    - specialized furniture
- Art works to help focus and calm.
- Where people are waiting, provide a variety of seating to meet the needs of different sized bodies, levels of ability/ mobility, adults, children, adults carrying or breastfeeding young children.

Principle: Design for community access

People with long term health conditions may have limited energy and/ or struggle with pain and mobility. They may rely on public or community transport. This will vary somewhat depending on the mix of health services provided at a centre.

Make managing health conditions easier by locating community health facilities centrally, in places where they are easy to get to in a variety of ways and where other related supports such as GP's and pharmacies are nearby.

Design Applications

- Public transport set down points should be as close as possible to the facility. Access to the centre from public transport should be level, protected from weather and include rest points. If access is sloped, include level rest points for wheelchair users.
- Provide safe, direct walking routes.
- Provide bicycle paths and lock-up facilities for bicycles and mobility equipment.
- Allocate more than standard number of parking spaces for people with a disability. Given that the cohort of consumers attending a health centre are often there to manage a chronic disease and/ or impairment, there will be a higher level of need for accessible parking spaces than in non-health facilities (e.g. shopping centres).
- Locate community health centres in or near complexes with other health related services. This allows people who may have limited energy or resources to meet their health needs more easily.
- Include group spaces which are available to individuals and a range of organisations for education, peer support groups, chronic disease programs, health promotion activities and related community sector use.