EPISODE 6

Designed to Live Longer But Designed for Whom?

Who the design serves well

Mobile, socially connected, food-accessible residents
The resident the Blue Zone Community Design assumes as its user.

Inputs / Institutional preconditions

Municipal partnership
Local government engaged

Employer alignment
Wellness investment

Health insurance financing
Integrated payor model

Civic infrastructure
Community organizations

BLUE ZONE COMMUNITY DESIGN
Mechanism: “more options, not fewer”: environment-level design that makes the healthier choice the easier choice.

Outputs

- Childhood obesity drops
- Smoking rates drop
- Life expectancy increases
- Measurable population health

The design carries three assumptions about the resident using it:

MOBILITY
The resident can walk to redesigned paths, gathering spaces, and grocery stores. Sufficient mobility. Stamina for daily distance.

SOCIAL CONNECTION
The resident has the schedule, neighbours, and inclination to attend the new gathering spaces. Time. Network. Norms.

FOOD ACCESS
The resident lives near the redesigned grocery, cafeteria, or restaurant where the healthier default is available.

The design works for residents who match the three assumptions. The objective is to keep visible the residents the design did not assume.

Excluded: residents the design does not reach

Food desert residents

The redesigned grocery, the healthier cafeteria, the restaurant with new portion sizes are not in the food desert. The healthy default exists in spaces this resident cannot reach. The Blue Zone change of making the healthier choice the easier choice only operates where the choice is available at all.

Homebound elderly

The walking path requires walking. The gathering space requires getting to the gathering space. The schedule of social events assumes the resident can leave the home reliably. For the resident whose mobility is constrained or whose health limits daily distance, none of the redesigned environment is reachable from inside the home.

People with disabilities

Walking infrastructure presumes sufficient mobility. Gathering spaces presume sensory environments and access infrastructure most communities do not retrofit. Food access presumes the resident can shop, prepare, and consume the healthier defaults. The design assumes a body the resident may not have.