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Neighborhood Public Facilities during COVID-19 Period
: Lessons from their experiences for more resilient communities

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SUMMARY

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This study is a preliminary research to address the challenges of the 'With Corona period', focusing on the transition from COVID-19 pandemic to endemic system. We examined and reflected on how public facilities in the neighborhood area had responded and managed throughout the Covid-19 response process, with aims to establish principles and directions for 'a balance between quarantine and daily life' and propose systemic improvements to achieve resilience at both facility- and local- levels. By synthesizing discussions over the previous response process across different social sectors and facility types, this study attempts an integrated approach that encompasses the interaction between neighboring facilities in the spatial unit corresponding to the actual use and influence of each facility.

In Chapter 2, the main concepts of the study, the 'Covid-19 response system' and 'neighborhood public facilities', were defined operationally through a literature review, and then classified into the phases and types. The COVID-19 response process is divided into 3 phases, according to the significant changes in the preventive measures. 1) The initial phase is characterized with strong lockdown and intensive restrictions on social activities, to prevent the spread of the disease in the

community; 2) The mid-term phase is characterized with limited social contacts, when facilities were reopened and operated under social distancing guidelines to slow down the spread; and 3) The late phase is characterized with restoration of daily life, when quarantine-related regulations were gradually alleviated after the herd immunity was secured. Among various types of neighborhood public facilities that provide spaces or services to local users on a daily basis, following 4 types were selected—educational facilities, care facilities, cultural and sports facilities, and community facilities—for they were more directly affected by quarantine measures in their operation and use. For each type, criteria and subcategories, major issues and challenges were identified.

In Chapter 3, we examined how the response by facilities have changed over the phases of the COVID-19 response. First, we examined common response system and guidelines at the government, focusing on the scope and methods they treated facilities. During COVID-19 period, various preventive measures were enacted against the spread of infection, including: full and partial closure of facilities, restriction of social gatherings, limited number of people or operating hours, cancelling or postponing crowding events, providing alternative services home and online, restricting certain activities such as indoor eating, managing access and circulation within facilities, segregating symptomatic people, refraining use of shared spaces and items, and reinforcing hygiene with ventilation and sanitization. The intensity and details of measures depended on the levels of local incidence and necessity and risk of each facility. Strict regulations were applied by designating 'group and multi-use' and 'high-risk facilities', but there were blind spots in these criteria because intimate contacts can spread infections regardless of the type and size of the facility. The universal guidelines to deal with spatial and behavioral risk factors can be a compliment to ensure safety.

By the types of neighborhood public facilities, the management systems, user behaviors, spatial characteristics, and social expectations and priorities were different, leading to differences in challenges and issues in responding COVID-19. The current discussions highlighted the importance of interaction and collaboration between facilities at the neighborhood level. Variety of neighboring and related facilities can help to mitigate gaps, as they can act as substitutes and complements to each other. However, risks and burdens can be biased against certain sectors or facilities, without carefully balanced coordination. Diagnosis and prescription

system should be integrated at the neighborhood level, so that it can encompass various resources and entities within the community.

In Chapter 4, we conducted the case study on Siheung-si, Gyeonggi-do, to see how a local system had been actually responded during the COVID-19 period. Through a survey of operators of public facilities in the case study area, we found that guidelines provided by facility types were too rigid to embrace the diversity and specificity of each facility. The practical application and implementation of the guidelines were challenging due to spatial limits, excessive workload over limited manpower. Frequent changes in the guidelines and ambiguity in authority and discretion discouraged arbitrary, progressive actions. In particular, Smaller facilities (10-20 clients) in care service had to endure higher risks and hardships in the early lockdown period.

In Chapter 5 we suggested principles and policy recommendations for improvement to restore structural vulnerabilities to enhance resilience at the facility and neighborhood level. Main implications of this study are as follows: 1) The universal guidelines on spatial and behavioral risk factors can be a compliment to limitations of facility-specific response system, 2) an integrated diagnosis and response system at neighborhood level is essential to embrace balanced interactions between facilities, and 3) the local management and support system can be improved to meet the demands from various neighborhood public facilities. However, this study lacks in details on specific issues due to the vast scope of study, and due to the selection of a single case study area, results cannot be generalized to represent other local entities. We hope that the limitations and remaining gaps can be filled through further research.

Keywords :

Covid-19 response system, transition from pandemic to endemic, neighborhood public facilities, covid-19 guidelines for facilities, community resilience