4 May – 15 May 2015

HBEP FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
GENERAL POLICY AND RESEARCH			
Giles-Corti, B., Sallis, J.F., Sugiyama, T., Frank, L.D., Lowe, M. & Owen, N. 2015. 'Translating active living research into policy and practice: One important pathway to chronic disease prevention.' *Journal of Public Health Policy* 36(2): 231-243. http://www.ncbi.nlm.nih.gov/pubmed/25611892	This article proposes 10 strategies to translate disease prevention research into policy and practice. It makes a case for urban design that facilitates active transport and recreational activity. It summarises the gap between researchers, policy makers and practitioners. Strategies include establishing research agendas jointly with policy makers and practitioners, evaluating policy reform through natural experiments as well as creating interdisciplinary built environment and health training programs. Fulfilling our own vision, past accomplishments and current efforts of the Healthy Built Environments Program reflect such strategies.	SS	Public health; urban planning; policy; collaboration; strategies
Moving Forward. 2015. *What is the full cost of your commute?* http://movingforward.discoursemedia.org/costofcommute/	This project provides unique insight into 'full-cost accounting' of transportation. It provides an interactive tool to capture the full cost and benefits of driving, public transport, walking and cycling. It considers such costs as infrastructure and cost of petrol. It also considers the hidden costs (e.g. congestion, noise pollution) and benefits (e.g. health, work productivity) on the individual as well as society. This project provides a useful perspective for residents, policy makers and other stakeholders to view the broader impacts of transportation policies and initiatives.	PCAL	Transportation; individual; societal; costs; benefits; policy; calculator
Centers for Disease Control and Prevention. 2015. *Working together: A training framework for public health planning professionals.*	This framework provides a variety of resources to enable collaboration between health professionals and urban planners. Six core areas are discussed: making the case (physical activity, obesity, injury climate change);	PCAL	Public health; planning; collaboration; resources

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http://www.cdc.gov/healthyplaces/training_framework.htm	public health methods to address the issue; primary infrastructure sectors impacting health (transportation, housing, food systems, green spaces); planning points of influence (visioning, plan making); skills for effective improvement (engagement, health equity, advocacy) and applications. This framework provides a basic understanding of concepts to facilitate effective outcomes.		
GETTING PEOPLE ACTIVE			
Wolf, S.A., Grimshaw, V.E., Sacks, R., Maguire, T., Matera, C. & Lee, K.K. 2015. 'The impact of a temporary recurrent street closure on physical activity in New York City.' *Journal of Urban Health* 92 (2): 230-24. http://www.ncbi.nlm.nih.gov/pubmed/25575672	This article assesses the impact of a street closure (ciclovia) intervention on physical activity. Approximately seven miles of New York streets were closed to traffic to host walking, cycling and group activities. Participants were counted through street line observations. Street intercept surveys provided data on usual level of physical activity as well as activity along the street closure. A vehicular traffic study was also conducted. Analysis of the data reveals that active survey participants (i.e. cyclists, runners and walkers) engaged in approximately 72-86 minutes of moderate to physical activity. Of the 24% of participants reporting lack of routine moderate to vigorous physical activity, the intervention enabled 26-68 minutes of activity. The intervention did not generate significant vehicular congestion. These findings suggest that street closures may entice residents to engage in physical activity in an environment safe from vehicular traffic.	SS	Physical activity; street closure; ciclovia
Fan, J.X., Wen, M. & Kowaleski-Jones, L. 2015. 'Socio-demographic and environmental correlates of active commuting in rural America.' *Journal of Rural Health* 31 (2): 176-185.	This article analyses active commuting and the physical environment in rural American cities. Method of transport to work, population density, median housing age (proxy for destination diversity measurement), street connectivity (pedestrian-friendly design), tree	SS	Active transport; rural neighbourhood characteristics; street

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http://www.ncbi.nlm.nih.gov/pubmed/25066252	canopy density and air quality, data were taken from the 2010 Decennial Census, the ESRI/Street Map USA file and the National Land Cover Database 2001. Modelling of the data suggests that higher street connectivity was positively associated with cycling to work but negatively associated with walking to work. Tree canopy coverage was positively associated with taking public transport. The authors surmise that typically in rural areas, tree canopy may indicate the presence of large tracts of natural land that may increase the distance to work. Public transport would alleviate this distance. Certain neighbourhood characteristics can be influential in encouraging different modes of active transport. This finding suggests that neighbourhood characteristics are contextual and to improve active transport, localised analysis and interventions are required.		connectivity; park access; tree canopy; US
van Heeswijck, T., Paquet, C., Kestens, Y., Thierry, B., Morency, C. & Daniel, M. 2015. 'Differences in associations between active transportation and built environmental exposures when expressed using different components of individual activity spaces.' *Health & Place* 33 (May 2015): 195-202. http://www.sciencedirect.com/science/article/pii/S1353829215000374	This article examines attributes of the built environment and active transport. Methods of transport, travel origins, destinations and in-between pathways of 37165 individuals were taken from the 1998 Montreal Origin-Destination survey. Land use mix, level of greenery, street connectivity and destination densities were geocoded. Analyses of the data reveal that active transport varied according to the attributes of the built environment. Higher odds of engaging in active transport were found with a greater density of destinations. Land use mix and greenery were negatively associated with active transport. Travel pathways showed the strongest association with active transport. These findings suggest that in addition to measuring environments around residences or trip origins and destinations, it is important to extend	SS	Active transport; origin; destination; pathways; land use mix; greenery

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	investigations to residential and path based buffers (i.e. pathways between origin and destination).		
CONNECTING AND STRENGTHENING COMMUNITIES			
Hartmann, C.D., Marshall, P.A. & Goldenberg, A.J. 2015. 'Is there a space for place in family history assessment? Underserved community views on the impact of neighbourhood factors on health and prevention.' *Journal of Primary Prevention* 36(2): 119-130. http://www.ncbi.nlm.nih.gov/pubmed/25663552 *	This article investigates neighbourhood influences on chronic disease risk among low-income and ethnically diverse communities. A group of 121 participants were interviewed about genetic, environmental and social factors impacting individual health. Analyses of transcripts reveal four main themes: social and economic environment, physical environment, barriers to healthy behaviours and integration of genetic and non-genetic determinants of health. Feelings of safety, social relations and trust, as well as poverty, were thought to contribute to individual and family health. In terms of the physical environment, poor air quality (attributed to traffic pollutants and heavy industry) and poorly maintained/abandoned housing were thought to indirectly contribute to unhealthy levels of stress. Lack of access to grocery stores, healthy food and recreational facilities as well as a prevalence of fast food restaurants were commonly mentioned barriers to healthy behaviour. These findings support the current evidence suggesting a relationship among socio-economic, environmental and health disparities.	SS	Individual health; safety; social relations; physical environment; healthy food access
Gómez, E., Baur, J.W.R., Hill, E. & Georgiev, S. 2015. 'Urban parks and psychological sense of community.' *Journal of Leisure Research* 47(3): 388-398. http://js.sagamorepub.com/jlr/article/view/6422	This article explores the relationship between sense of community and urban parks. Five parks were chosen in Norfolk, Virginia. Survey data was collected from 119 participants about psychological sense of community, frequency of park use, proximity to park and perception of park distance. Regression analyses of the data reveal that proximity and perception of park distance predicted a sense of community while frequency of park	SS	Sense of community; park access; proximity

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	use did not significantly impact sense of community. Park users, however, had a significantly higher sense of safety and block membership than nonusers. For these participants, the presence of nearby parks positively contributed to a sense of community. Facilitating greater access to parks may not only encourage its use but may promote stronger neighbourhood connections.		
PROVIDING HEALTHY FOOD OPTIONS			
Gallo, R.G., Barrett, L. & Lake, A.A. 2014. 'The food environment within the primary school fringe.' *British Food Journal* 116 (8): 1259-1275. http://www.emeraldinsight.com/doi/abs/10.1108/BFJ-04-2013-0091	This article assesses the provision of healthy and unhealthy food within a 400 metre buffer of 10 school locations. A comprehensive list of Newcastle upon Tyne schools was stratified into a range of least deprived (1) to most deprived (5) schools. Two schools were chosen from each quintile of socio-economic deprivation. Childhood obesity percentages were taken from the National Child Measurement Programme. Frequency and type of food outlets (sit-down eatery, fast food, traditional shops, convenience shops, other) were mapped and compared to level of deprivation and obesity prevalence. Regression analysis of the data found no significant association between food outlet frequency and obesity prevalence rates. Significant associations were found between deprivation and frequency of sit-down eateries and fast food outlets. These findings suggest that although a prevalence of fast food outlet exists in deprived areas, there may be other contributors to obesity prevalence rates. It would be good to follow-up and investigate the types of foods (healthy or unhealthy) sold at these sit-down and fast food eateries.	SS	Food access; obesity; school fringe environment; children
Hartmann, C.D., Marshall, P.A. & Goldenberg, A.J. 2015. 'Is there a space for	This article investigates neighbourhood influences on chronic disease risk among low-income and ethnically	SS	Individual health; safety; social

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place in family history assessment? Underserved community views on the impact of neighbourhood factors on health and prevention.' *Journal of Primary Prevention* 36(2): 119-130. http://www.ncbi.nlm.nih.gov/pubmed/25663552 *	diverse communities. A group of 121 participants were interviewed about genetic, environmental and social factors impacting individual health. Analyses of transcripts reveal four main themes: social and economic environment, physical environment, barriers to healthy behaviours and integration of genetic and non-genetic determinants of health. Feeling safe, social relations and trust as well as poverty were thought to contribute to individual and family health. With respect to the physical environment, poor air quality (attributed to traffic pollutants and heavy industry) as well as poorly maintained/abandoned housing were thought to indirectly contribute to unhealthy levels of stress. Lack of access to grocery stores, healthy food and recreational facilities as well as a prevalence of fast food restaurants were commonly mentioned barriers to healthy behaviour. These findings support the current evidence suggesting a relationship among socio-economic, environmental and health disparities.		relations; physical environment; healthy food access

***** denotes an item which has been placed in a number of different categories