

30 December 2013 – 10 January 2014

HBEP FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
GENERAL POLICY AND RESEARCH			
Centre for Population Health. 2013. <i>NSW Healthy Eating and Active Living Strategy 2013-2018</i> . North Sydney: The NSW Ministry of Health. http://www.health.nsw.gov.au/obesity/Pages/nsw-healthy-eating-strategy.aspx	This strategy provides a framework to promote and support healthy eating and active living. The first section reviews the current status of healthy eating and active living through the ages and provides the policy context. The second section discusses strategic approaches through environmental changes, statewide supportive programs, routine service delivery and educational dissemination. The document concludes with how the strategy will be implemented, monitored and evaluated. The strategy exemplifies a coordinated investment across various sectors and agencies to create supportive environments for health as well as to encourage individuals to maintain healthy weights.	PCAL	Healthy eating; active living; policy; strategies
American Planning Association & US Centre for Disease Control and Prevention. 2013. <i>Healthy Community Design Checklist Toolkit</i> . Atlanta, GA: Centres for Disease Control and Prevention. http://www.cdc.gov/healthyplaces/toolkit/	This toolkit assists urban planning and public health practitioners as well as the general public in community planning for healthier spaces. It is composed of four elements: Healthy Community Design Checklist; Healthy Community Design Power Point Presentation; Creating a Health Profile of Your Neighbourhood and Planning for Health Resources Guide.	HCDN	Healthy community design; toolkit
US Centre for Disease Control and Prevention. 2013. <i>A practitioner's guide for advancing health equity</i> . Atlanta, GA: Centres for Disease Control and Prevention. http://www.cdc.gov/NCCDPHP/dch/health-equity-guide/index.htm	This guide provides health practitioners, urban planners and community organisations with strategies to address health disparities at various levels. It first discusses how organisations can incorporate equity into foundational skills and practices of public health. It then identifies strategies to help eliminate tobacco-	HCDN	Health equity; healthy food; active living; supportive environments; strategies

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	related health inequalities. Design strategies addressing access to healthy food and beverages as well as access to environments supportive of active living are provided. Valuable political, organisational and environmental strategies to improve general health and wellbeing are offered.		
Brennan, L.K., Brownson, R.C. & Orleans, C.T. 2014. 'Childhood obesity policy research and practice: Evidence for policy and environmental strategies.' <i>American Journal of Preventive Medicine</i> 46(1): e1-e16. http://www.ajpmonline.org/article/S0749-3797(13)00550-3/abstract	This article summarises and classifies evidence-based policy and environmental strategies for childhood obesity prevention. Six hundred peer-reviewed studies were culled from a systematic review of more than 2000 documents. Articles reporting on the same study were formed into "study groupings" (i.e. 142 intervention evaluations, 254 descriptive studies). The Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework was used to assess the effectiveness and impact of each study grouping. Twenty-four different policy and environmental interventions were identified. Of particular note are the generation of evidence maps which graphically displays the positive, negative or neutral outcomes associated with environment and policy indicators for the short-term, intermediate and long-term. These evidence maps show a mix of positive and negative intervention evaluation effects. While this is encouraging evidence for the efficacy of obesity prevention strategies, most of the studies failed to report on key elements required for assessing the generalizability of intervention effects. This review classifies salient nutrition and physical activity strategies that require further evidence documenting pathways from intervention to reduction in obesity prevalence.	SS	Children; obesity; physical activity; nutrition; systematic review; evidence maps

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GETTING PEOPLE ACTIVE			
<p>Song, Y., Preston, J.M. & Brand, C. 2013. 'What explains active travel behaviour? Evidence from case studies in the UK.' <i>Environment and Planning A</i> 45(12): 2980-2998.</p> <p>http://www.envplan.com/abstract.cgi?id=a4669</p>	<p>This article explores active travel in relation to socioeconomic and environmental characteristics. Of 22,500 residents within three areas in the UK, 3516 residents completed a survey about their travel behaviour, physical activity and neighbourhood perceptions. Analysis of the data reveals that approximately 6% of all trips reported were by active travel; walking time was higher for discretionary journeys (e.g. shopping) while cycling time was higher for obligatory journeys (e.g. work). Modelling of the data shows that car ownership, age, long distance travel and accessibility to destinations had significant negative associations with active travel. Bicycle ownership showed the only positive association with active travel. In regards to built environmental characteristics, local land use patterns may be important in promoting active modes of travel.</p>	SS	Active travel; environmental characteristics; UK
<p>Nathan, A., Wood, L. & Giles-Corti, B. 2014. 'Perceptions of the built environment and associations with walking among retirement village residents.' <i>Environment and Behaviour</i> 46(1): 46-69.</p> <p>http://eab.sagepub.com/content/early/2012/07/13/0013916512450173.abstract</p>	<p>This article examines the relationship between neighbourhood perceptions and walking in older adults living in retirement villages. A group of 323 older adults living among 32 retirement villages in Western Australia completed the Community Health Activities Model Program for Seniors (walking measure), Neighbourhood Environment Walkability Scale (village and local neighbourhood perceptions). Statistical analyses show that the odds of leisurely walking increased for every one unit increase in perceived village aesthetic score (80%) and for every one unit increase in perception of fewer barriers in the neighbourhood (40%). The odds for transport walking were doubled for every one-unit increase in perceived</p>	SS	Walking; built environment; retirement village; older people

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	proximate destination within the neighbourhood surrounding the retirement village. These findings suggest that situating retirement villages in neighbourhoods with more amenities may influence walking rather than increasing services within retirement villages.		
Nasar, J.L. & Holloman, C.H. 2013. 'Playground characteristics to encourage children to visit and play.' <i>Journal of Physical Activity and Health</i> 10(8): 1201-1208. http://www.ncbi.nlm.nih.gov/pubmed/23220790	This paper reports the salient characteristics that attract African-American children and parents to play in Ohio playgrounds. Three studies were conducted over a course of three years. Study 1 (N=31 children & parent) used qualitative and quantitative methods to uncover salient playground characteristics. Study 2 (N=44 children & parent) requested participants to view predetermined pairings of playgrounds and check the one preferred for play and then report the characteristics of the playground that affected the choice. Study 3 (N=229 children) adapted the System for Observing Play and Recreation in Communities to record and observe the physical activity of children occurring in parks. Results of the study indicate that salient playground characteristics include seats, fences, playground equipment and playgrounds located in grassy open fields. Vigorous activity and walking was higher in playgrounds with equipment, fences and seats. Sense of security and places to sit may encourage playground play.	SS	Physical activity; playgrounds; infrastructure
CONNECTING AND STRENGTHENING COMMUNITIES			
Plane, J. & Klodawsky, F. 2013. 'Neighbourhood amenities and health: Examining the significance of a local park.' <i>Social Science and Medicine</i> 99: 1-8. http://www.sciencedirect.com/science/article	This paper describes the association between urban green space; well-being and sense of belonging. A group of nine formerly homeless women in Ontario, Canada took photos and described their experiences of healthy and unhealthy aspects of their neighbourhood.	SS	Urban green space; well-being; sense of belonging

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le/pii/S027795361300556X	The women's interactions with their neighbourhood were also observed. Data collected from participant observation, photographic images and photo-elicitation suggest four factors influencing health: access to green space; a respectful social environment; fear and safety concerns; and, access to neighbourhood resources. Parks were noted for their social aspects- of being able to interact with others as well as the presence of inclusive social events. While aesthetics are generally attributed to restorative health, for this group of marginalised women, the ability to socially interact beneficially impacted their sense of wellbeing.		
Lawder, R., Walsh, D., Kearns, A. & Livingston, M. 2014. 'Healthy mixing? Investigating the associations between neighbourhood housing tenure mix and health outcomes for urban residents.' <i>Urban Studies</i> 51(3): 264-283. http://usj.sagepub.com/content/51/2/264.abstract	This paper investigates the relationship between housing tenure mix and health outcomes for urban residents. Data taken from the Scottish Health Survey (N=3703) includes self-reported outcomes, nurse measurements and hospital records related to physical and mental health and health behaviours. Housing tenure clusters were defined. Results show no consistent pattern in health outcomes in relation to housing tenure mix (e.g. obesity, heart disease, physical inactivity). Regression models show that areas with sizeable social renting segments had significant association with poorer self-reported health, accidents and alcohol-related disease. Adjustments to tenure mix may affect improved mental health, reduced smoking and reduced alcohol-related illness.	SS	Tenure; social; income; physical health; mental health; health behaviours
PROVIDING HEALTHY FOOD OPTIONS			
Paek, H.-J., Oh, H.J., Jung, Y., Thompson, T., Alaimo, K., Risley, J. & Mayfield, K. 2014. 'Assessment of a healthy corner store	This paper assesses a social marketing and community-based corner store program offering healthy foods in Michigan. The Nutrition Environment	SS	Corner store; healthy food; intervention

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<p>program (FIT store) in low-income, urban, and ethnically diverse neighbourhoods in Michigan.' <i>Family and Community Health</i> 37(1): 86-99. http://www.ncbi.nlm.nih.gov/pubmed/24297010</p>	<p>Measures Survey was conducted in four stores with the FIT intervention (improving the affordability and availability of healthy foods) and four control stores before (N=401) and after (N=318 intervention) After intervention, FIT stores offered more fresh fruit, frozen/canned vegetables, whole wheat bread and reduced fat frozen dinners than before the intervention yet prices across stores remained inconsistent. Survey participants perceived changes resulting from the intervention and this was associated with the purchase of healthy foods. Systematic efforts among corner stores and among the populations they serve are needed to promote the purchase and consumption of healthy foods.</p>		
<p>Alviola, P.A., Nayga Jr., R.M., Thomsen, M.R. & Wang, Z. 2013. 'Determinants of food deserts.' <i>American Journal of Agricultural Economics</i> 95 (5): 1259-1265. http://ajae.oxfordjournals.org/content/95/5/1259.extract</p>	<p>This article identifies the socio-demographic and economic determinants of food desert areas in Arkansas. Urban and rural census tracts were selected and assessed for demographic and socioeconomic measures. Grocery store access and density of fast food and convenience stores were calculated. Modelling of the data indicates that residents in low-income blocks faced lower average distances to nearest grocery store however had higher densities of fast-food and convenience stores. Rural low-income residents had lower food densities of all food store types. However, in urban areas, neighbourhood, demographic and socioeconomic characteristics had little impact on an area being classified as a food desert. These findings refute the notion that a higher prevalence of social and economic deprivation is more likely to lack access to healthy food sources.</p>	SS	Food desert; grocery store; fast food; urban; rural; socioeconomic

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