

HBEP FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
GENERAL POLICY AND RESEARCH			
Anderson, L., Foster, S., Flynn, R., Fitterman, M. 2013. 'Assessing public policies and assets that affect obesity risk while building new public health partnerships, New Hampshire, 2011'. <i>Preventing Chronic Disease</i> 10: 120349. http://www.cdc.gov/pcd/issues/2013/12_0349.htm	This article provides baseline information regarding public policies and physical infrastructure affecting obesity in New Hampshire (US) local government areas. A cross-sectional survey using the Centre for Disease Control and Prevention's Measures Project questions were distributed via SurveyMonkey to town and city contacts. A total of 137 municipalities responded (59%). Statistical analysis of the data show that 22% of the municipalities had bicycle lanes, 4% had policies related to breastfeeding and none had nutrition standards. The distribution of such surveys and analysis of the findings allow municipalities to set priorities, plan improvements and create policies.	APAN	Public policy; physical infrastructure; health
Thompson, S. & Capon, A. 2013. 'Healthy built environments - Getting the balance right: 21st century planning for human wellbeing'. <i>New Planner</i> March 2013: 26. http://www.be.unsw.edu.au/programs/healthy-built-environments-program/new-planner	This article provides suggestions on how planners can achieve a balance between the environment, health and the economy. Several frameworks are discussed including those provided by the Commonwealth Department of Infrastructure and Transport's Major Cities Unit; ARUP and Naked Communications with the Built Environment Industry Innovation Council; and the Cooperative Research Centre for Low Carbon Living. Changes and improvements to our Australian cities require the consideration of human health when promoting sustainability policies.	City Futures	Wellbeing; planning frameworks
McGlone, P., Dobson, B., Dowler, E. & Nelson, M. 1999. <i>Food projects and how they work</i> . York: York Publishing Services	This report profiles 25 community food projects in the UK. Food projects include food co-ops, community cafes and partnerships between retailers, local authorities	SIA	Food projects; community; nutrition; profiles

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<p>Limited. http://www.jrf.org.uk/publications/food-projects-and-how-they-work *</p>	<p>and communities. It details how such projects can help the community. Though each project is contextual, each project goes through three stages including establishment, consolidation, and adaptation. Factors that facilitate (e.g. funding, responsiveness) and hinder (opposing agendas, meeting limited needs) food project sustainability are identified. This report highlights that in addition to long-term outcomes such as changes in health, such projects establish short-term nutrition gains such as cooking skills or access to cheaper foods.</p>		
<p>Lachowycz, K. & Jones, A. P. 2013. 'Towards a better understanding of the relationship between green space and health: Development of a theoretical framework'. <i>Landscape and Urban Planning</i> 118 (October 2013): 62-69. http://www.sciencedirect.com/science/article/pii/S0169204612002939</p>	<p>This article presents a conceptual framework to illustrate the theoretical relationship between access to green space and health outcomes. A comprehensive review of the literature was undertaken to identify causal pathways. Subsequently, a framework was created to highlight physical and psychological health outcomes; potential mediators (perception of environment, pleasure, use) potential moderators (opportunity to use, motivation, ease of use); demographics; living context; characteristics of green space; and climate. This framework provides an improved understanding of the green space and health relationship and can inform future planning research studies.</p>	SS	Green space; physical activity; framework
<p>Saunders, L.E., Green, J.M., Petticrew, M.P., Steinbach, R. & Roberts, H. 2013. 'What are the health benefits of active travel? A systematic review of trials and cohort studies'. <i>PLoS ONE</i> 8(8): art. no. e69912. http://www.plosone.org/article/info:doi/10.1371/journal.pone.0069912</p>	<p>The article provides a systematic review of the evidence assessing obesity and other health outcomes related to active transport. Eleven databases were searched for prospective and intervention studies resulting in the identification of 24 studies (31 papers) from 12 countries. Eighteen studies were conducted on adults measuring multiple health outcomes (e.g. fitness, blood pressure, body weight). Six studies were conducted</p>	SS	Active transport; health benefits; systematic review

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	among children on generally measured obesity outcomes (two measured cardio-respiratory fitness). These findings synthesise the empirical evidence to highlight the significance of active transport beyond physical activity. However, more robust evidence is needed to determine the effectiveness of active transport interventions on obesity and among children.		
<p>Xia, T., Zhang, Y., Crabb, S. & Shah, P. 2013. 'Co-benefits of replacing car trips with alternative transportation: A review of evidence and methodological issues'. <i>Journal of Environmental and Public Health</i> 2013: art. no. 797312. http://www.hindawi.com/journals/jep/2013/797312/</p>	<p>This article considers the environmental, health and economic benefits of alternative transport use. A review of the literature was conducted to document the evidence regarding the benefits of both public and active transport. Alternative transport scenarios were then suggested to show how future assessments related to environmental, health and economic benefits could be made. When assessing benefits of car transport alternatives, research should consider each of the benefits outlined in local context.</p>	SS	Public transport; active transport; environmental benefits; health benefits; economic benefits
GETTING PEOPLE ACTIVE			
<p>Müller-Riemenschneider, F., Pereira, G., Villanueva, K., Christian, H., Knuiman, M., Giles-Corti, B. & Bull, F.C. 2013. 'Neighbourhood walkability and cardio metabolic risk factors in Australian adults: An observational study'. <i>BMC Public Health</i> 13: 755. http://www.biomedcentral.com/1471-2458/13/755/abstract</p>	<p>This article investigates neighbourhood walkability and cardio metabolic risk factors (e.g. obesity, hypertension, type 2 diabetes). A random population sample of 5,970 adults living in Perth, Australia self-reported cardio metabolic risk factors via a telephone-assisted interview. A neighbourhood buffer of 1600 m was placed around each respondent's living area. Using GIS, the built environment was assessed objectively for residential density, street connectivity and land use mix. Statistical analyses show that the observed prevalence of obesity, hypertension and type 2 diabetes was lower in high walkable areas than in less walkable areas. Levels of neighbourhood walkability can affect obesity levels.</p>	APAN	Neighbourhood walkability; obesity; cardio metabolic risk factors

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<p>Panter, J., Griffin, S., Dalton, A.M., Ogilvie, D. In press. 'Patterns and predictors of changes in active commuting over 12 months'. <i>Preventive Medicine</i>. http://www.sciencedirect.com/science/article/pii/S0091743513002727</p>	<p>This article assesses the patterns and predictors of the uptake and maintenance of walking and cycling. A group of 655 commuters living within 30km of Cambridge, UK completed a seven-day recall instrument of transport habits (weekly frequency and duration of travel modes) and recorded perceptions of the environment and psychological measures related to car use. Characteristics of the commuter's home, workplace and route to work were derived using GIS. Logistic regression models show that convenience of public bus services and cycle routes predicted uptake of cycling. Participants with perceptions of a pleasant walk were significantly more likely to maintain walking. Built environment interventions related to the creation and maintenance of cycle and walking routes may promote active transport behaviours.</p>	<p>APAN</p>	<p>Walking; cycling; public transport; physical activity</p>
<p>Veitch, J., Ball, K., Crawford, D., Abbott, G. & Salmon, J. In press. 'Is park visitation associated with leisure-time and transportation physical activity?' <i>Preventive Medicine</i>. http://www.sciencedirect.com/science/article/pii/S0091743513002776</p>	<p>This article examines park visitation and physical activity in adults living in disadvantaged areas of Victoria, Australia. Residents living within 1 km of an identified park were mailed a survey. A total of 202 completed surveys were returned and captured demographic data, and responses to the International Physical Activity Questionnaire. Results indicate a mean of 3.3 park visits per week. Each additional park visit was associated with greater odds of engaging in either higher totals of transport walking (23%), leisure walking (26%) or total physical activity (40%). Visiting parks may predict transportation and leisure walking as well as encourage physical activity.</p>	<p>APAN</p>	<p>Park visitation; walking; physical activity</p>
<p>Paquet, C., Orschulok, T.P., Coffee, N.T., Howard, N.J., Hugo, G., Taylor, A.W., Adams, R.J. & Daniel, M. 2013.</p>	<p>This article assesses the relationship of open space characteristics (accessibility, size, greenness and type) and the risk of cardio metabolic diseases and whether</p>	<p>SS</p>	<p>Public open space; physical activity; well-being; cardio</p>

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<p>'Are accessibility and characteristics of public open spaces associated with a better cardio metabolic health?' <i>Landscape and Urban Planning</i> 118 (October 2013): 70-78. http://www.sciencedirect.com/science/article/pii/S0169204612003283</p>	<p>the relationship can be explained by physical activity and/or psychological wellbeing. Data was taken from the North West Adelaide Health Study (longitudinally collected in three waves over ten years among 4056 participants). Participants reported behavioural, psychosocial and socio-demographic information and provided health measurements (e.g. blood pressure, body mass index). Public open space nearest to participant's residence was geocoded. Statistical analyses of the data suggest that greenness, size, and active public space were inversely related to cardio metabolic risk and can be partially explained by rate of physical activity. These findings suggest that rather than access, characteristics of public open space, especially those related to encouraging physical activity, may link to better health outcomes.</p>		<p>metabolic health</p>
CONNECTING AND STRENGTHENING COMMUNITIES			
<p>Hawkins, J.L., Mercer, J., Thirlaway, K.J. & Clayton, D.A. 2013. "'Doing" gardening and "being" at the allotment site: Exploring the benefits of allotment gardening for stress reduction and healthy aging'. <i>Ecopsychology</i> 5(2): 110-125. http://online.liebertpub.com/doi/abs/10.1089/eco.2012.0084?journalCode=eco</p>	<p>This article investigates the benefits of allotment gardening among older adults living in Wales, UK. Fourteen semi-structured interview participants were asked about the importance of allotment gardening. Thematic analysis of the transcripts created two main themes: doing gardening and being at the allotment. Experiences of doing something and distraction, physical activity, and sharing expertise and produce were categorised under "doing gardening". The opportunity to be outdoors, to interact socially, and to adapt to retirement were categorised as "being at the allotment". Allotment gardening provides benefits to well-being and stress reduction; however, the mechanisms through which they emerge can be different. For example, when doing gardening, some</p>	<p>SS</p>	<p>Gardening; health; wellbeing; older adults</p>

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	<p>gardeners require solitary time to achieve escape whereas when being at the allotment, some gardeners require social contact to achieve stress reduction. The encouragement of allotment gardening may help transition older gardeners during their retirement years.</p>		
<p>Kwate, N.O.A., Loh, J.M., White, K., Saldana, N. 2013. 'Retail redlining in New York City: Racialized access to day-to-day retail resources'. <i>Journal of Urban Health</i> 90 (4): 632-652. http://www.ncbi.nlm.nih.gov/pubmed/22777683</p>	<p>This article investigates the presence of retail redlining among New York City retailers that are potentially important to health. Retail redlining refers to when retailers fail to serve neighbourhoods based on ethnic composition of their customers. Five boroughs of New York were assessed for retail stores based on four health needs (hygiene, healing, information and play) Census population characteristics were assessed and access to each retail type was mapped. Statistical analyses suggest that areas with predominantly African-American populations faced greater distances to retail outlets. Of the stores that were positively associated with perceived retail demand among African-American populations, half were fast food chains. While the provision of private services can support healthy daily behaviours, inequalities in retail access persists especially among African-American populations living in the 5 boroughs of New York City.</p>	SS	Retail outlets; health; African-American; disparities
PROVIDING HEALTHY FOOD OPTIONS			
<p>Black, C., Ntani, G., Kenny, R., Tinati, T., Jarman, M., Lawrence, W., et al. 2012. 'Variety and quality of healthy foods differ according to neighbourhood deprivation'. <i>Health & Place</i> 18 (6): 1292-1299. http://www.ncbi.nlm.nih.gov/pubmed/23085202</p>	<p>This article examines access, price, variety and quality of fruit and vegetables in Southampton, England. Neighbourhood deprivation was assessed using the Index of Deprivation. A grocery store list was compiled for five areas of neighbourhood deprivation. The Consumer Nutrition Tool measuring the availability, price and variety of 12 products (e.g. tomatoes, lettuce,</p>	GPAN	Food access; food variety; food price; neighbourhood deprivation

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	<p>onions) was employed in 195 stores. Statistical analysis found no difference in availability or price across neighbourhoods. Variety and quality, however, improved with increasing level of affluence. The significance in association was explained by the number of choices of healthy products rather than the offering of less healthy products. Research should continue to assess healthy food options and quality of fruits and vegetables in areas of economic deprivation.</p>		
<p>Breyer, B. & Voss-Andreae, A. In press. 'Food mirages: geographic and economic barriers to healthful food access in Portland, Oregon'. <i>Health & Place</i>. http://www.sciencedirect.com/science/article/pii/S135382921300097X</p>	<p>This article assesses the role of food prices in relation to food access for low-income households in Portland, Oregon. The concept of food mirage is used to indicate the appearance of plentiful access to food stores, however, due to prices of healthy food, access is economically unfeasible. Food retailers were selected and geocoded if they offered a minimum of 10 fresh produce items. A healthy foods market basket survey itemized store costs. Spatial regression analysis identified relationships among store locations, affordability and socioeconomic characteristics. In the study area, grocery stores are within 1.1km. Affordable grocery stores are located within 4km. In gentrifying areas, food mirages are prolific and costs of healthy food are beyond the means of low-income households. The provision of healthy foods should evaluate both proximity to food stores and cost of healthy food items.</p>	SS	Food access; food mirage; food price; low-income households
<p>McGlone, P., Dobson, B., Dowler, E. & Nelson, M. 1999. <i>Food projects and how they work</i>. York: York Publishing Services Limited. http://www.jrf.org.uk/publications/food-projects-and-how-they-work *</p>	<p>This report profiles 25 community food projects in the UK. Food projects include food co-ops, community cafes and partnerships between retailers, local authorities and communities. It details how such projects can help the community. Though each project is contextual, each project goes through three stages including</p>	SIA	Food projects; community; nutrition; profiles

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	<p>establishment, consolidation, and adaptation. Factors that facilitate (e.g. funding, responsiveness) and hinder (opposing agendas, meeting limited needs) food project sustainability are identified. This report highlights that in addition to long-term outcomes such as changes in health, such projects establish short-term nutrition gains such as cooking skills or access to cheaper foods.</p>		

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