

## FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
<b>GENERAL POLICY AND RESEARCH</b>			
<p>Saelens, B.E., Sallis, J.F., Frank, L.D., Couch, S.C., Zhou, C., Colburn, T., Cain, K.L., Chapman, J. and Glanz, K. 2012. 'Obesogenic neighbourhood environments, child and parent obesity: the neighbourhood impact on kids study.' <i>American Journal of Preventive Medicine</i> 42(5): e57-64.  <a href="http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE_3373%5b3%5d-stamped.pdf">http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE_3373%5b3%5d-stamped.pdf</a></p>	<p>This article looks at the connection between neighbourhood environmental attributes (relating to physical activity and access to healthy food), and child and parent obesity. The study was conducted in a number of different neighbourhoods in Seattle and San Diego. The results showed that children in environments more favourable to physical activity and healthy eating were less likely to be obese or overweight than children in neighbourhoods which were less favourable. This was also found to be the case for the parents, although the figures were less significant.</p>	City Futures	Obesity; neighbourhood design; physical activity; healthy food options; children; parents
<p>Frank, L.D., Saelens, B.E., Chapman, J., Kerer, J., Glanz, K., Couch, S.C., Learnihan, V., Zhou, C., Colburn, T. and Cain, K.L. 2012. 'Objective assessment of obesogenic environments in youth: geographic information systems methods and spatial findings from the neighbourhood impacts on kids study.' <i>American Journal of Preventive Medicine</i> 42(5): e47-55.  <a href="http://www.sciencedirect.com/science/article/pii/S0749379712001286">http://www.sciencedirect.com/science/article/pii/S0749379712001286</a></p>	<p>This article provides a description of the development of GIS-based walkability measures for a US study which aimed to explore physical activity and nutrition indicators of child obesogenic environments. In the study, which took place in Seattle and San Diego, walkability and quality and presence of parks was used to evaluate the physical activity environment, while presence and density of fast food restaurants and distance to supermarkets was used to evaluate the food environment. High physical activity environments were defined as having at least one high quality park within 0.25 miles and were above median walkability, while low physical activity environments has no parks and were below median walkability. High nutrition environments were defined as having a supermarket</p>	APAN	Obesity; physical activity; nutrition; neighbourhood design; GIS; measures; walkability; children; parks; food environment; access

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	within 0.5 miles, and fewer than 16 (for Seattle) and 31 (for San Diego) fast food restaurants within 0.5 miles. Low nutrition environments had either no supermarket, or a supermarket and more than 16 or 31 fast food restaurants within 0.5 miles.		
<p>Giles-Corti, B., Ryan, K. and Foster, S. 2012. <i>Increasing density in Australia: maximising the health benefits and minimising the harm</i>. Melbourne: National Heart Foundation of Australia. *</p> <p><a href="http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx">http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx</a></p>	<p>This literature review looks at the complex relationship between density and health, including: ‘...the intended and unintended consequences of increased density; the meaning of ‘good’ density from a health and active living perspective; [and] the types of amenity associated with positive health and physical activity outcomes in areas of high residential density.’ Health outcomes considered in the review relate to physical activity, cardiovascular and cancer mortality, road traffic mortality, respiratory health and mental health. The authors provide a description of measures which can be undertaken to mitigate the negative effects of density, and enhance the positive effects on physical activity, social interaction and improved health outcomes.</p>	PCAL	<p>Density; neighbourhood design; housing; physical activity; social interaction; mental health; chronic disease; obesity</p>
<b>GETTING PEOPLE ACTIVE</b>			
<p>Brockman, R. and Fox, K.R. 2011. ‘Physical activity by stealth? The potential health benefits of a workplace transport plan?’ <i>Public Health</i> 125(4): 210-216.</p> <p><a href="http://www.sciencedirect.com/science/article/pii/S0033350611000254">http://www.sciencedirect.com/science/article/pii/S0033350611000254</a></p>	<p>This article describes a UK study which investigated the impact of a workplace travel plan (the key feature of which was restricted parking opportunities) on levels of active commuting. Data was gathered from a bi-annual staff travel survey from the University of Bristol, conducted between 1998 and 2007. The results showed that during this time, the percentage of people reporting that they walked to work increased from 19% to 30%, in contrast to the national trend.</p>	APAN	<p>Physical activity; workplace travel plan; walking; active transport; intervention; car parking restrictions</p>
<p>Johansson, K., Laflamme, L. and Hasselberg, M. 2012. ‘Active commuting to and from school among Swedish children – a national</p>	<p>This article looks at how socio-demographic and socio-economic characteristics influence levels of active transport in Swedish school children aged between 11</p>	APAN	<p>Physical activity; active transport; children; Sweden;</p>

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<p>and regional study.' <i>The European Journal of Public Health</i> 22(2): 209-214.  <a href="http://eurpub.oxfordjournals.org/content/22/2/209.abstract?etoc">http://eurpub.oxfordjournals.org/content/22/2/209.abstract?etoc</a></p>	<p>and 15. The results showed that levels of active transport were high, but decreased with age, while levels of public transport use increased with age. Living in an apartment or row-house (as opposed to a detached house) and living in a medium-sized city was associated with active transport, and worker households were more likely to engage in active commuting than intermediate- to high-level salaried employees.</p>		<p>school; socio-economic status; socio-demographic characteristics; neighbourhood design</p>
<p>Vanderbilt, T. 2012. 'The Crisis in American Walking.' <i>Slate</i>, 10 April 2012,  <a href="http://www.slate.com/articles/life/walking/2012/04/why_don_t_americans_walk_more_the_crisis_of_pedestrianism_.html">http://www.slate.com/articles/life/walking/2012/04/why_don_t_americans_walk_more_the_crisis_of_pedestrianism_.html</a></p>	<p>This article explores the decline in levels of walking in the US, and the ways in which the built environment could be improved to alter the dependence on cars and provide safe and pleasant walking environments. The author explores the patterns of mass pedestrian behaviour; describes developments in observation techniques and pedestrian modelling software; and the use of Walk Score software to assess and quantify the walkability of neighbourhoods.</p>	<p>City Futures</p>	<p>Physical activity; walking; walkability; pedestrian behaviour; USA; observation methods; Walk Score; safety</p>
<p>Giles-Corti, B., Ryan, K. and Foster, S. 2012. <i>Increasing density in Australia: maximising the health benefits and minimising the harm</i>. Melbourne: National Heart Foundation of Australia. *  <a href="http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx">http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx</a></p>	<p>This literature review looks at the complex relationship between density and health, including: '...the intended and unintended consequences of increased density; the meaning of 'good' density from a health and active living perspective; [and] the types of amenity associated with positive health and physical activity outcomes in areas of high residential density.' Health outcomes considered in the review relate to physical activity, cardiovascular and cancer mortality, road traffic mortality, respiratory health and mental health. The authors provide a description of measures which can be undertaken to mitigate the negative effects of density, and enhance the positive effects on physical activity, social interaction and improved health outcomes.</p>	<p>PCAL</p>	<p>Density; neighbourhood design; housing; physical activity; social interaction; mental health; chronic disease; obesity</p>
<p>Macdonald, D., Abbott, R. and Jenkins, D.</p>	<p>This article looks at the perceptions and values that</p>	<p>APAN</p>	<p>Physical activity;</p>

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<p>2012. 'Physical Activity of Remote Australian Indigenous Women: A Postcolonial Analysis of Lifestyle.' <i>Leisure Sciences: An Interdisciplinary Journal</i> 34(1): 39-54.  <a href="http://www.tandfonline.com/doi/abs/10.1080/01490400.2012.633854">http://www.tandfonline.com/doi/abs/10.1080/01490400.2012.633854</a></p>	<p>drive the physical activity behaviours of Indigenous Australian women living in remote rural communities. In this, there is consideration of the constraints that women have to negotiate around leisure time physical activity, relating to gender roles, culture, and the physical/structural environment. The authors explore the idea of a 'healthy/active lifestyle' (used in health promotion strategies) and associated assumptions around choice and individual responsibility, and the difficulty of applying this to the Indigenous Australian experience. In-depth interviews were conducted with 21 families from a number of different communities in the Torres Strait and Far North Queensland. The results showed that shame, gendered roles and relationships, and provision of appropriate facilities and infrastructure were key influences on the physical activity levels of Indigenous Australian women.</p>		<p>Indigenous Australians;  remote rural community;  gender roles;  culture;  infrastructure;  access</p>
<b>CONNECTING AND STRENGTHENING COMMUNITIES</b>			
<p>Giles-Corti, B., Ryan, K. and Foster, S. 2012. <i>Increasing density in Australia: maximising the health benefits and minimising the harm.</i> Melbourne: National Heart Foundation of Australia. *  <a href="http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx">http://www.heartfoundation.org.au/active-living/built-environment/Pages/Density-And-Health.aspx</a></p>	<p>This literature review looks at the complex relationship between density and health, including: '...the intended and unintended consequences of increased density; the meaning of 'good' density from a health and active living perspective; [and] the types of amenity associated with positive health and physical activity outcomes in areas of high residential density.' Health outcomes considered in the review relate to physical activity, cardiovascular and cancer mortality, road traffic mortality, respiratory health and mental health. The authors provide a description of measures which can be undertaken to mitigate the negative effects of density, and enhance the positive effects on physical activity, social interaction and improved health outcomes.</p>	PCAL	<p>Density;  neighbourhood design; housing;  physical activity;  social interaction;  mental health;  chronic disease;  obesity</p>

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<b>PROVIDING HEALTHY FOOD OPTIONS</b>			
<p>Kolata, G. 2012. 'Studies Question the Pairing of Food Deserts and Obesity.' <i>The New York Times</i>, 17 April 2012.  <a href="http://www.nytimes.com/2012/04/18/health/research/pairing-of-food-deserts-and-obesity-challenged-in-studies.html? r=2">http://www.nytimes.com/2012/04/18/health/research/pairing-of-food-deserts-and-obesity-challenged-in-studies.html? r=2</a></p>	<p>This US article questions prevailing research findings which have shown that there is a relationship between obesity and access to healthy foods; and which has identified many poor urban neighbourhoods as food deserts. The author describes two new studies which claim that there is no relationship between the type of food found in a neighbourhood and child and adolescent obesity; and that poorer neighbourhoods were found to have nearly twice as many fast food restaurants, convenience stores, supermarkets and large-scale grocers as wealthier neighbourhoods. The article provides a critique of the methodologies used in studies which support the theory that there are food deserts, and that local access to healthy foods has a significant impact on health and wellbeing.</p>	<p>City Futures</p>	<p>Healthy food options; US; food deserts; obesity; critique; access; neighbourhood design; supermarkets; methodology; research design</p>
<p>Cohen, A. 2012. 'Are Food Deserts an Urban Legend? Study Says...' <i>Next American City</i>, 18 April 2012.  <a href="http://americancity.org/daily/entry/are-food-deserts-an-urban-legend-study-says">http://americancity.org/daily/entry/are-food-deserts-an-urban-legend-study-says</a></p>	<p>This article is a direct response to the article described above. The author provides an interview with Allison Karpyn, director of research at The Food Trust (a non-profit organisation which works to make healthy food available to everyone, through education and improved access). Karpyn contends that the design and methodology of the studies described in the article above are flawed (i.e. through use of non-representative samples and over-reliance on self-report measures), and that neither study takes into account the quality and cost of foods available in the food outlets included in the study.</p>	<p>City Futures</p>	<p>Healthy food options; US; food deserts; access; neighbourhood design; affordability; quality of foods; methodology; research design</p>
<p>Gittelsohn, J., Rowan, M. and Gadhoke, P. 2012. 'Interventions in Small Food Stores to Change the Food Environment, Improve Diet and Reduce Risk of Chronic Disease.'</p>	<p>This article looks at the impact of small food store interventions on food availability, dietary behaviours, and psychosocial factors linked to chronic disease risk. The authors reviewed articles and documents relating to</p>	<p>CDC</p>	<p>Healthy food options; interventions; small food store;</p>

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<p><i>Preventing Chronic Disease</i> 9: E59.  <a href="http://www.cdc.gov/pcd/issues/2012/11/0015.htm">http://www.cdc.gov/pcd/issues/2012/11/0015.htm</a></p>	<p>16 interventions, and conducted interviews with project staff to gain additional information. The results of the review showed that common intervention strategies included increasing availability of healthy foods (especially fruits, vegetables and other produce), use of point-of-purchase promotions, and community engagement. Other strategies included business training and nutrition education. The authors concluded that increased availability of healthy foods, improved sales of healthy foods and improved consumer knowledge and dietary behaviours had a significant effect.</p>		<p>availability;  community  engagement;  education</p>

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