
1.0 Introduction

This Literature Review is a major undertaking for the Healthy Built Environments Program. Under the contract that the HBEP has with its core funder, the NSW Health Department, it is specified that the Program will review the published scholarly evidence on the links between the built environment and health. It is further stated that the results of this endeavour will inform the development of a strategic research plan as well as be used in educational capacity building and other activities of the Program.



Given the vast quantity of the literature on the built environment and health, a steering committee was established to assist with focusing the Review. The following foci were determined for the Review:

- The two primary aims
- The ten parameters
- The framework
- The table of contents
- The template for references in the annotated bibliography

The Review focuses on the three key built environment interventions to support health – Getting People Active, Connecting and Strengthening Communities, and Providing Healthy Food Options. These built environment interventions or domains address three of the major risk factors for chronic disease in the Australian and NSW community – physical inactivity, obesity and social isolation. A major aim of the Review is to assist policy makers in the health and built environment professions who need access to the latest evidence to support the implementation of policies that promote physical activity, social interaction and healthy eating. Given this interdisciplinary audience, we have attempted to communicate in plain English throughout the Review. If jargon or specific technical terminology is unavoidable, it is defined. A comprehensive and detailed Glossary is also provided to help communication across a wide audience. The importance of clear communication in the interdisciplinary area of healthy built environments is widely recognised as a critical issue (Lake et al. 2010).

Similarly, the nature of research evidence is an important issue and can be a challenge for those engaged in this interdisciplinary work. There are different traditions in the type of evidence used and most highly valued by those researching in health and the built environment. At one end of the spectrum is the randomised control trial highly valued in the health sciences. This type of investigation is ‘often impractical and sometimes unethical in studies involving people and the built environment’ (NSW Health, 2009, p. 5). This Review encompasses a comprehensive range of robust and valid evidence across the health and built environment disciplines, acknowledging that the ‘methods used to investigate, and the findings available about, the links between health and the built environment are often different to those encountered in more controllable situations’ (NSW Health, 2009, p. 5).

Related to the nature of evidence is the way in which findings about the built environment can be applied across different geographical scales, demographic groups, majority and minority communities, and diverse socio-economic contexts – all of which characterise contemporary people-place relationships. Climate change and cultural diversity are further challenges facing the implementation of healthy built environments, as is the political context of decision making. Nevertheless, while there are challenges in working across the disciplines, there are opportunities ‘to generate new collective ways of working’, foster innovation and ‘to create novel interventions, policies and practice’ (Townsend et al. 2010, p. 12).



