
4.0 Scope and Methodology

Food for everyone

*Mandarins
Oranges
Limes
Chillis
Mint
Native Mint
Coriander
Rocket
Strawberries
Raspberries
Kaffir Lime leaves
Cumquats
Parsley
Passion fruit
Bay leaves
Lemon Myrtle leaves
and more ...*



*Pick any fruit,
berry or leaf that
you want to eat.
These plants provided
by local residents for
anyone - we need to grow
food where we live and work.*

www.foodforthefuturefair.org

4.1 Defining the Scope of the Review – the three key domains of the healthy built environment relationship

The structure of the built environment and its ability to influence the way people live, move and interact is integral to human health. This relationship is multi-dimensional, crossing spatial, temporal and discipline boundaries with a complexity difficult to map, monitor and define. Despite these difficulties, in order to achieve the aims of this Review, it is necessary to identify areas of evidence paucity and provide tangible guidance on policy development.

Three key **domains** of the healthy built environment relationship have been identified as the best way to achieve the aims of the Review. These domains were initially defined using the knowledge of the HBEP, with subsequent endorsement of the Literature Review Steering Committee. As the work progressed, the identification of these domains as the most pertinent and useful was reinforced. They are:

1. **The Built Environment and Getting People Active.**
2. **The Built Environment and Connecting and Strengthening Communities.**
3. **The Built Environment and Providing Healthy Food Options.**

These built environment interventions are the foundations for supporting human health as they address the major risk factors for contemporary chronic disease – namely, decreased physical activity, increased stress and social isolation, and poor nutrition (Booth et al. 2001). This is articulated in Table One and Diagram One.



The Built Environment and Getting People Active



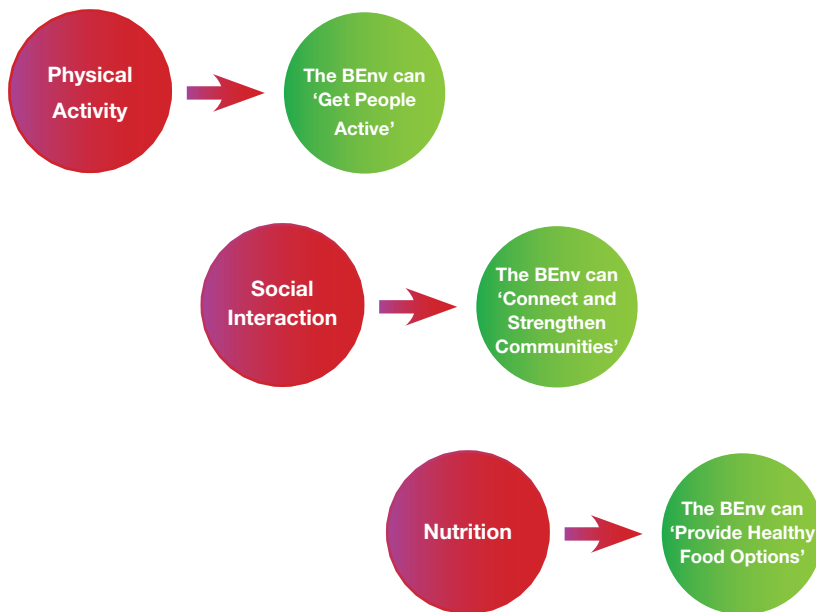
The Built Environment and Connecting and Strengthening Communities



The Built Environment and Providing Healthy Food Options

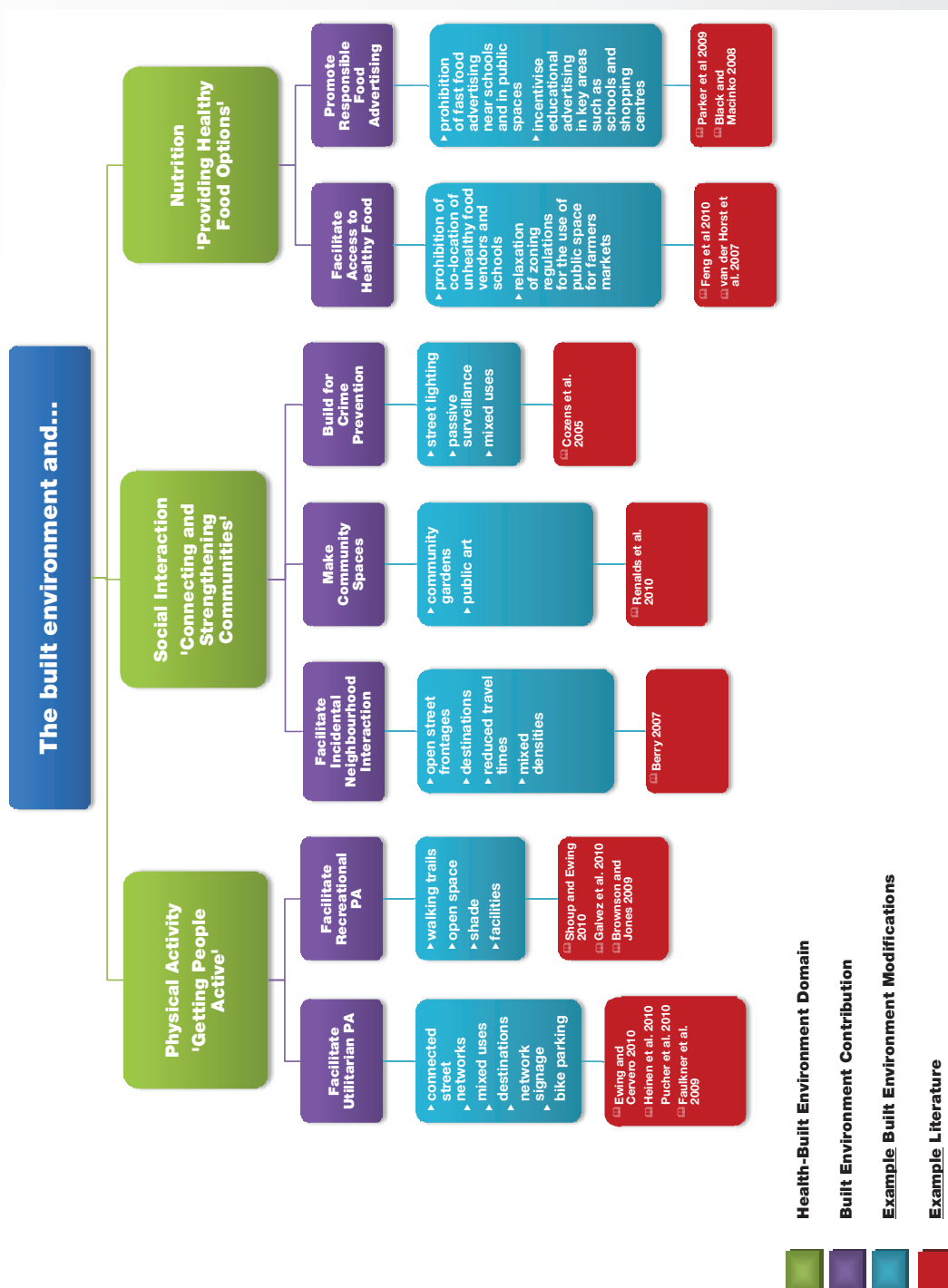
Table 1: Relationship between Disease Determinants, Risk Factors and Built Environment Domains

Example disease	Relevant disease risk determinant ¹	Example risk factor	Relevant domain of the health-built environment relationship
Type II diabetes	Physical Activity	Decreased activity in daily life	The built environment can Get People Active
Depression	Social Interaction	Increased personal isolation and fear	The built environment can Connect and Strengthen Communities
Heart disease	Nutrition	Reduced access to fresh fruit/vegetables	The built environment can Provide Healthy Food Options



¹ Note, the disease risk determinants in this table are those considered most relevant to the three built environment domains discussed in this Review.

Diagram 1: The Domains of Healthy Built Environments



4.2 Methodology

The methodology for this Review was systemic and rigorous. The steps employed are fully detailed here. First, economic, health, medical, transport and environmental internet and 'grey' literature databases were searched using terms tailored for each database (as recommended in Weaver et al. 2002). The parameters for the Review were also used in defining relevant search terms. The databases and key word combinations used are listed in Appendix 1. This part of the Review took place during April and May, 2010.

The search results were then screened using article title and abstract, with duplications and obviously irrelevant studies removed. Papers were also sought from experts in the field, including the project steering committee. This led to the compilation of 1,615 references relevant to the built environment and health.

The next step in the methodology was to assess these references for inclusion in the Review. This was done using the established parameters for the Review and the three key domains of the built environment-health relationship. Following this assessment, each remaining reference was allocated a code based on its 'Health-Built Environment Domain' and 'Built Environment Contribution' (as articulated in Diagram 1). The peer reviewed status of each reference was also checked against the criteria of Ulrich's Periodicals Directory². An additional category of 'other' was created to classify literature covering further aspects of healthy built environments, as well as a new, emerging body of scholarship. This was labelled 'Professional

Development' and forms part of the Review.

In total 1,080 references remained for inclusion in the Review.

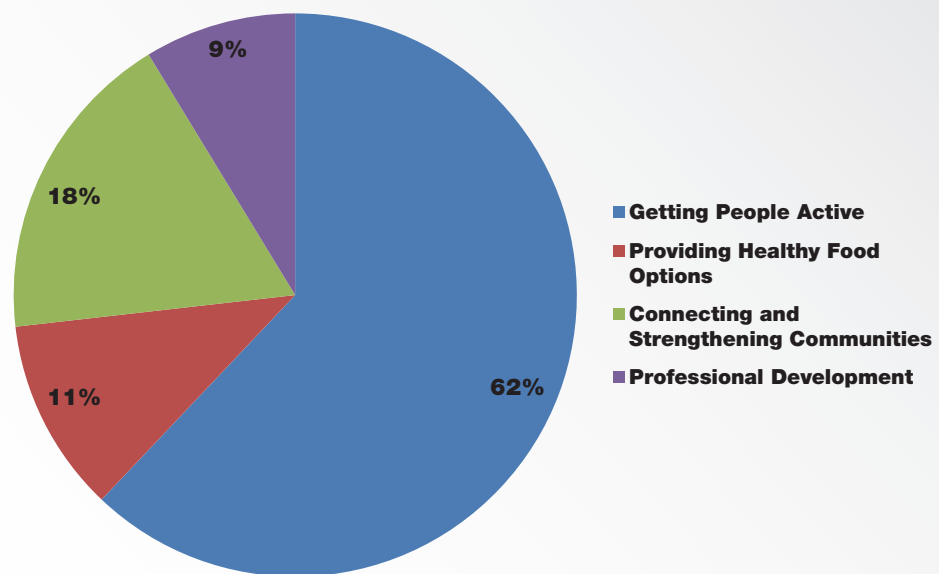
The dominance of literature related to physical activity – Getting People Active – is illustrated in Diagram 2. A total of 769 references were tagged with codes relevant to physical activity and it was subsequently decided to use a 'review of reviews' methodology to examine this literature. Thirty seven literature reviews were selected for this process. Selection was based on the knowledge of the authors and Review committee, together with a search of the 713 physical activity references for the word 'Review' in the key words or title.

Following an initial overview of the 37 literature reviews, key themes were identified and research outcomes assessed. References from 2010 were also analysed to ensure that the latest research was captured.

The same methodology was used to assess the remaining primary references in the literature categorised as relevant to Connecting and Strengthening Communities (224 studies) and Providing Healthy Food Options (138 studies). The only difference in methodology is the use of primary references in both of these categories, rather than the use of 'review of reviews'.

² Ulrich's Periodicals Directory is the standard library directory and database of bibliographic and publisher information for academic and scholarly research journals. It is trusted as an authoritative and comprehensive source across academic disciplines and around the world.

Diagram 2: Breakdown of References Post Categorisation



A further category 'other' was established. The majority of this literature relates to Professional Development with 109 references identified. This fourth category includes case studies on best practice models for policy change, research on cost benefit analysis, and market demand assessment

to encourage policy change. The category also embraces research on the interdisciplinary nature of the health-built environment relationship, including debates about different types of research evidence needed for policy development and implementation. This is discussed in Section 6.

