6.0 Professional Development

Apart from the three key domains initially identified for this Review, there is an additional and emerging theme relating to the translation of research into policy. We have labelled this Professional Development. The theme encompasses case studies illustrating good practice models for policy change, research on cost benefit analysis, together with market demand to encourage appropriate policy. In addition, there is scholarship on the theoretical underpinnings of healthy built environments, such as the nature of evidence. In essence, this theme embodies literature that relates to developing healthy built environment interdisciplinary relationships.

Case Studies of Local Initiatives

There are a multitude of published articles describing case studies on built environment policy interventions to encourage health. For example, Hall et al. (2010) use qualitative methods to assess the ongoing impact of the World Health Organisation's (WHO) Healthy Cities Program in Brighton and Hove in the UK. Wooten (2010) assesses barriers to the application of health impact assessment to the planning process for various communities in northern California. Dobson and Gilroy (2009) assess the implementation of active living goals in two disparate communities in Oregon, USA as do Huberty et al. (2009) in Nebraska, McCreedy and Leslie (2009) in Orlando, and Santana et al. (2009) in Portugal. Kelder et al. (2009) present an interesting assessment of the implementation of Texas Senate Bill 19 to mandate physical activity in the State's elementary schools. Similarly, Raczynski et al. (2009) assess the implementation of legislation in neighbouring Arkansas. Providing guidance to educators, Botchwey et al. (2009) evaluate graduate-level courses in the US that address the built environment and health relationship. They then describe in detail their interdisciplinary curriculum for a locally delivered course developed to educate planners and public health officials. Thompson and Capon (2010) provide an Australian based assessment of the effectiveness of tertiary healthy built environment education for both urban planners and health students. Hess (2009)

investigates disparities between the visions of planners and the work of engineers in attempts to bring pedestrian oriented streets to Toronto.

The above mentioned are recent examples of this burgeoning body of literature. There are other studies describing and evaluating healthy built environment interventions from around the world. In addition, there are excellent locally relevant unreviewed case studies published on various Australian websites such as the NSW's Premier's Council for Active Living (PCAL) (www.pcal.nsw.gov.au) and Healthy Places and Spaces (www.healthyplaces.org.au). In the USA, there is the Active Living Research project (www.activelivingresearch.org).

Structural and Individual Behaviour Change

Influencing and Implementing Policy

This literature is based on studies that explore stakeholder perspectives of healthy built environments. The objective of the research is to understand how policy change can be enacted. Studies include interviews with relevant stakeholders: planning professionals and local government staff (Allender et al. 2009; Thomas et al. 2009); retailers (Clark et al. 2010); public health officials (Schwarte et al. 2010); legislators (Dodson et al. 2009); developers (Grant 2009); families (Withall et al. 2009) and community advocates (Richards et al. 2010). This research provides a rich understanding of some of the common barriers to, and opportunities for, implementing healthy built environments from people directly involved. The general and perhaps unsurprising conclusion is that stakeholder perspectives are diverse, and that change must be justified by fully assessing the costs and benefits. Stakeholders are most often motivated by the implications of change for budget savings, with resource constraints frequently identified as a barrier. Locally based publicity is also important, implying that change must not just be quantifiably beneficial, but demonstrably so.

A number of studies explore specific ways to develop healthy built environment policy. This research differs from the case study work mentioned above because it often tests a method across more than one location or jurisdiction.

Recognising that policy interventions depend on the policymaker's ability to identify communities most at need, Chen and Florax (2010), for example, used GIS methods to assess the economic feasibility of implementing changes to zoning regulations to encourage healthy food accessibility. Goldstein (2009) outlines a structure for the development of advocacy policy to reduce obesity in children across multiple cases in California. In an Australian context, Harris et al. (2009) developed an audit tool to assess the inclusion of health considerations in environmental impact assessment of major projects in NSW. Similarly, Barton and Grant (2008) outline a tool for more comprehensive health impact assessment in development appraisal based on their experience in the UK.

Another emerging body of scholarship explores the way that healthy built environment related research can best be used to influence policy. This work encompasses discussion on bridging gaps in understandings between built environment and health for both policy makers and researchers. For example, Moodie (2009) uses Melbourne based illustrations to develop a set of guidelines for researchers to influence health policy through the establishment of common interests and respectful relationships.

Informing policy makers is also the subject of studies examining methods for reviewing healthy built environment literature. McCall and Connor (2010) emphasise the need for systematic, rather than narrative reviews in public health research. Weaver et al. (2002) developed a specific methodology for conducting healthy built environment literature reviews. Their study assessed varying systematic reviews that investigated aspects of the built environment and public health up to 2002. Disconcertingly, they reveal that more than 25 percent of these reviews had entirely ignored relevant built environment literature.

Theorising Processes of Change

Also related to facilitating healthy built environments is a body of literature that applies traditional theories of behavioural and structural change to bring this about. Dunton et al. (2009), for example, look at the application of behavioural change theories to prioritisation of policies encouraging physical activity. Their main conclusion is that successful built environment

interventions have to be accompanied by other educational and incentive based programs. This is affirmed by Sallis et al. (2006) in their application of ecological theories of behaviour to encourage active living. Filion (2010) applies structuration theory to identify characteristics of urban structure and human function within that structure, which act as barriers to the transition from low-density, automobile-dependent environments to healthier built forms. Filion concludes that when compared to other periods of significant urban change (such as the post industrial shift to separate land uses or the post World War II movement to low density), there is an insufficient critical mass of institutional and financial motivation to implement healthy built environments.

Cost Benefit Analysis and Market Incentives

Fulfilling the need to effect policy change is an emerging body of research on cost-benefit analysis of healthy built environment interventions. Convincing recent Australian evidence of the cost of ill health related to the lack of physical activity is revealed in a study by Colagiuri et al. (2010). This research used data for 6,140 participants from the Australian Diabetes, Obesity and Lifestyle study, collected in 2004-2005. It was concluded that in 2005 the total annual direct cost of overweight and obesity for Australia was $21 billion – substantially higher than previous estimates.

Also with a focus on incentivising the development of healthy built environments is a body of research analysing market demand for, and developer perspectives of these environments. Carnoske et al. (2010), for example, surveyed 4,950 real estate agents and 162 developers in the USA. The aim was to assess factors influencing homebuyers' decisions, as well as incentives and barriers to developing healthy built environments. The researchers concluded that there is a perception of increased residential demand for healthy built environments. However, developers, in particular, perceive significant barriers to creating these communities (Carnoske et al. 2010). The limitations of local government politics and regulations perceived by developers were also confirmed by other literature (see for example Levine and Inam 2004). In a larger scale study of actual consumers, Handy et

al. (2008) analysed data from two surveys from 2003 (n= 5,873) and 2005 (n=12,630) to assess changes in consumer support for 'Traditional Neighbourhood Design' (TND). Surveys described a traditionally designed neighbourhood and asked respondents 'how much would you support the development of communities like this in your area?' The study concluded that support for TNDs had increased from 44 to 59 percent from 2003 to 2005.

In summary, Professional Development scholarship is emerging as a forum for the interdisciplinary exchange of examples, ideas and commentary. It is imperative that these innovative lines of communication remain open. The fact that tangible discussions on policy relevant research are only just emerging is indicative that this discipline area is in its infancy. It is often remarked that health and planning have been successful partners in the past. However, it is worth remembering that this partnering was not within the existing neo-liberal framework of academic, political and policy silos. Care must be taken to develop the healthy built environment profession as truly interdisciplinary through continued exchange that promotes understanding, respectful relationship building, together with fruitful engagement for effective and lasting change.