

HBEP FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
GENERAL POLICY AND RESEARCH			
<p>Australian Institute of Health and Welfare 2014. <i>Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178.</i> Canberra: AIHW http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548150&utm_medium=Email&utm_source=ExactTarget&utm_campaign=</p>	<p>This report provides a snapshot of the state of Australian health. Through nine chapters, it highlights the interaction of health behaviours and risk factors on wellbeing and the impact of chronic disease. Chapters 1 and 2 provide an overview of Australia's health system. Chapters 3, 4 and 5 provide a description of Australia's overall health and the leading types of ill health. Chapters 6 and 7 provide specific information of health through the lifespan and Indigenous health. The report concludes with prevention, treatment and indicators of Australia's health.</p>	APAN	Health indicators; Australia
<p>Cavoli, C., Christie, N., Mindell, J. & Titheridge, H. In press. 'Linking transport, health and sustainability: Better data sets for better policy making.' <i>Journal of Transport & Health</i>. www.sciencedirect.com/science/article/pii/S2214140514000553</p>	<p>This article identifies the insufficient links between health, transport and sustainability datasets. A group of 27 key English stakeholders in the three fields were interviewed about the datasets that they use as well as the strengths and limitations of such datasets. Participants were also queried about an ideal survey that fuses mobility, sustainability and health. The findings show that two administrative datasets (road casualty data and hospital episodes statistics) and three random population surveys (National Travel Survey, Active People Survey and the Health Survey for England) were frequently used. Common identified gaps in these national data sets include insufficient sample size, lack of longitudinal comparisons and lack of coordination among surveys. It was recommended that the fusion of data (e.g. linking surveys) might lead to</p>	SS	Transport; health; sustainability; data sets; policy

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	increased sample size and comprehensive indicators of personal health and community wellbeing. This paper highlights the need to systematically collect and analyse data relating to the cross-disciplinary relationships between health outcomes, sustainability and travel. Doing so would help to create comprehensive policy, personal health and community outcomes.		
GETTING PEOPLE ACTIVE			
<p>Christian, H., Trapp, G., Villanueva, K., Zubrick, S.R., Koekemoer, R. & Giles-Corti, B. In press. 'Dog walking is associated with more outdoor play and independent mobility for children.' <i>Preventive Medicine</i>. http://www.ncbi.nlm.nih.gov/pubmed/25117524</p>	<p>This article assesses the relationship between dog walking and children's physical activity. Data was taken from 727 Australian children participating in the Travel, Environment and Kids project. Children recorded weekly pedometer counts. Children and parents reported weekly minutes of physical activity and dog walking. Statistical analyses of the data reveal that while dog walking was significantly associated with neighbourhood play and walks in the neighbourhood, it was not significantly associated with overall levels of physical activity or pedometer steps. This finding suggest that owning and walking a dog may promote incremental bouts of physical activity among children by facilitating their walks and play in the neighbourhood. Future research should investigate how neighbourhood design may enhance the dog walking experience.</p>	<p>APAN/GPAN</p>	<p>Dog walking; physical activity; play; children</p>
<p>Marshall, W.E., Piatkowski, D.P. & Garrick, N.W. 2014. 'Community design, street networks and public health.' <i>Journal of Transport & Health</i>. www.sciencedirect.com/science/article/pii/S2214140514000486</p>	<p>This article reviews the influence of street network on public health. Twenty-four cities in California were selected for their highest (n=12) and lowest (n=12) levels of road safety. Within each city, street network density, connectivity and configuration were calculated. Self-reported obesity, diabetes, high blood pressure, heart disease and asthma data were taken from the California Health Interview Survey at four different time</p>	<p>GPAN</p>	<p>Community design; street networks; public health</p>

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	<p>points from 2003-2009. Population-weighted disease rates were also calculated and geo-coded. Multilevel statistical modelling shows that increased intersection density is significantly associated with a reduction in obesity. Street connectivity and density were associated with lower rates of obesity and heart disease. These findings suggest that compact and more connected streets are significantly associated with improved health outcomes.</p>		
<p>Li, W., Procter-Gray, E., Lipsitz, L.A., Leveille, S.G., Hackman, H., Biondolillo, M. & Hannan, M.T. 2014. 'Utilitarian walking, neighbourhood environment and risk of outdoor falls among older adults.' <i>American Journal of Public Health</i> 104: e30-e37. http://www.ncbi.nlm.nih.gov/pubmed/25033118</p>	<p>This article examines the frequency of outdoor falls among older adults while walking. Walking patterns, frequency/location of falls and fall injuries were drawn from 765 older adults (aged 70 years and older) participating in the MOBILIZE Boston study at baseline and follow-up. Socio-economic status for each participant's neighbourhood block was assessed. Statistical analysis shows that the highest rate of outdoor falls occurred among those walking for transport and living in the lowest socio-economic area. These walkers also tended to walk fewer blocks than those who walked for recreation or both transport and recreation. Falls on footpaths and streets were more likely to result in injury rather than falls in recreational areas. These findings suggest that improving and maintaining safe environments for walking may not only facilitate walking but may help prevent falls among older adults.</p>	<p>GPAN</p>	<p>Walking; neighbourhood environment; outdoor falls; socio-economic status; elderly</p>
<p>Abbott, G., Backholer, K., Peeters, A., Thornton, L., Crawford, D. & Ball, K. In press. 'Explaining educational disparities in adiposity: The role of neighbourhood environments.' <i>Obesity</i> Early View.</p>	<p>This article investigates how the built environment affects the relationship between Australian women's body mass index levels and education levels. Data from 1819 women participating in the SESAW study reported their height, weight and education levels. Destinations</p>	<p>SS</p>	<p>Body mass index; neighbourhood destinations; education levels; women</p>

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http://onlinelibrary.wiley.com/doi/10.1002/oby.20853/abstract	<p>within each participant's neighbourhood were geocoded. Analysis of the data shows that women who did not complete high school had higher BMI levels. Modelling of the data shows that a lower density of sports facilities and farther distances to coastlines helped to explain this relationship. These findings confirm the multiple social and environmental influences upon body mass index and highlight the persistence of health inequities.</p>		
CONNECTING AND STRENGTHENING COMMUNITIES			
<p>Waterworth, P., Rosenberg, M., Braham, R. Pescud, M. & Dimmock, J. 2014. 'The effect of social support on the health of Indigenous Australians in a metropolitan community.' <i>Social Science & Medicine</i> 119(October 2014): 139-146. http://www.sciencedirect.com/science/article/pii/S0277953614005619</p>	<p>This article explores the influence of social support on the health of Indigenous people. Using a participatory action research methodology, 17 members of a Western Australian community were interviewed. Participants reported their social networks that mainly comprise kin group members. Reported effects of these networks include both positive (bonded relationships) and negative (over-obligation with unidirectional support) outcomes. Lack of social support from relationships beyond kin and a strong need for connections in general were also identified. These findings suggest that despite the positive effects of social networks, the detrimental effects of over-obligation can exacerbate the psychological and physical burdens of pre-existing disadvantages. Bridging support between non-Indigenous and Indigenous people was recommended.</p>	APO	Social support; Indigenous Australians
PROVIDING HEALTHY FOOD OPTIONS			
<p>Australian National Audit Office. 2014. <i>Food security in remote Indigenous communities</i>. Canberra, ACT: Australian National Audit Office. http://apo.org.au/research/food-security-</p>	<p>This assessment reports the effectiveness of food security initiatives in remote Indigenous communities. The approach to food insecurity has included the Community Stores Licensing Scheme (the provision of reasonably priced, safe and sufficient quantity and</p>	APO	Food insecurity; Indigenous community; store constructions and grants

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remote-indigenous-communities?utm_source=Australian+Policy+Online+Weekly+Briefing&utm_campaign=bbf7b17edc-Policy+Online+Briefing+30+September+2014&utm_medium=email&utm_term=0_1452e3b6b-bbf7b17edc-84299265	<p>quality of food); Strengthening Remote Stores grants (funding for store owners) and the Aboriginals Benefit Account Stores Infrastructure Project (construction and refurbishment of new stores as well as housing for store managers). The licensing scheme has had positive impacts on the range of healthy food. In relation to funding, fluctuations in seasonal and population changes have affected the viability of stores offering healthy foods. These findings suggest that placement of stores to alleviate food insecurity among Indigenous people require thorough need assessment and retail mentoring.</p>		
<p>Marshall, W.E., Piatkowski, D.P. & Garrick, N.W. 2014. 'Community design, street networks and public health.' <i>Journal of Transport & Health</i>. www.sciencedirect.com/science/article/pii/S2214140514000486</p>	<p>This article reviews the influence of community design on public health. Twenty-four cities in California were selected for their highest (n=12) and lowest (n=12) levels of road safety. Within each city, land use data (fast food restaurants, other restaurants, grocery stores and big box stores) were calculated and geocoded. Self-reported obesity, diabetes, high blood pressure, heart disease and asthma data were taken from the California Health Interview Survey at four different time points from 2003-2009. Population-weighted disease rates were also calculated and geo-coded. Multilevel statistical modellings show that increased fast food restaurants were associated with lower high blood pressure at the neighbourhood block level and higher diabetes at the city level. The presence of one big box store as well as two additional convenience stores resulted in increases in obesity and diabetes rates. These findings suggest that food land uses are significantly associated with public health outcomes.</p>	<p>GPAN</p>	<p>Community design; fast food; grocery stores; street networks; public health</p>

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