

## FORTNIGHTLY LITERATURE REVIEW

REFERENCE	DESCRIPTION	ALERT SOURCE	KEYWORDS
<b>GENERAL POLICY AND RESEARCH</b>			
<p>Centres for Disease Control and Prevention. 2012. <i>Health equity toolkit for state practitioners addressing obesity disparities</i>. <a href="http://www.cdc.gov/od/ohrt/Toolkit/Toolkit.htm">http://www.cdc.gov/od/ohrt/Toolkit/Toolkit.htm</a> *</p>	<p>This toolkit provides strategies and data to inform obesity prevention initiatives. Aimed at governmental health departments and community stakeholders, it provides an overview of building program capacity, gathering data, promoting community engagement as well as monitoring and evaluating progress of the initiative. In particular, it describes three evidence-informed initiatives: increasing access to fruits and vegetables for underserved communities; increasing walking opportunities for populations with special needs; and, increasing access to potable water. These strategies focus on how to create policy and environmental changes to achieve healthy outcomes for the community.</p>	APAN	Obesity; health disparity; policy; environmental changes; food access; walking
<p>Mozaffarian, D., Afshin, A., Benowitz, N., Bittner, V., Daniels, S., Franch, H. et al. 2012. 'Population approaches to improve diet, physical activity and smoking habits.' <i>Circulation</i> 126: 1514-1563. <a href="http://circ.ahajournals.org/content/126/12/1514.long">http://circ.ahajournals.org/content/126/12/1514.long</a> *</p>	<p>This systematic review provides evidence of population-based interventions to improve diet, increase physical activity and reduce tobacco use. It considers the effectiveness of media and educational campaigns, labelling and consumer information, economic incentives, school and workplace approaches, environmental changes as well as restrictions and mandates. Each intervention was assessed for changes in health-related behaviours, risk factors and disease endpoints. While the evidence is promising, additional research is needed to confirm the effectiveness of each intervention as well as to measure sustained change as a result of combining different types of interventions.</p>	APAN	Nutrition; obesity; overweight; physical activity; systematic review

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<b>GETTING PEOPLE ACTIVE</b>			
<p>Adamus, H., Mama, S., Sahnoune, I. and Lee. R. 2012. 'Evaluating the quality and accessibility of physical activity resources in two Southern cities.' <i>American Journal of Health Promotion</i> 27(1): 52-54.  <a href="http://www.ajhpcontents.com/doi/abs/10.4278/ajhp.110617-ARB-257">http://www.ajhpcontents.com/doi/abs/10.4278/ajhp.110617-ARB-257</a></p>	<p>This paper examines the type, size, and accessibility of physical activity resources in two American cities. Physical activity resources within an 800-metre radius of participant homes were measured using the Physical Activity Resource Assessment instrument. A total of 1623 resources (e.g., fitness clubs, parks, trails) were counted in both cities and assessed for amenities, incivilities and features. The results indicate that the most common type of resources were schools and parks. Combination resources (having at least two types e.g. trail and park) were reported to have the highest rated features. The selected use of any resource may be determined by the cost associated with its use and such cost should be examined further. The type of resource available may increase physical activity patterns.</p>	GPAN	Physical activity; built environment; accessibility; amenities
<p>de Munter, J., Agyemang, C., Brewster, L., Stronks, K. and van Valkengoed, I. 2012.'The association of leisure-time physical activity and active commuting with measures of socioeconomic position in a multiethnic population living in the Netherlands: results from the cross-sectional SUNSET study.' <i>BMC Public Health</i> 12: 815.  <a href="http://www.biomedcentral.com/1471-2458/12/815/abstract">http://www.biomedcentral.com/1471-2458/12/815/abstract</a></p>	<p>This paper assesses the relationship between active commuting and socio-economic position in two ethnic minority groups in the Netherlands. A cross-sectional population of South Asian Surinamese (n=370), African-Surinamese (n=689) and European Dutch (n=567) participants completed physical activity questionnaires. Socio-economic position was measured by level of education and occupational class. Linear regression models suggest that South-Asian Surinamese men engaged in lower levels of active commuting than the European Dutch. A positive relationship was found between active commuting and education in European Dutch and South Asian Surinamese men. A positive relationship was also found between active commuting and occupational class in European Dutch women. These findings suggest that physical activity</p>	APAN	Leisure time physical activity; active commuting; ethnicity; socio economic characteristics

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	<p>interventions may work for the European Dutch population but may not be applicable to other ethnic groups in the Nordic region.</p>		
<p>Lovasi, G., Bader, M., Quinn, J., Neckerman, K., Weiss, C. and Rundle, A. 2012. 'Body mass index, safety hazards and neighborhood attractiveness.' <i>American Journal of Preventive Medicine</i> 43(4): 378-384.  <a href="http://www.ajpmonline.org/article/S0749-3797(12)00452-7/abstract">http://www.ajpmonline.org/article/S0749-3797(12)00452-7/abstract</a></p>	<p>This paper examines the association between neighbourhood attractiveness and safety hazards and their effects on body mass index in New York City. Neighbourhood attractiveness is characterised as landmark buildings, footpath cafes, street trees and clean footpaths. Homicide or pedestrian-auto fatality rates define safety hazards. Neighbourhood data were obtained from various governmental sources and body mass index was gathered from 13,102 adults. Statistical analysis suggests that highly walkable neighbourhoods reported more footpath cafes, landmark buildings, homicides and pedestrian-auto fatalities. The presence of footpath cafes, landmark buildings and street trees were associated with lower body mass index. Street cleanliness and safety hazards were not linked to body mass index. Neighbourhood attractiveness may facilitate physical activity patterns for this population.</p>	<p>APAN</p>	<p>Body mass index; physical activity; neighbourhood attractiveness; safety hazards</p>
<p>Hancock, C. 2012. <i>The benefits of walking for health, wellbeing and the environment</i>. London: C3 Collaboration for Health.  <a href="http://www.c3health.org/wp-content/uploads/2009/09/C3-report-on-walking-v-1-20120911.pdf">http://www.c3health.org/wp-content/uploads/2009/09/C3-report-on-walking-v-1-20120911.pdf</a></p>	<p>This review outlines the benefits of walking for health, wellbeing and the environment in three sections. The first section provides a summary of a literature review on the mental and physical benefits of walking. The second section presents the literature regarding active transport, the built environment and the environmental benefits of active transport. The final section includes a series of international best practice case studies to assist in the promotion of walking in a variety of settings. The appendices offer bibliographic resources as well as websites of selected walking tools and campaigns.</p>	<p>PCAL</p>	<p>Walking; benefits; well-being; case studies</p>

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<b>CONNECTING AND STRENGTHENING COMMUNITIES</b>			
<p>Keller, C., Vega-López, S., Ainsworth, B., Nagle-Williams, A., Records, K., Permana, P. and Coonrod, D. (In press). 'Social marketing: approach to cultural and contextual relevance in a community-based physical activity intervention.' <i>Health Promotion International Advance Access</i>.  <a href="http://heapro.oxfordjournals.org/content/early/2012/09/20/heapro.das053.abstract">http://heapro.oxfordjournals.org/content/early/2012/09/20/heapro.das053.abstract</a></p>	<p>This paper reports the social marketing strategies used for a community-based physical activity intervention among an ethnic population. The intervention assesses the social support and environmental factors of walking among 177 sedentary Hispanic women between 6 weeks and 6 months following childbirth. The development of the culturally relevant design and implementation of the intervention used an iterative process between participants and health promoters. The paper particularly discusses the strategies developed for sources of support and family involvement as well as the cultural values that impacted traditional roles for Hispanic women. The reported recruitment and retention strategies of the participants show that cultural and contextual issues need to be considered when designing walking interventions for ethnic populations.</p>	<p>APAN</p>	<p>Social marketing; physical activity; community-based intervention</p>
<p>Hamerton, H., Mercer, C., Riini, D., Mcpherson, B. and Morrison, L. 2012. 'Evaluating Māori community initiatives to promote healthy eating, healthy action.' <i>Health Promotion International</i>.  doi: 10.1093/heapro/das048  <a href="http://heapro.oxfordjournals.org/content/early/2012/09/05/heapro.das048.abstract">http://heapro.oxfordjournals.org/content/early/2012/09/05/heapro.das048.abstract</a>  *</p>	<p>This paper illustrates a 'bottom-up' community approach to improve the healthy eating and healthy actions of Māori people in New Zealand. Six programmes occurring in Māori health agencies were evaluated. The objective of each programme was to develop environments and practices supportive of healthy lifestyles. Information from programme staff, participants and family were gathered. The evaluations showed that changes in nutrition and physical activity made by participants also benefitted family members and the wider community. Health promotion programmes that are based on cultural values as well as being community owned have greater chance at sustained success.</p>	<p>GPAN</p>	<p>Indigenous health; community empowerment; healthy eating; physical activity</p>

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<p>Centres for Disease Control and Prevention. 2012. <i>Health equity toolkit for state practitioners addressing obesity disparities</i>. <a href="http://www.cdc.gov/equity_toolkit">http://www.cdc.gov/equity_toolkit</a> *</p>	<p>This toolkit provides strategies and data to inform obesity prevention initiatives. Aimed at governmental health departments and community stakeholders, it provides an overview of building program capacity, gathering data, promoting community engagement as well as monitoring and evaluating progress. In particular, it describes three evidence-informed strategies: increasing access to fruits and vegetables for underserved communities; increasing walking opportunities for populations with special needs; and, increasing access to potable water. These strategies focus on how to create policy and environmental changes to achieve healthy outcomes for the community.</p>	<p>APAN</p>	<p>Obesity; health disparity; policy; environmental changes; food access; walking</p>
<b>PROVIDING HEALTHY FOOD OPTIONS</b>			
<p>Upston, B. 2012. <i>Women and food: Women's Health Issue Paper 8</i>. Melbourne: Women's Health Victoria. <a href="http://apo.org.au/research/women-and-food">http://apo.org.au/research/women-and-food</a></p>	<p>This paper explores various aspects of women's health relating to food. These include the impacts of nutritional deficiency, the links between nutrition and chronic disease, women's roles in relation to food, how a woman's relationship with food affects her psychosocial health and the socio-economic factors that impact on access to nutritious food. Overall, women do not meet the Recommended Dietary Guidelines. While access to fresh affordable food influences women's diets, some groups of women have inequitable access to food. This paper concludes with perspectives on women, obesity and health.</p>	<p>APO</p>	<p>Health policy; nutrition; fresh food; access; women</p>
<p>Hamerton, H., Mercer, C., Riini, D., Mcpherson, B. and Morrison, L. 2012. 'Evaluating Māori community initiatives to promote healthy eating, healthy action.' <i>Health Promotion International</i>. doi: 10.1093/heapro/das048</p>	<p>This paper illustrates a 'bottom-up' community approach to improve the healthy eating and healthy actions of Māori people in new Zealand. Six programmes occurring in Māori health agencies were evaluated. The objective of each programme was to develop environments and practices supportive of healthy</p>	<p>GPAN</p>	<p>Indigenous health; community empowerment; healthy eating; physical activity</p>

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Mozaffarian, D., Afshin, A., Benowitz, N., Bittner, V., Daniels, S., Franch, H. et al. 2012. 'Population approaches to improve diet, physical activity and smoking habits.' <i>Circulation</i> 126: 1514-1563. <a href="http://circ.ahajournals.org/content/126/12/1514.long">http://circ.ahajournals.org/content/126/12/1514.long</a> *	This systematic review provides evidence of population-based interventions to improve diet, increase physical activity and reduce tobacco use. It considers the effectiveness of media and educational campaigns, labelling and consumer information, economic incentives, school and workplace approaches, environmental changes as well as restrictions and mandates. Each intervention was assessed for changes in health-related behaviours, risk factors and disease endpoints. While the evidence is promising, additional research is needed to confirm the effectiveness of each intervention as well as to measure sustained change as a result of combining different types of interventions.	APAN	Nutrition; obesity; overweight; physical activity; systematic review

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