
7.0 Conclusion

This Review reveals a burgeoning literature on healthy built environments across the three domains of Getting People Active, Connecting and Strengthening Communities and Providing Health Food Options. Key messages from the evidence have been summarised in reference to each of these domains and are not further elaborated here. Rather, the Conclusion discusses the essential attributes of the relationship between health and the built environment that need to be recognised and enacted to progress both the research and its translation into effective policy.



The Introduction highlighted that the impact of the built environment on health and well-being is contextual. Accordingly, policy responses will differ in relation to spatial context, demographic character, environmental quality and temporality. Recommendations for standardised measurements risk underestimating the diversity of people and place, particularly when attempts are made to compare results between and across populations and locations. And while there is a role for standardising some variables (such as the use of BMI as a way to define the healthy weight range), standardised measures should not be viewed as a prerequisite to 'prove' the relationship between the built environment and health.

Acknowledging contextuality in relation to research into the health determinants of place must not be viewed as an impediment to the search for elements of commonality. It needs to be taken seriously in both the application of research to policy, and the design of future research agendas. Various studies reported here discuss ways to avoid the excuse of context, with the strongest recommendation being that methods should be transparent and at least situated within, but not necessarily echoing, the existing research agenda. This implies that future research should build on the findings of previous work, and comprehensively detail the measures and methods used.

Early in this Review it was established that modifications to the built environment need to be part of a policy mix to be successful in getting people active, connecting and strengthening communities and providing healthy food options. The importance of the policy mix is encompassed by Ewing and Cervero's (2010) 'elasticity' theory. This states that active transport is unresponsive to small scale built environment

modifications but responsive to an integrated range of built environment modifications, educational programs, incentives and restrictions. To be successful, behavioural change encouraged by a policy mix requires consistent and meaningful interdisciplinary collaboration. This necessitates seeking new, potentially more comprehensive ways of understanding the impacts of policy development, amendment and implementation. It also demands that both researchers and practitioners from the built environment and health recognise that their accepted wisdoms and assumptions are not necessarily shared, nor understood, beyond their own disciplinary boundaries. Successful healthy built environment partnerships rest on deliberative interdisciplinary engagement. At its heart is an eagerness to listen and learn about the other. This extends from disciplinary culture to ways of collecting and measuring data, reporting results and the subsequent translation into policy.

As collaboration ensues, the contested nature of places and the qualities of people who live, work, travel and interact within and between them will become apparent. There will never be a single set of 'rules' for managing health outcomes in the built environment. The most achievable and acceptable healthy built environment may not be the most economically productive, the most politically expedient or even the most environmentally friendly. Akin to the challenging nature of interdisciplinary collaboration, the demands and desires of competing stakeholders will have to be managed through negotiation, willingness to explore new solutions and, ultimately, an acceptance of compromise.

An exciting and useful body of research is emerging, focusing on the way the healthy built environment



profession can develop to work together in the future. This research is discussed in Section 6 and includes case studies on excellent practice models for policy development, research on cost benefit analysis and market demand to encourage policy change. Research on the theoretical underpinnings of healthy built environment relationship building is also included. This is an emerging forum for interdisciplinary exchange of ideas, examples and commentary. It is imperative that this be pursued as a research agenda concurrent with empirical explorations.

This Review brings together an evidence base of existing research to inform healthy built environment policies and actions. It also contributes to the identification of areas of research evidence paucity. The Review's key message is that there is a strong relationship between people's health and the built environment and that this relationship is complex and contextual. This needs to be recognised as we work together in understanding how best to ensure that the places where people live and work support physical activity, social connection and access to healthy food as cornerstones of everyday living.