

Built Environments & Child Health: A Policy Review



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Executive Summary

Childhood obesity is one of the most serious public health challenges of the 21st century and is affected not only by individual choice but also by societal and environmental influences. The main modifiable risk factors for childhood obesity are **unhealthy eating** and **low levels of physical activity**. The built environment is also a modifiable risk factor for child obesity. It is modifiable through policy and at scale. The built environment can impact on long-term, positive solutions to childhood obesity through supporting (or hindering) physical activity and healthy eating in children. Coordinated policy across multiple sectors and levels of government, developed using a strong research evidence base, can drive the **built environment** to better support more active lifestyles and healthy eating, and prevent childhood obesity.

Most research on the built environment and obesity has been undertaken with adults and the built environment is mostly designed to meet their needs. However, there are differences in the way the built environment influences obesity in children compared with adults. Of the research that has focused on children, walkability, land-use mix, green spaces, recreational facilities, safety, and availability of certain types of food outlets are among the most consistent built environment correlates of childhood obesity. Some evidence has also indicated the importance of an aesthetic environment, social connectivity, home yards and controlled outdoor advertising of unhealthy foods.

A **policy analysis** was conducted to investigate how Western Australian and national policies address the health of children through the built environment's influence on obesity and the modifiable risk factors for obesity, physical activity, sedentary behaviour, and diet. Policy analysis is crucial to achieving reforms in health promotion by raising awareness of current policy gaps and opportunities and demonstrating successful policy-related actions being taken across the system. The Comprehensive Analysis of Policy on Physical Activity (CAPPA) framework was used to guide the analysis.

A total of 31 Western Australian and ten national built environment-related policy documents (defined as policies, strategic plans, frameworks, and guidelines) were reviewed. Policy documents were developed by various state and national government departments including those in charge of planning, health, transport, sport and recreation, local government, crime prevention, and parks and wildlife. Most policy documents were produced by a single government department, although there were exceptions.

The policy documents reviewed mostly referred to the role of the built environment in supporting physical activity. The role of the built environment in supporting healthy eating was mentioned in only two of the documents and only three policy documents addressed the need to minimise sedentary behaviour.

Of the policy documents reviewed, the most referred-to built environment factors that may impact childhood obesity were street connectivity, parks, open spaces and recreation facilities, and safety. Overall, seven of the reviewed policy documents included specific targets related to built environment features, most of which were related to active transport; and only five included an implementation or evaluation plan.

Only five of the policy documents recognised the specific needs of children through the built environment.

Recommendations for future policy development and review include the need for the **voices of children** and families to be incorporated and the inclusion of **child-specific built environment features** such as walkability, park access and quality, and home yard size and attributes. Consideration of the way different sub-groups of children interact with the built environment and the development of **multi-departmental policies** with transparent **implementation and evaluation plans** are also needed to impact the modifiable risk factors for obesity across childhood.



Recommendations

Below are the major recommendations from this policy review. This list is not exhaustive but is a starting point for round-table discussions to be conducted with policy makers and key stakeholders following the release of this report.



The voices of children need to be included in the development of policies related to the built environment and health.



Consideration of the way different sub-groups of children interact with the built environment (age and gender groups, and cultural and socio-economic backgrounds) is needed to develop policies that address the modifiable risk factors for childhood obesity.



Include child specific built environment features in policy development. While a “one size fits all” approach mostly applies, some built environment features support adult health while having a negative impact on child health.



Given the complexity of built environment-related policies, many components are needed to create healthy environments, thus collaboration between government sectors is needed to develop multi-sectorial policies.



A more rigorous and transparent process of policy implementation and evaluation is required. Increased use of targets and measurement tools will assist with this process.



Greater attention needs to be given to the development of a healthy food environment through built environment policy.



Further research is needed in some areas to better inform policy development (e.g., children’s sedentary behaviour and the built environment, outdoor advertising and its relationship to childhood obesity and the relationship between independent mobility and childhood obesity).



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