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Viewpoint

Active living research: Partnerships that count

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ABSTRACT

There is growing recognition that partnerships with policy-makers and practitioners are critical, if active living research has any chance of being translated into policy and practice. These partnerships provide researchers insight into policy-relevant research questions; create an appetite for the research findings amongst policy-makers; and help create 'champions' for the research who can assist in advocating for the findings to be translated. Drawing on experience, this commentary describes partnerships that have worked in Australia, and reflects on lessons that have contributed to success.

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The online Macquarie Dictionary ([Macquarie Dictionary](http://www.macquarie.com.au), 2011) defines a partnership as 'the state or condition of being a partner, participation, association and joint interest'. In active living research, disparate groups work in 'partnership' because of their 'joint interest' in promoting walking and/or cycling; often with very different motives. A recent Infrastructure Australia (IA) workshop on walking and cycling infrastructure for Australian cities demonstrates this point.

IA is a statutory body established in 2008, which (amongst other things) advises governments, investors and infrastructure owners on Australia's current and future infrastructure needs. Recently, IA's Major Cities Unit organized a two-day workshop following the release of its national urban policy document ([Department of Infrastructure and Transport](http://www.infrastructure.gov.au), 2011). The policy, informed by an earlier discussion paper that sought public submissions ([Department of Infrastructure and Transport](http://www.infrastructure.gov.au), 2010), emphasized enhancing the liveability of Australian cities through increased walking and cycling. The workshop participants were charged with prioritizing strategies that would encourage more walking and cycling, and devising cost-benefit studies that would build the case for investing in walking and cycling infrastructure. Participants included researchers; representatives from federal and state government and NGO's in health, transport, cycling, main roads and environments; local government representatives and a host of planning, transport and infrastructure private sector consultants (including economists). While increasing walking and cycling were our shared interest, each group had different motives: the health participants were focused on maximizing health benefits; the transport, planning and environment participants were focused on

the traffic management, reducing air pollution, maximizing sustainability outcomes or increasing liveability; and the economists were focused on improving productivity and the cost-effectiveness of investing in walking and cycling infrastructure. So there were disparate groups, working in partnership to increase walking and cycling, yet each group benefiting from the participation of the other.

How did we get to the point of Australia's lead infrastructure agency bringing together multi-sector stakeholders with the aim of building the economic argument for investment in walking and cycling infrastructure as the key platform for facilitating better outcomes in Australian cities? This did not happen overnight—indeed, three years earlier during the 'meet and greet' phase of IA's establishment, in response to a question on the topic, IA's CEO publicly announced in Perth that investing in walking and cycling infrastructure by IA 'was not going to happen'. Yet three years on, he stood before us, excited about the potential of converting the 'low hanging fruit' i.e., trips of less than 10 km, to walking and cycling trips.

There is no question that the health lobby has played a critical part in this transformation: in fact, during her introductory remarks, the Director of the IA's Major Cities Unit, Dorte Eckland—formerly Deputy Director of the Western Australia's state government Department of Planning and Infrastructure and a member of The University of Western Australia's Centre for the Built Environment and Health Advisory Board—told workshop participants that the health sector had been at the forefront of advocacy for IA's involvement in enhancing walking and cycling infrastructure. Nevertheless, IA's significant shift in emphasis appears to have been facilitated by widespread local, state-wide and national partnerships established between the health, transport, planning and local government sectors. These partnerships have not only fueled a common agenda but have also enhanced the health sector's ability

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to lobby for reform, by teaching us a language that resonates with the planning, urban design and transport sectors.

Indeed, Australia appears to be enjoying a renaissance of the 19th century partnerships that marked the disciplinary roots of public health and planning (Corburn, 2007). Fueled by a growing evidence-base showing that walking and cycling is facilitated by land use planning and the presence of supportive infrastructure (Saelens and Handy, 2008; Transportation Research Board, 2005) there have been unprecedented opportunities for cross-sector collaboration between policy-makers, practitioners and researchers with an interest in the active living agenda. Moreover, buoyed by the synergies of their joint interest, Australian active living health academics and practitioners now routinely present data on the environmental, traffic management and population growth benefits of creating compact pedestrian-friendly environments, while transport, sustainability, urban and planning academics and practitioners, present the case from a health perspective. Moreover, key health agencies are involved: the Australian National Heart Foundation's policies now focus on active living (National Heart Foundation of Australia, 2009); and it is working nationally on a Healthy Spaces and Places initiative in partnership with the Planning Institute of Australia and Australian Local Government (Planning Institute of Australia, National Heart Foundation of Australia, Australian Local Government Association, 2008); the Federal Government Health Department has a commitment in tackling obesity through its Healthy Communities Initiative to create urban environments that encourage active living (National Preventative Health Taskforce, 2009), and revisions of state-based Public Health Acts (e.g., see Victoria and Tasmania with others in progress) have focused the attention of local government authorities on neighborhood environment as a social determinant of health.

Nevertheless, changing environments to support active living requires a long-term vision, a comprehensive strategy and advocacy targeting policy-makers, the private sector and the general public. So what factors appear to be facilitating change in the Australian context?

1. **High quality policy-relevant evidence:** This equips academics with the fuel to generate debate; policy-makers with levers they can use to advocate for policy reform; and practitioners with insights to inform, and/or support changes in practice.
2. **Involving policy-makers and practitioners in the development of evidence:** Involving policy-makers and practitioners within and outside the health sector in the development of research questions and the creation of evidence, helps to build partnerships and to ensure that the evidence is both 'policy-relevant' and has the potential to be translated into policy and practice. Importantly, partners are actively interested in the research and are primed to take an interest in the findings as they become available.
3. **Targeted dissemination of policy-relevant research findings to policy-makers and practitioners within and outside the health sector:** Researchers interested in influencing policy and practice need to go beyond disseminating their findings at academic conferences and in academic journals. Targeted written and oral presentations are required to meet the needs of specific practitioner and policy-maker audiences (e.g., planners, landscape architects and transport planners). This often means replacing health jargon, acronyms and priorities with language familiar, and relevant, to the target audience. Clearly this is only achieved, if health researchers are familiar with and understand the needs of the target audience.
4. **Working with and influencing knowledge brokers:** The active living agenda is enormous and requires the input of knowledge brokers. For example, the National Heart

Foundation of Australia is an active 'knowledge broker' and advocate in the active living space. Health researchers have worked in partnership with the Foundation for decades, contributing to the development of its policy and practice through their active involvement in the national and state-based advisory committees. In return, the Heart Foundation has become a key knowledge broker of active living research, amplifying the findings beyond what would have been possible, had the researchers alone been responsible for disseminating the findings.

5. **Advocacy:** Active living is a multi-sector agenda requiring advocacy within relevant organizations and agencies (i.e., to re-prioritize resource allocation and change policy), and externally to policy-makers and in the media. In a number of Australian states, this has been facilitated by the establishment of multi-sector state-based taskforces (e.g., Western Australian Physical Activity Task Force, the New South Wales Premier's Council for Active Living). In Western Australia, the PATF's membership includes academics whose role has been to advise on the gathering of evidence, and to help interpret and disseminate the findings. Importantly, state-based task forces and NGOs such as the Heart Foundation, along with academics, have used the growing evidence-base as the basis for submissions on discussion papers on urban planning (Department of Infrastructure and Transport, 2010) through to health policy (National Preventative Health Taskforce, 2008). Finally, publicity in the mass media contributes to public debate and helps change community norms about the need and value of more walkable neighborhoods. Clearly these advocacy efforts are contributing to changing policy and practice.

In reflecting on advances in Australia to date, it appears that while there have been many advances, at the same time few things have changed. To give three examples: state-based land use planning legislation still does not include health as a basic objective, metropolitan plans nationally still pay inadequate attention to the importance of reducing sprawl or the use of health indicators to measure success, and the development approval process still pays inadequate attention to health impacts (Whitzman, 2007). Nevertheless, there is a sense of forward momentum on planning for health, abetted by long-term partnerships between multi-sector policy-makers, practitioners and academics. While this path is not for everyone, it appears critical that at the very least, active living researchers must ensure that their research is policy-relevant. Working in partnership with a research advisory group comprising policy makers and practitioners, would appear to be an initial important step to ensure research is policy-relevant: What questions do Advisory Group members need answered? In what way should the question be investigated and how should the results be presented? Having collected data, building a partnership with—or employing—a knowledge-broker, is one solution to facilitating research dissemination and translation, particularly for researchers who are uncomfortable with active dissemination to non-academic audiences. Good knowledge brokers have the ability to turn complex research into digestible findings that resonate with policy-maker and practitioner audiences.

Unquestionably, active living research is a big and important agenda. Strong and active partnerships appear to be the key to achieving success. While the enormity of the task may at times appear overwhelming, Margaret Mead's famous advice should serve as an important reminder to: 'Never underestimate the power of a few committed individuals to change the world. Indeed, it is the only thing that ever has.'

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