LOCAL RESOURCES AND HEALTH
Overview of knowledge synthesis

SUSTAINABLE MOBILITY is a distinctive feature of transportation design and extends to some aspects of urban design and planning. We defined sustainable mobility as the flow of property, services and people in conjunction with components of the built environment in which land use and transportation modes play a key role. We also considered the influence of the three main dimensions of the built environment (density, diversity and design) on mobility.

We found results for the following resources: land-use mix, walkability, walking and cycling facilities, sidewalks, intersection density, street connectivity, traffic conditions, traffic calming measures, crosswalks, street parking and public transport. Associations were found between these resources and physical activity, healthy weight, traumas and depression.

No results were found regarding alternative transportation (e.g. carpooling), or road sharing, nor for chronic diseases, respiratory health, cancer, tobacco use, healthy eating, perceived health and well-being.

HIGHLIGHTS
As you can see from the center pages, the studied resources related to local sustainable mobility primarily concern children’s health, with physical activity being the most frequently documented health variable.

The high quality syntheses suggest that no type of local mobility resource is unfavorable to health. The clearly unfavorable associations observed for traumas are likely attributable to confounding factors rather than the resources themselves (land use mix, sidewalks or crosswalks). Most of the clearly unfavorable or unfavorable trend associations regard physical activity, both for children and adults. Moreover, traffic calming measures are clearly favorable to reducing traumas and increasing physical activity in children.

Given that most of the associations arising from the moderate quality syntheses are inconsistent, it is very difficult to draw conclusions from them, especially in light of the local mobility resources definitions and measures’ heterogeneity.

Most of the 24 syntheses are based on North American, Australian and European studies. Many of the 218 relevant original studies are cross-sectional, making it difficult to establish causal links. Excluded syntheses mostly reported on interventions’ evaluations or were not knowledge syntheses.
Each dot corresponds to an association between a resource and a health variable. Low quality reviews are excluded. Empty space: no results available.

**QUALITY OF REVIEWS**

- **High quality, n = 5**  
  AMSTAR scores between 8 and 11
- **Moderate quality, n = 14**  
  AMSTAR scores between 4 and 7
ASSOCIATIONS BETWEEN HEALTH AND THE PRESENCE OF LOCAL RESOURCES RELATED TO SUSTAINABLE MOBILITY

- HEALTHY WEIGHT
  - Clearly favorable
  - Favorable trend
  - Unfavorable trend
  - Clearly unfavorable
  - Inconsistent

- TRAUMAS
  - Clearly unfavorable

- DEPRESSION
  - Favorable trend
  - Inconsistent

HOW TO READ THIS?
This dot represents a clearly unfavorable association between access to sidewalks and traumas in children, drawn from a high quality systematic review.
OUR METHODOLOGY AT A GLANCE

The overarching purpose of this study is to provide a rigorous update of the scholarly knowledge on associations between characteristics of the food environment, community life, material housing conditions, sustainable mobility, and the physical and mental health of urban populations.

The results here presented are based on an umbrella review, i.e., a rigorous analysis of scholarly works that have synthesized original studies on one of the four areas concerned. The analyzed reviews had to deal with general populations residing in urban neighborhoods of OECD countries; be published in English, French or Spanish between 2008 and 2016; and specify their methodology.

A literature search strategy was applied to 11 databases (6 to 10 per area: Sociological Abstracts, Embase, Medline, etc.) and supplemented with research in the grey literature and the reference lists of the included articles. Review selection and data extraction were performed by two independent reviewers. To assess the quality of methodology in the included syntheses (high, moderate or low), the AMSTAR tool was used.

The present study excluded knowledge syntheses on the health effects of participation in an intervention within the areas concerned, as well as syntheses on associations between the resources and special needs populations or patient types.

REFERENCES
4. The standardized AMSTAR (A Measurement Tool to Assess Systematic Reviews) is available: https://amstar.ca/index.php

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