Review for manuscript ijerph-513400 entitled “How to translate active living science into urban design policy and practice: A case study of a natural experiment bridging the ‘research into policy’ and ‘evidence-based policy’ gap.”

**Manuscript summary and overall comments:**

The creation of healthy, active communities is a priority for environmental sustainability and health perspectives. The design of built environment has an influential impact on residents' living behaviors. Bridging the research-translation gap between researchers and policy-makers is an important component in creating healthy built environments. The aim of this study was to provide an overview and discussion of policy-specific methodologies undertaken to quantitatively assess the implementation of the successes and impact of the Liveable Neighbourhoods policy. There are parts of this brief report where clarity is needed. The overall connection to public health is not clear considering this is a public health journal. Critiques pertaining to this paper are described below.

**Specific comments**

The author mentions that over the past 15 years, there has been a comprehensive body of research which address the impact of the design of built environments on residents' active living behaviors. There should be some sort of delineation of the work that has been done in this field. This paper will benefit from including more studies that have been done demonstrating the impact of built environments on residents' living behaviors.

On Page 3, it is mentioned that in 2003, the RESIDential Environments project (RESIDE) began tracking 1803 people who were moving into one of the 74 new developments in Perth, Western Australia. It is unclear why these 1803 people were selected. There is no data on participants shown. What have we learned from these 1800 participants?

While evaluating the implementation of the policy, it is unclear why this would be the task of health researchers. It should be city planning that determines whether the intended policy was implemented or not. As it stands, I do not see the intersection of public health in this specific aim or in this case report more generally.

Five key strategies are described in the introduction related to RESIDE. There should be an explanation for the reason why using these specific strategies are important.

Why does this report only include evidence from 36 of the 74 housing developments? How might this influence results?

The figures presented are not discernable (blurry) and impedes fully understanding the data.
On page 7, Oliver et al. 2014 appears to be in a different format than the other references.

“Leaky pipe”: While the description of the policy pipeline process is important and highlights why bridging the research-policy gap between policy makers and researchers should be prioritized, it is should be placed in the introduction and its relationship to public health should be made clear. How does knowing where the leaks are in the pipe change the way health researchers ask questions and design their studies?