Health benefits of green spaces not confirmed

Takano and colleagues’ paper on the association between proximity to “walkable green spaces” and longevity in senior citizens in Tokyo will be of interest to those involved in promoting health in its broadest sense. However, this study has a number of methodological limitations, the authors draw conclusions that are not supported by their results and the study does not merit the largely uncritical responses published elsewhere in the journal.

Only 3,144 people of 7,362 contacted (42.7%) agreed to take part in the survey. This response rate leads to the potential for substantial selection bias that is not discussed by the authors.

The questions used to determine proximity of participants to “walkable green spaces” are not explicitly described and their appropriateness cannot be determined. Asking if participants had a place to take a stroll will lead to highly subjective answers. In particular, those who do take strolls may be more likely to report proximity to such places merely because they are more aware of them. An objective measure of proximity to green spaces and a clear definition of what constitutes “green” would have significantly strengthened the study.

The authors claim that they make adequate control for socioeconomic factors by including a measure of “monthly living expenses”. However, it is not clear how this is calculated and whether it is an appropriate and recognised measure of socioeconomic status in Japan.

The measure of functional status used—whether participants required help to get out of bed—is simplistic. Considering the number of validated measures of functional status available, the use of this measure requires further justification.

In view of these limitations, it is clear that a number of the conclusions drawn in the paper are unfounded. The authors find an association between proximity to green spaces and longevity in senior citizens in order to provide information for evidence based policy making. The paper highlighted an aspect of the web-like association between health determinants and population health.

Some 3,144 people agreed to participate among 5,924 people contacted, as stated in the paper (53.1% participation). The percentages of women and men whose highest educational experience was primary or secondary school were 52.9 and 46.1, respectively. It is therefore unlikely that there was a substantial selection bias during the participation of this cohort.

Regarding the factor of walkable green spaces near the place of residence, the paper discussed citizens’ perceptions related to green spaces in their neighbourhood. The results of the analysis showed a positive influence of walkable green spaces near the residence on the longevity of older people. It indicated that information on how people view their environment can be of assistance in policy making, rather than simply making claims about the physical characteristics of the environment.

As of the issue of socioeconomic status, it is as well to remember that categories and indeed of class as they are defined in some countries do not necessarily apply in Japan. As more than 80% of the household receipts of elderly families households in Japan depend on pension benefits, monthly living expenses was considered to be an adequate reflection of socioeconomic gradient, rather than simply evidence of household income. The amount of monthly living expenses used by the elderly subject (single expenses) or by elderly couples including the subject (double expenses) was reported by the subject. Septuagint categories were determined after the adjustment of single or double expenses. The results of the regression analysis including living expenses as an independent variable showed a significant correlation between living in an area with walkable green spaces and longevity after consideration of socioeconomic characteristics.

The reason for the consideration of people who required “help to get out of bed” as a functional level is that this severe dysfunctional condition does not allow people to walk outside their house and has a marked negative influence on longevity. As the consequence of having this severe dysfunction are obvious based on medical considerations, an analysis was performed to exclude this severely dysfunctional population. The results showed an association between walkable green space and longevity regardless of one’s functional status at baseline.

It should be borne in mind that “public health is far too complex to be considered merely applied epidemiology.”

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A superficial glance at child health

Torres writes “Breast feeding in the first six months of age is extremely harmful for babies. There is a high risk of infection because of the use of contaminated water or bottles that results in diarrhoea, malnutrition and increased mortality.”1 I have been trying for years, unsuccessfully, to find evidence in support of this proposed causal mechanism.2 What is the epidemiological basis for the second sentence? If JECH editors think there is a sufficiently reliable database, perhaps they could commission a literature review? The careless dissemination of plausible untruths does nothing to reduce infant mortality, but actively closes down the area to scientific inquiry and new thinking.

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References
1 Torres A. A glance at child health. J Epidemiol Community Health 2002;56:55-60.
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