

Supplemental Table S1: Details of Studies of Greenness and Health Outcomes, Organized by Outcome

Study Population	Study Design	Exposure	Outcome	Main Finding
Physical Activity				
Chaix et al. (33) 7,290 adults, France, 2007-2008	Cross-sectional	Self-reported presence and quality of green/open spaces	Self-reported walking time in past week	Those in neighborhoods with most as opposed to least green/open space had increased odds of higher walking time (OR 1.43 95% CI 1.21, 1.70).
Sugiyama et al. (44) 1,036 adults, Australia, 2003-2004 and 2007-2008	Prospective cohort study	-Perception of green space quality and proximity -Total area, largest, and number of green spaces in 1.6 km buffer around neighborhood center	Self-reported walking time over four years	Subjective and objective measures of green space significantly associated with higher likelihood of walking maintenance over 4 years: positive perceptions of presence of green space (OR for unit increase in perceived score 1.84 95% CI 1.13, 2.99) and positive perceptions of proximity to green space (OR for unit increase in perceived score 1.67 95% CI 1.12, 2.49); total green space within 1.6 km buffer (OR for 10 ha increase in green space 1.03 95% CI 1.00, 1.06) and largest green space within 1.6 km buffer (OR for 10 ha increase in green space 1.10 95% CI 1.02, 1.20).
Richardson et al. (35) 8,157 adults, New Zealand, 2006-2007	Cross-sectional	Proportion of Census Area Unit composed of green space calculated from three land-use datasets	-Self-reported weekly walking and physical activity -BMI -General and mental health from Short Form 36 -Self-reported diagnosis of cardiovascular disease (CVD)	-Those in greenest areas were likelier to meet physical activity recommendations (OR 1.44 95% CI 1.19, 1.74) but physical activity did not fully explain better mental health and reduced CVD there. -Green space was not related to overweight or poor general health.
Ord et al. (39) 3,679 adults, Scotland, 2008	Cross-sectional	Proportion of Census Area Statistics Ward composed of green space calculated from land use datasets	Self-reported overall physical activity, walking, green physical activity	Neighborhood green space was not significantly associated with meeting physical activity recommendations (OR 0.77 95% CI 0.59, 1.02) nor participation in green physical activity (OR 1.20 95% CI 0.83, 1.74), comparing those in the greenest to least green areas.
Almanza et al. (26) 208 children, US, 2009-2010	Cross-sectional	Momentary NDVI based on GPS-derived location	Contemporaneous physical activity measured by accelerometer	-Momentary greenness associated with higher odds of moderate-to-vigorous physical activity comparing those in 90th to 10th percentile of greenness (OR 1.34 95% CI 1.30, 1.38). -Children with >20 min. daily green space exposure had nearly 5 times the daily rate of moderate-to-vigorous physical activity compared to those with near 0 daily exposure.
Karusisi et al. (34) 7,290 adults, France, 2007-2008	Cross-sectional	Proportion of 1000 m radius around home composed of green space	Self-reported frequency and duration of jogging over past week	Presence and quality of green and open space associated with likelihood of jogging (RR 1.22 95% CI 1.03, 1.44), comparing first and fourth quartiles.
Mytton et al. (36)	Cross-	Proportion of middle super-output	Days/week	People in greenest compared to least green areas were

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17,345 adults, UK, 2002-2004	sectional	area composed of green space (MSOA) from Generalised Land Use Database	participants achieved physical activity recommendations, derived from survey responses	likelier to achieve recommended daily physical activity (OR 1.27 95% CI 1.13, 1.44).
Grigsby-Toussaint et al. (42) 365 children, US, 2009	Cross-sectional	Neighborhood NDVI	Parent-reported average daily total outdoor playing time	A one-unit increase in neighborhood NDVI was associated with an increase in children's outdoor play time of approximately 3 minutes (p=0.034).
Maas et al. (41) 4,899 adults, Netherlands, 2001	Cross-sectional	Proportion of green space within 1 km and 3 km radius of home address	Self-reported commuting and leisure-time physical activity	-A negative association was observed between greenness and walking/cycling during leisure, and cycling for commuting. -No association was found between greenness and walking for commuting.
Li et al. (37) 1,221 adults, US, 2006-2007	Cross-sectional	Total neighborhood acreage of green space derived from land use datasets	Self-reported frequency and duration of physical activity	Increased green/open space availability associated with greater likelihood of at least 150 minutes of neighborhood walking/week (OR for 1 standard deviation increase in green/open space availability 1.12 95% CI 1.01, 1.24) and meeting physical activity recommendations, but not walking for transportation or errands.
Hillsdon et al. (40) 4,732 adults, UK, 1993-1997	Cross-sectional	-Road distance to nearest green space, number of green spaces and area of green space within a 2 km radius of residence calculated in GIS. -Green space quality also assessed using audit tool	Self-reported frequency and duration of physical activity	None of the measures of green space significantly associated with physical activity, and no evidence of a consistent trend across quartiles of green space measures.
Gong et al. (38) 1,010 adult men, UK, 2004	Cross-sectional	Quantity and variation of green space within 400 m radial buffer of home based on NDVI	Self-reported frequency of physical activity	Greater green space was associated with more participation in physical activity (OR for increase in green space access z-score 1.21 95% CI 1.05, 1.41).
Toftager et al. (54) 21,832 adults, Denmark, 2005	Cross-sectional	Self-reported shortest distance from participant's home to green space	-Self-reported leisure-time physical activity -BMI calculated from self-reported height and weight	-Living further from green space was associated with lower likelihood of conducting moderate-to-vigorous physical activity (OR 0.88 95% CI 0.79, 0.98) comparing those living 300 m–1 km away from green space to those living less than 300 m away. -Living further from green space was associated with higher likelihood of obesity (OR 1.36 95% CI 1.08, 1.71) comparing those more than 1 km away to those closer than 300 m.
Dadvand et al. (43) 3,178 children, Spain, 2006	Cross-sectional	-NDVI in buffers of 100 m, 250 m, 500 m, and 1,000 m around each home address -Binary variables indicating whether the child's residential address was located within 300 m	-Sedentary behavior as binary (yes/no) variable (hereafter referred to as "excessive screen time") indicating	-IQR increase in NDVI was associated with an 11-19% lower prevalence of overweight/obesity and excessive screen time. -Proximity to forests was associated with 39% and 25% lower relative prevalence of excessive screen time and overweight/obesity, respectively.

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		separately from a park or forest, based on land use datasets.	whether the child spent > 1 hr during each working day and > 2 hr during each weekend day on watching television, playing video games, and/or working with computer. -Self reported BMI z-scores	
Tilt et al. (45) 529 adults, US, 2002	Cross-sectional	Mean NDVI of the walkable neighborhood	-Self-reported walking trips per month; -BMI from self-reported height and weight	Objective greenness was not related to walking trips per month. In areas with high accessibility, BMI was lower in areas that had high NDVI (p-value for interaction 0.0257).
Lachowycz et al. (27) 902 children, UK, 2007-2009	Cross-sectional	Momentary green space exposure based on GPS-derived location linked to land use dataset	Contemporaneous physical activity measured by accelerometer	33.6% of outdoor moderate-vigorous physical activity on weekday evenings was within green environments, and 46% of outdoor moderate-vigorous physical activity on weekends was in green environments.
Wheeler et al. (28) 1,053 children, UK, 2006-2008	Cross-sectional	Momentary green space exposure based on GPS-derived location linked to land use dataset	Contemporaneous physical activity measured by accelerometer	Odds of an epoch being moderate-vigorous physical activity in green space (versus outdoor non-green space) were significantly elevated for boys (OR=1.37 95% CI 1.22, 1.53) but not girls (OR=1.08 95% CI 0.95,1.22).
Overweight/Obesity				
Lovasi et al. (52) 16,176 children, US, 2004	Cross-sectional	Calculated from data collected by NYC Department of Parks and Recreation: -Density of street trees -Park area per km ² within 400 m buffer of each home ZIP code	Clinician-recorded height and weight used to calculate BMI and BMI z-score	-Neighborhood street tree density (but not park access) was associated with lower obesity prevalence. -A difference in street tree density from the 25th to the 75th percentile was associated with 12% lower prevalence of obesity (PR 0.88 95% CI 0.79, 0.99).
Cummins and Fagg (47) 79,136 adults, UK, 2000-2003, 2004-2007	Cross-sectional	Proportion of middle super-output area composed of green space calculated from Generalised Land Use Database	Self-reported height and weight used to calculate BMI	In the 2000-2003 data (but not 2004-2007), living in the greenest areas was associated with an increase in overweight (RR 1.12 95% CI 1.03, 1.22) and obesity (RR 1.23 95% CI 1.11, 1.37).

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Coombes et al. (19) 6,821 adults, UK, 2005	Cross-sectional	Distance between home location by road to nearest of several green space types based on land-use files	-Self-reported frequency of visits to green space -Self-reported frequency of physical activity -Self-reported height and weight used to calculate BMI	-Respondents living closest to "formal" green spaces were significantly more likely to achieve physical activity recommendations (OR comparing furthest to closest residents 0.88 95% CI 0.73, 1.06). -No association with overweight/obesity after adjustment for individual and area characteristics.
Potestio et al. (53) 8,401 children, Canada, 2005-2006	Cross-sectional	Calculated using land use datasets: -Number of parks/green spaces per 10,000 residents -Proportion of total area of community composed of parks/green spaces -Average distance to nearest park/green space	Clinician-recorded height and weight used to calculate BMI	No measure of park/green space access was associated with overweight or obesity.
Bell et al. (50) 3,831 children, US, 1996-2002	Cohort	Mean NDVI within 1 km radial buffer of participant's home	Clinician-recorded height and weight used to calculate BMI and BMI z-score	Higher greenness was associated with lower risk of increasing BMI z-score over follow-up (OR 0.87 95% CI 0.79, 0.97).
Astell-Burt et al. (48) 246,920 adults, Australia, 2006-2009	Cross-sectional	Proportion of 1 km catchment area around centroid of home postal code composed of green space	-Self-reported frequency of physical activity -Self-reported height and weight used to calculate BMI	-Women with over 80% proportion of green space had lower likelihood of overweight (RR 0.90 95% CI 0.83, 0.97) and obesity (RR 0.83 95% CI 0.74, 0.94) -Results were slightly attenuated but still statistically significant after adjustment for physical activity and sitting time. -There was no similarly protective effect in men.
Liu et al. (51) 7,334 children, US, 2000	Cross-sectional	Mean NDVI within 2 km radius of participant's home	Clinician-recorded height and weight used to calculate BMI and BMI percentiles	-Greenness was associated with decreased overweight in higher population density areas (OR per 0.1 unit increase in NDVI 0.899, p<0.01). -In low population density areas, greenness was non-significantly associated with increased overweight (OR 1.13, p 0.31).
Prince et al. (49) 3,883 adults, Canada, 2003-2007	Cross-sectional	Green space area per 1,000 people derived from land use databases	-Self-reported physical activity over past week -Self-reported height and weight used to calculate BMI	Higher green space was associated with a reduced likelihood of physical activity (OR per unit increase 0.93 95% CI 0.86, 0.99) and greater likelihood of overweight and obesity in men (OR 1.10 95% CI 1.01, 1.19), and decreased likelihood of overweight or obesity in women (OR 0.66 95% CI 0.44, 0.89).
Mowafi et al. (46) 1,823 men and 1,723 women, Egypt, 2007	Cross-sectional	Presence and diversity of neighborhood green spaces as assessed by study staff	Technician-recorded height and weight used to calculate BMI	Green space was not associated with BMI after including a neighborhood SES variable.

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Mental Health				
Beyer et al. (61) 2,479 adults, US, 2008-2011	Cross-sectional	-Mean NDVI in Census Block Group -Percent tree canopy cover of Census Block Group (from National Land Cover Database dataset)	Depression Anxiety and Stress Scales (DASS), indicating symptomatology for depression, anxiety and stress	-Depressive symptoms on DASS decrease by 1.379 ($p < 0.01$) for each 25% increase in NDVI and tree canopy cover. -Green space measures were also associated with significantly lower levels of stress and anxiety.
Astell-Burt et al. (67) 29,626 male and 35,781 female adults, UK, 1996–2004	Longitudinal	Proportion of ward of residence composed of green and natural environment from land use datasets	Minor psychiatric morbidity as measured by General Health Questionnaire	-Among men, green space was associated with better mental health in early to mid-adulthood. -Among older women, moderate availability of green space was associated with better mental health.
Nutsford et al. (20) 3,149 meshblocks in New Zealand, 2008- 2009	Ecological	Six measures of green space access involving total and useable green space derived from three national land use datasets	Counts of anxiety/mood disorder treatment by meshblock	-Proportion of total green space and useable green space within 3 km were both statistically significantly associated with reduced anxiety/mood disorder treatment counts (IRR 0.956, $p < 0.001$) and (IRR 0.964, $p < 0.001$), respectively. -Distance to nearest useable green space was associated with anxiety/mood disorder treatment (IRR 1.3521, p 0.033).
Triguero-Mas et al. (58) 8,793 adults, Spain, 2010-2012	Cross-sectional	NDVI and presence of green space within 300 m radial buffer of participants' homes	-Minor psychiatric morbidity as measured by General Health Questionnaire -Self-reported depression or anxiety -Self-reported visits to mental health specialists -Self-reported use of certain medications	-Surrounding greenness was associated with significant reductions in all measures of poor mental health, e.g. perceived risk of poor mental health (OR for IQR increase in NDVI 0.79 95% CI 0.71, 0.88). -Green space access associated with reductions in perceived depression/anxiety and visits to mental health specialists. Results were slightly stronger for women and residents of non-densely populated areas.
Astell-Burt et al. (18) 260,061 adults, Australia, 2006–2009	Cross-sectional	Proportion of 1 km radius around residence composed of green space, according to national meshblock's dominant use	-Psychological distress as measured by the Kessler Psychological Distress Scale -Self-reported frequency of physical activity	-Those in the greenest compared to least green neighborhoods had reduced risk of psychological distress (OR 0.83 95% CI 0.76, 0.92) and were less sedentary (OR 0.81 95% CI 0.77, 0.87). -Higher greenness was not associated with better mental health among the least active, but was protective among the more active.
Fan et al. (60) 1,544 adults, US, 2002-2003	Cross-sectional	-Mean NDVI and total park acreage within half-mile street network buffer -Distance to nearest park from home in miles from land use datasets	-Stress as measured by the Perceived Stress Scale -Self-reported frequency of physical activity; self-reported social support	-Park spaces were associated with reduced stress through social support; overall neighborhood vegetation was associated with stress mitigation but also with lower social support. -Park spaces were more positively associated with health/wellbeing than overall neighborhood vegetation level.

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Maas et al. (56) 10,089 adults, Netherlands, 2001	Cross-sectional	Proportion of 1 km and 3 km radius around residence composed of green space	Minor psychiatric morbidity, as measured by the General Health Questionnaire	-Within 1 km radius around home, people with more green space had lower likelihood of self-rated propensity for psychiatric morbidity, (β -0.005 for each 1% increase in green space, p 0.002) but the associations within a 3 km radius were not consistent. -Loneliness partially mediated, and perceived social support fully mediated the relationship between green space and propensity to psychiatric morbidity.
Annerstedt et al. (66) 24,945 adults, Sweden, 1999-2005	Cohort	Land and vegetation cover in Sweden in 25 x 25 m grids linked with 5 greenness qualities: Serene, Wild, Lush, Spacious, and Culture.	Minor psychiatric morbidity, as measured by the General Health Questionnaire	-Mental health was not associated with access to the green qualities, in terms of amount or specific quality. -However, women experienced reduced risk of poor mental health through a significant interaction between physical activity and access to the qualities Serene or Spacious.
de Vries et al. (22) 1,641 adults, Netherlands, 2007	Cross-sectional	Researcher assessed presence and quality of streetscape greenery with audit tool	Mental health status as measured by the Mental Health Inventory (MHI-5)	-Green space quality was associated with better mental health (over and above green space quantity); each unit increase in greenery quality improved mental health (β 3.231 p <0.05). -Stress fully mediated the green space-mental health relationship for quantity (but not quality). -Social cohesion also fully mediated the quantity (but not quality) green space-mental health relationship. -Green activity partially mediated the quality of green space-mental health relationship. -With all 3 mediators in model, complete mediation occurred and greenness was no longer related to mental health.
Huynh et al. (64) 17,249 children, Canada, 2009-2010	Cross-sectional	Proportion of 5 km radius around participant's school composed of green space, calculated using the CanMap RouteLogistics and Enhanced Points of Interests land use databases	Positive emotional well-being as measured by the Cantril ladder	Relationships between greenness measures and positive emotional well-being were weak and inconsistent.
Maas et al. (62) 345,143 adults, Netherlands, 2001	Cross-sectional	Proportion of 1 km and 3 km radius around postal code coordinates composed of green space calculated from the LGN4 database	Doctor diagnosis of depression or anxiety disorder extracted from electronic medical records	The prevalence of depression and anxiety clusters was lower in greener areas; within a 1 km radius, each 10% increase in proportion of green space was associated with OR for depression 0.96 (95% CI 0.95, 0.98) and OR for anxiety 0.95 (95% CI 0.94, 0.97).
Mitchell (65) 1,890 adults, Scotland, 2008	Cross-sectional	Self-reported use of various natural environments for physical activity	Minor psychiatric morbidity as measured by the General Health Questionnaire and Warwick Edinburgh Mental Health and Wellbeing Score	Regularly using woods or forests for physical activity was associated with lower likelihood of poor mental health (GHQ) (OR 0.557 95% CI 0.323, 0.962), compared to non-users.

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Sarkar et al. (63) 687 adult men, UK, 2002-2004	Cross-sectional	Mean NDVI within a 500 m radial buffer of participant's home	Minor psychiatric morbidity as measured by the General Health Questionnaire	There was a non-significant protective effect of greenness on psychiatric morbidity (OR 0.82, p 0.10).
Stigsdotter et al. (59) 11,238 adults, Denmark, 2005	Cross-sectional	Self-reported distance from home to nearest green space	Stress as measured by the Perceived Stress Scale	Those living more than 1 km away from a green space had greater likelihood of experiencing stress than those living less than 300 m from a green space (OR 1.42 95% CI 1.17, 1.73).
Sugiyama et al. (23) 1,895 adults, Australia, 2003–2004	Cross-sectional	Perceived neighborhood greenness as measured by Neighborhood Environment Walkability Scale	Mental component scores from Short-Form Health Survey	-Those who perceived their neighborhood as highly green had better mental health as compared to those who perceived the lowest neighborhood greenness (OR 1.60 95% CI 1.26, 2.04). -Recreational walking and social coherence were associated with mental health but did not fully mediate the relationship between greenness and mental health.
White et al. (57) 10,168 adults, UK, 1991-2008	Cohort	Percentage of Lower-Layer Super output Area (LSOA) area covered by green space	Minor psychiatric morbidity as measured by the General Health Questionnaire	Proportion green space was found to protect against psychiatric morbidity; compared with those in LSOAs with proportion green space 1 standard deviation below the mean, living in a LSOA with green space 1 standard deviation above the mean was associated with a 0.14 reduction in GHQ.
Birth and Developmental Outcomes				
Agay-Shay et al. (69) 39,132 singleton live births in Tel Aviv from 2000-2006	Birth cohort	-Average NDVI in 250 m buffers around maternal residence (evaluated 100 m and 500 m) -Proximity to green spaces defined as residence within a buffer of 300 m from boundaries of major green space (>5000 m ²) based on data from OpenStreetMap	-Birth weight -Low birth weight -Very low birth weight -Gestational age -Preterm deliveries -Very preterm deliveries	-IQR increase in greenness associated with increase in birth weight (19.2g 95% CI 13.3, 25.1) and decreased risk of LBW (OR 0.84, 95% CI 0.78, 0.90). -Findings consistent with different buffer and green space sizes. Stronger associations among those of lower SES.
Dadvand et al. (70) 8,246 births in Barcelona hospital from 2001-2005	Birth cohort	-NDVI in 100 m buffer around maternal residence -Major green space in 500 m buffer of address	-Birth weight (grams) -Gestational age at delivery (days)	-None of the indicators of green exposure were associated with birth weight and gestational age. -Effect modification by maternal education, with associations observed among mothers with the lowest education level for higher surrounding NDVI or living close to a major green space. -Among mothers with no primary school education, a 10% increase in NDVI was associated with an increased birth weight of 436.3 (43.1, 829.5) and living within 500 m of a major green space was associated with an increased birth weight of 189.8 (23.9, 355.7).

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Dadvand et al. (68) 2,393 singleton live births, Spain, in 2003-2008	Birth cohort	-Surrounding greenness as average of satellite-based NDVI (Landsat 4–5 TM data at 30 m) during 2007 in buffers of 100 m, 250 m, and 500 m around maternal residence	-Birth weight -Head circumference -Gestational age at delivery (days)	-IQR increase in NDVI within a 500 m buffer associated with increases in birth weight (44.2 g 95% CI 20.2 g, 68.2 g) and head circumference (1.7 mm 95% CI 0.5 mm, 2.9 mm) but not gestational age.
Dadvand et al. (74) 6,438 singleton live term births, Spain, in 2001-2005	Birth cohort	-Road proximity as continuous distance and within 200 m of a road -Assessed individual exposure to air pollution (LUR model), noise (annual averages of 24 hr noise values at 50 and 250 m), and heat (satellite derived land surface temps in 50 m buffer) -Vegetation as continuous tree coverage in 200 m buffer around major roads	-LBW -SGA	-Living within 200 m of major roads was associated with a 46% increase in term LBW risk; an IQR increase in heat exposure with a 18% increase; an IQR in heat exposure with a 18% increase; and PM with a 24-26% increase. -No buffering by road adjacent trees.
Dadvand et al. (72) 10,780 singleton live-births, UK, in 2007–2010	Birth cohort	-NDVI in buffers of 50 m, 100 m, 250 m, 500 m and 1000 m around maternal address -Residential proximity to green spaces living within 300 m of a green space with an area of $\geq 5000 \text{ m}^2$	Birth weight	-Positive association between birth weight and residential surrounding greenness (e.g., IQR increase in NDVI in 250 m buffer associated with 16.2g 95% CI 1.7, 30.8 increase in birth weight). -For White British participants there was a positive association between birth weight and residential surrounding greenness whereas for participants of Pakistani origin there was no such association. -Surrounding greenness: in 500 m and 1000 m there were stronger associations for those with lower education and lower SES neighborhoods, but not replicated in smaller buffer sizes.
Hystad et al. (31) 64,705 singleton births, Canada, in 1999–2002	Birth cohort	-NDVI within 100 m of participants' homes -Land Use Regressions for NO, NO ₂ , PM _{2.5} , and BC -Noise from CadnaA model -Walkability index within 1 km distance around postal code centroid	-Birth weight -SGA -Very preterm -Moderately preterm	-1 IQR increase in NDVI (0.1) associated with higher term birth weight (20.6 g 95% CI 16.5, 24.7) and decreases in the likelihood of small for gestational age, very preterm (<30 weeks), and moderately preterm (30-36 weeks) birth. -Associations robust to adjustment for air pollution and noise exposures, neighborhood walkability, and park proximity.
Kihal-Talantikite et al. (73) Infant deaths, Lyon, France, in 2000-2009	Ecological	-Deprivation index at census block -Green space index: proportion of green space in the total area of census block.	Infant mortality	-Spatial distribution of infant mortality high risk cluster in the south east of the Lyon metropolitan area (p<0.003). -Cluster disappeared (p=0.12) after adjustment for greenness level and socioeconomic deprivation. -Both factors had independent effect.
Markevych et al. (71) 3,203 newborns in Munich and Wesel, Germany in 1996-1999	Birth cohort	-NDVI in 500 m buffer around maternal address -Green space (forests, parks from a land use dataset) within a 500 m buffer around maternal address	Birth weight	-IQR increase in NDVI associated with birth weight increase of 7.6g 95% CI 0.5, 34.6. -Results remained robust when additionally adjusted for noise or maternal stress during pregnancy. -Stronger associations for mothers with less than 10

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				years of education.
Markevych et al. (21) 1,932 children recruited from a birth cohort in Munich and Wesel, Germany from 1996-1999	Cross-sectional analysis of cohort data	Shortest distance between child's residence and urban green spaces (cemetery, garden, park, plant nursery from land use dataset)	Behavioral problems based on the German version of the Strengths and Difficulties Questionnaire (SDQ)	-Distance to urban green space was positively associated with the odds of hyperactivity / inattention, especially among children with abnormal values compared to children with borderline or normal values (OR 1.20 95% CI 1.01, 1.42) per 500 m increase in distance. -Association was only statistically significant among males. -Children living further than 500 m away from urban green spaces had more overall behavioral problems than those living within 500 m of urban green spaces (OR 1.41 95% CI 1.06, 1.87).
Dadvand et al. (43) 3,178 school children in Sabadell, Spain in 2006	Cross-sectional	-NDVI in buffers of 100 m, 250 m, 500 m, and 1,000 m around each home address -Binary variables indicating whether the child's residential address was located within 300 m separately from a park or forest, based on land use datasets.	-Respiratory health status of children was assessed using the validated International Study of Asthma and Allergies in Childhood (ISAAC) questionnaire -Allergic rhinoconjunctivitis from ISAAC questionnaire -"Excessive screen time") indicating whether the child spent > 1 hr during each working day and > 2 hr during each weekend day on watching television, playing video games, and/or working with computer. -Self reported BMI z-scores	-IQR increase in NDVI was associated with an 11-19% lower prevalence of overweight/obesity and excessive screen time, but was not associated with current asthma and allergic rhinoconjunctivitis. -Proximity to forests was associated with 39% and 25% lower relative prevalence of excessive screen time and overweight/obesity, respectively, but was not associated with current asthma. -Living close to parks was associated with a 60% higher relative prevalence of current asthma, but had only weak negative associations with obesity/overweight or excessive screen time.
Fuertes et al. (32) 5,803 children followed from birth to 10 years in Munich and Ruhr, Germany from 1996-1999	Cohort	Mean NDVI in circular 500 m, 800 m, 1000 m and 3000 m buffers around the birth, 6- and 10-year participant addresses were calculated	Doctor diagnosis of: -Allergic rhinitis (yearly, from 3 to 10 years) -Eye and nose symptoms (at 4, 6 and 10 years) -Aeroallergen sensitization (at 6 and 10 years)	-Associations between NDVI and allergic rhinitis and eye and nose symptoms were elevated in the urban South area (IQR increase in NDVI in 500 m buffer associated with OR of 1.15 95% CI 1.01, 1.31 for eye and nose symptoms), while protective for all outcomes in the North area (e.g., IQR increase in NDVI in 500 m buffer associated with OR of 0.71 95% CI 0.56, 0.89 for eye and nose symptoms). -Area-specific associations were similar across buffer sizes and addresses (birth and 6 years) and remained heterogeneous after air pollution and population density

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				stratification.
Cardiovascular Disease				
Duncan et al. (84) Experimental study of 14 children, UK	Experimental	Cycling with film of forest v. no visual stimulus	Pre-, immediately post-exercise and 15 min post-exercise, BP, HR and mood state were assessed	-Systolic BP 15 min post exercise was significantly lower following green exercise compared to the control condition. -No differences by diastolic BP, mood.
Hu et al. (78) Census tracts in northwest Florida, US from 1998-2002	Ecological	Landsat 7 ETM+ imagery and tasseled cap transformation	Stroke death count data at the census tract level	-High stroke mortality rates concentrate in areas with low income, low greenness, and high air pollution.
Maas et al. (62) Morbidity data from 195 general practitioners across the Netherlands around 2001	Cross-sectional	Percent of green space within a 1 km and 3 km radius around postal code coordinates	Examined 24 disease clusters, including HBP, cardiac disease, CHD, stroke	-10% more green space in 1 km radius was associated with a 3% decrease in odds of CHD (95% CI 1, 5%). -No findings for other outcomes, nor for 3 km radius.
Markevych et al. (80) Cohort of 2,078 children, Munich and Wesel, Germany from 2005-2009	Cross-sectional analysis of cohort data	Mean NDVI from Landsat 5 TM satellite in circular 500 m buffers	Systolic and diastolic BP in physical examination in 2005-2009	-Systolic and diastolic BP lower in higher greenness (e.g., diastolic BP in lowest tertile of greenness was 0.96 ± 0.38 mmHg lower (p-value = 0.011) than the highest tertile of greenness). -Associations not influenced by adjustment for other environmental stressors (temperature, air pollution, noise annoyance, altitude and urbanization level). -Associations were significant among children residing in the urbanized Munich area but null for those in the rural Wesel area.
Mitchell and Popham (16) 40,813,236 people across lower level super output areas in England, from 2001-2005	Ecological, cross-sectional	-Green space measured in 2001 from a generalized land use database that classifies green space to 10 m ² -Lower level super output areas (Census tract equivalent) to classify green space -Index of multiple deprivation for area SES	Examined ICD codes of all-cause mortality, circulatory diseases, lung cancer, intentional self-harm at geographic unit area	-Lower circulatory mortality incidence rate ratio 0.96 (0.93, 0.99) for populations in top quintile of green space compared to lowest quintile. -Interaction between green space and income deprivation, indicating that green space decreases effect of income deprivation on circulatory mortality.
Pereira et al. (81) 11,404 adults, West Australia, in 2003-2009	Cross-sectional	Landsat TM NDVI in 1600 m service area around participant's homes	-Self-report of prior medically diagnosed heart disease and stroke obtained from the Health and Wellbeing Survey. -Hospital records of coronary heart disease and stroke	-Odds of hospitalization for heart disease or stroke was 37% (95% CI 8%, 57%) lower among adults in neighborhoods with highly variable greenness. -This effect was independent of the absolute levels of neighborhood greenness. -Weaker evidence for associations with the mean level of neighborhood greenness.

Study Population	Study Design	Exposure	Outcome	Main Finding
Pretty et al. (83) Five groups of 20 test subjects	Interventional	Subjects exposed to scenes (rural pleasant, rural unpleasant, urban pleasant and urban unpleasant, no images) while running on a treadmill.	-Blood pressure -Self-esteem -Mood	-Subjects viewing rural pleasant scenes experienced significant reductions in all three measures of blood pressure (systolic, diastolic and Mean Arterial Pressure).
Richardson and Mitchell. (79) 6,432 UK urban wards, with a total population of 28.6 million adults aged in 2001	Ecological	-Two land use datasets were used to create a proportional green space measure (% by area) at the UK Census Area Statistic ward scale. -Generalised Land Use Database (5 m ² , but only in England) -Coordination of Information on the Environment (CORINE) land cover dataset (100 m ² , but covers all of UK)	Cancer, cardiopulmonary, CVD, ischemic heart disease, and stroke mortality	-Male cardiovascular disease and respiratory disease mortality rates decreased with increasing green space, but no significant associations were found for women. -No protective associations were observed between green space and lung cancer mortality or self-reported limiting long-term illness for either men or women.
Villeneuve et al. (82) 575,000 adults, Ontario, Canada, in 1982 – 1986	Prospective cohort	NDVI assigned to individuals' place of residence at inception into the cohort using both a 30 m grid cell and a 500 m buffer	Cardiopulmonary, CVD, ischemic heart disease, and stroke mortality	-IQR increase in NDVI using a 500 m buffer was associated with reduced non-accidental mortality (RR 0.95, 95%CI 0.94, 0.96). -Statistically significant reductions in cardiopulmonary, CVD, ischemic heart disease, and stroke mortality. -Risk estimates were unchanged after adjusting for ambient air pollution.
Mortality				
Hu et al. (78) Census tracts in northwest Florida, US from 1998-2002	Ecological	Landsat 7 ETM+ imagery and tasseled cap transformation	Stroke death count data at the census tract level	-High stroke mortality rates concentrate in areas with low income, low greenness, and high air pollution.
Lachowycz and Jones (88) 165,424 adults, UK, from 2007-2008	Ecological	-2001 Middle Super Output Area (MSOA) (Census tract equivalent) green space from Generalized Land Use Data (GLUD) 2005 dataset. Created: 1. percentage of land area classified as green space in the MSOA 2. the percentage classified as green space in MSOAs within 5 km (defined as summed total area classified as green space within the MSOA and other MSOAs for which the center point fell within a 5 km radius, divided by the total area of these MSOAs), and 3. the percentage classified as	Premature mortality from circulatory causes (age <75 years) by MSOA obtained from the Association of Public Health Observatories in the form of standardized mortality ratios (SMRs), standardized by age and sex, over the period 2006 to 2010.	-Tests for mediation found no evidence that recreational walking explained associations between green space and mortality. -While the relationship between green space access and walking was observed for all areas, the relationship between green space access and reduced mortality was only apparent in the most deprived areas.

Study Population	Study Design	Exposure	Outcome	Main Finding
		green space in MSOAs within 10 km, calculated using the same method.		
Mitchell and Popham (16) 40,813,236 people across lower level super output areas in England, from 2001-2005	Ecological, cross-sectional	-Green space measured in 2001 from a generalized land use database that classifies green space to 10 m ² -Lower level super output areas (Census tract equivalent) to classify green space -Index of multiple deprivation for area SES	Examined ICD codes of all-cause mortality, circulatory diseases, lung cancer, intentional self-harm at geographic unit area	-Lower all-cause mortality IRR 0.94 (0.93, 0.96) for populations in highest quintile of greenness compared to the lowest quintile. -Interaction between green space and income deprivation, indicating that green space decreases effect of income deprivation on circulatory mortality.
Richardson et al. (86) 1,546,405 residents, New Zealand, in 1996-2005	Ecological	Census area unit (CAU)-level classification was developed from three nationwide datasets to distinguish between usable (i.e., visitable) and nonusable green space (i.e., visible but not visitable) in the urban areas	Anonymized, individual-level mortality data (including information on age, sex and domicile of residence at death) for every registered death between 1996-2005 from the New Zealand Ministry of Health matched to CAU	-No significant associations between usable or total green space and mortality were observed. -Deprived neighborhoods were relatively disadvantaged in total green space availability, but had more usable green space.
Richardson and Mitchell. (79) 6432 UK urban wards, with a total population of 28.6 million adults in 2001	Ecological	-Two land use datasets were used to create a proportional green space measure (% by area) at the UK Census Area Statistic ward scale. -Generalised Land Use Database (5m ² , but only in England) -Coordination of Information on the Environment (CORINE) land cover dataset (100 m ² scale but covers all of UK)	Cancer, cardiopulmonary, CVD, ischemic heart disease, and stroke mortality	-Male cardiovascular disease and respiratory disease mortality rates decreased with increasing green space, but no significant associations were found for women. -No protective associations were observed between green space and lung cancer mortality or self-reported limiting long-term illness for either men or women.
Takano et al. (85) 3,144 adults, Tokyo, Japan, from 1992-1997	Cohort	Questionnaire response at baseline on space near the residence for taking a stroll, a park, and tree lined streets near the residence, noise from automobiles and factories near the residence, the level of crime in the community, hours of sunlight at the residence, existence of a garden at the residence, whether the residence faced a road with a regular bus service, active communication among	Mortality from official residence records from their local governments	-Five year survival percentages were greater for subjects having either a space near their residence for taking strolls (p<0.01), or parks and tree lined streets near their residence (p<0.05). -Greater survival rates were observed among male subjects who were not subject to noise from automobiles and factories near their residence (p<0.01) or who enjoyed sunlight at their residence (p<0.05). -Among female subjects, five year survival percentages were greater for those who claimed to have active communication with their neighbors (p<0.05) and among those who preferred to continue to live in their current community (p<0.01).

Study Population	Study Design	Exposure	Outcome	Main Finding
		neighboring residents, and preference to continue to live in the current community		
Villeneuve et al. (82) 575,000 adults, Ontario, Canada, in 1982 – 1986	Prospective cohort	NDVI assigned to individuals' place of residence at inception into the cohort using both a 30 m grid cell and a 500 m buffer	Cardiopulmonary, CVD, ischemic heart disease, and stroke mortality	-IQR increase in NDVI using a 500 m buffer was associated with reduced non-accidental mortality (RR 0.95, 95%CI 0.94, 0.96). -Statistically significant reductions in cardiopulmonary, CVD, ischemic heart disease, and stroke mortality -Risk estimates were unchanged after adjusting for ambient air pollution.
Wilker et al. (87) 1,645 stroke patients, Boston, UA, in 1999- 2008	Prospective cohort	MODIS NDVI from July 2000- 2012	Deaths were determined by Social Security Death Index	-Comparing highest NDVI quartile to lowest, 0.78 (95% CI 0.63, 0.97) for all-cause mortality.
Inequalities				
Agay-Shay et al. (69) 39,132 singleton live births in Tel Aviv from 2000-2006	Birth cohort	-Average NDVI in 250 m buffers around maternal residence (evaluated 100 m and 500 m) -Proximity to green spaces defined as residence within a buffer of 300 m from boundaries of major green space (>5000 m ²) based on data from Openstreetmap	-Birth weight -Low birth weight -Very low birth weight -Gestational age -Preterm deliveries -Very preterm deliveries	-IQR increase in greenness associated with increase in birth weight (19.2g 95% CI 13.3, 25.1) and decreased risk of LBW (OR 0.84, 95% CI 0.78, 0.90). -Findings consistent with different buffer and green space sizes. -Stronger associations among those of lower SES.
Astell-Burt et al. (18) 260,061 participants 45 years old or older living in New South Wales, Australia from 2006-2009	Cross- sectional	-Green spaces were extracted from the Australian Bureau of Statistics (ABS) 2011 Meshblocks -Meshblocks identified as 'parkland' formed the raw data -1 kilometer radii were overlaid on the population-weighted centroid of each SA1 -This allowed for the estimation of green space area and calculation as a percentage of the overall land-use available within a reasonable walking distance that was not inhibited by administrative boundaries	-Kessler Psychological Distress Scale (K10) -Physical activity was assessed using responses to question derived from the Active Australia Survey	-In comparison to participants in the lowest quintile of green areas, those in the highest quintile neighborhoods were at a lower odds of psychological distress (OR 0.83 95% CI 0.76, 0.92) and were less sedentary (OR 0.81 95% CI 0.77, 0.87). -An interaction was observed between physical activity and green space (p = 0.0028). -More green space did not appear to benefit mental health among the least active (OR 0.99 95% CI 0.85, 1.15), but there was a protective association for the more physically active (OR 0.82 95% CI 0.67, 0.99).
Astell-Burt et al. (48) 246,920 participants 45 years or older living in New South Wales, Australia from 2006-2009	Cross- sectional	-Green spaces were extracted from the Australian Bureau of Statistics (ABS) 2011 Meshblocks -Meshblocks identified as 'parkland' formed the raw data -1 kilometer radii were overlaid on the population-weighted centroid	-Self-reported height and weight were used to derive BMI for each participant -Physical activity was assessed using responses to question	-Women in the top quintile of proximity to green space had a lower prevalence of overweight (OR 0.90 95% CI 0.83, 0.97) and obesity (OR 0.83 95% CI 0.74, 0.94) -No protective association was found for men. -Results were consistent after controlling for moderate-to-vigorous physical activity (MVPA) and sitting time, each of which was favorably associated with green space

Study Population	Study Design	Exposure	Outcome	Main Finding
		of each SA1 -This allowed for the estimation of green space area and calculation as a percentage of the overall land-use available within a reasonable walking distance that was not inhibited by administrative boundaries	derived from the Active Australia Survey	proximity in men and women.
Astell-Burt et al. (90) 2011 Australian Census for five major Australian cities	Cross-sectional analysis of Census data	-Green spaces were extracted from the Australian Bureau of Statistics (ABS) 2011 Meshblocks -Meshblocks identified as 'parkland' formed the raw data -1 kilometer radii were overlaid on the population-weighted centroid of each SA1 -This allowed for the estimation of green space area and calculation as a percentage of the overall land-use available within a reasonable walking distance that was not inhibited by administrative boundaries	Income data from the 2011 Australian Census were extracted for SA1s to calculate the percentage of an SA1 population living on a low income	-Neighborhoods containing $\geq 20\%$ low income residents contained 18% less green space in comparison to those with 0-1% low income residents ($p < 0.001$) -Systematic differences in the level of association between green space availability and neighborhood socioeconomic circumstance between each city ($p = 0.0006$ for the trend).
Dadvand et al. (70) 8,246 births in Barcelona hospital from 2001-2005	Birth cohort	-NDVI in 100 m buffer around maternal residence -Major green space in 500 m buffer of address	-Birth weight (grams) -Gestational age at delivery (days)	-None of the indicators of green exposure were associated with birth weight and gestational age. -Effect modification by maternal education, with associations observed among mothers with the lowest education level for higher surrounding NDVI or living close to a major green space. Among mothers with no primary school education, a 10% increase in NDVI was associated with an increased birth weight of 436.3 (43.1, 829.5) and living within 500 m of a major green space was associated with an increased birth weight of 189.8 (23.9, 355.7).
Dadvand et al. (68) 2,393 singleton live births, Spain, in 2003-2008	Birth cohort	Surrounding greenness as average of satellite-based NDVI (Landsat 4-5 TM data at 30 m) during 2007 in buffers of 100 m, 250 m, and 500 m around maternal residence	-Birth weight -Head circumference -Gestational age at delivery (days)	-IQR increase in NDVI within a 500 m buffer associated with increases in birth weight (44.2 g 95% CI 20.2 g, 68.2 g) and head circumference (1.7 mm 95% CI 0.5 mm, 2.9 mm) but not gestational age. -Stratified analyses indicated stronger associations among children of mothers with lower education, suggesting greater benefits from surrounding greenness.
Dadvand et al. (43) 3,178 school children in Sabadell, Spain in 2006	Cross-sectional	-NDVI in buffers of 100 m, 250 m, 500 m, and 1,000 m around each home address -Binary variables indicating whether the child's residential address was located within 300 m separately from a park or forest,	-Respiratory health status of children was assessed using the validated International Study of Asthma and Allergies in Childhood (ISAAC) questionnaire	-IQR increase in NDVI was associated with an 11-19% lower prevalence of overweight/obesity and excessive screen time, but was not associated with current asthma and allergic rhinoconjunctivitis. -Proximity to forests was associated with 39% and 25% lower relative prevalence of excessive screen time and overweight/obesity, respectively, but was not associated

Study Population	Study Design	Exposure	Outcome	Main Finding
		based on land use datasets	<ul style="list-style-type: none"> -Allergic rhinoconjunctivitis from ISAAC questionnaire -“Excessive screen time”) indicating whether the child spent > 1 hr during each working day and > 2 hr during each weekend day on watching television, playing video games, and/or working with computer. -Self reported BMI z-scores 	<ul style="list-style-type: none"> with current asthma. -Living close to parks was associated with a 60% higher relative prevalence of current asthma, but had only weak negative associations with obesity/overweight or excessive screen time. -Observed stronger associations between proximity to forests and lower prevalence of sedentary behavior for children whose parents had more education.
Duncan et al. (89) 2010 US census tracts in Boston	Cross-sectional analysis of Census data	Recreational open space per kilometer per census tract from the Office of Geographic Information (MassGIS)	<ul style="list-style-type: none"> -Using 2010 US Census data, percent of non-Hispanic Black residents and percent of Hispanic residents as indicators of minority neighborhood racial/ethnic composition -Families 100% below the federal poverty level 	<ul style="list-style-type: none"> -Negative correlation between census tract percent non-Hispanic Black and recreational open space density. -Negative correlation between predominantly non-Hispanic Black census tracts.
Fuertes et al. (32) 5,803 children followed from birth to 10 years in Munich and Ruhr, Germany from 1996-1999	Cohort	Mean NDVI in circular 500, 800, 1000 and 3000 m buffers around the birth, 6- and 10-year participant addresses were calculated	<ul style="list-style-type: none"> Doctor diagnosis of: -allergic rhinitis (yearly, from 3 to 10 years) -Eye and nose symptoms (at 4, 6 and 10 years) -Aeroallergen sensitization (at 6 and 10 years). 	<ul style="list-style-type: none"> -Associations between NDVI and allergic rhinitis and eyes and nose symptoms were elevated in the urban South area (IQR increase in NDVI in 500 m buffer associated with OR of 1.15 95% CI 1.01, 1.31 for eye and nose symptoms), while protective for all outcomes in the North area (e.g., IQR increase in NDVI in 500 m buffer associated with OR of 0.71 95% CI 0.56, 0.89 for eye and nose symptoms). -Area-specific associations were similar across buffer sizes and addresses (birth and 6 years) and remained heterogeneous after air pollution and population density stratification.
Jesdale et al (17) Examination of 63,436 2000 Census block groups	Cross-sectional	Tree canopy and impervious surface land cover at the census block level were derived from the 2001 National Land Cover Dataset	Multigroup dissimilarity index, D_m , to characterize the unevenness of the residential distribution of the four racial/ethnic groups	<ul style="list-style-type: none"> -Holding segregation level constant, non-Hispanic blacks were 52% more likely (95% CI 37%, 69%), non-Hispanic Asians 32% more likely (95% CI 18%, 47%), and Hispanics 21% more likely (95% CI 8%, 35%) to live in heat risk-related land cover conditions compared with non-Hispanic whites.

Study Population	Study Design	Exposure	Outcome	Main Finding
			Hispanic (of any race), or non-Hispanic white, black/African American, or Asian	
Lachowycz and Jones (88) 165,424 adults, UK, from 2007-2008	Ecological	-2001 Middle Super Output Area (MSOA) (Census tract equivalent) green space from Generalized Land Use Data (GLUD) 2005 dataset. Created: 1. percentage of land area classified as green space in the MSOA 2. the percentage classified as green space in MSOAs within 5 km (defined as summed total area classified as green space within the MSOA and other MSOAs for which the center point fell within a 5 km radius, divided by the total area of these MSOAs), and 3. the percentage classified as green space in MSOAs within 10 km, calculated using the same method.	Premature mortality from circulatory causes (age <75 years) by MSOA obtained from the Association of Public Health Observatories in the form of standardized mortality ratios (SMRs), standardized by age and sex, over the period 2006 to 2010.	-Tests for mediation found no evidence that recreational walking explained associations between green space and mortality. -While the relationship between green space access and walking was observed for all areas, the relationship between green space access and reduced mortality was only apparent in the most deprived areas.
Maas et al. (62) Morbidity data from 195 general practitioners across the Netherlands around 2001	Cross-sectional	Percent of green space within a 1 km and 3 km radius around postal code coordinates	Examined 24 disease clusters, including HBP, cardiac disease, CHD, stroke	-10% more green space in 1 km radius was associated with a 3% decrease in odds of CHD (95% CI 1, 5%). -No findings for other outcomes, nor for 3 km radius. -Less educated groups had a lower annual prevalence of morbidity when they had more green space in a 1 km radius around their home (e.g., the odds for COPD were lower for the less educated (1 km OR 0.97 95% CI 0.95, 0.99) than for more educated (OR 0.98 95% CI 0.96, 1.00).
Mitchell and Popham (16) 40,813,236 people across lower level super output areas in England, from 2001-2005	Ecological, cross-sectional	-Green space measured in 2001 from a generalized land use database that classifies green space down to 10 m ² -Lower level super output areas (Census tract equivalent) to classify green space -Index of multiple deprivation for area SES	Examined ICD codes of all-cause mortality, circulatory diseases, lung cancer, intentional self-harm at geographic unit area	-Interaction between green space and income deprivation, indicating that green space decreases effect of income deprivation on circulatory mortality.
Prince et al. (49) 3,883 adults, Ottawa Canada in 2003-2007	Cross-sectional	Green space area per 1,000 people from the following datasets: 1) 2006 Canadian census household data; 2) GIS data from DMTI Spatial Inc., the	-Self-reported PA (International PA Questionnaire) -Self-reported height and weight	-1 km ² more green space per 1000 people was associated with a reduced likelihood of PA (OR 0.93 95% CI 0.86, 0.99) and increased odds of overweight and obesity in men (OR 1.10 95% CI 1.01, 1.19). -1 km ² more green space per 1000 people was

Study Population	Study Design	Exposure	Outcome	Main Finding
		City of Ottawa, and the National Capital Commission (NCC); 3) telephone contact with businesses; 4) web-based research (e.g., Canada 411, websites, Google Maps); 5) team knowledge of local resources; and 6) field research and validation (e.g., car, walking, bicycle).		associated with decreased odds of overweight / obesity in women (OR 0.66 95% CI 0.44, 0.89).
Richardson and Mitchell. (79) 6,432 UK urban wards, with a total population of 28.6 million adults in 2001	Ecological	-Two land use datasets were used to create a proportional green space measure (% by area) at the UK Census Area Statistic ward scale. -Generalised Land Use Database (5m ² , but only in England) -Coordination of Information on the Environment (CORINE) land cover dataset (100 m ² scale but covers all of UK)	Cancer, cardiopulmonary, CVD, ischemic heart disease, and stroke mortality	-Male cardiovascular disease and respiratory disease mortality rates decreased with increasing green space, but no significant associations were found for women. -No protective associations were observed between green space and lung cancer mortality or self-reported limiting long-term illness for either men or women.
Roe et al. (92) 106 unemployed adults, Scotland, UK	Cross-sectional	-Green space measured by the percentage of the area in the Census Area Statistics (CAS) Ward of the participant's residence identified as green space	-Salivary cortisol concentrations were measured at 3, 6 and 9 h post awakening over two consecutive weekdays, -Measures of perceived stress (Warwick and Edinburgh Mental Well-being Scale)	-Significant and negative relationship between higher green space levels and stress levels. -Gender differences in stress patterns by levels of green space, with women in lower green space areas showing higher levels of stress, but not in men.
Timperio et al (91) 177 neighborhoods, Melbourne, Australia in 2002	Cross-sectional	-Neighborhood open spaces with full public access (including sport/recreation) -Neighborhood open spaces with restricted access (including sport/recreation); -Neighborhood sport/recreation open spaces (regardless of level of access)	Socio-Economic Index For Areas (SEIFA) Index of Relative Socio-Economic Advantage / Disadvantage	-Once neighborhood population and geographic area were considered there were no differences in the number or total area of free-access, restricted access or sporting/recreation open spaces across quintiles of neighborhood SES.