Does Neighborhood Access to Green Space Influence the Prevalence of Childhood Obesity in Cities Globally? A Systematic Review Gopika Patwa, Dr. Susan Anenberg

OBJECTIVE

The objective of this study was to the answer the question:

"Does neighborhood access to green space influence the prevalence of childhood obesity in cities globally?"

BACKGROUND

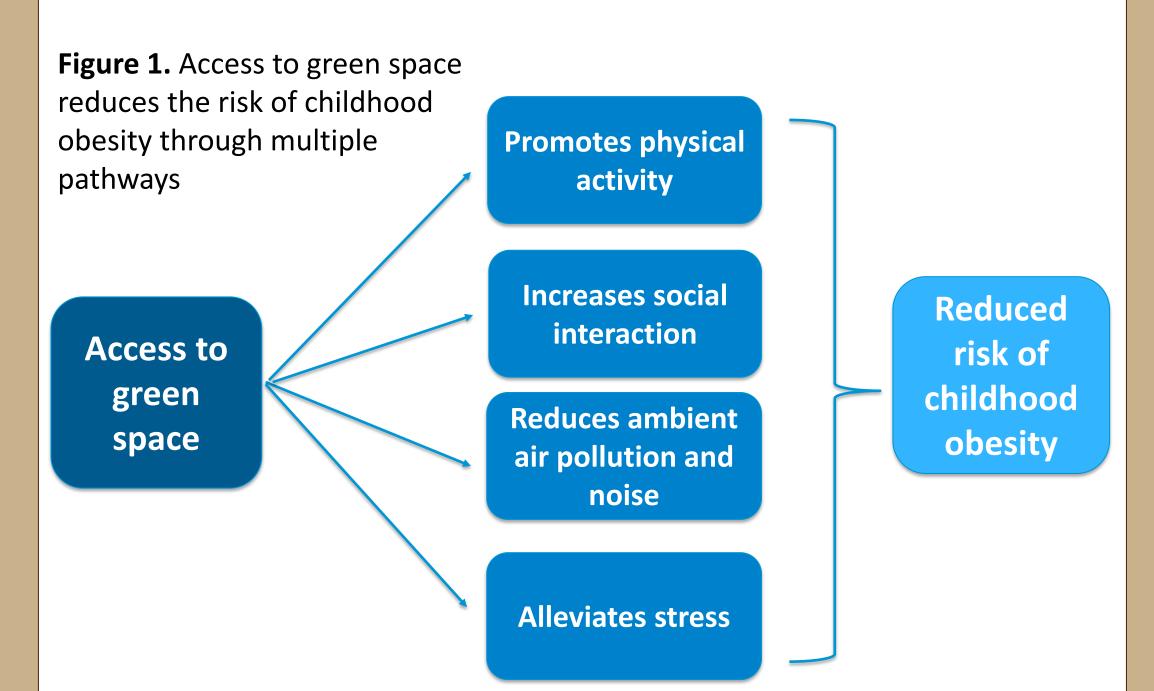


Obesity has become global public health issue.

Being overweight or obese puts individuals at risk for developing a number of chronic diseases such as diabetes and heart disease.

Increasing accessibility to greenspaces, such as parks, can encourage and create opportunities for physical activity, which is an important aspect of combating obesity.

In addition to promoting physical activity, a number of reviews have found significant associations between greenspace and higher levels of social interaction, which can lower the risk of obesity Furthermore, greenspaces have been shown to alleviate stress, as well as ambient pollution and noise, all of which can reduce the risk of childhood obesity (Figure 1).

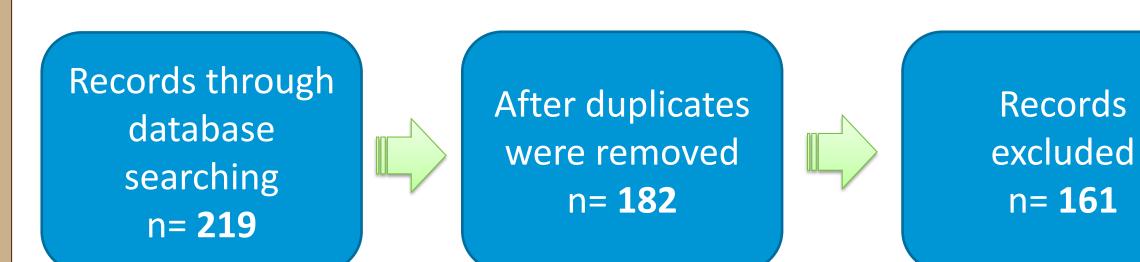


METHODS

I conducted a review following the Navigation Guide, a systematic review methodology to transparently evaluate the quality of individual studies, as well as the strength of the overall body of evidence. Using this methodology, the following steps were completed: 1) Specify the study question, 2) Select the evidence, 3) Rate the quality and strength of evidence.

- The "Population", "Exposure," "Comparator," and "Outcomes" (PECO) statement is briefly outlined below. **Population**. Children living in cities globally
- *Exposure*. Neighborhoods with access to green space
- *Comparator.* Neighborhoods with less access to green space *Outcomes*. Obesity and/or BMI.

Data sources: I searched the databases SCOPUS and PubMed using the search terms. All the included studies were published in the last five years.



RESULTS

Table 1. Summary of findings, quality of evidence and strength of evidence for urban green space and childhood obesity.

Rating of Quality of Evidence		
Category	Downgrades	B
Risk of Bias	-1	
Indirectness	0	Ν
Inconsistency	0	
Imprecision	0	Ν
Publication Bias	0	
	Upgrades	Ρ
Large magnitude of effect	0	2
Confounding Minimizes Effect	+1	Ρ

Overall Quality of Evidence Moderate

Rating of Strength of Evidence	
Quality of the Body of Evidence	Moderate
Direction of Effect Estimate	A greater proximity to green space was associated with lower BMI
Confidence in Effect Estimate	High confidence in direction of effect estimate
Other Attributes	None
Overall Strength of Evidence	Limited

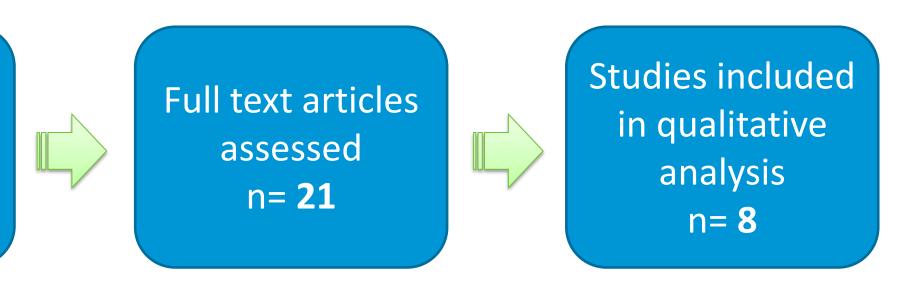
Table 2: Summary of risk of bias judgements designated by low, probably low risk, probably high risk and high risk for each individual study.

Source	Selection bias	Exposu Assessme		Confounding	Conflict of Interest	Other bias
Bao et al. 2021						
Manandhar 2019						
Mears et al. 2020						
Petraviciene et al. 2018						
Poulain et al. 2020						
Sanders et al. 2015						
Schalkwijk et al. 2018						
Yang et al. 2020						
Low Risk	Probably Low	Risk F	Probably High Risk	High Risk	Not Ev	valuated

One downgrading factor (-1) and one upgrading factor (+1) for the quality of evidence across studies (Table 1). The overall quality of the human evidence was given a rating of "moderate" The risk of bias across all studies was determined to be "probably high" due to confounding bias. Five of eight studies were also at a risk of high bias for exposure (Table 2)

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Based on the analysis and interpretation of the evidence, it was concluded that there is a **slight positive association** between exposure to green space and the outcome of childhood obesity. However, since a majority of the studies have a cross-sectional design, there was a **limited ability for** a causal inference on the associations that were evaluated. The overall quality of the human evidence was given a rating of "moderate". Further studies are necessary to confirm the results and minimize the effect of confounders such as physical activity and diet.

Mears et al. (2020). <u>https://doi.org/10.1111/ijpo.12629</u>

Petraviciene et al. (2018). <u>https://doi.org/10.3390/ijerph15030449</u>

Poulain et al. (2020).. <u>https://doi.org/10.3390/ijerph17176321</u>

Sanders et al. (2015). <u>https://doi.org/10.1038/ijo.2015.69</u>

Schalkwijk et al. (2018). <u>https://doi.org/10.1093/eurpub/ckx037</u>

Yang et al. (2020). <u>https://doi.org/10.1016/j.tbs.2020.03.001</u>

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Public Health

CONCLUSIONS



PAPERS REVIEWED

Bao et al. (2021). <u>https://doi.org/10.1016/j.envres.2020.110289</u>

Manandhar et al. (2019).<u>https://doi.org/10.15171/ijoem.2019.1425</u>