



1. CASE STUDY SCOPE

Case study: Regional scale, Flanders, Belgium, with focus on all urban green spaces (cities, villages)

Context: selected as one of the 5 pilots for green accounting test in Flanders

Potential users of results

- Land-use planners (regional, local): location, size, use of green spaces
- Managers of public urban green areas (parks,...): design, use
- Public health agency, prevention: role of open, blue green spaces in prevention
- Department environment: greening of economy
- Note: COVID pandemic showed importance of green areas in cities



WHAT? HEALTH BENEFITS EXPOSURE TO GREENSPACE

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Benefits = avoided health care costs (e.g. hospitalization)
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- + productivity gains (less absenteeism)
- + welfare gains (suffering, life years gained)

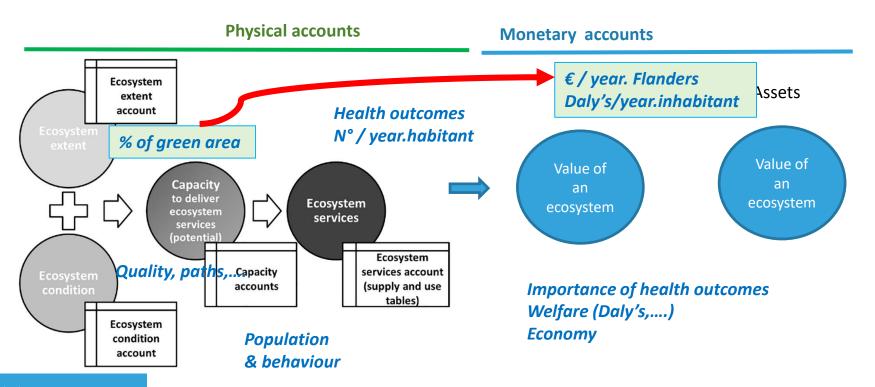


- (1) ECOSYSTEM EXTENT ACCOUNT,
- (2) ECOSYSTEM QUALITY ACCOUNT,
- (3) ECOSYSTEM **SUPPLY AND USE** ACCOUNT **PHYSICAL**
- (4) ECOSYSTEM **SUPPLY AND USE** ACCOUNT **MONETARY**
- (5) ECOSYSTEM ASSET ACCOUNT

Physical accounts Monetary accounts € / year. Flanders **Ecosystem** Assets extent Daly's/year.inhabitant account Health outcomes N° / year.habitant % of green area Value of Value of Capacity an to deliver **Ecosystem** ecosystem ecosystem ecosystem services services (potential) Ecosystem Quality, paths,..Capacity services account (supply and use accounts Importance of health outcomes tables) Welfare (Daly's,....) **Ecosystem Economy Population** condition account & behaviour



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NOTE: HEALTH IMPACTS OF GREENSPACE

- Health accounting : Relationship with NCA
- Health impacts are important part of cultural ecosystem services partially overlap but are distinct from
 - Recreation (broader definition of engagement with nature, stress release, informal green)
 - Impact of green on value of real estate (Basics for monetary valuation and beneficiaries differ)
- Outside the national accounting
 - Output (SEEA EA) vs health outcome
 - SEEA EA , discussed in ch12 Complementary approaches
 - Changes in land use (% of green areas; quality of green areas)
 - Differences between people with high and low % of green area (upper-lower quintile)



2. USEFULNESS FOR MUNICIPAL POLICY AND PLANNING (1)

1. + Indicates/confirms importance of all urban green for health

Strong scientific evidence for public health benefits

- + Large, growing body of scientific literature on health benefits from green areas (epidemiology, experiments,...)
- + Show benefits for large number of health impacts (mental & physical morbidity, mortality)
- + Different mechanisms explain these impacts (stress release, excercise, social contacts,..)

Possible to quantify and value these benefits

Affects health endpoints that are important in total burden of disease

Difference between citizins in with upper or lower quintile of green for health status

Size of potential impacts (1 % GDP) justifies urban green areas as part of public health prevention policies (in addition to air quality,...)

30/04/2021 (slide to show it is the case now in Flanders)



2. USEFULNESS FOR MUNICIPAL POLICY AND PLANNING (2)

2. Limitations

Green exposure indicators

- No single or best indicator in literature, limitation esp. for quality, accessibility and use
- Best indicator: % of green area in total land use around 1 3 km of place of residence
- Is a rough proxy for "contact with or exposure to natural environments"

Limitations for land use planners and urban green managers

- Challenging to assess changes over time (interpretation vs real changes)
- Rough indicator that does not reflect impact of policy measures that affect quality, accessibility, of green space



3. APPROACH: BACKGROUND

Strong scientific evidence (epidemiology, experiments,...) for public health benefits

Hard to interpret and implement for assessment of ecosystem services

- Indicators for green areas vary widely and/or are imprecise proxy for 'contact with'
- Limited comparability of studies and meta-analysis studies
- Different pathways of exposure and mechanisms for sub groups of population, green area's,

Green exposure indicator

- Best indicator: % of green area in total land use around 1 3 km of place of residence
- Requires detailed assessment of share of green areas, esp. in urban areas, and precise info over place of residence; Flanders : detailed land use map (10×10) + consistent interpretation



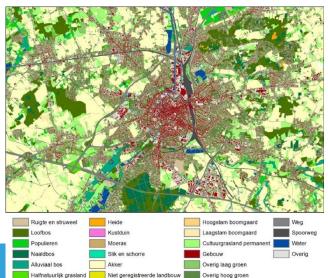
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EXTENT ACCOUNT

- VITO land use map
- **2013-2016**
- 10x10m
- 22 categories



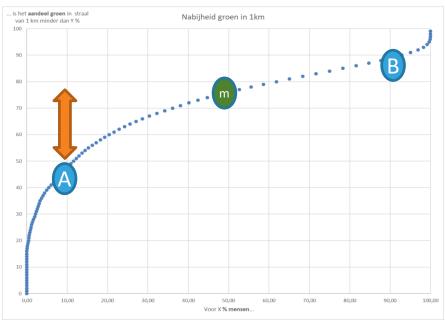




3. APPROACH: PHYSICAL ACCOUNTS SUPPLY AND USE

Share of greenspace in total land use in 1 km around place of residence, Flanders





Median: 73 % (m) 10 % has less then 48%

Presentation of results: difference in health outcome for inhabitants in the lower quintile (A) versus inhab in higher quintile (B) for % green areas

% of inhabitant with at least x % of green area



3. APPROACH: PHYSICAL ACCOUNTS SUPPLY AND USE

Dose response relationships from selected studies morbidity and meta-analysis (mortality) Important : 2% - 5 % lower impacts for 10 % more green area

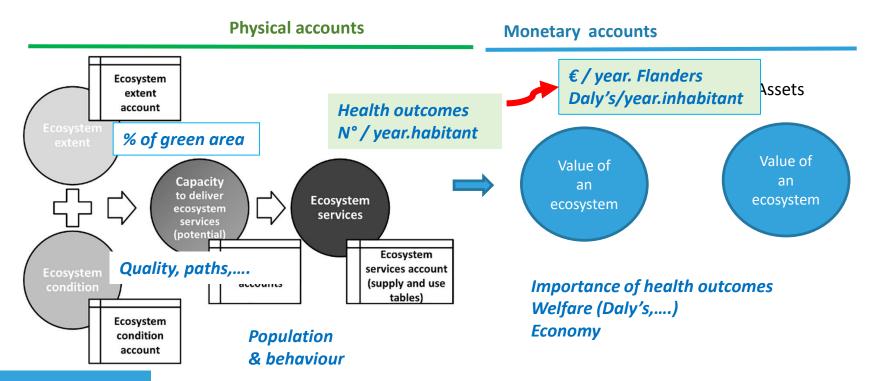
Total impact: - 9 % lower health impacts (Daly's) (disability adjusted life years)

Inhabitants in the lower quintile (A in prev. slide) are expected to have e.g. + 12%-15 % more menta health impacts

	+ 10 % Green area (1)						
Dosis-effect relation	impact	95% interval					
Morbidity							
Mental health							
Anxiety disorders	-5%	(-3%6%)					
Depression	-4%	(-2%6%)					
Physical health							
Coronary heart disease	-3%	(-1%5%)					
Diabetes mellitus	-2%	(-1%3%)					
Heart failure	-2%	(-1%3%)					
Asthma	-3%	(-2%4%)					
Mortality (3)							
cardio vascular	-4%	(-2%6%)					
Importance DALY /1000 in	Importance DALY /1000 inhab.						
Mental health	-1,14	(-0,61,5)					
Physical health	-0,95	(-0,51,8)					
Total morbidity	-2,36	(-1,23,4)					
Mortality							
Years life lost	-1.5	(-0,72,3)					



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3. APPROACH: MONETARY ACCOUNTS

Approach per type of health impact

- Avoided health costs: costs of illness data from Belgium/European countries-studies
 Beneficiaries: health care sector, (patients)
- Avoided absenteeism: literature (Belgium/European) and wage costs (Belgium)
 Beneficiaries: Industry and services (patients)
- Welfare gains: valuation morbidity and years of life lost Beneficiaries: patients
 - More uncertain : Based on European, older studies
 - Additional to SEA framework ?

Important benefit: ballpoint estimate: 1 % of GDP



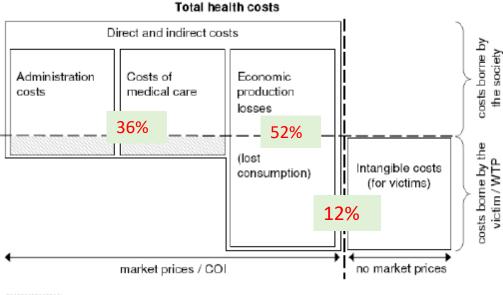
WHO BENEFITS?

Beneficiaries (% of total benefits)

Avoided health costs: 36 %

Economy: Avoided absenteeism: 52 %

People using green areas: 12 %



Bron: WHO, 2018 Part of total health costs which is double counted (by COI and WTP)



BENEFITS PER HA AND LAND- USE CAT

On average: 3400 €/ha.year Limited variation between ecosystems, reflecting the population density around the ecoystems

Gezondheidsbaten (2016) ¤	Totale-gezondheidsbaten-(1)¤			Baten∙per·ha·(2)¤			
Landgebruik/ecosystemen∙¤	DALYs¤	Milj.∙Euro¤	%¤	DALYs/ha¤	Euro/ha¤	Gem=100%	
Akker¤	26-300¤	936¤	25%¤	0,07¤	2.312¤	68%¤	
Overig-laag-groen¤	24·178¤	860¤	23%¤	0,19¤	6.845¤	201%¤	
Cultuurgrasland·perm.¤	18·640¤	663¤	17%¤	0,08¤	2.768¤	81%¤	
Overig-hoog-groen¤	13·615¤	484¤	13%¤	0,20¤	6.948¤	204%¤	
Water¤	4·396¤	156¤	4,1%¤	0,11¤	3.977¤	117%¤	
Loofbos¤	4·174¤	148¤	3,9%¤	0,09¤	3.093¤	91%¤	
Naaldbos¤	3·247¤	115¤	3,0%¤	0,06¤	2.091¤	61%¤	
Niet-geregistrlandbouw¤	2·843¤	101¤	2,7%⊭	0,12¤	4.237¤	124%¤	
Ruigte·en·struweel¤	2·801¤	100¤	2,6%¤	0,12¤	4.355¤	128%¤	
Halfnatuurlijk∙grasland ¤	1·981¤	70¤	1,9%¤	0,12¤	4.282¤	126%¤	
Populieren¤	1·648¤	59¤	1,5%¤	0,10¤	3.500¤	103%¤	
Alluviaal·bos¤	1·029¤	37¤	1,0%¤	0,10¤	3.418¤	100%¤	
Laagstam·boomgaard¤	994¤	35¤	0,9%¤	0,06¤	2.202¤	65%¤	
Kustduin¤	583 ¤	21¤	0,5%⊭	0,18 ¤	6.437¤	189%⊭	
Heide¤	396¤	14¤	0,4%¤	0,03¤	1.217¤	36%¤	
Moeras¤	224¤	8¤	0,2%¤	0,10¤	3.489¤	102%¤	
Hoogstam-boomgaard¤	9¤	0¤	0,0%¤	0,11¤	3.750¤	110%¤	
Slik-en-schorre¤	5¤	0¤	0,0%¤	0,04¤	1.268¤	37%¤	
Totaal·voor·Vlaanderen∙ x	107·061¤	3.808⊭	100%¤	Ħ	ц	Ħ	
Gemiddeld-Vlaanderen-(3)¤	ц	Ħ	Ħ	0,10¤	·3.409¤	100%¤	

Ecosystemen zijn gerangschikt in functie van hun aandeel in de baten, en ingedeeld groepen volgens aandeel.¶

^{(1) →} Hoge-schatting-voor-gezondheidsbaten-voor-inwoners-in-0,5-,·1-en-1-tot-3-km-rd de-cel-met-groenelandgebruik, gemiddelde-Vlaanderen, 2016. • Op-basis-centrale-schatting-voor-dosis-effect-relatie. •¶

^{(2) →} Gemiddelde·voor·alle·cellen·met·groene·landgebruiken.¶

^{(3) →} Gemiddelde-Vlaanderen-=-100%.-¶



4. EVALUATION AND PRIORITIES FOR FURTHER RESEARCH

- + Health impacts are important part of cultural ecosystem services partially overlap but are distinct from Recreation and Impact of green on value of real estate
- + Health accounting
- + More consistency in urban green indicators and their use for studies on public health and land-uses
- + Framework to integrate, new better indicators for "exposure to-engagement with green space", and link it with health indicators (e.g. cortisol levels in hair) esp. for: other locations (school, work, transport,....)
 - follow-up of evolution (cfr. MENE UK)
 - that reflects impacts of policies for quality of green space and promotion of engagement with nature





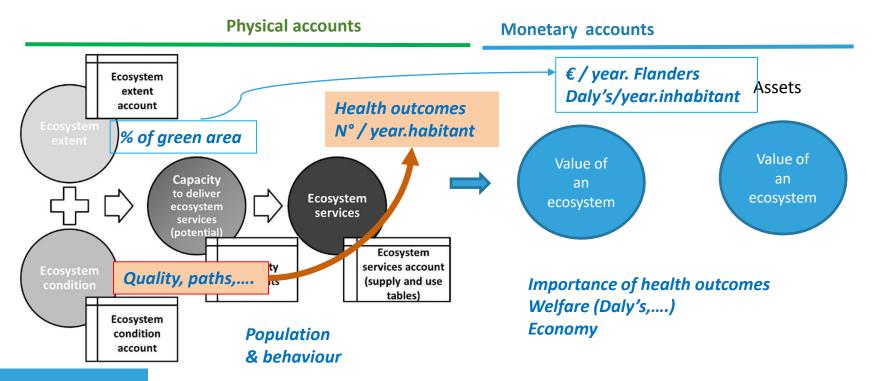
GREEN AREAS AS PART OF PUBLIC HEALTH PREVENTION POLICIES IN FLANDERS, 2021







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NOTE : PERCEPTION BY PUBLIC

Health related indicators in public surveys (source : UK MENE)

Figure 14 Reasons for visits by activities undertaken (% of visits 2018/19)

		Walking a	Walking	Eating &	Playing with	Dummina	Wildlife	Visiting an
	He alth lawareless	dog	without a dog	-	children	Running	watching	attraction*
	Health/exercise	68%	59%	47%	55%	92%	64%	24%
	Relax & unwind	53%	30%	37%	45%	59%	53%	37%
	Enjoy scenery	34%	26%	31%	28%	30%	43%	36%
	Time with family	27%	11%	32%	60%	13%	37%	33%

Q12 Which of the following, if any, best describe your reasons for this visit?

^{*} Only includes visits to attraction within visits to the outdoors (see survey scope on page 3)



Figure 22 Frequency of visits by health & life satisfaction (% of adults in each group – 2018/19)



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FURTHER INFORMATION

Nature value explorer

https://vito.be/en/nature-value-explorer

https://natuurwaardeverkenner.be

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