A Healthy Dose of Green:
A prescription for a healthy population
ACKNOWLEDGEMENTS

Our sincere thanks to the many professionals who participated in the development of this paper, including:

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Prosserman Centre for Health Research at the Samuel Lunenfeld Research Institute and Dalla Lana School of Public Health at the University of Toronto

**Steve Hounsell**
Ontario Biodiversity Council

Ontario College of Family Physicians (OCFP)

Canadian Association of Physicians for the Environment (CAPE)

**Dr. Charles Gardner**
Simcoe Muskoka District Health Unit

Ontario Clean Air Alliance (OCAA)

Society of Ecological Restoration Ontario (SERO)

Conservation Ontario

Ontario Forestry Association (OFA)

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Barrett Consulting

Environics Communications

Jazz Co Consulting

The Trees Ontario staff who have provided invaluable insight into the production and distribution of this paper:

Rob Keen, CEO
Shelley McKay
Al Corlett
Brooke McClelland
Ruth Hall

Finally, special thanks to **Azadeh Chobak** of Trees Ontario, for her dedication and tenacity in coordinating this project and producing this paper.
A MESSAGE FROM TREES ONTARIO

Trees Ontario is committed to re-greening Ontario’s landscape and is the largest not-for-profit tree planting partnership in North America.

In the 1980s, planting levels were as high as 20-30 million trees per year on private rural properties in southern Ontario. That number declined in the early 1990s, to as low as two million trees per year.

Trees Ontario is leading efforts to re-build the infrastructure and capacity required to increase tree planting levels through a tree planting network consisting of Conservation Authorities, Ontario Stewardship Councils, forestry consultants, First Nation communities, municipal governments and community volunteer groups.

Trees Ontario promotes sustainable and scientifically-based tree planting and forestry practices. Through its programs and services, including the Ontario 50 Million Tree Program and our national Forest Recovery Canada program, we strive to enhance the capacity of our planting partners while reducing landowner planting costs by way of tree planting subsidies.

Since 2003, Trees Ontario’s efforts to ensure that our environment is able to adapt to an ever-changing climate have resulted in a continuous rise in tree planting numbers.

Environmental experts say that in order to achieve a healthy ecosystem, an absolute minimum of 30 per cent forest cover is required. In some regions of southern Ontario, forest cover is as low as five per cent. To achieve a minimum forest cover in southern Ontario, at least one billion more trees must be planted.

Trees Ontario’s goal is to support the planting of 10 million trees a year by 2015. To further enhance and execute its forest restoration activities, Trees Ontario requires the ongoing financial support of individuals, corporations, small businesses and government. This support contributes to restoring the entire tree planting infrastructure including tree seed forecasting and collection, technical training and mentorship opportunities for new forestry staff, community outreach, as well as tree planting subsidies.

A mounting volume of research over the past 30 years indicates that the health of our forests has a direct impact on our own personal health. Without a healthy ecosystem we can’t sustain a healthy planet and we will surely compromise the health of our children and future generations. In order to improve our environment and our personal health, we must all be a part of the solution.

For more information, please visit www.treesontario.ca.

EXECUTIVE SUMMARY

Our health and well-being are intricately interconnected with the health of our natural environment. Trees and forests are integral components of healthy ecosystems that support healthy human populations.

Trees help to reduce smog and pollution in our cities by filtering out many airborne pollutants that have negative impacts on our health, such as carbon dioxide, carbon monoxide, lead, nitrogen dioxide, ozone, sulphur dioxide and particulates. These pollutants have been linked to heart disease, respiratory illnesses, diabetes and cancer.

Forests and green spaces have also been linked to a significant decline in stress, improved rehabilitation, faster hospital recovery rates, and a decrease in the severity of symptoms in attention deficit disorders.

Experts have determined that a minimum 30 per cent forest cover is required to maintain a healthy, sustainable ecosystem. Currently, forest cover is as low as five per cent in some regions of Ontario’s settled landscape, compromising the health of our ecosystems and their inhabitants.

The decline in forest cover is evident in both rural and urban landscapes in Ontario. In the settled regions, rural forests have been diminished as a result of increased population density, agricultural land uses and a rapid growth in residential and commercial development. Trees and forests in urban areas face their share of challenges including pollution, climate change, introduced pests, competing demand for root space, disease and old age. Ontario now has severely fragmented forests in both rural and urban areas, threatening species migration, wildlife habitats, water cycles and climate regulation.

Efforts to enrich our forest ecosystems will contribute to the stability and resiliency of the ecosystems we inhabit. To enhance the health of our ecosystems and to better prepare Ontario to adapt to climate change, tree planting efforts must involve both rural and urban initiatives.

A growing body of evidence suggests that human mental and physical health is closely associated with the health of our forest ecosystems. Consequently, poor environmental conditions may lead to an increase in the incidence of a wide array of illnesses.

Billions of dollars are spent annually on health care services to treat symptoms; however, comparatively little is invested in addressing the root causes of many commonly occurring diseases. Restoring the health and integrity of our forests, can be viewed as a preventative health measure and will contribute to our collective health and well-being.

Trees Ontario intends to initiate an interdisciplinary dialogue where the health sector, forestry industry, research community, environmental groups and government agencies can discuss and investigate the myriad of relationships between ecosystem health and human health. By highlighting the links between human health and the health of rural and urban forests, Trees Ontario hopes to increase support for tree planting initiatives and stimulate collaborative action to significantly enhance and restore forest cover across Ontario.
Healthy forests play an important role in the foundation of resilient ecosystems. Trees and other plants use the energy from sunlight and nutrients from soil and air to generate oxygen and produce the base of the food chain upon which all animal life depends. Trees act as biological buffers—they filter harmful particles that contribute to air pollution and protect us from solar radiation. They help in the movement of precipitation into the soil and minimize erosion. Trees also provide shelter against wind, help cool and moisten the air and offer renewable raw materials that sustain our economy.

Biodiversity encompasses all of Earth's living things including plants, animals and the ecosystems they inhabit. Trees and forests form an integral part of this network. Conserving and enhancing urban and rural forests is a crucial step in protecting biodiversity, and an important part of promoting healthy ecosystems.

Over the past few decades, extensive research has been undertaken by scientists around the world to investigate the relationship between the environment, including forests, and human health. The research has yielded a growing body of evidence indicating that a range of physical and psychological health benefits can be derived from natural systems.

Jared Diamond, an acclaimed researcher, author and Professor of Geography and Physiology at UCLA, writes: “Human needs and a healthy environment are not opposing claims that must be balanced; instead, they are inexorably linked by chains of cause and effect. We need a healthy environment because we need clean water, clean air, wood and food, plus soil and sunlight to grow crops.”

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2. The State of Our Forests

Despite Canada’s substantial forest reserves, human activities in Ontario’s settled regions have led to significantly reduced forest cover. In his 2009/2010 Annual Report, Environmental Commissioner of Ontario, Gord Miller, stated that a minimum 30 per cent local forest cover is required to maintain a healthy, sustainable environment. 4 Dale Leadbeater, a senior ecologist, and Society of Ecological Restoration Ontario (SERO) board member, advises that this figure is the bare minimum. Leadbeater and other experts typically recommend 40 to 50 per cent forest cover for a healthy ecosystem.

The State of Ontario Biodiversity Report (2010) states that due to continuous human settlement and rapid land development in Ontario, forest cover in southern Ontario averages 22 per cent. 6 However, in some settled regions of southern Ontario, forest cover is as low as five per cent. 7

Settled regions of the province have experienced significant deforestation by way of agriculture, residential development and road construction. By 1920, nearly 90 per cent of forests in southern Ontario were converted to non-forest land uses. 8 Today, the majority of land available for planting in southern Ontario is privately owned, leaving us with a very fragmented forest cover. Therefore, if action is to be taken on these lands, appropriate incentives must be made available for private landowners to encourage enhanced stewardship and tree planting initiatives.

To achieve the minimum 30 per cent forest cover needed to sustain a healthy ecosystem, at least one billion more trees must be planted within Ontario’s settled landscapes.

3. A Healthy Dose of Green: Health Benefits of Trees and Forests

The sections that follow summarize the frequency and determinants of major diseases in Canada and explore the role that trees and forests can play in influencing the environmental factors that contribute to these health concerns.

3.1 Promotion of Physical Activity

A substantial volume of research indicates that physical activity has positive effects on both physical and mental health. 9,10 Regular physical activity can reduce the risk of heart disease 11, some cancers (notably colon), 12,13 and breast 14 as well as musculoskeletal problems. 15 Physical activity has been shown to be an effective treatment for depression 16 and can even help in recovery from invasive medical treatments. 17

Conversely, health issues may arise when physical activity is not a regular component in one’s lifestyle. In particular, individuals who do not exert enough of the energy they acquire by way of eating and drinking will gain weight. 18 People who are overweight or obese are more likely to develop health problems such as type II diabetes, heart disease, stroke, certain cancers and musculoskeletal problems. 19,20

In Canada, approximately 62 per cent of teenagers are not active enough to meet international guidelines for optimal growth and development. 21

In 1999, physical inactivity led to $2.1 billion in direct health care costs in Canada. This represented approximately 21 per cent of the health care costs of coronary artery disease, stroke, high blood pressure, colon cancer, breast cancer and diabetes. 22

To counter these issues, attention must be paid to evidence suggesting that people are more likely to engage in frequent physical activity when high quality green spaces are available. Researchers at the University of Melbourne’s Faculty of Health and Behavioural Sciences in Australia reviewed literature on environmental factors associated with adults’ participation in physical activity. 23 Their results show evidence for positive associations between physical activity and the presence of green spaces, such as regional forests. In close proximity to residential areas, green spaces encourage nearness to nature and enhance the quality of life. 24

Anne Elsawar and her colleagues at the University of Glasgow found that more greenery in residential areas is linked to residents’ tendency to being more physically active and less overweight and obese. 25 Residents in environments with visible greenery and vegetation were 3.3 times more likely to take up frequent physical exercise than those in the lowest greenery category. 26

There is a growing global concern that our children are becoming more sedentary. 27 In fact, between 1977 and 1995, there was a 37 per cent decline in American children walking or biking to school. 28 Researchers in Chicago conducted a study in a deprived neighbourhood in the city and observed that the amount of trees and grass in playgrounds is directly correlated with a higher frequency of play. 29 Furthermore, children displayed more creative play behaviour and had more contact with adults.

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Promotion of children’s physical activity is important to combat the existing obesity epidemic and to establish an early habit of incorporating physical activity into daily life. 30 By establishing natural spaces and enhancing forest cover through restoration activities, we can provide our children with more natural playgrounds, encouraging them to lead more physically active and healthy lives.
3.2 Cardiovascular and Respiratory Diseases

Over the last decade, a growing body of epidemiological and clinical evidence has led to increasing concern about the role of air pollution as a risk factor for both cardiovascular and respiratory diseases.10, 11

Outdoor air pollution is composed of a mixture of gases, liquids and particulate matter.3 Air pollutants with known health effects on the cardiorespiratory system include: ground level ozone (O₃), particulate matter (PM) especially PM₁₀ and PM₂.₅, nitrogen dioxide (NO₂), sulphur dioxide (SO₂), and carbon monoxide (CO).12, 13, 14 They have been shown to contribute to increased hospitalization and mortality.15-17 In 2008, there were 9,500 premature deaths in Ontario associated with exposure to sulphur dioxide, nitrogen dioxide and carbon monoxide.12, 18

These pollutants are emitted from a variety of urban and rural sources and some can travel hundreds of kilometres.12, 19 Coal-burning plants release sulphur dioxide, sulphate pollutants, nitrogen oxides and particulate matter during the process of generating electricity. Nitrogen oxides are also emitted by engines of cars and heavy-duty diesel vehicles. 12 As these pollutants travel through the atmosphere, they interact with water vapour and sunlight to form acid aerosols that are known to initiate the respiratory system. Suspended particulates (TSP, PM₁₀) are also emitted from cement plants, mining operations, residential wood combustion and dust emissions from fields and roads.12

Ozone (O₃) is a common component of the upper atmosphere and poses little risk to human health at low and stable concentrations.20 As O₃ concentrations increase, the threat to health becomes a concern.12, 21 At ground level, ozone is the key component of smog and is produced through a reaction with pollutants, mainly nitrogen oxides.12, 21-23

The Ontario Medical Association (OMA) has developed the Illness Cost of Air Pollution (ICAP) model to estimate the health and economic impacts of air pollution in Ontario.24-26 The 2005 report estimated that the number of hospital admissions related to air pollution exposure was approximately 7,000 per year while the number of emergency room visits was almost 60,000.24-26 By 2020, these rates are expected to jump to more than 24,000 and 88,000 respectively.24-26

Cardiovascular Disease

Cardiovascular disease (CVD), which includes heart disease and stroke, is one of the leading causes of mortality in Ontario.8, 27 Every year, approximately 24,000 deaths in Ontario are associated with cardiovascular disease.27-29 It is estimated that CVD costs Ontario $5.5 billion per year in direct and indirect costs.8, 29-31 This cost is expected to double to $11 billion by 2018 due to an aging population and an increase in the prevalence of CVD risk factors including diabetes, obesity, physical inactivity and hypertension, to name a few.31-34

Evidence supports the links between air pollution, heart attacks, strokes and cardiovascular death.38 Evidence also suggests that there is an association between air pollution and irregular heartbeats, cardiac arrest and peripheral vascular diseases.38

Respiratory Disease

Air pollution has also been linked to negative respiratory health with more than three million Canadians suffering from serious respiratory disease.38 In 2008, close to 36,800 emergency department visits due to respiratory illness were associated with air pollution issues in Ontario.38-40 This number is predicted to rise to 60,800 visits by 2031.41-43

Air pollution is one of the most important and preventable risk factors for respiratory disease.8, 38

Respiratory diseases also impose an economic burden on the Canadian health care system. It is estimated that in 2000, nearly $57.7 billion were related to respiratory diseases in direct health care costs, including hospitalization and physician visits. There was an additional $6.7 billion in indirect expenses associated with disability and mortality.8, 44

Air pollution exposure is one of the most important and preventable risk factors for respiratory disease. Exposure to air pollution has been associated with adverse health outcomes that range from subtle biochemical and physiological changes to difficulty breathing, wheezing, coughing, aggravation of existing respiratory diseases and infections and allergies of the respiratory tract.38, 45

Air pollution is not only a risk factor for respiratory disease, but also a risk factor for cardiovascular disease.34-36 Elevated concentrations of ground level ozone and particulates in southern Ontario cause the region to have the worst air quality problems in Canada.37, 46 Strong associations between premature mortality due to respiratory disease and levels of airborne particles, ground level ozone and nitrogen dioxide have been observed in Toronto.38-40

Children’s exposure and risk to air pollution can be greater than adults because they breathe more rapidly and spend relatively more time playing outdoors. It has been shown that in rural Ontario communities with the highest levels of airborne acids, children are significantly more likely to experience at least one episode of bronchitis.47

Exposure to pollutants such as ground level ozone, inhalable particulates and sulphates results in a range of adverse health effects in Ontarians:

- Ground level ozone (O₃) is linked to lung inflammation, decreased lung function, airway hyper-reactivity, respiratory symptoms, increased hospital admissions and possible increased mortality.48, 49-51
- Fine particulate matters (PM₂.₅ and PM₁₀) are suspended in air and penetrate deep into our airways when inhaled. Elevated PM₁₀ levels are associated with increased respiratory hospital admissions and increased mortality.52-54
- Sulphates, extremely small acidic particles that can become imbedded deep in lung tissue, are known respiratory irritants and have been linked to respiratory disease. The Ontario Smog Plan Workgroup has estimated that inhalable particles can be attributed to nearly 1,400 hospital admissions and 1,800 premature deaths each year in Ontario.55-57, 58

Asthma, a chronic respiratory illness, is now the leading cause of hospital admission and school absenteeism for children in Ontario.58 According to the Lung Association, more than 2.7 million Canadians have asthma.59-60

Asthma is expected to double to $11 billion by 2018 due to an aging population. The Ontario Medical Association (OMA) has developed the Illness Cost of Air Pollution (ICAP) model to estimate the health and economic impacts of air pollution in Ontario.24-26 The 2005 report estimated that the number of hospital admissions related to air pollution exposure was approximately 7,000 per year while the number of emergency room visits was almost 60,000.24-26 By 2020, these rates are expected to jump to more than 24,000 and 88,000 respectively.24-26

Studies have demonstrated that trees remove large quantities of sulphur dioxide and carbon dioxide from the atmosphere.48, 61 For example, researchers observed approximately 9.8 tonnes of PM₁₀, 4 tonnes of SO₂ and 11.9 tonnes of O₃ were removed daily by an estimated 50.8 million trees across the Chicago area.62

Trees can also remove large quantities of ozone from the atmosphere.63-66 In the United States, it has been calculated that a 20 per cent loss of forest cover due to urbanization in Los Angeles leads to a 1.4 per cent increase in ozone concentrations.67-69

Researchers at Columbia University have found that for every additional 343 trees per square km, asthma rates drop by 25 per cent in young children.70, 71

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The elderly and people who work or exercise outdoors are also highly vulnerable to the respiratory effects of air pollution.48, 72

Air quality benefits of trees and forests

Given the known relationships between poor air quality and human cardiorespiratory system, it is clear that improving air quality would play a key role in lowering the rate of cardiovascular and respiratory diseases in Canada.
### 3.3 Diabetes

According to the Canadian Diabetes Association, approximately 8.3 per cent of the population in Ontario—an estimated 1,169,000 people—have been diagnosed with either type 1 or type 2 diabetes in 2010.10 This number is expected to rise to a staggering 1,903,000 by 2020.10 The economic impact of diabetes in Ontario is estimated to be $4.9 billion in 2010.107 By 2020, this cost is expected to increase to more than $6.9 billion.107

Medical researchers have found a strong linear relationship between adult diabetes and smog—the higher the exposure to air pollution and smog, the higher the incidence of diabetes.105,106 Although the exact mechanisms are unknown, this correlation was statistically significant even after taking into account other risk factors such as obesity and ethnicity.

Trees are effective natural tools for absorbing air pollutants and reducing smog and could play a potential role in reducing the environmental factors that lead to or exacerbate diabetes in adult populations.

### 3.4 Cancer

Cancer, the uncontrolled growth of abnormal cells in the body, has become one of the leading causes of disease and death worldwide.108 In 2011, an estimated 177,800 new cancer cases and 75,000 cancer-related deaths occurred in Canada.109

Every day, we come into contact with carcinogenic substances that have been linked to cancer. In urban areas, hazardous pollutants in the air, including particulate matter (PM), are known to carry carcinogenic compounds into the lungs.110,111 Trees and forests cleanse our atmosphere by filtering out these substances, thereby protecting us from their harmful effects.111

Overexposure to the sun’s ultraviolet radiation has been deemed a major cause of skin cancer.112 The amount of human exposure to the sun’s rays is dependent on a variety of factors including altitude, latitude, time of day and amount of tree cover.113 Increased tree cover can protect skin from the sun’s damaging radiation.114,115 For example, if a person is shaded by a tree that provides 50 per cent shade, it will take 50 minutes to burn rather than 20 minutes.115 And if the tree provides full shade, the individual could remain outside for double that amount of time.116

As a result of an interesting set of studies, phytoncides (essential oils derived from trees) have been suggested to exert a preventative effect on cancer generation and development.117,118,119 Phytoncides such as α-pinene, α-pinene and limonene, which are anti-microbial unstable organic compounds, have been linked to an increase in ‘Natural Killer’ (NK) cell activity.120,121,122 NK cells are believed to kill tumour cells by releasing anti-cancer proteins such as perforin, granulysin, granzyme A, granzyme B-expressing cells.123,124,125

Although more research needs to be conducted to verify the validity of these findings, some investigators believe that contact with trees helps to prevent the development of various types of cancers.125,126,127

The Ministry of Agriculture, Forestry and Fisheries in Japan coined the term Shinrin-yoku, or ‘forest bathing’ in 1982.128 A forest bathing trip involves a visit to a forest for relaxation and recreational purposes where visitors breathe in fresh air and phytoncides released by the trees.129 Forest bathing trips are suggested to reduce stress and to increase NK cell activity.130,131,132 and are regarded as a potential cancer prevention tool in Japan.

### 3.5 Attention Deficit/Disorders

Attention deficit disorders, including ADD and ADHD, are the most common neurobehavioral disorders in children.133 The most common patterns of behaviour include inattention, impulsivity and/overtactivity.134

Several studies suggest that contact with nature may contribute to improved attention and function in children with attention deficit disorders. For example, data obtained by researchers at the Department of Natural Resources and Environmental Sciences and the Department of Psychology at the University of Illinois indicate that children playing in greener and relatively more natural settings exhibit less severe ADD symptoms.135,136

In a research experiment conducted by Anne Faber Taylor and colleagues at the University of Illinois, parents of children with ADD and a decline in stress levels.139,140 Contact with nature can have a powerful therapeutic effect by reducing the stress response of the body and the mind, thereby helping to improve both physical and mental abilities.141,142,143,144

Numerous studies have shown that there is a direct correlation between the presence of trees and a decline in stress levels.145,146,147,148

#### 3.6 Stress

Nearly 23 per cent of Canadians report a high degree of life stress.149 It is estimated that more than 70 per cent of doctor visits have a stress-related component and it is known that chronic stress in adults increases the likelihood and severity of depression, diabetes, heart problems, arteriosclerosis, bone loss, obesity, impaired immune system and infections.150,151,152

Numerous studies have shown that there is a direct correlation between the presence of trees and a decline in stress levels.153,154,155 Contact with nature can have a powerful therapeutic effect by reducing the stress response of the body and the mind, thereby helping to improve both physical and mental abilities.156,157,158

Researchers from around the world have found that clinics, hospitals, nursing homes, and even prisons that incorporate some element of nature, even just a simple view of trees, show higher rehabilitation rates.159,160 Studies have also shown that hospital patients who can see trees from their windows need less medication and enjoy faster recovery times following surgery.161,162,163

Finally, the results of a study undertaken by Japanese researchers using the Profile of Mood States (POMS) test demonstrated that a visit to a forest significantly increases the score for vigour and decreases the scores for anxiety, depression, and anger.164 The findings suggested that forest environments promote lower concentrations of cortisol, lower pulse rate, lower blood pressure, greater parasympathetic nerve activity, and lower sympathetic nerve activity than do city environments.165

The observed associations between contact with nature and a subsequent reduction in stress suggest that conserving and restoring woodlands and forests in accessible parks and conservation areas can play a significant role in increasing human health and well-being in both urban and rural settings.
4. Conclusions and Recommendations

Forests are complex ecosystems that provide a wide range of ecosystem services which benefit humans and all other species. Among these ecosystem services are the many roles trees and forests play in sustaining human health and well-being. This paper highlights the growing body of evidence supporting the benefits of forest ecosystems for human health. Forest ecosystems provide opportunities for physical activity, cardiovascular and respiratory health, cancer prevention, stress reduction and others.

In Ontario, our rural and urban forests are in serious jeopardy due to many factors including displacement by other land uses, climate change, invasive species and pollution. Ongoing population growth will add to these pressures, making it increasingly urgent to expand and intensify tree planting and forest restoration initiatives.

To achieve the minimum 30 per cent forest cover in southern Ontario needed for a healthy ecosystem, we must plant one billion more trees. This will be a major task, but the costs of inaction are high, as this paper demonstrates, for the health sector alone.

The good news is that a relatively modest investment in trees and forests can reap great rewards by reducing long term health care costs and increasing the health, well-being and productivity of current and future generations of Ontarians.

The Ontario Biodiversity Strategy provides a valuable framework for understanding the importance of diverse, healthy ecosystems and taking actions to sustain them. It recommends actions to increase our understanding of the links between biodiversity and human health and to restore ecosystem functions in urban and rural areas. We need to reduce ecosystem threats through pollution prevention and abatement. We need to enhance the resilience of our ecosystems to assimilate pollution and clean the air we breathe, the water we drink and the soils we depend upon for healthy food.

A relatively modest investment in trees and forests can reap great rewards by reducing long term health care costs and increasing the health, well-being and productivity of current and future generations of Ontarians.

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