

McDougall, C., Quilliam, R., Hanley, N. and Oliver, D. (2020) Freshwater blue space and population health: an emerging research agenda. *Science of the Total Environment*, 737, 140196.

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1	"Freshwater blue space and population health: An emerging research agenda"
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4	Craig McDougall*, Nick Hanley**, Richard Quilliam* and David Oliver*
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6	* University of Stirling, School of Biological and Environmental Sciences
7	** University Of Glasgow, Institute of Biodiversity, Animal Health and Comparative Medicine.
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12	June 2020.
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14 Abstract

Growing evidence suggests that access and exposure to water bodies or blue spaces can provide a 15 variety of health and well-being benefits. Attempts to quantify these "blue-health" benefits have largely 16 focused on coastal environments, with freshwater blue spaces receiving far less attention despite over 17 18 50 % of the global population living within three km of a body of freshwater and populations living in landlocked areas having limited coastal access. This critical review identifies opportunities to improve 19 20 our understanding of the relationship between freshwater blue space and health and well-being, and outlines key recommendations to broaden the portfolio of emerging research needs associated with the 21 22 field of blue-health. Recognising fundamental distinctions in relationships between health outcomes 23 and access and exposure to freshwater versus coastal blue space is critical. Furthermore, research to 24 determine the mechanisms that link exposure to freshwater blue space with tangible health outcomes is 25 needed, and in particular an understanding of how such mechanisms vary across the wide spectrum of 26 freshwater environments present in landscapes. Current methods for quantifying access and exposure 27 to freshwater blue space often fail to account for the unique spatial properties of freshwater and come 28 with a variety of limitations. Based on the findings of this review, a suite of research needs are proposed, 29 which can be categorised into three broad themes: (i) establishing a freshwater blue-health methodological framework; (ii) advancing the empirical freshwater blue-health evidence base; and (iii) 30 31 promoting freshwater blue-health opportunities. When taken together, these research themes offer opportunities to advance current understanding and better integrate freshwater blue space into the wider 32 33 nature-health research agenda.

34 Key words: Blue-health; Green space; Public health; Nature exposure; Health-promotion

35 1.0 Introduction

36 Interest in the relationship between access and exposure to the natural environment and human health is growing globally (Frumkin et al., 2017; Hartig et al., 2014). Nature-health research has mainly 37 38 focused on exposure to green space, which has been associated with a number of positive physical and mental health outcomes (Twohig-Bennett and Jones, 2018). This growing evidence base has seen green 39 space provision become an established component of public health and landscape planning policies 40 across the globe (Rutt and Gulsrud, 2016; Wolch et al., 2014). The health-promoting potential of water 41 42 bodies or blue spaces has received less attention in comparison, despite a small but growing body of 43 evidence suggesting that access and exposure to blue space can provide a variety of health and wellbeing benefits (Gascon et al., 2017; Völker and Kistemann et al., 2011). 44

45 Although the term 'blue space' has emerged fairly recently, the health and well-being benefits of human-water interactions have been studied for decades across a number of disciplines including 46 47 environmental psychology (Herzog, 1985; Kaplan and Kaplan, 1989) and human geography (Gesler, 48 1992; Gesler, 1996). In research concerned with nature and population health, blue space is often excluded (O'Callaghan-Gordo et al., 2020) or classified as green space (van den Berg et al., 2016). 49 However, the establishment of a number of large-scale research programmes (e.g. Depledge and Bird, 50 51 2009; Grellier et al., 2017) coupled with a renewed interest in water-health relations in human 52 geography (Foley and Kistemann, 2015) has seen the study of blue space and health shift from a byproduct of therapeutic landscape and environmental psychology research towards an established 53 54 academic field in its own right.

Blue space is generally understood to encompass both freshwater and marine settings (Grellier et al., 2017; Foley and Kistemann, 2015). However, with the exception of large or saline lakes and estuaries where freshwater and marine settings merge, these two environments substantially differ in their physical and hydrological properties and the ecosystem services and amenity values they provide. Furthermore, experiences at freshwater blue space are also likely to consist of different smells, sounds, views and opportunities for recreation than experiences in coastal environments (Mavoa et al., 2019). Current research attempting to quantify the health and well-being benefits of access and exposure to

blue space (henceforth blue-health benefits) has largely focused on coastal environments, with
freshwater blue spaces receiving far less attention (Gascon et al., 2017). Living in close proximity to
the coast has shown an association with greater physical and mental health (Hooyberg et al., 2020;
Pasanen et al., 2019; Wheeler et al., 2012) and being able to see the coast from one's home has also
been associated with positive effects on mental well-being (Dempsey et al., 2018).

67 A review of 36 research articles exploring human-freshwater interactions identified that freshwater has a variety of salutogenic properties that can induce health and well-being benefits (Völker and Kistemann 68 69 et al., 2011), although the data used for this review were mainly comprised of experimental and 70 qualitative studies. This has exposed a significant gap in research that explores the benefits of access and exposure to freshwater from a population health perspective. Although some studies have suggested 71 72 that access and exposure to freshwater blue space can provide benefits to population health (Pasanen et 73 al., 2019; Pearson et al., 2019; MacKerron and Mourato, 2013; Garrett et al., 2019a), this is not always 74 the case (White et al., 2013; Bezold et al., 2018; Mavoa et al., 2019). The volume and spatial coverage 75 of freshwater is substantially smaller than marine environments; however, investigating the health-76 promoting potential of freshwater blue space is imperative as over 50 % of the global population live 77 within three km of a body of freshwater and populations living in landlocked areas have limited coastal 78 access (Kummu et al., 2011). Therefore, a better understanding of the relationship between access and 79 exposure to freshwater blue space and indicators of health, and the mechanisms underlying these 80 relationships, are fundamental to supporting a more holistic assessment of blue-health.

This critical review aims to identify opportunities to improve understanding of the relationship between freshwater blue space, health and well-being and thus broaden the portfolio of emerging research needs associated with the field of blue-health. Specifically, the objectives of this review are to (i) evaluate current issues in freshwater blue-health thinking; (ii) critically appraise the contrasting empirical methods adopted to quantify access and exposure to freshwater blue space; and (iii) propose recommendations for novel avenues of future research to advance our understanding of freshwater bluehealth.

88 2.0 Issues in current freshwater blue-health thinking

89 2.1 Understanding pathways to positive health outcomes

The underlying mechanisms or "pathways" that link access and exposure to natural environments and 90 91 tangible health outcomes have often been overlooked (Dzhambov et al., 2018). The most commonly 92 cited pathways to improved health via access and exposure to the natural environment are stress 93 reduction and restoration, social interaction, improved air quality and physical activity (Hartig et al., 94 2014). Grellier et al. (2017) hypothesise that health and well-being benefits of blue space will follow 95 pathways similar to other natural environments; however, blue spaces have a number of distinctive 96 health-promoting and therapeutic properties, e.g. opportunities for physical immersion and water-based 97 activities (Foley, 2015).

98 There is a growing need to better understand the interaction between nature-health pathways and 99 freshwater blue space (Mavoa et al., 2019) (Table 1). Access and exposure to freshwater blue space 100 may reduce stress and provide cognitive restoration as aquatic environments are perceived to be highly 101 restorative (Maund et al., 2019; Wilkie and Stavridou, 2013; Wang et al., 2016; White et al., 2010) and 102 relaxing (Grassini et al., 2019). Furthermore, water is an important and highly valued aesthetic 103 component in terms of landscape preference (Velarde et al., 2007; Faggi et al., 2013; Kaltenborn and 104 Bjerke; 2002; Burmil et al., 1999). The presence of freshwater alone may induce health benefits by 105 improving a number of environmental attributes, e.g. improving soundscapes by buffering 106 anthropogenic noise (Jeon et al., 2012; Axelsson et al., 2014) and providing restorative or pleasant 107 sounds, such as flowing water or bird song (White et al., 2010; De Coensel et al., 2011). The presence 108 of freshwater can also enhance thermal comfort by reducing the urban heat island effect (Gunawardena 109 et al., 2017) and provide a variety of ecosystem services, including carbon absorption (Apostolaki et 110 al., 2019).

Social interaction (de Bell et al., 2017; Pitt, 2018; Völker and Kistestemann, 2015) and physical activity
(Vert et al., 2019; Jansen et al., 2017) are expected to increase with greater access, exposure and usage
of freshwater blue space; however, the importance of these pathways in facilitating tangible health

114 outcomes is still relatively unknown. For coastal blue space, physical activity has been shown to be a 115 key pathway in facilitating positive mental health outcomes, however, further research to understand 116 the different mechanisms that cause freshwater blue space to positively influence health is required 117 (Pasanen et al., 2019). Investigating the relationship between individual pathways and their contribution 118 to specific health outcomes can assist health officials, landscape planners and policymakers in designing 119 and managing blue space to optimise the provision of health and well-being benefits (Gascon et al., 120 2018). Improved understanding of how different types of engagement with freshwater interact with 121 each health pathway, and the strength of these interactions relative to green space and coastal blue space 122 can underpin effective nature-based health interventions, advancing the wider nature-health research 123 agenda.

124

125 2.2 Classifying freshwater blue space

While the term 'blue space' is generally well understood in current nature-health literature, the treatment 126 127 of coastal and freshwater environments in studies concerned with access and exposure to blue space and health varies widely. Access and exposure to freshwater and coastal blue space can be tested against 128 129 health outcomes and reported as individual categories (Choe et al., 2018; Wheeler et al., 2012; Pasanen et al., 2019; Garret et al., 2019a) or as a combined "blue space" category (de Vries et al., 2016; Garret 130 131 et al., 2019b; Huynh et al., 2013). The study of blue space can relate specifically to freshwater if, for 132 example, the study location is landlocked (Dzhambov et al., 2018). Variations in blue space definitions 133 and how blue-health findings are reported make comparisons among studies challenging and limit 134 opportunities for evidence synthesis via meta-analyses and systematic review (Taylor and Hochuli. 135 2017). While combining freshwater and coastal blue space may be appropriate in order to address some 136 research questions, the approach can be problematic, particularly when attempting to draw conclusions 137 related to access and exposure to freshwater specifically. As exposure to coastal blue space may have a stronger health and well-being effect than exposure to freshwater (Garrett et al., 2019a) and as the 138 physical properties of coastal waters can dominate the combined blue space category (Nutsford et al., 139 2016), caution should be taken when assuming that combined blue space findings are transferable to 140

the freshwater evidence base. In order to better understand how access and exposure to freshwater blue space impacts health and well-being, blue space categories need to be clearly defined, whilst the relationships between health and access and exposure to freshwater and coastal blue spaces need to be reported independently.

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146 2.3 Considering multiple freshwater blue space typologies

There is currently little understanding of how different typologies of freshwater blue space (e.g. lakes, 147 rivers, canals, wetlands, ponds, streams, waterfalls and even fountains) interact with health pathways 148 149 and consequently, how different typologies can impact health and well-being (Mavoa et al., 2019). 150 Previous research suggests different freshwater typologies may have varying potential for stress 151 reduction and restoration, for example, humans prefer views of rivers, lakes and ponds compared to more swampy waterscapes, such as creeks or bogs (Herzog, 1985). To date, research directly 152 investigating interactions between different freshwater blue space typologies and the environmental 153 154 quality, social interaction and physical activity health pathways has been sparse. For the environmental quality pathway, larger water bodies are expected to provide greater effects on surrounding 155 156 temperatures (Wu et al., 2018) and the cooling effect of lakes is often higher than that of rivers (Du et al., 2016). Different freshwater typologies will likely vary in their ability to buffer noise and impact 157 158 soundscapes, as the sound of water is mainly driven by hydrology, i.e. the volume and speed of water 159 flow (Putland and Mesinger, 2020). Consequently, flowing rivers may have a more significant effect 160 on soundscapes than bodies of relatively still freshwater (Wysocki et al., 2007).

Types of freshwater also vary in their ability to facilitate certain opportunities for physical activity and social interaction. Swimming and paddling are often associated with lakes (Angradi et al., 2018) and outdoor swimming is more likely to occur in lakes than narrow waterways (Lankia et al., 2019). Indeed swimming is often prohibited in urban waterways and canals due to health risks associated with immersion in these bodies of water (Pitt, 2018). An improved understanding of how access and exposure to different freshwater typologies impact health and well-being will likely assist in developing sitespecific health interventions and integrating a variety of freshwater blue space typologies into public health strategies. Consequently, recognising the mechanisms that affect the health-promoting
capabilities of different freshwater blue space typologies and how these vary across different sociodemographic groups is a key priority for future research.

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172 2.4 Freshwater blue space quality

173 The perceived quality of the natural environment can impact how that environment is used (Giles-Corti, 174 2005; Akpinar, 2016) and poor environmental quality is a deterrent of use for both children (McCracken et al., 2016) and adults (Wright Wendel et al., 2012). Research focussing on the role of access often 175 fails to consider the quality of freshwater blue space with little attention given to characteristics, such 176 as accessibility, parking facilities, chemical and bacteriological water quality, recreational 177 opportunities, or other salutogenic properties (Pitt, 2018). Water quality can influence the likelihood of 178 swimming (Lankia et al., 2019), boating (Curtis et al., 2017) and impact the experience of anglers 179 (Pulford et al., 2017). However, the majority of visitors to inland water bodies in England, do not make 180 181 direct contact with water (Elliot et al., 2018) and improved water quality does not necessarily enhance the cultural ecosystem services offered by freshwater blue space (Ziv et al., 2016). Blue-health benefits 182 183 commonly occur in terrestrial locations, e.g. due to non-water based physical activity (Vert et al., 2019), 184 reduced psychological distress from viewing water (Nutsford et al., 2016) and social interaction in 185 waterside environments (de Bell et al., 2017). Furthermore, waterside features, such as high quality 186 paths (Verbič et al., 2016) and easily accessible waterside spaces (McDougall et al., 2020) can enhance 187 the overall experience at a range of different freshwater blue space typologies. Consequently, it is clear 188 that measures of freshwater blue space quality must account for both terrestrial attributes and traditional 189 indicators of water quality.

A number of dedicated systems (Ariza et al., 2010; Palazón et al., 2019) and a robust international framework exists for assessing the quality of coastal environments and beaches, including beach certification schemes such as the "Blue Flag" (Lucrezi et al., 2015). Whilst some indicators of coastal and beach quality may be transferable to certain freshwater environments, such as large lakes with beaches and shorelines, many are specific to marine settings and are, therefore, inadequate for assessing 195 freshwater blue space quality. Currently, the BlueHealth Environmental Assessment Tool (BEAT) is 196 the only dedicated tool for assessing the quality of coastal and freshwater blue space (Mishra et al., 197 2020). BEAT uses a questionnaire-based approach to examine physical, social, aesthetic and 198 environmental aspects of blue space, which relate to opportunities for improved health and well-being. 199 While BEAT is highly suitable for assisting policymakers in designing and managing blue spaces to 200 facilitate public health benefits, the tool requires site visits and questionnaires, thus making it 201 challenging to implement at a population health scale. Moving forward, there is scope to establish ex-202 situ indicators to quantify blue space quality that can be readily combined with geographic information 203 system (GIS) based approaches. Ex-situ indicators can be complemented by existing spatial data sources 204 such as area-level socio-economic data (Rigolon and Németh, 2018) or the presence of surrounding 205 services and green / open spaces, which are useful indicators of blue-health opportunities (Mishra et al., 206 2020). Combining freshwater blue space quality data, alongside metrics of access and exposure and 207 health outcomes, would improve our understanding of which elements of freshwater blue space are 208 most important for the provision of blue-health benefits.

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210 3.0 Quantifying access and exposure to freshwater blue space: A critical appraisal

211 Quantifying access and exposure to freshwater blue space is a crucial component of studies that attempt 212 to relate these variables to health outcomes. Commonly, access and exposure are measured using GIS 213 and combined with individual or area-level health data (e.g. Bezold et al., 2018; Pasanen et al., 2019; 214 Mavoa et al., 2019; Pearson et al., 2019; Wheeler et al., 2015; White et al., 2013). Assessing the 215 capability of these methods to account for the unique physical and spatial properties of freshwater blue 216 space would benefit future research.

217

218 3.1 Proximity-based approaches

Proximity-based approaches (e.g. Pearson et al., 2019; Hooyberg et al., 2020; Pasanen et al., 2019;
White et al., 2013) are concerned with the distance relative to the blue space and can be divided into

221 two key approaches: (i) determining the distance to the nearest blue space from a particular point 222 (commonly the residence); and (ii) identifying the presence of a blue space within a defined distance or 223 "buffer". Proximity buffers are commonly applied around the residence, although, there may be some 224 merit in considering proximity to blue space in other locations such as schools, hospitals or workplaces, 225 in order to capture the health effects of access and exposure to blue space in non-residential contexts 226 (Koohsari et al., 2015). Proximity can be calculated as a linear distance or as a network distance. Linear 227 distance approaches calculate the shortest distance from a selected location to the edge of the nearest 228 blue space or buffer boundary, whereas network distance calculates the shortest distance from a selected 229 location to the edge of the nearest blue space or buffer boundary along a street network, simulating 230 walkability (Fig.1). Network distance may be more appropriate for research focused on health outcomes that require access and visitation such as physical activity (Labib et al., 2020) or when investigating 231 232 distance to freshwater blue space in urbanised areas with complex street networks. Network distance 233 approaches may be particularly useful when considering freshwater blue space with inaccessible sections, as linear methods cannot consider this issue (Fig. 1). Linear distance methods may be more 234 appropriate when considering health benefits that can occur irrespective of access, i.e. viewing blue 235 236 space from a distance or environmental improvements such as noise reduction and temperature 237 mitigation.

238 A variety of different buffer sizes have been adopted in order to quantify differences in access and exposure to freshwater blue space among populations (Bezold et al. 2018; Dzhambov et al. 2018). 239 240 Heterogeneity among buffer sizes makes comparing the results of studies and evidence synthesis challenging: the adoption of standardised distance buffers would benefit future freshwater blue space 241 research (Gascon et al., 2017). Standardised buffer distances should be underpinned by empirical 242 evidence and will likely differ from those adopted for coastal blue space, as much smaller distances 243 244 influence the usage and visitation of freshwater blue space (Völker et al., 2018) and as these distances 245 may vary across different freshwater typologies (Elliot et al., 2020). The adoption of differing buffer 246 distances in coastal and freshwater blue space research reinforces the variance in scale of both resources and further highlights the risks of combining the findings of studies that examine the health effect ofaccess and exposure to coastal and freshwater collectively.

249

250 3.2 Area-based approaches

251 Area-based methods use land cover data to determine the percentage of surface water within a 252 predefined area or administrative boundary, such as a zip code area or census tract (Pearson et al., 2019; 253 Alcock et al., 2015; de Vries et al., 2003; Garrett et al., 2019a). Such methods indicate both the presence 254 and quantity of blue space within an area, which can assist in answering research questions concerning 255 the effect of varying levels of blue space exposure on health. However, the use of area-based methods 256 to quantify exposure and access to freshwater blue space comes with a number of limitations. Area-257 based methods are better suited to larger bodies of freshwater and certain freshwater typologies such as lakes, which are likely to have greater surface areas (Fig. 2). Such methods may, therefore, 258 259 underestimate the salutogenic effects of typologies with lower surfaces areas such as rivers and canals, 260 which also offer valuable opportunities for health and well-being (Vert et al., 2019; Pitt, 2018). There 261 is an absence of empirical evidence to justify the notion that access and exposure to certain freshwater 262 typologies are likely to result in greater positive health outcomes than others. Moreover, land cover data is commonly used to identify the presence of freshwater (de Vries et al., 2016) and narrow water bodies 263 264 (e.g. river corridors and canals) are more likely to be misclassified than larger and more spatially explicit 265 bodies of freshwater, highlighting a further bias. If sufficient data are available, future research may 266 benefit from considering the percentage of surface area covered by freshwater relative to the number of 267 freshwater blue spaces or the perimeter of freshwater, which can account for the presence of different freshwater typologies and begin to address issues related to their misrepresentation. 268

The adoption of administrative zones when quantifying exposure to freshwater blue space can also be problematic as administrative zones vary in size (Wheeler et al., 2015). Area-based methods represent blue space as a percentage, therefore, freshwater blue spaces of equal size may be deemed to have different health-promoting capabilities depending on the size of the administrative zone it is located 273 within (Fig. 3). As administrative zones are often based on population density, the physical properties 274 of certain blue spaces are likely to be favoured over others. Freshwater blue spaces in densely populated 275 urban areas, such as rivers and canals, are likely to be in smaller administrative zones, whilst lakes and 276 wetlands are less likely to be present in densely populated areas due to their physical properties and are 277 more likely to be located on the urban fringe (Liu et al., 2007). Consequently, the use of administrative 278 zones may underrepresent exposure and access to large lakes, which are important for providing benefits 279 to mental health (Pearson et al., 2019). Administrative zones also notably differ in size across countries 280 (Labib et al., 2020) making international transferability of area-based research and comparison among 281 studies challenging.

282

283 3.3 Visibility-based approaches

284 Visibility-based methods consider topographic and built landscape features in order to determine what 285 areas are likely to be visible to humans from a certain point in the landscape, commonly a household 286 (Qiang et al., 2019). Visible exposure to blue space aligns closely with the stress reduction and 287 restoration health pathway and relates to improved health without actual visitation, as positive health 288 outcomes can be obtained from viewing water from a distance (Nutsford et al., 2016). Incorporating visibility-based methods into freshwater blue-health research may be challenging as freshwater and 289 290 vegetation (or green space) are often intertwined in landscapes. Indeed, when a blue space becomes a 291 green space and vice versa is often unclear, with no criteria yet defined to aid our understanding of this 292 transition. This issue may be further complicated as definitions of blue space tend to include waterside 293 space and vegetation (Grellier et al., 2017). Why the relationship between blue and green space has 294 been somewhat overlooked in research is unclear but may relate to: (i) methodological issues of 295 unpacking complex interactions between these spatial zones; or (ii) that most blue space research has 296 focused on the coast, thus providing a relatively more defined blue-green split. Generally, the distinct 297 physical properties of coastal landscapes make defining coastal blue space interaction simpler than for freshwater blue space typologies where interactions between water and vegetation are more common. 298

299 Acquiring sufficient and appropriate quality vegetation data and accounting for the seasonal, semi-300 transparent and non-uniform characteristics of vegetation is a key challenge of visibility-based 301 approaches (Murgoitio et al., 2014). Previous studies of blue space visibility have excluded the effect 302 of vegetation in their analysis (Dempsey et al., 2018; Qiang et al., 2019). It may be the case that 303 vegetation has negligible effects on coastal visibility, however, given that vegetation can substantially 304 reduce human views of freshwater (McDougall et al., 2020) it is imperative that future studies 305 attempting to quantify freshwater visibility account for vegetation. Quantifying freshwater visibility in 306 non-residential settings such places of work or education is needed in order to provide a more realistic 307 representation of total freshwater exposure. Determining freshwater visibility throughout one's daily 308 activities could be assisted by innovative approaches such as analysing street view imagery (Helbich et 309 al., 2019) or utilising camera-based methods (Pearson et al., 2017).

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311 3.4 Self-reported access and exposure

312 Self-reported methods provide insight into actual blue space usage and engagement, which cannot be 313 achieved using objective measures of access and exposure alone, such as understanding the importance 314 of certain freshwater blue space features in facilitating health outcomes (de Bell et al., 2017). Such methods can be useful for understanding relationships between different types of freshwater blue space 315 316 and health, which are often difficult to consider due to a lack of available data (Mavoa et al., 2019). 317 Self-reported methods also provide an understanding of blue space exposure in non-residential contexts 318 and allow for multiple types of exposure to be considered. The latter can include: (i) indirect exposure, 319 e.g. views of blue space from the residence; (ii) incidental exposure, e.g. contact with a blue space 320 during daily life activities such as commuting; and (iii) intentional exposure, e.g. deliberately visiting a 321 blue space (Garrett et al., 2019b). While self-reported methods offer a number of interesting research opportunities, these methods have some limitations. Attaining a representative sample of a study area 322 or study population can be challenging (Völker et al., 2018; Garrett et al., 2019b). To date, studies using 323 324 self-reported methods have been relatively limited in their sample size in comparison to studies that use objective quantifications of access and exposure (i.e. Alcock et al., 2015; Pasanen et al., 2019). As self-325

reported methods often rely on respondents to identify the presence of blue space and quantify exposure to these spaces, there is some scope for human error and subjectivity, which may introduce bias and limit comparability among studies.

329

330 4.0 Recommendations for future research

331 Research concerned with blue space and health has largely focused on coastal environments. Freshwater 332 blue space has received substantially less research attention and consequently, there are significant gaps 333 in our understanding of the health-promoting capabilities of these spaces. In order to fully understand 334 the role of blue space as a public health resource a concerted effort is required for greater and more 335 nuanced consideration of freshwater blue space in future research. Thus, a suite of research 336 recommendations have been identified that, when taken together, offer opportunities to advance current 337 understanding and better integrate freshwater blue space into the wider blue-health research agenda (Table 2). Primarily, there is a need to: (i) establish a methodological framework for freshwater blue-338 339 health research; (ii) broaden and advance the current freshwater blue-health empirical evidence base; 340 and (iii) promote and sustain opportunities for freshwater blue-health.

341

342 4.1 Developing methodological framework for freshwater blue-health research

Establishing a methodological framework to underpin future research that accounts for the unique characteristics of human-freshwater interactions is a precursor to a better understanding of the relationship between freshwater blue space access and exposure and population health. Such a framework, promoting scale-appropriate and empirically tested methods, can complement conceptual research on the salutogenic benefits of freshwater conducted by Völker and Kistemann (2011) and begin to integrate freshwater blue-health evidence into the public health and landscape planning discourse.

Opportunities for evidence synthesis and meta-analyses can be increased by clearly defining the spatial dimensions of freshwater blue space and the freshwater typologies considered within each study. By testing and reporting exposure to freshwater and coastal blue space, there is an opportunity not only to 352 better understand the relationship between exposure and access to freshwater blue space and health, but 353 to also understand the strength of this relationship relative to coastal blue space, which is a crucial 354 research need (Pasanen et al., 2019). This is currently hindered by a lack of consensus on the most 355 suitable approach to quantify access and exposure in the freshwater blue-health literature. Establishing 356 multiple standardised metrics for quantifying access and exposure is recommended; however, these 357 should be grounded in empirical evidence and allow for a variety of research questions to be tested. 358 Such methods should not only account for the quantity of freshwater, but also consider varying qualities 359 of waterside space, which is essential for understanding many freshwater blue space interactions (Elliot 360 et al., 2018; Vert et al., 2019).

Developing exposure and accessibility metrics that are able to account for freshwater blue spaces of varying scale, quality and perceived importance within the same study area is a significant challenge. One option is to identify freshwater blue spaces that may have substantial importance and ensure these spaces are analysed independently, as demonstrated by Pearson et al., (2017) for the "Great Lakes". Multiscale approaches that use multiple methods to quantify accessibility and exposure have been proposed for green and blue space (Labib et al., 2020) and such approaches are likely to help to account for the varying scale and unique spatial characteristics of freshwater.

368

369 4.2 Broadening and advancing the freshwater blue-health evidence base

370 The ecosystem services offered by freshwater blue spaces vary substantially based on climatic and social contexts (Sterner et al., 2020). However, freshwater and coastal blue space research is 371 372 predominantly carried out in developed industrialised countries (Gascon et al., 2017). Despite recent studies in developed areas of Asia (Garret et al., 2019b; Helbich et al., 2019), further work is required 373 374 to examine the effects of access and exposure to freshwater blue space in more diverse geographies in order to globalise the evidence base. Underrepresented human geographies that merit further study 375 include areas where freshwater has deep cultural and religious significance e.g. the Ganges River 376 catchment (Sharma et al., 2019), and low-income countries, where research has been sparse. An 377 378 improved knowledge of freshwater blue-health in diverse physical geographies such as areas where

freshwaters regularly freeze, are visibly contaminated with, for example, plastics or where water quality is generally unsafe for recreation will further advance the evidence base. Furthermore, research focusing specifically on access and exposure to estuaries, where freshwater and marine environments merge, and unique lakes that share oceanic characteristics, such as size, expansive views (e.g. Lake Malawi, Malawi and Lake Michigan, USA) and salinity (e.g. Great Salt Lake, USA and Lake Urmia, Iran) offers potential to expand current understanding of both freshwater and coastal blue-health and explicate the blurred lines that arise from classifying blue space as two distinct categories.

386 With few studies having investigated the relationship between access and exposure to freshwater blue 387 space and health, there is clearly a need for more empirical research. Randomised control trial experiments, such as clinical trials of blue space exposure can support larger GIS-based research and 388 advance current understanding of freshwater blue-health, but are costly to implement (Frumkin et al., 389 390 2017). Natural experiments (also known as quasi-experimental approaches), in which circumstances 391 suitable for experimentation occur without researcher influence, such as observing physical activity 392 levels prior to and after the regeneration of an urban riverside setting (Vert et al., 2019), offer a cost-393 effective alternative to randomised control trial experiments. If well-designed, natural experiments can 394 be highly effective for eliminating self-selection bias and understanding causation (Greenstone and 395 Gayer, 2009), although such research is often subject to significant logistical challenges (Frumkin et 396 al., 2017). Population health studies focusing on general health outcomes are particularly sparse relative 397 to mental health research and merit greater consideration in future research. Longitudinal study design 398 should be prioritised (Gascon et al., 2017) as longitudinal research can allow causation to be established 399 and negates issues of self-selection, which is often present with cross sectional study designs (de Keijzer 400 et al., 2016). Cross sectional studies would be improved by operating within an established framework 401 of methods as outlined above, negating issues of self-selection by adopting residential sorting 402 approaches to model neighbourhood demand for blue space (Klaiber and Phaneuf, 2010) and integrating 403 data on blue space quality.

By establishing an understanding of how frequency and duration of freshwater blue space exposure andthe type of activity carried out in or around blue space relate to health outcomes, there are opportunities

406 to quantitatively understand dose-response relationships (Shannahan et al., 2015; White et al., 2019). Understanding the so called, "dosage" of nature that is required in order to return tangible health benefits 407 408 is a key objective of the wider nature-health research agenda (Frumkin et al., 2017); however, very little 409 is known about dosage in a freshwater blue space context. Furthermore, an improved understanding of 410 the relationship between specific health pathways and different physical and mental health outcomes 411 and the strength of these relationships relative to green space and coastal blue space is required. Such 412 research can be supported, for example, by structural equation modelling, which has proved to be a 413 particularly effective methodology for quantifying the role of different pathways in supporting positive 414 health outcomes as a result of exposure to natural environments (Dzhambov et al., 2018; Yang et al., 415 2020).

416 A number of novel research opportunities have become available through emerging technology. The 417 use of virtual reality technology can advance experimental research by simulating a variety of senses at 418 freshwater blue spaces, which may be particularly useful for comparing blue-health opportunities of 419 different freshwater typologies and builds upon environmental psychology research that utilised static 420 images of water (Herzog, 1985; White et al., 2010). Furthermore, the exploitation of Big Data may 421 provide useful avenues for research. The use of global positioning system (GPS) data that can be 422 acquired from fitness wearables and activity tracking applications may also provide new insight for 423 understanding physical activity levels surrounding freshwater blue space. Such methods can deliver 424 accurate high resolution data on actual exposure to complement high resolution spatial data which is 425 used to infer exposure, but falls short of understanding how people engage with nearby blue space. 426 Furthermore, natural language processing of text from social media posts, e.g. Flickr, represents a novel 427 approach for understanding how freshwater blue spaces are used and valued among populations 428 (Figueroa-Alfaro and Tang, 2017; Gosal et al., 2019).

429

430 4.3 Promoting freshwater blue-health opportunities

431 In addition to growing the freshwater blue-health evidence base, there is a parallel need to communicate432 these findings to policymakers and the general public effectively. Establishing communication

433 pathways between research and public health professionals is useful for exploring opportunities to integrate freshwater blue-health into ongoing public health strategies. A clear priority for research is to 434 435 provide guidance on managing, conserving and in some cases developing freshwater blue spaces in 436 order to fully exploit their health-promoting capacity. However, this cannot be achieved without a 437 detailed understanding of how different characteristics and types of freshwater blue space interact with 438 health and well-being. Policymakers may benefit from the use of in-situ assessment tools such as BEAT, 439 which provides a highly practical resource for evidence-based planning and management to maximise 440 the health-promoting potential of freshwater blue spaces. Furthermore, a wealth of interdisciplinary 441 research opportunities exist in order to complement the provision of freshwater blue-health benefits 442 with synergistic outcomes. This would necessitate the consideration of economic, social and environmental issues to enable a more holistic approach to future decision-making that accounts for the 443 444 diverse needs of freshwater ecosystems. In particular, the integration of environmental economics 445 methods, such as stated and revealed preference approaches, can assist in understanding preferences among the general public (Hanley et al., 2019) and different water users on how best to manage these 446 447 spaces. Crucially, these approaches allow monetary values to be attached to policy decisions meaning the highest value investments in terms of positive health outcomes and cost-effectiveness can be 448 449 assessed. However, economic valuation approaches may be unable to capture many qualitative elements 450 of human-blue space interactions (Foley et al., 2019).

451 Longer-term research priorities should be framed around ensuring freshwater blue-health opportunities 452 are available to all. Research to understand barriers of access to blue space and consequently, the provision of blue-health benefits is limited and may require a variety of qualitative approaches. Barriers 453 454 to access may occur due to socio-economic factors such as housing status, which may lead to unfamiliarity with the amenities in an area (Haeffner et al., 2017) or more nuanced issues like fear of 455 456 accessing waterside spaces due to an inability to swim (Pitt, 2019). The impact of swimming ability on 457 perceived access to freshwater blue space may be a particularly useful area of study as socio-economic status could be a significant driver of swimming ability (Irwin et al., 2009; Pharr et al., 2018). Finally, 458 exploring the wider socio-economic, and sometimes unintended, consequences of improving and 459

460 managing freshwater blue spaces is of high importance. For example, access to water tends to increase 461 house prices (Dahal et al., 2019) and consequently, increasing access to freshwater blue space may 462 induce gentrification and the displacement of residents (Vert et al., 2019). The use of public 463 participation geographic information systems (PPGIS) may be particularly useful in remediating these 464 unintended consequences and developing inclusive freshwater blue-health strategies that can cater to 465 the needs of a number of different water-users (Raymond et al., 2016).

466

467 5.0 Conclusion

468 There is emerging evidence that access and exposure to freshwater blue space can provide health and well-being benefits. However, despite growing evidence, freshwater remains under represented in blue-469 470 health research. More in-depth understanding of the relationships between population health and freshwater blue space requires moving beyond traditional disciplinary collaborations and approaches. 471 While environmental science and health research agendas have aligned in the past, our understanding 472 473 of freshwater blue spaces and health and well-being interactions is often partial, or conflicting. This 474 stems from the frequent failure of research to span traditional disciplinary boundaries in order to fully 475 integrate disciplinary paradigms, e.g. due to philosophical, methodological and communication barriers. Moving forward, researchers across multiple and diverse fields face the challenge of refining the 476 477 empirical methods used to quantify access and exposure to freshwater blue space and addressing a 478 number of conceptual issues in current freshwater blue-health thinking. The evidence base supporting 479 the health and well-being benefits of exposure to freshwater requires further empirical testing and future 480 interdisciplinary research should seek to investigate the role of freshwater blue space within the wider 481 nature and human health research agenda, while continuing to advance the emerging blue-health 482 research field.

483

484 Acknowledgements

485 The Scottish Government Hydro Nation Scholars Programme provided funding to support this work.

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785 Table 1: Summary of freshwater blue-health pathways

Pathway	Explanation	Exemplar reference
Stress reduction / restoration	Perceived to have high restorative potential Opportunities for immersion within water Often perceived as relaxing, attractive and calming	Ulrich, 1991; White et al., 2010; Grassini et al., 2019;
Environmental improvement	Enhance thermal comfort and reduce urban heat island Improve soundscapes and buffer anthropogenic noise Provide ecosystem services, e.g. carbon absorption	Gunawardena et al., 2017; Jeon et al., 2012; Apostolaki et al., 2019
Physical activity (PA)	Unique opportunities for PA e.g. swimming and fishing Water-based PA preferred outdoors than indoors Encourage non-water based physical activity	Foley, 2015; Perchoux et al., 2015; Vert et al., 2019
Social interaction	Opportunities for planned and unplanned social contact More relaxed ambience than urban areas Opportunities for group exercise and leisure	Pitt, 2018; Völker and Kistestemann, 2015; Thomas, 2015;

787 Table 2: Overview of key research recommendations

Establishing a methodological framework	Advancing the blue-health evidence base	Promoting freshwater blue- health opportunities
Define the spatial dimensions of freshwater blue space considered in research	Broaden research landscape to consider diverse climatic and human geographies	Develop communication pathways between research and public health professionals
Establish standardised metrics for quantifying access and exposure	Further empirical research with focus on general health	Provide blue-health focused guidance for managing freshwater sites
Report results for freshwater and coastal blue space exposure independently	Prioritise longitudinal research to establish causation	Understand barriers of accessing freshwater blue space
Adopt multiscale approaches to quantify access and exposure	Utilise big data from social media or activity tracking applications	Explore wider socio-economic consequences of blue-health strategies

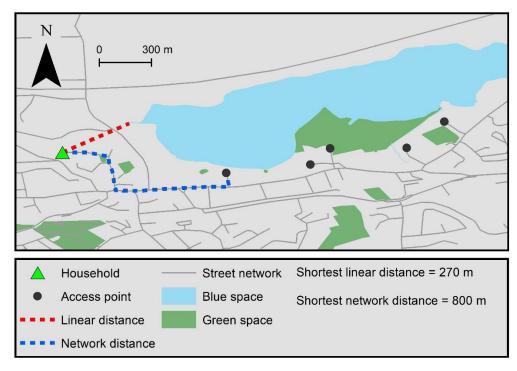
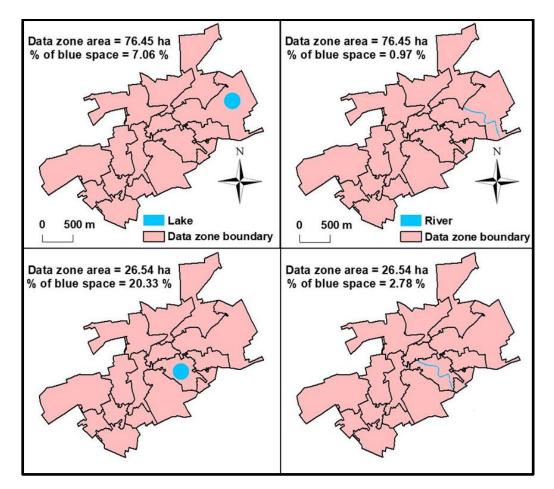




Fig.1: Summary of linear and network distance approaches for quantifying access to blue space



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Fig. 2: Area-based representations of freshwater blue space are dependent on blue space typology

794 (e.g. river or lake) and the size of the administrative (data zone) boundary