

# Environmental and Health Indicators: Overview

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### Overview

- EPA's interest in indicators
- Indicator uses and selection
- Issues and challenges
- Two important environmental public health indicator programs
  - Council of State and Territorial Epidemiologists (CSTE), State Environmental Health Indicator Collaborative (SEHIC)
  - CDC's Environmental Public Health Tracking Program (EPHT)



# **EPA's Mission**

 "To protect human health and to safeguard the natural environment air, water, and land — upon which life depends."

 How do we measure our effectiveness?





#### CAAAC AQM Workgroup Recommendations

- Air quality management should be an iterative process
  - Establish goals and determine emissions reductions
  - Develop and implement reduction strategies
  - Evaluate results, and then
  - Revise emission reduction programs accordingly



# **Environmental Public Health Indicators**

- Environmental public health indicators: descriptive summary measures that can be used to enhance environmental health practice by improving the accessibility, availability and distribution of information for decision-making
- Purpose and goals of environmental public health indicators
  - Summary measures that describe elements of environmental sources, hazards, exposures, health effects, and intervention and prevention activities, which may stand alone or be combined to describe their interaction.
  - Used to assess positive and negative environmental determinants of health
  - Serve as communication tools for making environmental health information available to stakeholders including environmental health partners, policy makers and the general public.
  - Identify areas for intervention and prevention and evaluate the outcomes of specific policies or programs aimed at improving environmental public health.

#### Council of State and Territorial Epidemiologists: www.cste.org

# Approach for Selecting Indicators

- Classify the link between proposed indicator and public health issue – preference given to direct measures
- Determine the public health impact of using the proposed measure
- Evaluate the feasibility of proposed indicator
- Assess the ability to incorporate the proposed indicator into interventions and environmental regulations
- Consider these criteria for determining priority:
  - Environmental importance: strength of evidence; scientific validity; authoritative standard
  - Public health importance: magnitude, rarity, vulnerable sub-populations, exposure potential
  - Public concern: voluntary; controllable; equitable; natural or man-made; potentially catastrophic; impacts children
  - Feasibility: data and information quality; technical capacity; available; measureable; collectible; spatially and temporally scaled
  - Public health action: available; appropriate; cost effective; degree to which exposure can be avoided
  - Public health policy: understandable and applicable; grounded by political will or support; relevant and informative

Council of State and Territorial Epidemiologists: www.cste.org

## **Issues and Challenges**

- Data availability both health and environmental
- Data usefulness
  - Health data collected for billing purposes
  - Can be lack of uniformity in collection of health data
  - Other issues, for example hospital discharge data
- Confidentiality
  - HIPAA (Health Insurance Portability and Accountability Act of 1996)
  - FERPA (Family Educational Rights and Privacy Act)
- Need enough statistical power to find effects
- Health data a two-year lag period in the availability of the data is typical

# Example - Estimated Incidence Reductions from CAIR in 2015

- PM-related endpoints
  - Premature mortality 17,000
  - Non-fatal MI 22,000
  - Asthma exacerbations 290,000
  - Work loss days 1,700,000
- Ozone-related endpoints
  - Hospital admissions 2,800
  - School absence days -510,000



## **SEHIC Indicators**

- Air quality indicators
  - Ambient concentration of pollutants 3 measures
  - Exceedances of air quality indices and standards 4 measures
  - Hazardous air pollutants 2 measures
- Asthma hospitalization and chronic lower respiratory disease mortality
  - Annual age-adjusted rate of asthma hospitalizations or CLRD deaths per 10,000 residents
- Climate change (under development)
  - Hazard indicators to detect trends in factors, such as increased temperatures and extreme weather events
  - Indicators of greenhouse gas emissions
  - Population vulnerability, including population age ≥ 65; number in nursing homes; proportion of households below poverty level; population within 5 km of coast with very high vulnerability to sea level rise
  - Health effects, including heat morbidity and mortality, injury morbidity and mortality related to ice storms, vector borne diseases
  - Intervention indicators, including preparedness, mitigation, adaptation and policy
- Also drinking water indicators

# **Environmental Public Health Tracking**

- Web portal with health and environmental information
- Include information from non-tracking states
- Public portal will include deidentified data
- Portal will have initial, incomplete launch in fall
- More complete data in spring



Grantees – 17 states and NYC

# **Environmental Public Health Tracking**

#### Example - asthma and myocardial infarction Health information on public portal

- Annual number of hospitalizations, by age, gender, and geography
- Monthly average, maximum, and minimum daily number of hospitalizations by age, gender, and geography
- Annual unadjusted (crude) rate of hospitalizations for all ages, by gender and geography
- Annual age-specific rates of hospitalizations for all ages, by gender and geography
- Annual age-adjusted rate of hospitalizations for all ages, by gender and geography

#### Health information on secure portal

• Daily number of hospital admissions



# Ambient Air Monitoring

#### PM 2.5 Monitors

- Monitor Locator Map Criteria Air Pollutants AirData United States Shaded states have monitors Monitor Location: PM2.5 (1,162) Source: US EPA Office of Air and Radiation, AQS Database Friday, April 15, 2005
- "True" measure of air quality
- Spatial gaps rural areas have few sites
- Temporal quality varies – hourly to weekly
- Routinely available information

## PM<sub>2.5</sub> Indicator

#### Annual average PM<sub>2.5</sub> concentrations in New York State, 2005



rom EPA AIRDATA website

# Example Ozone and PM Ambient Monitoring Data





# Air Quality Modeling

Layer 1 O3a

- Estimate of air quality
- Good spatial and temporal coverage
- Air Quality Forecasting
  - Emerging source of routine data





#### **Fused Surfaces**

Improve AQ surface by fusing measurements with CMAQ results



Provide improved AQ surface for locations without monitors

