

US EPA ARCHIVE DOCUMENT

Addressing Distributional Issues in Environmental Health Benefits Analysis

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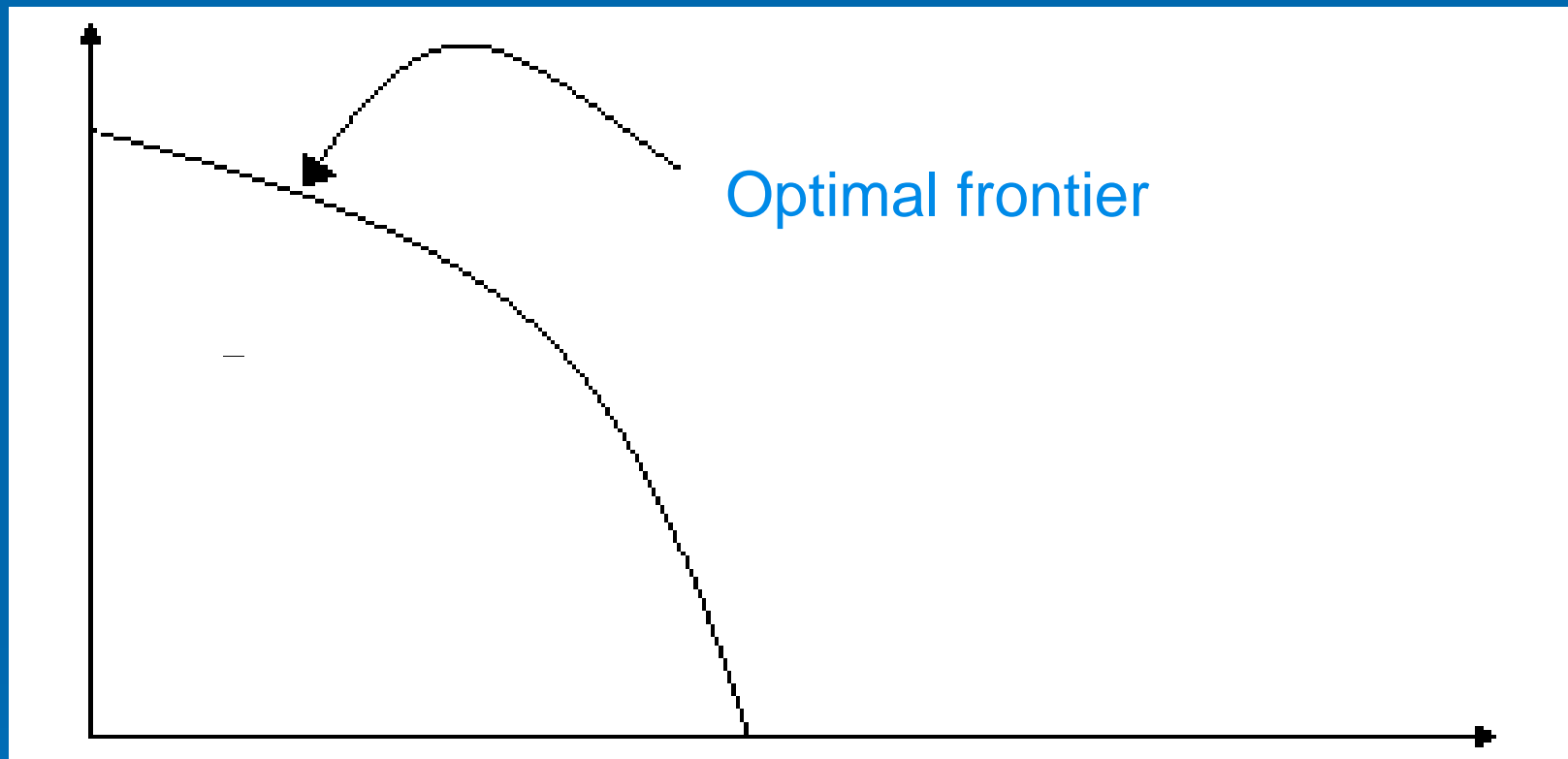
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Quantifying inequality

- Analysts have developed simple, meaningful indicators that can capture the magnitude of the benefits of pollution control from a source or set of sources in a benefit-cost analysis context
 - Deaths, monetized benefits, QALYs, etc.
- Is there a simple, meaningful indicator that can capture the distribution of the benefits of pollution control from a source or set of sources?
 - Inequality of outcomes \neq injustice of process and should not be interpreted as such

“Equality” = Distribution of Health Benefits



“Efficiency” =
Magnitude of Health Benefits
(or Benefits - Costs)

What does a meaningful inequality indicator look like?

- Numerous income inequality studies developed axiomatic approaches to select indicators
- We modified the standard list of axioms and proposed additional axioms relevant to health benefits analysis (Levy et al., 2006)

Highlights

- Many core axioms were similar for health and income, but not identical
 - Ex.: Anonymity desirable for income but not health, scale invariance means something different for health and income
- Selected “additional” axioms:
 - Analyst must not impose a value judgment about the relative importance of transfers at different percentiles of the risk distribution
 - The welfare measure must be as close to a measure of health risk as possible
 - The inequality indicator should not be applied without consideration of baseline risk distributions
 - The geographic scope and resolution should be identical for inequality and efficiency measures, with as fine resolution as possible given available data
 - The inequality indicator should be derived for multiple competing policy alternatives

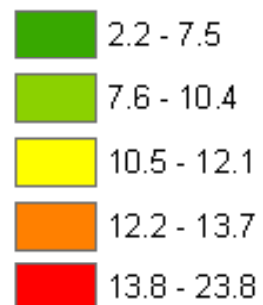
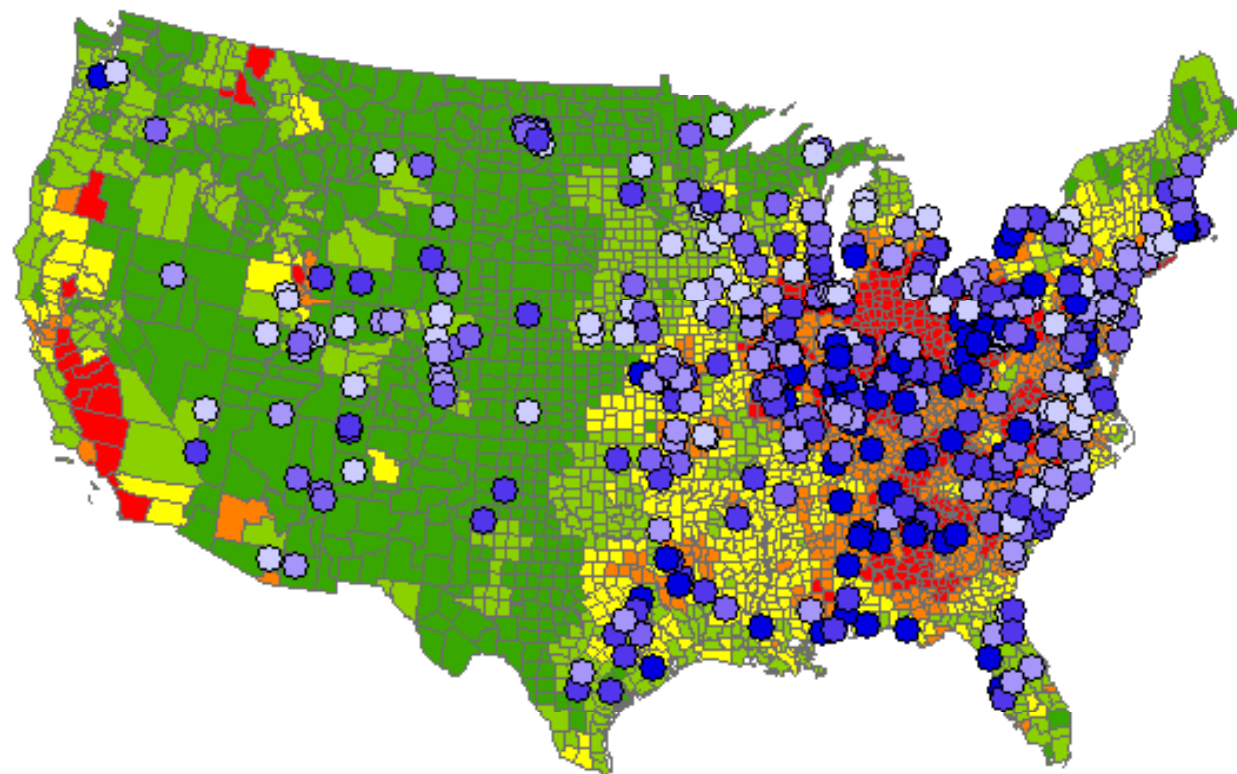
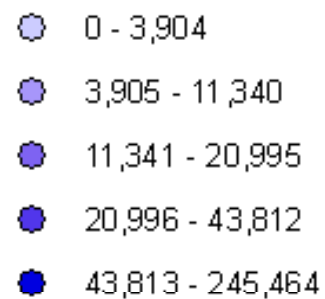
Atkinson index

$$1 - \left[\frac{1}{n} \sum_{i=1}^n \left[\frac{x_i}{\bar{x}} \right]^{1-\varepsilon} \right]^{\frac{1}{1-\varepsilon}}$$

- Member of generalized entropy family (derived specifically to be decomposable)
- Fulfills all major axioms
- Societal preferences about inequality incorporated through ε
 - Higher ε = more weight on transfers at low end

Power plant case study

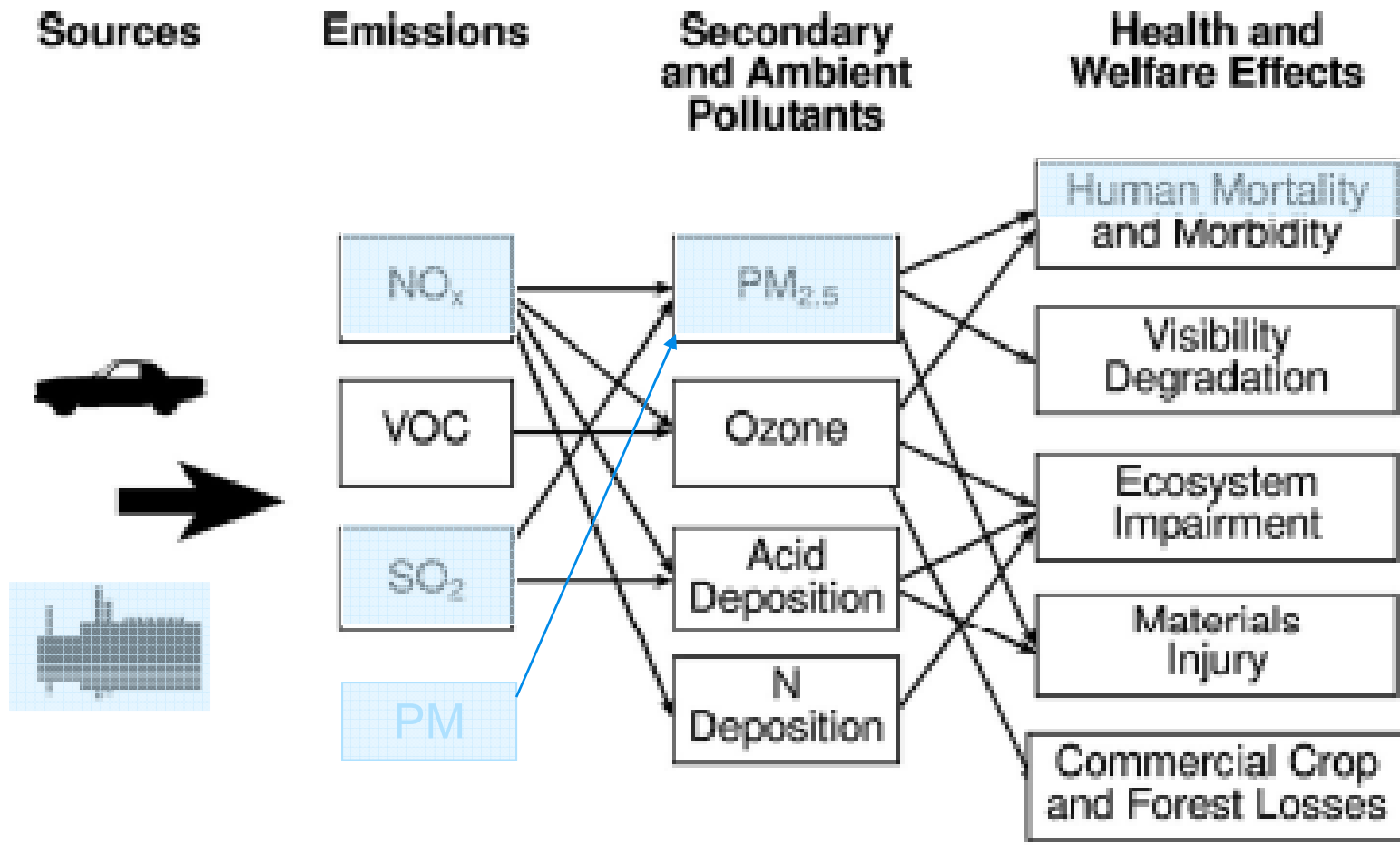
- What do optimal reductions given a national cap on power plant emissions look like, considering efficiency and equality?
 - Developed approaches by which 75% reductions in NO_x, SO₂, and PM_{2.5} emissions could be achieved, to span efficiency/equality space
 - Meant to be illustrative rather than realistic

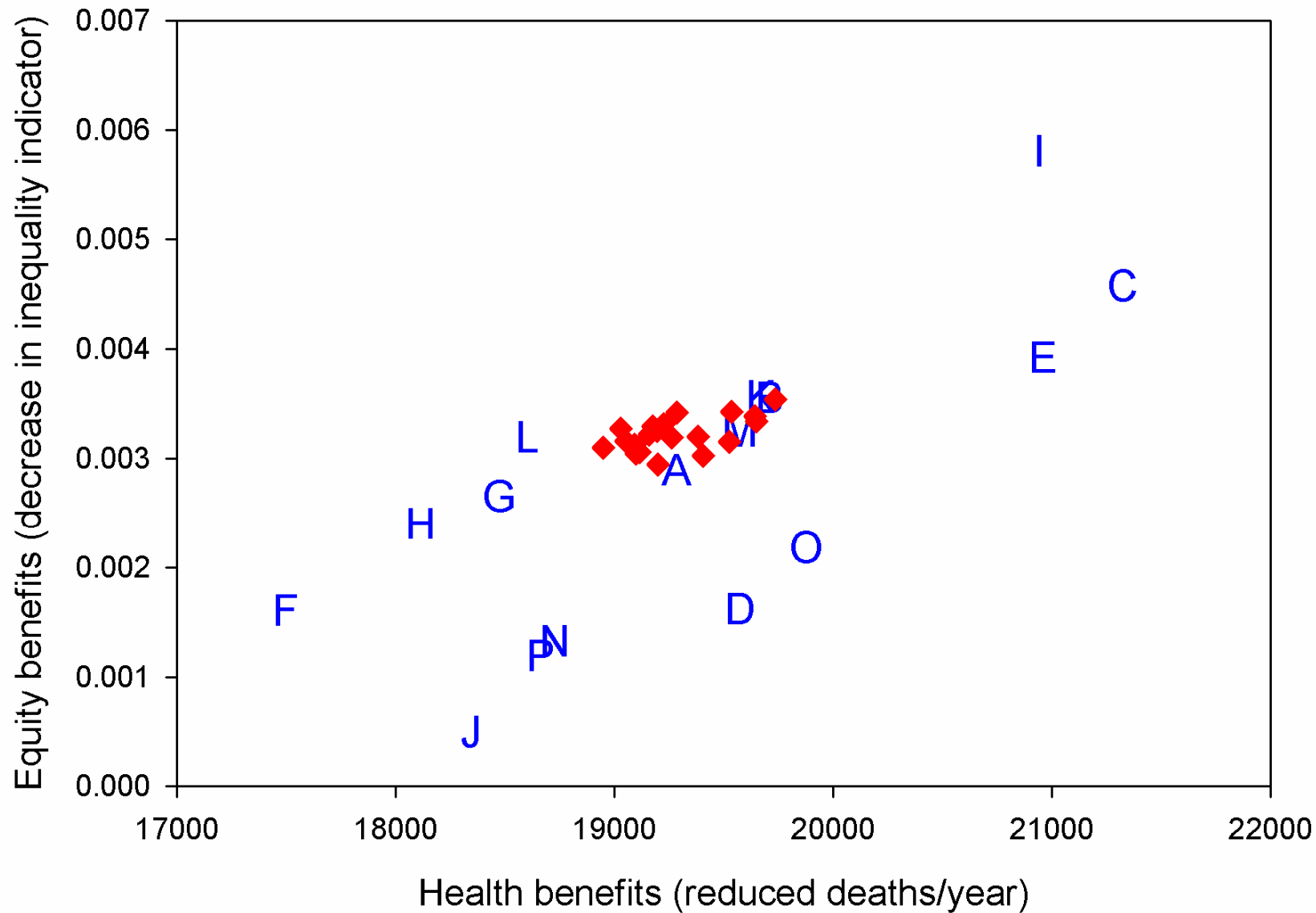
Background PM_{2.5} (ug/m³)**SO₂ emissions (tons/year)**

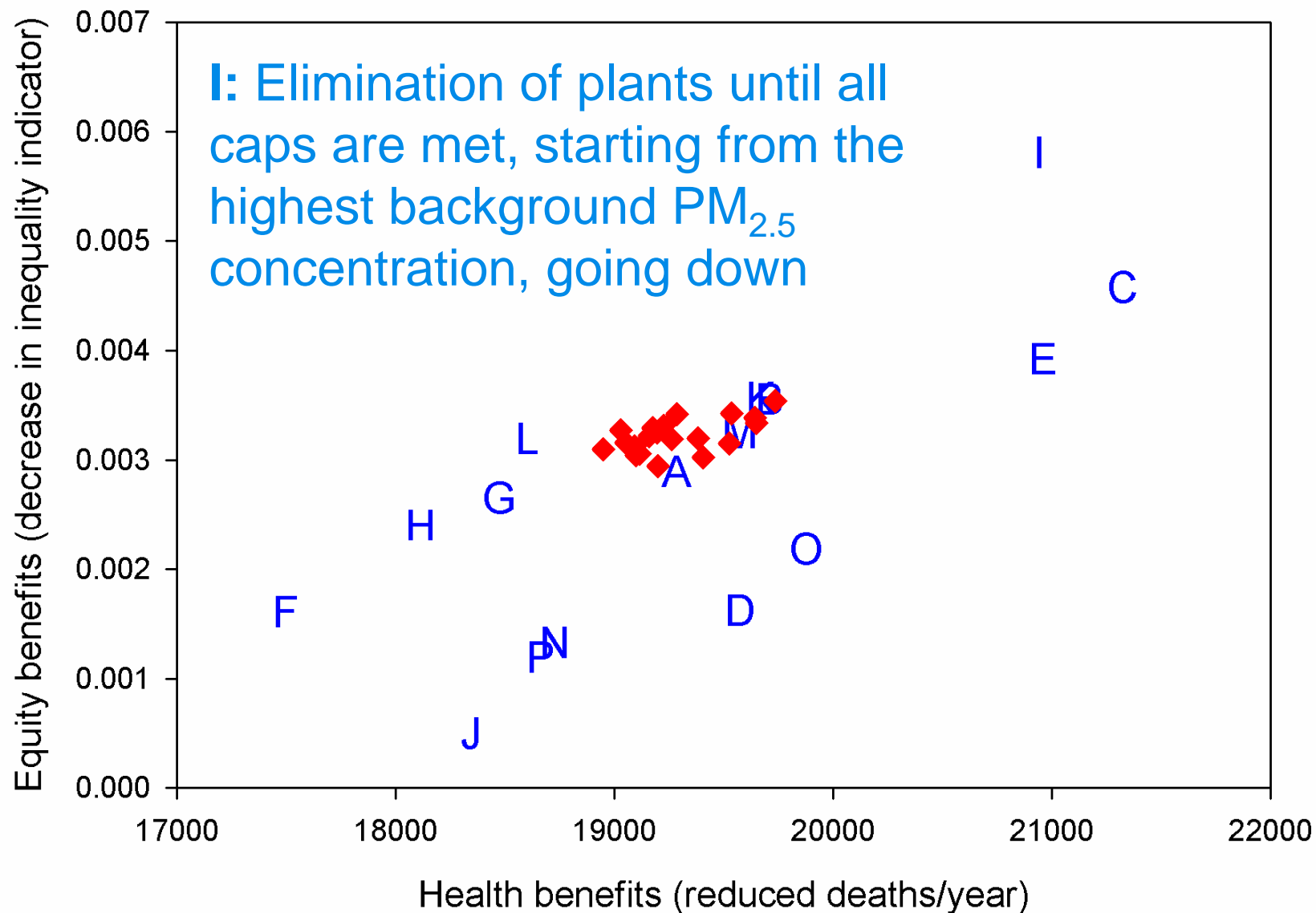
Extracted from
EGRID, NEI
for 425 plants

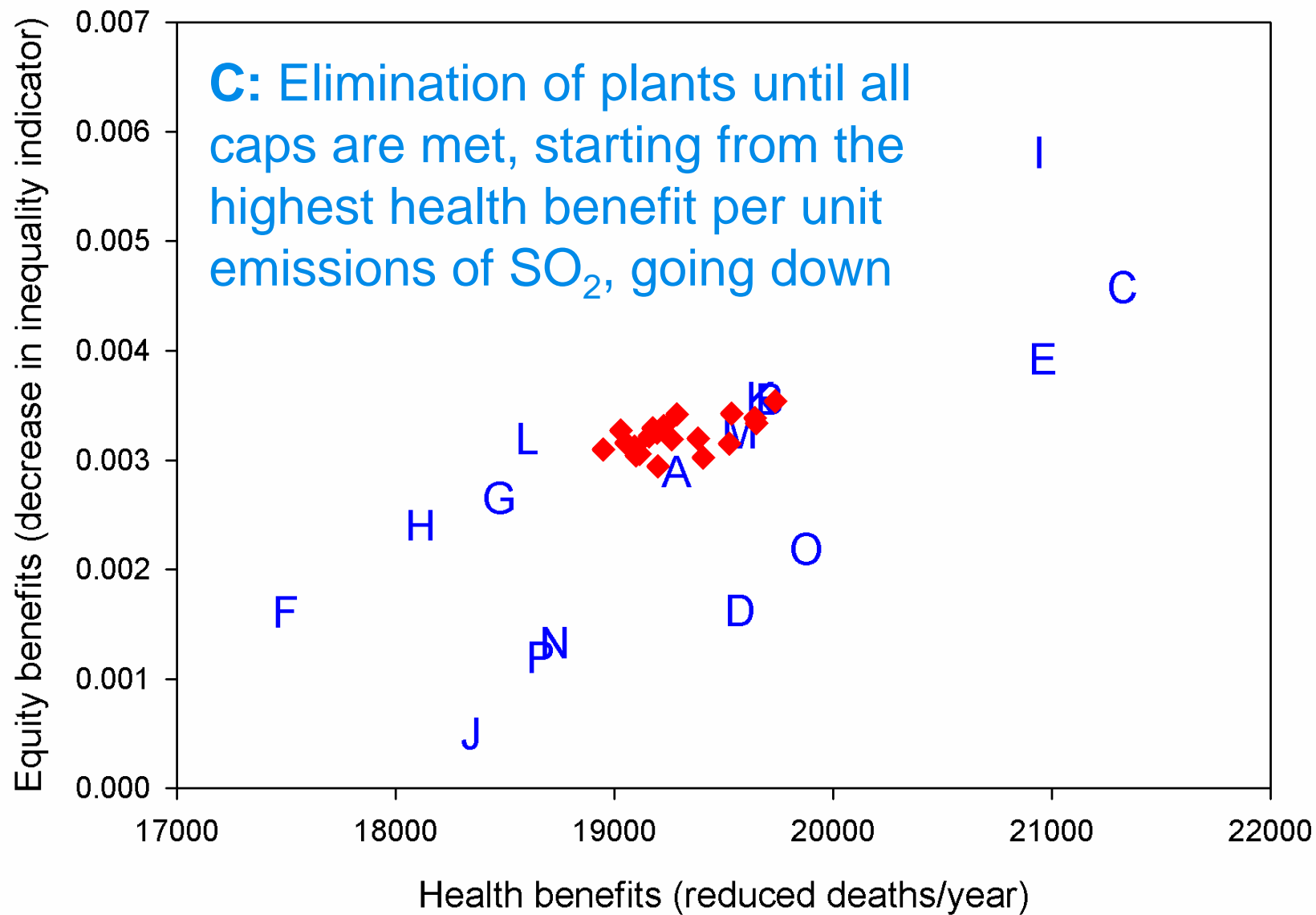
S-R matrix,
county
resolution

C-R function
from ACS,
county mortality



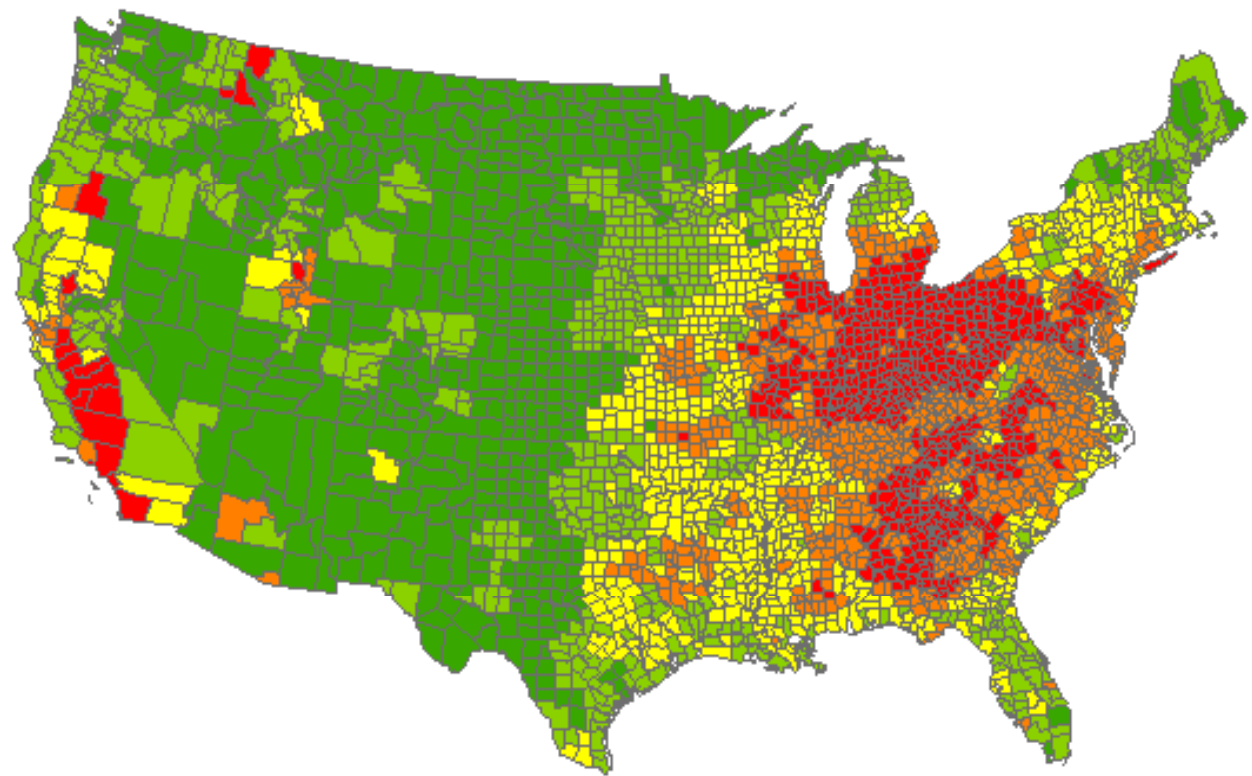
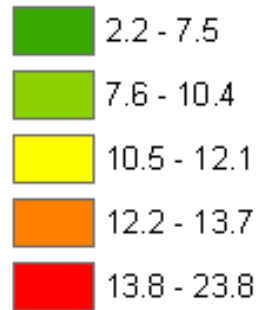




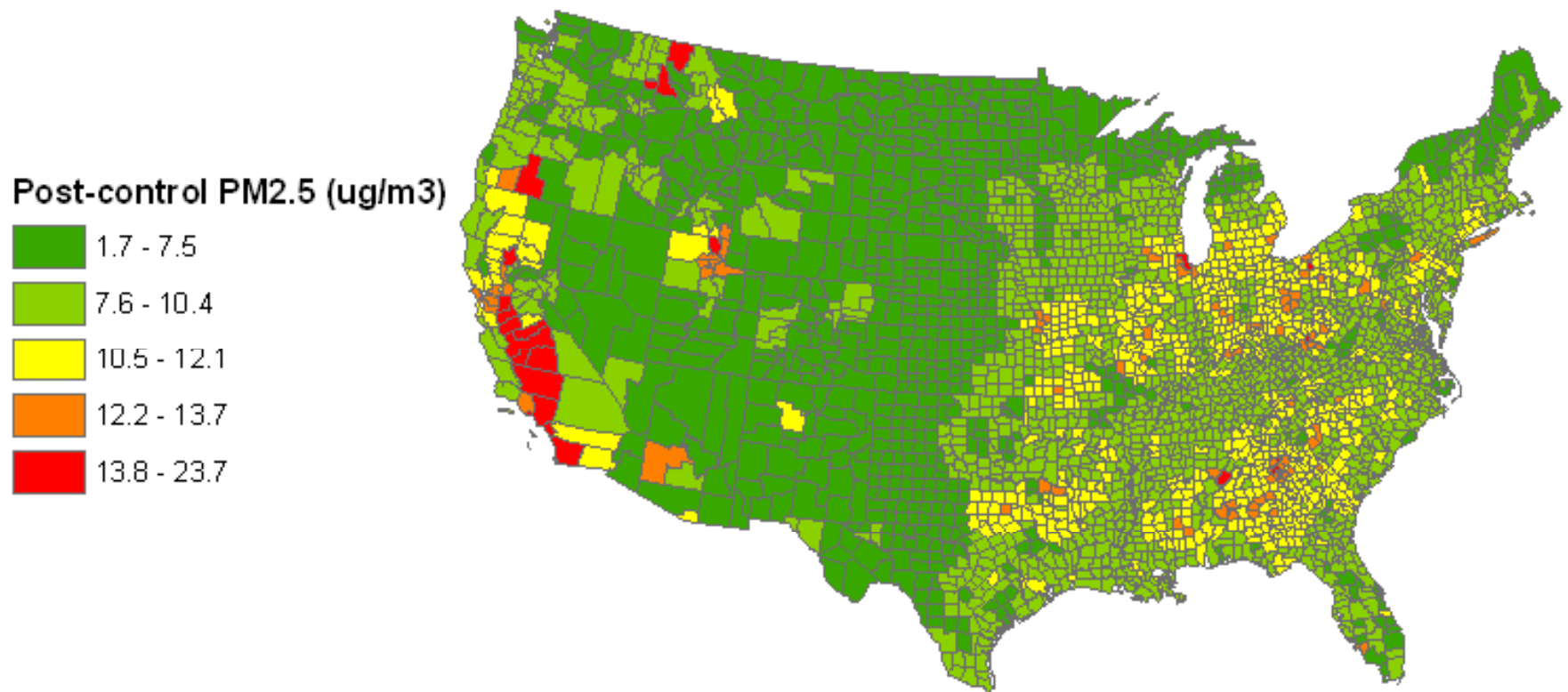


Baseline concentrations

Background PM_{2.5} (ug/m³)



Post-control baseline concentrations (High SO₂ health benefit per unit emissions)



What did we conclude?

- For power plants and PM, strong concordance between the more efficient and more equitable strategies
- Sensitivity analyses show conclusions robust across numerous indicators and formulations, but properly accounting for baseline/background conditions very important

What's missing?

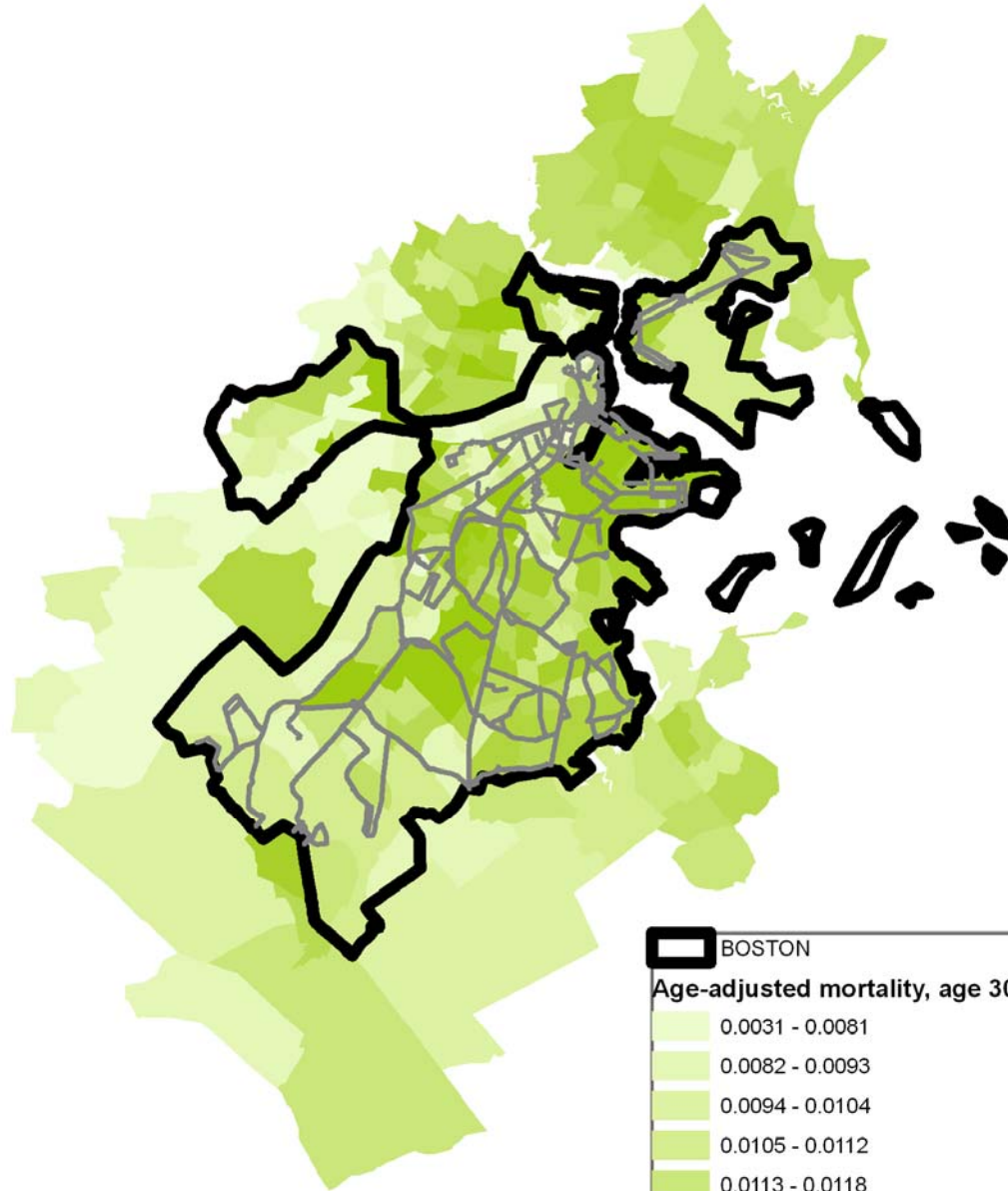
- Economics of power plant control
 - Plausibility of control options
 - Economic efficiency/equality considerations
 - Could calculate net benefits on “efficiency” axis; not relevant for stylized example
- Factors influencing variability in risk (effect modifiers, differential susceptibility)
- Inequality other than spatial inequality (if relevant)
- Consideration of local perspective
 - Answers questions most relevant to national policymakers but not necessarily for local policymakers or individual communities

Urban bus case study

- Local rather than national policy decision
- Pollutants with steep rather than gradual concentration gradients
- Large spatial variability in vulnerability
 - Does the framework still hold?
 - Are the conclusions similar?

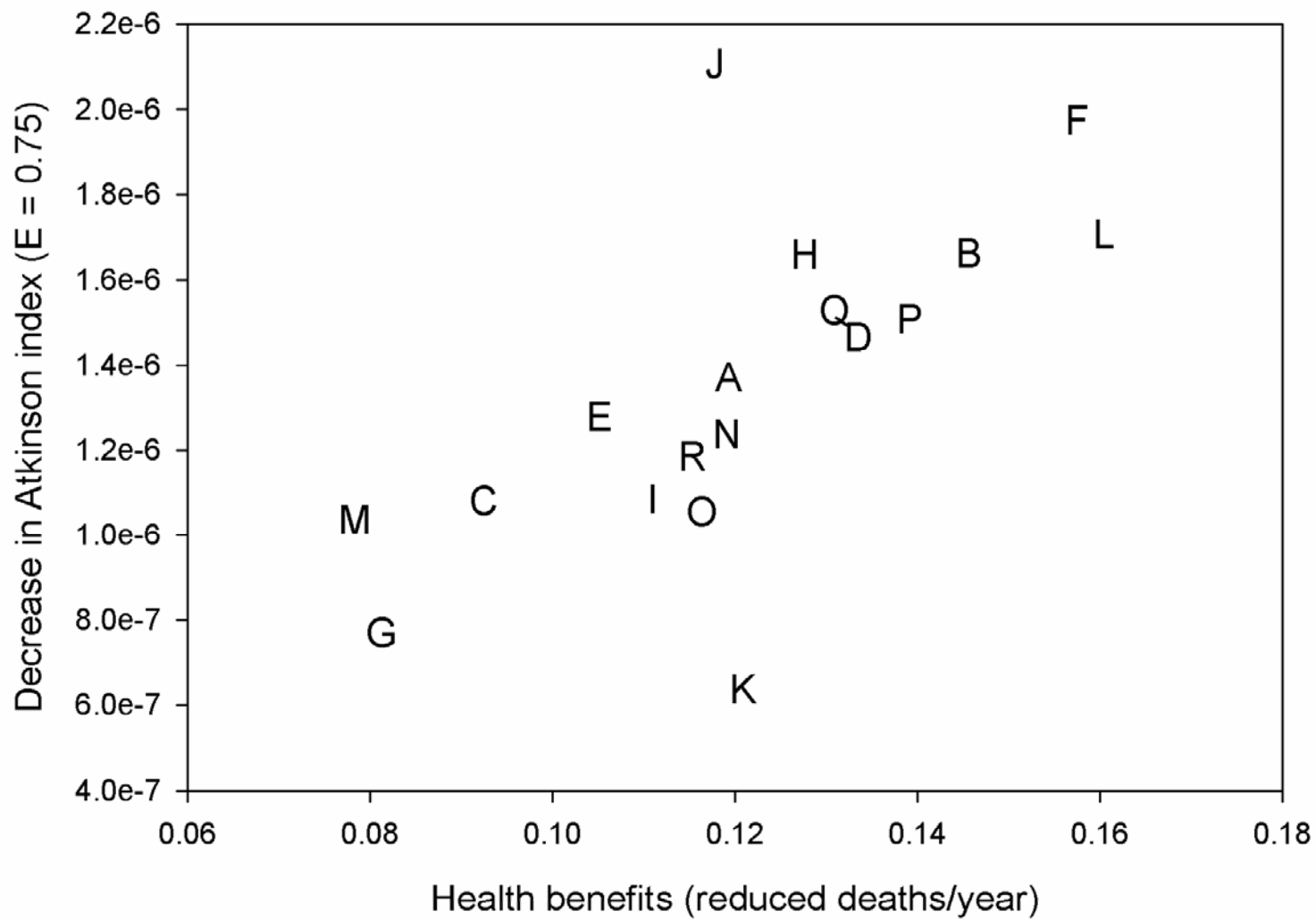
Case study assumptions

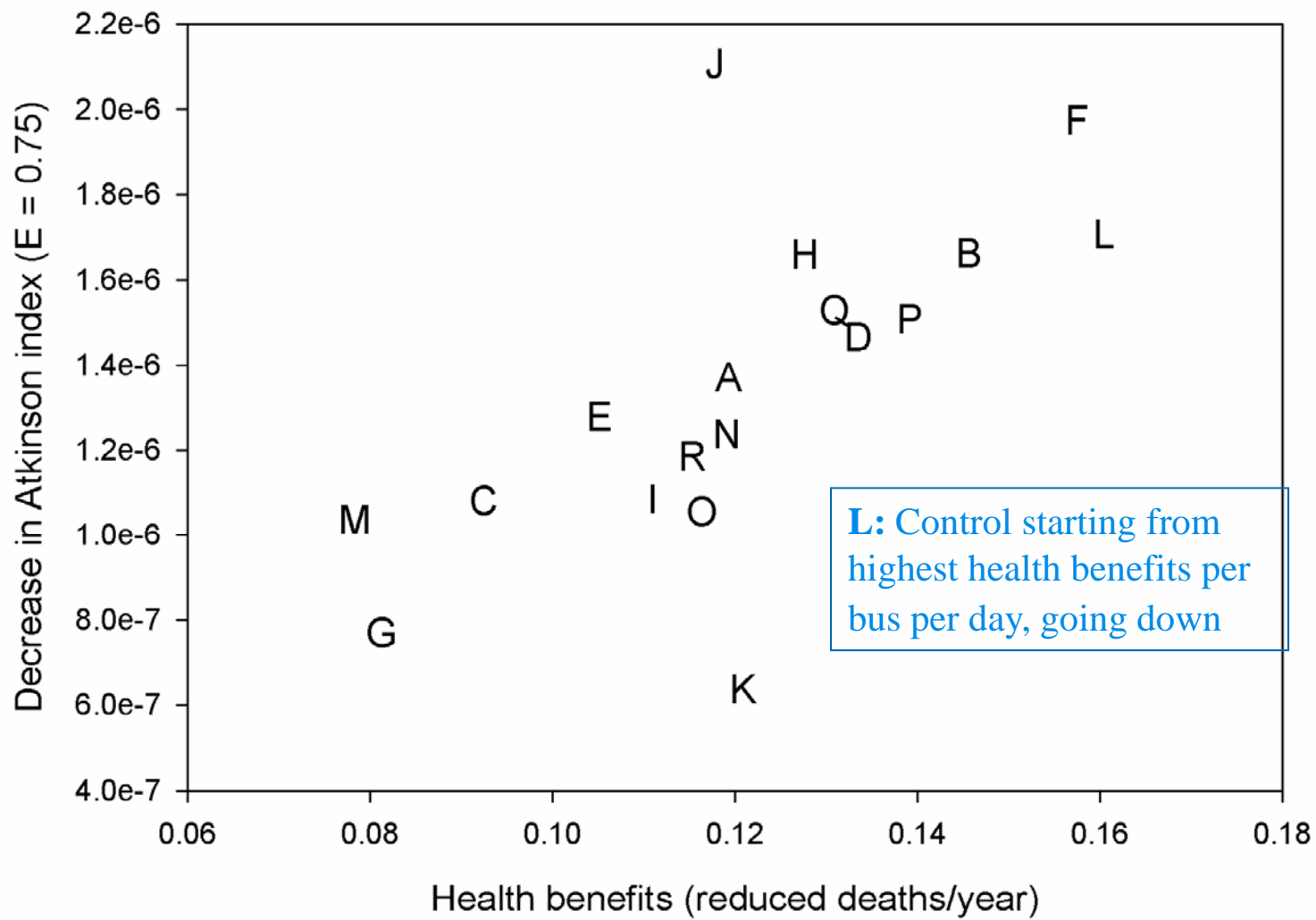
- All 45 MBTA bus routes entirely within Boston are candidates to have diesel buses retrofit with diesel particulate filters (DPFs)
- Funding exists to retrofit half of these buses
- Buses travel on the same route each day, so retrofitting a bus reduces emissions on a defined route
- The mortality effects of $PM_{2.5}$ will dominate the benefits of DPFs
- Decision makers are concerned both with maximizing public health benefits (equivalent to maximizing net benefits given identical control costs across control scenarios) and minimizing health inequality

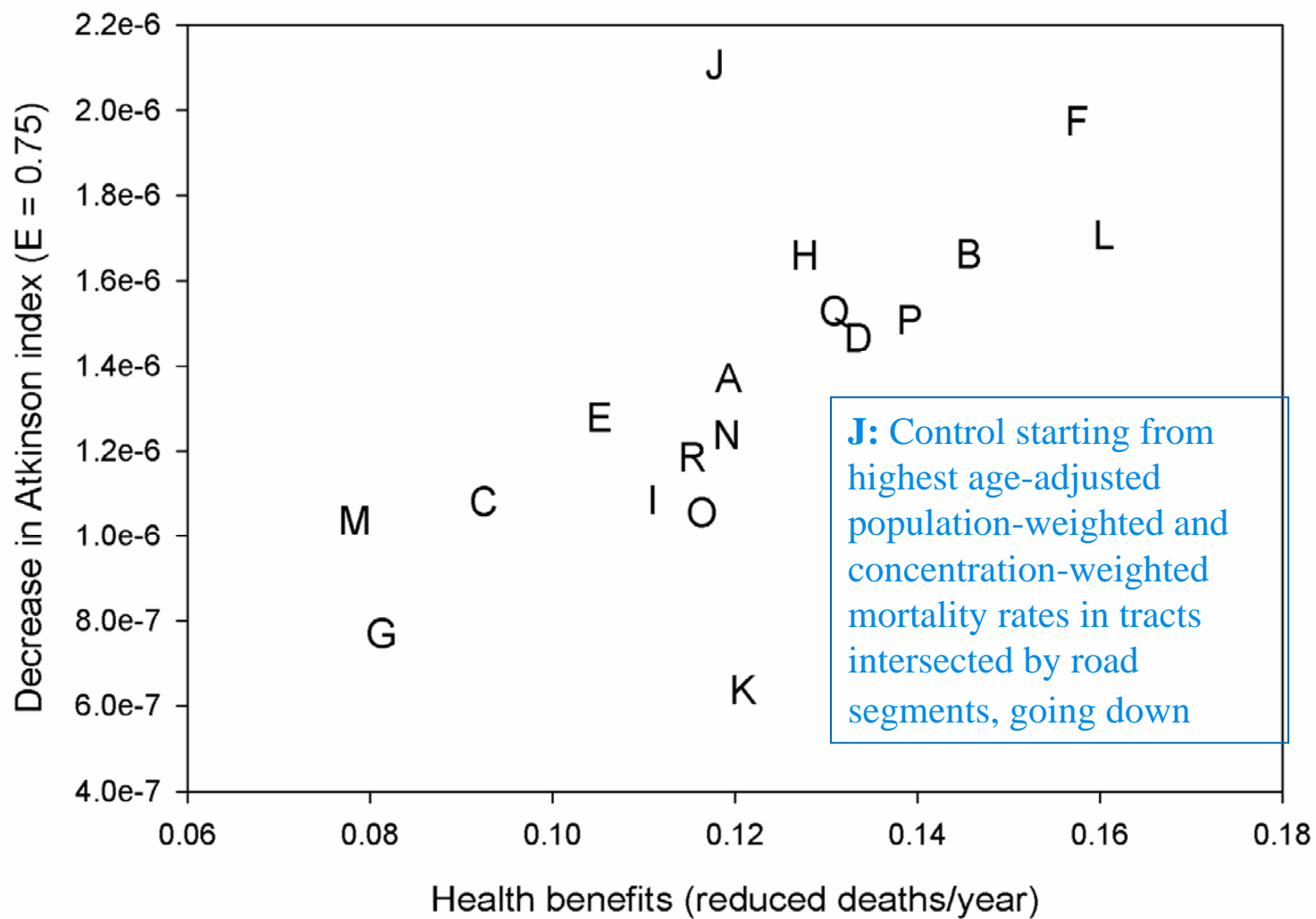


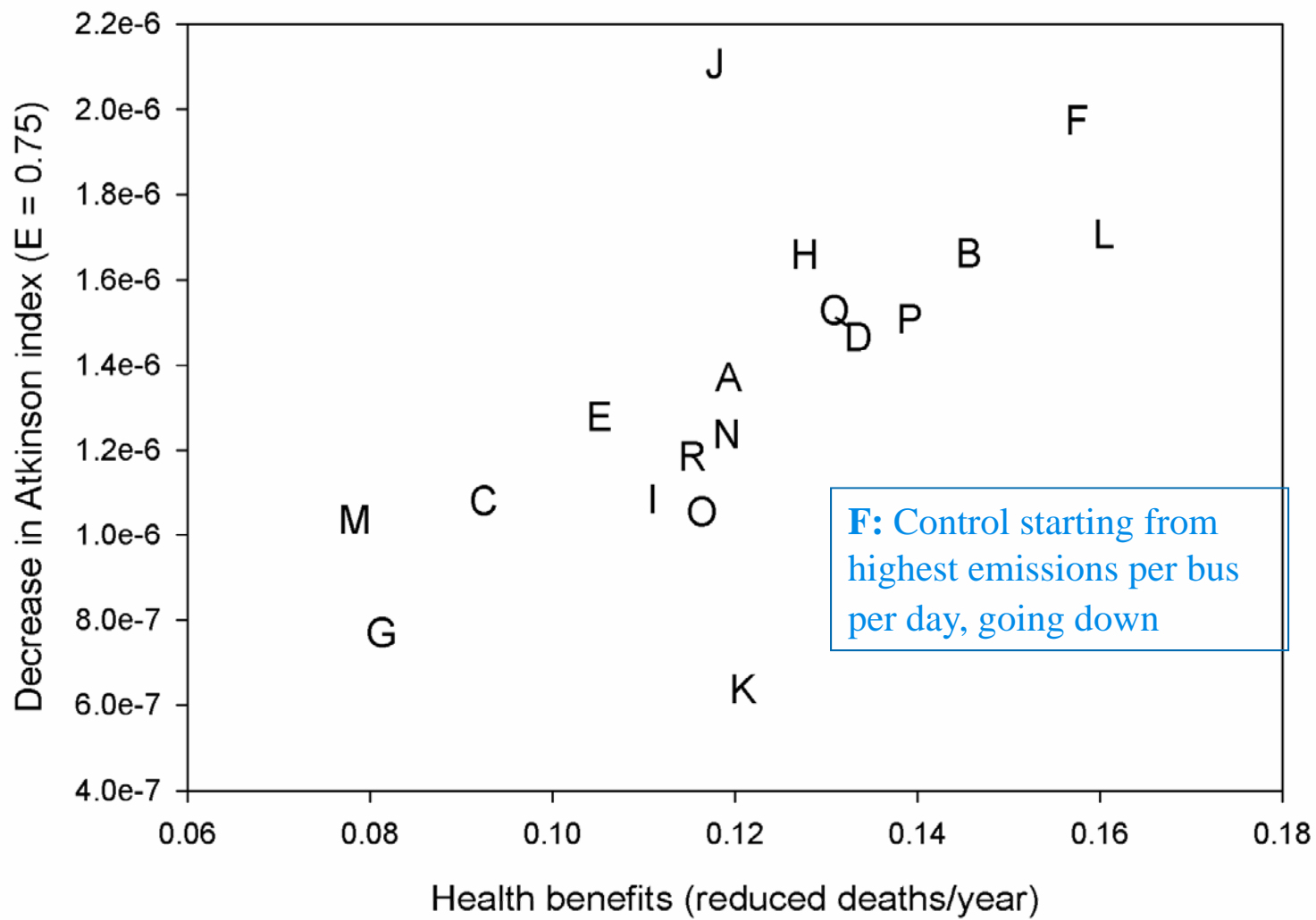
Key aspects of methodology

- Modeled contribution of emissions on each road segment (5,232 in total) to concentrations in each census block within 5000 m of roadway
 - CAL3QHCR w/interpolation
- Estimated background mortality rate by census tract by obtaining individual geocoded death records from MA DPH
 - Both raw and age-adjusted rates considered in equity analysis
- Applied Atkinson index to both risk and inverse of risk, to explore key differences between income and risk









What did we conclude?

- For primary PM from diesel buses, as for the power plant case, reasonable concordance between more efficient and more equitable strategies
 - Concordance will exist when baseline disease rates vary, risk management options can target high-risk areas, and population density is reasonably uniform or positively correlated with baseline disease rates.
- Incorporating variability in background mortality rates can have a large influence on findings

What's still missing?

- Leveraging the strengths of the Atkinson index to separate spatial from socioeconomic inequality
- Incorporation of the cost side
- Moving beyond single-pollutant exposure characterization to multi-stressor exposure characterization (chemical and non-chemical)
- More systematic attempts to model interactions/synergies and to capture differential susceptibility

Concluding thoughts

- Quantitative indicators provided one approach for formally injecting health inequality into a benefit-cost analysis framework
- If baseline exposures and vulnerability are appropriately characterized, there may be many situations where the most efficient strategy is also preferred from equality (and equity?) perspective
- Future studies should capture more realistic scenarios, incorporate costs, consider decision-maker willingness to trade off efficiency and equality, and capture dimensions of interest to communities