

US EPA ARCHIVE DOCUMENT

Translating Air Quality Model Predictions to Health Impacts

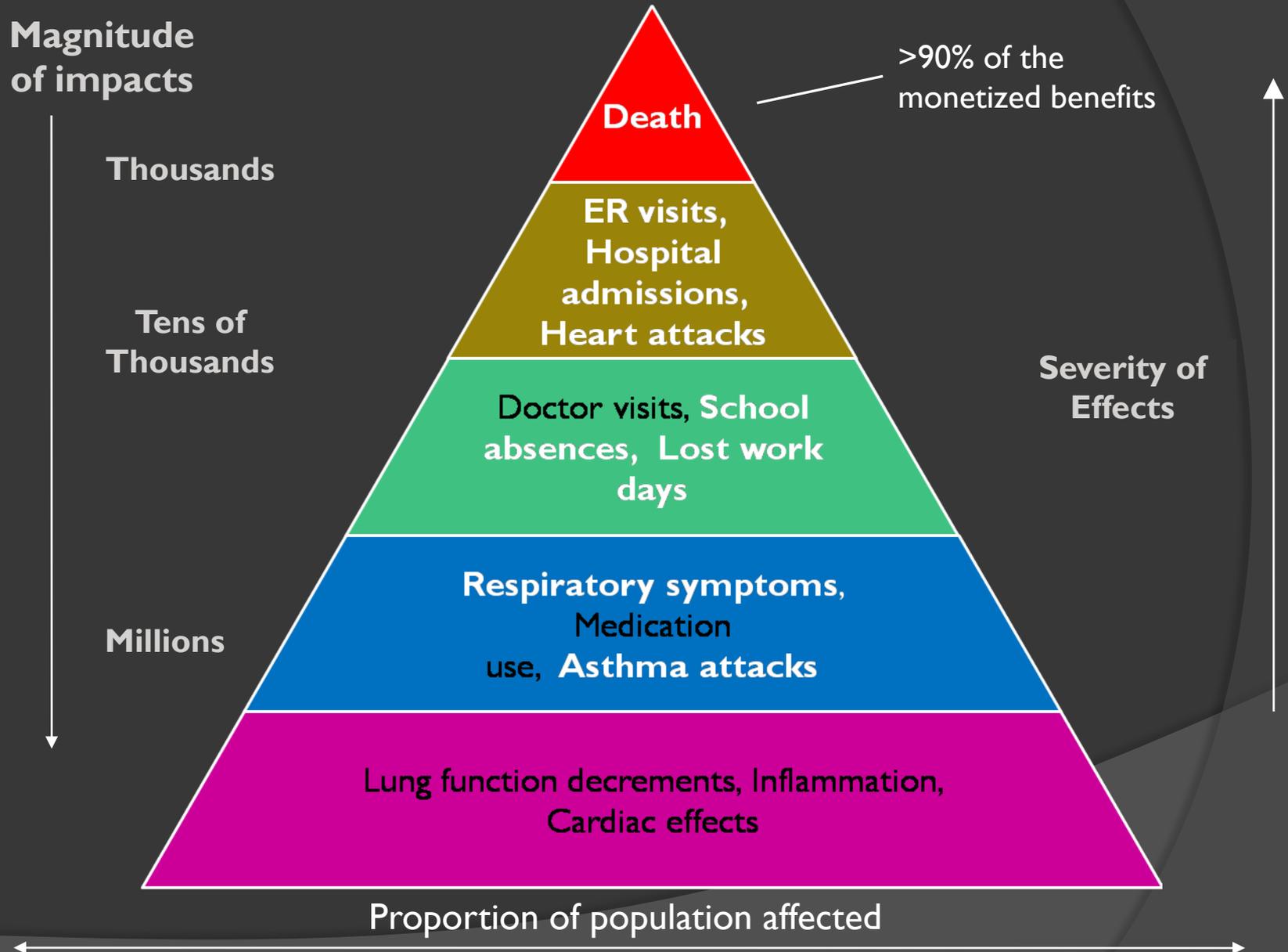
Understanding how the Agency uses air quality modeling results to estimate health benefits

Dynamic Air Quality Modeling Kick-Off
November 8th, 2012

Overview

- ⦿ First principles—the relationship between air pollution and health
- ⦿ Using the BenMAP tool to quantify air pollution health impacts
- ⦿ Benefits assessments supporting regulatory impact analyses
- ⦿ Health burden assessments
- ⦿ Characterizing cumulative air pollution risk
- ⦿ Future air quality modeling needs

A “Pyramid of Effects” from Air Pollution



What Health Endpoints do we Include in Our **Central** Benefits Estimate?

| <i>Health Endpoint</i> | <i>PM_{2.5}</i> | <i>Ozone</i> |
|------------------------------------|-------------------------|--------------|
| Premature mortality* | ✓ | ✓ |
| Nonfatal heart attacks | ✓ | |
| Hospital admissions | ✓ | ✓ |
| Asthma ER visits | ✓ | ✓ |
| Acute respiratory symptoms | ✓ | ✓ |
| Upper & lower respiratory symptoms | ✓ | |
| Asthma attacks | ✓ | ✓ |
| Work loss days | ✓ | |
| School absence rates | | ✓ |

*Long term PM_{2.5}-related mortality and short-term O₃-related mortality

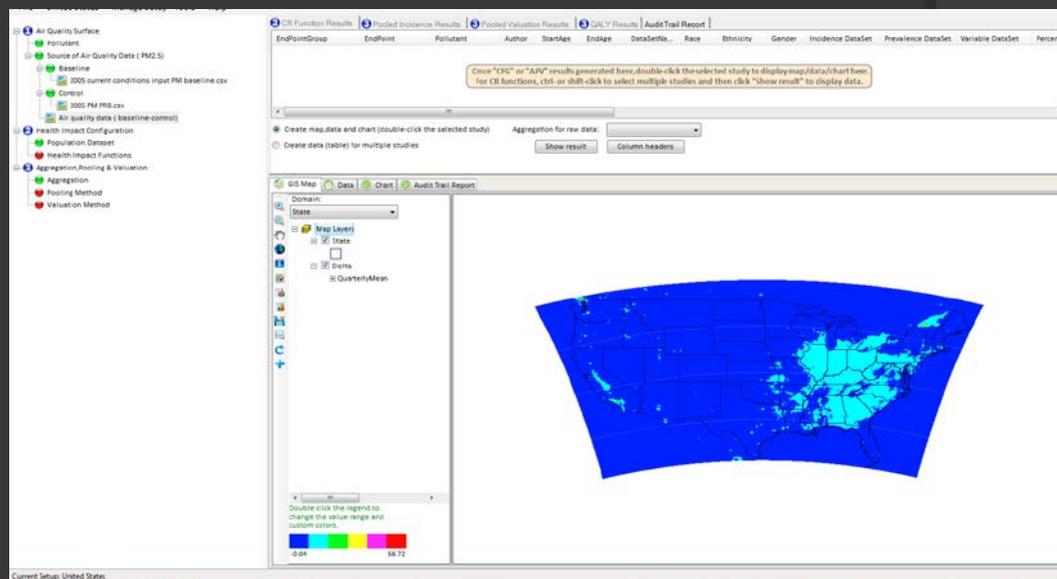
What Health Endpoints do we Include in Our Sensitivity Analyses?

| <i>Health Endpoint</i> | <i>PM_{2.5}</i> | <i>Ozone</i> |
|--|-------------------------|--------------|
| Long- term premature mortality* | | ✓ |
| Education-modified premature mortality | ✓ | |
| Ischemic and hemorrhagic stroke | ✓ | |
| Cardiovascular emergency department visits | ✓ | |
| Worker productivity | | ✓ |
| Chronic bronchitis | ✓ | |

*Long term O₃-related mortality

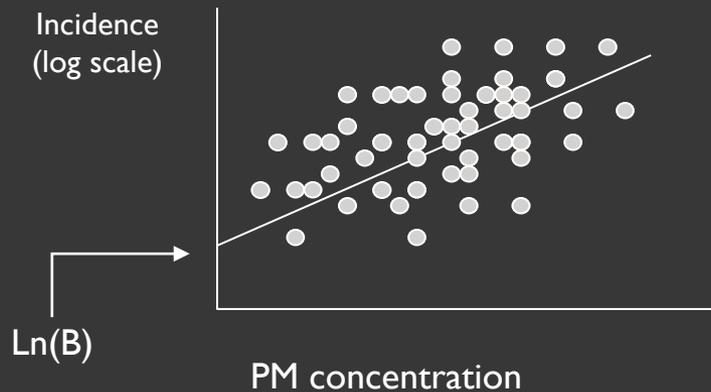
What is BenMAP?

- The “environmental Benefits Mapping and Analysis Program”
- The principal tool EPA uses to quantify the benefits criteria air quality improvements
- A PC-based and graphic user interface-driven software program
- Program estimates the incidence and economic value of adverse health outcomes
- Open-source version available for beta testing **Spring 2013**



Step One: Derive Health Impact Functions from Epidemiology Literature

Epidemiology Study



$$\text{Ln}(y) = \text{Ln}(B) + \beta(\text{PM})$$

Health impact function

$$\Delta Y = Y_0 (1 - e^{-\beta \Delta \text{PM}}) * \text{Pop}$$

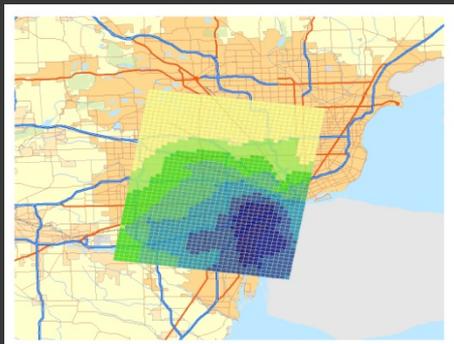
Y₀ – Baseline Incidence

β – Effect estimate

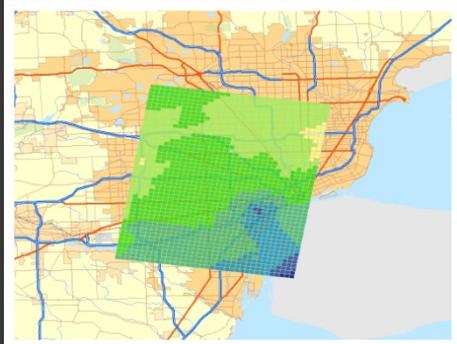
ΔPM – Air quality change

Pop – Exposed population

Baseline Air Quality



Post-Policy Scenario Air Quality



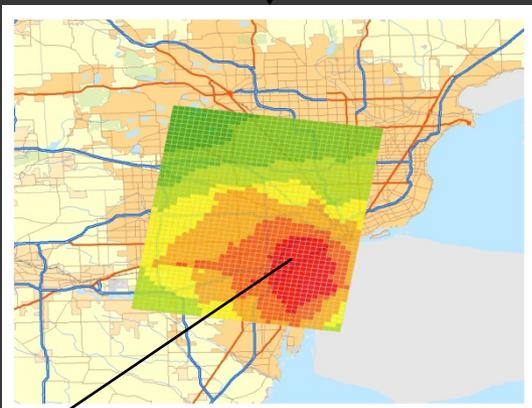
$$\Delta Y = Y_0 (1 - e^{-\beta \Delta PM}) * Pop$$

U.S. Version

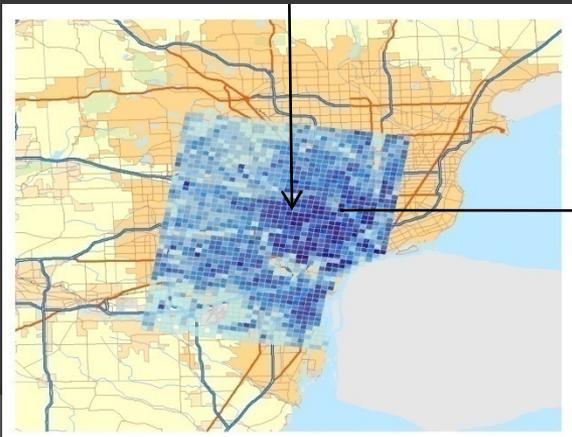


Environmental Benefits Mapping and Analysis Program

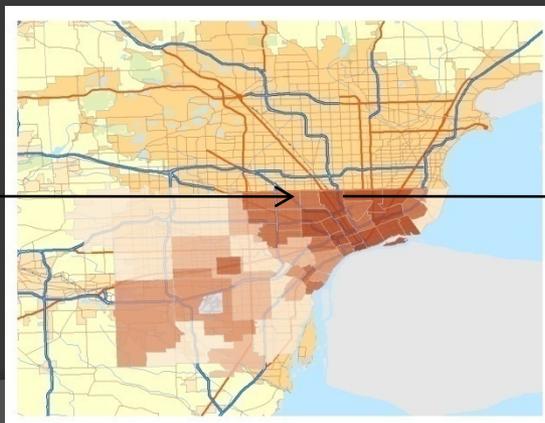
Incremental Air Quality Improvement



PM_{2.5} Reduction



Population Ages 18-65



Background Incidence Rate

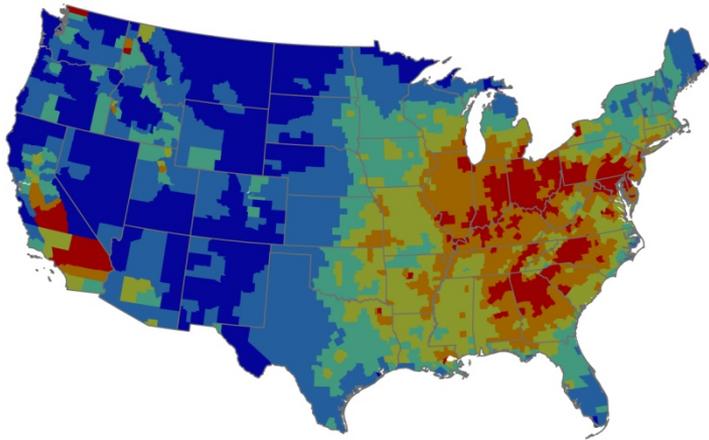


Effect Estimate

Mortality Reduction

Burden Assessments: Estimating the Risk Attributable to Recent PM_{2.5} and Ozone Levels

Percentage of O₃ and PM_{2.5} related deaths due to 2005 air quality levels by county



Percentage of total deaths due to PM_{2.5} and ozone
 Krewski et al. (2009) PM mortality and Levy et al. (2005) ozone mortality estimates

- <3%
- 3.1 to 4.1%
- 4.2 to 5.3%
- 5.4 to 6.2%
- 6.3 to 7.2%
- 7.3 to 9.8%

| Summary of National PM _{2.5} & O ₃ impacts due to 2005 air quality | |
|--|--------------------|
| Excess mortalities (adults) ^A | 130,000 to 340,000 |
| Percentage of all deaths due to PM _{2.5} and O ₃ ^B | 6.1% |
| Impacts among Children | |
| ER visits for asthma (age <18) | 110,000 |
| Acute bronchitis (age 8-12) | 200,000 |
| Exacerbation of asthma (age 6-18) | 2,500,000 |

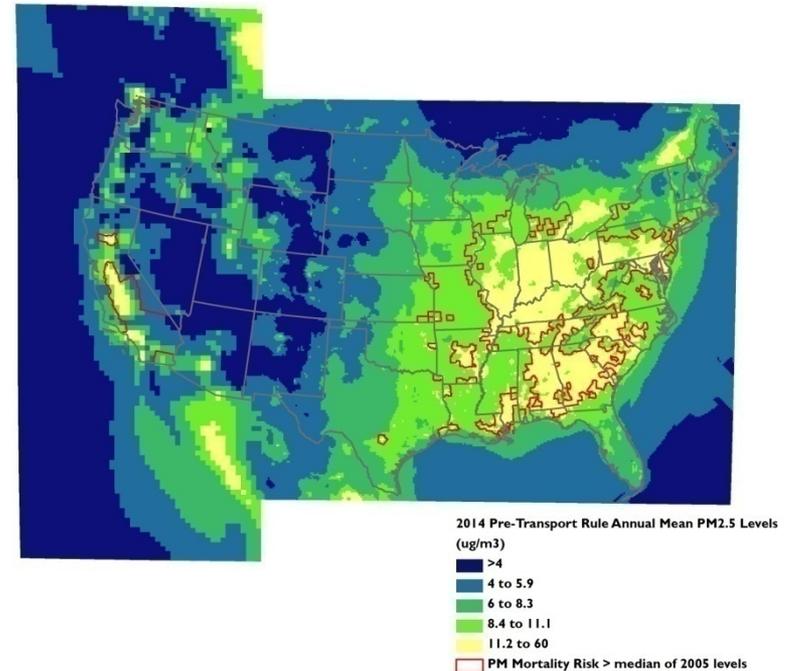
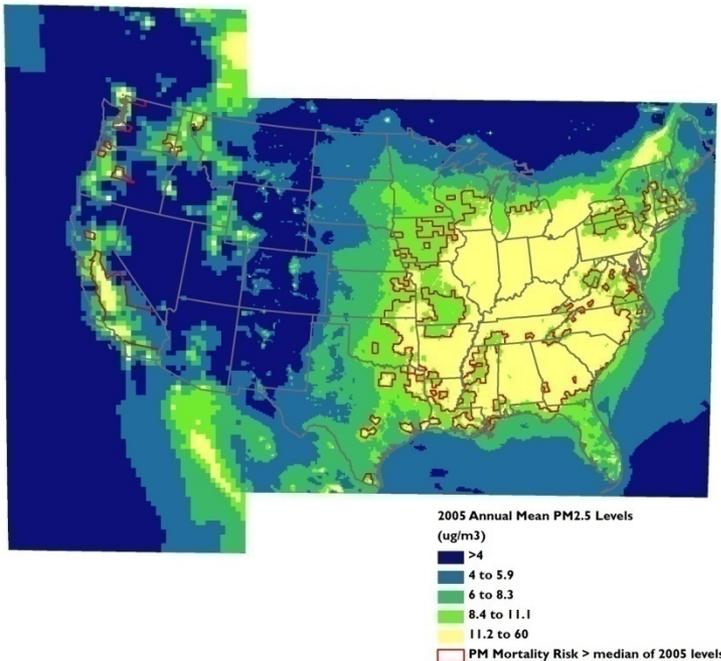
^A Range reflects use of alternate PM and ozone mortality estimates

^B Population-weighted value using Krewski et al. (2009) PM mortality and Levy et al. Ozone mortality estimates

Existing rules reduce the number of counties with elevated PM mortality risk between 2005 and 2014...

2005

2014 **Pre-Transport Rule**

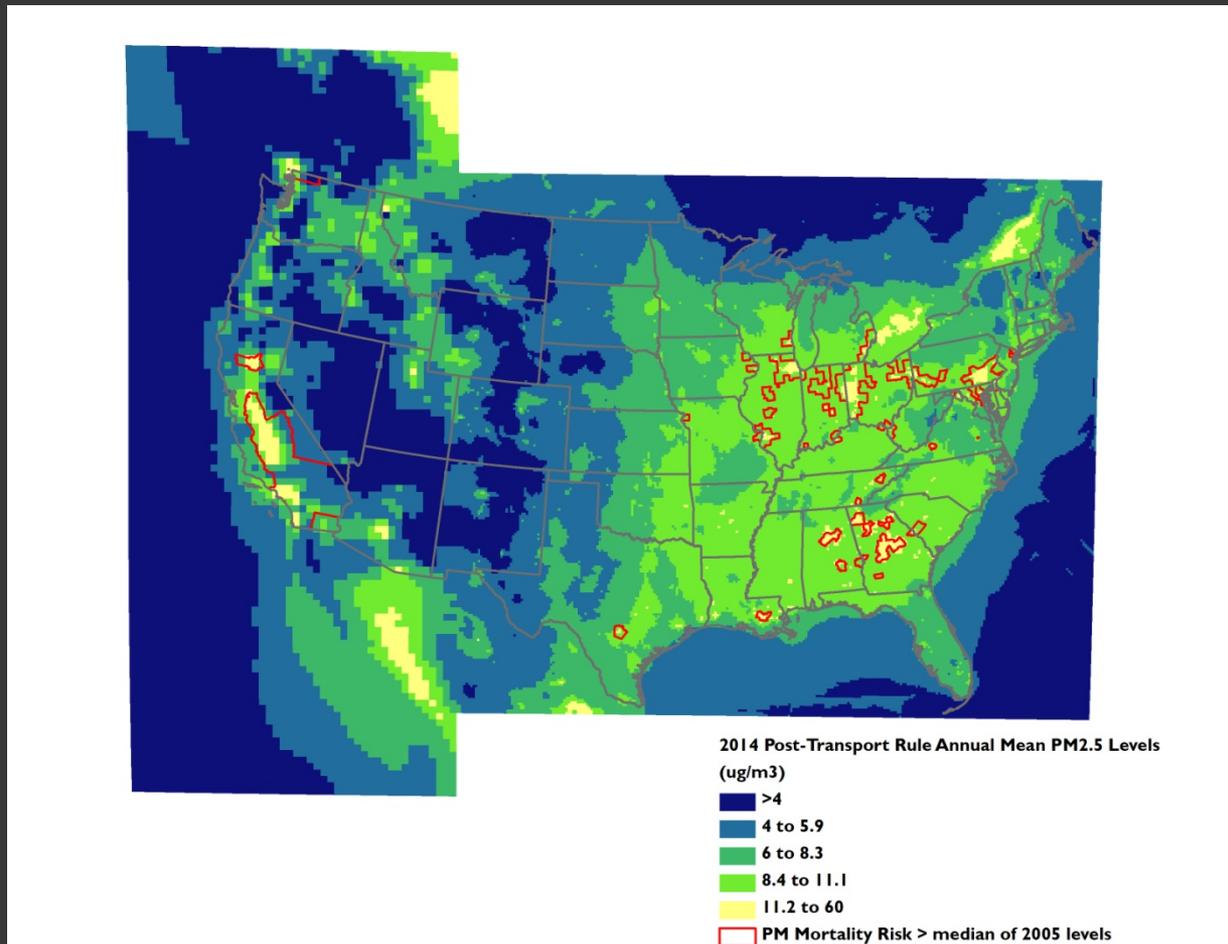


1,550 total high risk counties, of which 1,525 are in the East.

958 total high risk counties. of which 942 are in the East.

 Red outline identifies counties at or above the 2005 median risk level

...and this number drops further under the 2014 Proposed Transport Rule



180 total high risk counties, of which 164 are in the East.

Red outline identifies counties at or above the 2005 median risk level

EPA Regulatory Analyses: Health Benefits of 2014 Cross-State Air Pollution Rule

Summary of health impacts avoided

| Health endpoint | Value |
|--|---------------------------|
| PM _{2.5} -related mortality (Pope et al. 2002) | 13,000 (5,200—21,000) |
| PM _{2.5} -related mortality (Laden et al. 2006) | 34,000 (18,000—49,000) |
| O ₃ -related mortality (Bell et al. 2004) | 27 (11—42) |
| O ₃ -related mortality (Levy et al. 2005) | 120 (90—160) |
| PM _{2.5} -related chronic bronchitis | 8,700 (1,600—16,000) |
| PM _{2.5} -related non-fatal heart attacks | 15,000 (5,600—24,000) |
| PM _{2.5} and O ₃ -related respiratory hospitalizations | 2,900 (1,300—4,300) |
| PM _{2.5} and O ₃ -related emergency department visits | 9,900 (5,800—14,000) |

Monetized health and welfare benefits^A

| Endpoint | Value (billions of 2006\$) |
|---|-------------------------------|
| <i>Human health^B</i> | |
| Pope et al. 2002 PM _{2.5} and Bell et al. 2004 O ₃ mortality estimates | \$120 (\$14—\$350) |
| Laden et al. 2006 PM _{2.5} and Levy et al. 2005 O ₃ mortality estimates | \$280 (\$29—\$810) |
| <i>Visibility</i> | \$3.6 |
| Total | |
| Pope et al. 2002 PM _{2.5} and Bell et al. 2004 O ₃ mortality estimates | \$120 (\$10—\$360) |
| Laden et al. 2006 PM _{2.5} and Levy et al. 2005 O ₃ mortality estimates | \$290 (\$26—\$850) |

^A All values rounded to two significant figures

^B Discounted at 3%

Source: <http://www.epa.gov/airtransport/pdfs/FinalRIA.pdf>

Identifying Populations Susceptible and Vulnerable to PM_{2.5} Air Pollution in Detroit

Populations susceptible to PM_{2.5} impacts

Asthma hospital visits

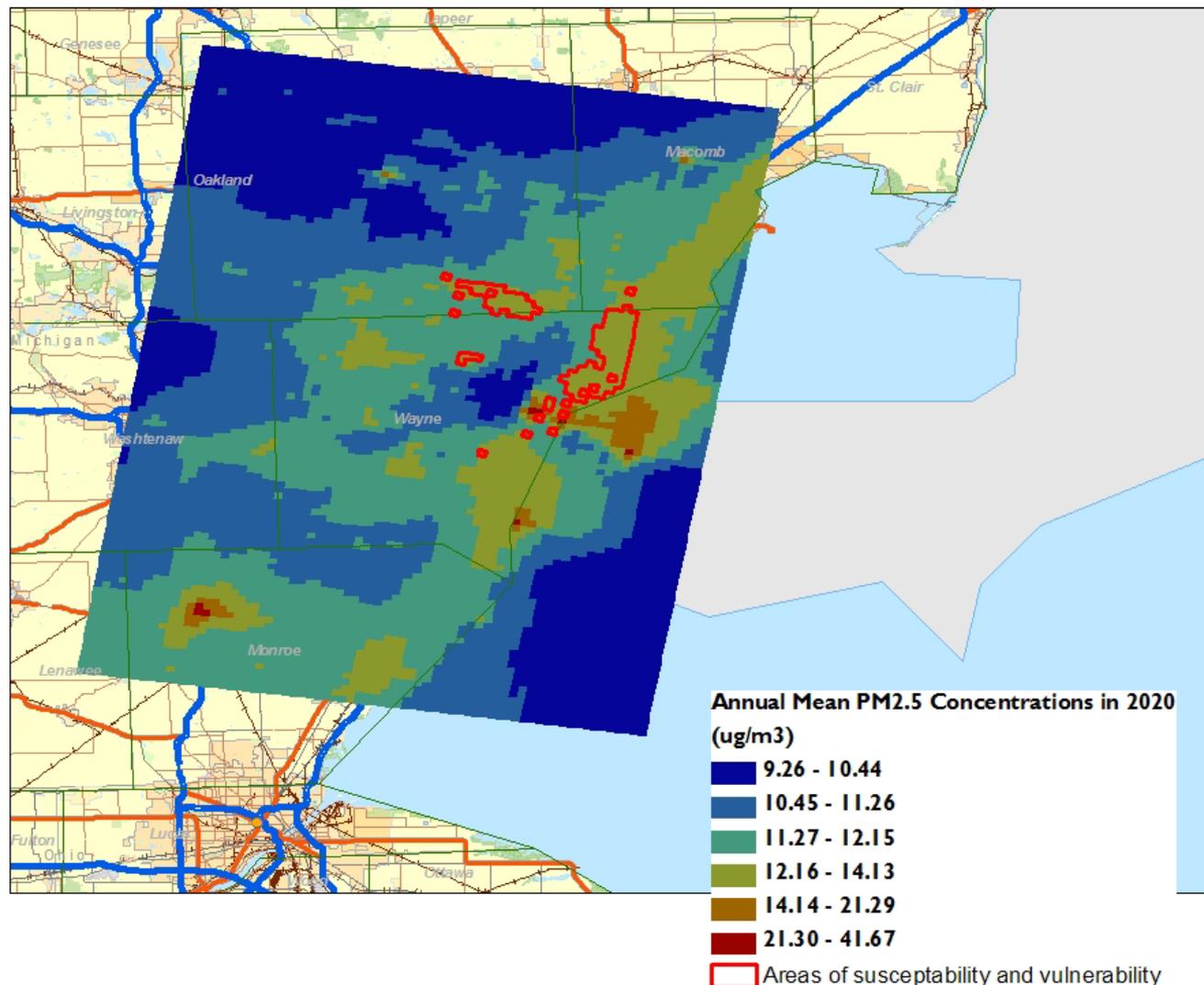


Populations vulnerable to PM_{2.5} impacts

Annual mean PM_{2.5} air quality levels

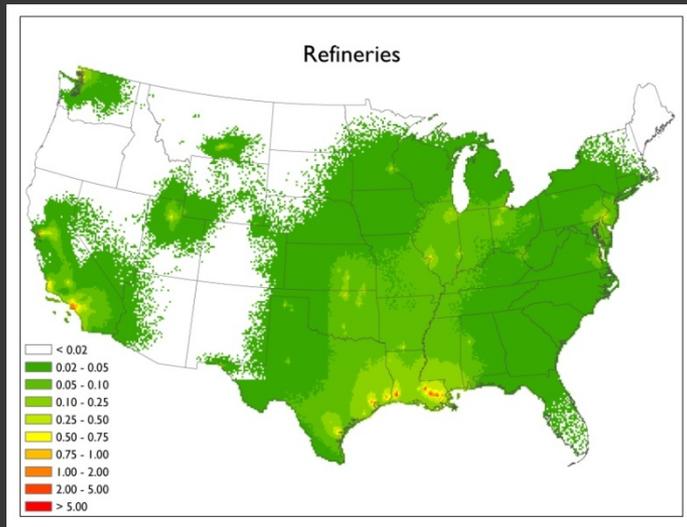


Populations susceptible **and** vulnerable to PM_{2.5} impacts

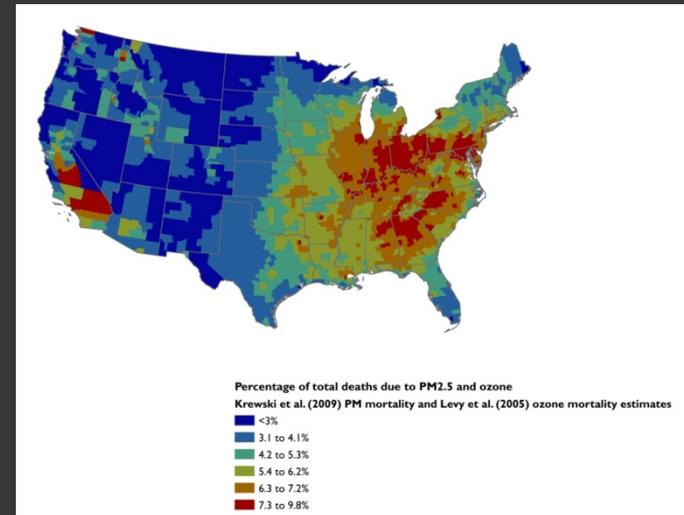


Estimating and Applying Benefit per Ton Estimates

(1) Model source contribution



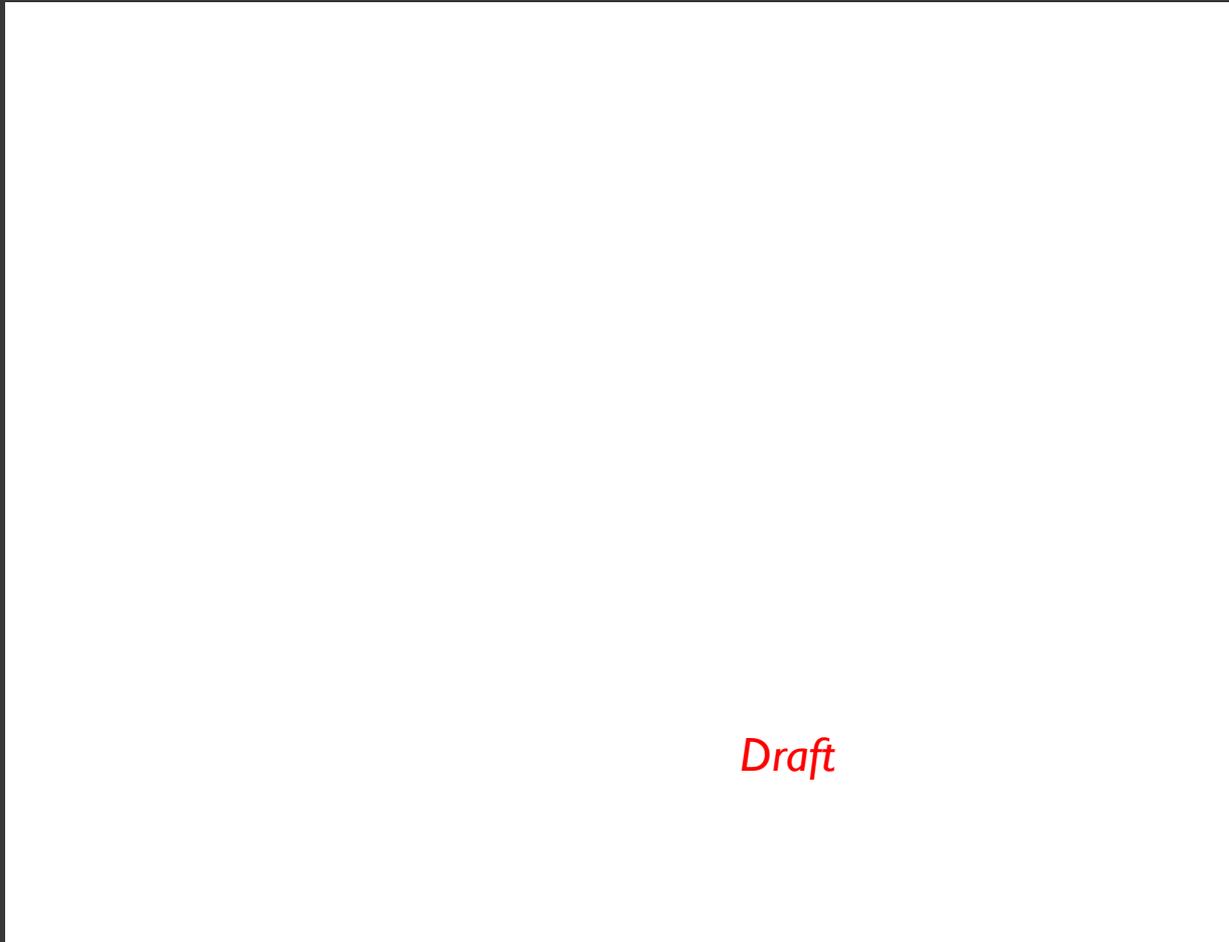
(2) Estimate health benefits



(3) Calculate benefit/ton

$$\frac{\text{Human health benefits}}{\text{Sector emissions}} = \text{Benefit} / 1 \text{ ton}$$

Nexus of Secondary PM_{2.5} Mortality Risk and Secondary HAP Cancer Risk



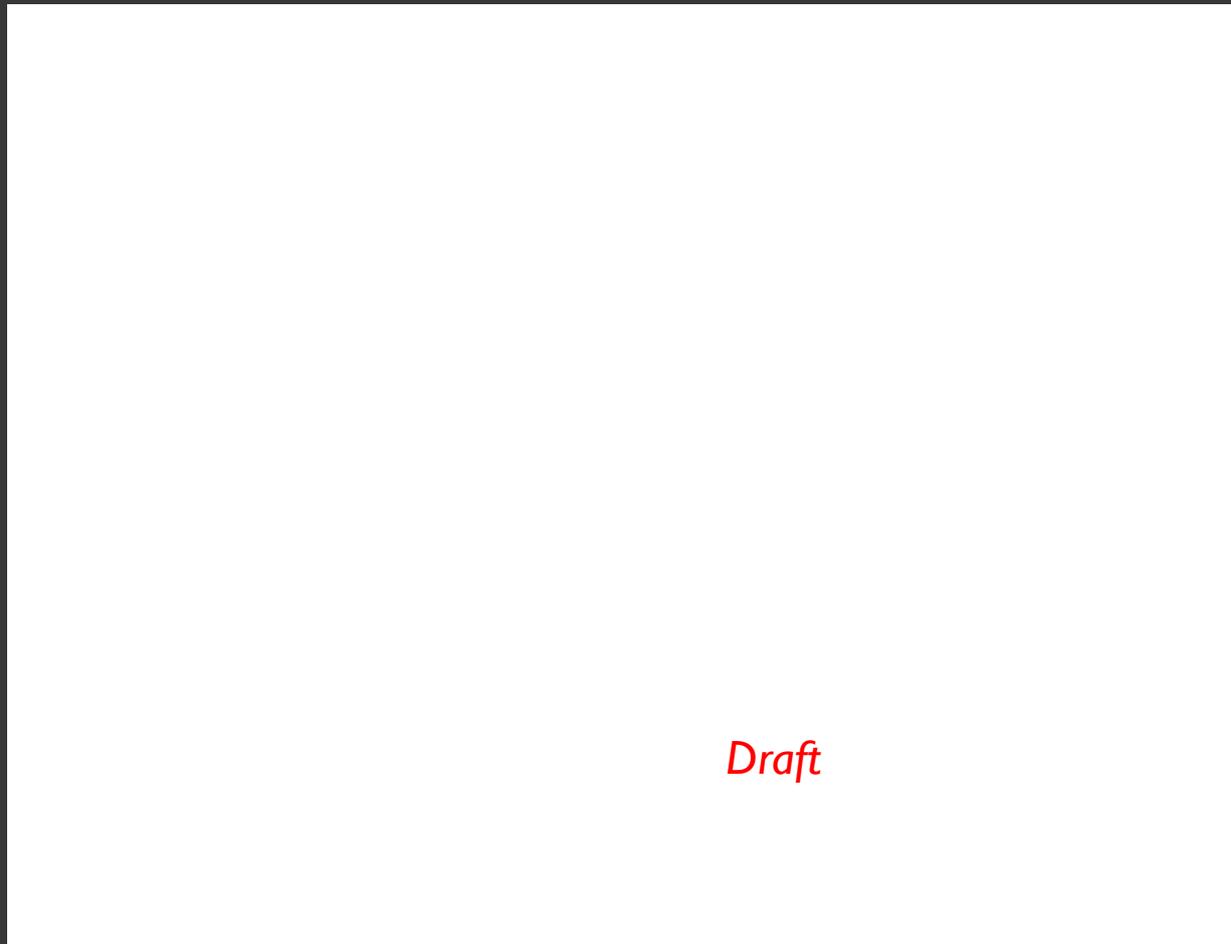
Draft

Approach

... due to secondary PM_{2.5}
(differentiated by specie)
... secondary HAPs

3. Upper 80th percentile of both distributions

Nexus of Direct PM_{2.5} Mortality Risk and Metal HAP Cancer Risk



Draft

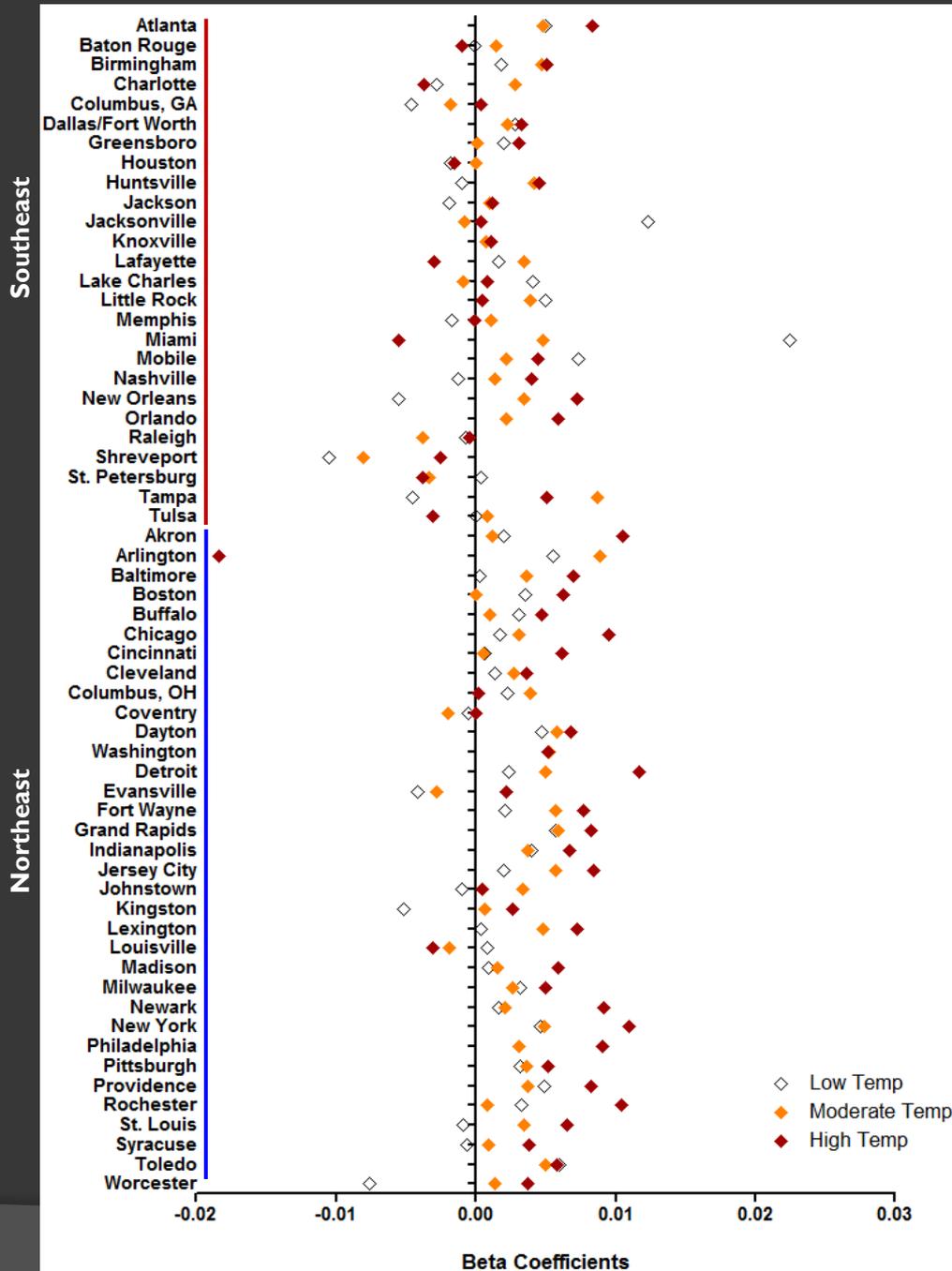
Approach

due to directly emitted
not differentiated by

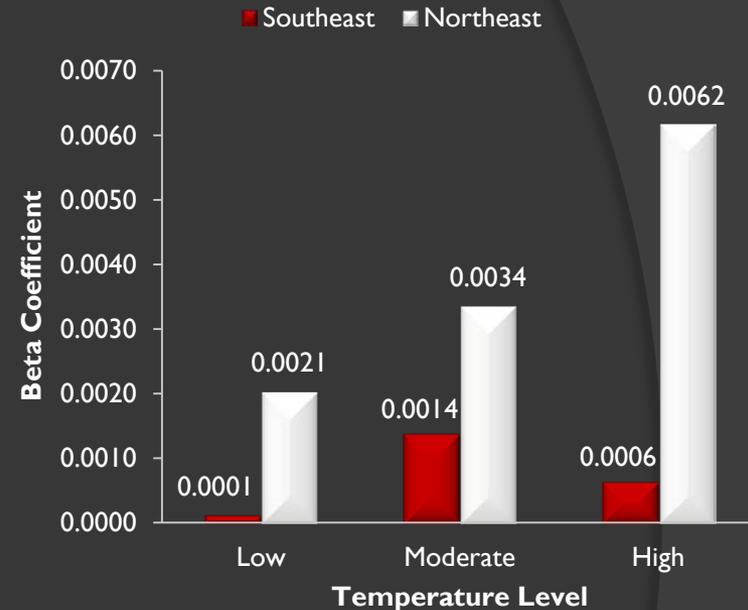
2. Cancer risk due to metal HAPs
3. Upper 80th percentile of both distributions

Temp-Modified O₃ Mortality

60 Eastern NMMAPS Cities (1987-2000)



Median Beta Values



- Greater beta coefficients = greater risk of death from O₃ exposure
- 1 national effect estimate vs 3 per city
- Regional differences in magnitude and direction of change in beta values
- Regional difference possibly due to physiological, behavioral adaptation

What Are Our Future Air Quality Modeling Needs for Benefits Assessment?

- ① More time and resource efficient forward and backward looking sensitivity tools
- ① Better characterization of source-to-receptor relationship at design value monitors
- ① Improved temporal and spatial resolution of pollutants and stressors (e.g. temperature)

Contact Information

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