Environmental Public Health Tracking: Working Together to Improve Our Understanding of Air Pollution and Health

NACAA Fall Membership Meeting October 2010

What to expect

A quick background on EPHT
Learn about details on EPHT's approach for air quality – CDC and State perspective
Air quality indicators
Use of Local/State/EPA air quality data
Pilot projects of interest to states
Chance to offer feedback and suggestions



What Is Environmental Public Health ?

Focuses on the interrelationships between health of human populations and the physical, biological and checmical environment.

Pew Environmental Health Commission Report¹

- Much has progress in addressing infectious diseases.
 Americans deserve to know how healthy their environment is.
- Five components of Information and Action
 - National Baseline Tracking
 - Information Makes Early warning Possible
 - State Programs
 - Training
 - Community Involvement

¹ America's Environmental Health Gaps: Why this County Needs a Nationwide Health Tracking Network.

ENVIRONMENTAL PUBLIC HEALTH TRACKING





DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION SAFER • HEALTHIER • PEOPLE



EPHT and Air Quality

CDC/EPHT program: Air Quality NCDMs and the National portal - Judy Qualters, CDC
Experiences with State EPHT programs - Steve Anderson, New Jersey Department of Environmental Protection
Pilot Project: Health Impact Assessments - Tom Matte, City University of New York
Q & A

National Environmental Public Health Tracking Program: Air Quality Indicators and Measures and the National Portal

Judith R. Qualters, PhD Chief, Environmental Health Tracking Branch

Division of Environmental Hazards and Health Effects National Center for Environmental Health



Public Health Surveillance: Foundation for Public Health

In public health, we can't do anything without surveillance. That's where public health begins.

Dr. David Satcher

Tracking = Public Health Surveillance



Purposes of Environmental Public Health Tracking

- Assess environmental public health status and trends
- Identify populations at risk
- Plan and evaluate programs
- Stimulate research





National Environmental Public Health Tracking Program

Our Vision

Healthy Informed Communities

Our Mission

To provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities



National Environmental Public Health Tracking Program

FISCAL YEARS 2005-2010







RTMENT OF HEALTH AND HUMAN SERVIC TERS FOR DISEASE CONTROL AND PREVENTION SAFER + HEALTHIER + PEOPLE CDC



State and Academic Partners



Tracking Network: At-A-Glance



A web-based information system that exists at the local, state, and national level that serves the public, environmental public health agencies, health care providers and researchers

www.cdc.gov/ephtracking



National Tracking Network

Public Portal

One-stop access to health and environmental information

- Risk and prevention messages + query system
- Design based on extensive user testing

Secure Portal

- Supporting secure collaboration among multiple partners
- Integrating health, exposure, hazard, and other data
- Sharing of methods, tools, and ideas
- Drawing board for turning data into information



Data on the Network



Future

Expand Climate
Change
Pesticides
Health Impact
Others

Asthma, CO & MI Hospitalizations
CO ED
Select Cancers
Housing & Lead

Water & Air

Launch

Added:

Present

Reproductive Health

Addtn'l Cancers

Modeled Air

Birth Defects

CO Mortality

Population
 Characteristics/SES

Asthma survey
 Climate Change/Heat

 inc. satellite data

 Built Environment



Why Model Air Data for Public Health?

Spatial and temporal gaps in monitoring data

- 19% percent of counties in the contiguous US have yearround monitoring for particulate matter
- 32% of the people living in the contiguous US reside in counties with no AQS monitors.
- Ozone and fine particulate matter impact health
- Improve understanding of potential population exposure to
 - Target interventions
 - Better understand risk
 - Improve community health







Air Quality Metrics and **Displays**



Monitor only vs.

vs. Monitor + Model





Monitor + Modeled Air Data:

- Not for regulatory compliance purposes
- Looking at spatial and temporal patterns
- Identifying potential "at risk" populations



Goal -- Data for Public Health Action



Tracking in Action

California

Identified populations at risk of asthma, preterm birth and low birth weight due to traffic exposure, prompting Kaiser Permanente health educators to look for ways to improve education practices for asthma

Massachusetts

Responded to a town's concerns about health impact of expansion of a asphalt facility

New York State

Addressed citizens concerns that a coal-fired power plant might be causing respiratory illness - responded in hours rather than weeks.

NYC

 Identified neighborhoods with higher potential exposure, sources of exposure, and estimating health impact



Experiences with State EPHT programs

Steve Anderson, New Jersey Department of Environmental Protection

- Linkage Demonstration Projects
- Network Implementation
- Next steps



Demonstration Projects

Goals: Develop and evaluate methods for linking health effects surveillance data with existing data for environmental hazards and exposures.

Linkage Pilot	Primary Source	Metric	Geographic Scale	Time Period
Cancer	EPA	Benzene NATA	Census Tract	1996 (used to estimate 1979 - 2002)
	EPA	Vinly Chloride NATA	Census Tract	1996 (used to estimate 1979 - 2002)
	NJDEP		100 meter gridavg to	
		Benzene "Tracking"	Census Tract	Avg Release for 1988 - 2003
	NJDEP		100 meter gridavg to	
		Vinyl Chloride "Tracking"	Census Tract	Avg Release for 1988 - 2003
	NJDEP	Vehicle Miles Traveled	Census Tract	2003
	DHSS	THM drinking water	Census Tract	1979 - 1985
Lead	EPA	EPA NATA Lead	Census Tract	1999
	NJDEP	DEP drinking Water	Water Purveyor Area	Annual (for each year 2000 - 2004)
Birth Defects	NJDEP	THM drinking water	Water Purveyor Area	quarterly (for each quarter 2000 - 2004)

EPA NATA Data for Benzene for 1996: Linked to Leukemia



NJ EPHT Network



- Currently on NJ Department of Health and Senior Services web site
- 3 different levels of information
- Integrated with many other health data sets

EPHT Indicators Available





» New Jersey State Health Assessment Data





Ozone Air Indicators



Benzene EPA NATA (1999)







Links to NJDEP Air Monitoring Site

newjersey



Preliminary data: We update these Web pages hourly, every day, around the clock. Data labeled "current" on these pages are preliminary and subject to change.

Side by Side Comparison

PM2.5

Heart Attack



EPA Hierarchical Bayesian Predictions for PM2.5 (12km grids)



Spatial and temporal coverage

Fill gaps in indicators
Linkage with health data

State Perspectives

Successes

- Uses existing monitoring data
- Indicators Centrally Calculated by EPA and CDC
- Environmental and public health data in one central location

Challenges

- Need final indicators accessible using Environmental Exchange Network
- Potential confusion with compliance issues and attainment status or designation
 - Does not use all monitoring data (continuous PM 2.5 data)
- County based data misses true spatial variation

Pilot Project: Health Impact Assessments

Tom Matte, City University of New York





EPA-452/R-10-005 June 2010

Background

- Criteria air pollutants have major public health impacts
- EPA and state AQ managers estimate impacts and benefits of pollution control
 Often use available county (mortality) and regional (morbidity) incidence data.

Awareness of the public and stakeholders?

Quantitative Health Risk Assessment for Particulate Matter



Morbidity and mortality rates vary within regions, states, and...



...within counties. EPHTN: Access and capacity to provide timely, local health data

Acute MI, 2008 (per 10,000 adults 35+)

< 24 Long Isla 13 to < 28 24 to < 30Sound 28 to < 43 30 to < 36 43 to < 58 36 to < 42 58 or more 42 or more NO DATA NO DATA Essex Essex Hudson on noir

Asthma, 2008 (per 10,000 children 5-14)



https://gis.nyc.gov/doh/track/

Atlantic Ocean

Health agencies: disseminators of health information



NYC Vital Signs Investigation Report

New York City Department of Health and Mental Hygiene

November 2006

included (1) a review of personal characteristics and

circumstances of people who died from heat stroke

between July 16 and September 6, 2006, and (2) a

statistical estimate of the excess mortality that

occurred due to other causes as a result of the

second heat wave from July 27 to August 5, 2006.

heat stroke had known risk factors, including older

was documented as a problem in several deaths,

people who died. During the second heat wave, the average daily death rate from natural causes, such

estimated 8%; this increase is similar in magnitude

but information was unavailable for many of the

as heart and lung disease, increased by an

to increases during past heat waves.

conditioning, also a known risk factor for heat stroke.

age and chronic health conditions. Lack of air

The findings revealed that people who died of

exposure in NYC during the summer of 2006

Special Repo

Deaths Associated with Heat Waves in 2006 The investigation of deaths related to heat

This report summarizes findings from an investigation of deaths associated with heat waves that occurred in New York City during the summer of 2006. 46 heat stroke deaths resulted from two heat waves – the first was from July 16 to 18 (3 days, causing 6 heat stroke deaths), and the second was longer and hotter, from July 27 to August 5 (10 days, causing 40 heat stroke deaths). The investigation largely focuses on the second heat wave.

Heat stroke deaths are caused by prolonged exposure to extreme heat. Deaths from other causes, such as cardiovascular and respiratory disease, also increase during heat waves. Heat stroke deaths are preventable with appropriate interventions among those at high risk. Such measures might also reduce excess deaths from other causes.

Heat Wave Definition: 3 or more consecutive days of ≥ 90°F maximum temperatures

46 heat stroke deaths in NYC, July 15 - September 6, 2006



 As a result of the first heat wave (July 16-18), 6 heat stroke deaths occurred, 5 of which were in Queens. These are noted in red on the map.

 No deaths were attributable to the Western Queens power outage (LIC power network) that occurred in mid-July.

 Although one death occurred in the LIC power network area during the first heat wave, the person had been living in a vehicle and was unlikely to have been affected by the outage.

 40 heat stroke deaths occurred throughout the city as a result of the second heat wave, July 27-August 5. These are shown in black on the map. A special report from the New York City Health Department



NYC Vital Signs

New York City Department of Health and Mental Hygiene

July 2009 Volume 8, No. 2

Unintentional Poisoning in New York City Children

Poisons are substances that can be harmful or fatal when swallowed, inhaled or touched. Even beneficial substances can have toxic effects in extreme quantities; in other words, "the dose makes the poison."

Poisoning is the third leading cause of hospitalization for injury among children ages one to four. Toddlers with emerging mobility have a natural curiosity to explore their environment, often by putting things in their mouths. In addition, infants and young children can be harmed by relatively low doses of toxic substances because of their small body size. This report summarizes recent data from the NYC Poison Control Center (PCC) from the years 2000 through 2007. The PCC provides 24-hour emergency treatment recommendations and routine poisoning information to families and health care providers, responding to more than 70,000 calls every year.

Though many poisoning cases are managed at home, this report focuses on those calls to the PCC concerning someone who was exposed to a potentially toxic substance, resulting in referral to, treatment in, or admission to a health care facility.

Strategies to protect young children from poisoning can be found on page four.

Most childhood poisonings occur before age five, in the home

- The PCC receives approximately 4,000 poisoning calls annually for NYC children younger than 15 years that are referred to or managed at a health care facility.
- Most of these calls (75%) concern children younger than five years, peaking among oneto four-year-olds (680 calls per 100,000 NYC children).
- Nearly all poisonings among young children (98%) occur in the child's own home.

Average annual rate of poisoning calls to PCC referred to or managed at a health care facility



The data in this report are drawn from calls to the NVC Poison Control (Genter reporting known or suppected exposure of children to tax's substances. Food poisoning reports were excluded due to their generally infectious causes, and lead poisoning calls were also excluded because they frequently reflect cumulative, chronic (non-scucle) exposure. Rates were calculated using US Census Bureau, Population Estimate Program, 2000–2005 and WYC DOHMH registrohomodo population estimates (version 01/2000), molfield from the US Census Bureau 2006 estimates were used for 2007 rates. Ranked hospitalization data are from: *Top 10 Leading Causes of Injury Hospitalization* 2002–2006 (NYC DOHMH, Injury Epidemiology UNIC/Bureau of Epidemiology Services)

For more New York City health data and publications, visit My Community's Health at nyc.gov/health/mycommunityshealth.

Estimating and disseminating air pollution health impacts is consistent EPHTN goals

ENVIRONMENTAL PUBLIC HEALTH TRACKING



Growing interest in more geographically refined analyses

- NRC "Air Quality Management in the United States (2004)": recommended transition to a multi-pollutant, risk-based approach. Examples:
- Fann et al. (2009) "The influence of location, source, and emission type in estimates of the human health benefits of reducing a ton of air pollution.*

Detroit multi-pollutant pilot project:**

- 1km grid AQ modeling, <u>zip code level health incidence</u> compiled specifically for this project
- Location of sources, population density and susceptibility

Timely, local health data not routinely available

* Fann et al. Air Qual Atmos Health (2009) 2:169–176 DOI 10.1007/s11869-009-0044-0
 ** http://www.cmascenter.org/conference/2009/slides/wesson detroit multi-pollutant 2009.ppt

Workshop on Methodologies for Environmental Public Health Tracking of Air Pollution Effects

January 15-16, 2008 Baltimore, Maryland

Proceedings available: http://www.springer.com/cda/content/document/cda_downloaddocument/Cohen+Special+Issue.pdf?SGWI D=0-0-45-921237-p173719103







EPHTN Air Quality Health Impact Pilot Project (1)

Collaboration of CDC, EPA, Emory University (Coordinating Center), and four EPHTN grantees (Oregon, Florida, New York State and New York City)
Development, testing, and application of consistent protocol for local HIA
Will use EPA's BenMAP

EPHTN Air Quality Health Impact Pilot Project (2)

- CR function choice, sensitivity analyses
 Baseline and comparison pollution surfaces:
 - One common comparison scenario (e.g. policy-relevant background)
 - One or more scenarios of local interest
- Template for dissemination of results
 Two-year project launched this past summer

Near and Longer Term Goals for Pilot Projects

Developing a consistent approach

- Routinely applying the most timely and locally relevant data to air quality health impact and benefits analyses
 - Establishing or enhancing ties between with air quality managers and health agencies
- Improving public and stakeholder awareness of the public health dimensions of air pollution and the benefits of control measures.



Environmental Public Health Tracking: <u>Working Together to Improve Our</u> <u>Understanding of Air Pollution and Health</u>





Thank you for your attention and inquiries