



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

Identifying Impacted Communities: Revised Mapping Method Proposed Final

Phil Martien, Ph.D.

Bay Area Air Quality Management District

CARE Task Force Meeting

April 30, 2013

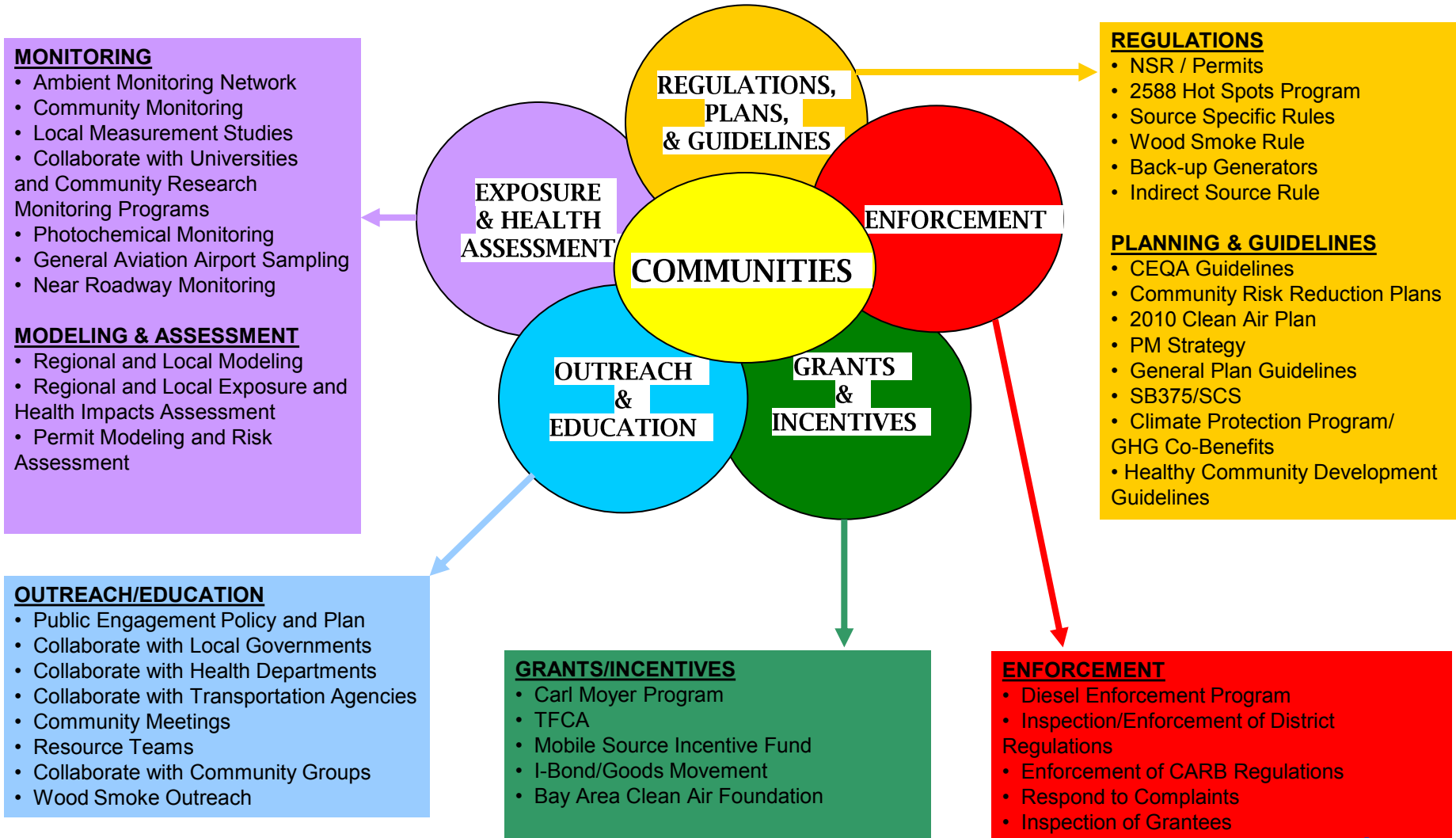
Overview

- Background and Review
 - Previous meetings comments/questions
 - Changes since last meeting
- Proposed Final Updated Mapping Method
- Maps and Discussion
- Questions
- Next Steps

Previous Meeting Comments

- Be specific about what the impacted communities maps will be used for
- Clearly link maps of impacted communities to elements of the Clean Air Communities Initiative (CACI)
- Focus on mitigations!
- Think about how to track progress
- Seek peer review of updated methodology

Clean Air Communities Initiative



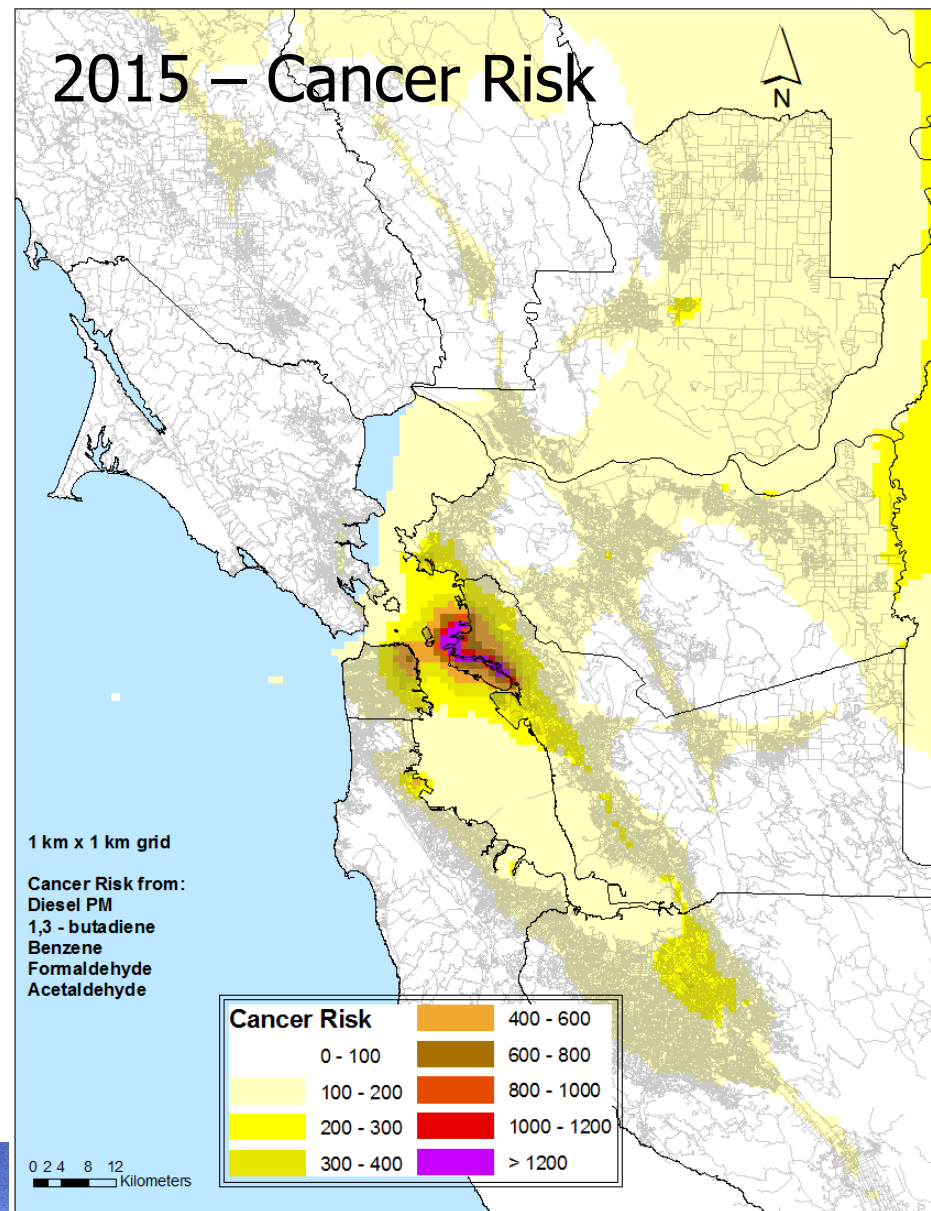
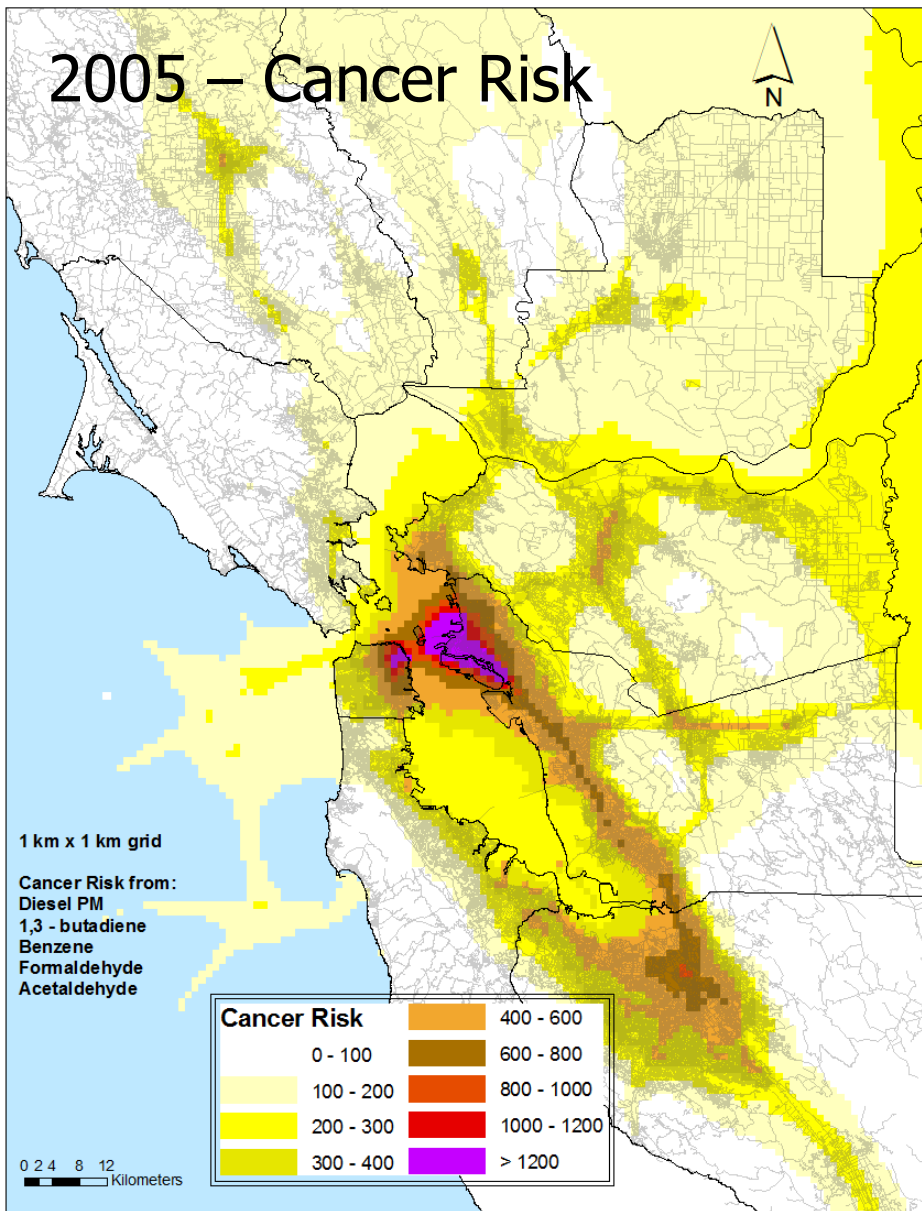
Changes since last meeting

- Obtained and incorporated asthma hospitalization data
- No longer “score” metrics of impact (e.g., 0,1,2,3)
 - Instead, applied simple ranking
- Used health data to set base rates when determining pollution impacts
 - Not “double counting” health data
- Used emissions index to help develop boundaries, not as part of evaluation metric
- Developed boundaries (lines on a map)

Why Update Current Maps?

- Use latest data
- Add additional air pollutants
 - In addition to toxic compounds: fine particles and ozone
- Use new methods
 - Use health outcomes estimated from air pollution levels to identify impacts
 - Air pollution levels and
 - Health outcome records (deaths, emergency room visits, and hospital admissions) used as part of the pollution impacts calculation

Example: Estimated Toxic Air Contaminants Decreasing



Goals of Proposed Method

- Focus actions where most needed
 - High pollution impacts, vulnerable populations
 - Target emissions causing high exposures
- Consider examples of similar analyses
 - Cal/EPA (CalEnviroScreen), EJSM
 - BenMAP
 - Air District Multi-Pollutant Plan

Draft Proposed Method Outline

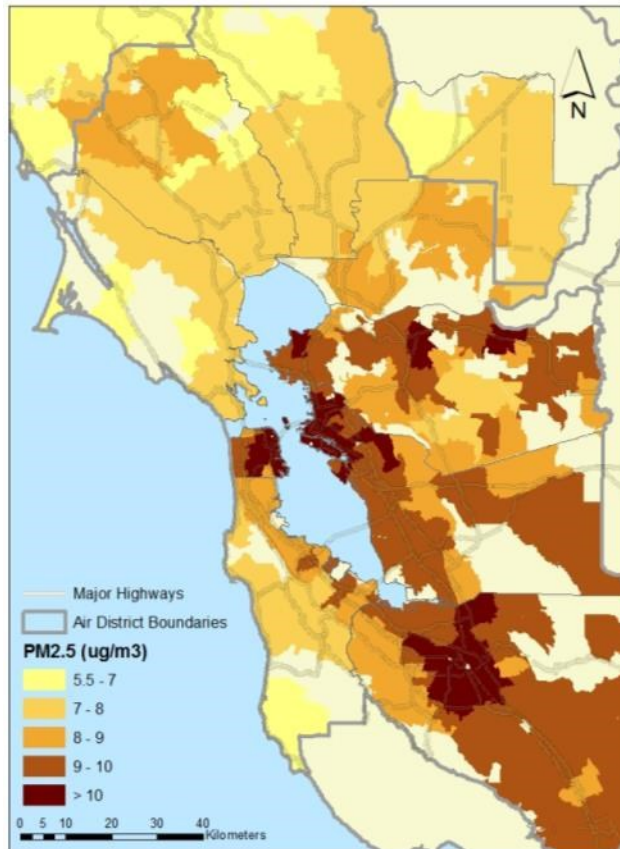
- Identify where air pollution is causing health impacts
 - Use health data to help determine expected impacts
 - Examine who is impacted
- Identify where emissions are high
- Bound identified areas
 - Use coastlines, county boundaries, and major roadways

Identify where air pollution is causing health impacts

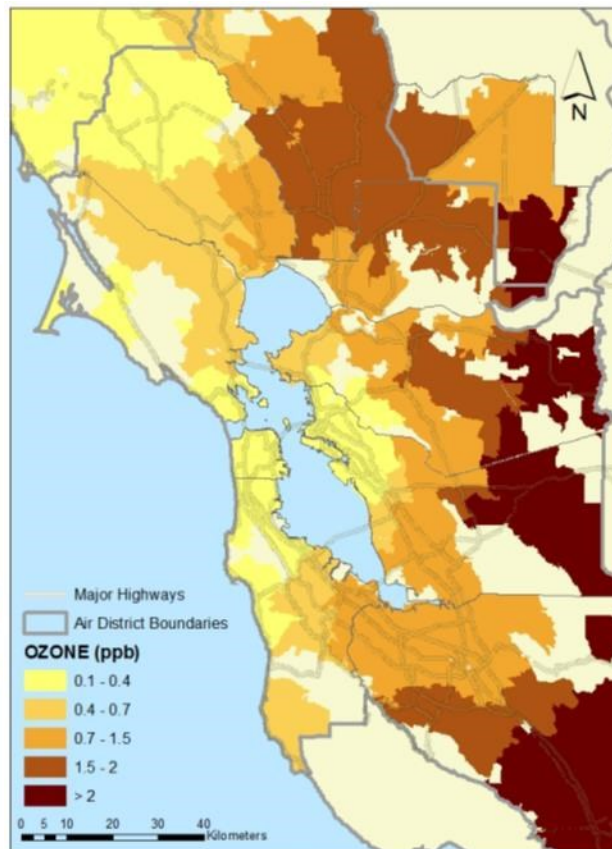
- Use recent, regional air quality modeling and measurements to map pollutant concentrations: toxic air contaminants (TAC), fine PM (PM_{2.5}), and ozone
- Use “BenMAP approach” to link PM_{2.5} and ozone to increased health impacts
- Use cancer unit risk factors to link TAC to increased cancer risk
- Aggregate and map estimated health impacts, to identify areas with greatest impacts

Regional Air Pollution Mapped to ZIP code areas

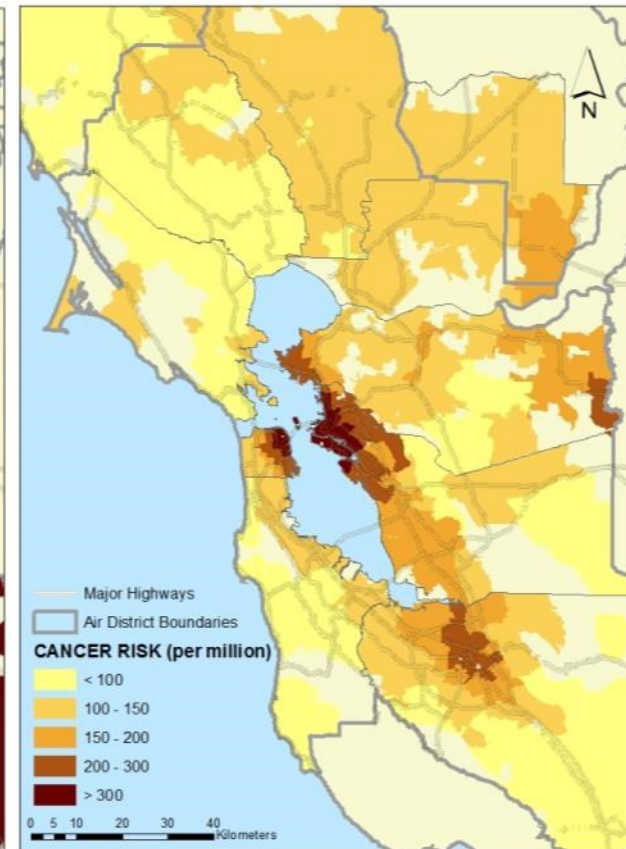
PM_{2.5}
Modeled annual average
(2010)



Ozone
Interpolated measurements
Mean 8-hour daily max. above 40 ppb
(2010-2011)



Cancer Risk
Modeled annual average
(2015)



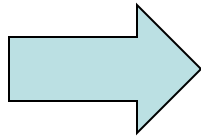
Pollution to Health Outcomes

Pollutant

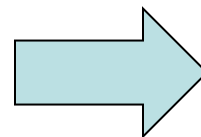
Method

Result

PM_{2.5}



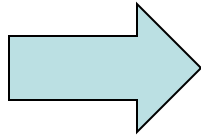
BenMAP



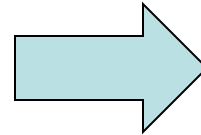
Ozone

- Increased mortality rate
- Increased costs for ER visits, hospitalization

TAC



**Risk
Factors**



- Increased cancer risk

Use BenMAP approach to estimate health impacts from PM_{2.5} and ozone

BenMAP is a US EPA model used to estimate the health impacts, and costs, associated with changes in air pollution. Air District used a BenMAP approach for the 2010 Clean Air Plan.

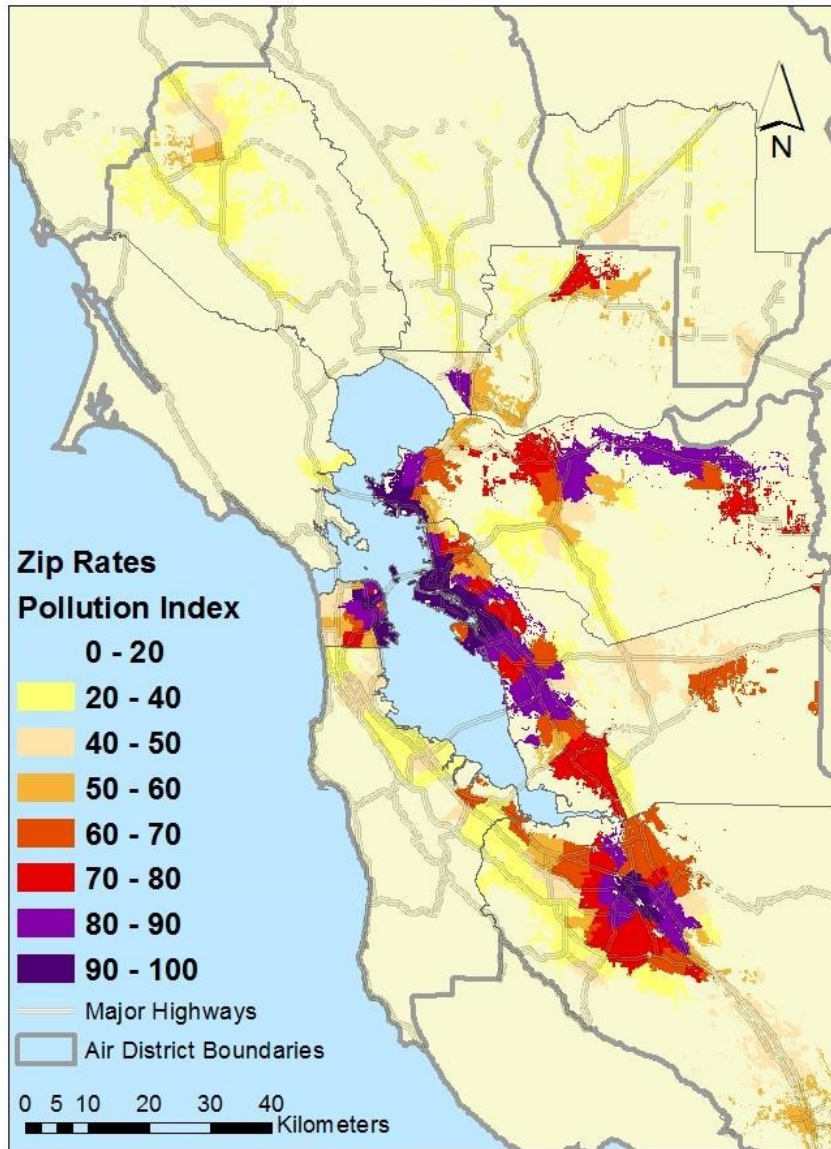
$$\text{Rate Increase} = \text{Air Pollution Level} \times \text{Effect Estimate} \times \text{Baseline Rate}$$

- **Air Pollution Level.** Above background.
- **Effect Estimate.** Percentage change in health outcome due to a unit change in ambient air pollution. Based on epidemiological studies.
- **Baseline Rate.** For example, for mortality, the baseline rate is the probability that a person will die in a given year.

Baseline rates determined from health records

- Use health outcome records for health effects aggravated by air pollution:
- Death rates (2008-2010)
- Emergency room visits, hospital admission rates (2009-2011)
 - COPD Hospital Admissions
 - Pneumonia Hospital Admissions
 - Myocardial Infarction (MI, heart attack) Hospital Admissions
 - Cardiovascular Hospital Admissions (without MI)
 - Asthma Hospitalizations and Emergency Room Visits
 - Hospital Admissions for Respiratory Diseases
 - Use tabulated costs for each type of ER visit/hospital admission to combine all types to a total cost

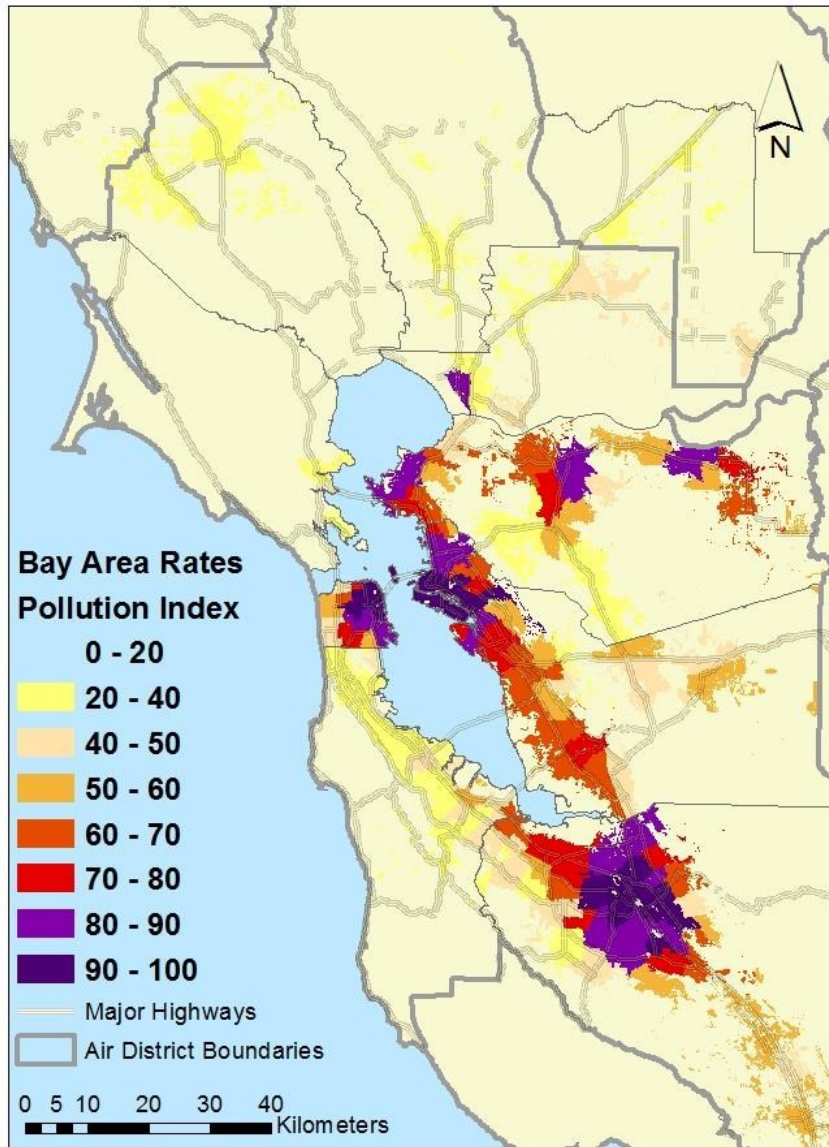
Pollution-Vulnerability Index



Metric to combine health impacts from air pollution

- **Increased mortality rate**
- **Increased health costs**
- **Increased cancer risk**
- Use base health rates from each zip code
- Ranks of these three impacts were summed
- Expressed as a percent of maximum sum

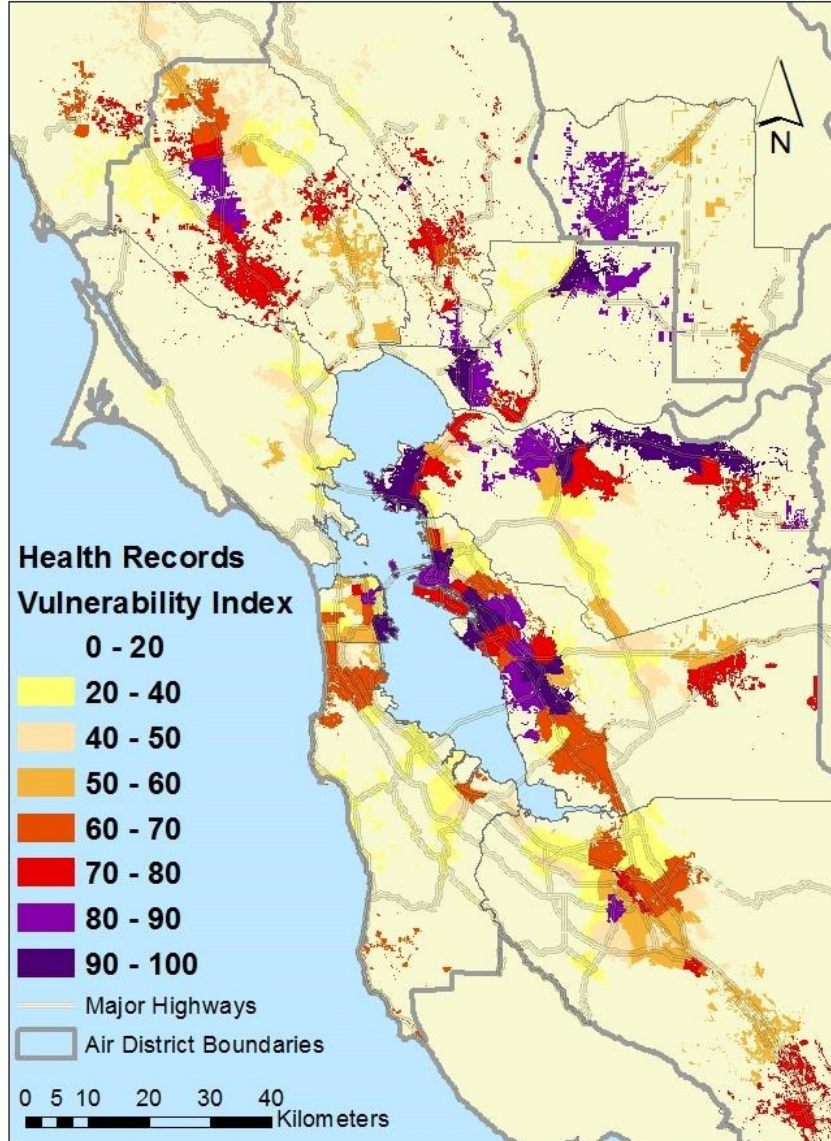
Pollution Index



Same as
pollution-vulnerability index,
but:

- Use average set of base health rates for all Bay Area
- This is *only for comparison* to the pollution-vulnerability index

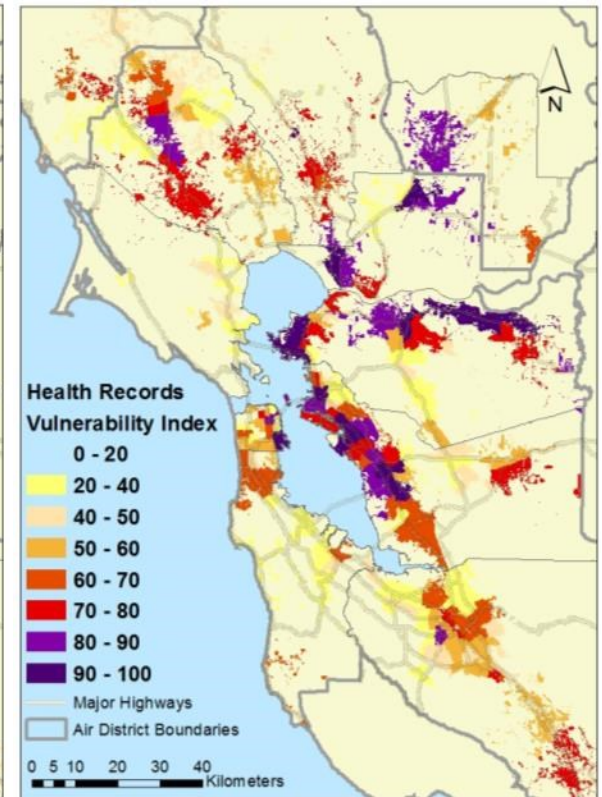
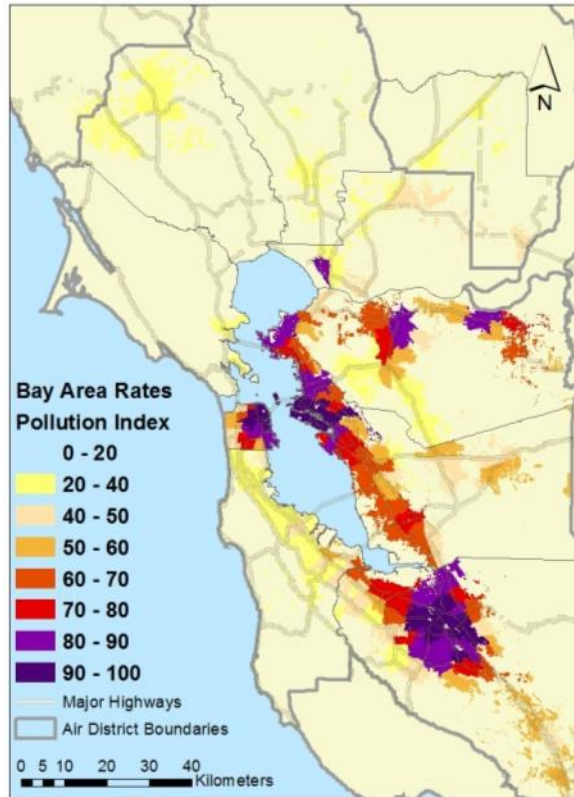
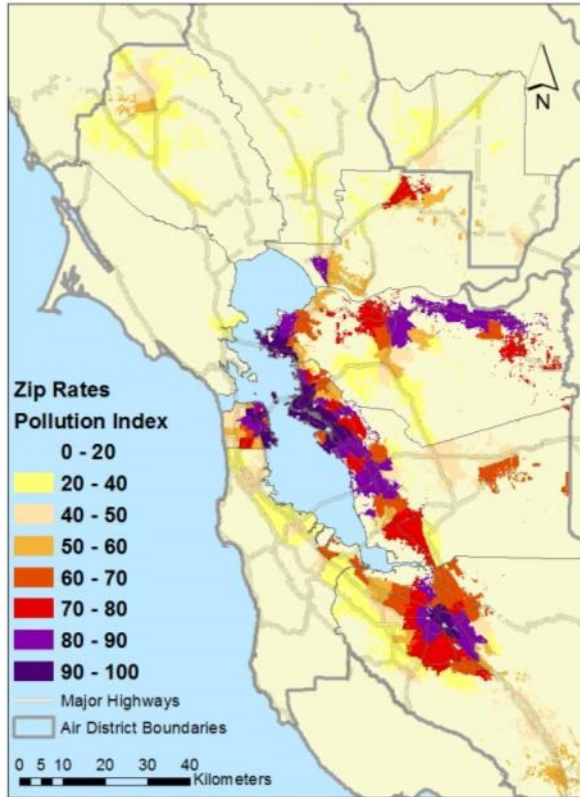
Vulnerability Index



Metric combines adverse health outcomes, based on health records

- **Mortality rate**
- **Health costs**
- Ranks of each were summed for each zip code
- Expressed as a percent of maximum sum
- This is *only for comparison* to the pollution-vulnerability index

Comparison of Impact Metrics

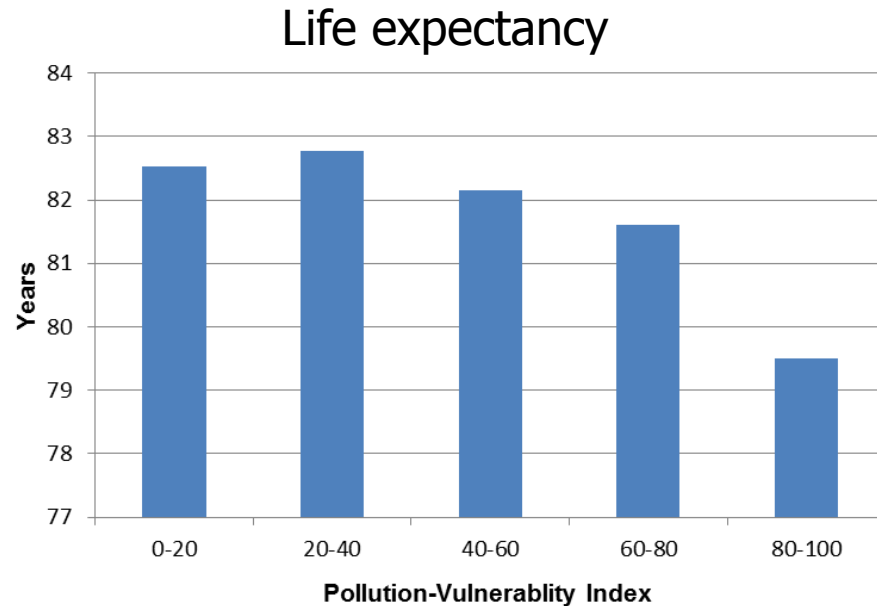
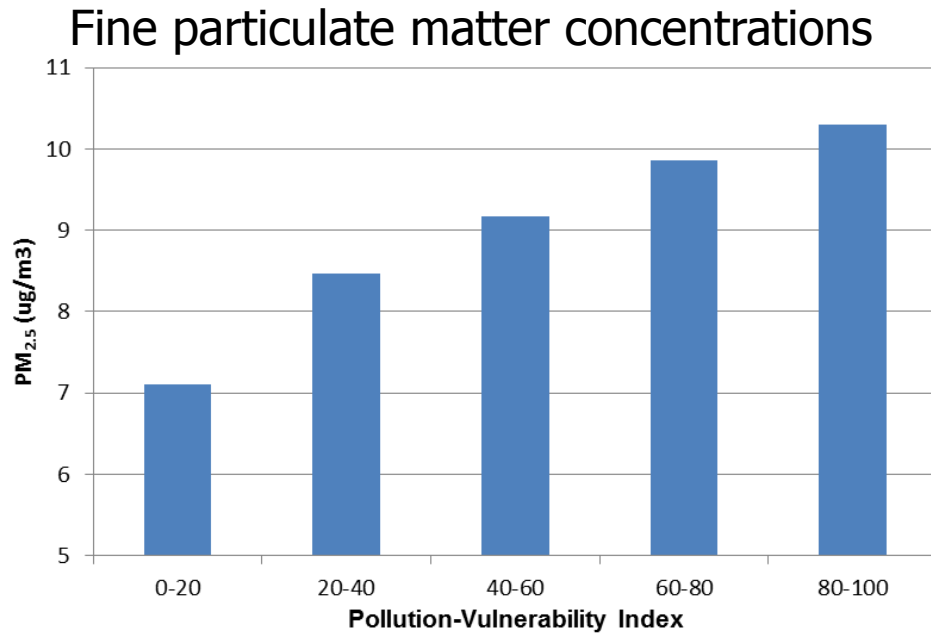


Pollution-Vulnerability Index

Pollution Index

Vulnerability Index

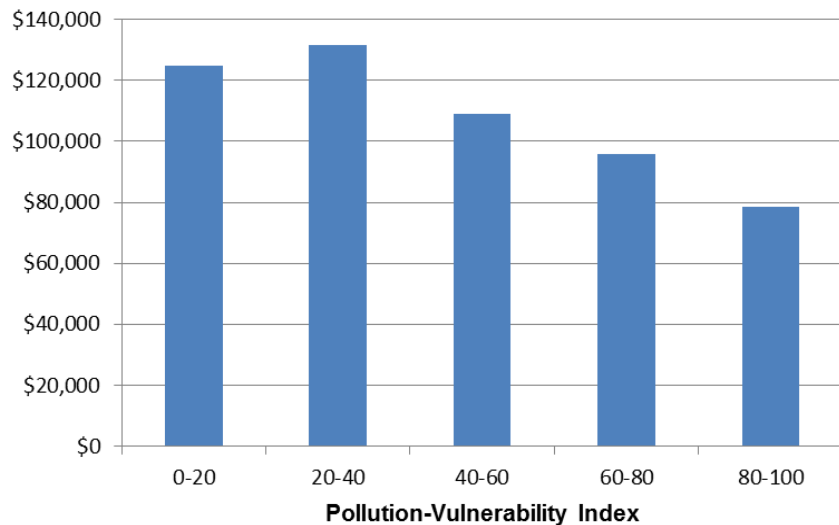
Pollution levels and life expectancy by pollution-vulnerability index



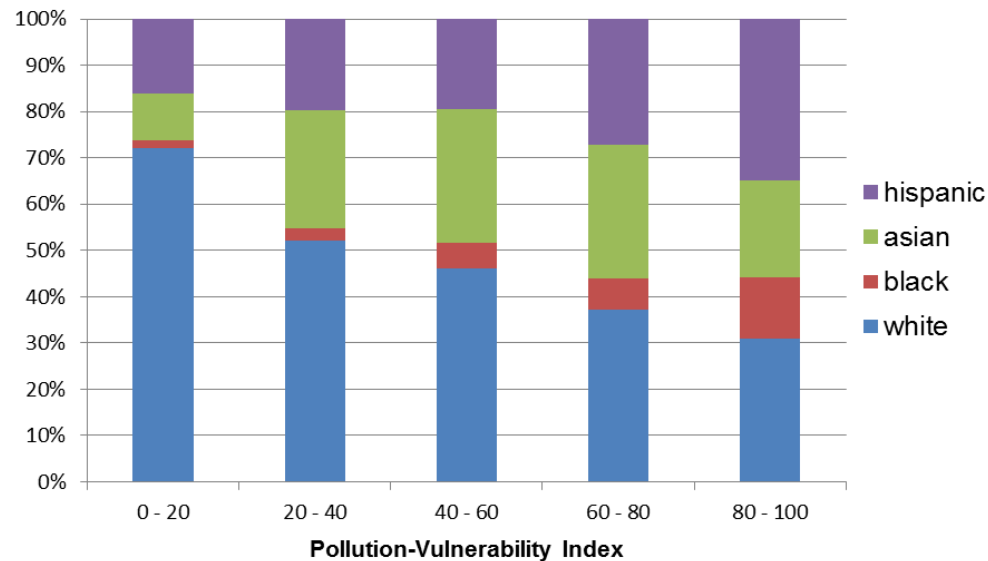
We expect pollution level and health outcomes to be correlated to the pollution-vulnerability index.

Socio-economic factors by pollution-vulnerability index

Household Income

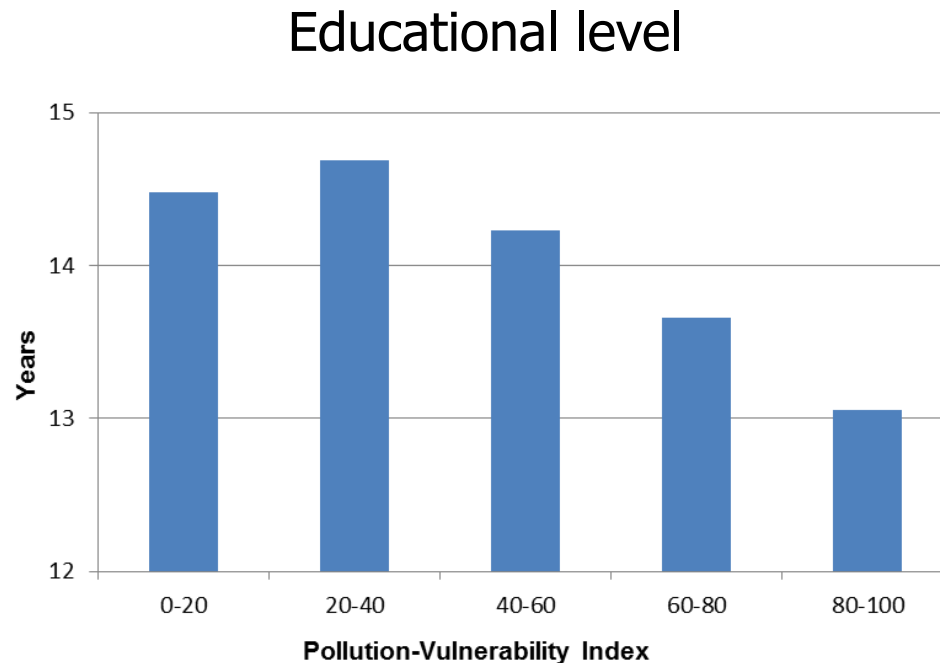


Race/Ethnicity



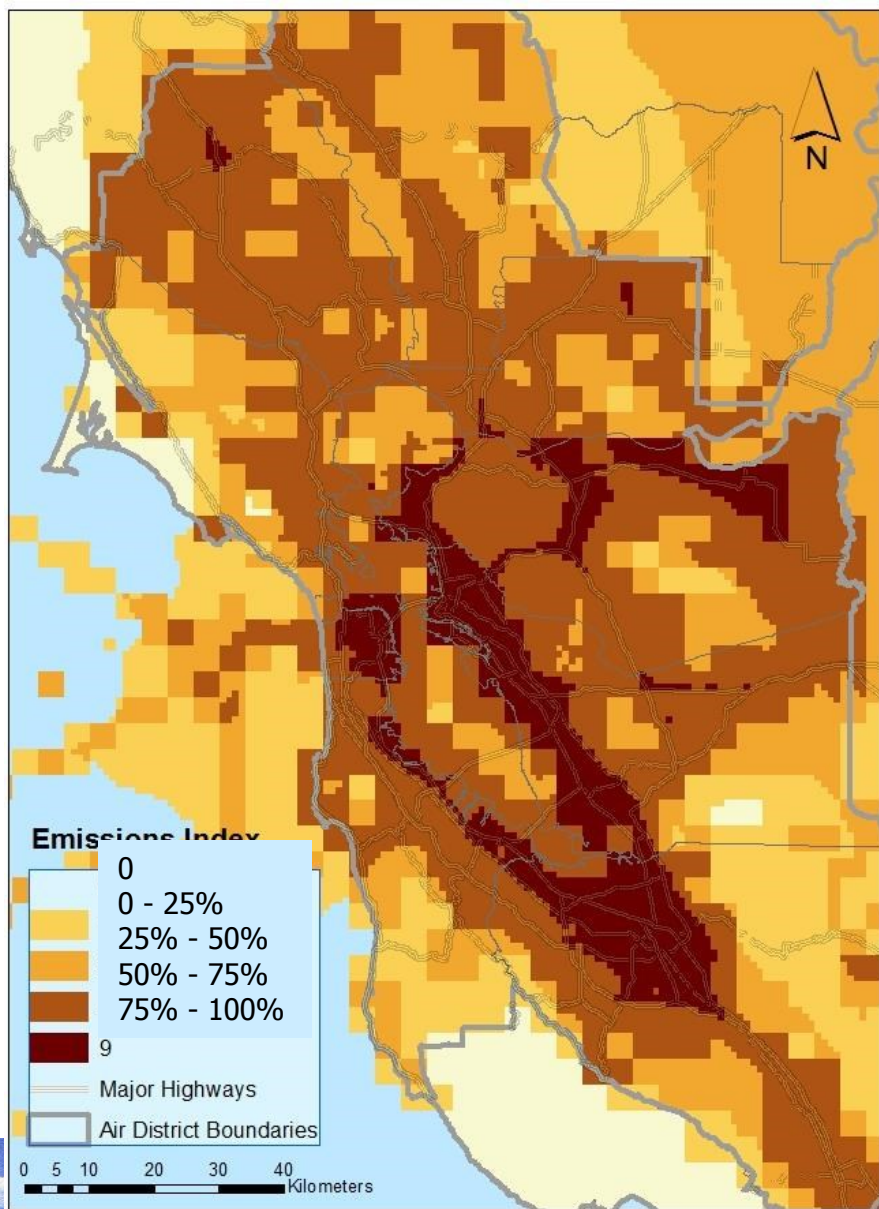
Factors not included (income, race/ethnicity) in developing the pollution-vulnerability index (air pollution, health outcomes) are reflected in the result.

Socio-economic factors by pollution-vulnerability index



Factor not included (education level) in developing the pollution-vulnerability index is reflected in the result.

Emissions Index – identify source areas around impacted areas

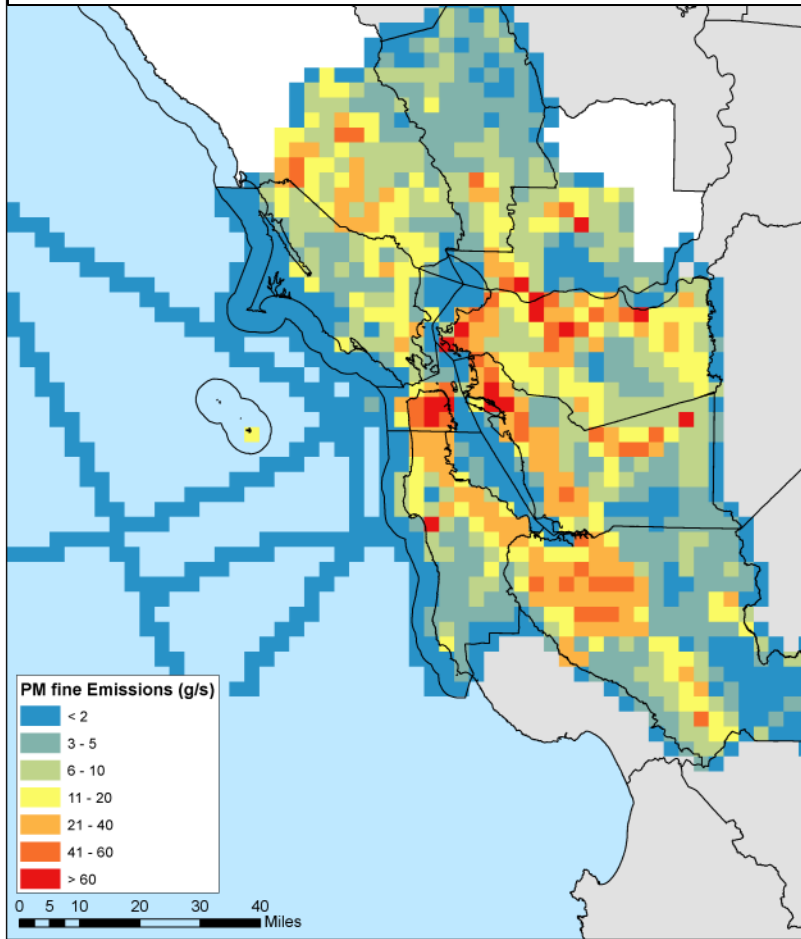


Emissions index to combines emissions of different pollutants

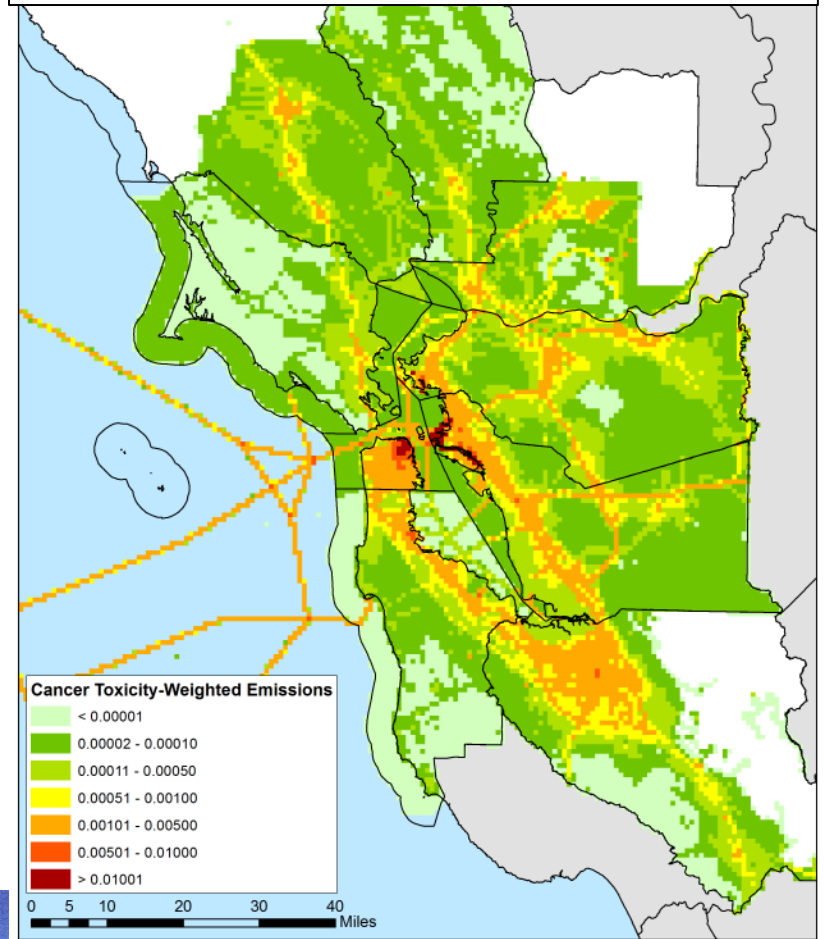
- **PM2.5 direct emissions**
- **TAC direct emissions (cancer weights)**
- **Combined precursor emissions**
- Ranks of each were summed for each zip code
- Expressed as a percent of maximum sum

Direct Emissions

**PM_{2.5}
Direct Emissions
(2010)**

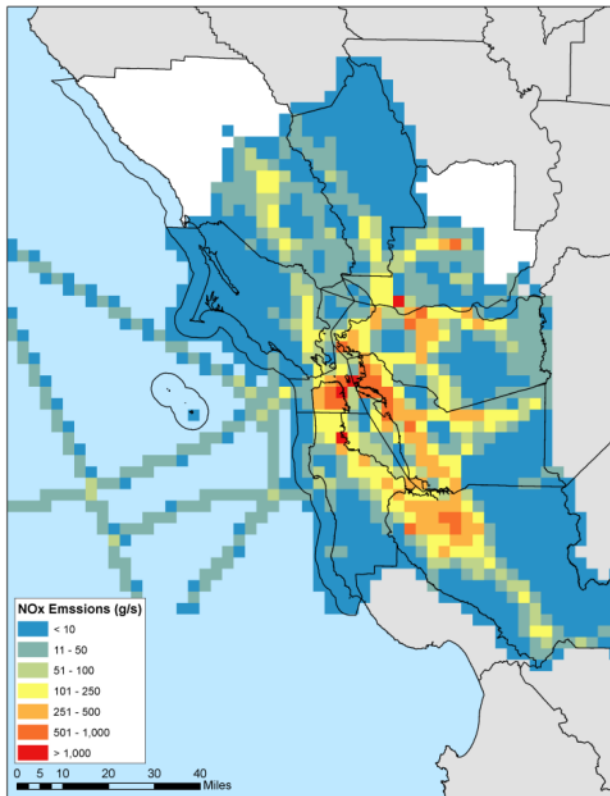


**Toxic Air Contaminants
Direct Emissions
with Cancer-risk Weighting
(2015)**

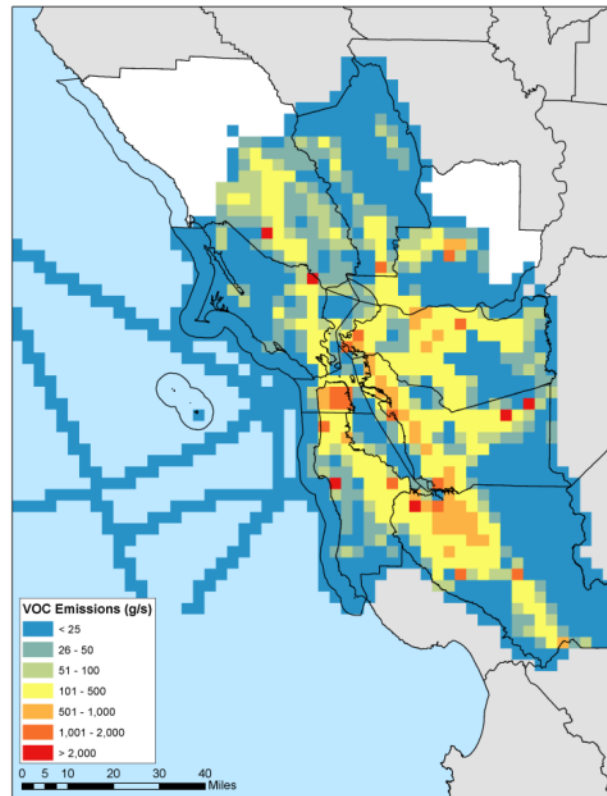


Precursor Emissions

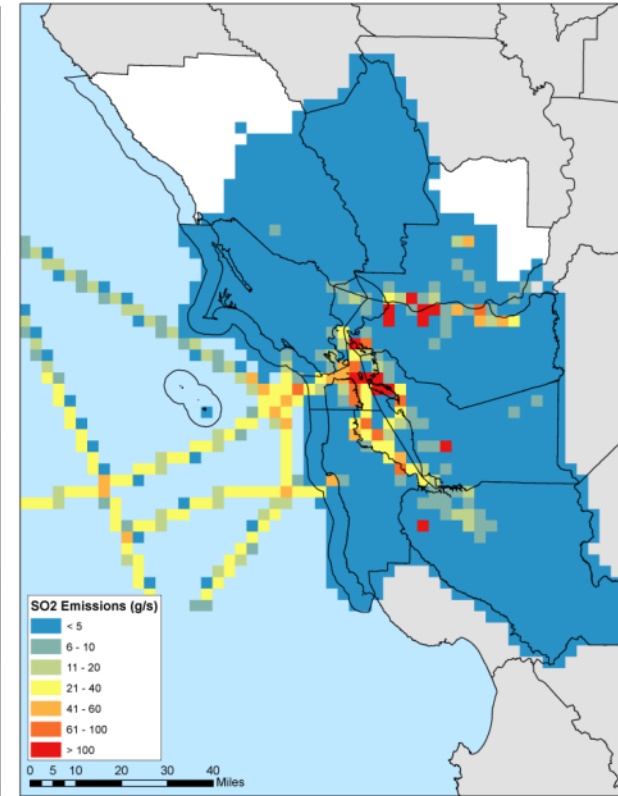
**NOx
(2010)**



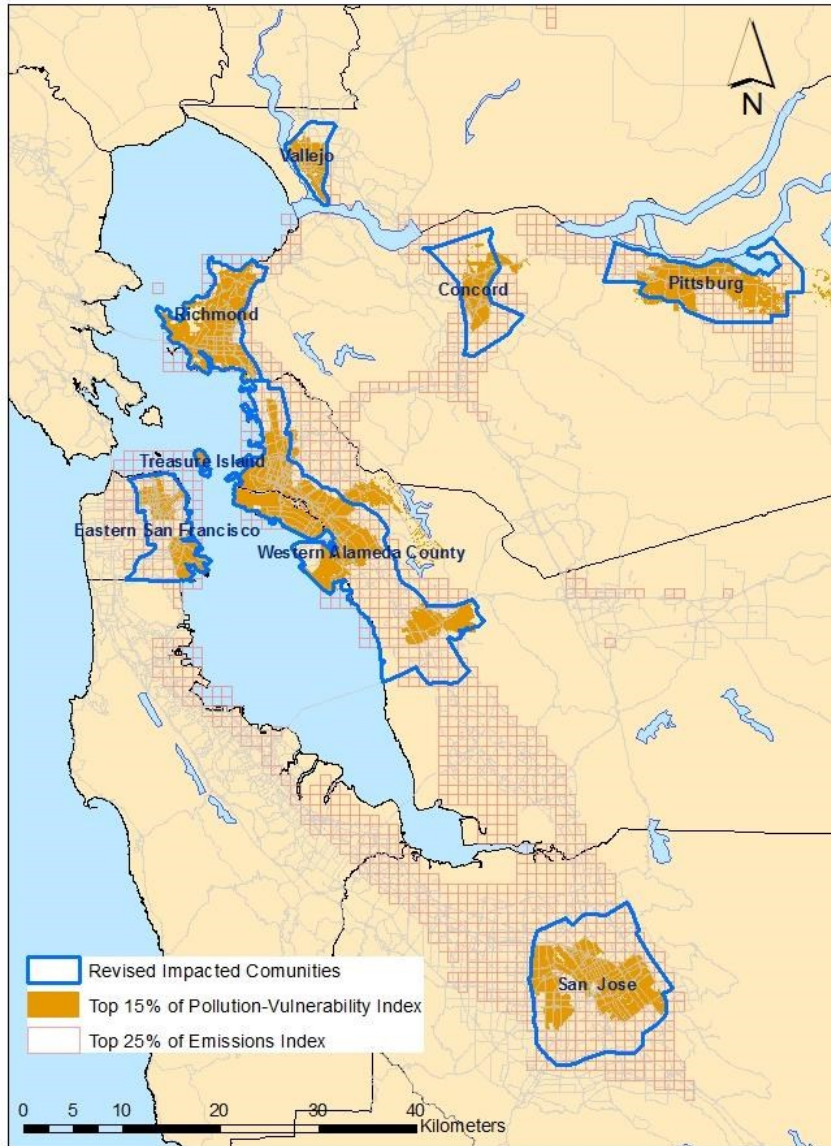
**VOC
(2010)**



**SO2
(2010)**

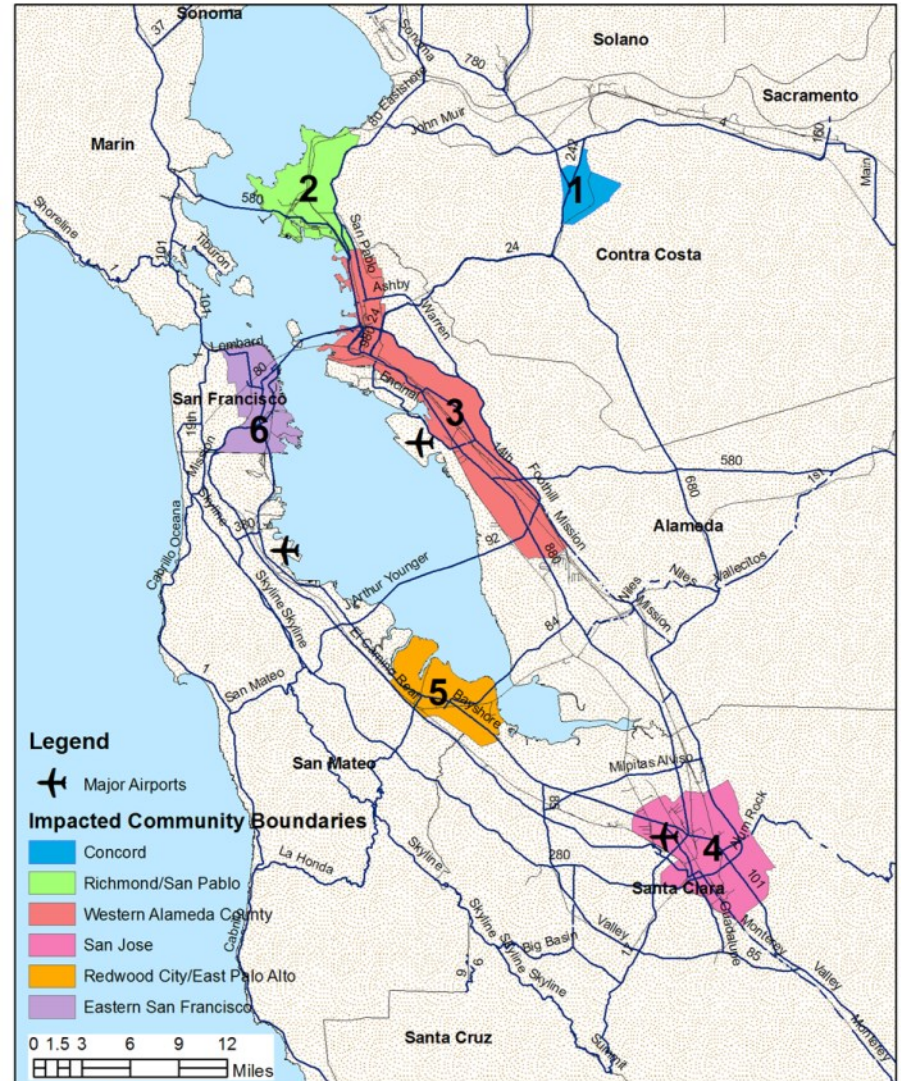
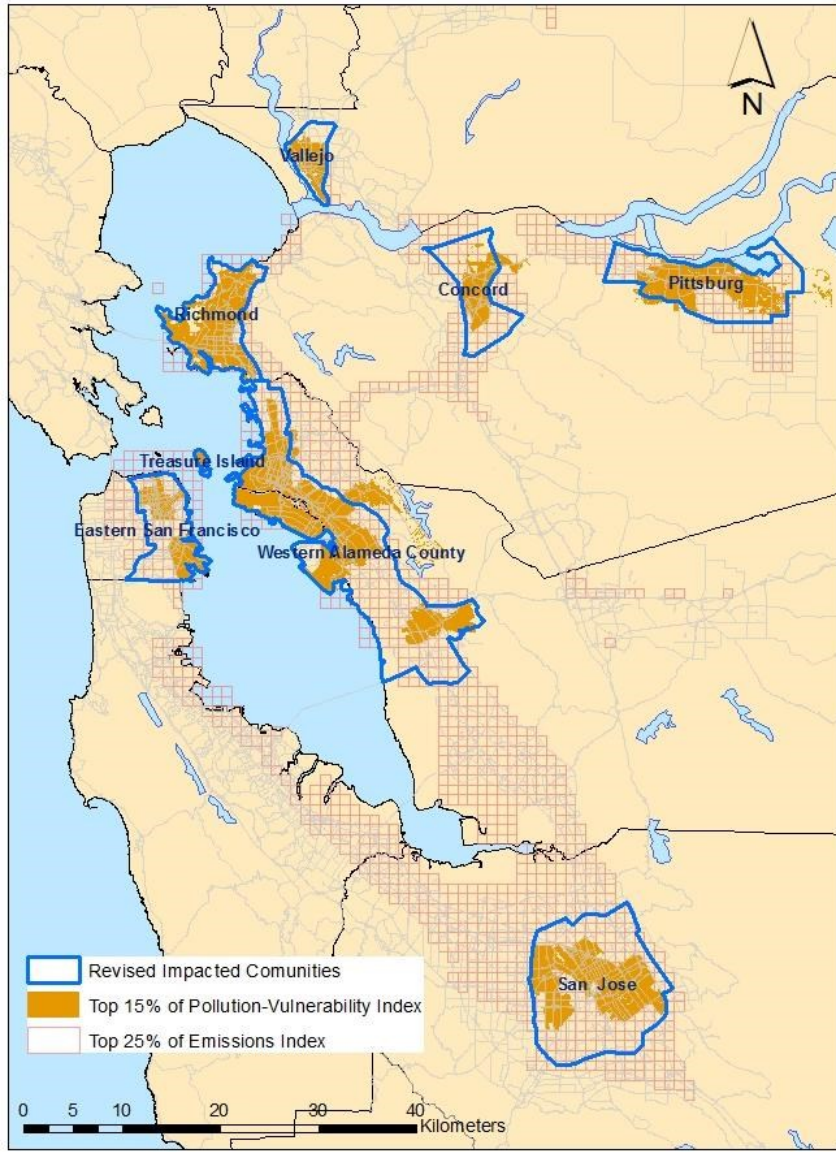


Revised Impacted Communities

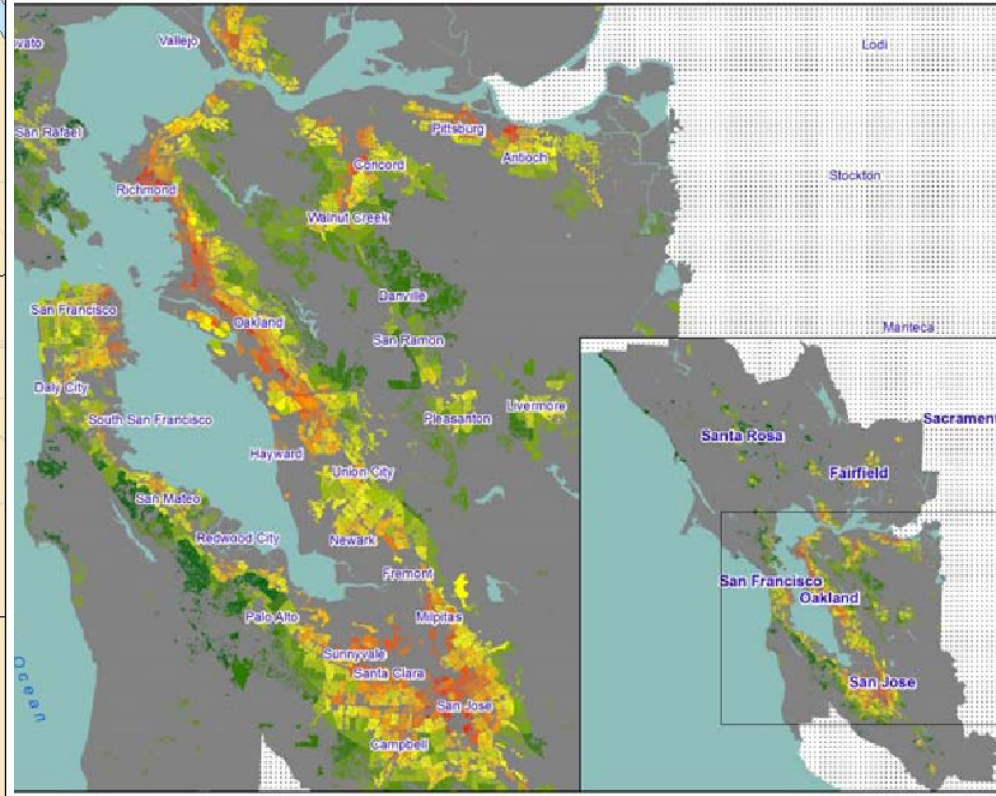
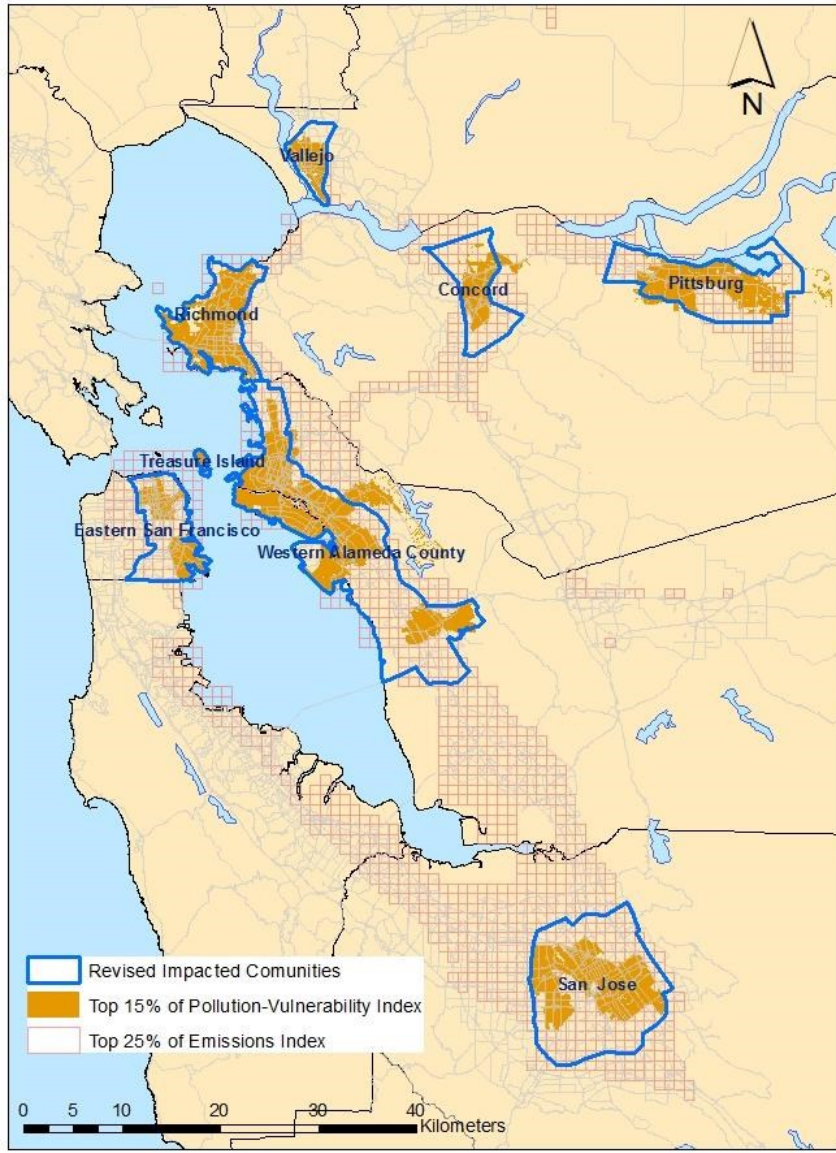


- Map top 15% of pollution-vulnerability index (PVI)
- Map to 25% of emissions index
- Develop boundaries to encompass top PVI areas
- Consider where emissions are likely to contribute
- Use major roadways, coast and county boundaries to form lines

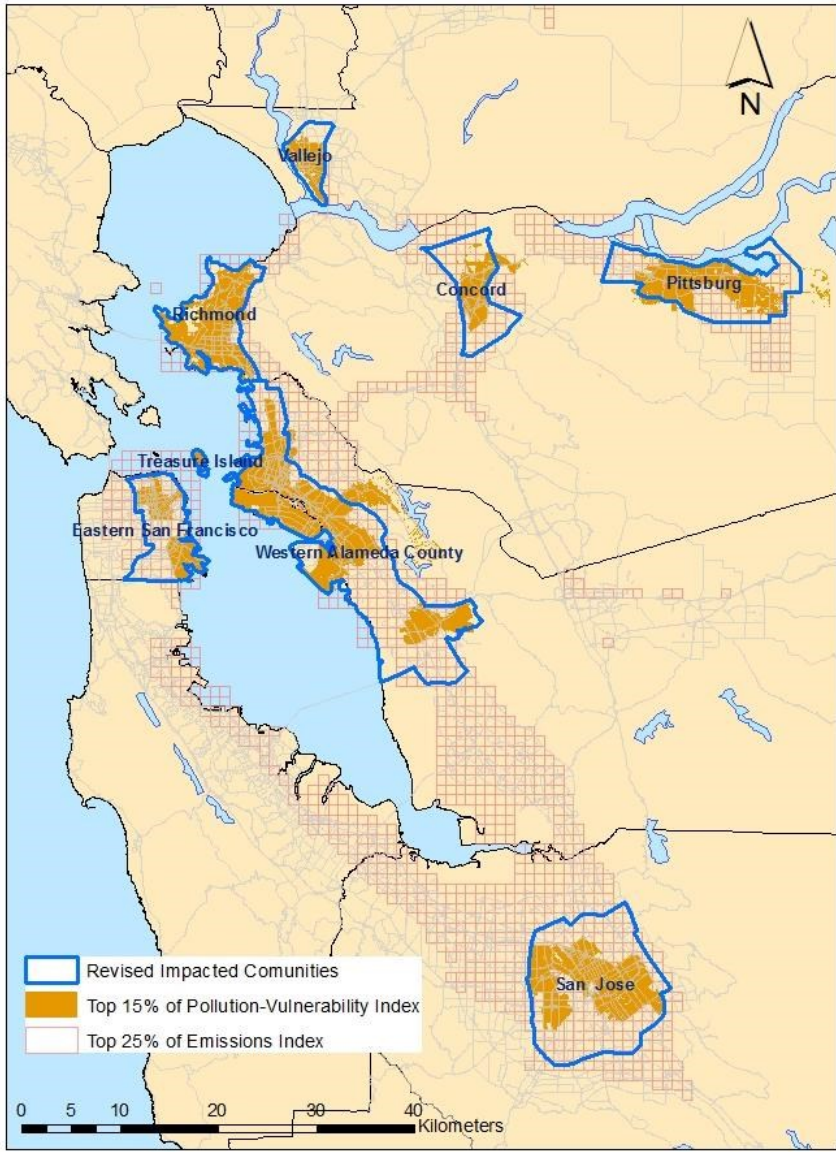
Comparison to Current Method



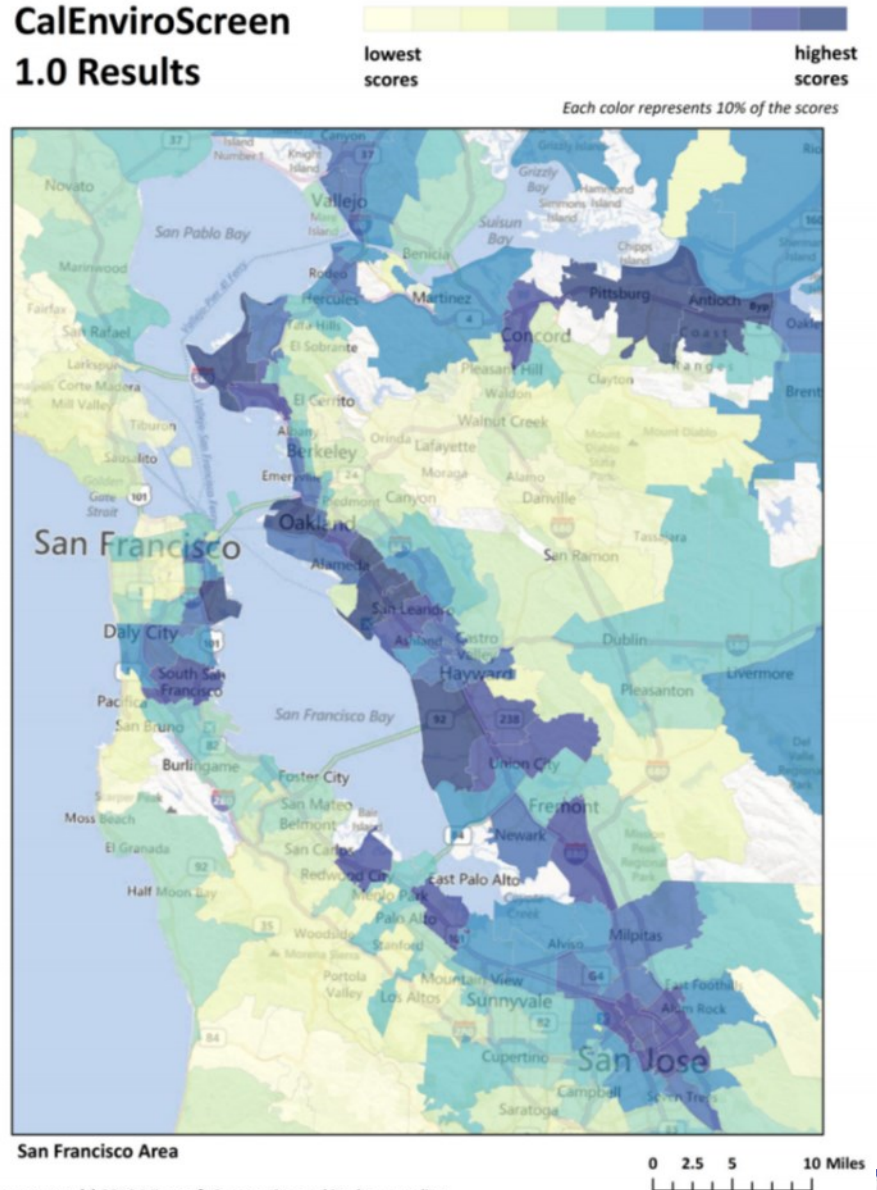
Comparison to EJ Screening Method



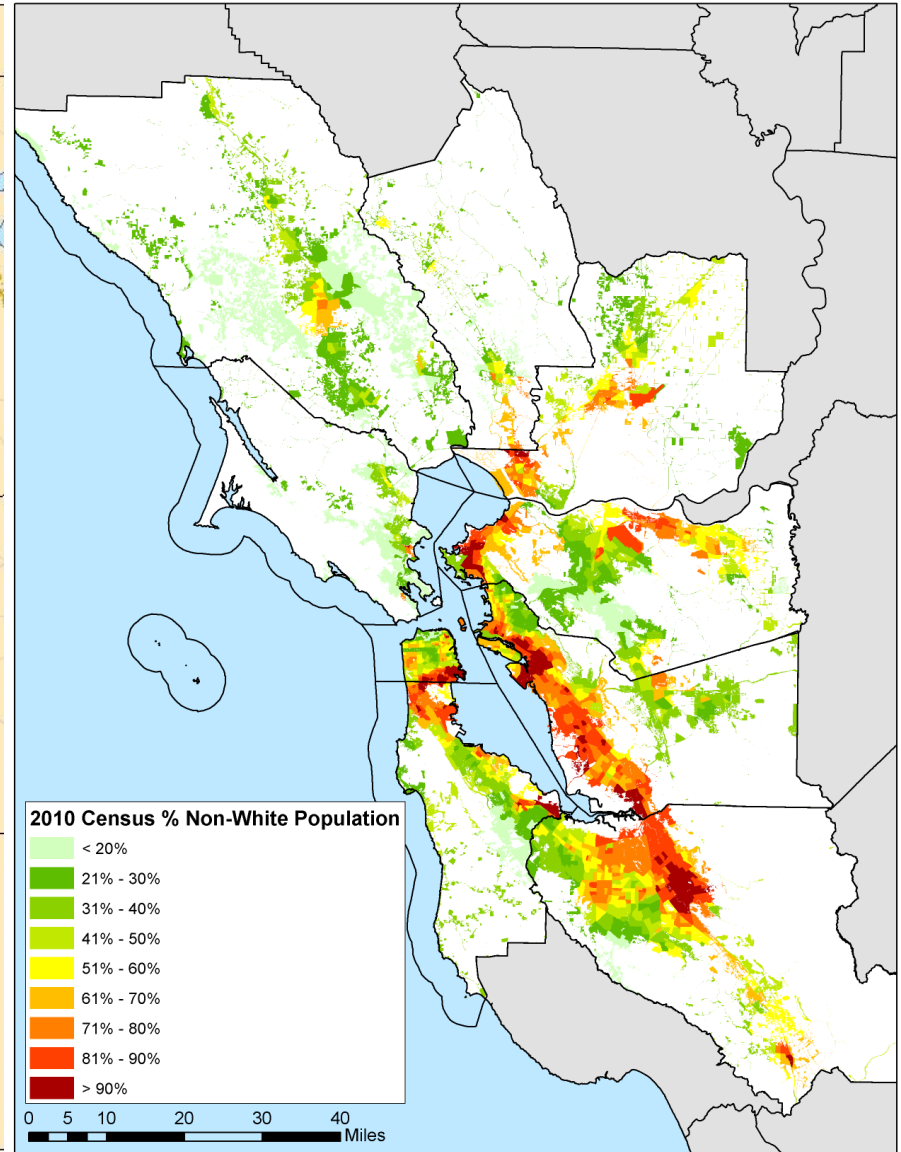
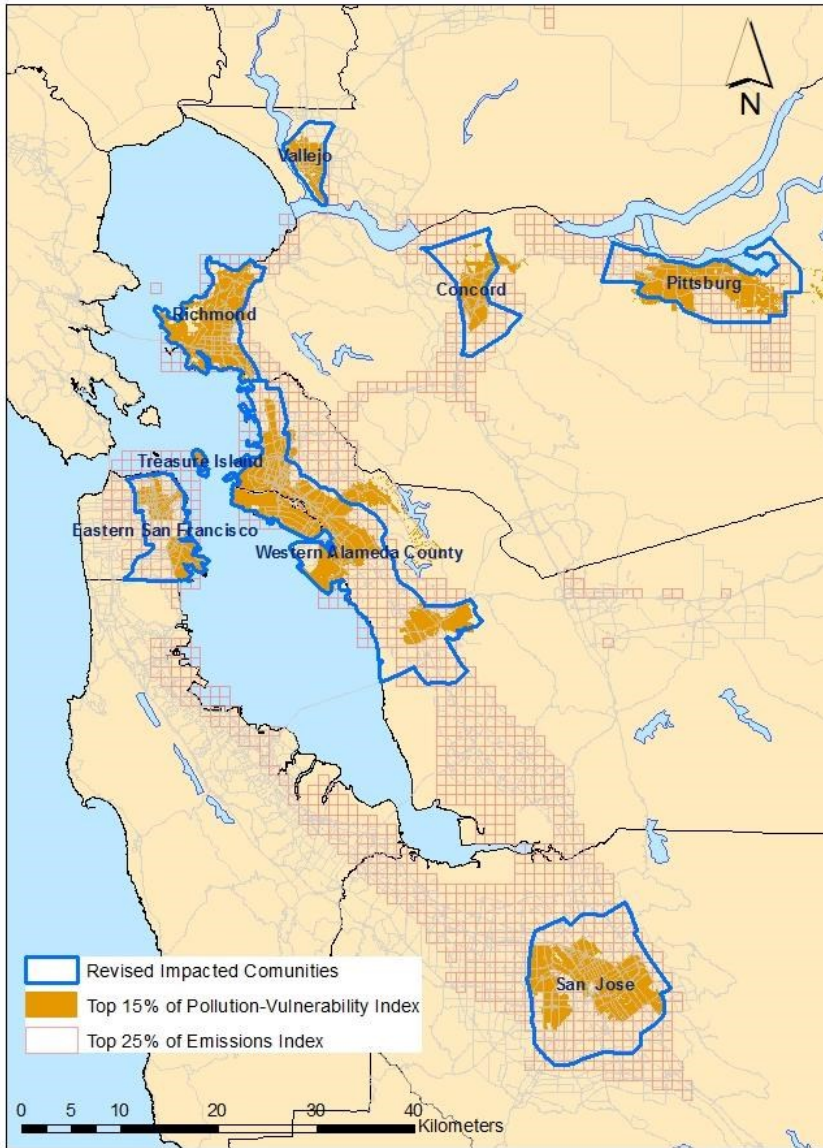
Comparison to CalEnviroScreen



CalEnviroScreen 1.0 Results



Compared to Race/Ethnicity Data



Next Steps

- Seek input on updated method and report (May 2013)
- Finalize report (early June 2013)
- Continue ongoing research (version 3)
 - Refine PM modeling/monitoring
 - Refine health outcome data
 - Relate emission sources areas to impacted areas
- Continue ongoing mitigation activities

