#### Public Health Impacts of Projected 2050 Ozone Concentrations in Mecklenburg County, NC

Presented by: Steven Lippmann<sup>1,2</sup> slippmann@unc.edu

Co-authors: Karin Yeatts<sup>1</sup>, Adel Hanna<sup>3</sup>, Lauren Thie<sup>4</sup>, and Anna Waller<sup>2</sup>

<sup>1</sup>Department of Epidemiology, University of North Carolina, Chapel Hill, NC

<sup>2</sup>Carolina Center for Health Informatics, Department of Emergency

Medicine, University of North Carolina, Chapel Hill, NC

<sup>3</sup> Institute for the Environment, University of North Carolina, Chapel Hill, NC

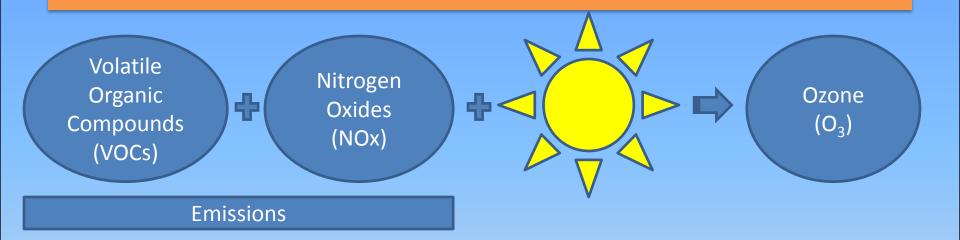
<sup>4</sup>Division of Public Health, Department of Health and Human Services, State of

North Carolina

#### Outline

- Primer on ozone
- Walk through the health impact formula
- Describe our data inputs and results

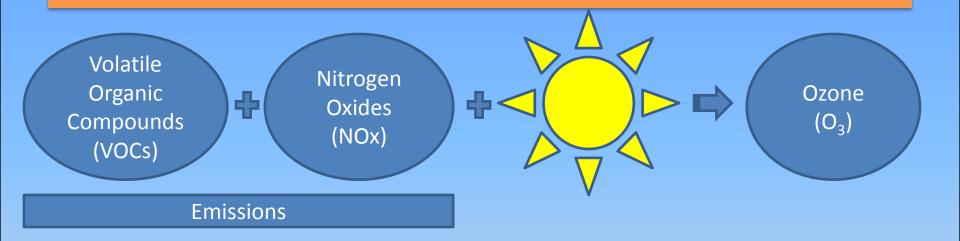
#### **Ozone Creation**







## Ozone Reduction







#### Ozone Reduction



Nitrogen
Oxides
(NOx)



Ozone (O<sub>3</sub>)

#### **Emissions**





#### Your Best Guess?

How will ozone concentrations change in Mecklenburg County NC from today to 2050?

-20% -10%

No Change +10%

+20%

## **Project Overview**

#### Combine data on:

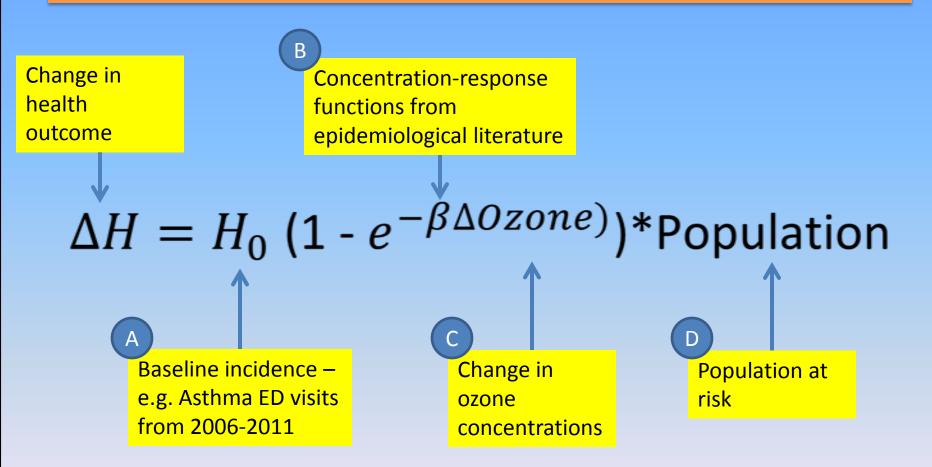
- Emergency department visits (current)
- Concentration-response associations from the epidemiological literature
- Ozone levels (current and projected)
- Population (current and projected)

to estimate the future burden of emergency department visits in Mecklenburg County, NC in 2050.

#### **PLEASE NOTE:**

These are preliminary results and should not be distributed or cited.

# Health Impact Formula

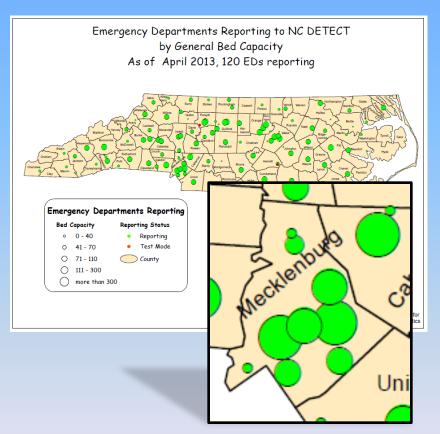




#### Health Data

#### NC DETECT

- State-wide surveillance data
- Primary data elements used:
  - ICD-9-CM diagnosis codes (up to 11)
  - Age / sex
  - Patient county of residence
  - Visit date/time
- Obtained via a data use agreement with state DPH data owners



9 hospitals within Mecklenburg County



#### Asthma ED Visit Incidence Rates

Age Group	Gender	Asthma ED Visit Count (April- October, 2006-2011*)	Population (%) (Mean, 2006-2011)	Incidence Rate (per person-day*)	Average Count per Day
0-19	Female	2246	123321 (13.8)	1.51E-05	1.9
	Male	3872	127737 (14.3)	2.51E-05	3.2
20-44	Female	3157	182447 (20.4)	1.43E-05	2.6
	Male	2117	174691 (19.6)	1.00E-05	1.7
45-64	Female	1605	108978 (12.2)	1.22E-05	1.3
	Male	975	98713 (11.1)	0.82E-05	0.8
65+	Female	494	46046 (5.2)	0.89E-05	0.4
	Male	205	31242 (3.5)	0.54E-05	0.2
Total		14671	893176	1.36E-5	12.1

Data Source: NC DETECT, Apr-Oct 2006-2011

<sup>\*74</sup> days were determined to have data quality problems and were dropped from both the numerator and denominator.



# Concentration-Response Functions

Study	Incidence Rate Ratio	β
Peel et al., 2005 Atlanta, GA	1.022 (0.996, 1.049) per 25 ppb increment	0.000870 (0.000529)
	2.2% increase in	
	asthma ED visits per 25	
	ppb increase in ozone	



# Change in ozone

Current Ozone Concentrations 2006-2011

MONITOR DATA
Mean Daily Maximum
8 Hour Average (ppb):

Data Source: U.S. EPA Air Quality
System
Mean of 3 monitors within
county,
April-October





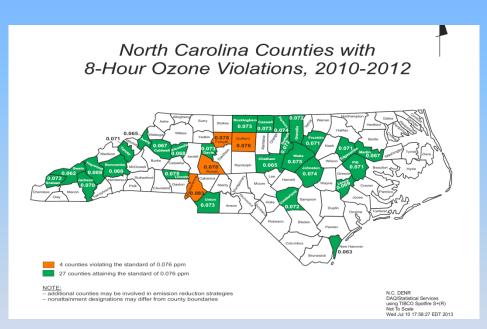
Future Ozone Projections 2050

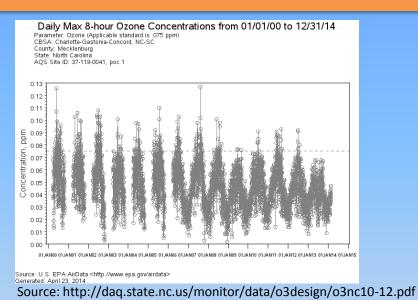
MODEL DATA
Mean Daily Maximum
8 Hour Average (ppb):

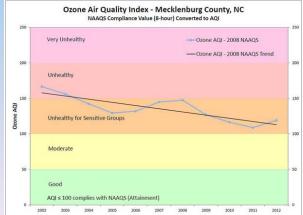
Data Source: GCM:
NCAR, Resolution: 12km, IPCC
Scenario A1B, with Projected
Anthropogenic Emissions
Inventory, May-August



#### Current Ozone







Source: http://charmeck.org/mecklenburg/county/LUESA/SOER/Pages/AirQualityOzone.aspx



#### **Ozone Concentrations**

Current Ozone Concentrations 2006-2011

Mean Daily Maximum 8 Hour Average (ppb):

**51** 

Data Source: U.S. EPA Air Quality System
Mean of 3 monitors within county,
April-October





Future Ozone Projections 2050

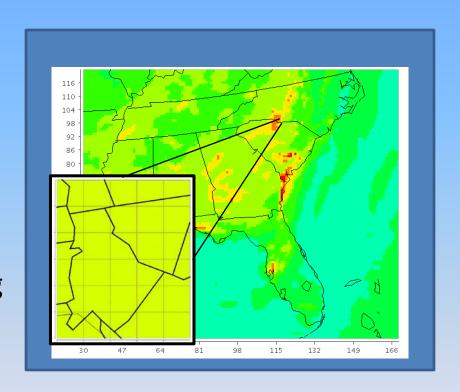
Mean Daily Maximum 8 Hour Average (ppb):

Data Source: GCM: NCAR, Resolution: 12km, IPCC Scenario A1B, with Projected Anthropogenic Emissions Inventory, May-August



# Air Quality Model

- Model years: 2048-2050
- IPCC A1B Scenario
- Projected anthropogenic emissions inventory
- GCM: NCAR
- Future climate meteorology: CCSM 2050
- Downscaling: Analysis nudging technique
- 12km resolution
   For more technical
   information, contact Adel Hanna
   at the UNC Institute for the
   Environment.





# Future Air Quality Model Specifications

	Set to baseline levels?	Set to projected future levels?
Meteorology/ Climate		X
Biogenic Emissions	X	
Anthropogenic Emissions		X
Greenhouse Gas Scenario (IPCC SRES)		X (A1B)



#### **Ozone Concentrations**

Current Ozone Concentrations 2006-2011

Mean Daily Maximum 8 Hour Average (ppb):

**51** 

Data Source: U.S. EPA Air Quality System Mean of 3 monitors within county, April-October



Future Ozone Projections 2050

Mean Daily Maximum 8 Hour Average (ppb):

45

Data Source: GCM: NCAR, Resolution: 12km, IPCC Scenario A1B, with Projected Anthropogenic Emissions Inventory, May-August



Delta: ~6ppb

~11% decrease



## **Population Data**

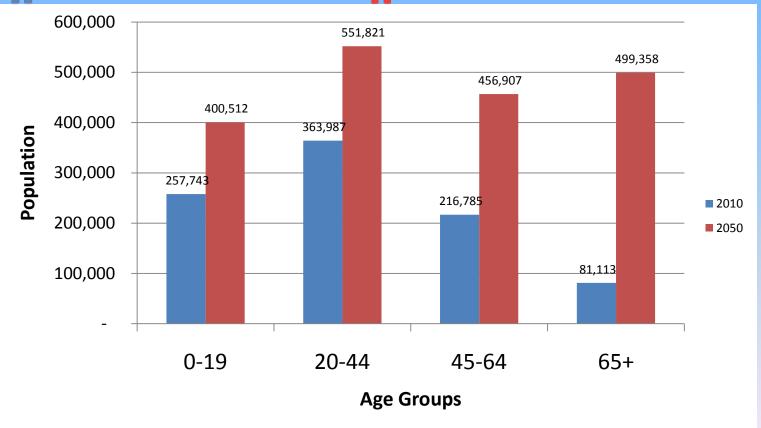


2010: 919,628 US Census 2010



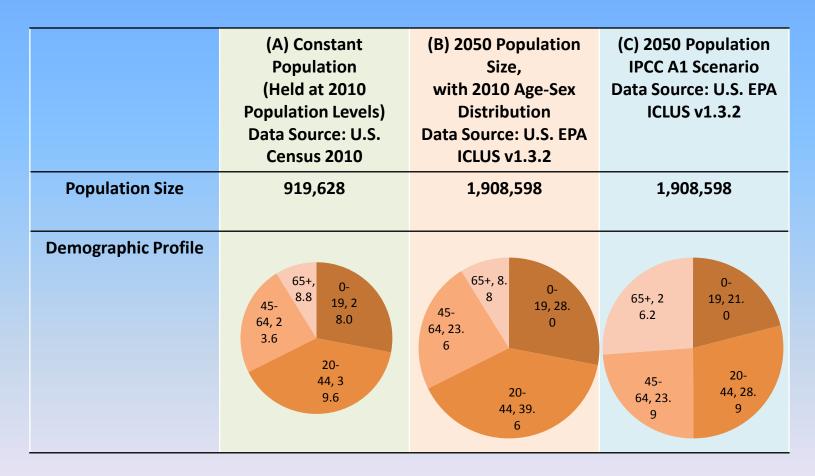
2050: 1,908,598

US EPA ICLUS 1.3.2, A1 Scenario





## **Population Scenarios**



# Health Impact

	Asthma ED Visits Avoided, per warm season				
Age Group	(A) Constant Population (Held at 2010 Population Levels) Data Source: U.S. Census 2010 Population size: 919,628	(B) 2050 Population Size, with 2010 Age-Sex Distribution Data Source: U.S. EPA ICLUS v1.3.2 Population size: 1,908,597	(C) 2050 Population IPCC A1 Scenario Data Source: U.S. EPA ICLUS v1.3.2  Population size: 1,908,597		
0-19	9.9	20.6	15.4		
20-44	8.6	18	13.2		
45-64	4.3	9	9.1		
65+	1.2	2.4	7.1		
Total	24.0	49.9	44.7		

# Health Impact

	Asthma ED Visits Avoided, per warm season				
Age Group 0-19	(A) Constant (Held at 2010 Leve Data Source: 0 201 Population size	Seems small? Remember an	ion io EPA		
20-44		equivalent to removing 2 full days of visits from each warm season	15.4 13.2		
45-64			9.1		
65+ Total		1.2 2.4 24.0 49.9	7.1 44.7		

#### Summary

- • in asthma emergency department
   morbidity, moderately sensitive to future population
   demographics.

Continued reductions in anthropogenic emissions are needed to offset climate-change-related increases in ozone and population dynamics

## **Next Steps**

- Scaling up to whole state of North Carolina
- Age group / Sex /Disease specific concentrationresponse functions
  - Asthma
  - COPD
  - Cardiovascular diseases
- 2nd air quality projection for 2050 that uses current emissions levels for comparison.

# Acknowledgements

• CISA Small Project Grant



This project also builds off of the following grants:

EPA –STAR Grant (Adel Hanna)
 R832751010

CDC BRACE (Lauren Thie)1UE1EH001126-01

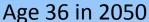




Note: Data were obtained from the NC DHHS/DPH NC DETECT system under a data use agreement. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

## Questions / Contact Info







Age 41 in 2050

Steven Lippmann
Department of Epidemiology
and Carolinas Center for Health Informatics
University of North Carolina at Chapel Hill
slippmann@unc.edu