

## The Ever Expanding Knowledge-Base of Air Pollution's Health Effects

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#### **Conflict of Interest Statement**

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#### Wayne Cascio, MD

- No conflicts of interest
- The presentation represents the opinions of the speaker and does not necessarily represent the policies of the US EPA

## **Sepa**

### Air Pollution: A Leading Cause of the Global Burden of Disease

In 2015 ambient  $PM_{2\cdot 5}$  was the fifth-ranking global mortality risk factor -

#### **Exposure to PM<sub>2.5</sub> caused:**

- 4.2 million deaths (7.6% of total deaths)
- 103.1 million disability-adjusted life-years (4.2% of DALYs)

# Between 1990 and 2015 deaths increased in association with PM<sub>2.5</sub> exposure from:

• 3.5 million to 4.2 million

**Ozone exposure contributed to morbidity and mortality -**

#### In 2015 ozone exposure is estimated to have accounted for:

- 254,000 deaths
- 4.1 million DALYs from chronic obstructive pulmonary disease

Global Burden of Disease, Injuries, and Risk Factors Study 2015. Cohen AJ, et al. Lancet 2017; 389: 1907–18 3



Despite Phenomenal Progress U.S. Air Pollution Continues to Impact Population Health

### Air pollution remains a significant U.S. Public Health Concern

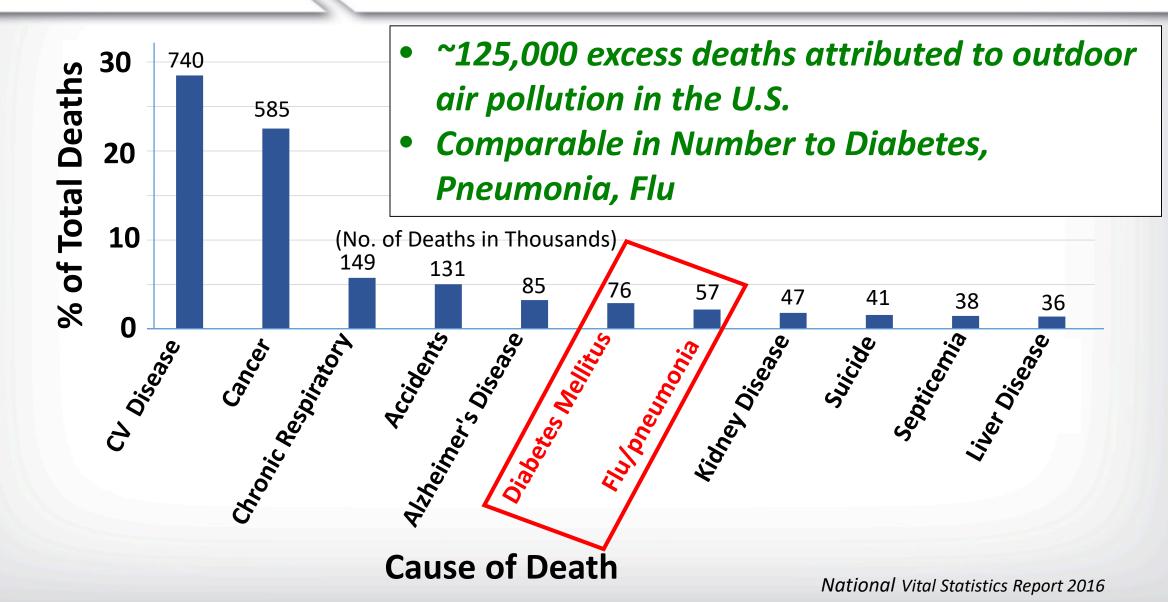
- Estimated excess mortality 125,000 deaths/year
- Over 20 million school days and work days lost
- Over 1 million life-years lost
- 122.5 million people living in counties with one or more pollutants exceeding the NAAQS in 2016



Fann N. et al. Risk Anal 2012; Fann et al. Environ Sci Tech 2013; US EPA 4

## **€PA**

### Causes of Deaths in U.S.



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### Environmental Health Scientists Continue to Study Air Pollution and Human Health

2,894 Publications on "Air Pollution and Human Health" in PubMed since 2016

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	Topic Area	# of Publications	<i>Maturity</i> of Field
	Central Nervous	System 119	New
	Birth Outcomes	287	Growing
	Cardiovascular	432	Growing
	Cancer	407	Stable
	Respiratory	727	Stable
	Other	922	6

## **€PA**

#### **Overview of Presentation**

- Benefits of NAAQS on Mortality in the U.S.
- Health Effects of Air Pollution
  - Cardiovascular
  - Central Nervous System
  - Human Development
- Emerging Issues, Technology & Opportunities
  - Wildfire Smoke
  - Sensors and Citizen Science
  - Public Health and Clinical Interventions

## **⇒EPA**

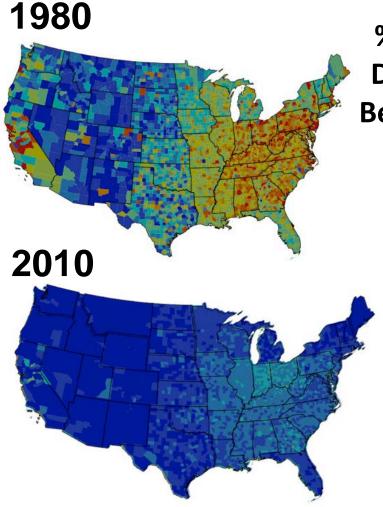
#### Fall in Air Pollution Related Deaths Over Time Fraction of Total All-Cause Deaths Attributed to PM<sub>2.5</sub>

#### After the implementation of local, state, and federal air quality policies

• PM<sub>2.5</sub> precursor emissions declined over the course of several decades

#### Between 1980 - 2010, PM<sub>2:5</sub> exposures fell by about half, and estimated excess deaths decreased by about a third

 California, Virginia, New Jersey, and Georgia had some of the largest estimated reductions in PM<sub>2.5</sub>-attributable deaths



% of Total All-Cause Deaths Due to PM<sub>2.5</sub> Between 1980 & 2010

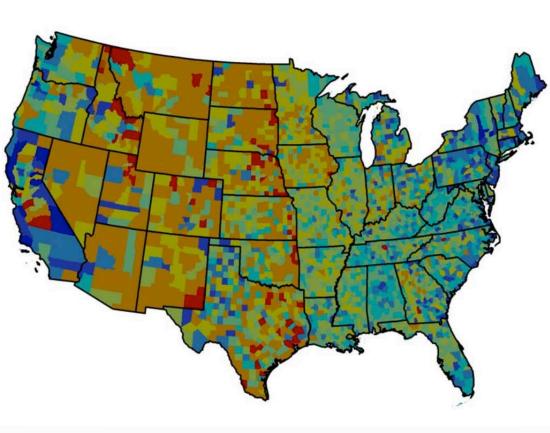
11.21 –13.70%
10.22 -11.20%
9.47 –10.21%
8.78 - 9.46%
8.07 – 8.77%
7.22 - 8.06%
6.20 - 7.21%
5.03 - 6.19%
3.75 - 5.02%
1.83 - 3.74%

Air Pollution Public Health Benefits of Decreasing PM<sub>2.5</sub> 1980-2010

Change in the % of Death Due to PM<sub>2.5</sub> Between 1980 - 2010

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-2.85 - -0.04% -0.03 - -0.01% 0.02 - 2.18% 2.19 - 3.01% 3.02 - 3.71% 3.72 - 4.37% 4.38 - 5.09% 5.10 - 6.07% 6.08 - 8.11%8.12 - 11.7%



Relative to a hypothetical population with exposures held constant at 1980 levels

- people born in 2050 would live about 1 year longer
- there would be a cumulative gain of 4.4 million life years among adults ≥30 years of age



### Health Effects of Air Pollution Cardiovascular

## **€PA**

#### Long-term Health Effects of Air Pollution PM<sub>2.5</sub> Exposure and Post-MI Survival in Ontario, Canada

#### Post-Myocardial Infarction Survival Ontario, Canada 1999-2011

- 8,873 patients with 4,016 non-accidental deaths
- Mortality follow-up through 2011
- Cumulative time-weighted exposures to PM<sub>2.5</sub> were derived from satellite observations
- For each 10-μg/m<sup>3</sup> increase in PM<sub>2.5</sub> nonaccidental mortality increased by 22%

#### **Conclusions:**

• Long-term air pollution exposure adversely affects the survival of Heart Attack patients

#### *Post-Stroke Survival London, England 1995-2006*

- 3,320 patients with 1,856 deaths
- Stroke follow-up to mid-2006
- Outdoor NO<sub>2</sub> and PM<sub>10</sub> modeled for 2002
- HRs were adjusted for relevant factors
- 10-µg/m<sup>3</sup> increase in NO<sub>2</sub> and PM<sub>10</sub> was associated with a 28% and 52% increase in risk of death, respectively

#### **Conclusions:**

- Improvements in outdoor air quality might contribute to better survival after stroke
- A 10 μg/m<sup>3</sup> reduction in NO<sub>2</sub> exposure is expected to reduce mortality comparable to that for stroke units

**⇒EPA**

#### Air Pollution and Mortality Effect of PM on Survival and Subsequent Clinical Events

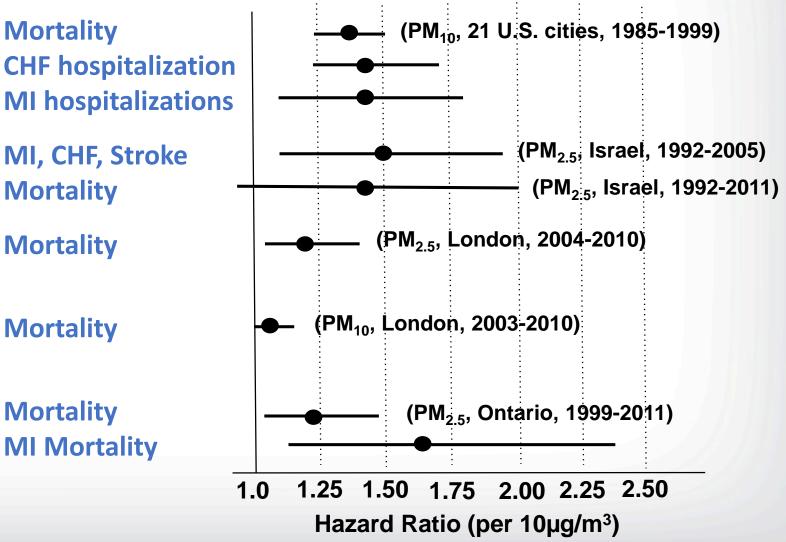
Zanobetti A & Schwartz J. Environ Health Perspect 2007

Koton *et al. Prev Med* 2013

Tonne et al. Eur Heart J 2013

**Tonne et al.** *Int J Hyg Envir Health* 2016

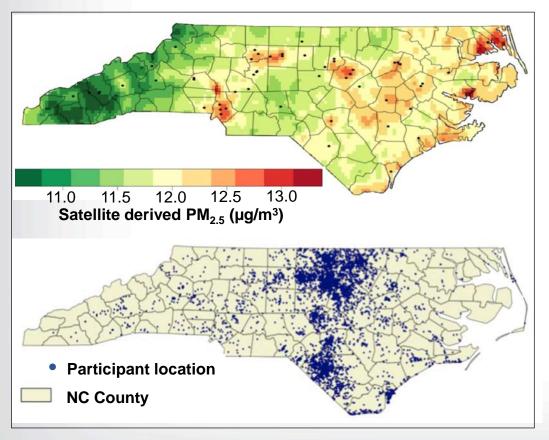
Chen et al. EHP 2016 Environ Health Perspect 2016



## 

#### Health and Long-term Air Pollution Exposure Association between PM and Coronary Artery Disease

5,679 patients who underwent coronary angiography at Duke University between 2002–2009 and resided in North Carolina\*



1  $\mu$ g/m<sup>3</sup> increase in annual average PM<sub>2.5</sub> was associated with an:

- 11.1% relative increase in the odds of significant coronary artery disease
- 14.2% increase in the odds of having had a heart attack during the previous year

## 6,575 Ohio residents undergoing elective diagnostic coronary angiography\*\*

1  $\mu$ g/m<sup>3</sup> increase in annual average PM<sub>2.5</sub> was associated with an:

- 17% relative increase in the odds of 1-2 vessel, and a 24% increase in ≥ 3 vessel coronary artery disease
- 14% increase in the odds of having a heart attack within 3 years

\*McGuinn LA, et al. Environ Res 2016 \*\*Hartiala J, et al. J Am Heart Assoc 2016

#### Cardiovascular Disease Risk Calculators Predictive Models for Cardiovascular Outcomes

Merican College of Cardiology ASCVD Ri	sk Estimator Plus	Estimate Risk	Ø Therapy Impact	Advice
Current 10-Year ASCVD Risk	-%	Previous 10 Year ASCVD Risk	~%	
Patient Demogra	aphics			
Current Age	Sex	Race		
٢	Male Fem	nale White	African American	Other
Current Labs/Ex Total Cholesterol (mg/dL) Walue must be between 130 - 320 Personal History	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL) <b>O</b> Value must be between 30-300	Systolic Blood Pressu Value must be between 90-200	٢
History of Diabetes?	On Hypertension Treatment?	Smoker:		
Yes No	Yes No	Yes	Former	No
On a Statin? <b>()</b>	On Aspirin Therapy? 🕄			

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ACC AHA 10-Year ASCVD Risk

• Age

Gender

• Race

- Smoker
- HDL cholesterol
- Systolic blood pressure
- Diastolic blood pressure
- Treatment for high blood pressure

#### **Reynolds Risk Calculator**

CRP: Inflammation

http://www.reynoldsriskscore.org

Diabetes

 $\bullet$ 

Statin therapy

Aspirin therapy

Total cholesterol

#### MESA Cardiovascular Risk Calculator

Calcium Score

https://www.mesa-

http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/

nhlbi.org/MESACHDRisk/MesaRiskScore/RiskScore.aspx 14

orsens Vascular Risk Factors ors for Atherosclerosis and Air Quality
Poor Air Quality:
Age – might accelerate aging Ward-Caviness et al. Octotarget 2016 McCracken et al. EHP 2010
Total Cholesterol – increases cholesterol Shanley et al. Epidemiology 2016
HDL – decreases HDL particle number Bell et al. Arterioscler Thromb Vasc Biol 2017
LDL – oxidizes LDL and ox-LDL receptor
Gong et al. Genome Biol. 2007 Wu et al. Chemosphere 2015
Systolic BP – increases blood pressure Giorgini et al. Curr Pharm Des. 2016
<b>Diabetes</b> – associated with type II diabetes
Renzi et al. Environ Int 2017
Statin Therapy – protective O'Neill et al. Occup Environ Med 2007

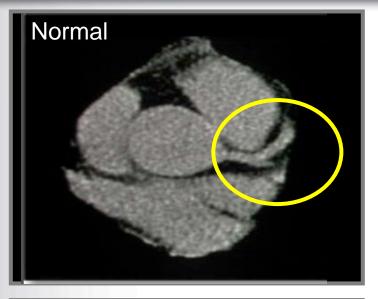
http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/

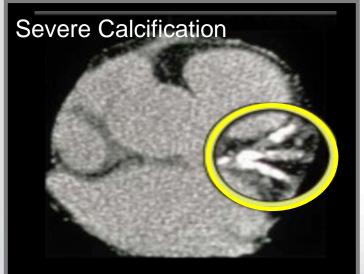
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Alexeeff et al. Environ Health Perspect 2011

## **Set EPA**

Coronary Artery Calcium Confers Increased Cardiovascular Risk

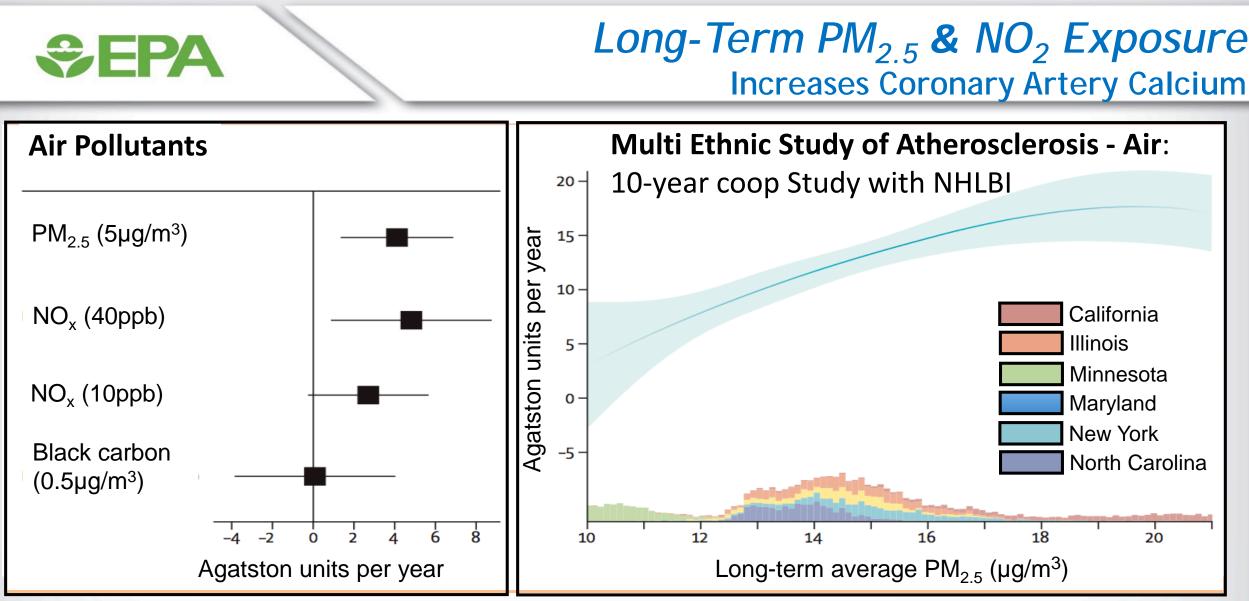




Summary of the Coronary Artery Calcium (CAC) and absolute long-term Cardiovascular Risk

CAC Score	FRS Equivalent	10-Year Event Rate, %
0	Very low	1.1 - 17
1 - 100	Low	2.3 – 5.9
101 - 400	Intermediate	12.8 – 16.4
> 400	High	22.5 – 28.6
> 1,000	Very high	37.0

Hecht HS. JACC Cardiovasc Imaging 2015;8:579-96 16



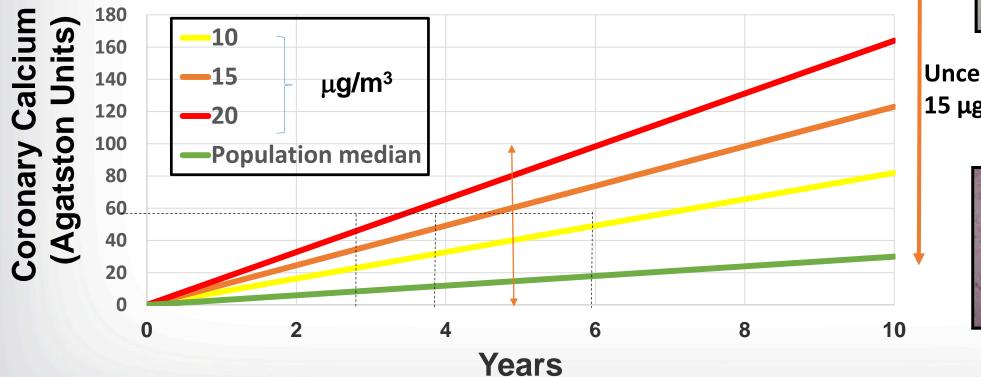
Long-term PM<sub>2.5</sub> and NO<sub>2</sub> increased coronary calcium, an indictor of atherosclerosis



#### Long-term PM<sub>2.5</sub> & Nox Exposure Associated Atherosclerosis Progression

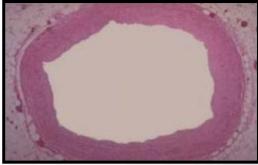
MESA Air Study – Led by University of Washington

**PM<sub>2.5</sub> and Coronary Calcium** 





Uncertainty for 15 μg/m<sup>3</sup> case



## **€PA**

### Coronary Artery Calcium Confers Increased Cardiovascular Risk

Possible Shift in 10-Year Event Rate due to Increases in Coronary Artery Calcium (CAC) Associated with Exposure to 15  $\mu$ g/m<sup>3</sup> PM<sub>2.5</sub> for 10 years = 120 Agatston Units

CAC Score	FRS Equivalent	10-Year Event Rate, %
0	Very low	1.1 – 1.7
1 - 100	Low	2.3 – 5.9
101 - 400	Intermediate	12.8 – 16.4
> 400	High	22.5 – 28.6
> 1,000	Very high	37.0

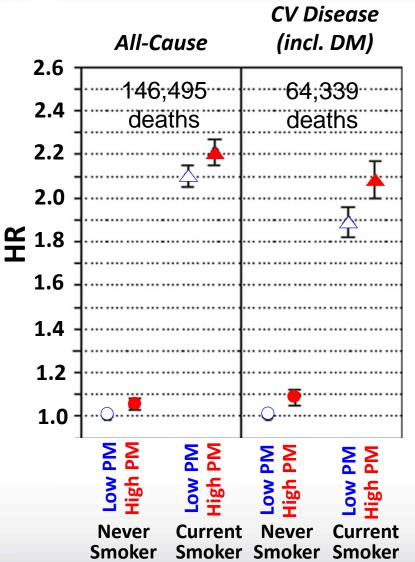
ACC AHA 10-Year ASCVD Risk Calculator does not consider environmental factors

ASCVD Risk Calculators might be refined by including long-term exposure to air pollution

## **€PA**

#### Smoking-Air Pollution Interaction & Mortality Interaction of Smoking Cigarettes and Air Pollution

- ACS Cancer Prevention Study-II with modeled PM<sub>2.5</sub> levels
- Examined interactions for all-cause & cardiovascular mortality among 429,406 current or never smoking participants and PM
- High (>14.44) vs. low (≤10.59) PM<sub>2.5</sub> μg/m<sup>3</sup> exposure



	Number of Additional Deaths Per 100,000 Person Years (95% CI)	
	All	Cardiovascular
	Cause	Disease
		(plus diabetes)
High PM <sub>2.5</sub>	44	36
vs. Low PM <sub>2.5</sub>	(5 <i>,</i> 83)	(9 <i>,</i> 63)
Current vs. Never Smoker	1,080 (1,034, 1,250)	318 (288, 347)
High PM <sub>2.5</sub> * Current Smoker	56 (-3, 115)	32 (-6, 71)

- Reductions in smoking will reduce allcause & cardiovascular death the most
- Reductions in PM<sub>2.5</sub> will prevent a proportion of mortality attributed to smoking

Source: *Turner MC, et al. Environ Health Perspect 2017* 20



### Health Effects of Air Pollution Central Nervous System

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#### **Emerging Areas of Health Effects Research** Neurological and Neurodegenerative

#### Air Pollution & Neurotoxicity in Adults

- Effects on Neurodegenerative Disorders
  - Parkinson's
    (Liu R et al. Environ Health Perspect 2016; Palacios et al. Rev Environ Health 2017)
  - Multiple sclerosis
- Non-Specific Neurological Symptoms
  - Cognitive Function (Tallon et al. Environ Internat 2017)
  - Fatigue
  - Anxiety and Depression

(Szyszkowicz M et al. Environ Health insights 2016; Pun EHP 2016; Vert Intern J Hygiene Envir Health 2017)

#### Air Pollution & Neurotoxicity in Children

- Effects on Child Neurodevelopment
  - Prenatal exposure to air pollution
  - Childhood exposure to air pollution
- Neurodevelopmental Disorders
  - Autism Spectrum Disorder
  - Attention-Deficit Hyperactivity Disorder

## Air Pollution: Cognition and Dementia

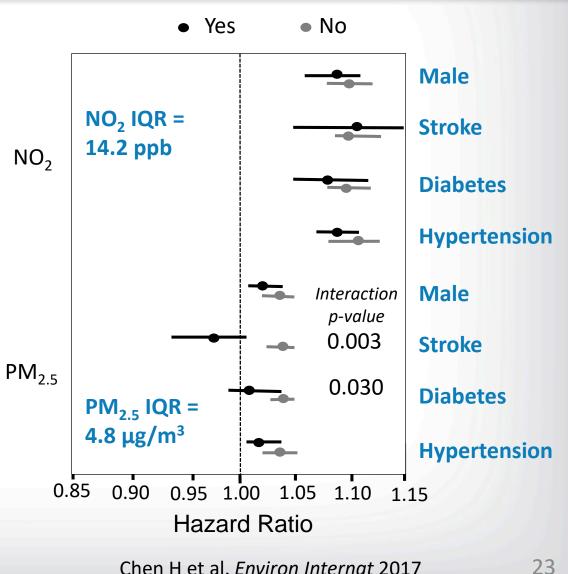
257,816 cases of dementia in 2001–2013 in Ontario 

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- **Positive association between air pollutants and dementia** incidence
- The incidence of dementia increased for every interquartile-range increase in exposure to:
  - $PM_{25}$  the hazard ratio (HR) was 1.04 (95% CI: 1.03–1.05) ٠
  - NO<sub>2</sub> the HR was 1.10; (95% CI: 1.08–1.12) ٠

Estimated attributable fraction and the number of incident dementia attributable to exposure to PM<sub>2.5</sub> and NO<sub>2</sub> among a cohort in Ontario, during the follow-up period 2001-2013 (total number of incident cases = 257,816)\*.

Exposure	Attributable fraction (95% uncertainty level) <sup>†</sup>	Number of dementia attributable to exposure to air pollutant (95% uncertainty level)
$PM_{2.5}^{\ddagger}$	2.4% (1.8–3.0%)	6278 (4738–7816)
$NO_2^{\ddagger}$	5.4% (4.4–6.6%)	13,962 (11,428–16,910)
$PM_{2.5} + NO_2^{\$}$	6.1% (4.8–7.5%)	15,813 (12,374–19,464)



Chen H et al. Environ Internat 2017



#### Health Effects of Air Pollution Human development

## 

#### **Emerging Areas of Health Effects Research** Reproductive and Developmental

#### Infertility

- **Menstrual cycle** (Merklinger-Gruchala et al. Internat J Environ Res Public Health 2017)
- Gametogenesis (Carré J et al. Environmental Health 2017)

#### **Fetal Growth**

exposure to PM<sub>10</sub>, PM<sub>2.5</sub> and NO<sub>2</sub> was associated with reductions in measurements at birth and biparietal diameter from late second trimester onwards. (*Clemens T et al. Environ Internat 2017*)

#### Stillbirth

ambient air pollution suspected of increasing stillbirth (Siddika et al. *Occup Environ Med.* 2016)

#### **Preterm Delivery**

 PM<sub>2.5</sub> constituents and preterm delivery were observed for Blacks and Asians, older mothers, and those with some college education compared to their reference groups (*Basu R et al. Ped Perinatal Epi 2017*)

#### Low Birth Weight

• exposure to PM<sub>2.5</sub> is associated with low birth weight. (*Rosa MJ et al. Environ Internat 2017*)

#### **Accelerated Biological Aging**

• exposure to PM<sub>2.5</sub> shortened telomeres measured at birth, an indicator of biological aging (*Martens DS et al. JAMA Pediatrics 2017*)

### **Emerging Issues and Opportunities**

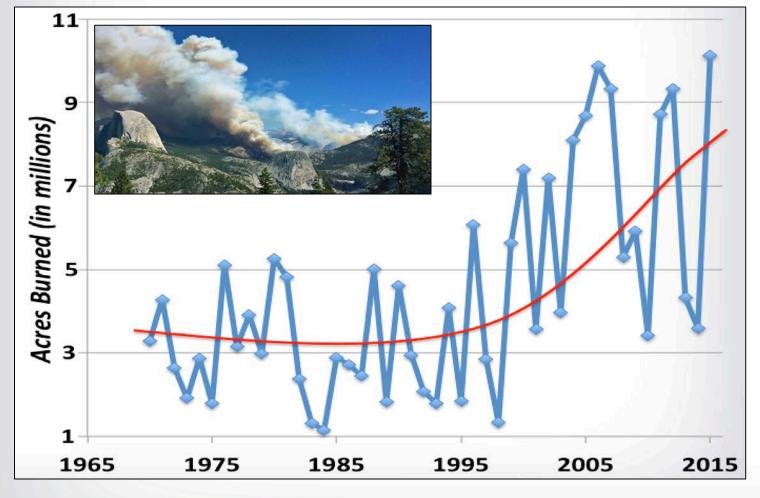
- Wildfire Smoke

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- Low cost sensors
- Public health and clinical interventions



#### Wildfire: An Issue of Concern for the States Impacts of Local and National Importance



Adapted from https://www.nifc.gov/fireInfo/fireInfo\_stats\_totalFires.html

- Wildland fires accounted for 38% of PM<sub>2.5</sub> emissions in 2014
- 2017 was substantially worse than the average of the last 10 years
- Between 2001 2010 over 40% of the country's large wildfires occurred in the Southeast
- U.S. spends more than \$2 billion each year to fight wildfires



#### Health Effects of Wildfire Smoke Systematic Reviews are Now Available

	Environmental Research 136 (2015) 120-132	
	Contents lists available at ScienceDirect	Eavironmental Research
and a second	Environmental Research	
ELSEVIER	journal homepage: www.elsevier.com/locate/envres	- AND -
Review		
-	c review of the physical health impacts from tional exposure to wildfire smoke	CrossMark
Jia C. Liu <sup>a,*</sup> , Gavin Pereira <sup>b</sup> , Sarah A. Uhl <sup>a</sup> , Mercedes A. Bravo <sup>a</sup> , Michelle L. Bell <sup>a</sup>		
	avironmental Studies, Yale University, 195 Prospect Street, New Haven, CT 06511, USA atric and Environmental Epidemiology, School of Medicine, Yale University, New Haven, CT 06511, USA	

eid et al. <u>Environ Res.</u> 015 Jan;136:120-32

Liu et al.<u>Environ</u> <u>Health Perspect.</u> 2016; 124:1334– 1343

#### Review

A Section 508–conformant HTML version of this article is available at http://dx.doi.org/10.1289/ehp.1409277.

#### **Critical Review of Health Impacts of Wildfire Smoke Exposure**

Colleen E. Reid,<sup>1,2</sup> Michael Brauer,<sup>3</sup> Fay H. Johnston,<sup>4,5</sup> Michael Jerrett,<sup>1,6</sup> John R. Balmes,<sup>1,7</sup> and Catherine T. Elliott<sup>3,8</sup>

<sup>1</sup>Environmental Health Sciences Division, School of Public Health, University of California, Berkeley, Berkeley, California, USA; <sup>2</sup>Harvard Center for Population and Development Studies, Harvard T.H. Chan School of Public Health, Cambridge, Massachusetts, USA; <sup>3</sup>School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada; <sup>4</sup>Menzies Institute of Medical Research, University of Tasmania, Hobart, Tasmania, Australia; <sup>5</sup>Environmental Health Services, Department of Health and Human Services, Hobart, Tasmania, Australia; <sup>6</sup>Department of Environmental Health Sciences, Fielding School of Public Health, University of California, Los Angeles, Los Angeles, California, USA; <sup>7</sup>Department of Medicine, University of California, San Francisco, San Francisco, California, USA; <sup>8</sup>Office of the Chief Medical Officer of Health, Yukon Health and Social Services, Whitehorse, Yukon, Canada

#### Health Effects Linked to Smoke from Wildland Fires

# Health effects known or suspected to be caused by wildland fire smoke

• All-cause mortality

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- Asthma & chronic obstructive pulmonary disease (COPD) exacerbations
- Bronchitis & pneumonia
- Cardiovascular outcomes
- Childhood respiratory disease
- Adverse birth outcomes
- Symptoms such as eye irritation, sore throat, wheeze and cough

Source: Studies reviewed in Liu et al. 2015





## **SEPA**

### Measuring the Health Effects of Wildfire Smoke

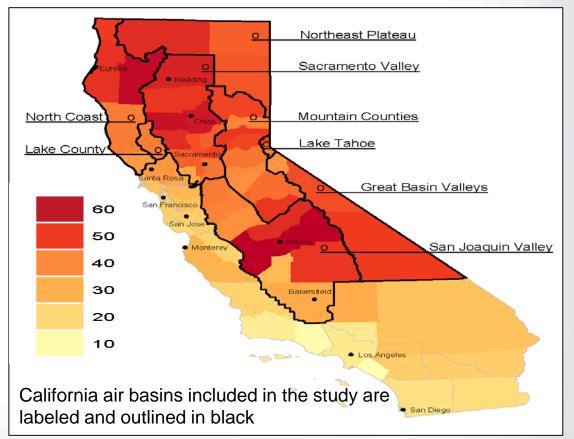
#### California 2015 Wildfire Study

**Problem:** Cardiovascular health effects of wildfire smoke are uncertain

#### Approach:

- Epidemiology study during the 2015 California wildfire season
- Associate wildfire-PM<sub>2.5</sub> exposure with emergency department visits for cardiovascular and respiratory diagnoses
- Collaborative study partners:
  - California Dept. of Public Health
  - Univ. of California at San Francisco
  - US EPA/ORD/NHEERL

#### Smoky days/county during the study: May through September 2015



Wettstein Z, Hoshiko S, Cascio WE, Rappold AG et al. (in review, 2018)

#### Wildfire-PM<sub>2.5</sub> Increases Heart Attack & Stroke California 2015 Wildfire Study

**Results:** Wildfire-PM<sub>2.5</sub> associated with heart attacks and strokes for all adults, particularly for those over 65 years old

- Increase in risk the day after exposure:
  - All cardiovascular, 12%
  - Heart attack, 42%
  - Abnormal heart rhythm, 24% (same day)
  - Heart failure 16%
  - Stroke 22%

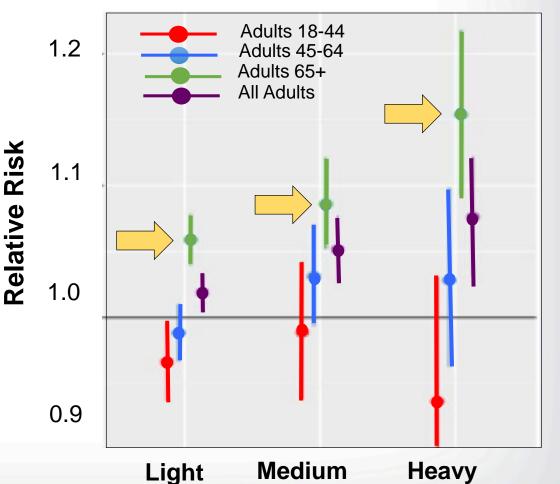
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- All respiratory causes 18%

*Impact:* Highlights the importance of decreasing exposure in at-risk populations

Data to be presented as a Late-Breaking Study at the American Public Health Association Conference in Atlanta - November 2017

#### All Cardiovascular Causes



Wettstein Z, Hoshiko S, Cascio WE, Rappold AG et al. (in review, 2018)

### Moving to the Future

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**SEPA** 

Policy Analysis pubs.acs.org/est

#### Forecast-Based Interventions Can Reduce the Health and Economic **Burden of Wildfires**

Ana G. Rappold,\*<sup>,†</sup> Neal L. Fann,<sup>‡</sup> James Crooks,<sup>†</sup> Jin Huang,<sup>§</sup> Wayne E. Cascio,<sup>†</sup> Robert B. Devlin,<sup>†</sup> and David Diaz-Sanchez

Forecast-based interventions predicted to reduce the health and economic burden of wildfires

Rappold AG, et al. Environ Sci Technol 2014

Cost effectiveness is improved by intervening only in the homes of those at highest risk, e.g. older persons

Health benefits and costs of filtration interventions that reduce indoor exposure to PM2.5 during wildfires

Abstract Increases in hospital admissions and deaths are associated with increases in outdoor air particles during wildfires. This analysis estimates the health benefits expected if interventions had improved particle filtration in homes in Southern California during a 10-day period of wildfire smoke

Indoor Air 2017; 27: 191–204 wileyonlinelibrary.com/journal/ina Printed in Singapore. All rights reserved

W. J. Fisk, W. R. Chan

Indoor Environment Group, Lawrence Berkeley National Laboratory, Berkeley, CA, USA

Fisk WJ, Chan WR Indoor Air 2017

etal air pollution problem appears to be

VIEWPOINT

The Global Threat of Outdoor Ambient Air Pollution to Cardiovascular Health Time for Intervention

"... we believe that the time is ripe to definitively test the efficacy of personal-level interventions..."

Brook RD, et al. JAMA Cardiol, 2017

Anthropogenic ambient fine particulate matter less

#### High Resolution Air Pollution Mapping EPA **Small Scale Variability due to Local Sources** 0



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pubs.acs.org/est

Spatial distribution of Black Carbon (BC)

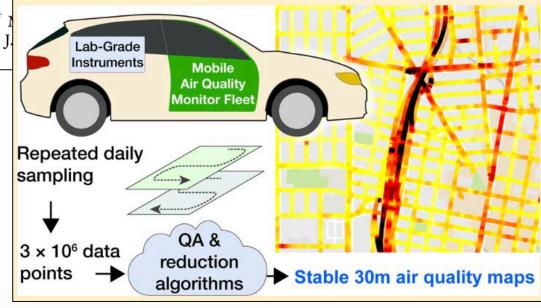
**Oakland**, CA

#### High-Resolution Air Pollution Mapping with Google Street View Cars: **Exploiting Big Data**

Joshua S. Apte,<sup>\*,†©</sup> Kyle P. Messier,<sup>†,‡</sup> Shahzad Gani,<sup>†</sup> Melissa M. Lunden,<sup>⊥</sup> Julian D. Marshall,<sup>#</sup> Christopher J. and Steven P. Hamburg<sup>‡</sup>

Apte JS et al. Environ Sci Technol 2017

Hankey S et al. Population-Level **Exposure to Particulate Air Pollution** during Active Travel: Planning for Low-Exposure, Health-Promoting Cities. Environmental Health Perspectives 125:527-534, 2017





## *₽***EPA**

### New Portable Technologies



## 

#### Smoke Sense Project Improving Public Health Outcomes

#### • Aims of Smoke Sense:

- Measure the effect of wildfire smoke exposure on health and productivity
- Develop health risk communication strategies to improve public health outcomes
- As part of this, researchers have developed a Smoke Sense mobile phone application to:
  - Collect user input on how smoke events impact their health and daily activities
  - Provide information about the smoke exposure and recommended health risk messages



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### Air Quality & Smoke Plume Information





#### AIR QUALITY INDEX

daily air quality. It tells you how clean or polluted your air is, and what associated health effects might be a concern for you. Think of the AQI as a yardstick that runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern.

#### Good Air quality is considered satisfactoy, and air pollution poses little or no risk.

Moderate Air quality is acceptable; nowever, for some pollutants there may be a noderate health concern for a very small number of people who are unusually sensitive to air pollution.

Unhealthy for Sensitive Groups Member of sensitive groups may experience health ffects. The general public is not likely to be ffected.

#### Unleasthy Everyone may begin to experince health effects; members of sensitive groups hay experience more serious health effects.

Very Unhealthy Health alert: everyone ay experience more serious health effects.

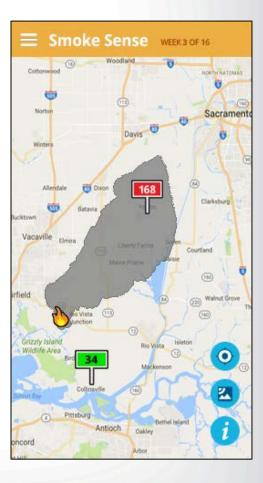
#### Hazardous Health warnings of emergence nditions. The entire population is more likely be affected

The AQI focuses on health effects you may experience within a few hours or days after breathing polluted air. EPA calculates the AQI fo five major air pollutants regulated by the Clean Air Act: ground-level oxone (O3), particle pollution (also known as particulate matter, or PM), carbon monoxide (CO), sulfur dioxide (SO2), and hitrogen dioxide (NO2). PM are separated into coarse dust particles (PM10) that are 2.5 to 10 micrometers in diameter, and fine particles (PM2.5) that are 2.5 micrometers in diameter or smaller.

DONE

ita source: AirNow.gov

- Smoke Sense provides current and future air quality
- Forecasted smoke plumes can be visualized
- Less time outside during smoke episodes to decrease exposure, and protect health
- Smoke Sense helps collect information about who, when, and how frequently people are impacted by smoke
- Information about smoke in the air and symptoms experienced in the past week will be logged



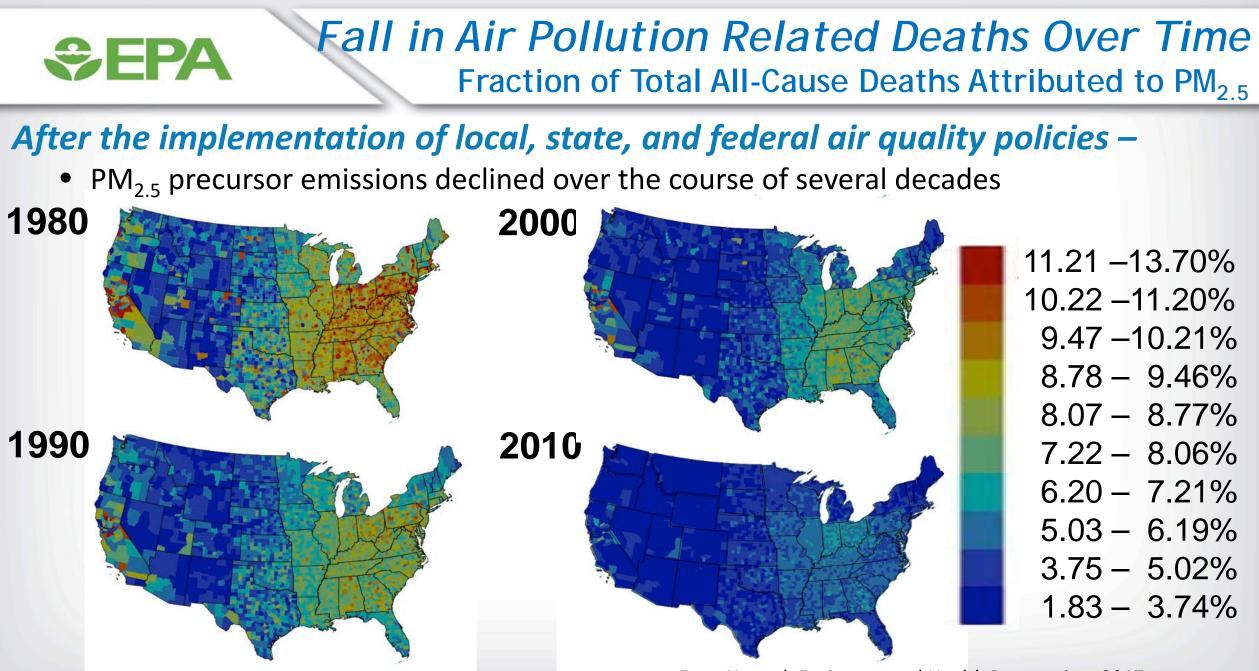




# Thank you

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Fann N, et al. Environmental Health Perspectives 2017



#### Air Pollution: Miscellaneous

Lee EY et al. Traffic-Related Air Pollution and Telomere Length in Children and Adolescents Living in Fresno, CA: A Pilot Study. J Occup Environ Med. 2017 May;59(5):446-452.

Exposure to ambient PAH may play a role in telomere shortening.

Berhane K, et al. Association of Changes in Air Quality With Bronchitic Symptoms in Children in California, 1993-2012.JAMA. 2016 Apr 12;315(14):1491-501.

Decreases in ambient pollution levels were associated with statistically significant decreases in bronchitic symptoms in children.

Keet CA, et al. Long-term Coarse PM Exposure is Associated with Asthma Among Children in Medicaid. Am J Respir Crit Care Med. 2017 Dec 15. doi: 10.1164/rccm.201706-1267OC

Exposure to higher average coarse PM levels is associated with increased asthma prevalence and morbidity.



#### Improving Air Quality An Important Priority to Achieve the EPA's Mission

"...promoting and protecting a strong and healthy environment is among the lifeblood priorities for the government, and EPA is vital to that mission."

E. Scott Pruitt, Senate Confirmation Hearing January 18, 2017

#### **EPA Administrator's Priorities:**

- Cooperative Federalism: Environmental law, policy, and progress are all based on cooperation: cooperation between the States, cooperation between the States and EPA, and cooperation between the regulators and the public.
  - Improving air quality
  - Restoring the role of States in the regulation of water
  - Cleaning up contaminated land to revitalize communities
  - Ensuring the safety of chemicals in commerce

E. Scott Pruitt, Testimony before US Senate Committee on Appropriations: Subcommittee on Interior, Environmental and Related Agencies July 17, 2017