

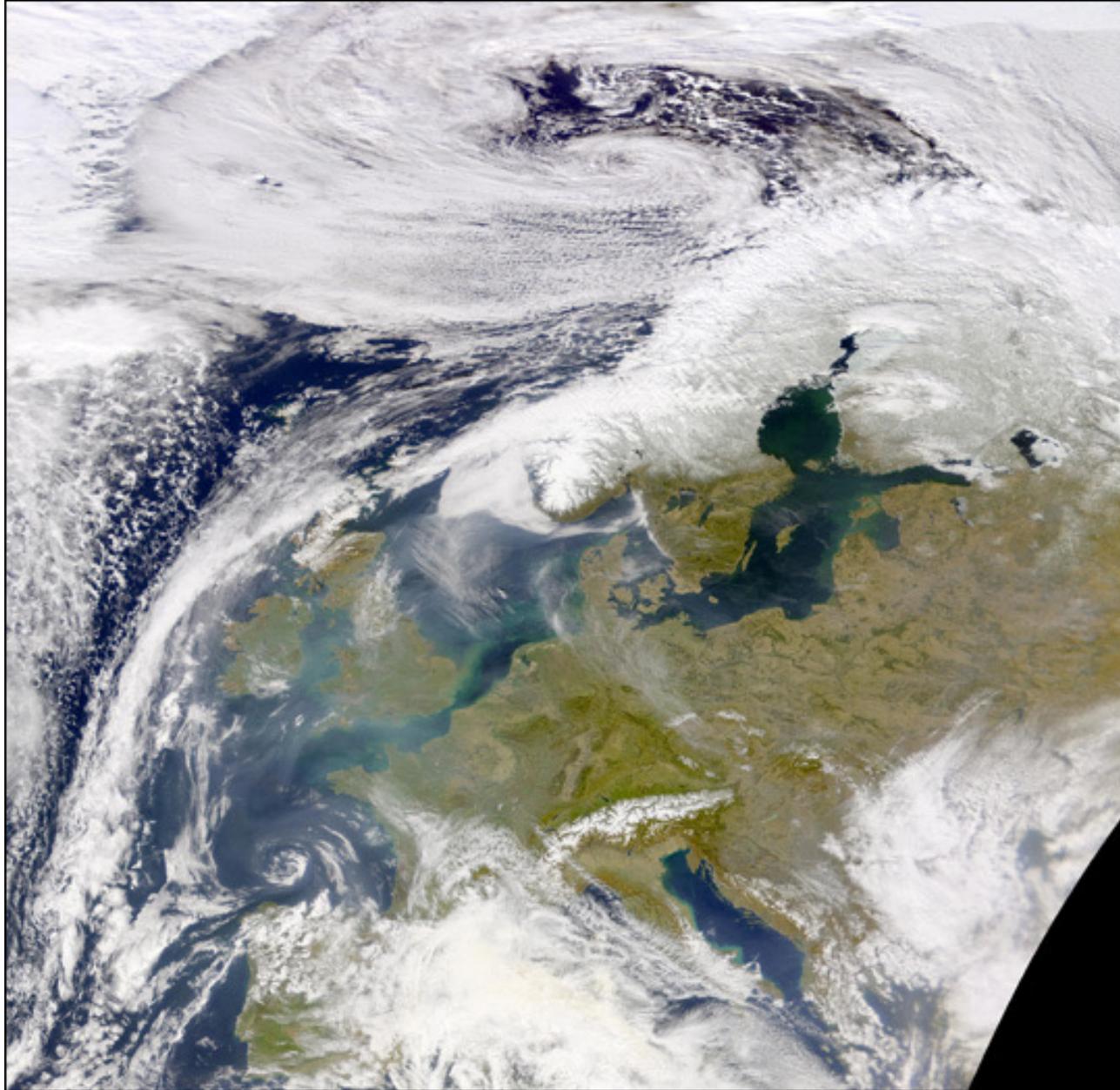
Traffic Particles and Health

Joel Schwartz

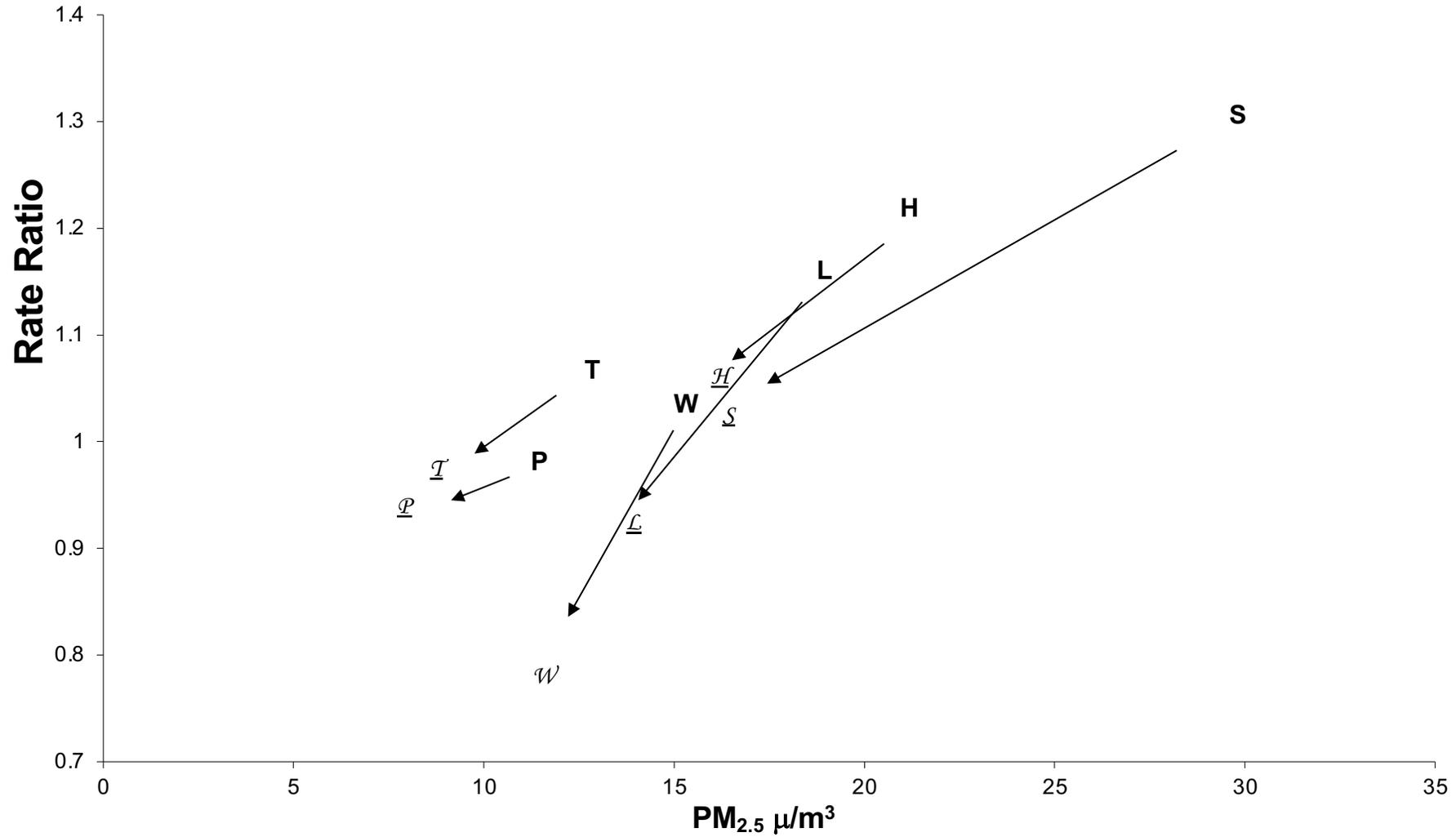
Harvard TH Chan School of Public Health

Why do we care about Particles

- They are Everywhere
- They Kill People



Relative Risk of Death in Six US Cities during Two Follow-up Periods



Laden 2006

Yu et al DID in Queensland

- They looked at 449 postcodes in Queensland, Australia
- There were 217,500 deaths during the period
- PM_{2.5} concentrations ranged from 1.6 to 9.0 µg/m³
- For each 1 µg/m³ increase in PM_{2.5} they found a 2.02% increase in total mortality (95% CI 1.41-2.63)

People who Moved

- The sudden change in exposure allows us to assess the impact of change, rather than level of exposure
- This is the causal question: if I change exposure what happens?
- If we stratify on old Zip code we are controlling for previous exposure, and all personal and area level covariates, **measured or unmeasured**
- If, conditional on the decision to move, and on the original Zip code, the **change in pollution** is random with respect to predictors of mortality, then we have a causal estimate
- In addition, we fit a propensity score model based on individual covariates and area level covariates at the **new zip code**, plus year to control for time trends.

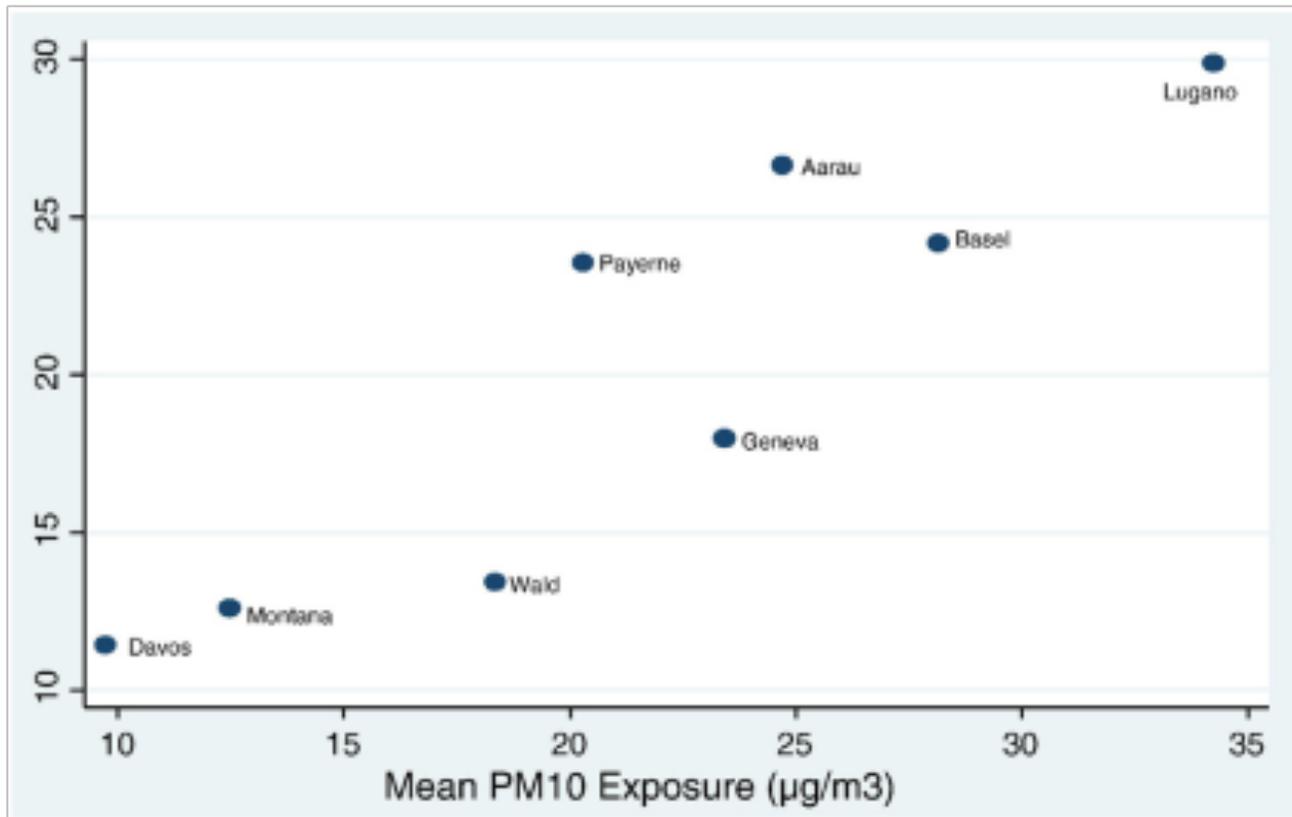
Population

- We looked at the Entire US Medicare Population from 2000-2012.
- Of them, 10,679,150 moved during the period, of whom 1,092,109 died.
- Mean PM2.5 was $10.6 \mu\text{g}/\text{m}^3$
- Mean Change in Exposure was $-0.69 \mu\text{g}/\text{m}^3$ for whites (range -25.1,+26.8) and $-0.89 \mu\text{g}/\text{m}^3$ among blacks ($-21.29 \mu\text{g}/\text{m}^3$, $24.63 \mu\text{g}/\text{m}^3$).

Results

Model	N	Hazard Ratio	95% CI
White movers	9,115,205	1.21	1.20 to 1.22
White movers with exposures $\leq 12 \mu\text{g}/\text{m}^3$	5,697,798	1.25	1.24 to 1.27
Black Movers	914,736	1.12	1.08 to 1.15
Black Movers with exposures $\leq 12 \mu\text{g}/\text{m}^3$	438,386	1.08	1.01 to 1.14

Incidence of Diabetes in SAPALDIA



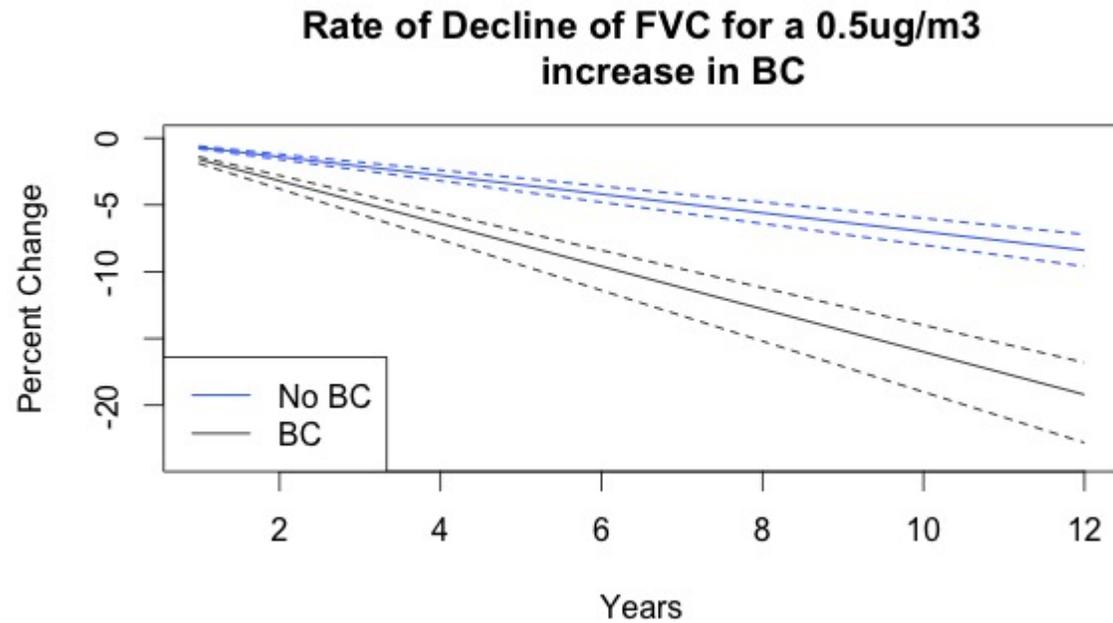
6392 Adults followed for 10 years
Exposure Modeled at Individual Addresses
Mixed Effects Logistic model with random intercept for Area
HR=1.40 (95% CI 1.17, 1.67)

Fig. A2 Correlation between adjusted diabetes prevalence and mean PM₁₀ by area.

What about Traffic Particle Specifically?

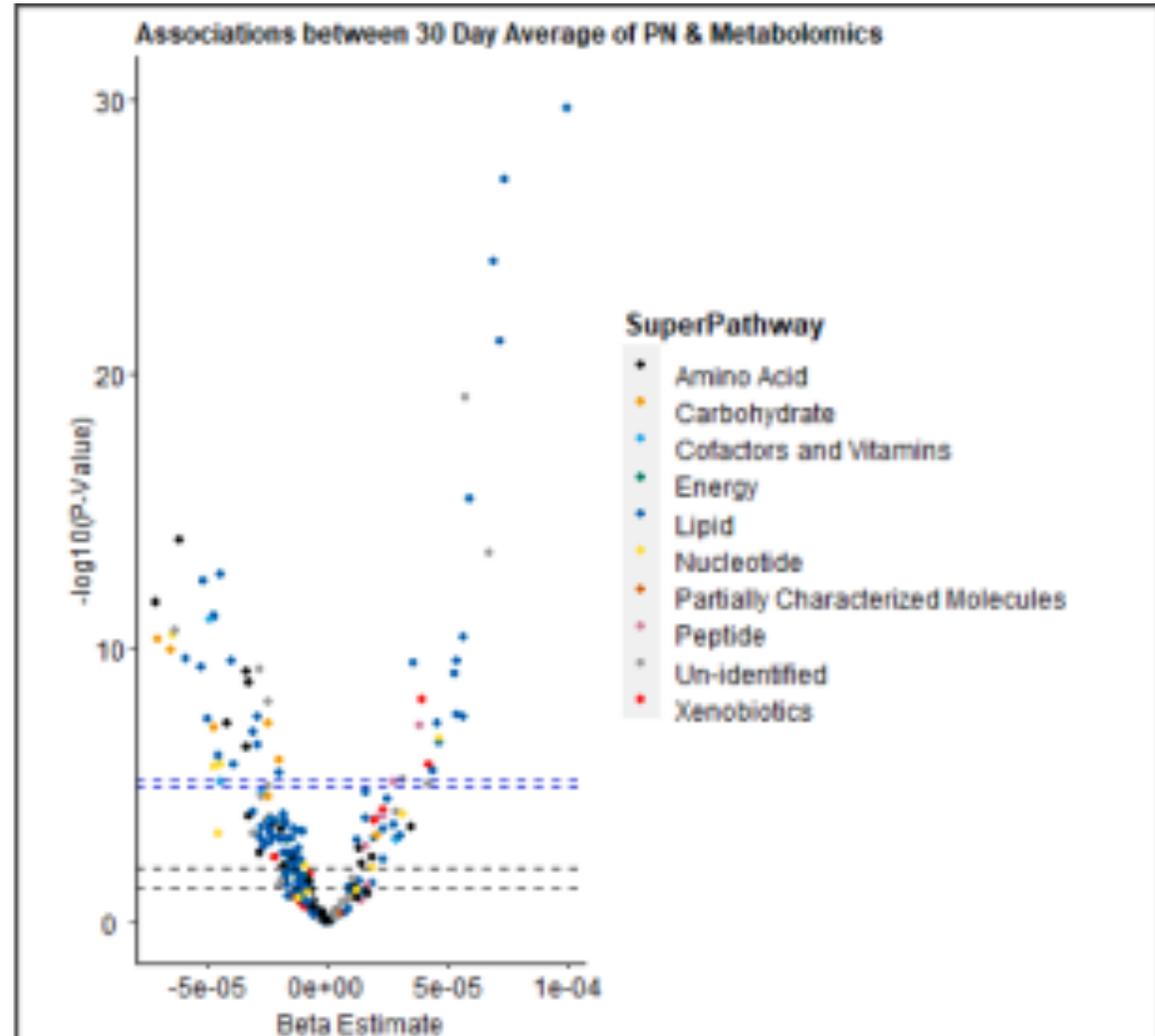
- Traffic particles have the highest intake fraction: a larger fraction of traffic particles in the air get into people's lungs because they are emitted near where people walk and live.
- Ultrafine particles can get into the blood stream and also move up the olfactory nerve from the nose to the brain
- Autopsy studies show them in the brain, and inflamed tissue surrounding them

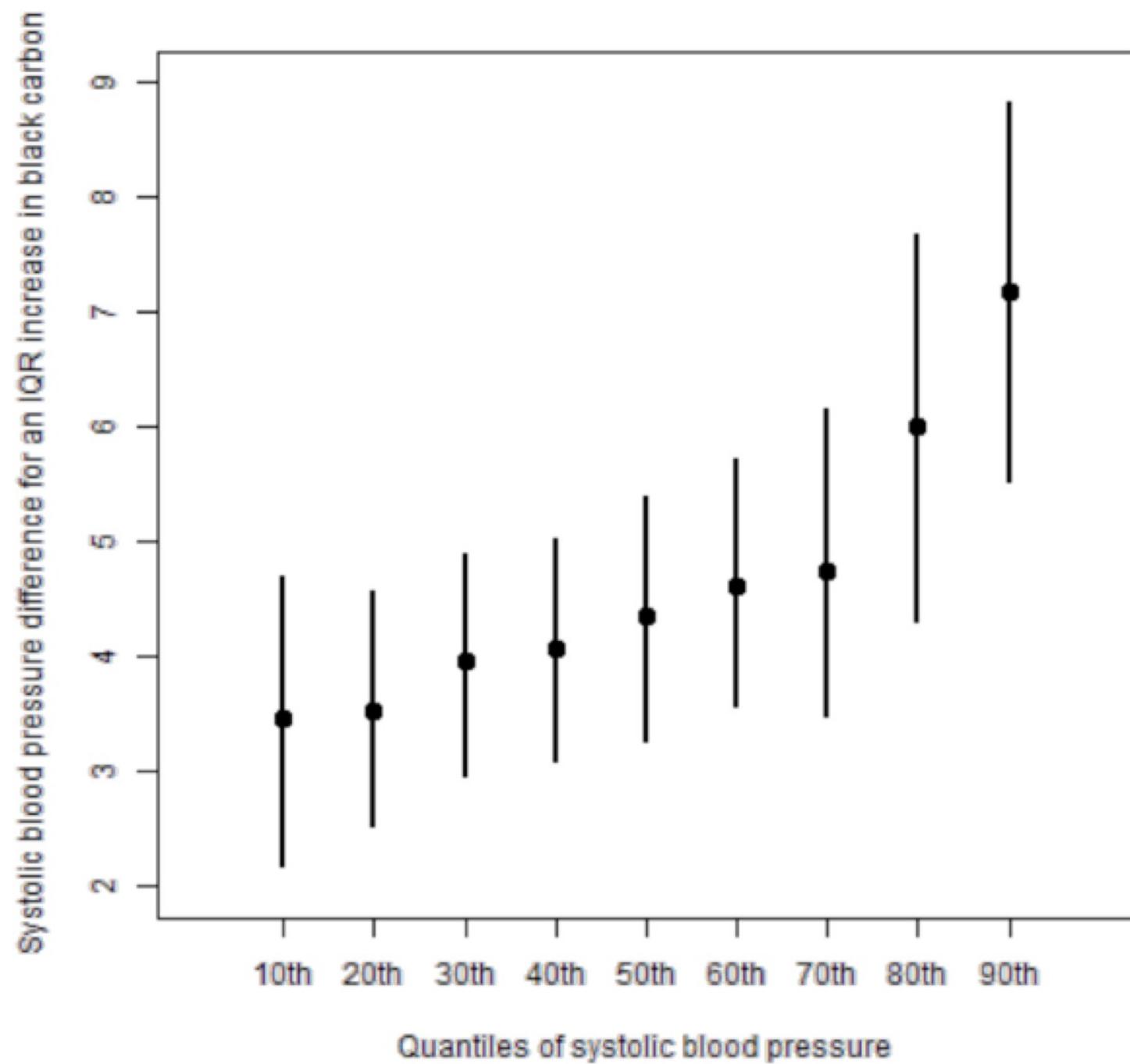
Lung function decline according to black carbon

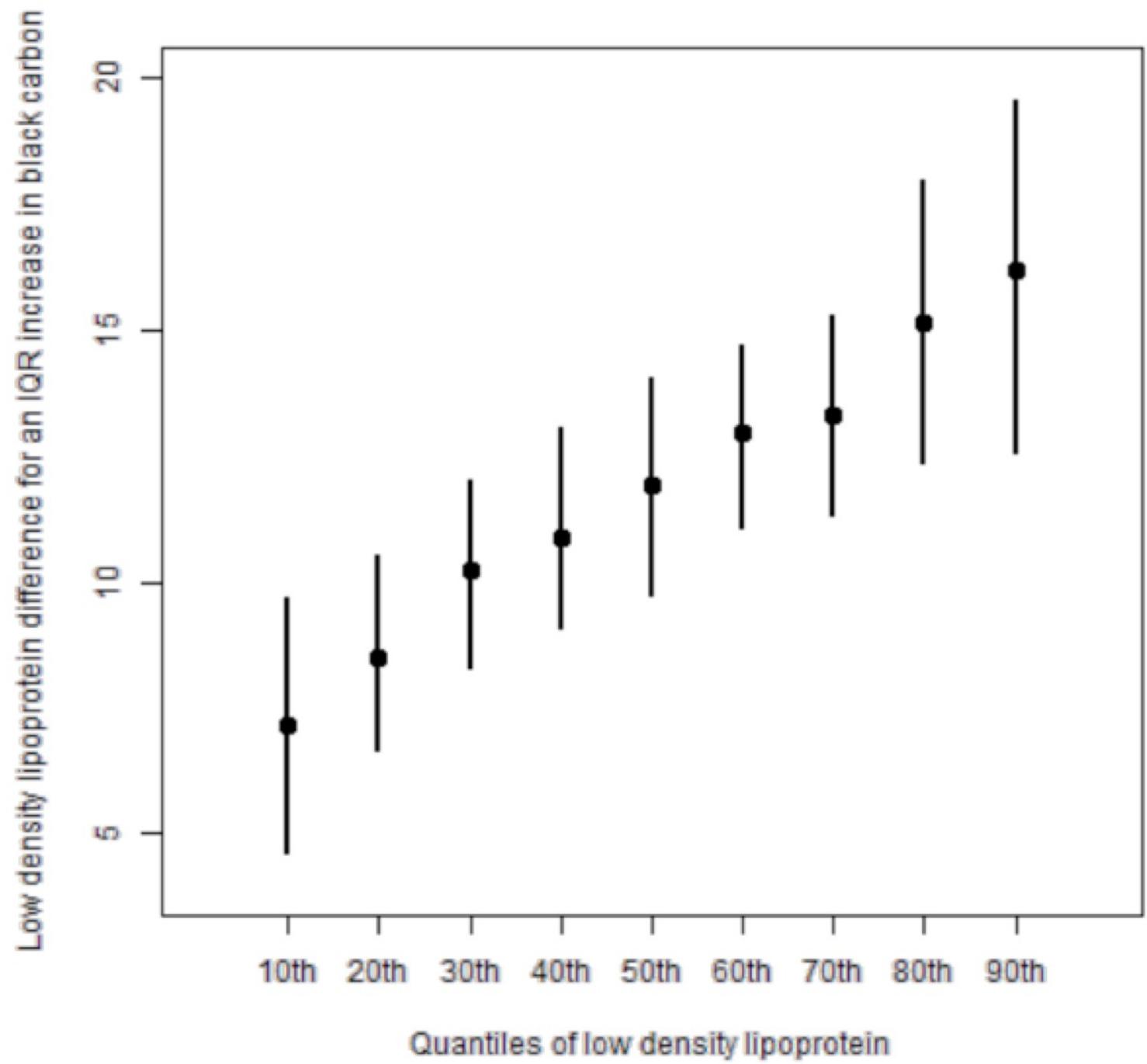


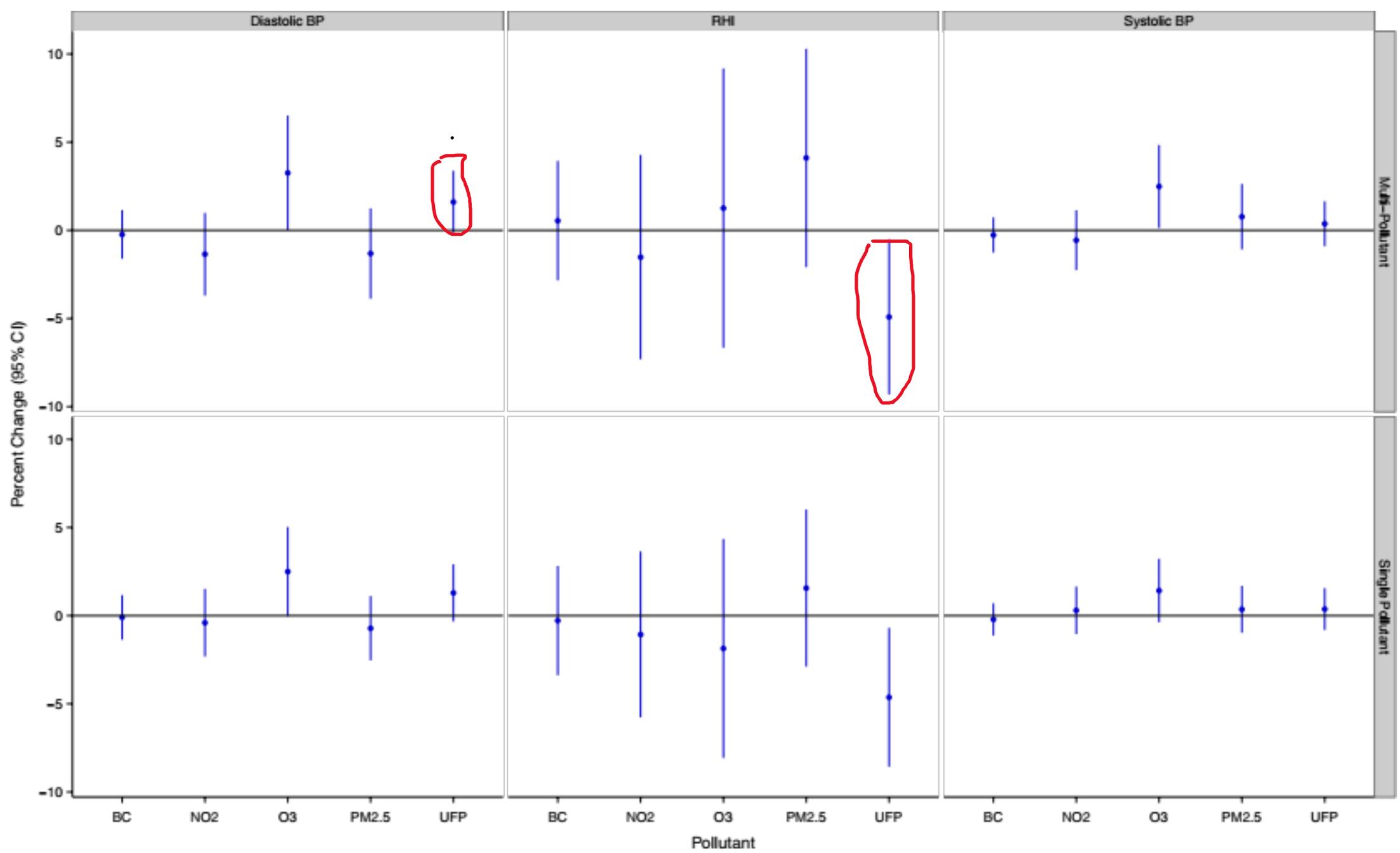
Note: Black Carbon is Diesel Particles

Agnostic Analysis of Particle Number Concentration and Metabolomics

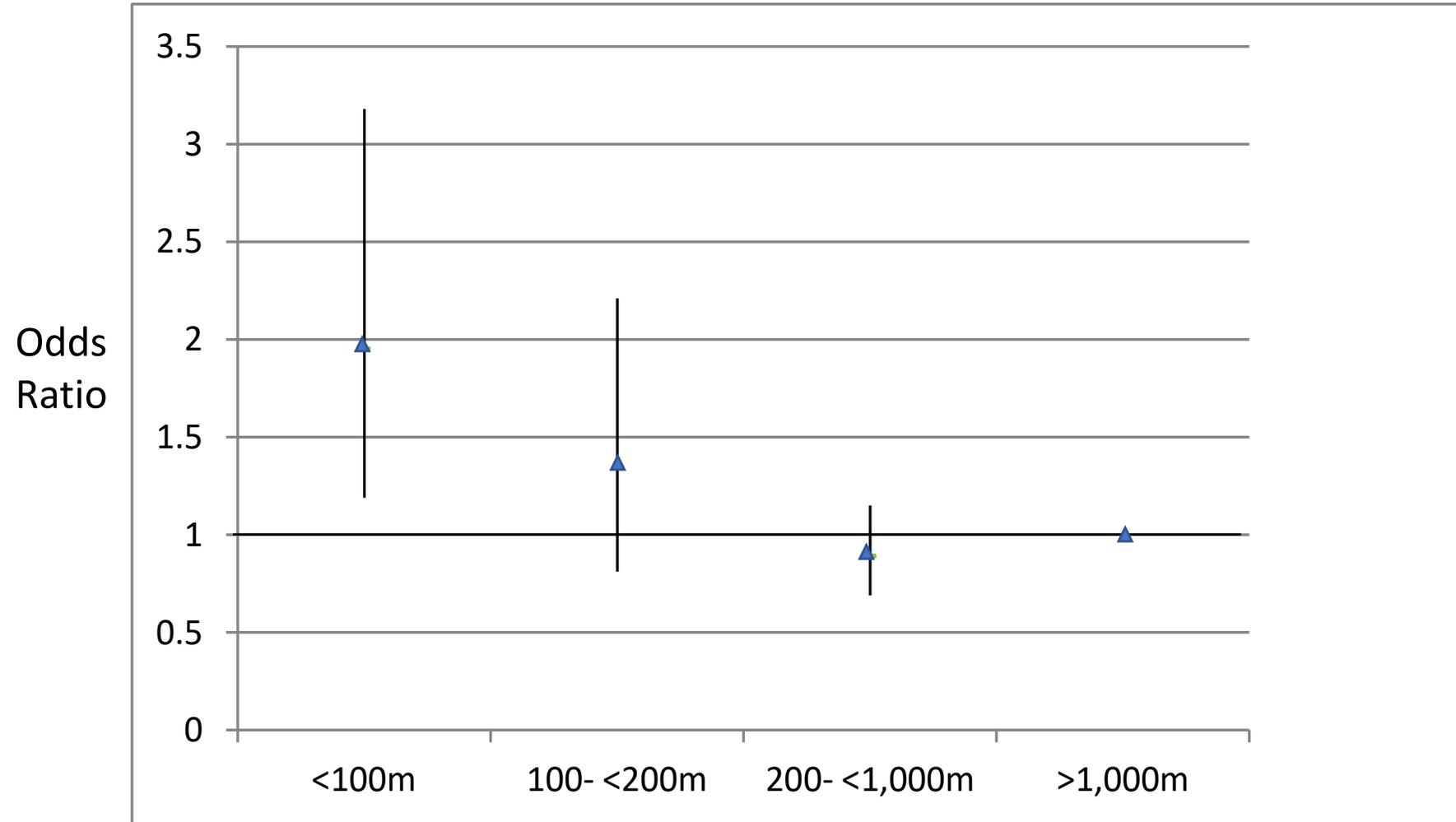






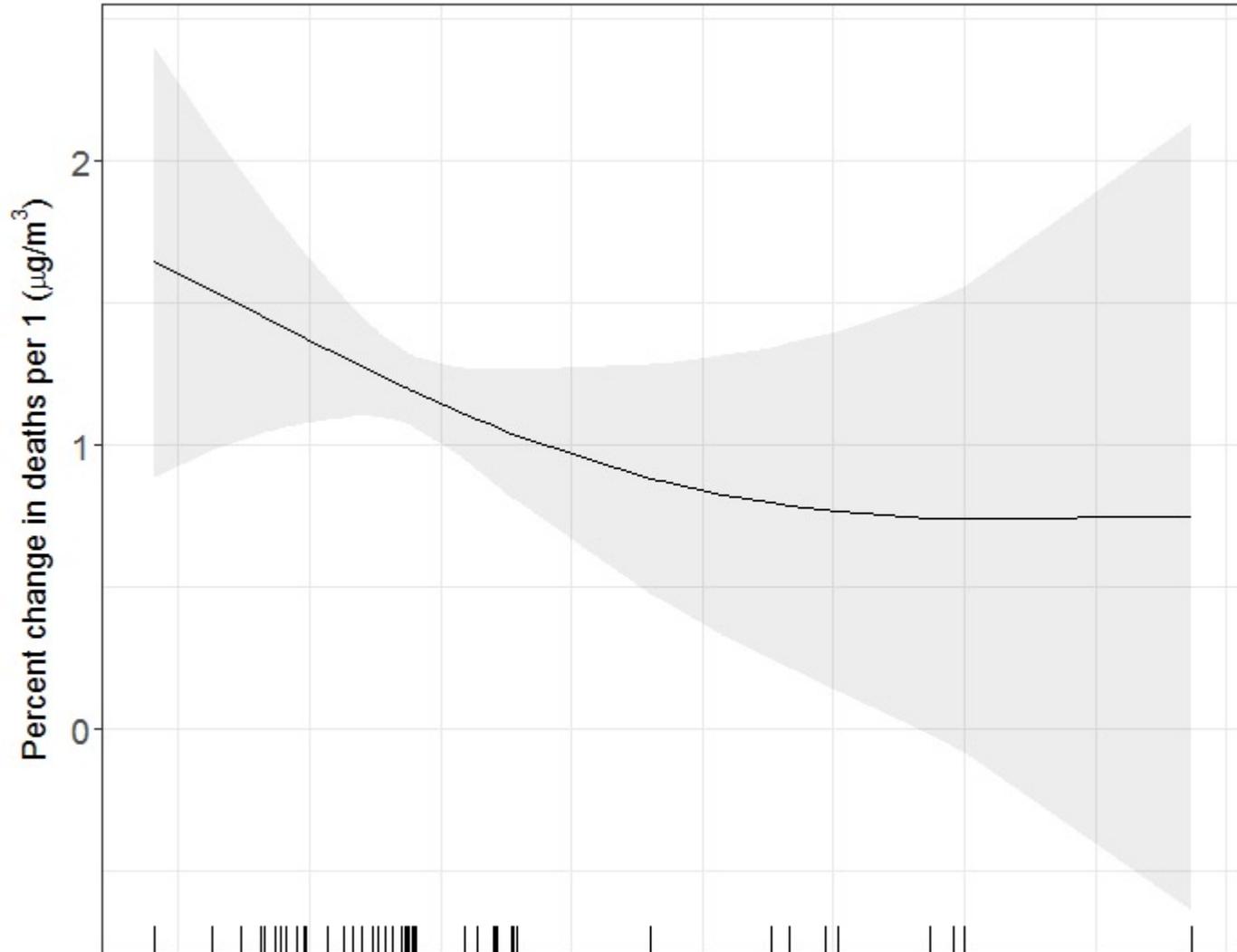


Viva Birth Cohort: Distance to Roadway and Odds of Serious Respiratory Infection before age 2



How Bad is It?

Change in Slope as Mean Concentration Changes



Key Points:

Impact is 25% higher at $10 \mu\text{g}/\text{m}^3$ than at $15 \mu\text{g}/\text{m}^3$
→ impact is larger in U.S.

Impact does not fall off
As steeply at high exposure
as GBD assumed → impact is
larger in Asia

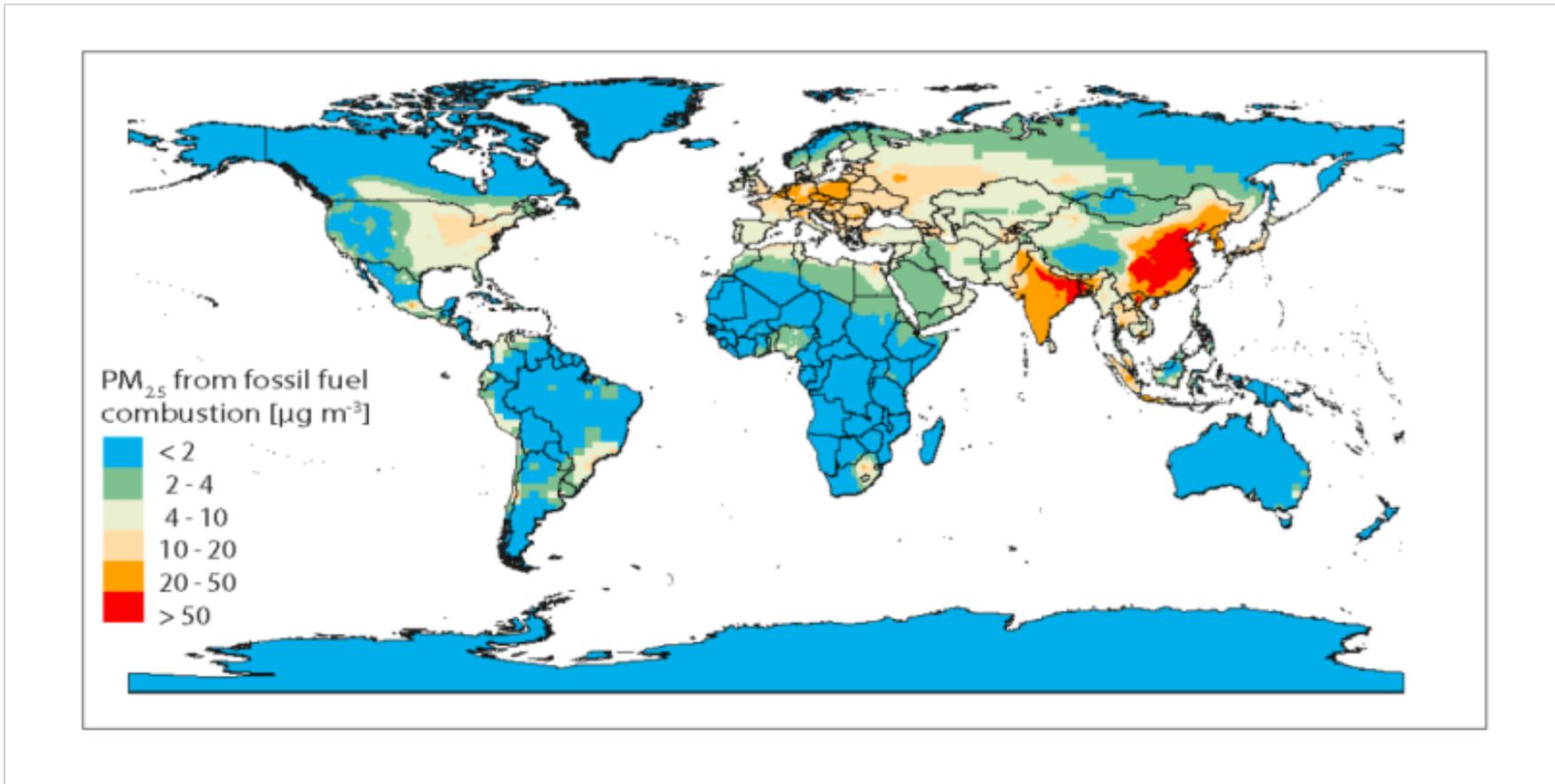


Figure 1: Contribution of fossil fuel combustion to surface PM_{2.5}, as calculated by the chemical transport model GEOS-Chem. The plot shows the difference in surface PM_{2.5}

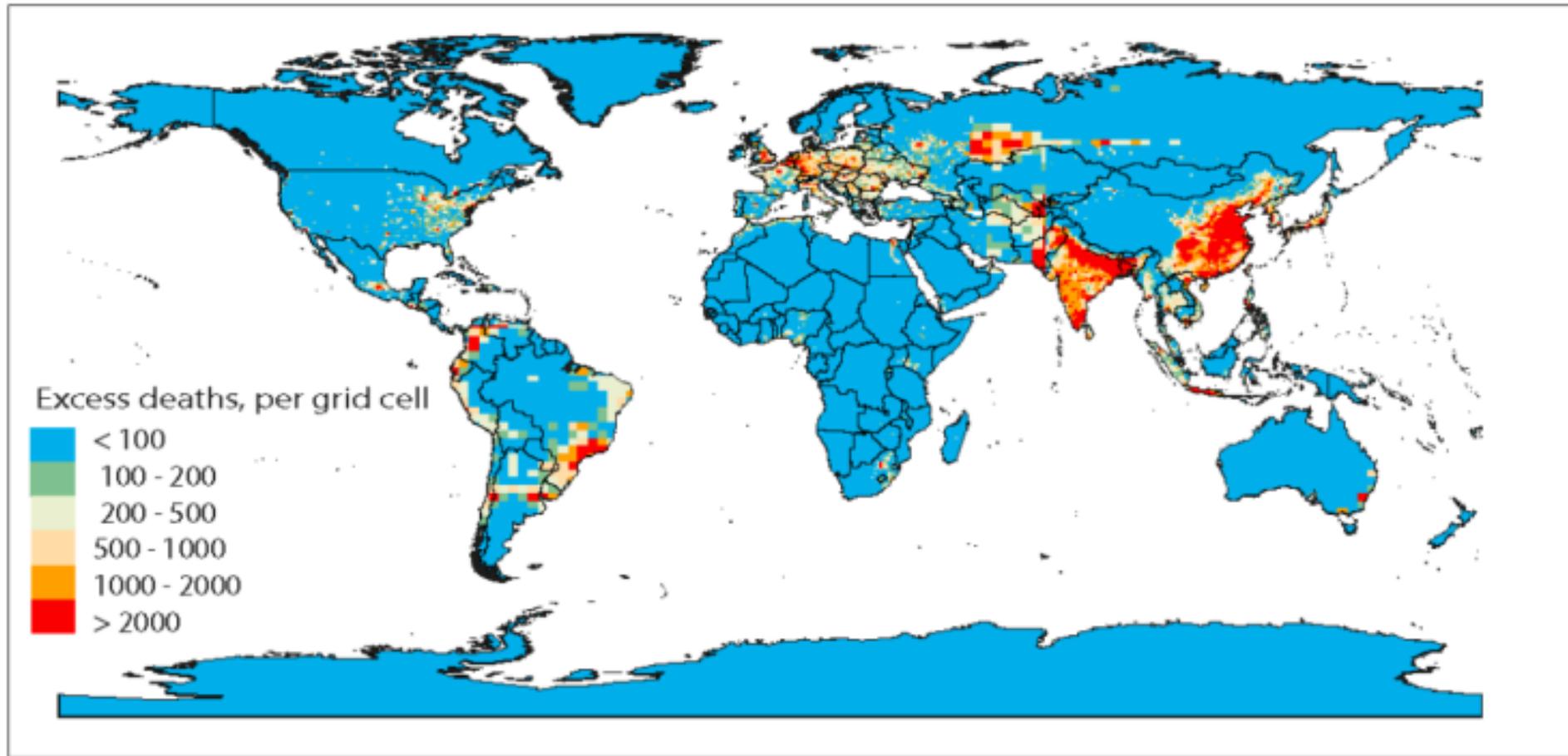


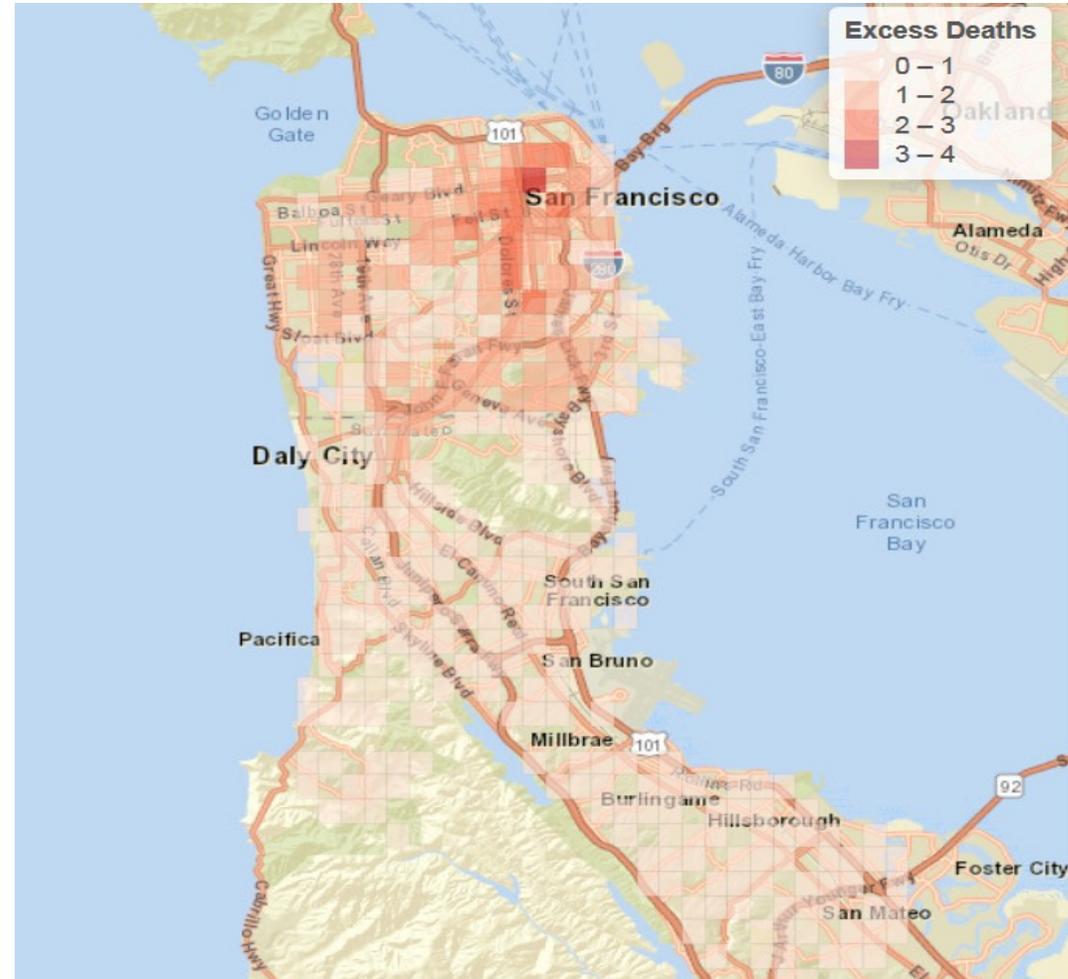
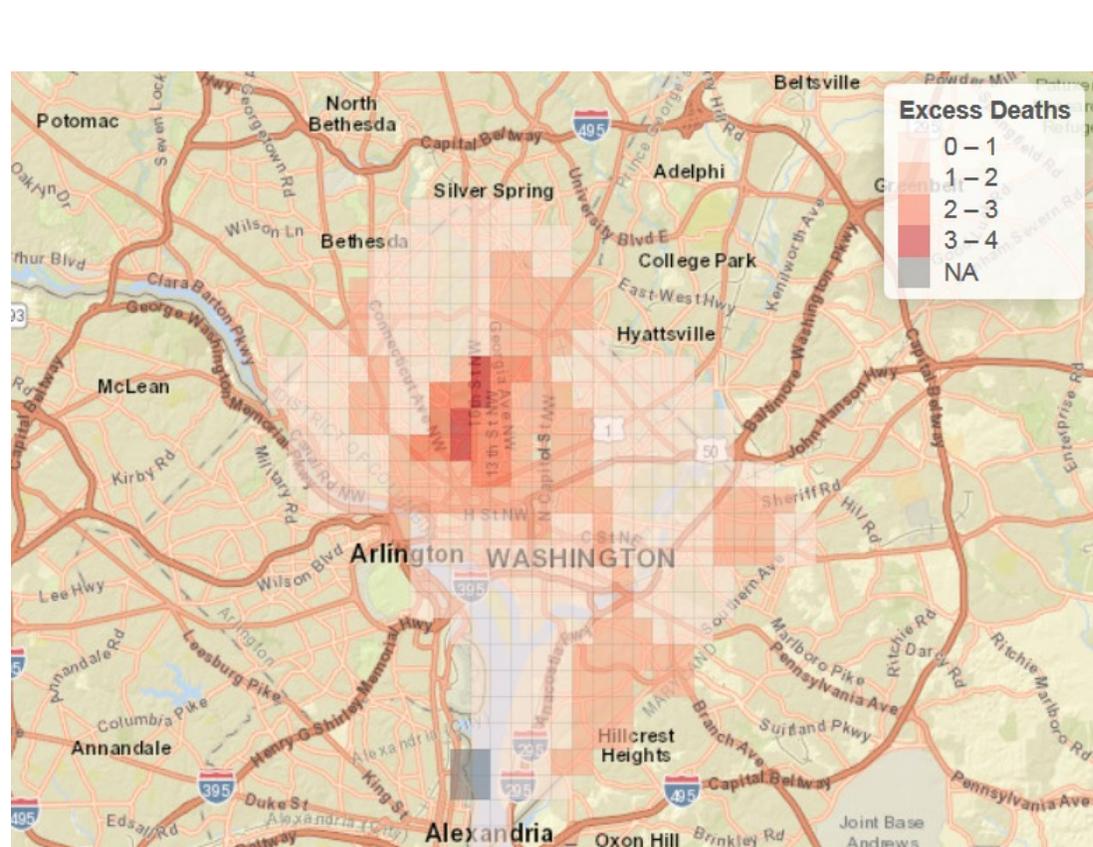
Figure 2. Estimated annual excess deaths due to exposure to ambient PM_{2.5} generated by fossil fuel combustion.

Effects of Fossil Fuel Use on Deaths

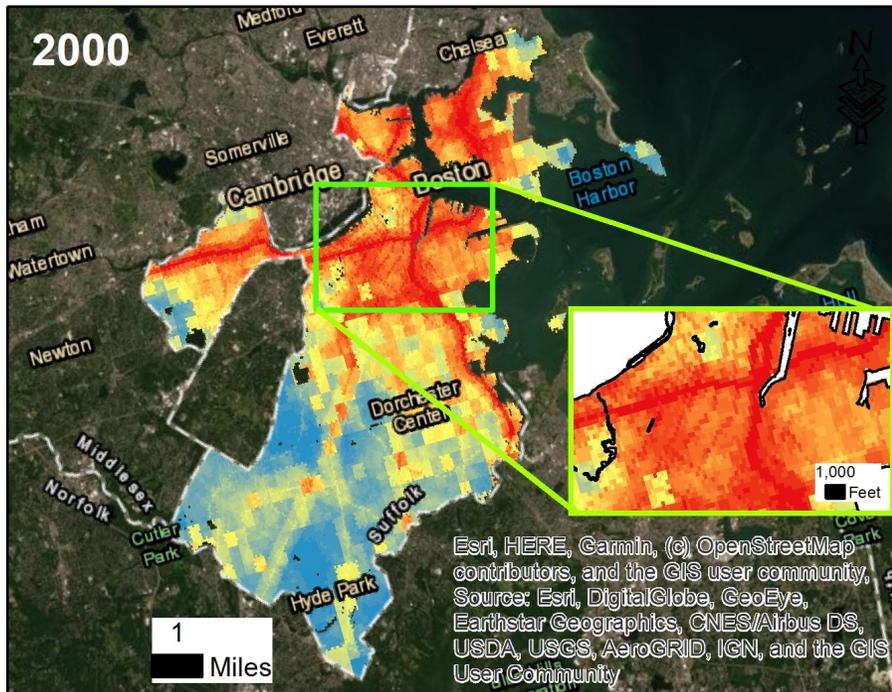
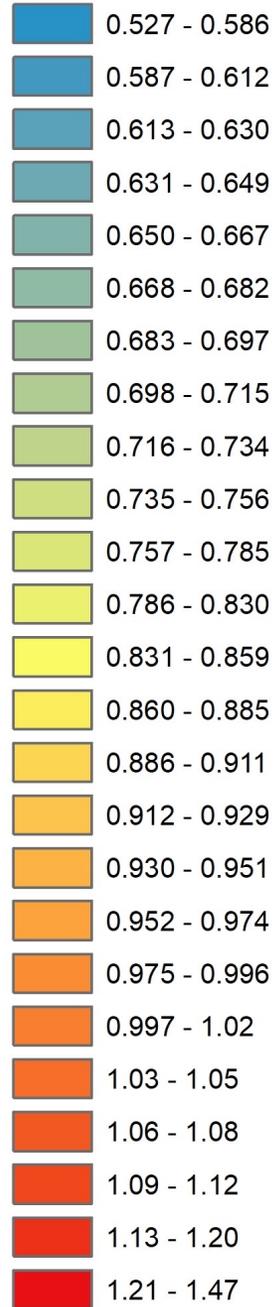
GEOS-Chem spatial grid resolution ^a	Region ^b		Total deaths >14 years old, in thousands	Population-weighted annual mean PM _{2.5} concentration, $\mu\text{g m}^{-3}$			Mean attributable fraction of deaths, % (95% CI) ^d	Deaths attributable to fossil-fuel related PM _{2.5} , in thousands (95% CI) ^c	GEMM function deaths attributable to fossil-fuel related PM _{2.5} , in thousands (95% CI) ^e
				PM _{2.5} from all emission sources	PM _{2.5} without fossil fuel	Estimated PM _{2.5} from fossil fuel, %			
Fine	North America	Central America & the Caribbean	1,148	10.06	3.03	7.03 (69.9)	8.2 (4.5-11.6)	94 (52-133)	80 (62-98)
		USA	2,705	11.81	2.15	9.66 (81.8)	13.1 (7.8-18.1)	355 (212-490)	305 (233-375)
		Canada	250	12.01	1.76	10.25 (85.4)	13.6 (8.0-18.7)	34 (20-47)	28 (22-35)
Coarse	South America		2,389	8.66	3.02	5.65 (65.2)	7.8 (4.5-11.0)	187 (107-263)	159 (121-195)
Fine	Europe		8,626	19.22	4.68	14.54 (75.7)	16.8 (10.4-22.6)	1,447 (896-1,952)	1,033 (798-1,254)
Fine	Asia	Eastern Asia	25,468	51.72	8.68	43.05 (83.2)	30.7 (-189.1-52.9)	7,821 (-48,150-13,478)	4,945 (3,943-5,826)
Coarse		Western Asia & the Middle East	1,456	26.95	20.73	6.22 (23.1)	6.5 (3.0-9.9)	95 (44-144)	54 (43-65)
Fine	Africa		5,274	32.98	28.98	4.00 (12.1)	3.7 (-4.5-8.7)	194 (-237-457)	102 (81-121)
Coarse	Australia & Oceania		189	4.17	2.19	1.98 (47.4)	3.2 (1.6-4.8)	6.0 (2.9-9.0)	6.4 (4.8-7.9)
	Global		47,506	38.01	11.14	26.87 (70.7)	21.5 (-99.0-35.7)	10,235 (-47,054-16,972)	6,713 (5,308-7,976)

**We can also do Risk Assessments on a Fine
Scale**

Number of excess deaths associated with reduction of 40% in PM_{2.5} in selected cities



PM2.5 EC (2000)



PM2.5 EC (2012)

