12.10 Morbidity, Mortality and Years of Life Lost due to poor air quality

Project Name: UNaLab (Grant Agreement no. 730052)

Author/s and affiliations: Laura Wendling¹, Ville Rinta-Hiiro¹, Maria Dubovik¹, Arto Laikari¹, Johannes Jermakka¹, Zarrin Fatima¹, Malin zu-Castell Rüdenhausen¹, Ana Ascenso², Ana Isabel Miranda², Peter Roebeling², Ricardo Martins², Rita Mendonça²

¹ VTT Technical Research Centre Ltd, P.O. Box 1000 FI-02044 VTT, Finland

² CESAM – Department of Environment and Planning, University of Aveiro, Campus Universitário de Santiago, 3810-193 Aveiro, Portugal

Morbidity, Mortality and Years of Life Lost due to poor air quality		Air Quality Health and Wellbeing
Description and justification	Air pollution has been related to numerous adverse health effects, typically expressed in several morbidity and mortality endpoints (see Costa et al., 2014). In particular, an increasing amount of epidemiological and clinical studies observes that exposure to air pollution is associated with increased risk of heart disease, myocardial infarction and stroke as well as lung cancer (e.g., Costa et al., 2014). While the impact of these health effects may appear low at the individual level, the overall public-health burden is sizable as the entire population is exposed (Pascal et al., 2011).	
Definition	Reduction in years of life (y) due to premature mortality in comparison with standard life expectancy (Morbidity): Long-term (annual) incidence of chronic bronchitis due to poor air quality calculated using atmospheric NO ₂ and PM ₁₀ data (Mortality): Long-term (annual) incidence of mortality due to poor air quality calculated using atmospheric PM _{2.5} , PM ₁₀ , O ₃ and NO ₂ data	
Strengths and weaknesses	 + The indicator is easy to define - The method needs corresponding air pollutant concentration, demographic and epidemiological input data 	
Measurement procedure and tool	The general approach in health exposure-response functions, I pollutants to which the populat number of health events occur et al., 2014; Silveira et al., 207 aspects are usually considered their air concentration levels, ii in terms of morbidity and mort	inking the concentration of tion is exposed to the ring in that population (Costa 16). Therefore, the following : i) involved pollutants and i) health indicators analysed

groups, and iv) exposure time. The health response is usually calculated by:

 $\Delta R = IR \times CRF \times \Delta C \times Pop$

Where,

- ΔR is the response as a result of the number of the unfavourable implications (cases, days or episodes) over all health indicators;
- IR is the baseline morbidity/mortality annual rate (%); this information is available in the national statistical institute of each country;
- CRF is the correlation coefficient between the pollutant concentration variation and the probability of experiencing a specific health indicator (%; i.e., Relative Risk (RR) associated with a concentration change of 1 µg m⁻³);
- ΔC indicates the change in the pollutant concentration (µg m⁻³) after adoption of the adaptation/mitigation measure;
- Pop is the population units per age group exposed to pollution.

Morbidity (chronic bronchitis) due to poor air quality is calculated using NO₂ and PM₁₀ to determine CRF and ΔC in the preceding equation.

Mortality, assessed as total mortality, is calculated using PM_{10} , $PM_{2.5}$, O_3 and NO_2 to determine CRF and ΔC in the preceding equation.

Both morbidity and mortality are based on long-term (annual) effects (Table). Where air quality data are derived from WRF-Chem results can be calculated on a daily/weekly/monthly/annual basis at the grid, neighbourhood or city scale.

Table. Air pollutant health	indicators	(WHO, 2013)
-----------------------------	------------	-------------

Pollutant	Health outcome	Age group
PM10	Chronic bronchitis (incidence)	>18 y
	Chronic bronchitis (prevalence)	6-18 y

		Total mortality	<1 y	
			>30 y	
	PM _{2.5}	Total mortality	>30 y	
	NO ₂	Total mortality	>30 y	
		Prevalence of bronchitic symptoms in asthmatic children	5–14 y	
	O₃ (April- September)	Total mortality (respiratory diseases)	>30 y	
	and refers to t to premature YoLL can be ca by a standard	est (YoLL) is an often-used heal the total number of years of rec mortality. Using the mortality in alculated as the number of dea life expectancy at the age at w ardner & Sanborn, 1990).	duced life due ndicator, the ths multiplied	
Scale of measurement	Street to metropolitan scale			
Data source				
Required data	 i) involved pollutants and their air concentration levels, ii) health indicators analysed in terms of morbidity and mortality, iii) affected age groups, and iv) exposure time 			
Data input type	Quantitative			
Data collection frequency	Daily, weekly, monthly or annually			
Level of expertise required	Moderate			
Synergies with other indicators	Other indicators in the Air quality indicator group			
Connection with SDGs	SDG 3 Good health and well-being, SDG 15 Life on land			
Opportunities for participatory data collection	No opportunities identified			
Additional information				

References	Costa, S., Ferreira, J., Silveira, C., Costa, C., Lopes, D., Relvas, H., Teixeira, J.P. (2014). Integrating Health on Air Quality Assessment-Review Report on Health Risks of Two Major European Outdoor Air Pollutants: PM and NO2. Journal of Toxicology and Environmental Health - Part B Critical
	Reviews, 17(6), 307-340.
	Gardner, J.W., & Sanborn, J.S. (1990). Years of potential life lost
	(YPLL) - what does it measure? Epidemiology (Cambridge,
	Mass.), 1(4), 322–329.
	Pascal, M., Corso, M., Ung, A., Declercq, C., Medina, S. &
	Aphekom. (2011). APHEKON-Improving knowledge and
	communication for decision making on air pollution and
	health in Europe, Guidelines for assessing the health impacts
	of air pollution in European cities, Work Package 5,
	Deliverable D5. Saint-Maurice, France: French Institute for
	Public Health Surveillance.
	Silveira C., Roebeling P., Lopes M., Ferreira J., Costa S., Teixeira
	J.P., Miranda A.I. (2016). Assessment of health benefits
	related to air quality improvement strategies in urban areas:
	An Impact Pathway Approach. Journal of Environmental
	Management, 183, 694-702.

12.11 Avoided costs for air pollution control measures

Project Name: URBAN GreenUP (Grant Agreement no. 730426)

Author/s and affiliations: Paul Nolan¹, Clare Olver¹, Raúl Sánchez², Jose Fermoso², Silvia Gómez, María González², Jose María Sanz², Esther San José²

¹ The Mersey Forest Offices, Risley Moss, Ordnance Avenue, Birchwood, Warrington, WA3 6QX

² CARTIF Foundation. Parque Tecnológico de Boecillo, 205, 47151, Boecillo, Valladolid, Spain

Recommended citation: The Mersey Forest, Natural Economy Northwest, CABE, Natural England, Yorkshire Forward, The Northern Way, Design for London, Defra, Tees Valley Unlimited, Pleasington Consulting Ltd, and Genecon LLP (2010). GI-Val: the green infrastructure valuation toolkit. Version 1.6 (updated in 2018). <u>https://bit.ly/givaluationtoolkit</u>

Avoided costs for a measures	ir pollution control	Air Quality New Economic Opportunities and Green Jobs
Description and justification	GI-Val is The Mersey Forest's green infrastructure valuation toolkit. The current prototype is free and open source, and can be downloaded under a Creative Commons License from: <u>https://www.merseyforest.org.uk/services/gi-val/</u> . It	