

Climate Change-Related Temperature Impacts on Warm Season Heat-Mortality: A Proof-of-Concept Methodology Using BenMAP

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Project goals

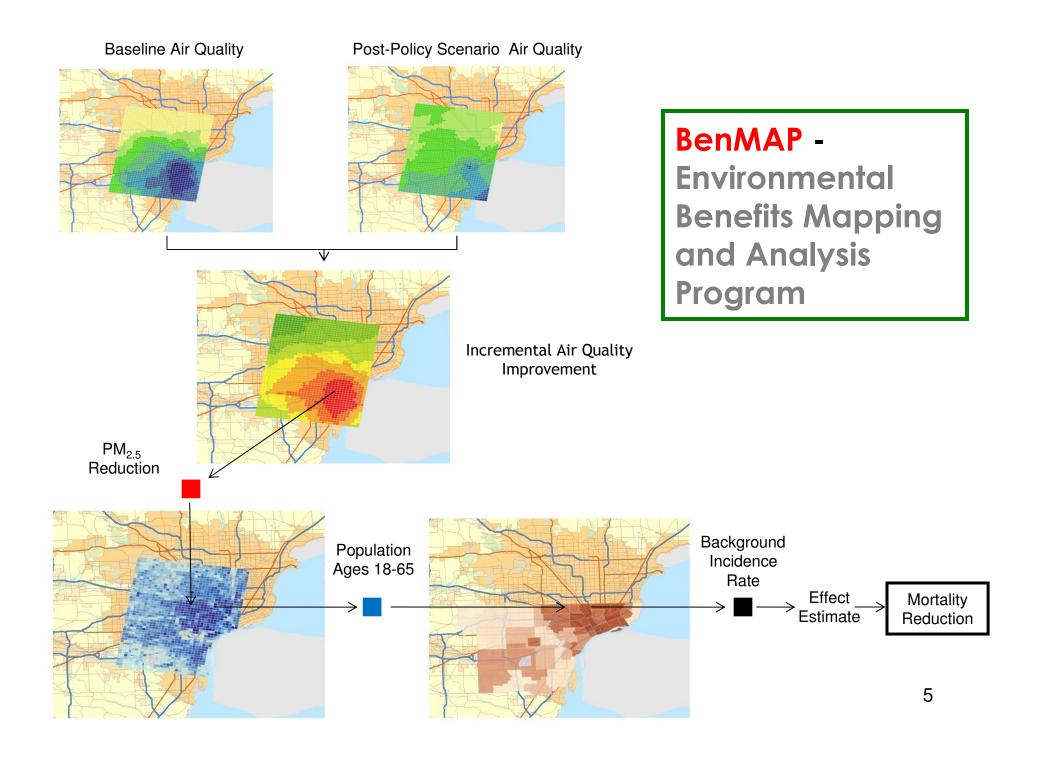


- Near-term goals
 - Build technical capacity in BenMAP model
 - Develop a proof-of concept approach to estimating temperature-mortality impacts
- ▶ Longer-term goals
 - Quantify temperature-mortality impacts associated with climate change scenarios
 - Estimate joint climate and criteria pollutant impacts

Background



- Six factors define the human thermal environment
 - Air temperature
 - Radiant temperature (e.g., sunlight, other heat sources)
 - Humidity
 - Air movement
 - Metabolic heat of activity
 - Clothing
- Body heat storage triggers thermoregulation system
 - Efforts to increase heat loss stress the body hyperthermia may result
- Heat is primary weather-related cause of US mortality (more than hurricanes, lightning, tornadoes and floods combined)
- Estimated 2~6°C increase by end of century (Intergovernmental Panel on Climate Change)
 - ▶ Heat islands may see 5~11°C
- Both temperature and heat waves expected to increase (US Global Change Research Program)



Component 1: Population Exposure



- Using standard Woods & Poole projections of county-level population
 - Allocate population to climate modeling grid
 - W&P population projected to 2030
 - BenMAP performs linear extrapolation for subsequent years to 2050
- BenMAP matches temperature change with population to estimate exposure

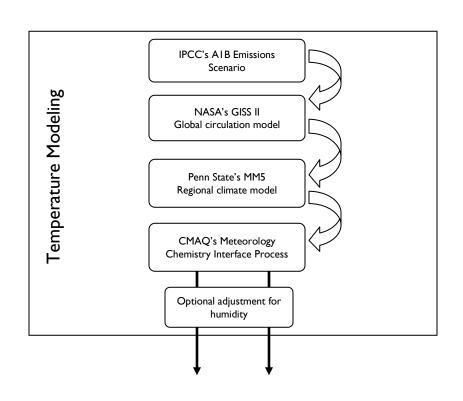
Component 2: Health Impact Functions

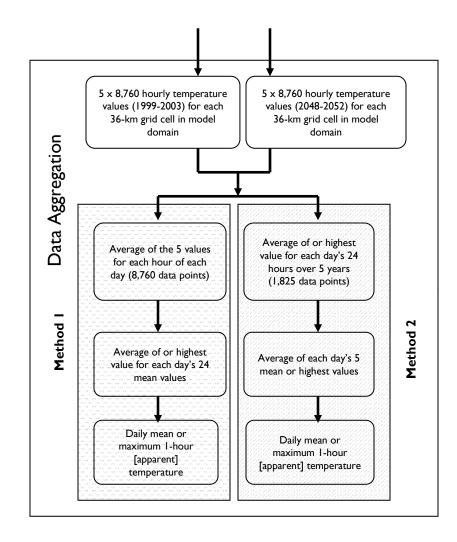
Authors	Location	Impact	Relative Risk or Percent	Conditions	Population
Basu, Feng and Ostro (2008) – CA Office of Env Haz Assess; UC Davis	Nine California counties, 1999- 2003	All cause mortality, excluding accidents	2.3% per 5.55°C	mean daily apparent T, warm season only	All ages
Basu and Ostro (2008) – CA OEHA	Nine California counties, 1999- 2003	All cardiovascular deaths	2.6% per 5.55°C	mean daily apparent T, warm season only, unlagged	All ages
Medina-Ramón and Schwartz (2007) - Harvard	42 random large US cities, 1989- 2000	All cause mortality	0.43% per 1 °C	minimum threshold >17℃, 2 day cumulative	All ages
Zanobetti and Schwartz (2008) - Harvard	Nine US cities in warm and cold climates, 1999- 2002	All cause mortality, excluding accidents	1.8% per 5.55°C 2.7% per 5.55°C	mean daily apparent T, warm season only, adjusted for PM2.5 and ozone	All ages
Basu, Domenici and Samet (2005) – CA OEHA; Johns Hopkins	20 largest US cities, 1992	All cardiovascular and all respiratory deaths	1.02~1.10 per 5.55℃ (five geographic regions)	mean daily apparent T, summer only	Ages 65-99

Component 3: Temperature modeling

- Air quality modeling group modeled meteorological changes (including temperature) related to a climate scenario
 - ▶ IPCC "A1B" emissions scenario
 - EPA's Climate Impact on Regional Air Quality (CIRAQ) program
 - ► NASA's global circulation model GISS-II to simulate climate for period 1950-2055
 - Results downscaled by DOE's PNNL to 36-km grid using regional climate model MM5 for current (ca. 2000) and future (ca. 2050) conditions
- CIRAQ downscaled meteorology used in the ORD/NCEA report addressing climate change impacts on ozone

Temperature Aggregation Methodology



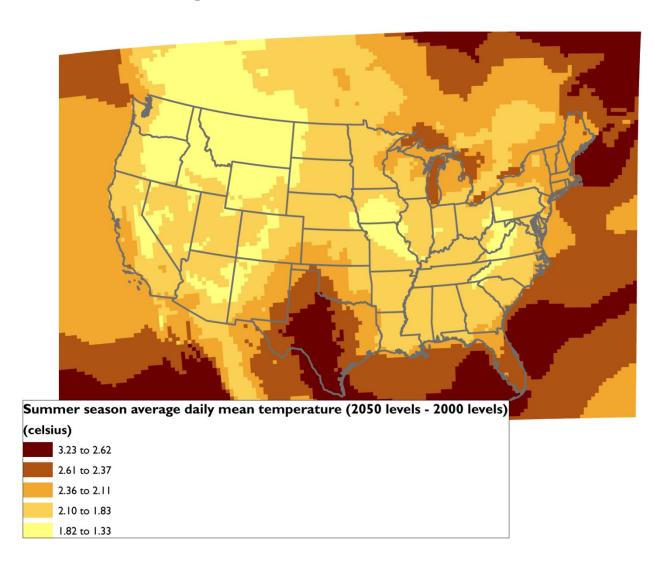


Results

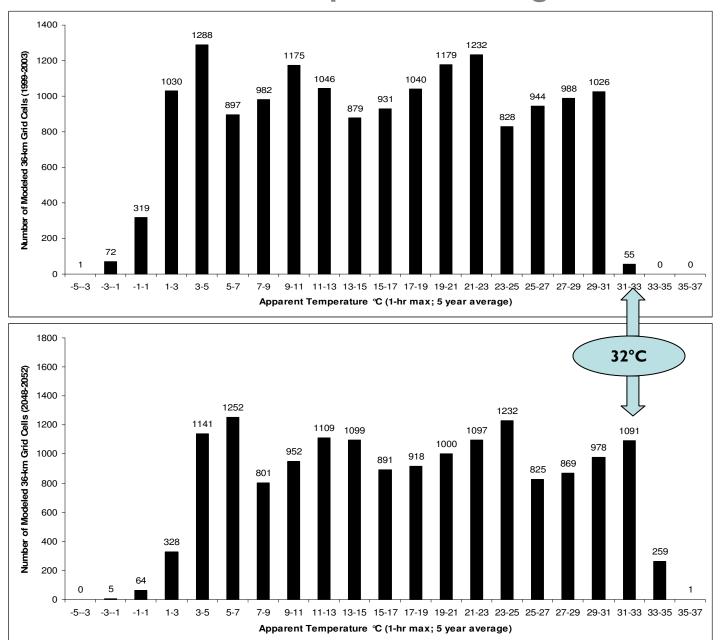


- ▶ Summer and winter season temperatures ~2°C higher
- Incidence of heat-related mortality in warm season
 - ▶ 0.1% of all cause mortality
 - 0.9% of cardiovascular disease mortality
 - ▶ 0.7% of nonaccidental deaths
- Various factors influence results
 - Warm season vs. heat wave; other seasons
 - Displacement ("harvesting") between seasons or not
 - Spatial & temporal heterogeneity
 - Acclimatization (biophysical desensitization) & adaptation (change in behavior patterns)
 - Impact of air pollution (e.g., ozone higher concentrations, more episodes, enhanced effect with higher temperature)

Change in Summer Season Daily Average Temperature (Higher 2050 Levels - Lower 2000 Levels)



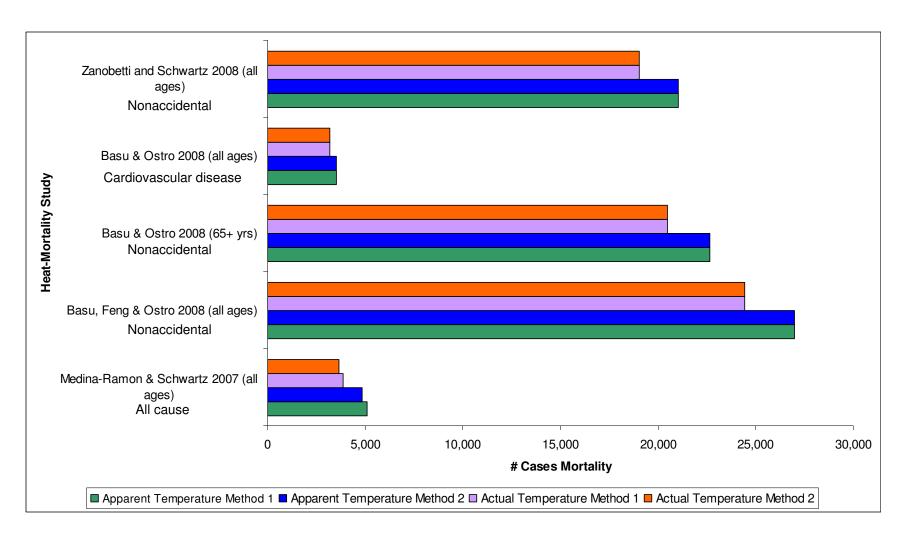
Numbers of Modeled Grid Cells And Associated 1-Hour Temperature Ranges



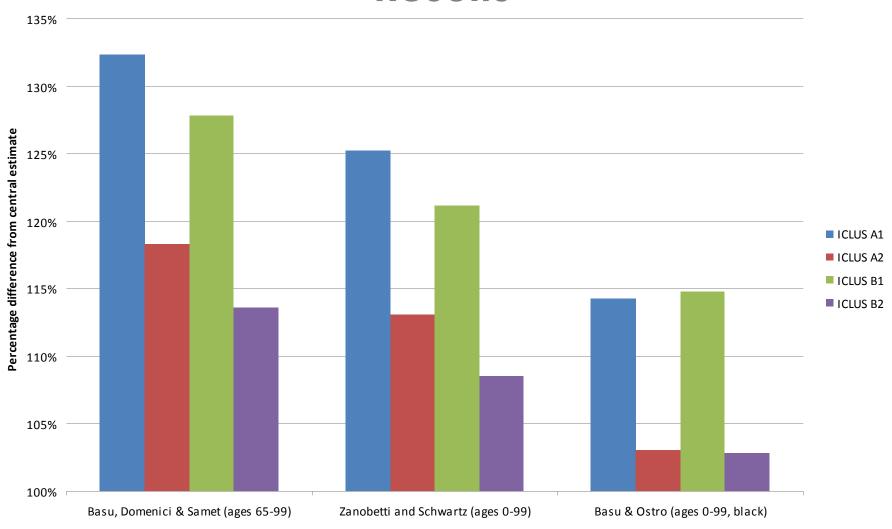
Number of Cells ≥ 32^o C (out of 15,912 modeled cells)

	2000	2050
1 hour max	18 cells	865 cells
24 hour mean	0 cells	255 cells

Estimated Warm Season Temperature-Related Mortality



Influence of Population Assumptions on Results



Lessons Learned



- Climate-induced health impacts are highly sensitivity to population projections
 - Absolute change in temperature as important as location of susceptible populations
 - The longer the time horizon, the greater the divergence among projections
 - Future analyses should consider multiple population projections
- Temperature-mortality effects are sensitive to location
 - Location affects susceptibility, acclimatization and adaptation
 - National pooled risk estimates may poorly account for risk at specific cities
- Current approach not capturing joint impacts
 - Interaction of temperature and pollution or multiple pollutants in health impact assessment not addressed
 - Joint impacts may be synergistic

Next steps



- Identify "critical" factors that drive analytical results
 - Mortality & morbidity
 - Warm season vs. heat wave; other seasons
 - Displacement ("harvesting") or not
 - Sensitive populations elderly, infants, all
 - All cause mortality or cardiovascular & respiratory
 - Spatial & temporal heterogeneity
 - Acclimatization & adaptation
 - Impact of air pollution (e.g., ozone higher concentrations, more episodes, enhanced effect with higher temperature)
- Refine health impact functions
 - Consider estimating reduction in mortality from increases in wintertime minimum temperatures
- BenMAP enhancements
 - Apply risk estimates by city
 - Quantify joint impacts of temperature and air pollution
 - Incorporate "temperature rollback" feature

Leapfrogging Lessons



- Heat-related health impacts can be quite region- and seasonspecific
- A holistic approach to estimating impacts is important
- Urban populations may be at particular risk due to heat islands



THANK YOU! 谢谢

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http://www.epa.gov/ttn/ecas/benmodels.html