

Workshop Goals & Objectives: Why We are Here

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Why We're Here Today

- Focus on preventing air pollution-related cardiopulmonary illnesses
- Identifying new opportunities
 - transitions in health care and
 - new developments in data and technology
- Tapping diverse disciplines to collaborate
 - moving environmental evidence into health care practice
- Initial steps underway at EPA
- Workshop goals and objectives



Who is Here?

Shared Mission of Many Stakeholders





What are the Facts? Air Pollution and Population Health

Key Facts

- High attributable health burden
- Vulnerable subpopulations are at higher risk
- No established threshold level for safe long-term exposure
- Mechanisms of health effects are now known
- Decreased long-term air pollutant exposures associated with improved cardiovascular outcomes

Average PM_{2 5} 2001-2010





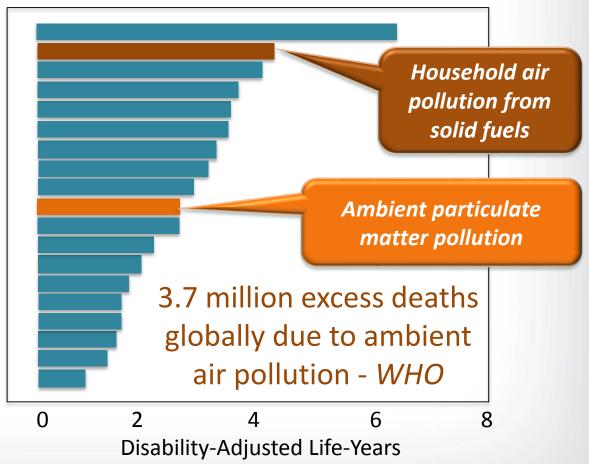
Indoor (#2) and Outdoor (#10) Air Pollution Contributes to Disability

Risk Factors

Global Burden of Disease

High blood pressure Household air pollution from solid fuels High body-mass index Tobacco smoking, including second-hand smoke High fasting plasma glucose Diet low in fruits Childhood underweight Alcohol use Physical inactivity and low physical activity Ambient particulate matter pollution Iron deficiency

Iron deficiency
Diet high in sodium
Suboptimal breastfeeding
Diet low in nuts and seeds
High total cholesterol
Intimate partner violence
Diet low in whole grains
Diet low in vegetables
Diet low in seafood omega 3 fatty acids





The Global Air Pollution Problem Is a U.S. Problem Too!

Air pollution is a significant U.S. public health problem

- Estimated excess mortality 134,700 deaths/year
- Over 1.1 million life years lost

Fann et al. Risk Analysis 2011

Impacts are worsening with global climate change





Public Health Action Needed along with EPA Standards

- EPA's air pollution standards for particulate matter provide the largest health benefits of any federal regulation
- EPA regularly evaluates the standards, health risks, and issues stricter standards when needed
- Health risks remain and need to be addressed through integrated efforts of public health, health care, environmental health, individual & community action
 - Disproportionate air pollution impacts on overburdened communities



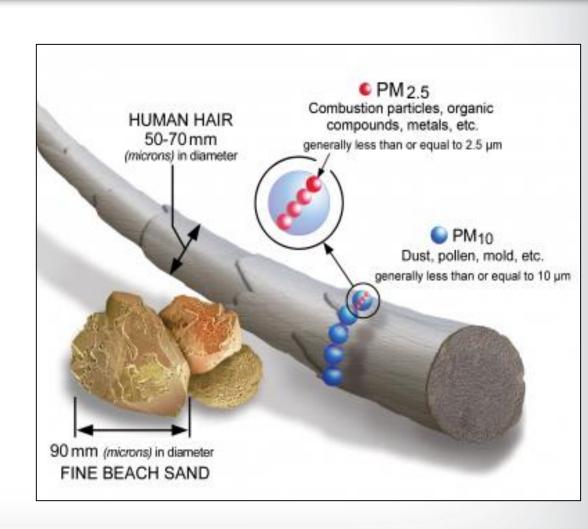
Air Pollution 101 Particulate Matter

Particulate matter (PM) – "soot"

- from combustion sources
- mixture of solid particles and liquid droplets found in the air

National Ambient Air Quality Standards (NAAQS)

- $35 \mu g/m^3 24 hours$
- 12 μg/m³ annual average





Air Pollution 101 Other Major Air Pollutants

Ozone

- Key component of smog
- Best known for triggering respiratory complaints
- Also associated with cardiovascular health effects

Nitrogen dioxide

- Largely from traffic
- Important in the near-road environment
- Associated with acceleration of atherosclerosis

Others (CO, lead, SO₂, volatile organics)

- Can be significant locally, less widespread impact



Cardiovascular Mortality -Leading Cause of Death in US

Over 740,000 people die of cardiovascular disease &

stroke each year

 Since 2011, improvements in mortality from CVD, heart disease & stroke have slowed

 Obesity and diabetes are on the rise Research

Brief Report

Recent Trends in Cardiovascular Mortality in the United States and Public Health Goals

Stephen Sidney, MD, MPH; Charles P. Quesenberry Jr, PhD; Marc G. Jaffe, MD; Michael Sorel, MPH; Mai N. Nguyen-Huynh, MD; Lawrence H. Kushi, ScD; Alan S. Go, MD; Jamal S. Rana, MD, PhD

CONCLUSIONS AND RELEVANCE Deceleration in the decline of all CVD, HD, and stroke mortality rates has occurred since 2011. If this trend continues, strategic goals for lowering the burden of CVD set by the American Heart Association and the Million Hearts Initiative may not be reached.

JAMA Cardiol. doi:10.1001/jamacardio.2016.1326 Published online June 29, 2016.



Preview: Air Pollution Causes Impacts Both Short- and Long-term

- Long-term air pollution exposure accelerates atherosclerosis
- Short-term air particle pollution exposure triggers myocardial infarction, stroke, CHF, DVT
- Traditional risk factors fail to explain 25% of the incidence of coronary heart disease





The World is Changing: New Opportunities to Improve Health

- Healthcare systems changes Value-based payment
- Affordable Care Act (ACA)
 - Electronic medical records
 - Accountable care organizations
 - > Focus on quality metrics & costs
 - Community benefits programs
 - Medicare/Medicaid (CMS)
 - Hospital readmissions reduction program



Environmental and physiological sensors





One Example:

Hospital Readmissions Reduction Program

- Under ACA, CMS must reduce payments to hospitals with excess readmissions
- Readmissions start from the patient's home
 - Are the home or local community environments contributing?

Modern Healthcare

The leader in healthcare business news, research & data

Most hospitals face 30-day readmissions penalty in fiscal 2016

By Sabriya Rice | August 3, 2015

Most U.S. hospitals will get less money from Medicare in fiscal 2016 because too many patients return within 30 days of discharge.



Populations at Higher Risk

Air Pollution and Readmissions

CMS Readmission Reduction Program

Conditions evaluated for excess readmissions:

- Cardiovascular disease
 - Myocardial infarction
 - Heart failure <
- Pulmonary disease
 - COPD
- Pneumonia
- Hip and/or Knee Arthroplasty

EPA – Sensitivity to PM Air Pollution

Populations showing increased sensitivity include those having:

- Cardiovascular disease
 - Ischemic heart disease
 - Heart failure
 - Ventricular arrhythmia
- Pulmonary disease
 - COPD
- Diabetes



Populations at Higher Risk

Air Pollution and Readmissions

EPA ISA - Air Pollution

Populations showing increased sensitivity to the adverse health effects of short-term air particle pollution include those having:

- Cardiovascular disease
 - Ischemic heart disease
 - Heart failure
 - Ventricular arrhythmia
- Pulmonary disease
 - COPD
- Diabetes

CMS Bundled Payments Program

Accelerating the shift to valuebased payment

Mandatory in 98 markets across the U.S.

Conditions covered:

- Cardiovascular disease
 - Myocardial infarction
 - Coronary artery by-pass
- Hip and/or Knee Arthroplasty



2nd Example: Affordable Care Act Community benefits requirement

New community benefit requirements in the Affordable Care Act (ACA)

- Non-profit hospitals must improve transparency and accountability
- Strategy to address ACA's priorities of preventive care and population health through community health improvement activities



 Focusing on air pollution concerns could be part of community health improvement activities



Informing the Public



Index reports daily air quality & related health effects

https://airnow.gov/index.cfm?ac tion=aqibasics.aqi



https://www.epa.gov/air-research/healthy-heart-toolkit-and-research



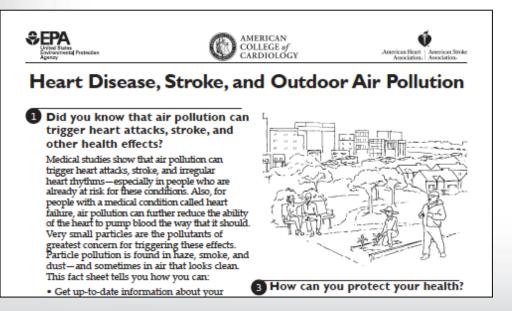


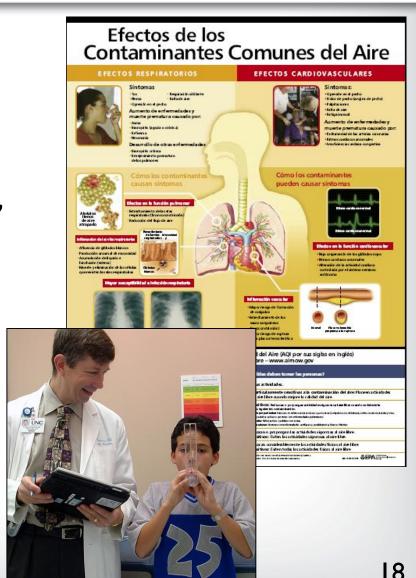
EPA provides the AQI nationwide on <u>www.airnow.gov</u>



Informing Health Care Providers

- Medical poster for patient education
- Fact sheet for patient education
- Web CME courses for healthcare providers:
 - "Ozone and Your Patient's Health"
 - ♦ PM course nearly completed







The Environmental "Buckets" of Prevention Framework

National Ambient Air Quality Standards specified by the Clean Air Act protect Public Health

Total Population
Community-Wide Prevention

PM NAAQS

24-hour Standard:

 $35 \mu g/m^3$

Annual Standard
12 μg/m³

Innovative Clinical tion Prevention



Traditional Clinical Prevention

Currently no
traditional
"evidence-based"
clinical prevention
management
strategies

Public Health

Health Care



Workshop Goals

Reducing the Health Effects of Air Pollution

 Identify and discuss barriers to the inclusion of environmental health data and tools for the prevention and management of disease

 Imagine and discuss actionable approaches to improve health and clinical outcomes by integrating environmental health data and tools into public health and health care services for at-risk patients



New Knowledge, Data and Tools

Social & Scientific Trends Present Opportunity



Healthy People Need Healthy Environments



Workshop Questions

- Is evidence sufficient to incorporate environmental data/tools into health promotion & disease management strategies? For an individual? For a community? If not, what will it take?
- What are the barriers to the development & implementation of interventions to decrease adverse health effects from air pollution exposures among people at-risk?
- What novel approaches could improve health outcomes?
- What collaborative efforts could address barriers and test new integrated environmental health-healthcare approaches to improve cardiopulmonary and decrease health disparities?



This is a Working Meeting

- Hear from everyone
- Think boldly and creatively
- Intentionally small meeting designed to be very interactive
- Let's conclude with potential for real collaborations, pilot efforts, innovative approaches
- The time is Now



Back-up Slides



Air Pollution and Health Effects

Increasing

economic,

individual and

societal burden

Estimating disease burden & benefits is challenging

Increasing
air pollution
concentration,
and/or increasing
susceptibility

Deaths

Hospitalization

ED, Urgent Care, & Physician Office Visits Restricted Activity Days

Respiratory, Cardiovascular,
Other Symptoms, and/or
Medication Use

Subclinical Effects with No Symptoms (e.g. asymptomatic decrease in lung function, heart rate variability or endothelial function)

Size of Population Affected by Exposure to Smoke



Air Quality Index

Transitioning from Public to Patient Education



Descriptors	Cautionary Statement
Good 0 – 50	No message
Moderate 51 – 100	Unusually sensitive individuals
Unhealthy for Sensitive Groups 101 - 150	Identifiable groups at risk - different groups for different pollutants
Unhealthy 151 - 200	General public at risk; sensitive groups at greater risk
Very Unhealthy 201 - 300	General public at greater risk; sensitive groups at greatest risk

- Index for reporting daily air quality and related health effects
- Health-based descriptors reflect a range of effects
- Pollutant-specific health messages
- Uniform across the U.S. red in Boston same as in Los Angeles
- Used by Federal, State, Tribal and local government agencies
- Air quality forecasts most important for reducing exposures and emissions



Informing the Public



- EPA provides the AQI nationwide on www.airnow.gov
- Local air quality conditions also often part of local weather reports
- Emergence of mobile phone apps that provide local AQI information



Healthy Hearts

Promoting Environmental Health Literacy

www.epa.gov/healthyheart

Relevance:

- Ambient PM triggers heart attacks, strokes, abnormal heart rhythms and sudden death
- More than 1 million heart attacks each year in US
- ~5% of heart attacks attributed to PM exposure
- 42 million Americans >60 years old with cardiovascular disease
- Heart disease costs ~\$480 billion/yr
- Will approach ~\$1 trillion/yr by 2030

Approach:

 Provide an environmental health message for individuals at high-risk for cardiac events





New Portable Technologies

SEPA

- EPA actively engaged in new sensor technologies for:
 - personal use
 - community engagement
 - research



Air Sensor Guidebook





Environmental Quality Index

Air, Water, Land, Built, & Socioeconomic Domains

Search Data.Gov

Q



DATA TOPICS - IMPACT APPLICATIONS DEVELOPERS CONTACT

DATA CATALOG

% / Datasets

Organizations





Submit Data Story

₹ Report Data Issue



U.S. Environmental Protection Agency

Our mission is to protect human health and the environment. read more

Contact

lobdell.danelle@epa.gov

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USEPA Environmental Quality Index (EQI) - Air, Water, Land, Built, and Sociodemographic Domains Transformed Variables Dataset as Input for the USEPA EQI, by County for the United States

Metadata Updated: Mar 31, 2016

The US Environmental Protection Agency's (EPA) National Health and Environmental Effects Research Laboratory (NHEERL) in the Environmental Public Health Division (EPHD) is currently engaged in research aimed at developing a measure that estimates overall environmental quality at the county level for the United States. This work is being conducted as an effort to learn more about how various environmental factors simultaneously contribute to health disparities in low-income and minority populations, and to better estimate the total environmental and social context to which humans are exposed. This dataset contains the finalized transformed variables chosen to represent the Air, Water, Land, Built, and Sociodemographic Domains of the total environment. Six criteria air pollutants and 81 hazardous air pollutants are included in this dataset. Data sources are the EPA's Air Quality system (http://www.epa.gov/ttn/airs/airsaqs/) and the National-scale Air Toxics Assessment (http://www.epa.gov/nata/). Variables are average pollutant concentrations or emissions for 2000-2005 at the county level for all counties in the United States. Data on water impairment, waste permits, beach closures, domestic water source, deposition for 9 pollutants, drought status, and 60 chemical contaminants. Data sources are the EPA's WATERS (Watershed Assessment, Tracking and Environmental ResultS) Database (http://www.epa.gov/waters/), the U.S. Geological Survey Estimates of Water Use in the U.S. for 2000 and 2005



EJSCREEN

Environmental Justice Screening & Mapping Tool



- Nationally consistent dataset and approach for combining environmental and demographic indicators
- EJSCREEN users choose a geographic area; the tool then provides demographic and environmental information for that area
- EJSCREEN indicators are publicly-available data
- EJSCREEN provides a way to display this information and includes a method for combining environmental and demographic indicators into EJ indexes

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