Detroit-specific Asthma Research and Interventions Community Action to Promote Health Environments (CAPHE) Community Action Against Asthma (CAAA) Healthy Environmental Partnerships (HEP) Detroit Urban Research Center (DURC)

S. Batterman*, A.J Reyes**, Sheena Martenies *University of Michigan School of Public Health ** Detroit Hispanic Development Corporation





Community Action Against Asthma









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Fostering Clean, Healthy and Safe Communities



Moving Research to Action to Reduce Adverse Health Effects of Air Pollution: Community Action to Promote Healthy Environments (CAPHE)

Overarching Goal of CAPHE

Develop and implement a scientifically-informed public health action plan (PHAP) designed to reduce exposure to air pollutants and mitigate adverse health effects in Detroit with a particular focus on vulnerable populations.



Aim 3: Develop a multilevel, integrated and scientificallyinformed public health action plan to reduce air pollutant exposures and adverse health effects





Aim 4: Develop & implement campaigns, interventions & policies to promote recommendations in the public health action plan.



Photos 1, 2, 3 and 4: Youth Programming, Detroiters Working for Environmental Justice



Public Health Action Plan Resource Manual

CAPHE is developing a Public Health Action Plan Resource Manual to inform the PHAP

- 1. Introduction and Objectives
- 2. Background and Context
- 3. Air Quality, Health and Environmental Justice
- 4. Exposure and Monitoring
- 5. Air Pollutant Sources, Exposures and Health Impacts
- 6. Cumulative Risk: Air Pollution and Population Vulnerability
- 7. Mitigation Strategies, including point source controls, mobile source controls, diesel retrofits, monitoring, enforcement, *indoor particle filters*, buffers, and more.



Community Action Against Asthma

Intervention and epidemiological research on environmental triggers of asthma. Community Action Against Asthma (CAAA)

Overarching Goals of CAAA

Overall goals of the CAAA partnership are to examine how the effects of air quality interact with social and environmental factors with childhood asthma, to test different interventions at reducing impact of environmental triggers, and to consider these findings in designing community and policy interventions.



Community Action Against Asthma

Children on average spend between 14 and 18.5 hours per day indoors at home, depending on age

Indoor asthma triggers include:

- Secondhand smoke
- Dust
- Molds
- Pests
- Pets
- Outdoor air pollution
- Chemical irritants
- Wood smoke





Indoor mold: Environmental Relative Moldiness Index (ERMI)

Objective: quantify mold contamination in study participant's homes

- NEXUS participants were children ages 6-14 years with asthma in Detroit, MI
- ERMI study included homes of 112 participants

Approach:

- Collected dust samples in bedrooms and living rooms
- Measured 36 indicator species of mold, analysis using quantitative PCR techniques
- Calculated the ERMI for each home
- Examine effect of water damage, age of home, and other factors on concentration of molds found in homes

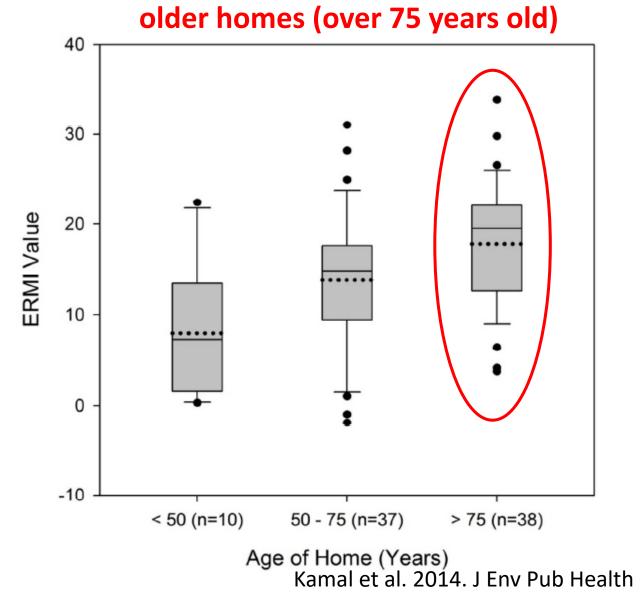
Environmental Relative Moldiness Index (ERMI)

Part of CAAA and NEXUS (EPA)

Findings:

- Most homes (85%) had <u>exceptionally high ERMI values</u> -- highest quartile nationally.
- 2. Mold was present throughout the whole house.
- 3. Concentrations tended to be higher in bedrooms than living rooms (not statistically significant).
- 4. Age of the home was an important predictor of ERMI.

Highest ERMI values were calculated in



Indoor Volatile Organic Compounds (VOCs)

Community Action Against Asthma

Objective: quantify VOC composition and levels in homes of Detroit children with asthma

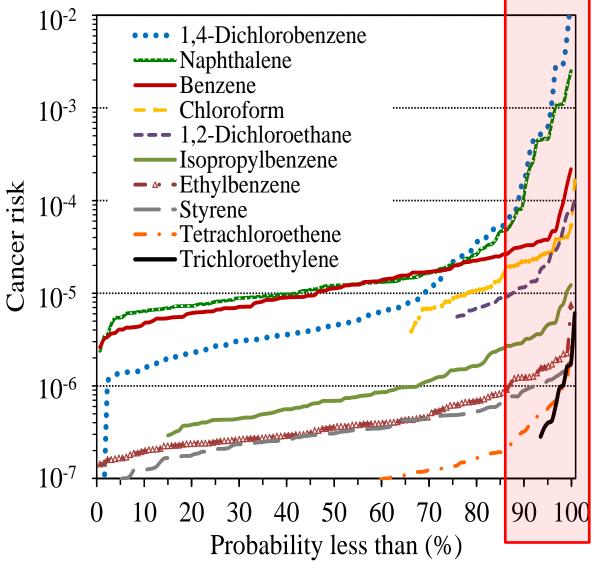
Findings: A total of 56 VOCs detected

Concentrations generally lower than levels elsewhere in North America.

Major source include cigarette smoking, vehicle related emissions, renovation, solvents, household product and pesticides.

Some VOCs pose cancer risks that exceed guideline levels (naphthalene, benzene, 1,4dichlorobenzene, isopropylbenzene, ethylbenzene and styrene

Some very high levels of naphthalene and 1,4dichlorobenzene in a subset of residences.



Chin et al.,. Indoor Air, 2013



CAAA Free-standing Filter Intervention Study

Objectives:

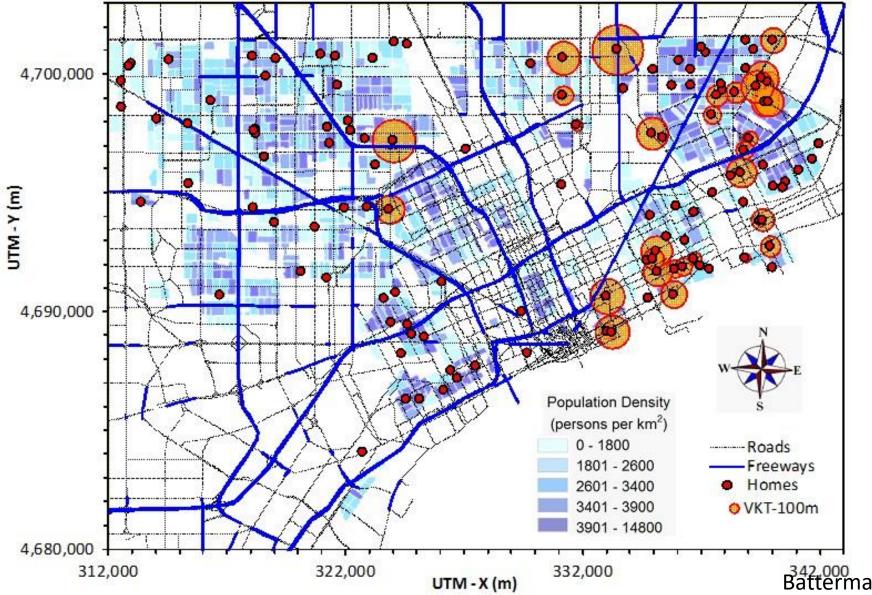
- 1. Characterize <u>pollutant exposures</u> in homes of children with asthma living in Detroit, Michigan.
- 2. Determine effects of providing HEPA filters <u>and</u> room air conditioners in child's bedroom on indoor <u>pollutant concentrations and exposures</u>.
- 3. Investigate effects of providing HEPA filters <u>and</u> room air conditioners on <u>children's respiratory</u> <u>health</u>, e.g., lung function, medication usage, ER visits.





Location of participating households

also showing highways and secondary streets, and vehicle-kilometers-driven (VKT) per day within a 100 m buffer of the home (orange circle)



Home characteristics

Home characteristics			Average	Range	Percent
	Floor area	m^2	147	63 - 483	_
	Interior house volume	m^3	368	156 - 1192	2 –
	Single family house		-	-	79
House	No. of bedrooms	n	3.0	1 - 6	-
	Heating system (Forced air)		_	-	88
	Central AC		-	-	30
	Furnace filter change frequency	times/yr	2.5	1 - 12	47
Child's sleeping area	Floor area	m^2	12	4 - 46	_
	Room volume	m^3	28	13 - 110	-
	No. of windows	n	1.7	1 - 5	-
Occupancy	No. of adults	n	1.7	1 - 5	_
	No. of children	n	2.4	1 - 8	-
Smoking	Never any smokers indoors			_	55
	Any smokers in household		-	-	60
	No. of smokers	n	1.7	1 - 5	60
Cleaning	Vacuumed CSA in the last 2 weeks	n	3.1	1 - 5	44
	Swept or dusted CSA in the last 2	n	3.3	1 - 5	100

Monitored environmental parameters

- Particulate matter (PM)
- Particle number (0.3-1.0 μm/1-5 μm)
- Carbon dioxide (CO₂)
- Volatile organic compounds (VOCs)
- Environmental tobacco smoke (ETS)
- Air exchange rates (AERs) in bedroom & living room
- Temperature and RH
- Filter use

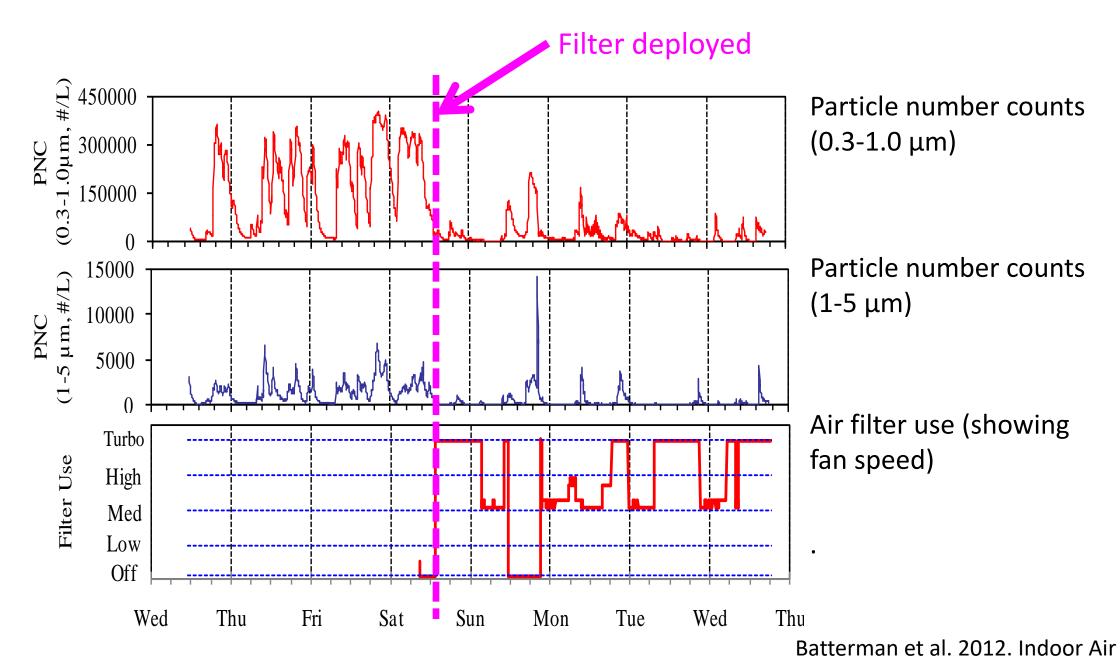
Weeks of data								
Baseline Seasonal Total								
Control 37 59 94								
Standard	47	90	137					
Enhanced	42	73	115					
Total	126	222	346					







Trends of fine and coarse PM and filter use

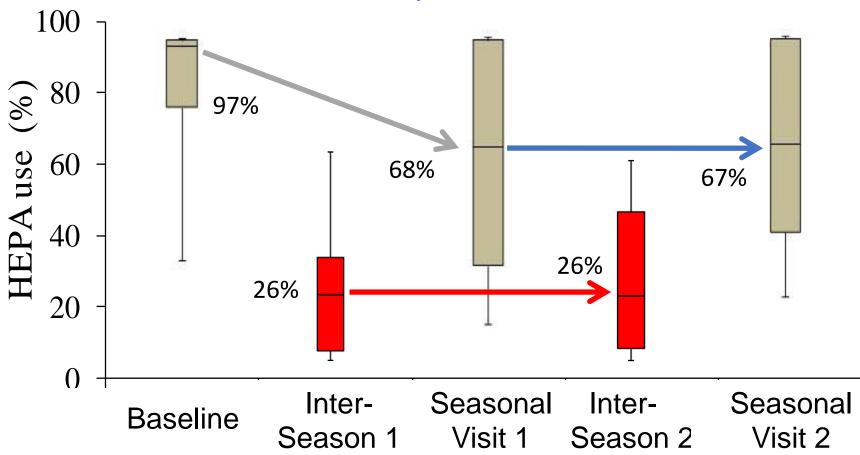


Pollutant levels in residences with and without filter

Statistic		Without filter				With filter			
		N	Average	SD	Median	Ν	Average	SD	Median
	Control	35	32.5	14.7	30.4				
$PM (\mu g/m^3)$	Standard /Enhanced	79	26.7	25.3	14.2	00	14.1	10.1	11.4
	All	114	28.5	22.7	21.8	$\left(\right)$	50%	2	
0.3-1.0 μm PNC (#/liter)	Control	35	94,757	46,653	80,498	- r	reductio	n)	
	Standard /Enhanced	78	64,504	61,159	40,328	83	36,277	27,161	27,802
	All	113	73,875	58,564	58,101				
1-5 μm PNC (#/liter)	Control	35	1,774	1,470	1,306				
	Standard /Enhanced	78	1,434	1,408	933	83	532	438	399
	All	116	1,298	1,325	846				

Each house is weighted equally.

How do occupants use filters?



Initially high use may reflect a "**novelty**" effect when the filter was first introduced to the participants, and remained quite high in our weekly visits.

Use dropped in periods between home visits reflecting a "good behavior" effect, reflecting participants' understanding of intended filters use, and "economy" effect associated with perception of filter cost.

Influences on indoor PM levels and filters

Environmental tobacco smoke (ETS)

- Had both survey data & unique ETS tracer (2,5-DMF) to measure smoking.
- Smoking (ETS) increased bedroom PM levels by 12 ± 35 μm/m³, comparable to literature findings
- ETS found in 30% of households, higher in child's bedroom
- Concordance between survey & tracer data is not great, which means that survey data results often is not accurate (exposure misclassification)

Other factors

- <u>Seasonal variation</u> is often strong, e.g., indoor PM levels lower in winter
- Indoor levels affected by <u>outdoor PM concentrations</u>, the <u>number of</u> <u>children</u> in the house, and <u>sweeping/dusting</u>.
- Furnace filters <u>can</u> be very helpful



Health impact assessment (HIA) of indoor filters to reduce asthma impacts among children in Detroit

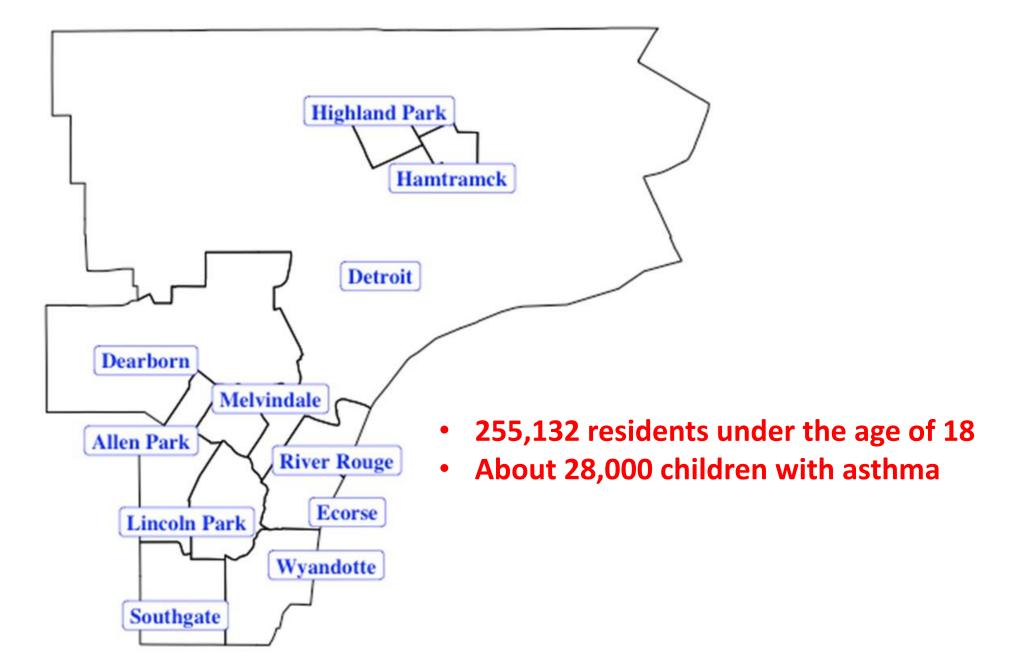
Objective: assess the potential for asthma health benefits of installing filters in children's homes to reduce exposures to ambient PM_{2.5}

- Exposures based on area monitoring data
- Daily mean exposure concentrations at the block level
- Local population and health outcome data
 - Asthma ED visit data from MDHHS surveillance report (deGuire et al. 2016)
 - Exacerbation data (cough, wheeze, shortness of breath) from NEXUS study

Health impact functions

- Concentration-response coefficient from epidemiological studies
- Estimated impacts attributable to PM_{2.5} exposures at homes and schools
- Estimated benefits of using filters to reduce exposures

Health Impact Assessment Study Area

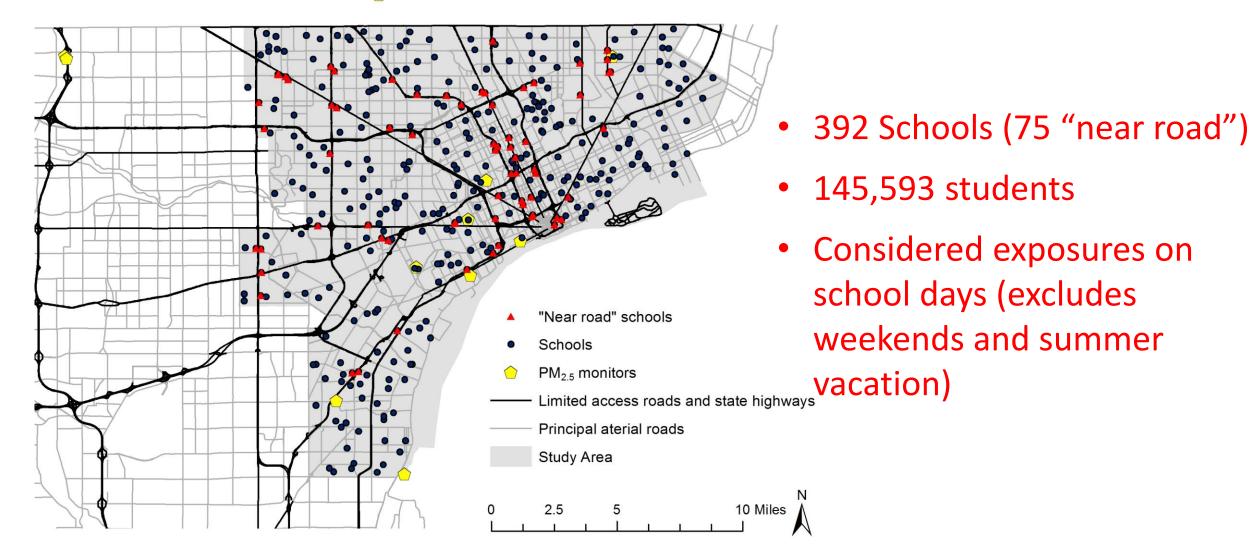


Health Impact Assessment Results: Filters in Homes

	Estimated cases per	Estimated cases per year due to <u>ambient</u> PM _{2.5} exposure at	%	Estimated cases per year due to <u>ambient</u> PM _{2.5} exposure at home after installing filters <u>Filter Efficiency</u>			
Outcome (age group)	year	home	Attributable	25%	50%	75%	
Asthma ED visit							
(0-17 years)	9,616	374	3.89	283	(183)	96	
Cough							
(6-14 years)	1,778,282	138,782	7.80	105,376	67,701	35,939	
Wheeze							
(6-14 years)	1,130,220	11,115	0.98	8,352	5,537	2,794	
Shortness of breath							
(6-14 years)	1,073,190	14,096	1.31	10,599	7,012	3,551	



Health impact assessment (HIA) of filters to reduce asthma impacts among children in *Detroit schools*



Health Impact Assessment Results: Filters in Schools

Outcomo	Estimated	Estimated cases per year due to <u>ambient</u> PM _{2.5}		<u>ambien</u> schools af	cases per ye <u>t</u> PM _{2.5} expo ter installing <i>all schools</i> Iter Efficienc	osure at g filters in	Estimated cases per year due to <u>ambient</u> PM _{2.5} exposure at schools after installing filters in <u>near-road schools</u> Filter Efficiency		
Outcome (age group)	cases per year	exposure at schools	% Attributable	25%	50%	75%	25%	50%	75%
Asthma ED visit (0-17 years)	7,166	46	0.64	35	23	12	43	41	38
Cough (6-14 years)	1,778,282	25,735	1.45	19,539	13,179	6,663	24,704	23,641	22,547
Wheeze (6-14 years)	1,130,220	2,061	0.18	1,548	1,034	518	1,974	1,888	1,801
Shortness of breath (6-14 years)	1,073,190	2,613	0.24	1,965	1,313	658	2,504	2,394	2,284



Some conclusions



- Many Detroit homes have <u>high levels of mold</u> in bedrooms, living rooms, and other areas. House age is an important predictor.
- Some homes have very high VOC levels.
- PM exposure is determined by <u>indoor sources</u> (smoking, children, sweeping/dusting), <u>house factors</u> (AER, AC, existing filters), <u>environment</u> (outdoor PM levels, season), and <u>filters</u> (filter type, use)
- Filters in homes can reduce indoor PM concentrations by 25 to 50% or more, but filter use can vary considerably for many reasons.
- The use of <u>stand-alone</u> and enhanced central <u>furnace filters</u> in Detroit homes is a strategy to reduce adverse asthma outcomes among children and adults.
- Use of enhanced filters in <u>schools</u>, particularly schools near major highways and industrial sources, is feasible and beneficial.

ASTHMA AND DETROIT PUBLICATIONS (1)

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S. Li, S. Batterman, E. Wasilevich, R. Wahl, J. Wirth, F.C. Su, B. Mukherjee. "Association of Ambient Air Pollutants with Daily Asthma Emergency Department Visits and Hospital Admissions among the Pediatric Medicaid Population in Detroit: Time-Series and Time-Stratified Case-Crossover Analyses with Threshold Effects," *Environmental Research*, 111, 8, 1137-1147, 2011. <u>doi:10.1016/j.envres.2011.06.002</u> PMID: 21764049 Sheena E. Martenies, Donele Wilkins, Stuart A. Batterman, "Health impact metrics for air pollution management strategies, *Environment International*, 85, 84–95, 2015. http://dx.doi.org/10.1016/j.envint.2015.08.013.

VOCs in Detroit Homes

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C. Jia, S Batterman, "A critical review of sources and exposures of naphthalene relevant to indoor and outdoor air", *International Journal of Environmental Research and Public Health*, 7, 2903-2939, 2010. <u>doi:10.3390/ijerph7072903</u> PMID: 20717549 PMCID: PMC2914002

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Jo-Yu Chin, Christopher Godwin, Edith Parker, Thomas Robins, Toby Lewis, Paul Harbin, Stuart Batterman, Levels and Sources of Volatile Organic Compounds in Homes of Children with Asthma, *Indoor Air*, Online 3 January, 2014. DOI: 10.1111/ina.12086.

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Air Filters in Detroit Homes

L. Du, S. Batterman, E. Parker, C. Godwin, J-Y Chin, A. O'Toole, T. Robins, W. Brakefield-Caldwell, T. Lewis. "Particle concentrations and effectiveness of free-standing air filters in bedrooms of children with asthma in Detroit, Michigan", *Building and Environment*, 46, 2303-2313, 2011. <u>http://dx.doi.org/10.1016/j.buildenv.2011.05.012</u> PMCID: PMC3161201

S Batterman, L Du, Graciela Mentz, B Mukherjee, E Parker, C Godwin, J-Y Chin, A O'Toole, T Robins, Z Rowe, T Lewis, "Particulate matter concentrations in residences: an intervention study evaluating stand-alone filters and air conditioners", *Indoor Air*, 22: 235–252, 2012. PMID: 22145709

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Y-C Wu, S. Batterman, "Proximity of Schools in Detroit, Michigan to Automobile and Truck Traffic," *J. Exposure Science and Environmental Epidemiology*. 16: 457-470, 2006. <u>http://www.nature.com/jes/journal/v16/n5/pdf/7500484a.pdf</u>

C. Godwin, S. Batterman, "Indoor Air Quality in Michigan Schools", *Indoor Air*, 17, 2, 109-121, 2007. <u>http://www.blackwell-synergy.com/doi/abs/10.1111/j.1600-0668.2006.00459.x</u>. PMID: 17391233

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