



TRECH  **STUDY**
TRANSPORTATION, EQUITY, CLIMATE & HEALTH

On-road Sector Emissions Impact on PM_{2.5} and O₃ – related Health Risks in the Northeast and Mid-Atlantic U.S.

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All results presented here are preliminary and draft. Do not Cite or Share

Arter et al, In Prep 2020



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TRECH Study

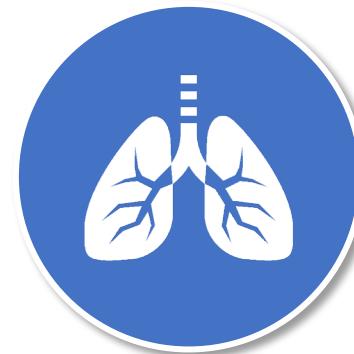
Co-benefits study that **aims to quantify spatial distribution of health benefits** from active transport and air quality improvements across the Northeast/Mid-Atlantic due to the Transportation Climate Initiative



Physical Activity



Air Quality



Health



Equity

TRECH Study

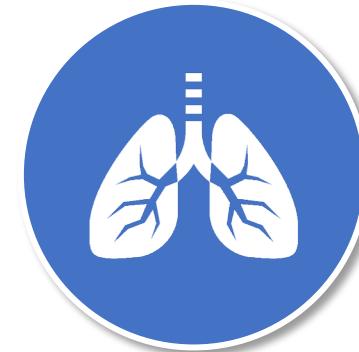
Co-benefits study that **aims to quantify spatial distribution of health benefits** from active transport and air quality improvements across the Northeast/Mid-Atlantic due to the Transportation Climate Initiative



Physical Activity



Air Quality



Health



Equity

Project Overview

Study

- Perform a full emissions-to-impact benefits assessment for on-road vehicles in the TCI region

Methods

- Utilize sensitivity analyses to determine contribution from on-road vehicle emissions to regional fine particulate matter ($PM_{2.5}$) and ozone (O_3)

Results

- Quantify the number of adverse health outcomes from $PM_{2.5}$ and O_3 attributable to on-road vehicular emissions in the TCI region

Methods – Air Quality

CMAQ

Photochemical air quality model that estimates the pollutant concentrations across spatial and temporal **domain**
• Version 5.2

DDM

Sensitivity analysis that calculates incremental change in pollutant concentrations with respect to model input (**emissions**) across the domain to estimate how sensitive pollutant concentrations are to emissions

Emissions

Source Regions

CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, BALMSA, BOSMSA, NYMSA, PHILMSA

Vehicles

LDA, LDT, MDT, HDT, BUS

PM_{2.5}

NO_x, VOC, SO₂, NH₃, PPM
17 x 5 x 5 = 425 sensitivities

O₃

NO_x, VOC
17 x 5 x 2 = 170 sensitivities

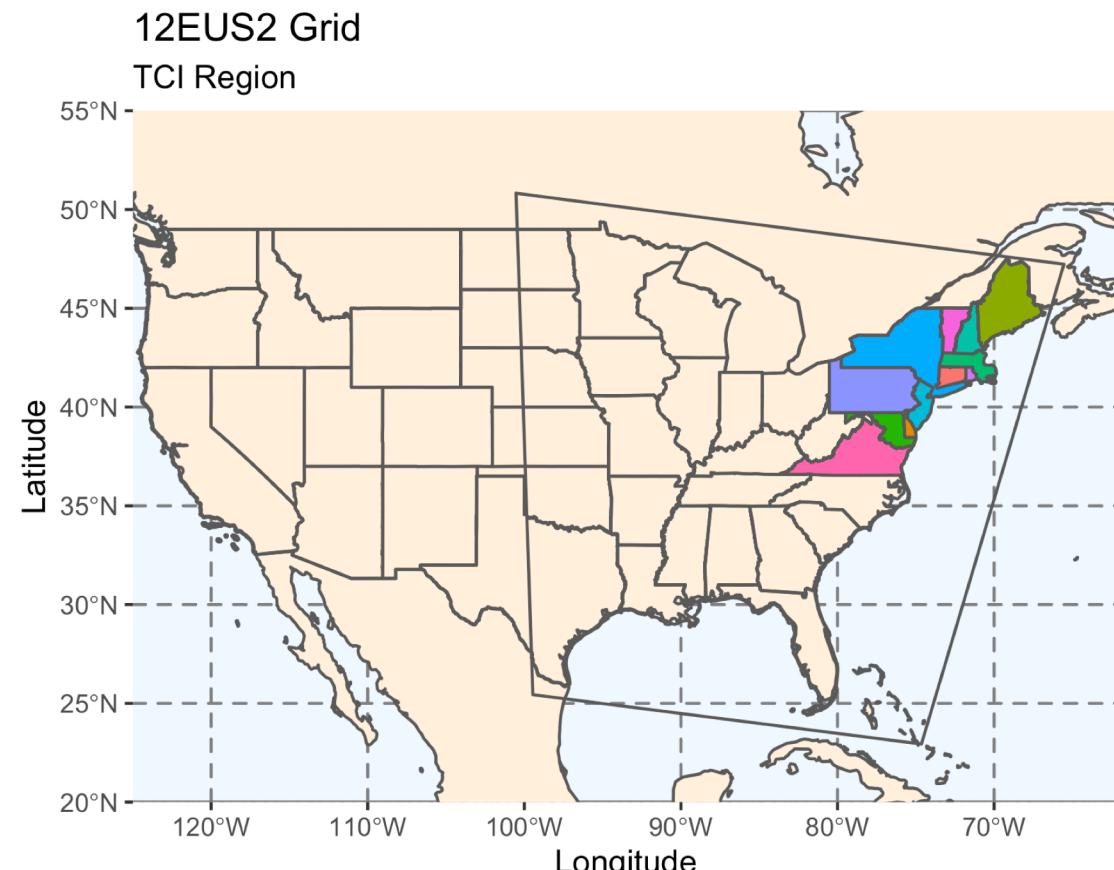
Domain

Spatial

12 x 12 km grids across the Eastern half of the U.S.

Temporal

Model is run for January and July 2016



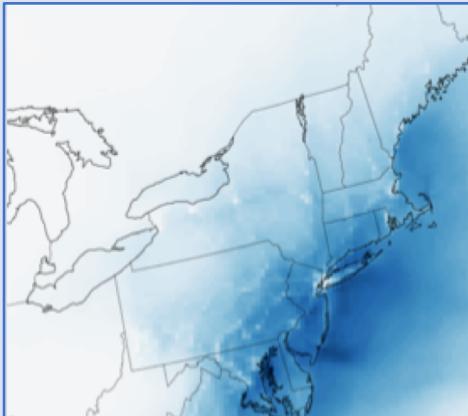
Methods – Health



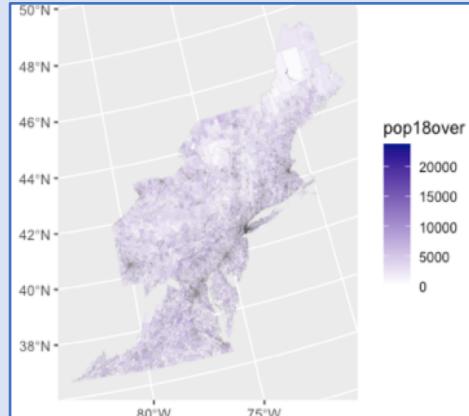
BenMAPR

The health impact assessment tool used here is a version of BenMAP (from the U.S. EPA) but modified to work in the statistical computing language R

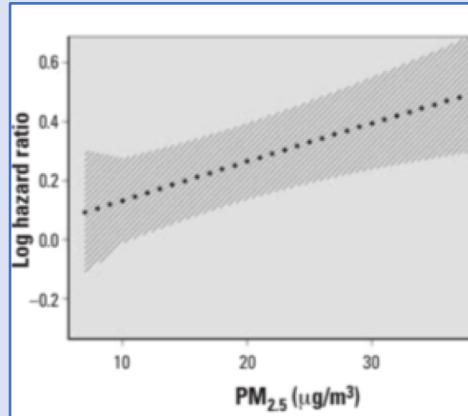
Changes in Air Quality



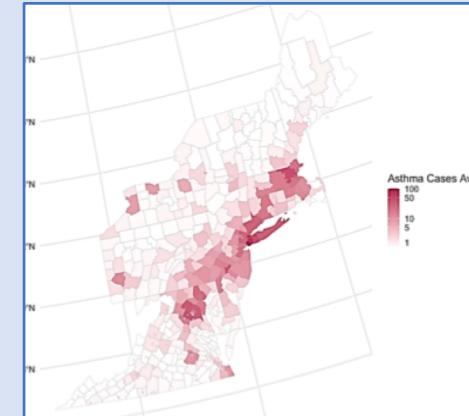
Population and Background Health Data



Epidemiology



Health Benefits



Health outcomes evaluated

- $\text{PM}_{2.5}$ - attributable all-cause mortality
- Vodonos et al., *Environmental Research*, 2018
- O_3 - attributable all-cause mortality
- Turner et al., *American Journal of Respiratory and Critical Care Medicine*, 2016

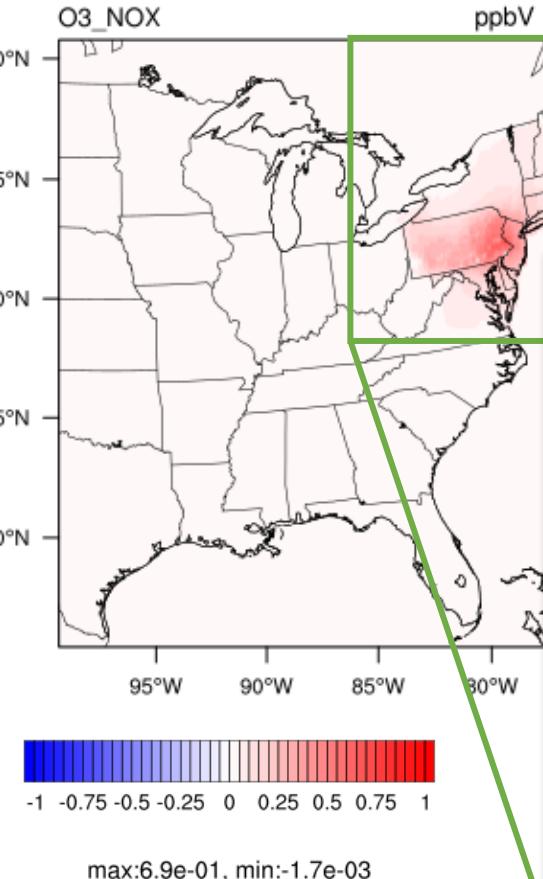
Emissions – Broad Overview

Precursor	Vehicle Class			Source Region		
	Largest Vehicle Class	January (Tons)	July (Tons)	Largest Source Region	January (Tons)	July (Tons)
NO _x	LDT	14,139	17,184	Pennsylvania	8,071	10,440
VOC	LDT	16,630	15,755	Pennsylvania	7,463	7,008
SO ₂	LDT	219	282	New York	99	134
NH ₃	LDA	581	740	New York	243	327
PPM	LDA ^a , HDT ^b	417 ^a	456 ^b	New York	348	311

We can quantify the largest source of precursor emissions by vehicle class and source region

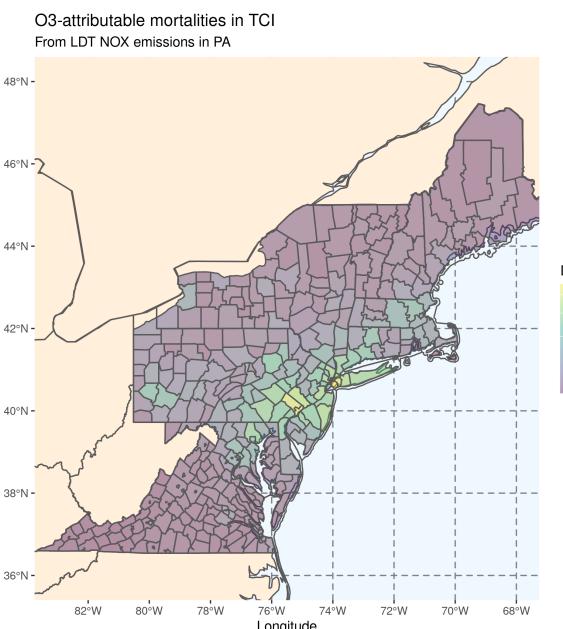
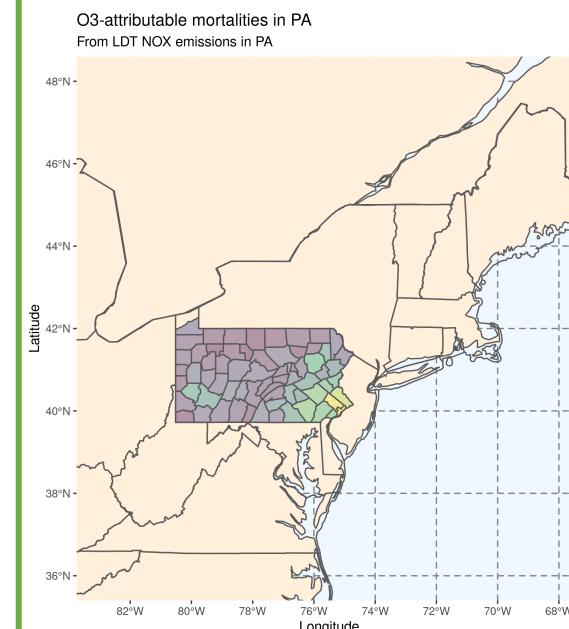
Sensitivities – O₃

O₃ D8hrmax sensitivity to NOX PA LDT 2016 ppb



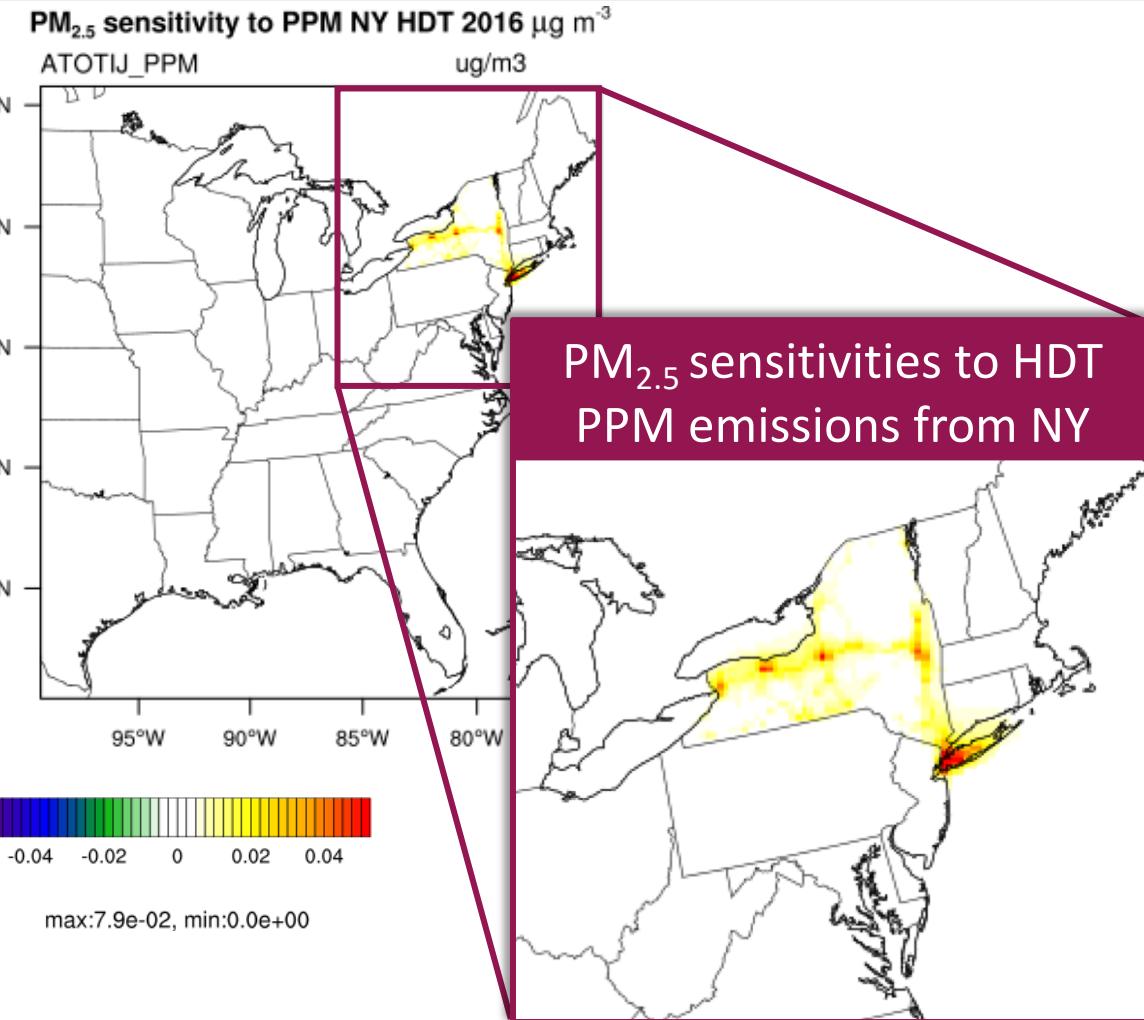
O₃ sensitivities to LDT NO_x emissions from PA

O₃-attributable premature mortalities within the state and across the entire TCI region due to PA LDT NO_x

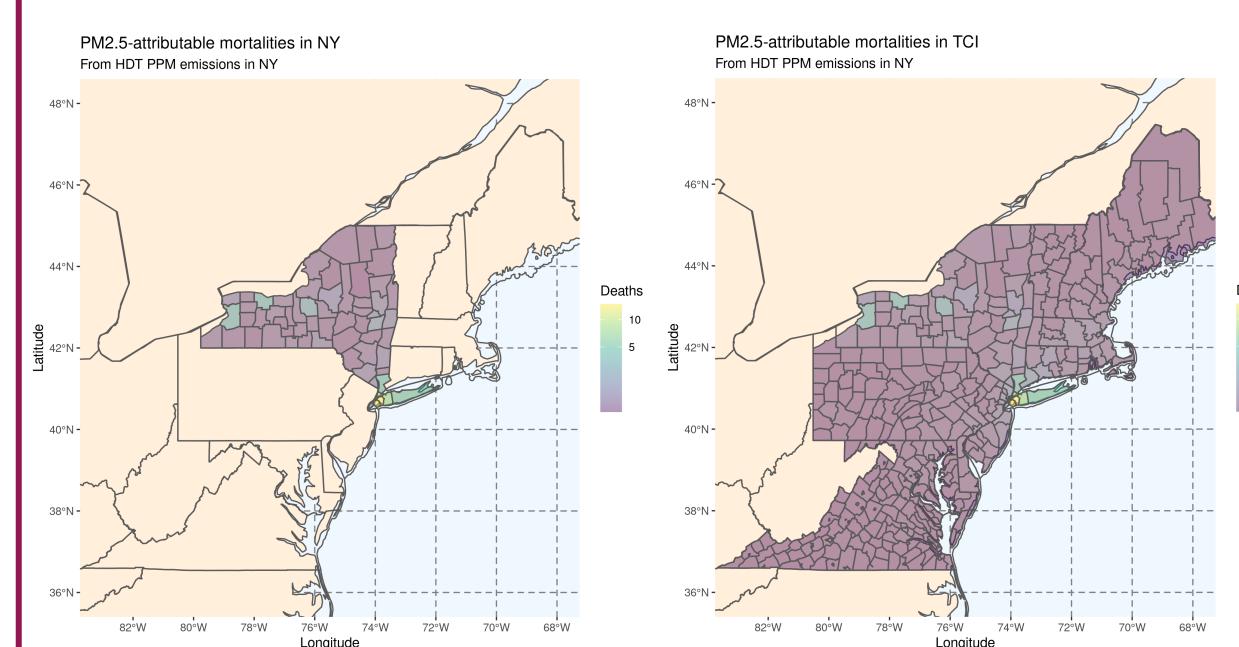


This is an instance of air quality/health impacts occurring downwind of the source region

Sensitivities – PM_{2.5}



PM_{2.5}-attributable premature mortalities within the state and across the entire TCI region due to NY HDT PPM



This is an instance of air quality/health impacts remaining localized to the source region

Population-Weighted Exposure and Health Outcomes

	PM _{2.5} ($\mu\text{g}/\text{m}^3$)					O ₃ (ppb)	
	NO _x	VOC	NH ₃	SO ₂	PPM	NO _x	VOC
LDA	6.2E-04	1.7E-03	3.7E-03	1.7E-04	5.8E-03	3.3E-02	1.5E-02
LDT	1.4E-03	1.9E-03	3.3E-03	1.9E-04	6.0E-03	6.3E-02	1.6E-02
MDT	3.8E-04	2.4E-04	2.6E-04	1.5E-05	5.5E-03	2.2E-02	2.6E-03
HDT	9.3E-04	1.3E-04	3.1E-04	1.9E-05	7.2E-03	4.0E-02	1.4E-03
BUS	5.8E-05	6.0E-05	5.7E-05	3.2E-06	2.1E-03	4.7E-03	7.2E-04

PM_{2.5} population weighted sensitivities to PPM are the largest for all vehicles across the TCI region

Population weighted sensitivities to NH₃ are close in magnitude to PPM for light duty vehicles

O₃ population weighted sensitivities to NO_x are larger than sensitivities to VOC

Population-Weighted Exposure and Health Outcomes

	PM _{2.5} ($\mu\text{g}/\text{m}^3$)					O ₃ (ppb)	
	NO _x	VOC	NH ₃	SO ₂	PPM	NO _x	VOC
LDA	6.2E-04	1.7E-03	3.7E-03	1.7E-04	5.8E-03	3.3E-02	1.5E-02
LDT	1.4E-03	1.9E-03	3.3E-03	1.9E-04	6.0E-03	6.3E-02	1.6E-02
MDT	3.8E-04	2.4E-04	2.6E-04	1.5E-05	5.5E-03	2.2E-02	2.6E-03
HDT	9.3E-04	1.3E-04	3.1E-04	1.9E-05	7.2E-03	4.0E-02	1.4E-03
BUS	5.8E-05	6.0E-05	5.7E-05	3.2E-06	2.1E-03	4.7E-03	7.2E-04

	Mortalities	Percentage of deaths from precursor (%)				
		NO _x	VOC	NH ₃	SO ₂	PPM
LDA	1153 (974 – 1341)	5	14	31	1	47
LDT	1234 (1042 – 1434)	12	15	26	1	46
MDT	601 (507 – 698)	6	4	4	0	85
HDT	829 (701 – 964)	11	1	4	0	83
BUS	206 (174 – 240)	3	3	3	0	91

Percentage of premature mortalities from each precursor follows similar trends to magnitudes of population weighted exposures

Population-Weighted Exposure and Health Outcomes

	PM _{2.5} ($\mu\text{g}/\text{m}^3$)					O ₃ (ppb)	
	NO _x	VOC	NH ₃	SO ₂	PPM	NO _x	VOC
LDA	6.2E-04	1.7E-03	3.7E-03	1.7E-04	5.8E-03	3.3E-02	1.5E-02
LDT	1.4E-03	1.9E-03	3.3E-03	1.9E-04	6.0E-03	6.3E-02	1.6E-02
MDT	3.8E-04	2.4E-04	2.6E-04	1.5E-05	5.5E-03	2.2E-02	2.6E-03
HDT	9.3E-04	1.3E-04	3.1E-04	1.9E-05	7.2E-03	4.0E-02	1.4E-03
BUS	5.8E-05	6.0E-05	5.7E-05	3.2E-06	2.1E-03	4.7E-03	7.2E-04

	Mortalities	Percentage of deaths from precursor (%)				
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LDA	1153 (974 – 1341)	5	14	31	1	47
LDT	1234 (1042 – 1434)	12	15	26	1	46
MDT	601 (507 – 698)	6	4	4	0	85
HDT	829 (701 – 964)	11	1	4	0	83
BUS	206 (174 – 240)	3	3	3	0	91

	Mortalities	Percentage of deaths from precursor (%)	
		NO _x	VOC
LDA	728 (364 – 1456)	69	31
LDT	1229 (615 – 2459)	80	20
MDT	395 (197 – 790)	90	10
HDT	636 (318 – 1272)	97	3
BUS	91 (45 – 181)	88	12

O₃-attributable mortalities are less than PM_{2.5}¹²

Source-Receptor Health Outcomes

 O_3

Source	Receptor																	
	BALMSA	BOSMSA	CT	DC	DE	MA	MD	ME	NH	NJ	NY	NYMSA	PA	PHILMSA	RI	VA	VT	
LDA	BALMSA	38.3	3.5	2.9	2.0	3.9	5.5	31.3	0.3	0.7	15.1	17.3	22.8	27.2	19.9	1.3	14.8	0.2
	BOSMSA	0.1	4.1	1.3	0.0	0.1	5.7	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	0.1	0.1
	CT	0.2	4.5	9.1	0.0	0.3	8.4	0.3	3.3	1.0	1.8	3.0	3.9	1.2	1.0	1.3	0.2	0.1
	DC	1.4	0.3	0.3	-1.9	0.3	0.5	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	0.9	0.0
	DE	1.8	0.9	1.0	0.2	0.8	1.5	0.1	1.6	0.4	0.0	0.0	1.9	0.1	0.0	1.0	0.0	0.0
	MA	0.1	9.2	3.3	0.0	0.2	13.4	0.1	0.6	0.4	0.0	0.0	1.9	0.1	0.0	0.2	0.2	0.2
	MD	22.4	2.7	2.1	1.9	3.3	4.2	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	0.9	0.0
	ME	0.1	1.6	0.4	0.0	0.0	1.9	0.1	1.6	0.4	0.0	0.0	1.9	0.1	0.0	0.2	0.2	0.2
	NH	0.1	3.6	0.4	0.0	0.0	3.9	0.1	0.6	0.4	0.0	0.0	3.9	0.1	0.0	0.0	0.1	0.0
	NJ	2.6	4.6	7.9	0.2	1.3	7.6	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	1.4	0.2
NYMSA	NY	3.5	9.3	17.5	0.3	1.3	16.8	12.6	0.9	1.3	37.7	38.5	56.8	55.0	32.0	1.4	6.2	0.6
	NYMSA	2.4	8.4	18.7	0.2	1.5	14.6	3.8	0.4	0.4	24.1	17.0	30.3	15.7	19.3	0.8	1.9	0.1
	PA	14.0	4.7	6.4	1.1	3.6	7.7	0.0	0.3	0.2	0.8	1.7	2.2	0.4	0.3	0.0	0.0	0.0
	PHILMSA	3.9	2.3	2.6	0.3	1.6	3.5	20.8	0.3	0.5	11.0	13.8	17.1	16.5	10.8	1.3	32.3	0.2
	RI	0.0	2.7	0.5	0.0	0.0	4.1	0.0	0.3	0.2	0.8	1.7	2.2	0.4	0.3	0.0	0.0	0.0
	VA	31.7	3.0	2.7	4.4	2.4	5.1	0.0	0.3	0.6	0.4	1.1	1.0	0.3	0.1	0.2	0.0	0.4
	VT	0.1	1.1	0.3	0.0	0.0	1.5	0.0	0.3	0.6	0.4	1.1	1.0	0.3	0.1	0.2	0.0	0.4

The largest contributor to O_3 -attributable premature mortalities in MA is NY, when considering emissions from LDA

Source-Receptor Health Outcomes

O₃

Source	Receptor															RI	VA	VT
	BALMSA	BOSMSA	CT	DC	DE	MA	MD	ME	NH	NJ	NY	NYMSA	PA	PHILMSA	RI	VA	VT	
BALMSA	38.3	3.5	2.9	2.0	3.9	5.5	31.3	0.3	0.7	15.1	17.3	22.8	27.2	19.9	1.3	14.8	0.2	
	0.1	4.1	1.3	0.0	0.1	5.7	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	0.1	0.1	
	CT	0.2	4.5	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	2.3	0.2	0.1	
	DC	1.4	0.3	0.3	-1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.1	0.9	0.0	
	DE	1.8	0.9	1.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.5	0.4	1.0	0.0	
	MA	0.1	9.2	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	2.6	0.2	0.2	
	MD	22.4	2.7	2.1	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.2	1.0	6.6	0.2	
	ME	0.1	1.6	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.1	0.1	
	NH	0.1	3.6	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.0	0.1	
	NJ	2.6	4.6	7.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.1	1.8	1.4	0.2	
	NY	3.5	9.3	17.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.3	3.4	1.9	1.2	
	NYMSA	2.4	8.4	18.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.8	3.5	1.6	0.3	
	PA	14.0	4.7	6.4	1.1	3.6	7.7	12.6	0.9	1.3	37.7	38.5	56.8	55.0	32.0	1.4	6.2	0.6
LDA	PHILMSA	3.9	2.3	2.6	0.3	1.6	3.5	3.8	0.4	0.4	24.1	17.0	30.3	15.7	19.3	0.8	1.9	0.1
	RI	0.0	2.7	0.5	0.0	0.0	4.1	0.0	0.3	0.2	0.8	1.7	2.2	0.4	0.3	0.0	0.0	0.0
VA		31.7	3.0	2.7	4.4	2.4	5.1	20.8	0.3	0.5	11.0	13.8	17.1	16.5	10.8	1.3	32.3	0.2
VT		0.1	1.1	0.3	0.0	0.0	1.5	0.0	0.3	0.6	0.4	1.1	1.0	0.3	0.1	0.2	0.0	0.4

The largest contributor to O₃-attributable premature mortalities in VA is VA, when considering emissions from LDA

Source-Receptor Health Outcomes

Source	Receptor																	
	BALMSA	BOSMSA	CT	DC	DE	MA	MD	ME	NH	NJ	NY	NYMSA	PA	PHILMSA	RI	VA	VT	
LDA	BALMSA	38.3	3.5	2.9	2.0	3.9	5.5	31.3	0.3	0.7	15.1	17.3	22.8	27.2	19.9	1.3	14.8	0.2
	BOSMSA	0.1	4.1	1.3	0.0	0.1	5.7	0.1	2.0	1.3	1.8	3.0	3.9	1.2	1.0	1.2	0.1	0.1
	CT	0.2	4.5	9.1	0.0	0.3	8.4	0.3	0.4	0.7	4.4	13.2	15.7	1.6	1.7	2.3	0.2	0.1
	DC	1.4	0.3	0.3	-1.9	0.3	0.5	3.4	0.0	0.1	1.4	1.7	2.2	2.2	1.7	0.1	0.9	0.0
	DE	1.8	0.9	1.0	0.2	0.8	1.5	1.7	0.1	0.1	5.9	4.6	6.9	6.3	7.5	0.4	1.0	0.0
	MA	0.1	9.2	3.3	0.0	0.2	13.4	0.2	2.3	1.8	3.3	5.5	7.3	2.0	1.7	2.6	0.2	0.2
	MD	22.4	2.7	2.1	1.9	3.3	4.2	20.0	0.2	0.5	11.0	11.9	16.2	20.3	15.2	1.0	6.6	0.2
	ME	0.1	1.6	0.4	0.0	0.0	1.9	0.1	1.8	0.6	0.5	1.1	1.2	0.4	0.2	0.3	0.1	0.1
	NH	0.1	3.6	0.4	0.0	0.0	3.9	0.1	0.9	1.3	0.5	1.0	1.2	0.3	0.2	0.3	0.0	0.1
	NJ	2.6	4.6	7.9	0.2	1.3	7.6	2.7	0.6	0.7	24.6	51.3	67.9	9.0	11.1	1.8	1.4	0.2
	NY	3.5	9.3	17.5	0.3	1.3	16.8	3.3	1.6	2.1	19.7	31.6	32.8	12.9	9.3	3.4	1.9	1.2
	NYMSA	2.4	8.4	18.7	0.2	1.5	14.6	2.7	1.2	1.2	25.3	36.2	52.9	9.5	10.8	3.5	1.6	0.3
	PA	14.0	4.7	6.4	1.1	3.6	7.7	12.6	0.9	1.3	37.7	38.5	56.8	55.0	32.0	1.4	6.2	0.6
	PHILMSA	3.9	2.3	2.6	0.3	1.6	3.5	3.8	0.4	0.4	24.1	17.0	30.3	15.7	19.3	0.8	1.9	0.1
	RI	0.0	2.7	0.5	0.0	0.0	4.1	0.0	0.3	0.2	0.8	1.7	2.2	0.4	0.3	0.0	0.0	0.0
	VA	31.7	3.0	2.7	4.4	2.4	5.1	20.8	0.3	0.5	11.0	13.8	17.1	16.5	10.8	1.3	32.3	0.2
	VT	0.1	1.1	0.3	0.0	0.0	1.5	0.0	0.3	0.6	0.4	1.1	1.0	0.3	0.1	0.2	0.0	0.4

Source	Receptor													PA	PHILMSA	RI	VA	VT	
	BALMSA	BOSMSA	CT	DC	DE	MA	MD	ME	NH	NJ	NY	NYMSA							
LDA	BALMSA	0.2	4.0	0.4	0.0	0.0	3.5	0.1	0.5	3.3	0.2	12.4	14.9	20.5	29.0	15.9	0.4	30.4	0.1
	BOSMSA	2.7	2.3	5.7	0.4	1.2	4.1	3.1	0.4	0.4	2.2	2.4	3.0	1.3	1.1	1.5	0.3	0.1	
	CT	3.7	2.3	5.7	0.4	1.2	4.1	3.1	0.4	0.6	2.0	6.6	7.6	1.4	1.0	1.5	0.4	0.1	
	DC	3.6	6.6	14.2	0.4	0.7	11.1	2.8	1.0	1.4	0.0	1.2	1.6	2.8	1.8	0.0	3.3	0.0	
	DE	4.8	4.8	15.7	0.6	1.1	8.7	3.8	0.8	0.9	105.0	238.0	335.0	0.0	4.5	8.5	0.1	0.7	
	MA	16.1	2.9	5.3	1.6	4.1	4.9	13.6	0.4	0.5	33.5	34.5	47.9	131.0	75.8	1.1	5.9	0.3	
	MD	3.9	1.1	2.2	0.4	6.0	1.8	3.8	0.2	0.2	29.9	14.6	23.8	59.4	76.6	0.4	2.3	0.1	
	ME	0.1	1.7	0.5	0.0	0.0	3.1	0.1	0.2	0.1	0.4	0.6	0.8	0.2	0.1	6.7	0.1	0.0	
	NH	37.7	0.9	1.2	5.3	1.0	1.6	15.4	0.1	0.2	5.8	8.6	10.5	15.3	7.3	0.4	154.9	0.1	
	NJ	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	NY	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	NYMSA	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	PA	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	PHILMSA	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	RI	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	6.7	0.1	0.0	
	VA	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	
	VT	0.1	0.6	0.2	0.0	0.0	0.8	0.0	0.1	0.3	0.2	0.5	0.4	0.1	0.1	0.1	0.0	0.8	

The largest contributor to PM_{2.5} – attributable premature mortalities in NJ, NY, and NYMSA is NYMSA, when considering emissions from LDA

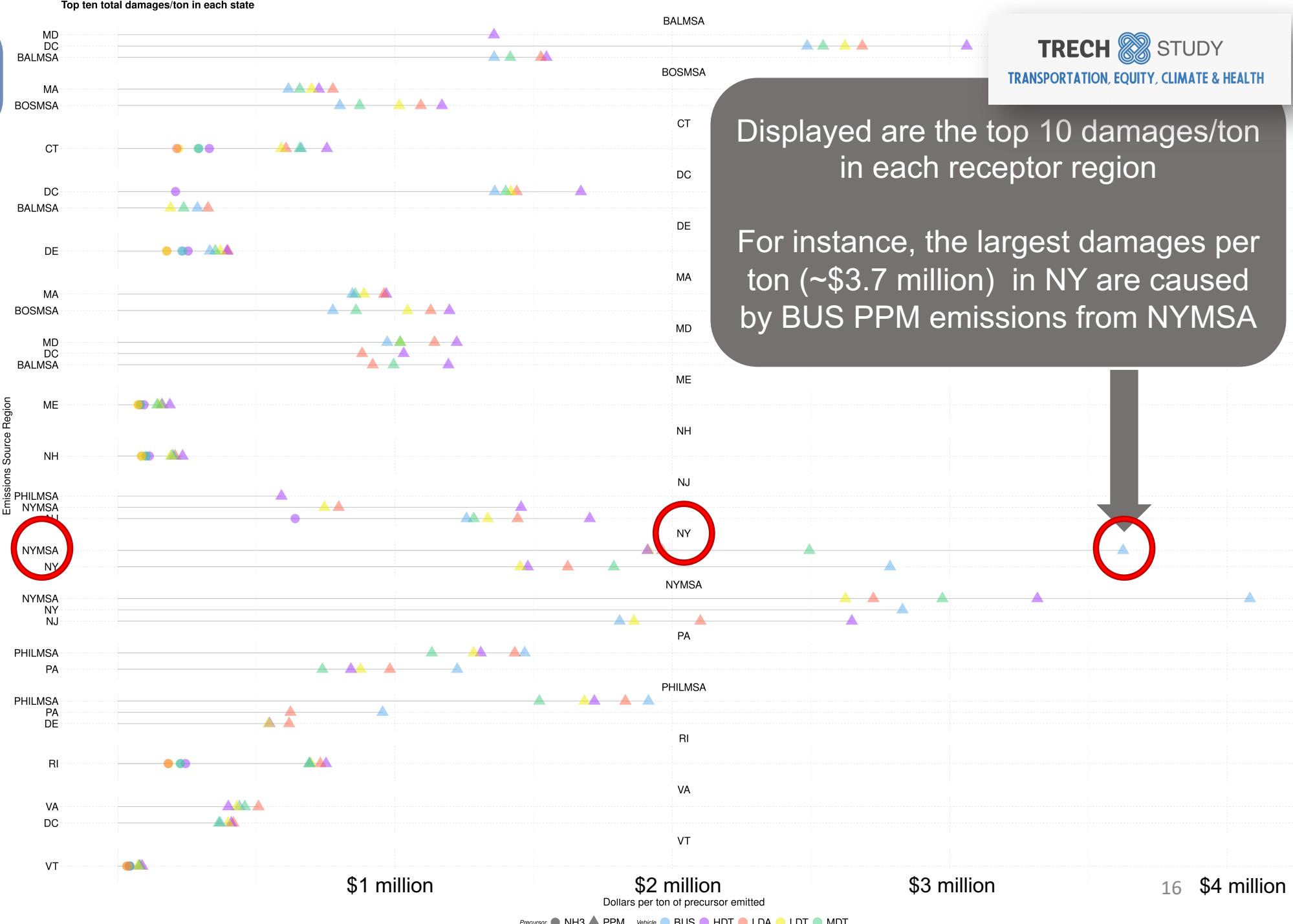
Damages per ton emitted precursor

For each receptor region, we can determine the largest damages/ton emitted from a given source region/vehicle class/precursor

Total damages are the sum of both PM_{2.5} and O₃ mortalities

In each receptor region, only PPM and NH₃ are in the top 10 damages/ton

Depending on the receptor region, top damages/ton sources can come from the region itself or another source region



Summary



For each state in the TCI region we are able to determine the largest source region/vehicle class/precursor contributor to PM_{2.5} and O₃ - attributable premature mortalities in the state on an absolute basis as well as a per ton emitted precursor basis



This information can be used to guide policies specific to reducing on-road vehicles' impact in individual states across the TCI region



Sensitivities allow us to calculate pollution concentration changes across the TCI region and in each individual state due to changes in source region/vehicle class/precursor emissions

TRECH STUDY

TRANSPORTATION, EQUITY, CLIMATE & HEALTH

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