

# PM<sub>2.5</sub>-Attributable Mortality Burden Variability by Exposure Model and Hazard Ratio

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# **Background**

Epidemiologic studies of mortality attributable to long-term PM<sub>2.5</sub> mortality using a variety of exposure estimation approaches consistently show positive, but variable, hazard ratios (HRs). This analysis explores how the estimated number of PM<sub>2.5</sub>-related deaths calculated in a risk assessment can vary according to both the exposure model and HR.

#### **Methods Epidemiologic HRs** Exposure Models Di 2016 ACS CPS-II Krewski 2009 >29 All-Cause Di 2019 Downscaler 2012 >24 All-Cause 1979-2009 2001-2009 eVNA Hu 2017 Non-Accidental 2000-2008 2000-2008 VD 2019 Non-Accidental\* 2000-2008 2000-2008 VNA 2000-2016 2000-2016 2008 0-1 All-Cause CAMx\* 2018 >24 Non-Accidental 2004 1997-2011 CMAQ\* 2019 >17 All-Cause 1.00 1.05 1.10 1.15 1.20 1.25 Hazard Ratio (per 10 μg/m3) uality models that were not

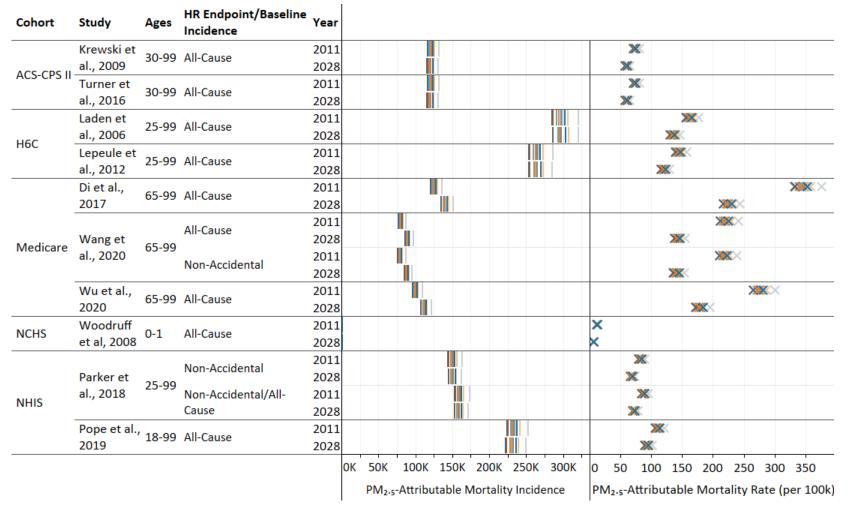
#### **Conclusions**

- Unstratified PM<sub>2.5</sub>-attributable mortality burden <u>incidence</u> estimates vary by up to 4-fold and <u>rate</u> estimates by over 6-fold, with HRs contributing more variability than exposure models.
- Race- and/or ethnicity-stratified mortality burden estimates fall within the range of the reference HRs, although interestingly, incidence estimates in the future year were larger than the respective unstratified mortality burden incidence estimates, likely due to increasing proportions of people/communities of color. In contrast, racial/ethnic-stratified rate estimates were more similar to reference rates in both the past and future years and more clearly reflect the predicted decrease in future PM<sub>2.5</sub> levels.
- Exposure-stratified HRs led to both the largest and smallest mortality burden estimates, with HRs split by thresholds mostly leading to higher estimates and sublinear curve HRs leading to smaller estimates.

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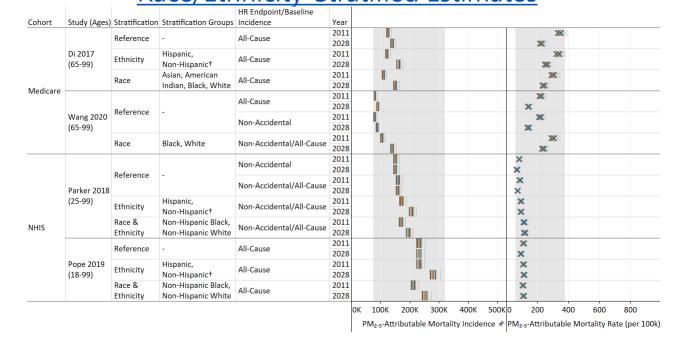
#### Results

#### Unstratified Mortality Burden Incidence and Rate Estimates

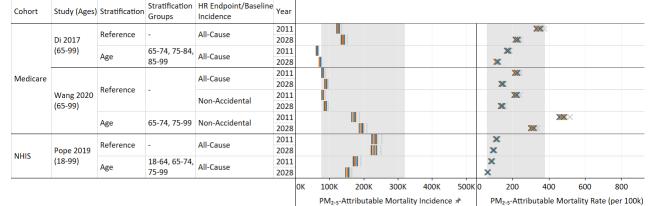


ACS CSP-II: American Cancer Society Cancer Prevention Study II, H6C: Harvard Six Cities study, NHIS: National Health Interview Survey, NCHS: National Center for Health

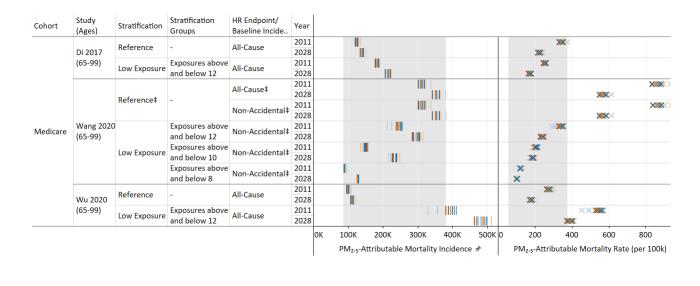
#### Race/Ethnicity-Stratified Estimates



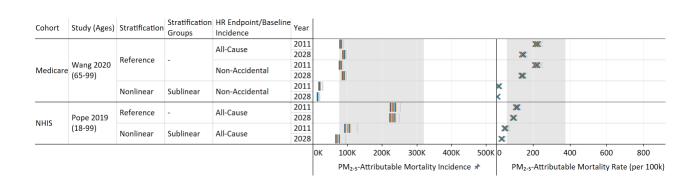
## **Age-Stratified Estimates**



#### **Exposure-Stratified Estimates**



### **Nonlinear Estimates**



Shaded bands show the range of unstratified mortality estimates from the top figure.

† Non-Hispanic-specific HR not provided by study, so the overall HR was applied to the non-Hispanic population.

‡ No SES adjustment.