



Environmental Benefits Mapping and Analysis Program

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Air Benefits and Cost Group

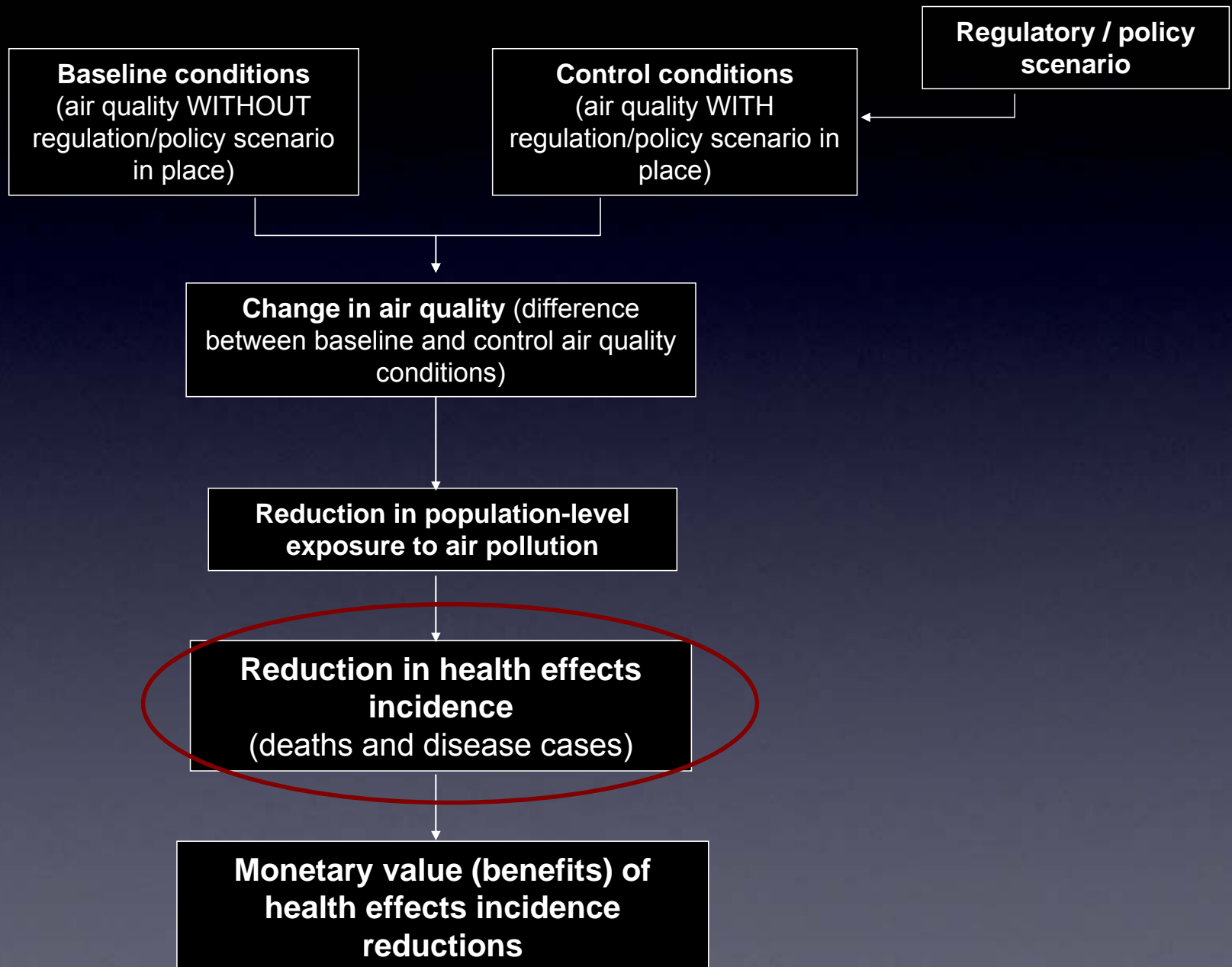
Overview

- What is a human health benefits analysis and what purpose does it serve?
- How can BenMAP help perform a benefits analysis?
- Data inputs to BenMAP
- Demonstration of model interface and outputs
- Analytical transparency in BenMAP
- Use of BenMAP in non-US projects

What is a Human Health Benefits Analysis?

- The process of:
 - estimating of improvements in health outcomes that result from improvements in air quality
 - applying a monetary value to those improvements in health outcomes
- Benefits information can help inform the selection of optimal air regulations

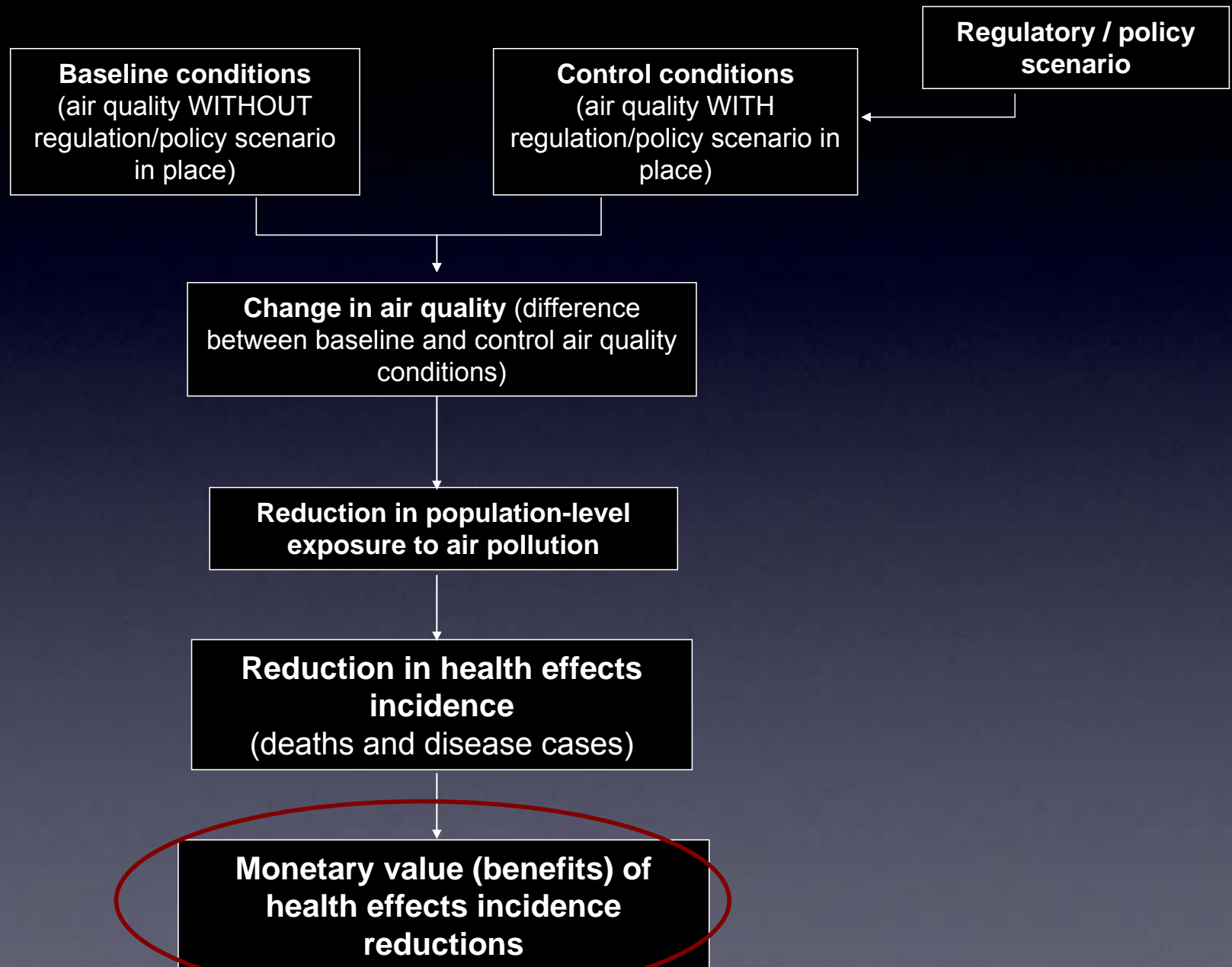
Benefits Analysis



What Health Effects Does EPA Quantify?

	Particulate Matter	Ozone
Current		
Mortality	✓	(✓)
Chronic bronchitis	✓	
Nonfatal heart attacks	✓	
Hospital admissions	✓	✓
Asthma ER visits	✓	✓
Acute respiratory symptoms	✓	✓
Asthma attacks	✓	✓
Work loss days	✓	
Worker productivity		✓
School absence rates		✓

Benefits Analysis



How Do You “Value” Changes in Health Outcomes?

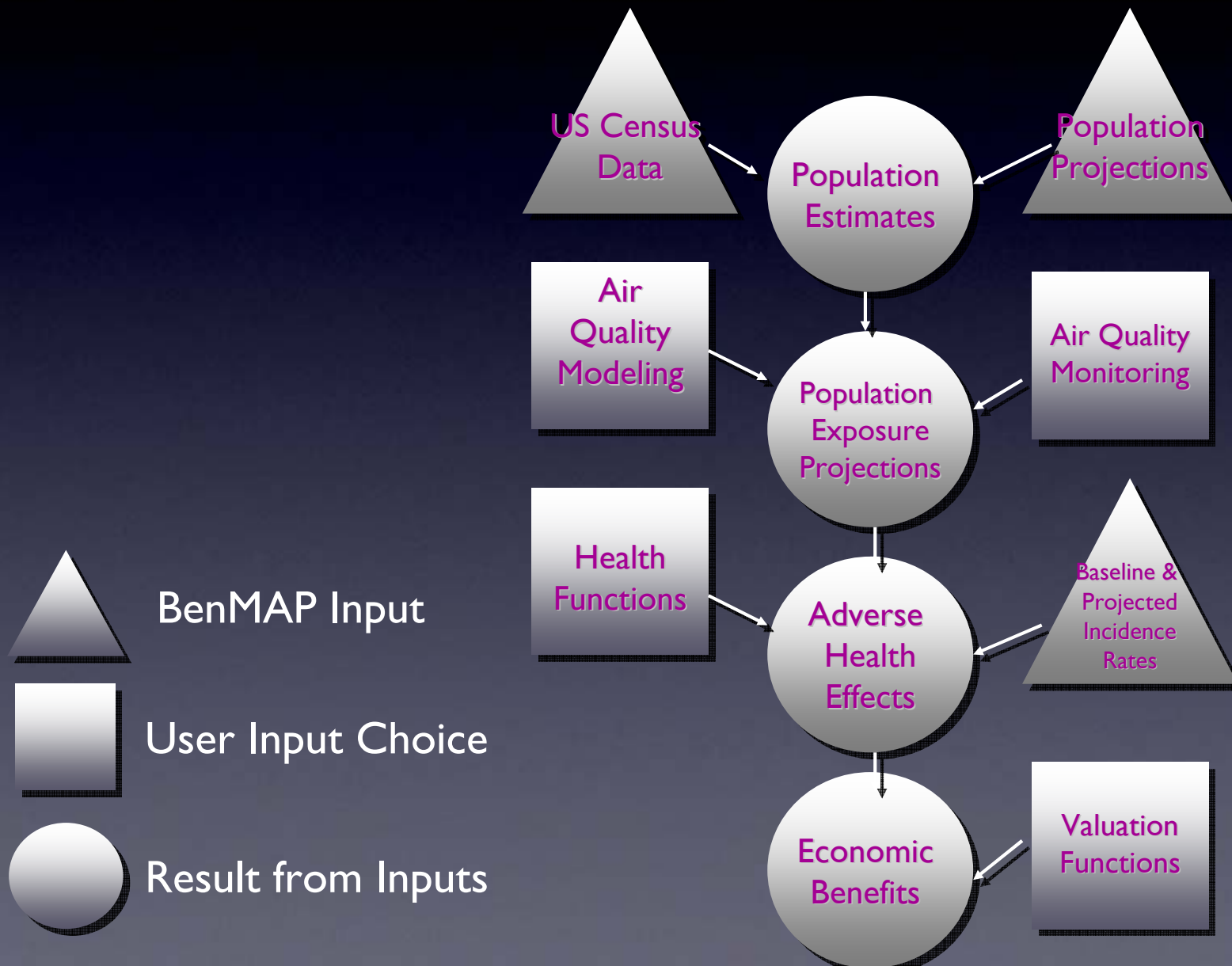
- Cost of Illness (COI)
 - Medical expenses for treatment of illness
 - Captures the money savings to society of reducing a health effect
 - Ignores the value of reduced pain and suffering
- Willingness To Pay (WTP)
 - Lost wages, avoided pain and suffering, loss of satisfaction, loss of leisure time, etc.
 - Measures the complete value of avoiding a health outcome

The BenMAP Model

A geographic information system-based program that:

- creates population level exposure surfaces
- estimates changes in incidence of a variety of health outcomes associated with changes in certain ambient air pollutants
- places a dollar value on changes in incidence of health outcomes

The Data BenMAP Uses to Perform a Benefits Analysis



Key Features of BenMAP

- User-friendly experience
 - Driven by windows-based graphical user interface
 - Results (exposure, incidence, and valuation) available in a variety of formats including ASCII, .dbf, and shape files
- Comprehensiveness
 - Model includes a substantial population, health and air quality databases
 - Model incorporates an integrated GIS mapping, query, and statistics tool
- Flexibility
 - Enables users to perform a standardized or highly customized analysis
 - Users can add their own population, air quality, and health databases

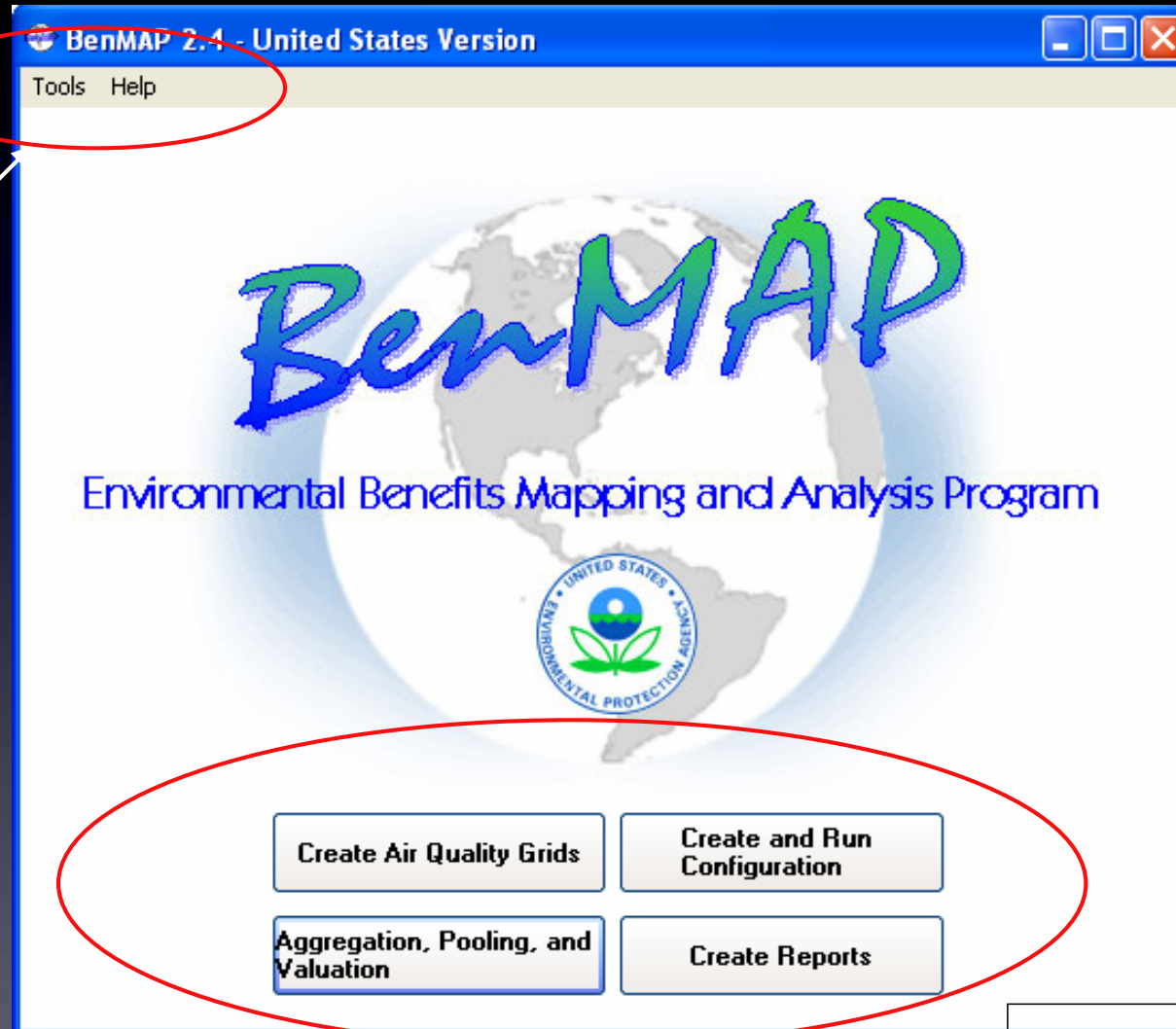
Options for Providing BenMAP with Air Quality Data

- Model accepts user-provided air quality data, both monitored and modeled
- Provides several options for creating population exposure maps:
 - direct use of monitor or model data
 - use of model data with monitor data in a relative sense

Options for Specifying Benefits Analysis

- Preloaded with hundreds of PM and Ozone concentration-response functions from US and Canadian studies
 - Users can easily add more C-R functions with the equation editor
 - Users can add region-specific baseline incidence rates
- Model enables users to pool and aggregate incidence and valuation results
- Model estimates distributions of incidence and valuation results using Monte Carlo methods

The BenMAP Interface



Data Entry
and
Utilities

Program Function
Buttons

Alternative Ways to Analyze Air Quality Data

- Monitor Rollbacks
 - Useful for answering hypothetical questions like: “What if PM2.5 levels were reduced by 20 percent in Mexico City?”
 - Available options include percentage reduction, absolute reduction, and rollback to standard
- Spatial and Temporal Scaling
 - Use a combination of modeling and monitoring data to project future air quality
- Monitor Direct
 - Import monitoring data into BenMAP

Step Two: Estimating Health Impacts

Configuration Settings

Available CR Functions:

Tree			Data										
DataSet	Endpoint Group	Endpoint	Metric	Seasonal Metric	Metric Statistic	Author	Year	Location	Other Pollutants	Qualifier	Reference	Race	Gender
+	EPA PM2.5 C-R												
+	EPA Standard C												
		Mortality											
		+	Mortality, All Cause										
		+	Acute Myocardial In										
			Acute Myocardial Inf										
			D24HourMean		None	Peters et al.	2001	Boston, MA			Peters, A., D.W. Do		
		+	Hospital Admissions										
			HA, Chronic Lung Di										
			HA, Chronic Lung Di										
			D24HourMean		None	Moolgavkar	2003	Los Angeles, CA		Los Angeles County	Moolgavkar, S.H. Ai		
			D24HourMean		None	Ito	2003	Detroit, MI		Detroit, MI	Ito, K. Associations c		
			HA, Pneumonia										
			HA, Asthma										
		+	Chronic Bronchitis										
		+	Acute Bronchitis										
		+	Hospital Admissions										
		+	Emergency Room V										
		+	Acute Respiratory S										
		+	Lower Respiratory S										
		+	Asthma Exacerbatio										
		+	Work Loss Days										
		+	Upper Respiratory S										

Selected CR Functions:

Function Identification												Function Parameters						
DataSet	Endpoint Group	Endpoint	Metric	Seasonal Metric	Metric Statistic	Author	Year	Location	Other Pollutants	Qualifier	Reference	Race	Gender	Start Age	End Age	Incidence DataSet	Prevalence Data...	Variable DataSet
EPA Stand	Mortality	Mortality, All	D24Hour	QuarterlyMean	Mean	Pope et al.	2002	51 cities		Pollution dat	Pope, C.A., 3r			30	99	2010 Mortality Incide		
EPA Stand	Acute Myocardial In	Acute Myoc	D24Hour		None	Peters et al	2001	Boston, MA			Peters, A., D.V			18	24	2000 Incidence and		
EPA Stand	Acute Myocardial In	Acute Myoc	D24Hour		None	Peters et al	2001	Boston, MA			Peters, A., D.V			25	44	2000 Incidence and		
EPA Stand	Acute Myocardial In	Acute Myoc	D24Hour		None	Peters et al	2001	Boston, MA			Peters, A., D.V			45	54	2000 Incidence and		
EPA Stand	Acute Myocardial In	Acute Myoc	D24Hour		None	Peters et al	2001	Boston, MA			Peters, A., D.V			55	64	2000 Incidence and		
EPA Stand	Acute Myocardial In	Acute Myoc	D24Hour		None	Peters et al	2001	Boston, MA			Peters, A., D.V			65	99	2000 Incidence and		

Cancel Previous Run

Step Three: Pooling, Aggregating, and Valuing Health Impacts

Select Valuation Methods, Pooling, and Aggregation

Variable DataSet: EPA Standard Variables

Valuation Methods

- EPA Standard Valuation Functions
 - Acute Bronchitis
 - Acute Myocardial Infarction
 - Acute Respiratory Symptoms
 - Asthma Exacerbation
 - Chronic Bronchitis
 - Work Loss Days
 - Hospital Admissions, Respiratory
 - Emergency Room Visits, Respiratory
 - Hospital Admissions, Cardiovascular
 - Lower Respiratory Symptoms
 - Mortality
 - Upper Respiratory Symptoms

Pooling Window Name: Basic Functions Basic Functions

Endpoint Group	Endpoint	Author	Qualifier	Location	Start Age	Valuation Method	Pooling Method
Mortality	Mortality, All Cause						None
		Laden et al.			0		
						VSL, based on rang	
		Pope et al.			0		
						VSL, based on rang	
		Woodruff et al			0		
						VSL, based on rang	

Pooling Window Name: Cardio HA over 65 Cardio HA over 65

Endpoint Group	Valuation Method	Pooling Method
Hospital Admissions,		
	COI: med costs + w;	

Pooling Window Name: Resp HA over 65 Resp HA over 65

Endpoint Group	Valuation Method	Pooling Method
Hospital Admissions,		
	COI: med costs + w;	

Advanced Cancel Previous Next

Step Four: Reporting Results

ConfigurationResultsGridReportForm

Column Selection

Grid Fields: Column Row

C-R Function Fields: Endpoint Group Averaging Time Version Endpoint Beta Database Pollutant DistBeta CompiledFunction Author P1Beta Incidence Year P2Beta Incidence2 Prevalence Qualifier A NameA Location B NameB LowAge C NameC HighAge Race Gender Other Pollutants Function

Result Fields: Point Estimate Population Delta Mean Standard Deviation Variance Latin Hypercube Points

Grouping Options: Group by Gridcell, then by C-R function. Group by C-R function, then by Gridcell.

Display Options: Digits After Decimal Point: 0 Elements in Preview: 25

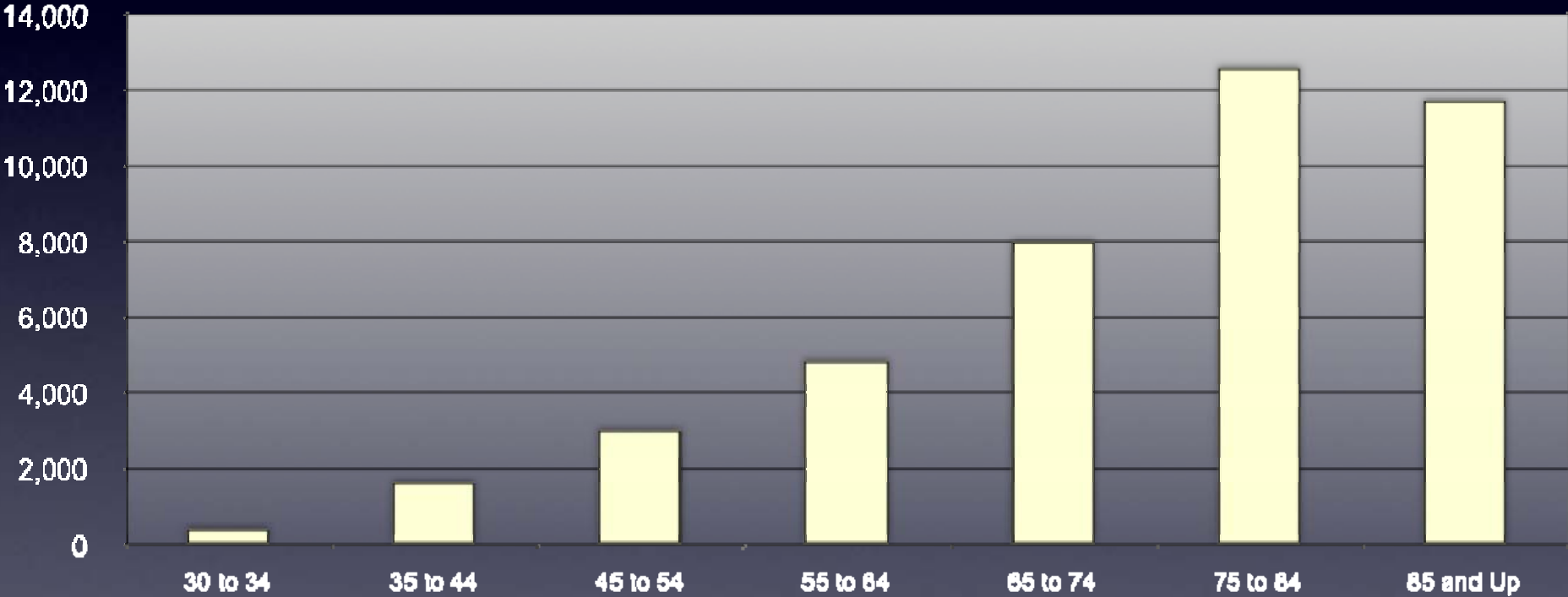
Preview

Column	Row	Endpoint Group	Qualifier	Point Estimate	Population	Delta	Mean	Stanc
1	1	Acute Bronchitis	8-12	50	3690	15	47	27
1	1	Acute Myocardial Infarction	18-24	0	3649	15	0	0
1	1	Acute Myocardial Infarction	25-34	0	5740	15	0	0
1	1	Acute Myocardial Infarction	35-44	2	7669	15	2	1
1	1	Acute Myocardial Infarction	45-54	5	5635	15	5	2
1	1	Acute Myocardial Infarction	55-64	6	4191	15	6	2
1	1	Acute Myocardial Infarction	65-74	6	2681	15	6	2
1	1	Acute Myocardial Infarction	75-84	6	1342	15	6	2
1	1	Acute Myocardial Infarction	85+	2	428	15	2	1
1	1	Chronic Bronchitis	27-44	8	12324	15	8	4
1	1	Chronic Bronchitis	45-64	6	9826	15	6	3
1	1	Chronic Bronchitis	65+	3	4451	15	3	1
1	1	Emergency Room Visits, Respiratory		38	12336	15	38	10
1	1	Hospital Admissions, Cardiovascular	25-34; CO; no ICD410	0	5740	15	0	0
1	1	Hospital Admissions, Cardiovascular	35-44; CO; no ICD410	1	7669	15	1	0
1	1	Hospital Admissions, Cardiovascular	45-54; CO; no ICD410	2	5635	15	2	1
1	1	Hospital Admissions, Cardiovascular	55-64; CO; no ICD410	2	4191	15	2	1
1	1	Hospital Admissions, Cardiovascular	65-74; CO; no ICD410	2	2681	15	2	1

Cancel OK

Examples of Graphs Produced Using BenMAP Outputs (I) Age Group Impacts

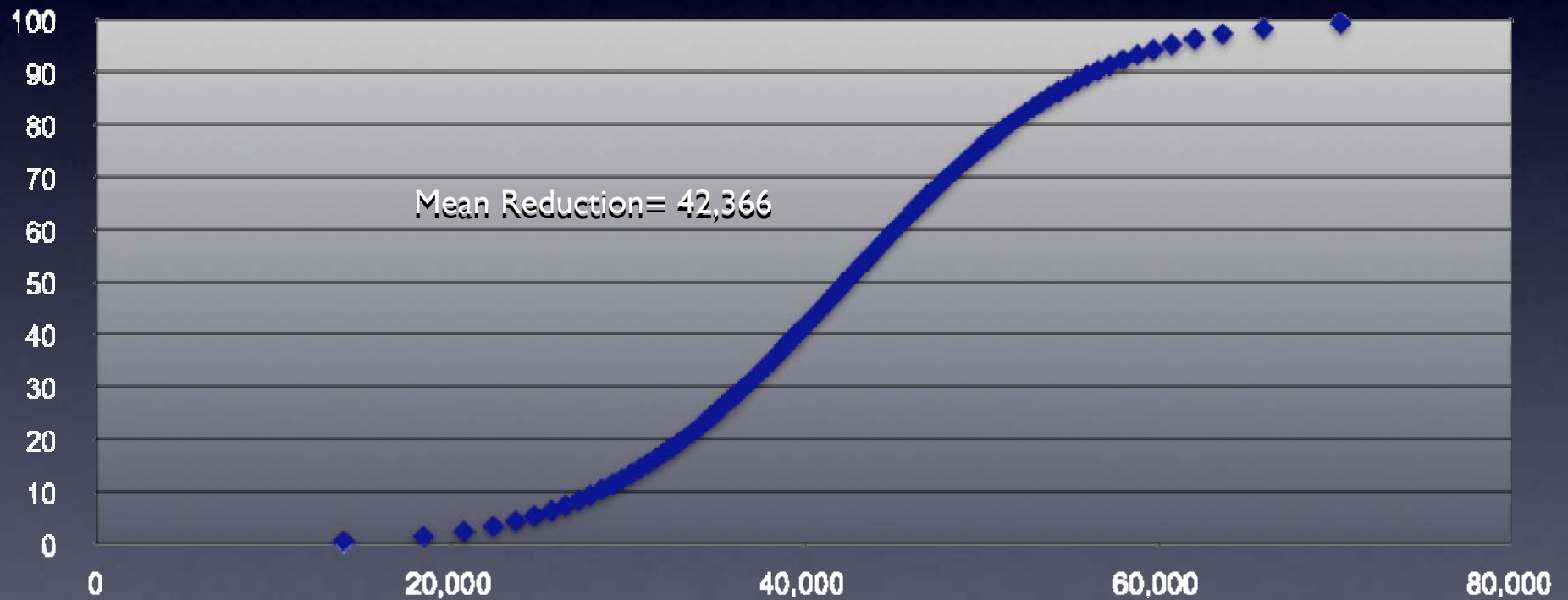
Mortality Impacts by Age Group



Examples of Graphs Produced Using BenMAP Outputs

(2) Distributions of Incidence

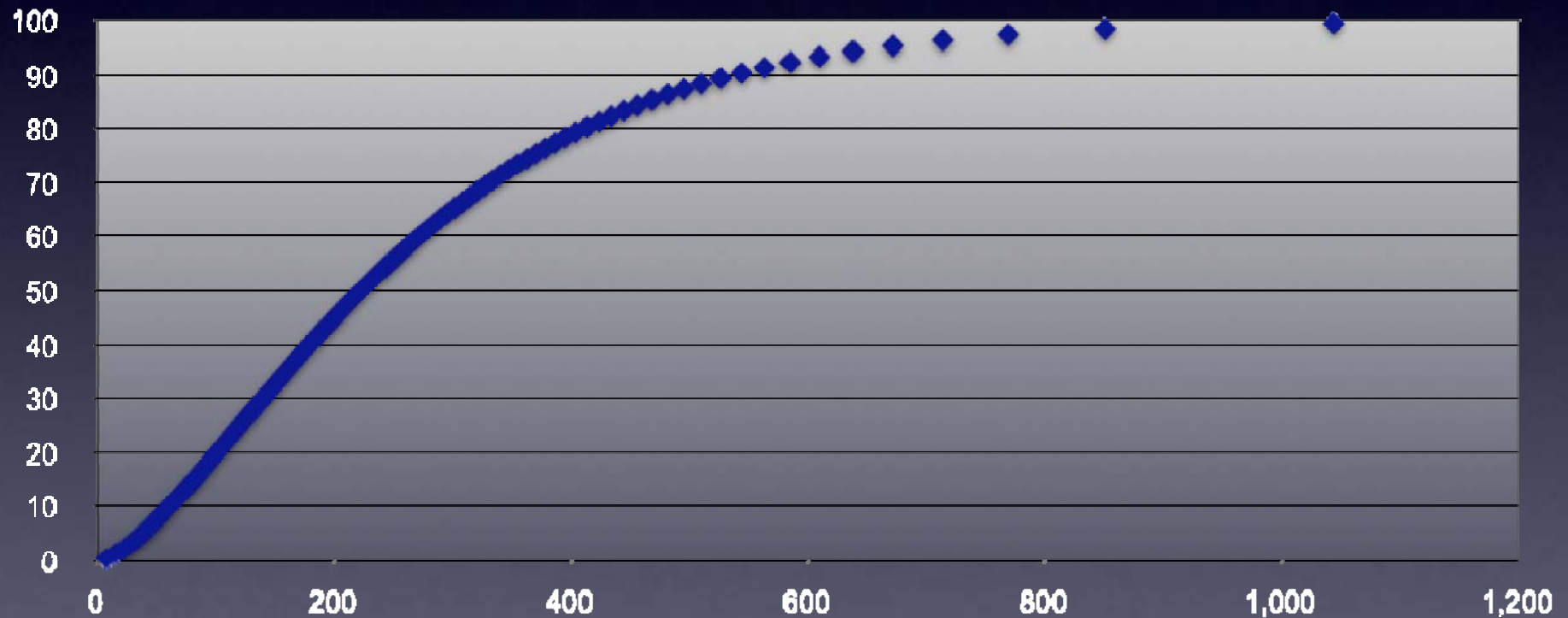
Cumulative Distribution of Total Change in Mortality from a 30% Reduction in PM_{2.5} Levels



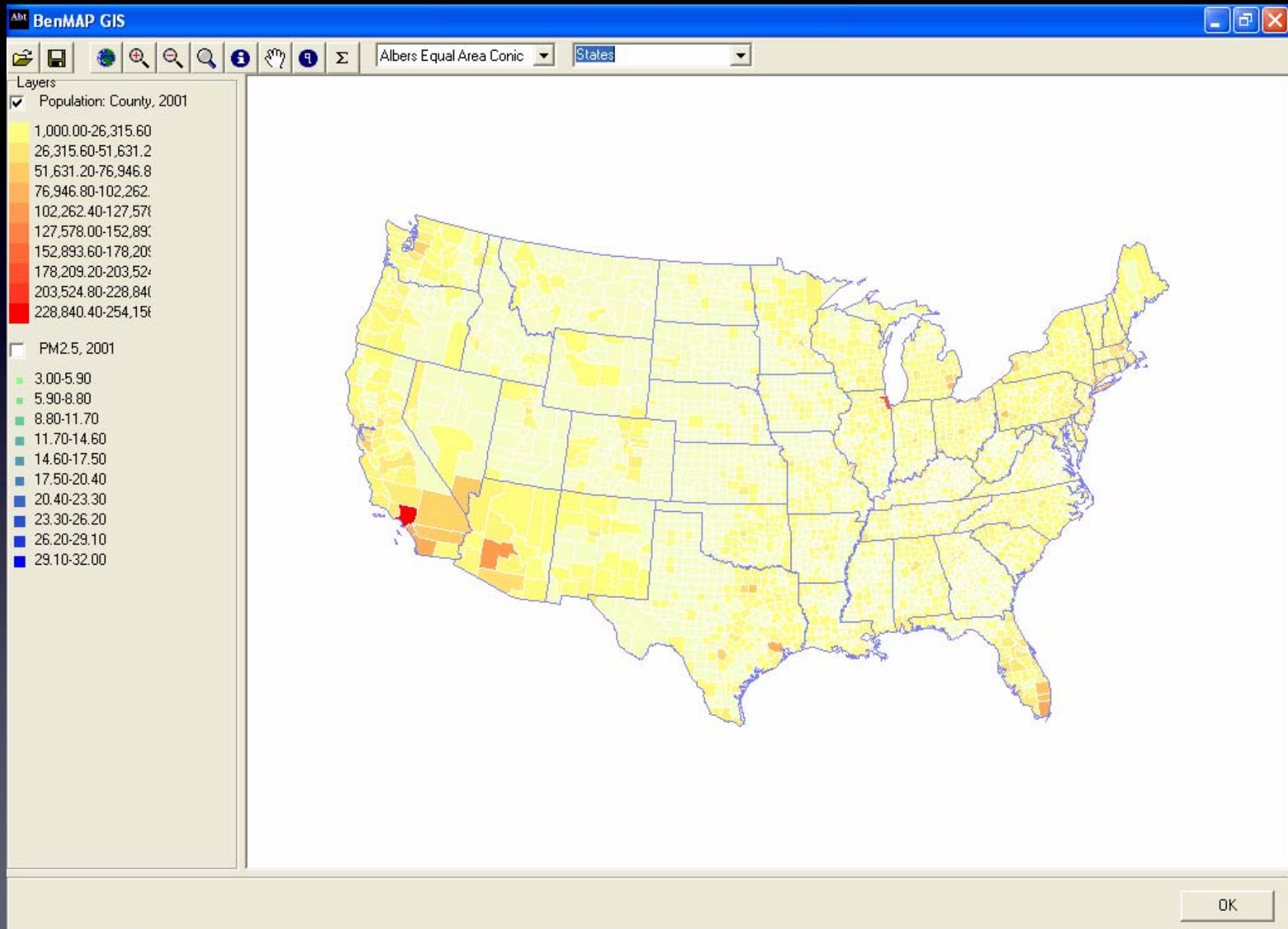
Examples of Graphs Produced Using BenMAP Outputs

(3) Distributions of Monetized Benefits

Cumulative Distribution of Value of Reductions in Premature Mortality from a 30% Reduction in PM2.5 Levels



Map underlying population, air quality, and incidence rates



Analytical Transparency and Reproducibility

- BenMAP designed for public use and public scrutiny
- Published a detailed User's Guide with extensive appendices documenting model algorithms and data sources
- With each run, the user can generate an “audit trail” listing details of the run for QA and comparison with other analyses
- Consistent with Data Quality Guidelines, this “audit trail” can and should be shared with reviewers

ABT Audit Trail Report



[-] Aggregation, Pooling, and Valuation Configuration Result: C:\Program Files\Abt Associates Inc\Configuration Results\presentation pooling example.apvr

[-] Configuration Results: C:\Program Files\Abt Associates Inc\Configuration Results\presentation pooling example.cfgr

- Baseline Air Quality Grid: C:\Program Files\Abt Associates Inc\Air Quality Grids\Presenation rollback base.aqq
- Control Air Quality Grid: C:\Program Files\Abt Associates Inc\Air Quality Grids\Presenation rollback control.aqq
 - Latin Hypercube Points: 10
 - Pollutant: PM2.5
 - Year: 2000
 - Threshold: 0.000000

[-] Selected Studies

- Moolgavkar, 2000 | 65-74; CO; no ICD410
- Moolgavkar, 2000 | 75-84; CO; no ICD410
- Moolgavkar, 2000 | 85+; CO; no ICD410
- Lippmann et al., 2000 | 65-74; O3
- Lippmann et al., 2000 | 75-84; O3
- Lippmann et al., 2000 | 85+; O3
- Lippmann et al., 2000 | 65-74; O3
- Lippmann et al., 2000 | 75-84; O3
- Lippmann et al., 2000 | 85+; O3
- Lippmann et al., 2000 | 65-74; O3; no ICD410
- Lippmann et al., 2000 | 75-84; O3; no ICD410
- Lippmann et al., 2000 | 85+; O3; no ICD410

[-] Advanced

- Incidence Aggregation Level: State
- Valuation Aggregation Level: None
- Default Advanced Pooling Method: Round Weights to Two Digits
- Default Monte Carlo Iterations: 5000
- Random Seed: 378245560
- Dollar Year: 2000

[-] Incidence Pooling Trees

[-] Pooling Tree 1

- Hospital Admissions, Cardiovascular [Pooling Method: Random / Fixed Effects] [Advanced Pooling Method: Round Weights to Two Digits]
 - [Weight: 0.76, Mean: 3,067.60, StdDev: 3,196.05] Moolgavkar, HA, All Cardiovascular, 2000, Los Angeles, CA [Pooling Method: Sum (Dependent)]
 - 65, 74, 65-74; CO; no ICD410, All, All, CO, TwentyFourHourDailyAverage, $(\exp(\text{Beta} \cdot \text{DELTAQ}) - 1) \cdot (\text{Incidence} - \text{Incidence2}) \cdot \text{POP}$, 1
 - 75, 84, 75-84; CO; no ICD410, All, All, CO, TwentyFourHourDailyAverage, $(\exp(\text{Beta} \cdot \text{DELTAQ}) - 1) \cdot (\text{Incidence} - \text{Incidence2}) \cdot \text{POP}$, 1
 - 85, Max, 85+; CO; no ICD410, All, All, CO, TwentyFourHourDailyAverage, $(\exp(\text{Beta} \cdot \text{DELTAQ}) - 1) \cdot (\text{Incidence} - \text{Incidence2}) \cdot \text{POP}$, 1
 - [Weight: 0.24, Mean: 9,084.97, StdDev: 5,747.26] Lippmann et al. [Pooling Method: Sum (Dependent)]
 - HA, Congestive Heart Failure, 2000, Detroit, MI [Pooling Method: Sum (Dependent)]
 - HA, Dysrhythmia, 2000, Detroit, MI [Pooling Method: Sum (Dependent)]
 - HA, Ischemic Heart Disease, 2000, Detroit, MI [Pooling Method: Sum (Dependent)]

Valuation Pooling Trees

Export OK

Example International BenMAP Projects

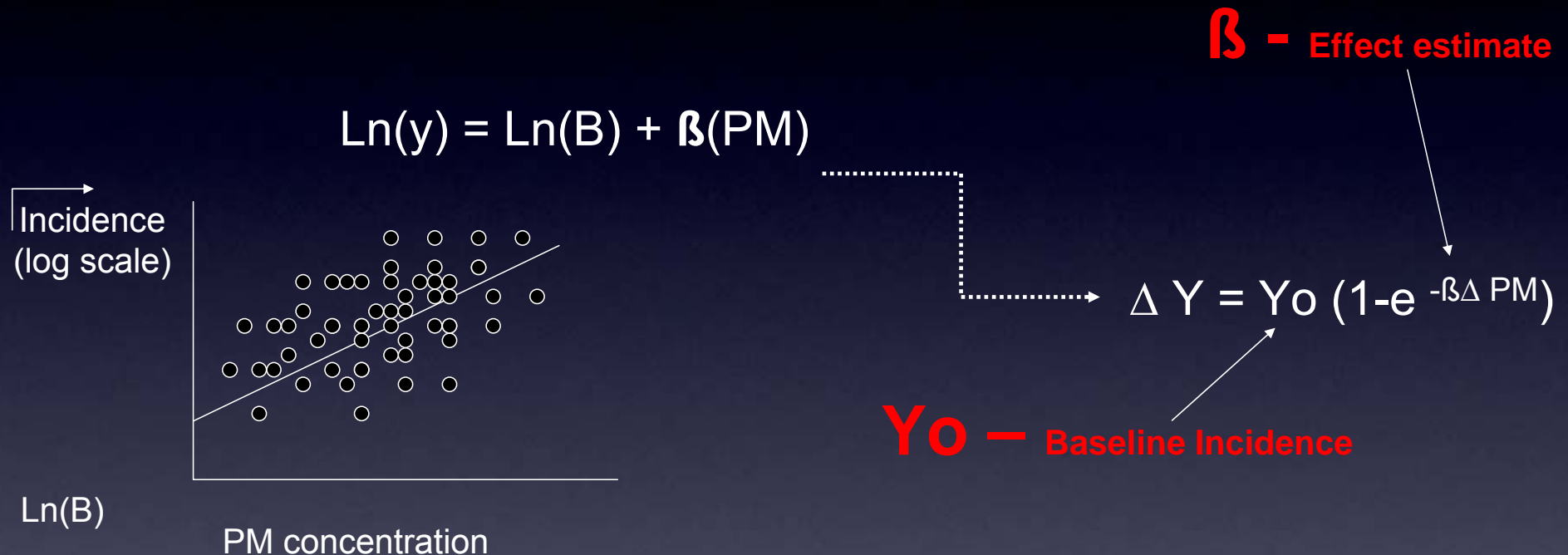
- South Korea: Health benefits of Seoul air quality management plan
- Latin America: Benefits of air quality improvements in Mexico City, São Paulo, Santiago
- India: Benefits analyses in Mumbai and Pune of alternate air quality policies

Using BenMAP International

- Program components users must modify:
 - Baseline and projected population data
 - Monitoring data (if applicable)
 - Valuation function library
- BenMAP components users should consider modifying:
 - Concentration-response function library
 - Baseline and projected incidence rates
 - Income growth adjustment functions

Appendix

Derivation of Effects Estimates



Epidemiology studies – derivation of concentration-response functions (beta values)

Valuation Procedures (I)



- WTP reflects individuals' preferences
- Market goods - e.g., buying a new automobile
- Non-market goods - e.g., health-related improvements in environmental quality
- WTP for a non-market good difficult to estimate
 - Decrease the risk of a day of coughing
 - Decrease the risk of admission to the hospital for respiratory illness
- Benefits analysis estimates the value of a *statistical* health problem avoided
- Reduction in air pollutant concentrations results in a reduction in mortality risk

Valuation Procedures (II)

- EXAMPLE: Value of a *statistical* life saved
 - 1 $\mu\text{g}/\text{m}^3$ reduction in pollutant concentration produces decrease in mortality risk of 1/10,000
 - For every 10,000 individuals, one individual would be expected to die in the absence of the reduction in PM concentrations
 - WTP for this 1/10,000 decrease in mortality risk is \$500
 - Value of a *statistical* life is $10,000 \times \$500 = \5 million
- International benefits transfer between countries