Data and Surveillance:

How can we measure and monitor climate-related health effects?



Maine Center for Disease Control and Prevention An Office of the Department of Health and Human Services

John E. Baldacci, Governor

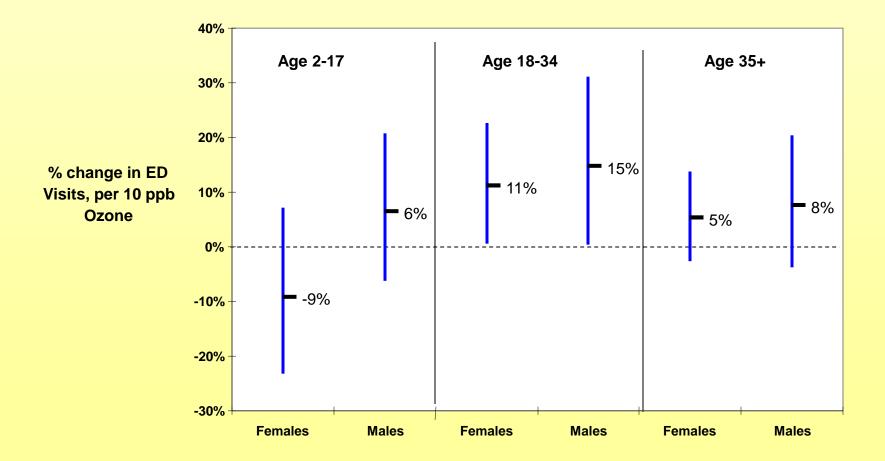
Brenda M. Harvey, Commissioner

Andrew Smith, SM, ScD State Toxicologist, Maine CDC

Rebecca Lincoln Toxicologist, Maine CDC

Why surveillance matters

Maine Asthma ED visits 2001: daily percent change associated with ozone by age and sex groups, adjusted model



Surveillance Needs Nationally Consistent Indicators

Review

Environmental Health Indicators of Climate Change for the United States: Findings from the State Environmental Health Indicator Collaborative

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OBJECTIVE: To develop public health adaptation strategies and to project the impacts of climate change on human health, indicators of vulnerability and preparedness along with accurate surveillance data on climate-sensitive health outcomes are needed. We researched and developed environmental health indicators for inputs into human health vulnerability assessments for climate change and to propose public health preventative actions.

DATA SOURCES: We conducted a review of the scientific literature to identify outcomes and actions that were related to climate change. Data sources included governmental and nongovernmental agencies and the published literature.

DATA EXTRACTION: Sources were identified and assessed for completeness, usability, and accuracy. Priority was then given to identifying longitudinal data sets that were applicable at the state and community level.

DATA SYNTHESIS: We present a list of surveillance indicators for practitioners and policy makers that include climate-sensitive health outcomes and environmental and vulnerability indicators, as well as mitigation, adaptation, and policy indicators of climate change.

CONCLUSIONS: A review of environmental health indicators for climate change shows that data exist for many of these measures, but more evaluation of their sensitivity and usefulness is needed. Further attention is necessary to increase data quality and availability and to develop new surveillance databases, especially for climate-sensitive morbidity.

KEY WORDS: adaptation, air quality, climate change, environmental health, heat, indicators, vulnerability. Environ Health Perspect 117:1673–1681 (2009). doi:10.1289/ehp.0900708 available via http://dx.doi.org/ [Online 18 May 2009] established the State Environmental Health Indicators Collaborative (SEHIC) in 2004. SEHIC comprises a group of state-level environmental health practitioners interested in developing environmental public health indicators for use within environmental health surveillance and practice. The SEHIC first focused on developing indicators for air quality, asthma, and drinking water. Last year, it established a workgroup on climate change. This article presents the initial findings of that workgroup.

Materials and Methods

Indicators are quantitative summary measures that can be used to track changes in conditions by person, place, and time. The purpose of environmental health indicators as established by the SEHIC is to describe elements of environmental sources, hazards, exposures, health effects, and intervention and prevention activities. Indicators can be used to assess

CSTE SEHIC Proposed indicators

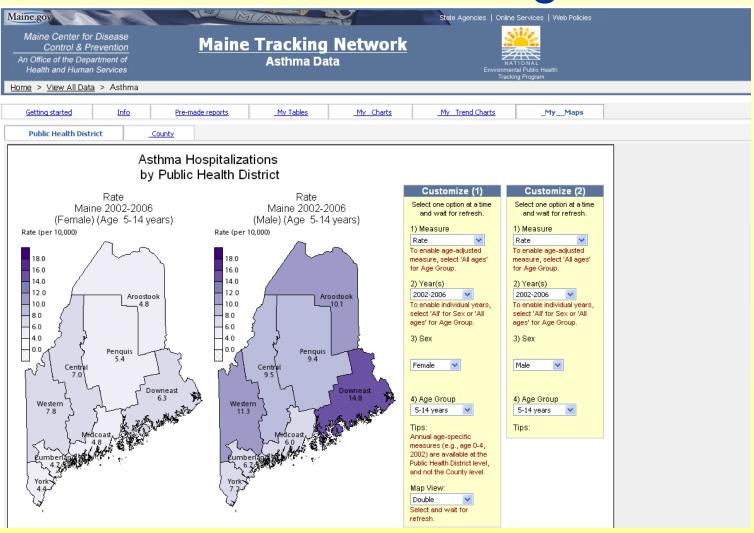
- Environmental indicators
 - Greenhouse gases, temperature, etc.
- Morbidity/mortality indicators
 - Morbidity/mortality from heat, extreme weather, etc.
- Vulnerability indicators
 - Poverty, elderly living alone, vulnerability to sea level rise, etc.
- Mitigation indicators
 - Energy efficiencies, no. of vehicle miles traveled, etc.
- Adaptation indicators
 - Access to cooling centers, no. of heat wave warning systems, etc.
- Policy indicators
 - No. of states/cities participating in climate change initiatives, etc.



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Welcome: GUEST [Sign In]	Environmental Exposures	Health Effects	Information By Location	Tracking Toolbox		
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Welcome Data and information for this site are still being added. We welcome your comments and feedback. Contact Us Maine Environmental Public Health Tracking Program 11 State House Station Augusta, ME 04333 E-Mail Us METracking@maine.gov This effort has been supported by funding from the U.S. Centers for Disease Control and Prevention, Environmental Public Health Tracking Program.	The goal of the Maine and health effects easi These data can be use efforts, and evaluate t What you can do View pre-made da Make your own cu Compare health a	Tracking Network is er to find and use. d to help understam he success of these here ata reports for selec ustomized data repo	ted environmental hazar rts as tables, charts or i ita by public health distr	by making data on env lations, target public he ds and health effects maps	vironmental hazards	 Select a topic area from the top navigation bar. Select a content area from the drop-down menu. You will be directed to a 'Quick Facts' page with more information, links, and resources. Select 'View Data' to see pre-made reports or create your own customized data reports. Let curiosity be your guide. Repeat visitors may want to use the 'View All Maine Data' link under the Tracking Toolbox to access data.
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https://tracking.publichealth.maine.gov





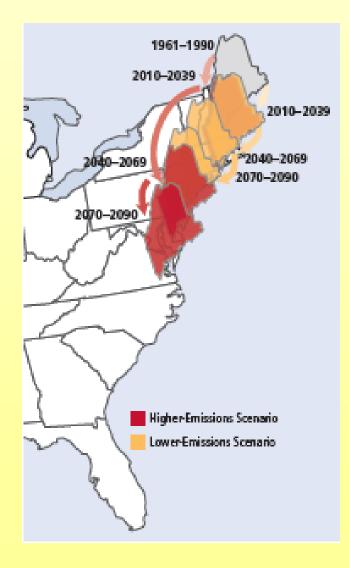
Surveillance of Heat Related Mortality

Why start with heat waves?

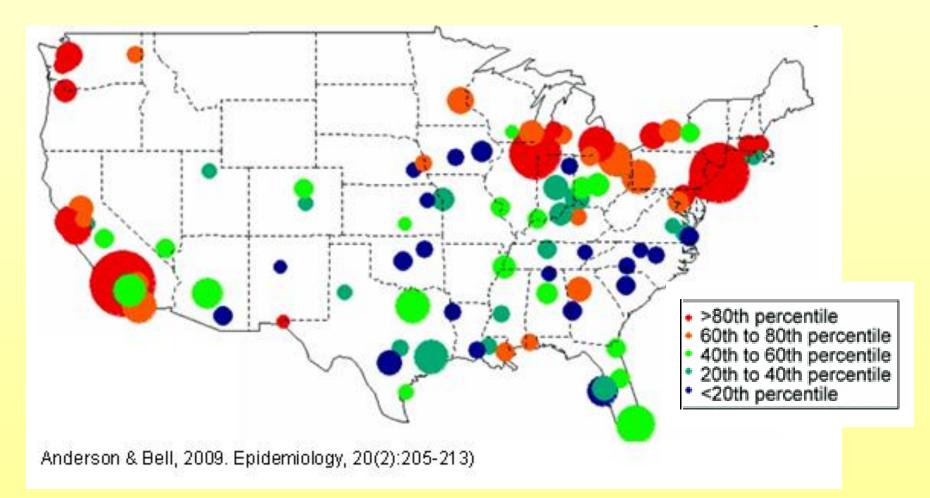
- More deaths from heat wave than all other weather events combined (CDC)
- Predicted to increase
- Currently ~700 U.S. heatrelated deaths per year...
- If greenhouse gas emissions remain steady, estimated heatrelated deaths in 2050 between 3,000 and 5,000 (CDC)



Heat waves in Maine??



Cooler climates are more vulnerable



Vulnerable Populations

Vulnerable to heat waves:

- Elderly living alone
- Those with chronic diseases
- Rural?





Maine is:

- 3rd nationwide for % of elderly residents living alone
- 5th nationwide for % of adults with asthma
- 2nd nationwide for % of population living outside urban areas

Example: Chicago heat wave of 1995

July 12-16, 1995

- Daily Max T: 93-106 F
- Record humidity
- Nightly Min T: high 70s/low 80s
- ~700 excess deaths
 - 85% increase over the same time period in 1994



Characteristics of Heat-Related Mortality

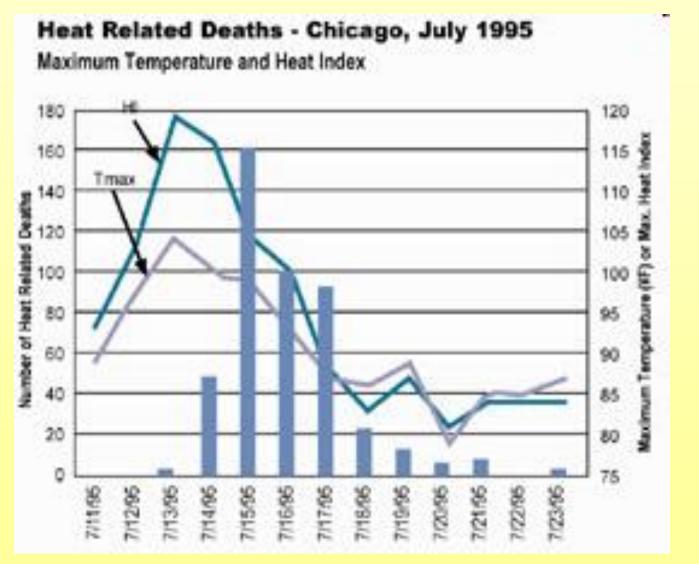


Figure: US Global Change Research Program

How to measure mortality?

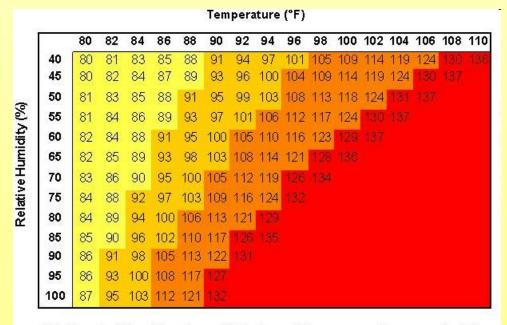
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Problem: How to determine whether a death is heat-related?

→ One solution: Count all-cause mortality during heat wave and compare to non-heat wave periods

How to measure heat waves?

- Problem: There is <u>no consistent</u>, <u>universal definition</u>
 - Best working definition is a 'prolonged period of excessively hot weather' – but workgroup is still determining what this means
- Problem: Many different ways to measure *heat*



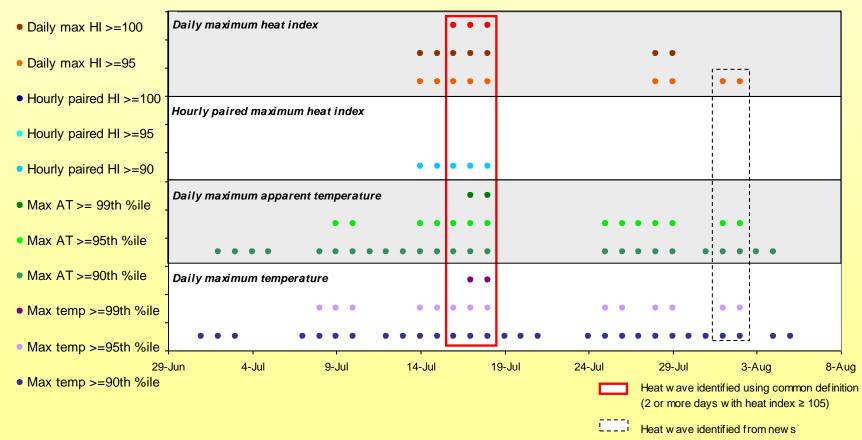
Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

– Caution 🛛 📒 Extreme Caution 🛛 📕 Danger 🛛 📕 Extreme Danger

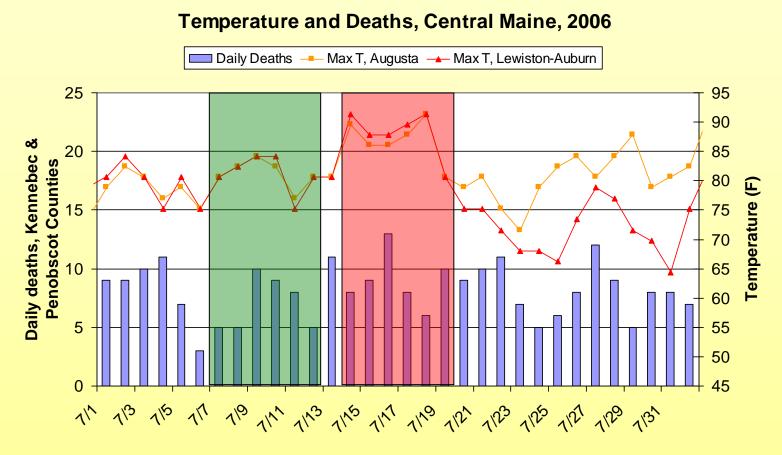
Heat Wave in Maine?

Heat Waves - Augusta, ME - 2006

• Daily max HI >=105

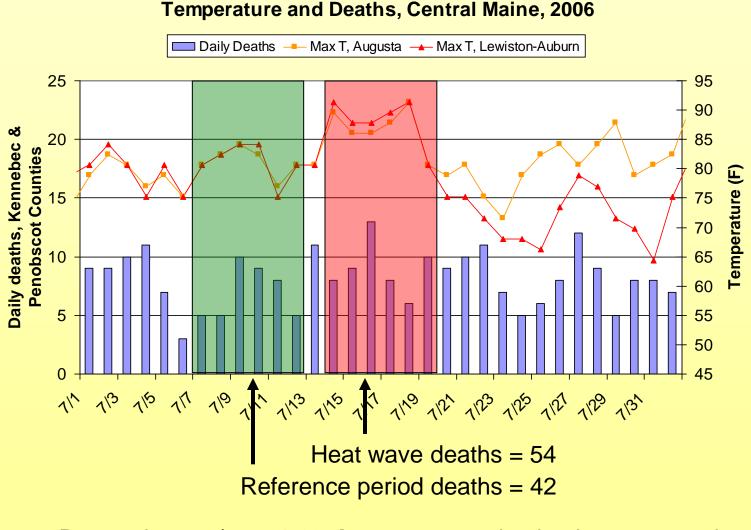


Mortality rate ratio example



- 1. Define a 'heat wave' period
- 2. Define a 'reference' period
- 3. Calculate the ratio of deaths in the heat wave period to deaths in the reference period

Mortality rate ratio example

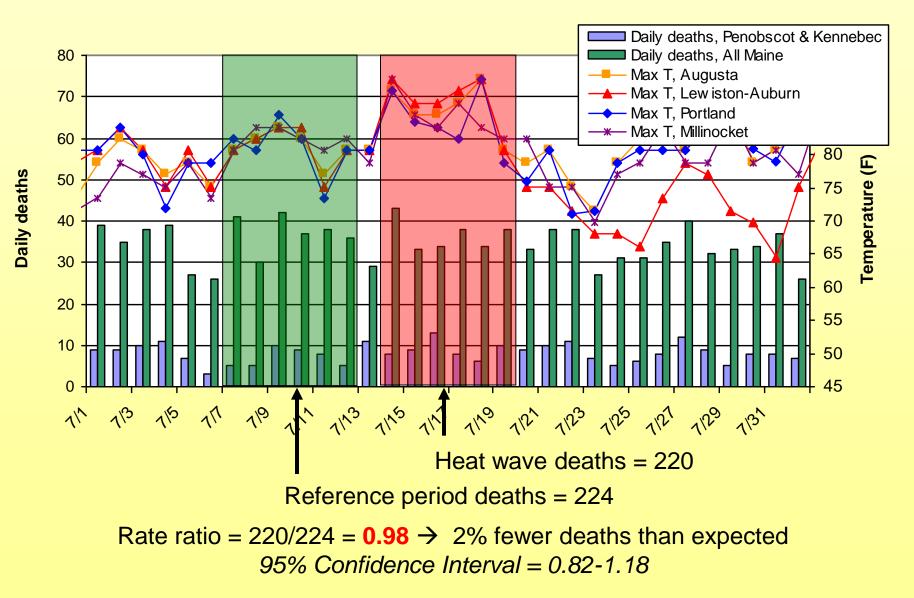


Rate ratio = 54/42 = 1.29 → 29% more deaths than expected 95% Confidence Interval = 0.86-1.93

What comes next



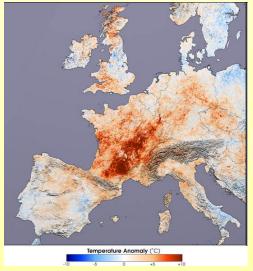
Mortality rate ratio example: All ME



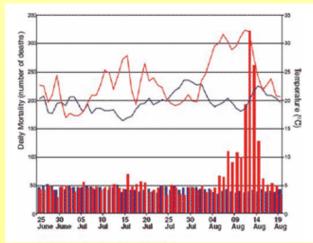
European heat wave of 2003

Late July-August, 2003

- Daily maximum temperatures 10
 C (18 F) higher than average
- Nightly minimum temperatures also elevated
- Between 35,000 and 55,000 excess deaths (~15,000 in France alone).

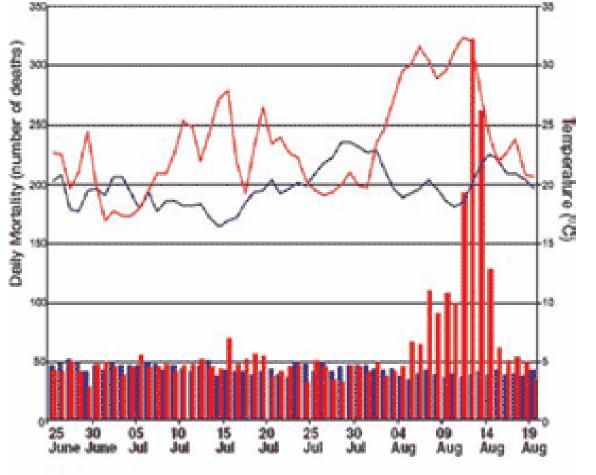


Temperature anomalies in southern Europe, 2003. Image: NASA



Daily temperature and deaths, France, 2003. Figure: Kalkstein et al., 2008. B Am Meteorol Soc, 89(1):75-85

European heat wave of 2003



Daily temperature and deaths, France, 2003. Figure: Kalkstein et al., 2008. B Am Meteorol Soc, 89(1):75-85

Heat Waves in Maine?

- Cooler temperatures
- Smaller, more dispersed population

