

Health and air pollution in New Zealand 2016 (HAPINZ 3.0)

He rangi hauora he iwi ora



Health effects model – Users' guide

Prepared for

Ministry for the Environment
Ministry of Health
Te Manatū Waka Ministry of Transport
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Introduction

This guide is intended for anyone wishing to apply the HAPINZ 3.0 model and covers:

- The functions available in the model
- How to change inputs for sensitivity testing or scenario modelling
- How to update the model with air quality or population data.

1 Input sheet

The *Input* sheet provides a list of all primary health outcomes (due to PM_{2.5} and NO₂) and secondary health outcomes (due to PM₁₀) assessed in the HAPINZ 3.0 Model. Default relative risk factors and costs for each health outcome are provided in columns labelled “*Default*” and cannot be changed. However, the *Input* sheet also enables users to define their own relative risk factors or costs, which can be done in the columns labelled “*User defined*”.

Note: The column labelled “*Range*” indicates the 95% confidence intervals or low/high estimates for each parameter recommended for sensitivity testing but users can enter any value if they wish.

Default values for 2016 cannot be changed

Users can specify their own inputs with the recommended range listed

	Run Base			Run Scenario			Clear Inputs		
Primary Health Outcomes	Relative risk			Cost (as at June 2019)					
	Default	User defined	Range	Default	User defined	Range			
PM2.5									
Mortality									
Premature mortality for all adults (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			
* Premature mortality for Māori (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			
* Premature mortality for Pacific adults (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			
or									
Years of life lost (YLL) for all adults (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$263,843		\$/years of life lost \$62,387 - \$505,509			
* Years of life lost (YLL) for Māori (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$263,843		\$/years of life lost \$62,387 - \$505,509			
* Years of life lost (YLL) for Pacific (30+ years) due to annual PM2.5 exposure	1.105		per 10 µg/m³ 1.065 - 1.145	\$263,843		\$/years of life lost \$62,387 - \$505,509			
Morbidity									
Cardiovascular hospitalisations for all ages due to annual PM2.5 exposure	1.115		per 10 µg/m³ 1.094 - 1.146	\$35,666		\$/admission \$10,809 - \$479,294			
Respiratory hospitalisations for all ages due to annual PM2.5 exposure	1.070		per 10 µg/m³ 1.023 - 1.122	\$35,748		\$/admission \$5,499 - \$462,770			
Restricted activity days for all ages due to annual PM2.5 exposure	0.9		per 10 µg/m³ 0.5 - 1.2	\$89		\$/RAD \$49 - \$155			
NO2									
Mortality									
Premature mortality for adults (30+ years) due to annual NO2 exposure	1.097		per 10 µg/m³ 1.074 - 1.120	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			
or									
Years of life lost (YLL) for all adults (30+ years) due to annual NO2 exposure	1.097		per 10 µg/m³ 1.074 - 1.120	\$263,843		\$/years of life lost \$62,387 - \$505,509			
Morbidity									
Cardiovascular hospitalisations due to long term NO2 exposure	1.047		per 10 µg/m³ 1.010 - 1.084	\$35,666		\$/admission \$10,809 - \$479,294			
Respiratory hospitalisations for all adults (30+ years) due to annual NO2 exposure	1.130		per 10 µg/m³ 1.002 - 1.159	\$35,748		\$/admission \$5,499 - \$462,770			
* Asthma/whooping hospitalisations for 0-18 year olds due to annual NO2 exposure	1.182		per 10 µg/m³ 1.094 - 1.276	\$1,822		\$/case \$101 - \$32,788			
Asthma prevalence for 0-18 year olds due to annual NO2 exposure	1.050		per 4 µg/m³ 1.020 - 1.070	\$28		\$/case \$64 - \$102			
Secondary Health Outcomes									
Not additive - only used for back casting									
	Default	User defined	Range	Default	User defined	Range			
PM10									
Mortality									
Premature mortality for all adults (30+ years) due to annual PM10 exposure	1.111		per 10 µg/m³ 1.080 - 1.153	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			
* Premature mortality for Māori adults (30+ years) due to annual PM10 exposure	1.111		per 10 µg/m³ 1.080 - 1.153	\$4,527,300		\$/premature death \$4,050,742 - \$5,242,187			

Users can either select the *Run Base* option, which will run the macro-based model with all default values for 2016 or select *Run Scenario* if the user has defined their inputs.

Note: In the *Run Scenario* option, any health outcome that does not have a user defined input will use the default value instead.

Additional functionality is provided for the user to adjust pollutant concentrations either by source (for PM_{2.5} and PM₁₀ only) **OR** the overall pollutant concentration for all three pollutants. **Users cannot adjust both source and overall concentrations for particulate matter at the same time.** User defined values are based on multipliers and have a default set to 1.0 for the 2016 base case. For example, if the user wants to halve the concentration for the domestic fires source component of PM, then the user would input a value of 0.5 against *Domestic Fires* in the “User defined” column.

Only one can be adjusted – either the PM concentration by source **OR** the overall concentration by pollutant

Source (PM only)		
Domestic Fires	1.0	
Motor Vehicles	1.0	
Industry	1.0	
Windblown Dust	1.0	
Sea Spray	1.0	n/a
Secondary PM	1.0	n/a

Pollutant		
PM2.5	1.0	
PM10	1.0	
NO2	1.0	

Population		
2016 (base)	1.0	

For example, the following table compares the PM_{2.5} splits for one CAU in Auckland (Maungawhau ref 518301) for the base case (100% of the 2016 concentration) and adjusting the PM_{2.5} for all anthropogenic sources by a factor of 0.9 or the PM_{2.5} overall by a factor of 0.9.

PM _{2.5} concentration (µg/m ³)	PM _{2.5} base case for Maungawhau in 2016	PM _{2.5} source scalar of 0.9 all anthropogenic	PM _{2.5} pollutant scalar of 0.9 overall concentration
Total	5.789	5.442	5.210
Domestic Fires	2.026	1.824	1.688
Motor Vehicles	1.100	0.990	0.917
Industry	0.000	0.000	0.000
Windblown Dust	0.347	0.313	0.289
Sea Spray	1.274	1.274	1.274
Secondary PM	1.042	1.042	1.042
Versus base case	100%	94%	90%

Note: The **natural sources do not change** using either the PM source or PM pollutant scalar.

Similarly, users can also adjust the population (set to the base year of 2016) in the user defined column by adding a multiplier.

Note: How to develop scale factors for pollutant concentrations and population (and their likely accuracy) are discussed in section 7.3.4 of the *HAPINZ 3.0: Volume 2 – Detailed methodology* report.

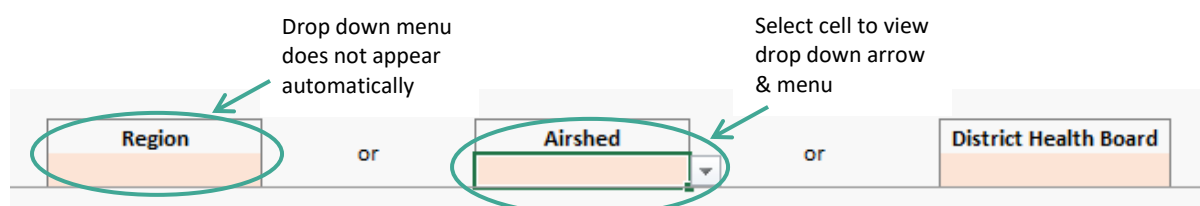
To clear any user defined inputs, select “Clear Inputs” at the top of the page.

2 Summary sheet

This sheet summarises the results for all health outcomes and associated costs assessed in this model, for both the 2016 results and for any scenario. The summaries show national results as the default for both 2016 and scenarios.

Results can be presented by region, territorial authority (TA), airshed or district health board (DHB). To select a specific area, click in the desired box and select from the drop-down menu.

Note: A dropdown menu does not appear automatically. The cell must be selected first.



Only one type of area can be selected at a time. For example, if the user has viewed results for the Auckland Urban airshed, and wants to view results for the Auckland region, the airshed field must be cleared first.

Options are available to view detailed 2016 results or the scenario results.

Some airsheds are combined due to the size of the underlying census area unit (CAU). Two exceptions to note are:

- The *Te Awamutu & Kihikihi* airshed in the model is a single airshed in reality. It covers both townships.
- The *Dunedin* airshed in the model is not a single airshed in reality. It amalgamates the individual airsheds of North Dunedin, Central Dunedin, South Dunedin, Green Island and Port Chalmers.

3 Results sheets

The two results sheets in the model include one for the base “2016 Results” and one for the “Scenario Results”. Both sheets are laid out the same way. Results are presented by CAU and can be filtered by airshed, TA, region, and DHB. A *filtered total* and *national total* summary is provided at the bottom of each sheet and are used to populate the “Summary” sheet.

Each sheet shows the total population, pollutant concentrations, and a breakdown by source for each health outcome (i.e. the number of cases attributed to the anthropogenic sources - domestic fires, motor vehicles, industry, crustal material and other - and to the natural sources - marine aerosol and secondary sulphate). For NO₂, the cases are all attributed to motor vehicles. The total cost associated with the total cases is calculated for each health outcome.

The macros in the model run through the calculation sheets and export the results to the “2016 Results” or “Scenario Results” sheets accordingly.

Note: The results are all presented as values and the calculations in the sheets are done in the macros.

4 Calculation sheets

There are seven calculation sheets: six calculating health outcomes from sources of particulates ($PM_{2.5}$ and PM_{10}) and one calculating health outcomes due to NO_2 .

- **DF** – health outcomes related to domestic fire PM
- **MV** –health outcomes related to motor vehicle PM
- **Industry** - health outcomes related to industry PM
- **Crustal** - health outcomes related to windblown dust PM
- **Marine** –health outcomes related to sea spray PM
- **Secondary** - health outcomes related to secondary PM
- **NO2** - health outcomes related to motor vehicle NO_2 .

Each sheet is calculated the same way. To reduce the size of the model, only the first row of each sheet contains the formulae used for the calculations. The macros in the model repeat the formulae for each CAU, then paste the results in as values for all except the first row. The results are then exported to the results sheets.

5 Data sheets

The model uses a series of data sheets to calculate exposure from ambient monitoring, source apportionment, population and health data. The data sheets are briefly described below:

- **PAF**: Calculates the overall population attributable fraction (**PAF**) for PM_{10} and $PM_{2.5}$.

Note: The PAF % is not a linear equation so the overall PAF is calculated for each CAU in the **PAF** sheet based on the $PM_{2.5}$ and PM_{10} concentration for each CAU. The PAF for each source is calculated (in each source calculation sheet) from the overall PAF based on the proportion of each source's contribution to the $PM_{2.5}$ and PM_{10} concentration.

- **Population & Health Data**: Contains population and health incidence/prevalence data for all health outcomes.
- **Industry Sites**: Identifies CAUs dominated by industry and estimates PM concentrations for each industrial CAU.
- **PM_{10} Data**: Collates PM_{10} annual averages from 2004 to 2018 at monitoring sites across NZ and calculates a 2016 average for the model.
- **$PM_{2.5}$ Data**: Collates $PM_{2.5}$ annual averages from 2004 to 2018 at monitoring sites across NZ and calculates a 2016 average for the model.
- **PM Values**: Assigns concentrations based on monitoring data for airsheds or areas without any monitoring.
- **PM Ratios**: Calculates $PM_{2.5} / PM_{10}$ ratios using monitoring data.
- **Conc'n by CAU**: Assigns PM_{10} and $PM_{2.5}$ concentrations for each CAU and lists the NO_2 population-weighted concentrations for each CAU for use in this model.

- *Source Appt*: Assigns PM concentrations/proportions for each source (domestic fires, motor vehicles, industry, windblown dust, sea spray and secondary PM) based on source apportionment data for each airshed or area.
- *SA by CAU*: Calculates PM concentrations for each source by CAU from the *Source Appt* sheet.
- *SA Scenario*: Calculates PM concentrations for each source by CAU based on the user defined inputs. Values default to the original 2016 concentrations if no user inputs are entered.
- *AU Geographic Codes*: Details the geographic location of each CAU – by region, urban area, district health board and airshed.

6 Other sheets

There are two other sheets in the model, included for information:

- *Glossary*: Provides a list of terms and definitions used in the model.
- *Report Tables*: Generates the tables shown in the *HAPINZ 3.0: Volume 1 – Findings and implications* report.

7 Updating the model

Ambient monitoring data

PM₁₀ and PM_{2.5}

The *PM₁₀ data* and *PM_{2.5} data* sheets are set up using the tables function in MS Excel. This makes it easier to update columns and rows.

To add more recent data to an existing monitoring site(s), insert a column in the desired location, enter the annual average for the site(s), then adjust the “2016 ave” column to use the newly entered data. This will automatically update the monitored value used in the *PM values* sheet.

To add a new site, insert a new row after the last monitoring site in the table. Geographical details for the new site will also need to be entered for the monitoring site, such as the CAU it is in, the airshed, and its respective urban/rural code. The urban/rural code can be found in the *AU Geographic Codes* sheet.

If ambient monitoring data are available for any CAU, the model will assign the CAU that concentration.

If monitoring results are not available for the period of interest, the PM_{2.5} (and PM₁₀) data can be scaled using the approach based on population-weighted annual averages (described in section 7.3.4 of the *HAPINZ 3.0: Volume 2 – Detailed methodology report*).

Annual PM10 monitoring data for years 2004 - 2018										
Data source: Annual PM10 (µg/m3) from NZTA TRAMs unless otherwise specified										
CAU	Monitoring Site	Airshed	Urban Rural HAPINZ Code	2015	2016	2017	2018	2019	2016 ave	
598500	Geraldine	Geraldine	3	19	17	18	16		18.0	
600500	Waimate	Waimate	3	19	17	16	14		17.3	
596400	Lyttelton	Canterbury Region	1						22.0	
608500	Alexandra	Otago 1	3						21.0	
609200	Arrowtown	Otago 1	3			22	18		21.0	
608303	Clyde	Otago 1	4						17.0	
608600	Cromwell	Otago 1	3						17.3	
606800	Milton	Otago 2	3						24.0	
606100	Mosgiel	Otago 2	1					15	19.3	
603602	Dunedin Central	Otago 3	1				15		15.7	
607400	Balclutha	Otago 3	3						19.0	
601030	Oamaru	Otago 3	2						17.4	
607700	Lawrence	Otago 4	4						17.0	
610250	Gore	Gore	3					19	19.3	
611602	Invercargill	Invercargill	1					11	20.3	
610500	Winton	Southland Region	3					16	16.0	
609700	Edendale	Southland Region	4						10.3	
610090	Wallacetown	Southland Region	4						12.8	
612400	Te Anau	Southland Region	3						5.9	
612100	Bluff	Southland Region	3						7.9	

Insert a new column to add data to an existing site

Adjust the 2016 ave to include the data in the new column

Insert a new row to add a new site, along with the geographical details for the monitoring site

NO₂

The NO₂ exposure dataset in the model uses exposure estimates from the Waka Kotahi NVED tool for 2016 rather than ambient data itself. The best option for updating this dataset is to request a comparable dataset for the relevant year from Waka Kotahi.

If this information is not available for the period of interest, the 2016 NO₂ dataset can be scaled using the approach based on trends in the Waka Kotahi NO₂ passive sampling data (described in section 7.3.4 of the *HAPINZ 3.0: Volume 2 – Detailed methodology* report).

Data for areas without monitoring

To update the concentration assigned to an airshed or an area, the user can change the value in the *PM values* sheet. In the *PM values* sheet, concentrations for areas are shown in black font if the value comes from the ambient monitoring data, while concentrations for areas in orange font are either calculated or assumed to be similar to another area.

Updating concentrations in the *PM values* sheet will then update concentrations in the *SA values* sheet.

Source apportionment data

Each airshed or area is assigned a different source apportionment breakdown. The source contributions are calculated based off the overall concentration for an area (from the *PM values* sheet), and percentage splits by source.

To update the source contributions, the user can update the percentage splits for the respective area for each source, **making sure that the sum of all the percentage splits between the sources adds up to 100%**. The source contributions will then automatically update the source contributions of the CAUs that fall within that area in the *SA by CAU* sheet.

Population and health data

Both population and health incidence/prevalence data can be updated in the *Population and Health Data* sheet based on each CAU.

If possible, use the most recent actual mortality and morbidity data for a three-year period (to minimise inter-annual variability in numbers due to temperature). Recent hospitalisation data are likely to be available; however, mortality data often has delays of 2-3 years due to waiting on the coroners' reports.

If this information is not available for the period of interest, the most recent mortality and morbidity data can be estimated using the scalar approach described in section 7.3.4 of the *HAPINZ 3.0: Volume 2 – Detailed methodology* report, based on estimated resident population (preferably at the CAU level). However, this method assumes that mortality and hospitalisation rates are stable and does not account for any underlying changes (e.g. due to COVID-19), which may lead to increased error. Any predicted data (rather than actual data) should be treated with caution.

Asthma prevalence due to air pollution can be updated using the indirect method (outlined in section 5.3.5 of the *HAPINZ 3.0: Volume 2 – Detailed methodology* report). This method uses estimated resident population data (for 0-18 years) at the CAU level, and national-level estimates of the number of children with medicated asthma (from the New Zealand Health Survey), to calculate a national PAF for asthma prevalence, and from this, the asthma prevalence due to air pollution.

Different area units

Note: This model has been designed so it can be updated in the future to accommodate statistical area units (SA1 and SA2). However, at this stage, the health incidence data, which form the basis of this model, are not yet available in this format. Consequently, these user notes do not outline the steps to change the census area units to statistical area units.