#### **Air Pollution and Children's Health**

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## Does breathing air pollution cause health effects in children?



## Don't we already know air pollution is bad for us?



### Well Established

- Air pollution causes <u>acute</u> (short-term) effects, e.g.
  - Physician visits
  - Lung function changes
  - Acute symptoms in asthmatics and other susceptible subgroups



#### **Less-Well Understood**

- Are <u>chronic</u> health effects caused by exposure to outdoor air pollution?
  - Reduced Lung Development?
  - Onset of Asthma?
  - Pre-natal effects?



### Why Study Children?

#### Exposure

- They spend more time outdoors
- They are more active

#### Physiology

- They have higher ventilation rates
- They are still growing

#### Logistics

Easier to find...kids go to school







#### The USC Children's Health Study



**Principal Investigator: John Peters Co-investigators: Ed Avol Kiros Berhane Jim Gauderman Frank Gilliland Mike Jerrett Fred Lurmann** Nino Kuenzli **Rob McConnell Duncan Thomas** 

#### The USC Children's Health Study



Funding: California Air Resources Board NIEHS U.S. EPA NHLBI The Hastings Foundation

### **CHS Goals**

- Is childhood exposure to ambient pollutants associated with:
  - –Lung function development?
  - -Chronic respiratory symptoms?
  - -School absence?
  - -Onset of asthma?

## Child groups studied and their ages each year

Grad	de (#)	1993	1994	1995	1996	1997	1998	1999	2000	2001
4 <sup>th</sup>	(1,800)	10	11	12	13	14	15	16	17	18
7 <sup>th</sup>	(900)	13	14	15	16	17	18			
10 <sup>th</sup>	(900)	16	17	18						
4 <sup>th</sup>	(2,000)				10	11	12	13	14	15

## **12 CHS Study Communities**



## **Summary of Pollutants**

- Continuous monitoring at a central site in each study community since 1994
  - -<u>Particulate Matter</u>: PM<sub>10</sub>, PM<sub>2.5</sub>, EC, OC
  - –<u>Nitrogen Dioxide</u> (NO<sub>2</sub>)
  - Acid vapor: Primarily nitric acid
  - -<u>Ozone</u> (O<sub>3</sub>)

#### What is PM?



#### **How Small is Particulate Matter?**



## The Effect of Air Pollution on Lung Development from 10 to 18 Years of Age

(Gauderman et al., New Eng J Med, 351:1057-67, 2004)



Grad	de (#)	1993	1994	1995	1996	1997	1998	1999	2000	2001	
4 <sup>th</sup>	1,759	10	11	12	13	14	15	16	17	18	
7 <sup>th</sup>	(900)	13	14	15	16	17	18				
10 <sup>th</sup>	(900)	16	17	18							
416											
<b>4</b> <sup>th</sup>	(2,000)				10	11	12	13	14	15	

#### **Annual Spirometry**



#### Lung function measures:

Forced expiratory volume in 1 second (FEV<sub>1</sub>)

Forced vital capacity (FVC)

Maximal mid-expiratory flow (MMEF)

#### **Additional Data...**

Active smoking?Height?Asthma?Gas store?Respiratory illness?Passive Smoking?





## Mean PM<sub>2.5</sub> levels, 1994-2000



#### Mean pollutant levels, 1994-2000



The L.A. Basin has elevated levels of all of these pollutants

#### **Pollutant Correlations (R) Across Communities**

Table 1. Correlation of Mean Air-Pollution Levels from 1994 through 2000 across the 12 Study Communities.\*

Pollutant	O₃ (10 a.m.–6 p.m.)	NO2	Acid Vaporj	PM <sub>10</sub>	PM <sub>2.5</sub>	Elemental Carbon	Organic Carbon
			R valu	8			
O3							
1-Hour maximal level	0.98	0.10	0.53	0.31	0.33	0.17	0.25
10 a.m.–6 p.m.		-0.11	0.35	0.18	0.18	-0.03	0.13
NO <sub>2</sub>			0.87	0.67	0.79	0.94	0.64
Acid vapor†				0.79	0.87	0.88	0.76
PM <sub>10</sub>					0.95	0.85	0.97
PM <sub>2.5</sub>						0.91	0.91
Elemental carbon							0.82

 $R \approx 0.0$ , little or no correlation R > 0.0, positive correlation (max is 1.0) R < 0.0, negative correlation (min is -1.0)

#### **Characteristics of the Study Subjects**

		No of	Mean No	Female	Asthma <sup>b</sup>	Any Smoking <sup>c</sup>
Community		Subjects <sup>a</sup>	PFT's	Sex (%)	(%)	(%)
Alpine	(AL)	145	6.1	50	13	27
Atascadero	(AT)	128	7.0	54	24	32
Lake Elsinore	(LE)	144	6.0	44	13	31
Lake Arrowhead	(LA)	166	6.3	54	13	30
Lancaster	(LN)	137	5.5	51	12	30
Lompoc	(LM)	115	6.1	43	8	34
Long Beach	(LB)	160	6.0	49	13	24
Mira Loma	(ML)	163	5.9	50	10	25
Riverside	(RV)	179	5.8	49	17	15
San Dimas	(SD)	138	6.0	51	11	28
Santa Maria	(SM)	147	5.9	48	15	27
Upland	(UP)	137	7.1	53	15	34
All		1,759	6.1	50%	14%	28%

#### **Sample Sizes Over Time**

- 1993: 1,759 (4th grade)
- 1995: 1,414
- 1997: 1,252
- 1999: 1,031
- 2001: 747 (12<sup>th</sup> grade)

Approximately 10% loss per year

#### **FEV<sub>1</sub> Growth Over 8 Years**

#### Girls







## Average FEV<sub>1</sub> in Girls and Boys



## Average FEV<sub>1</sub> in Girls and Boys



Key Question: Does 8-year growth vary across communities with respect to pollution?

# 8-yr FEV<sub>1</sub> Growth in Girls and Boys vs. 7-year average NO<sub>2</sub> levels



### 8-yr FEV<sub>1</sub> Growth in Girls and Boys vs. 7-year average NO<sub>2</sub> levels



NO<sub>2</sub> (ppb)

## **Pollution Effects on 8-yr Growth**

- 8-year lung growth deficits associated with:
   NO<sub>2</sub>, Acid vapor, PM mass, Elemental Carbon
- Robust to adjustment for:
  - Indoor pollutants (gas stove, parental smoking, pets)
  - Parental education
- Associations in all types of kids:
  - Boys and girls
  - Non-asthmatics
  - Non-smokers
- No associations with ozone

#### 8-year growth deficits

• What is the net effect?

Are the results clinically meaningful?

### **Cumulative Pollutant Effects**

 Does 8-years of exposure to air pollution cause clinically significant deficits in lung function at age 18?

#### Girls

#### Boys





## **Attained Lung Function**

- What should lung function be at age 18?
  - Computed EXPECTED FEV<sub>1</sub> at age 18 based on sex, race/ethnicity, height, BMI, and asthma
- How does actual lung function compare to expected?
  - Computed OBSERVED/EXPECTED for each child
  - 'Low FEV<sub>1</sub>' = OBSERVED/EXPECTED < 80%</p>
- Is 8 years of breathing polluted air related to a greater chance of having clinically Low FEV<sub>1</sub>?

#### Low FEV<sub>1</sub> at Age 18 vs. Pollution



(Gauderman et al., 2004)

#### Low FEV<sub>1</sub> at Age 18 vs. Pollution













# Why we care about annual lung growth rates...



(Adapted from Strachan et al 1997)

## **Additional Results**

## **4-year Lung Function Development**

Grade	1993	1994	1995	1996	1997	1998	1999	2000	2001
4 <sup>th</sup>	10	11	12	13	14	15	16	17	18
7 <sup>th</sup>	13	14	15	16	17	18			
10 <sup>th</sup>	16	17	18						
⊿ <sup>th</sup>				10	11	12	13	14	15

#### Lung function growth vs. NO<sub>2</sub> Cohort I: 1993-1997



Gauderman at al., 2000

## 4-year Lung Function Development: Replication Study

Grade	1993	1994	1995	1996	1997	1998	1999	2000	2001
4 <sup>th</sup>	10	11	12	13	14	15	16	17	18
7 <sup>th</sup>	13	14	15	16	17	18			
10 <sup>th</sup>	16	17	18						

4<sup>th</sup>

10 11 12 13 14 15

#### Lung function growth vs. Acid Cohort 2: 1996-2000



Gauderman at al., 2002

#### Other studies of lung function and pollution

#### Longitudinal studies (growth)

- Young children in Poland (Jedrowski et al., 1999)
- Young children in Austria (Horak et al., 2002)

#### Cross-sectional studies

- 6-cities study
- 24-cities study
- NHANES II

(Dockery et al., 1989) (Raizenne et al., 1996) (Schwartz, 1989)

#### **CHS: School Absence**

- 20 ppb increase in O<sub>3</sub> was associated with an 83% increase in school absence due to acute respiratory disease (Gilliland et al., 2001)
- Large economic impact of pollution-related absences (Hall and Lurmann, 2003)

#### **CHS: PM**<sub>10</sub> and **Bronchitis in Asthmatics**



(McConnell, et al., 1999; see also McConnell et al., 2003)

#### **CHS: Ozone and New-onset Asthma**

	<u>Low O<sub>3</sub> Towns</u>	<u>High O</u>	<u>3 Towns</u>
	#	#	
<u>Sports</u>	<u>asthma</u> RR	<u>asthm</u>	<u>a</u> RR
0	58 1.00	46	1.00
1	50 1.28	40	1.28
2	20 0.82	16	1.28
≥3	9 0.79	20	3.31

(McConnell et al., 2002)

#### Will reductions in pollution improve health?





#### CHS Movers Study Where have CHS children moved?



#### Some to higher pollution, some to lower

## **CHS Movers Study**

#### We tested lung function of 110 movers in the western U.S.



## **Lung Function Growth in Movers**



(Avol et al., 2001)

### **Air Pollution and Health**

- High pollution communities vs. low pollution
  - Lower lung function
  - Increased symptoms
  - Increased asthma



## What About Local Exposures?



#### Local Exposures: Living within 300m of major roadways affects lung function

#### Lung Function FEV1 (Liters)



### Local Exposures

- Several studies in Europe linking traffic exposure to respiratory symptoms
- S.F. bay area study relating pollution exposure at schools to symptoms (Kim et al. 2004)
- CHS study of residential NO<sub>2</sub>, traffic, and asthma (Gauderman et al., *Epidemiology*, in press)

## **CHS: Ongoing Studies**

- Lung function in young adults
   Do deficits persist into adulthood?
- Local exposures

   New cohort of ~6,000 K–1<sup>st</sup> grade children
   Monitoring NO, NO<sub>2</sub>, O<sub>3</sub> at homes, schools
   Asthma, Exhaled NO
- Genetics
  - Are some more susceptible to pollutant effects?

## Air Pollution and Adverse Birth Outcomes in the South Coast Air Basin, 1989-1993



Beate Ritz, M.D., Ph.D. Michelle Wilhelm. Ph.D. UCLA, Dept. of Epidemiology & Environmental Health Sciences

## Why Study Air Pollution and Pregnancy?

Developing organism is uniquely sensitive to environmental toxins within a short time window

Adverse outcomes are common; in US:

~10% are preterm

~ 5% are low weight



## **South Coast Air Basin**

Large number of births (~ half of all CA births, most in LA county)

Birth certificates are readily available

Dense air pollution monitoring network



## Exposure assessment 1989-1993 study

Mothers residing within a 2-mile radius of stationary ambient CO (PM<sub>10</sub>) monitors at the time of birth

> (relaxed to 10 miles for birth defects)

For each child, calculated the last trimester or last 6 week etc average CO (PM<sub>10</sub>) using the closest monitoring station

#### Map of SCAQMD Monitoring Stations and Zip Codes Included in Analysis



#### Adjusted Odds Ratios (95%CI) for Term LBW 3rd trimester ambient CO levels

	<b>All children</b>	<b>Higher parity children</b>	Young Women
	case N=2,809	case N=1,454	case N=420
	non-case N=122,7640	non-case N=73,687	non-case N=15,111
CO-level (pp < 2.2	m): 1.0	1.0	1.0
2.2 - <5.5	1.04	1.03	1.02
	(0.96, 1.13)	(0.92, 1.15)	(0.83, 1.26)
> 5.5	1.22	1.33	1.54
	(1.03, 1.44)	(1.07, 1.65)	(1.07, 2.22)

(Ritz et al., 1999)

#### Adjusted Rate Ratios (95% CI) for Preterm Birth by Quartile of Ambient CO and PM<sub>10</sub> (9 Inland Stations only ) (Ritz et al., 2000)



#### **Birth Defects**

Data from CA Birth Defect Monitoring Program (1989-1993)

Evaluated 6 different common heart defects

Exposure during first 3 months of pregnancy for each infant



## **CO and Ventricle Septum Effects**

#### (Ritz et al., 2001)

Pregnancy m	onth	Odds Ratios (95% CI)		
С	O (ppm)	Case N=234 Control N=7944		
1 <sup>st</sup> month				
	<1.14	1		
1.	.14-<1.60	1.05 (0.66-1.68)		
1.	.60-<2.47	1.12 (0.59-2.12)		
	>=2.47	1.23 (0.53-2.82)		
2 <sup>nd</sup> month		)		
	<1.14	1		
1.	.14-<1.57	1.63 (1.00-2.66)		
1.	.57-<2.39	1.97 (1.00-3.91)		
	>=2.39	2.84 (1.15-6.99)		
3 <sup>rd</sup> month				
	<1.12	1		
1.	.12-<1.51	0.77 (0.49-1.22)		
1.	.51-<2.27	0.54 (0.29-1.02)		
	>=2.27	0.70 (0.31-1.58)		

#### **Pre-Natal Effects Summary** Southern California, 1989-1993

- CO and term low birth weight (third trimester)
  - Most weight gain in fetus during third trimester
- CO/PM<sub>10</sub> and preterm birth (6 weeks prior to birth)

#### • Birth defects

- CO and cardiac ventricular septal birth defects
- Ozone also linked to birth defects
- Effects during 2<sup>nd</sup> month when heart formation occurs



#### Air pollution associated with acute and chronic effects



 Health effects observed at pollution levels that meet current US/EPA standards

## Summary

- Children are a susceptible group
  - Rapid growth
  - More exposure than adults
- Regional and local exposures are important







### **Summary**

• Reductions in air pollution will likely lead to measurable improvements in children's health

