# Asthma and Particulate Air Pollution: A Spatial Analysis

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# **Background Information**

### Particulate Matter

- Mixture of extremely small particles and liquid droplets.
- Different sizes pose different risks.
- PM 2.5: Why do we care?
  - Emitted from forest fires; also form when gases emitted from power plants, industries and cars react in the air.

#### Health risks

• Linked to asthma and other respiratory problems.

### Asthma

- Disease that affects the lungs.
- Asthma causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing.
- Triggers differ from person to person and consist of house dust mites, tobacco smoke, outdoor air pollution, pets, mold, and other illnesses.

### Data

### • PM 2.5

- Monitors at specific sites.
- Point-source data.
- Mean annual values for PM 2.5 at these locations.

 Obtained from Environmental Protection Agency (EPA) website;

http://www.epa.gov/air/data/index.html



### Asthma

- How many adults who have been diagnosed with asthma had one or more asthmatic episodes (periods of worsening) in the past year.
- Obtained from the Center for Disease Control and Prevention (CDC).
- Collected as survey.

#### Percent of Episodes Within the Asthmatic Population in 2008 data provided by the CDC



## **Research Questions**

- How can we take the PM 2.5 point source data and produce an estimated surface?
- Are states with more industry more prone to air pollution-according to our maps?
- What does the whole surface of predicted PM 2.5 values look like?
- Is there a visible correlation between the asthma and the particulate matter data?

### California



lowa







#### Indiana





lon

#### **United States**

Point Source Maps for 2.5µg/m3 Particulate Matter in 2008 from EPA













### Scatter plot of asthma control percentages vs. PM 2.5 concentration by state



PM25

### Results

### Trends in PM 2.5 concentration.

 States with more industry do have more particulate pollution.

 Correlation value of -0.09, 95% confidence interval of (-0.42,0.26) and a p-value of 0.61; thus, no correlation between asthma and PM 2.5.

# Conclusions

- No significant correlation between asthma control percentages and PM 2.5 data.
  - Asthma data recollection method (survey vs. state registry).
  - People have variable asthmatic triggers and they can limit their time outside if they know that outdoor air pollution is a trigger, which may be why we did not find a correlation.

## Future Work

- Estimate the average level of PM 2.5 for each state using the point source data and the ramps and geoR packages.
- Look at specific occupations which pose an increased exposure to PM 2.5 and find a correlation between these and the ability to control the asthma episodes.
- Since particulate matter has been shown to trigger the development of chronic bronchitis, find a correlation between prevalence of this and the state concentrations of PM 2.5.

## **Citations and References**

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