

## California Air Resources Board Research Division Contract Quarterly Progress Report

## **Contract Information**

Title: Date Submitted: Agreement Number: CARB Contract	Spatiotemporal Analysis of Air Pollution and Mortality in California Based on the American Cancer Society Cohort June 25, 2008 06-332			
Manager:	Cynthia Garcia			
Prepared by:	Bernard Beckerman			
Principal Investigator: Organization:	Dr. Michael Jerrett University of California Berkeley			
Reporting Period:	Quarter No: 4	April 1, 2008 - June 30, 2008		
Project Description:		·		
#				

<u>Disclaimer:</u> The statements and conclusions in this report are those of the University of California Berkeley and not necessarily those of the California Air Resources Board. The mention of commercial products, their source, or their use in connection with material reported herein is not to be construed as actual or implied endorsement of such products.

Task# 10	Task Descripti on:	Replication of LA analysis for all California Zipcodes	
% Task Completed this Quarter:	75%	% Task Remaining:	25%
Funds Spent on Task (this quarter):		Remaining Task Funds:	
Sub-contractor Assigned:	UCB Faculty and subcontr actors		
Work Accomplished in this Quarter	·		·

During this period we ran health analysis for the entire state (N=93,000-97,000 depending on the specific exposure and geocoding exposures). Analyses were run using Cox proportional hazards models for ozone and PM2.5. Exposures were assigned to the zip codes of the participants. For PM2.5 we used the inverse distance weighting (IDW) interpolations supplied to us by Cynthia Garcia, and two kriging models (one universal fit in GS-Plus and ArcGIS, and one ordinary fit in R software). For summertime ozone (i.e. April-September months) we used the IDW interpolations from ARB and the new Bayesian Maximum Entropy Interpolators developed by Dr. Christakos and his team. We did not attempt to fit an ordinary or universal kriging model to the ozone data because of the presence of spatiotemporal anisotropy. We tested all cause, cardiopulmonary, cardiovascular, ischemic heart disease (IHD), respiratory, lung cancer and "other" causes (the final as a negative control). Both PM2.5 and ozone had significant associations with cardiopulmonary, cardiovascular, and IHD deaths, and these effects were generally insensitive to the exposure modeling

technique. Although these results appear promising, we would propose to wait until all the individual geocodes and the land use regression models are prepared to publish the results.		
Most of the kriging models appeared to over smooth the pollution surfaces compared to what we had observed in single-city models. It appears ancillary information is needed to obtain finegrained exposure assessment. In addition, it		·
seems assignment to the zip code centroid, while probably reasonable for PM2.5, may produce significant error for the ozone models, because this pollutant has considerable variation near roadways due to scavenging		
by NO of the O3. We will nonetheless compile all of our results for inclusion as appropriate in the final report.		
	,	
·		

Work Ongoing			
Additional investigation into the relationships between exposure and disease			
Summary of Changes to the Work Plan, Schedule or Milestones			
N/A.			
·			
Describe Work Planned for the Upcoming Quarter		·	
See "Work Ongoing"			
	·		