



Wildfire Exposures: Understanding Health Effects from Unnatural Disasters

Michael Jerrett, PhD
Professor and Chair

Dept. of Environmental Health Science
Fielding School of Public Health, UCLA

Colleen Reid, PhD
Assistant Professor, University of Colorado, Boulder

Why should we care about wildfire exposures?

Hill and Woosley Fire
Complex Ventura, CA, 2018

Number of Fires Increased Everywhere over 20th Century

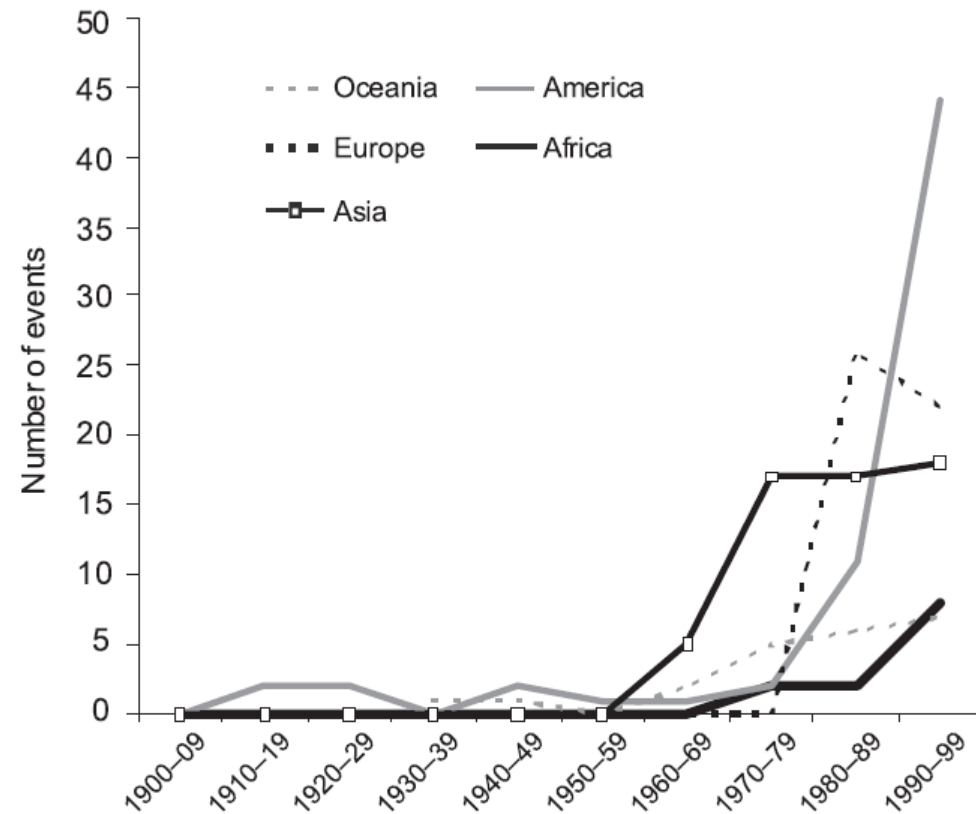
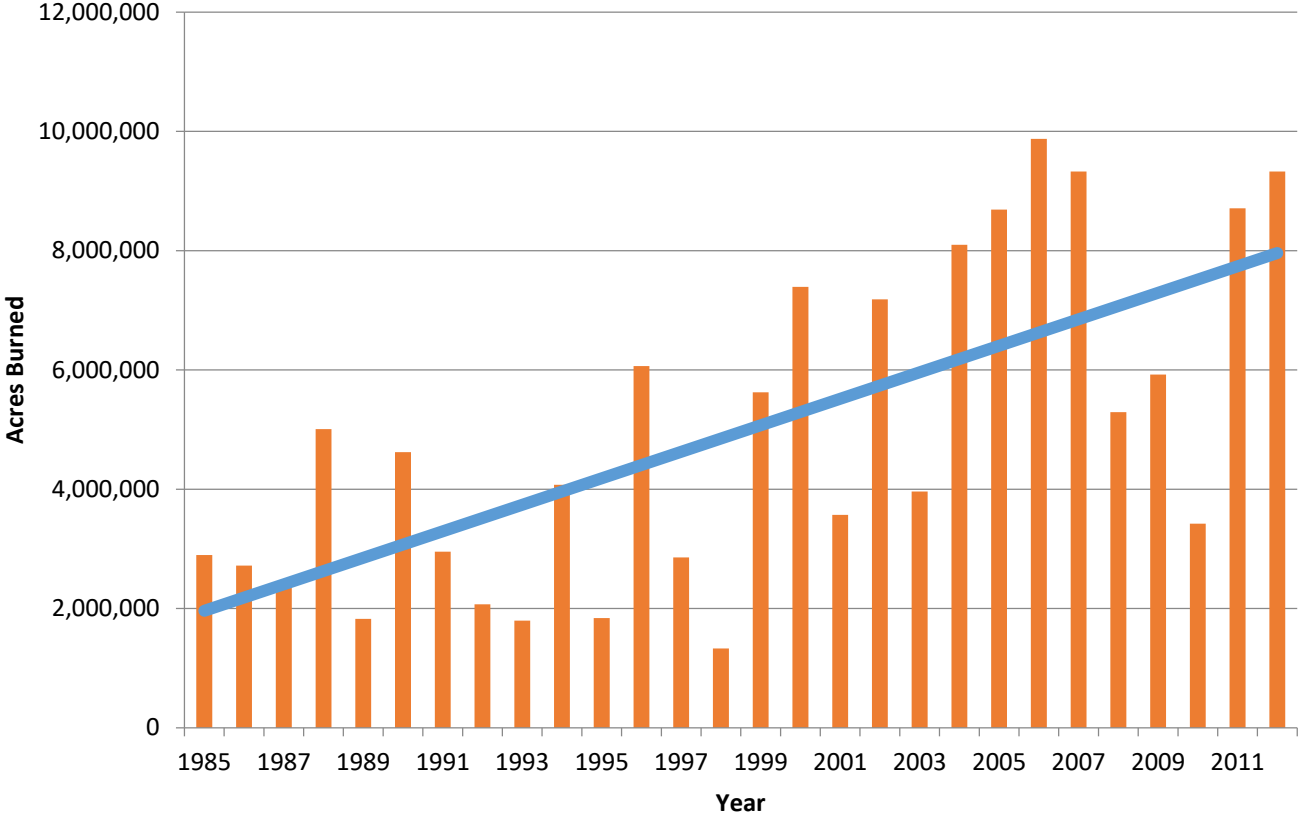


Figure 16.8. Number of Recorded Wild Fires by Continent and Decade in Twentieth Century (OFDA/CRED)

Acres Burned in Wildland Fires in the U.S. 1985-2012

Data Source: National Interagency Fire Center



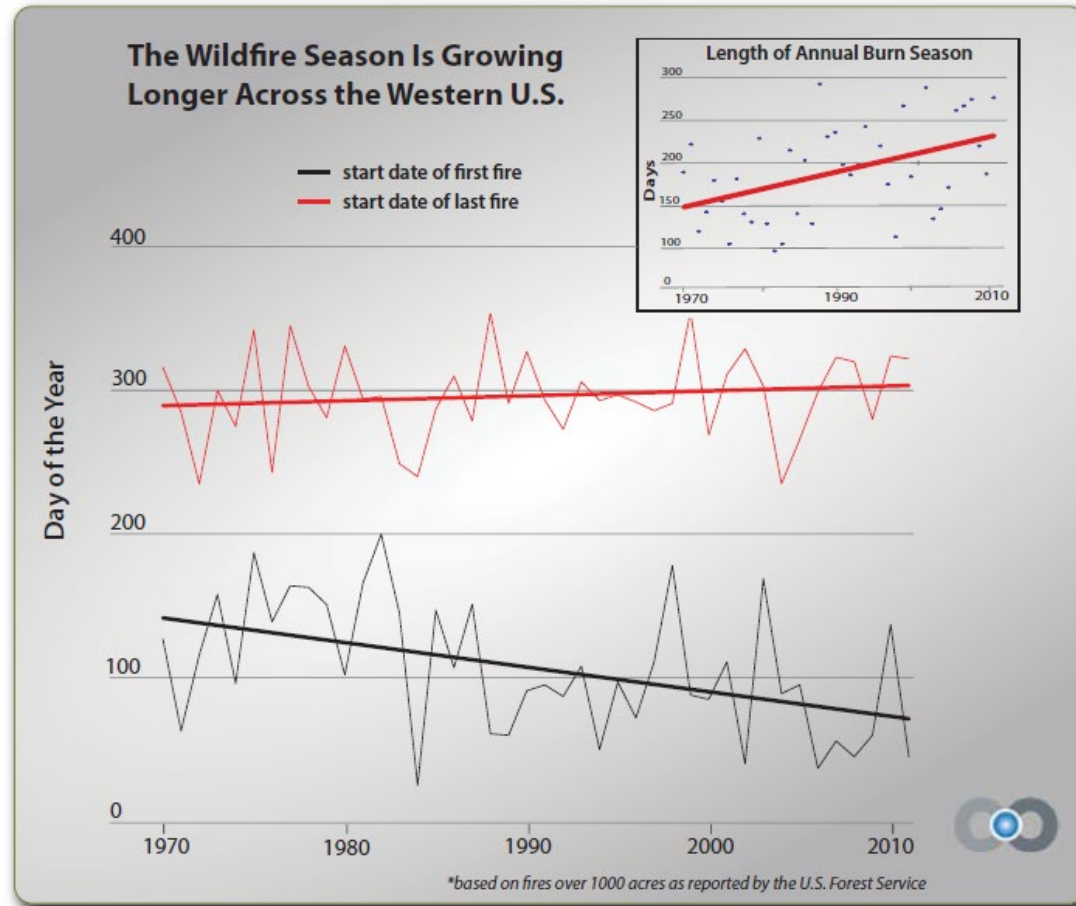
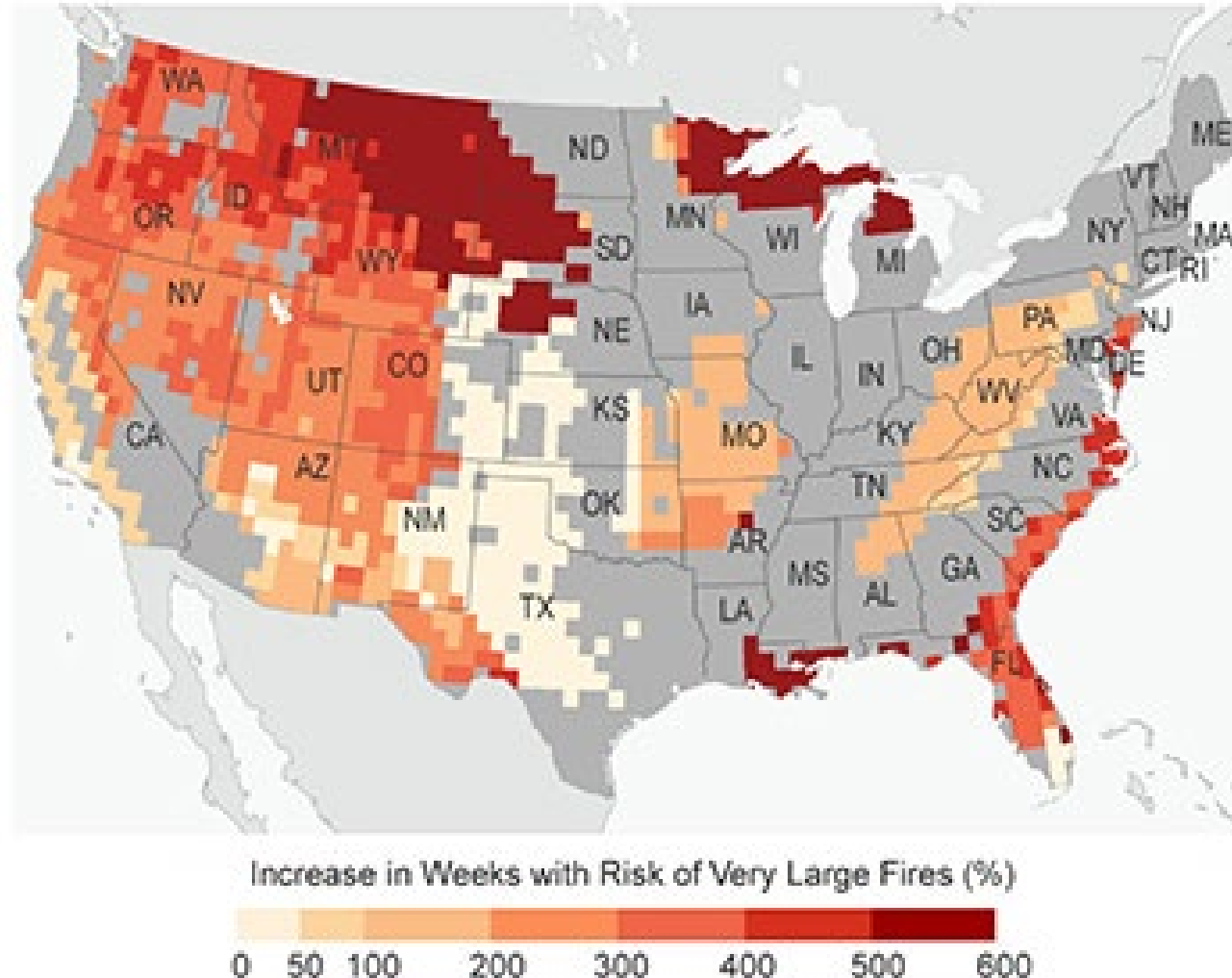


Figure 8. Across the West, the first wildfires of the year are starting earlier and the last fires are starting later than they were 40 years ago, which has extended the average wildfire season by about 75 days.

Climate Change likely to Increase Risk of Wildfires

Projected Increase in Risk of Very Large Fires by Mid-Century



Source: adapted
from Barbero et al.
2015

Wildfires Contribute to Carbon Release and Climate Change

- In California, forest lands which, as of 2014, represents 54% of total land area and contains 85% of the total carbon stocks
- But due to forest mismanagement, forests in CA actually release huge amounts of carbon
- $19.7 * 10^6$ metric tons of carbon (MMTC) released 2012-2014

Fires are Bigger and Occurring at Urban-Wildland Interface



Fires are Bigger and Occurring at Urban-Wildland Interface



Implications of the Size and Location of Wildfires

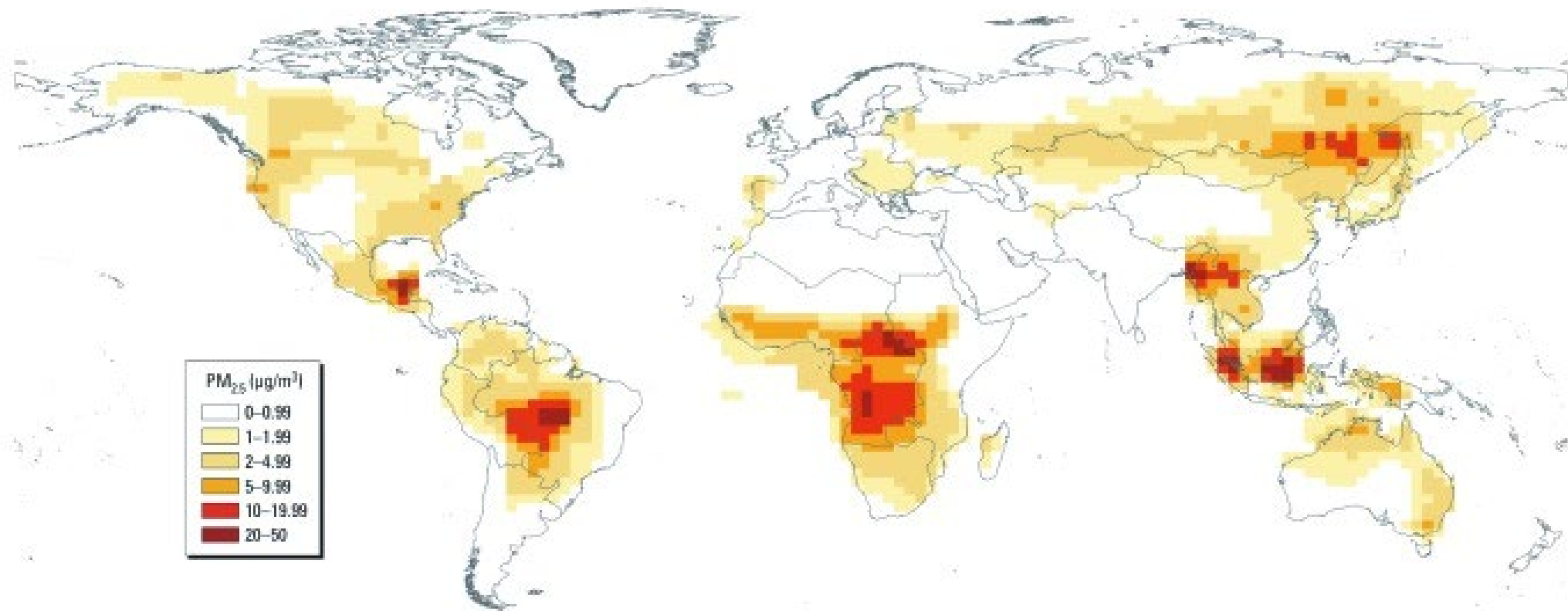
Tom Wordell, wildfire analyst, National Interagency Fire Center in Boise, Idaho:

"I don't want to be callous, because many people are homeless and suffering, but if you live in a snake pit, you're going to get bit."

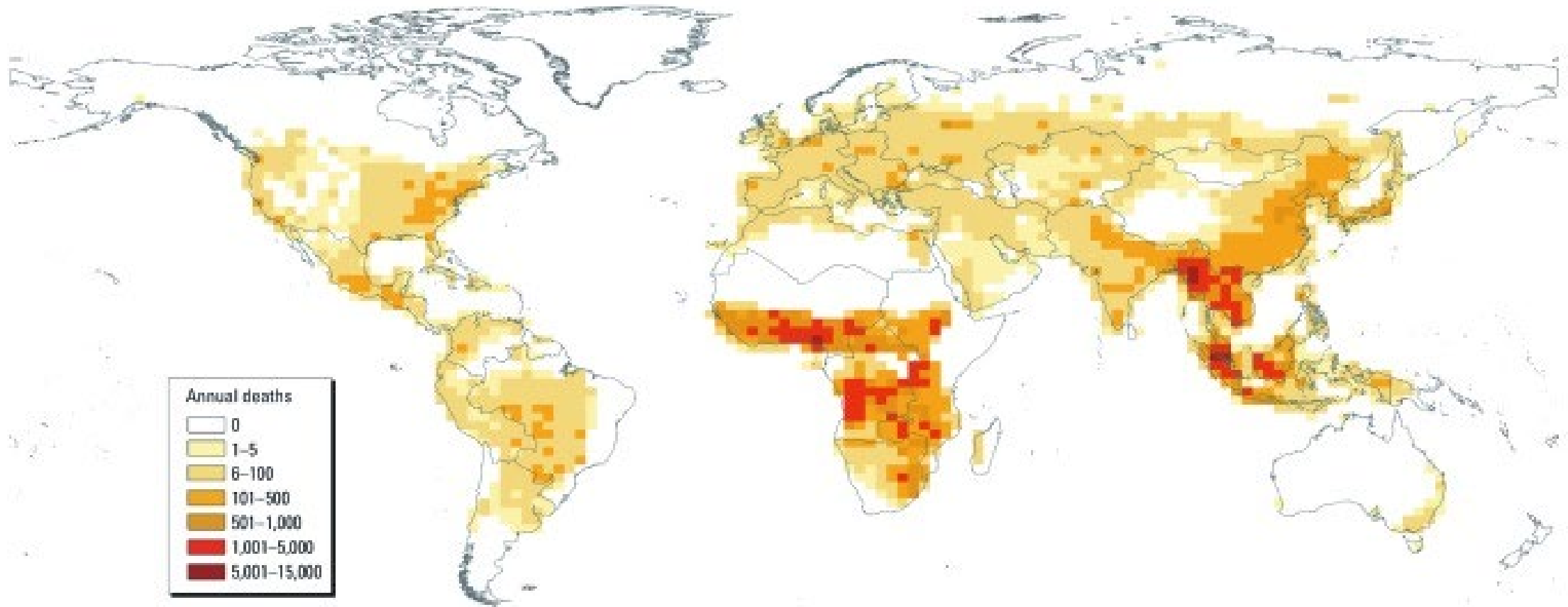
2 Key Implications:

1. More development in fire prone areas increases risk of fire due to human negligence
2. Greater human exposures to smoke, pollutants, and psychosocial stress

Wildfires and Crop Burning are Globally Significant



Estimates of the annual average (1997–2006) global mortality attributable to Wildfires (Total Burden 562,000)



Emissions from Wildfires with Health Concerns

Primary air pollutants

- Carbon monoxide (CO)
- Nitrogen dioxide (NO₂)
- Polycyclic aromatic hydrocarbons (PAHs)
- Volatile organic compounds (VOCs)
- Particulate Matter (PM)

Secondary air pollutants

- Particulate Matter (PM)
- Ozone (O₃)



Image courtesy of the U.S. EPA

Exposure Assessment Difficulties

- Sparse air pollutant monitoring network
 - Many PM_{2.5} monitors only measure every sixth or third day
- Leads to spatial and temporal averaging of exposure measurements
 - But, smoke plumes migrate quickly, changing exposures over smaller spatial and temporal scales
 - Many health effects studies likely have large measurement error bias



Spatiotemporal Prediction of Fine Particulate Matter During the 2008 Northern California Wildfires Using Machine Learning

Colleen E. Reid,^{*,†,◆} Michael Jerrett,^{†,¶} Maya L. Petersen,^{‡,§} Gabriele G. Pfister,^{||} Philip E. Morefield,[⊥]
Ira B. Tager,[‡] Sean M. Raffuse,[#] and John R. Balmes^{†,▽}

Methods – Adapt Land Use Regression Modeling with Machine Learning

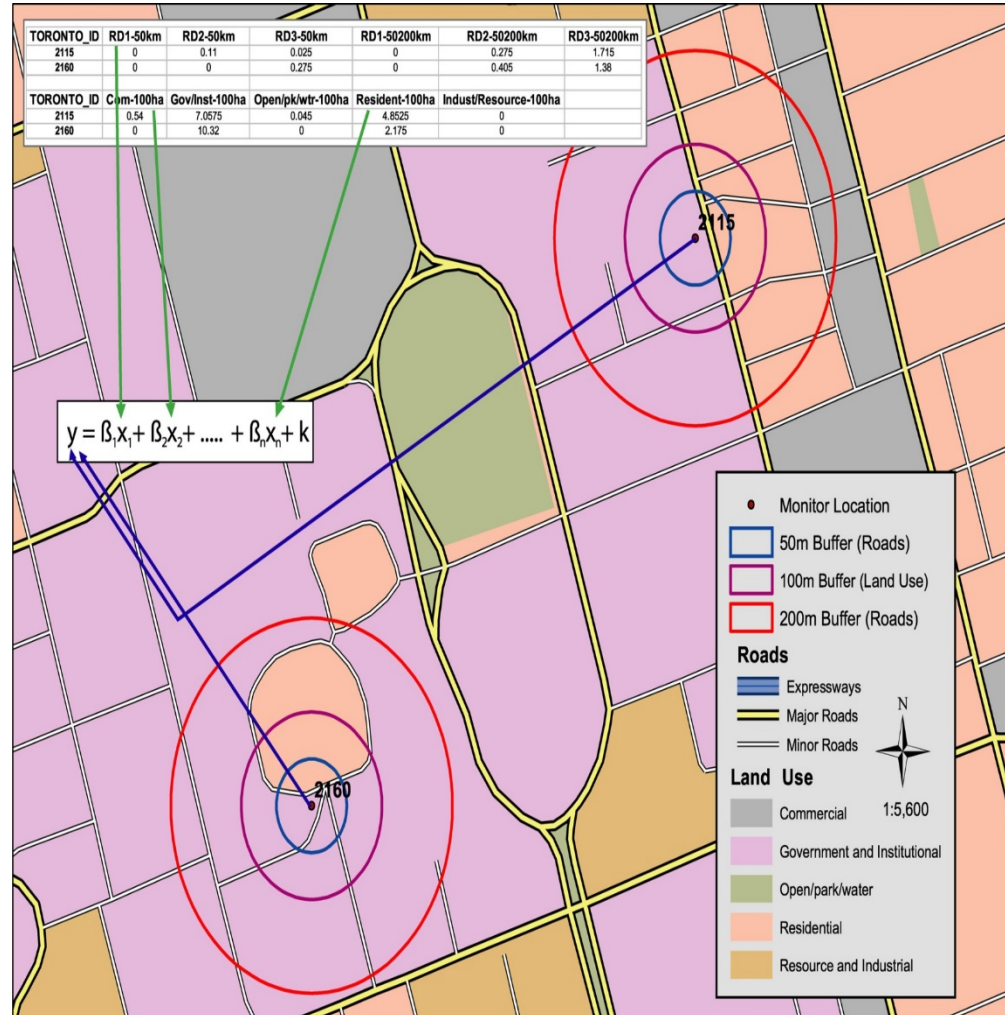
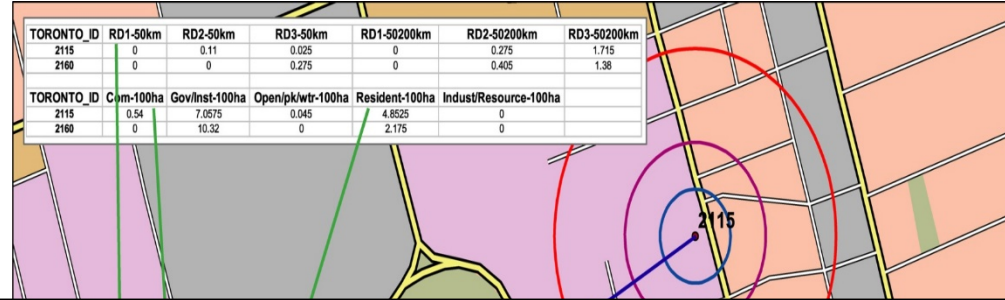


Image courtesy of Mike Jerrett

Methods – Adapt Land Use Regression Modeling with Machine Learning

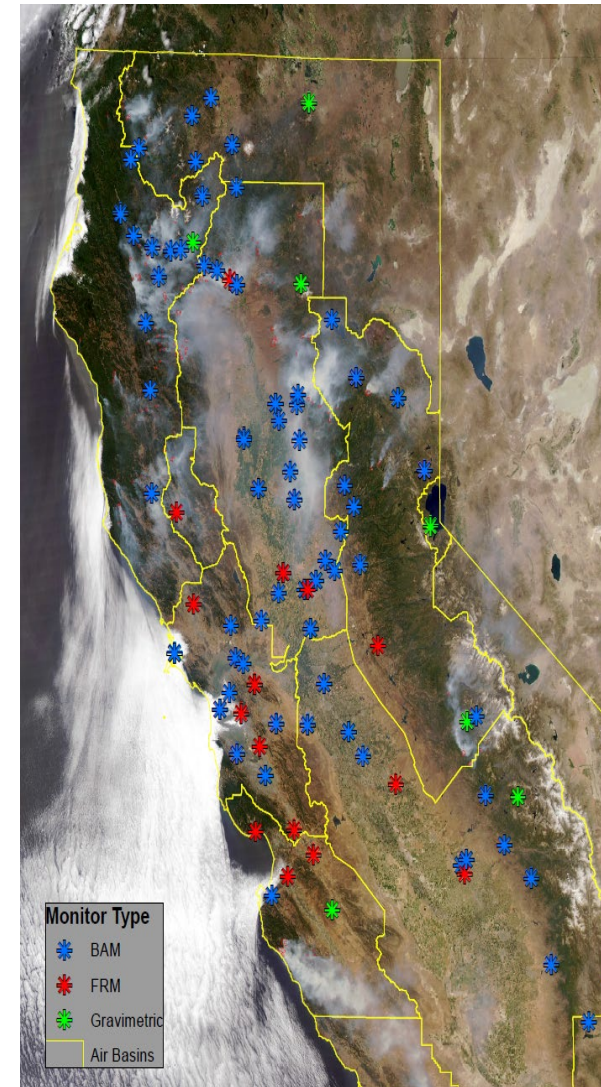


- Include novel spatiotemporal datasets
- Apply machine learning methods to
 - Select from a long list of predictor variables
 - Select from a variety of statistical algorithms



PM_{2.5} Monitoring (2008 Wildfire Event)

- 121 PM_{2.5} Monitors
 - Environmental Protection Agency (EPA), California Air Resources Board (CARB), US Forest Service (USFS)
 - 38 Federal Reference Method (FRM)
 - 16 other gravimetric
 - 67 Beta Attenuation Monitors (BAMs)
- Co-located Federal Equivalent Method (FEM) monitors agree with FRM (Pearson r values 0.94 – 1.00).



Variables	Data Source	Temporal Resolution	Spatial Resolution
Dependent Variable			
PM _{2.5} from monitoring stations (N=112)	US EPA, California Air Resources Board, Air Districts, and US Forest Service	Daily or hourly	
Spatiotemporal Variables			
GASP aerosol optical depth (AOD)	National Oceanic and Atmospheric Administration	Half-hourly, daylight	4 km
MODIS AOD	NASA	Twice daily	10 km
Local AOD	Sonoma Technology, Inc.	Daily	0.5 km
WRF-Chem PM _{2.5} (µg/m³)	National Center for Atmospheric Research	Hourly	12 km
Distance to nearest cluster of active fires (m)	Derived from USDA Forest Service Remote Sensing Applications Center	Daily	
Counts of fires in nearest cluster / distance			
Relative Humidity (%)	Rapid Update Cycle	Daily	13 km
Sea level pressure (Pa)			
Surface pressure (Pa)			
Planetary boundary layer height (m)			
U-component of wind speed (m/s)			
V-component of wind speed (m/s)			
Dew point temperature (K)			
Temperature at 2 m (K)			
Spatial Variables			
X-coordinate (m)	U.S. Environmental Protection Agency Air Quality System		
Y-coordinate (m)			
Counts of traffic within 1 km	Dynamap 2000, TeleAtlas	Annual	1 km
% of urban land use within 1km	2006 National Land Cover Database		1 km
% of agricultural land use within 1km			
% of vegetation land use within 1km			
Any High intensity land use within 1km			
Elevation (m)	National Elevation Dataset 2010		
Binary indicator variables for air basin	California Air Resources Board		Air Basin
Population Density	U.S. Census 2000		Block Group
Temporal Variables			
Julian Date	Daily		
Weekend			

19

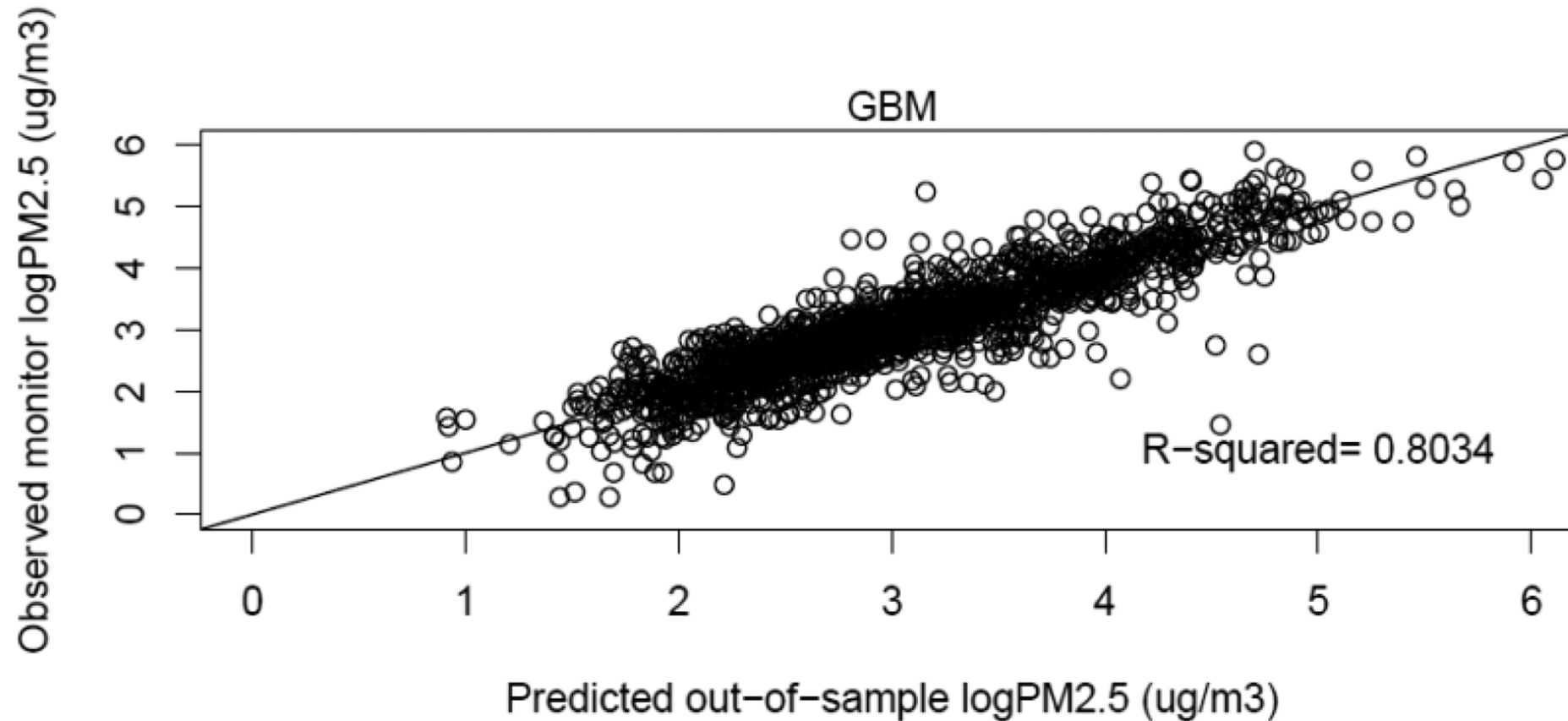
Statistical Algorithms

- Random Forest
- Tree bagging
- Generalized Boosting Models (GBM)
- Generalized Linear Models (GLM)
- GLM with penalized maximum likelihood (glmnet)
- Multivariate adaptive regression splines (Earth)
- Lasso regression
- Ridge regression
- Support Vector Machines
- Gaussian Processes
- Generalized Additive Models (GAM)
- K nearest neighbors regression

Table 2. CV-RMSE and CV-R² Values for the Best Model Across the 11 Algorithms

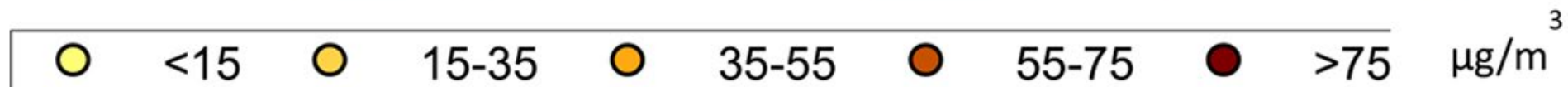
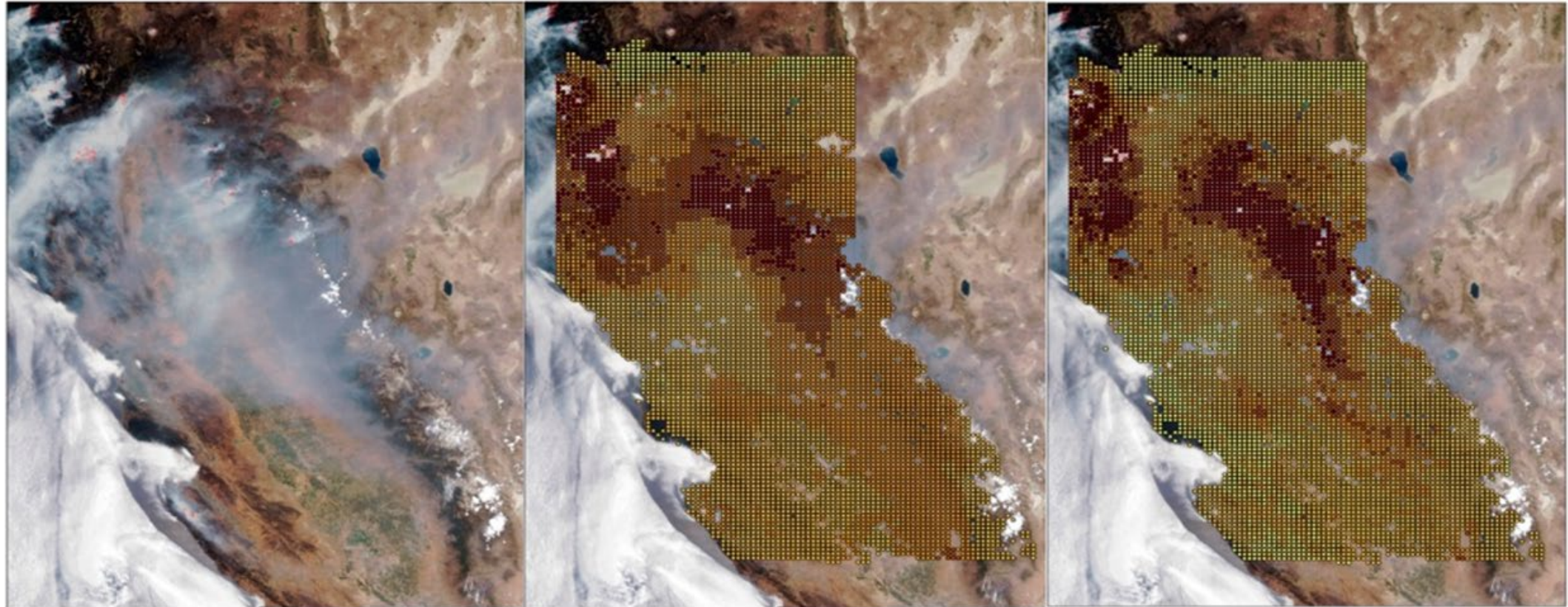
	model with smallest CV-RMSE for subsets of variables			model with fewer variables whose CV-RMSE was within 1.5% of the smallest CV-RMSE		
	CV-RMSE ($\mu\text{g}/\text{m}^3$)	CV-R ²	no. of variables selected	CV-RMSE ($\mu\text{g}/\text{m}^3$)	CV-R ²	no. of variables selected
random forest	1.513	0.796	20	1.521	0.790	14
bagged trees	1.687	0.672	27	1.696	0.665	15
generalized boosting model	1.489	0.803	29	1.495	0.799	13
elastic net regression	1.848	0.538	28	1.852	0.535	27
multivariate adaptive regression splines	1.642	0.701	28	1.648	0.696	26
lasso regression	1.821	0.558	28	1.834	0.548	23
support vector machines	1.556	0.761	16	1.561	0.758	15
gaussian processes	1.580	0.746	16	1.591	0.739	14
generalized linear model	1.821	0.558	29	1.834	0.549	23
K-nearest neighbors	2.030	0.387	2	2.044	0.374	1
generalized additive model	1.607	0.725	26	1.609	0.724	25

Observed on Predicted



GBM = Generalized Boosting Model; logPM2.5 = natural logarithm of the fine particulate matter concentration

Predictions with Smoke Plume Shown

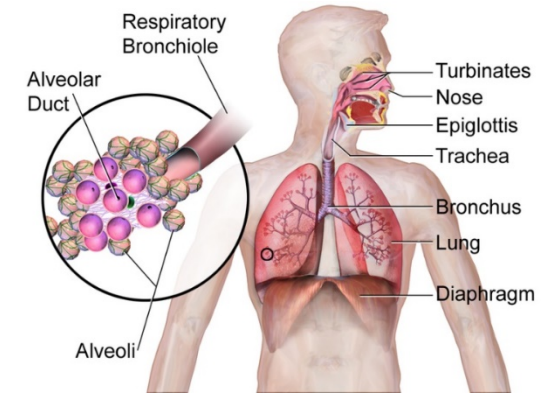


Exposure Assessment

- Expensive and challenging
- Human mobility another critical factor as many people evacuate
- How do we automate modeling and get people to volunteer their geographic information during fires?

What are the health effects from exposure to wildfire smoke?

- Clear evidence of respiratory health effects
- Particularly for exacerbation of asthma, Chronic Obstructive Pulmonary Disease (COPD)
- **But** mostly null findings for cardiovascular outcomes
- Open question as to why a difference exists between the two outcomes (more from John Balmes soon)



Wildfire Smoke and Mortality

- Clear evidence of wildfire smoke impacts on all-cause mortality
 - But no clear evidence for specific causes of mortality such as respiratory or cardiovascular deaths

Fires effect on birth weight

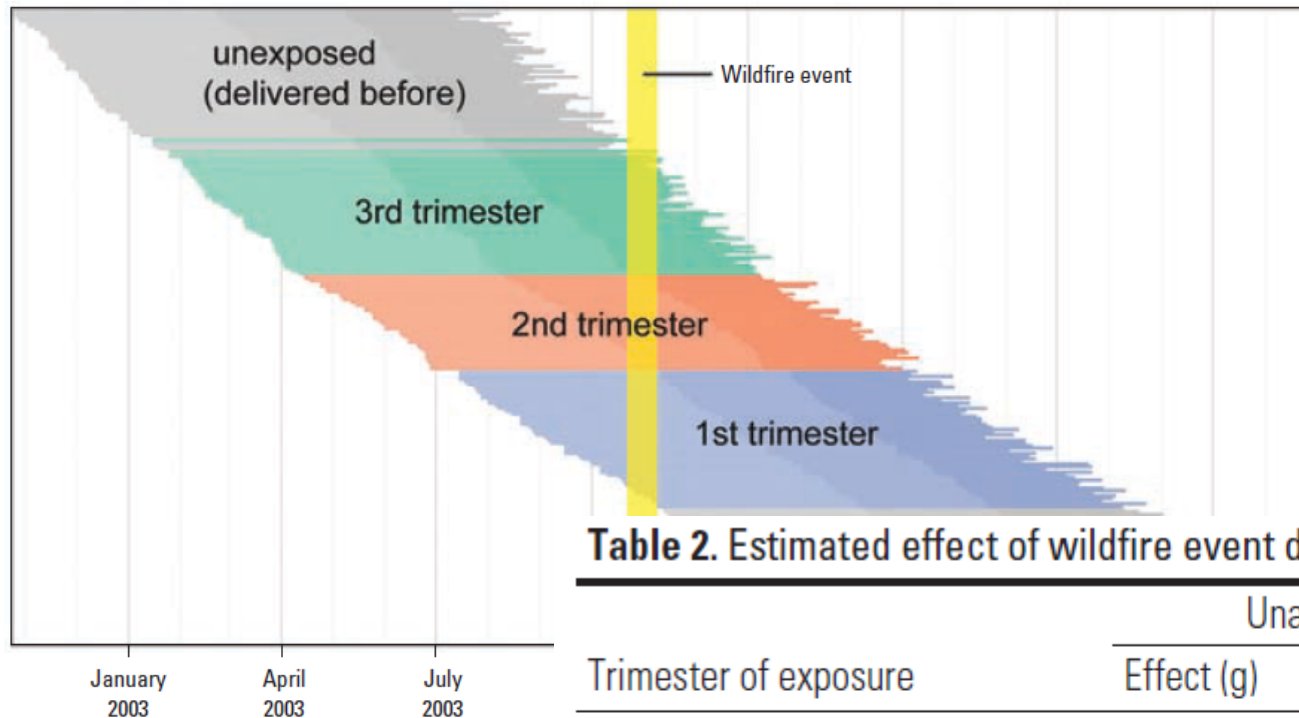


Figure 2. Schematic illustrating exposure as lap between the wildfire event (yellow) and gestational intervals are shown order from 2002–2004 is shown. Dates on the x-axis seasonality.

Table 2. Estimated effect of wildfire event during gestation on birth weight (g), by trimester.

Trimester of exposure	Unadjusted model		Adjusted model	
	Effect (g)	95% CI	Effect (g)	95% CI
Third (≥ 29 weeks)	-7.9	(-12.8, -3.1)	-7.0	(-11.8, -2.2)
Second (17–28 weeks)	-17.1	(-21.9, -12.3)	-9.7	(-14.5, -4.8)
First (1–16 weeks)	-3.9	(-7.8, 0.0)	-3.3	(-7.2, 0.6)
Any trimester	-8.8	(-11.5, -6.1)	-6.1	(-8.7, -3.5)

Adjusted model includes terms for fetal sex, gestational age, parity, maternal age, maternal education, maternal race/ethnicity, secular trend, and season.

Mental Health

- Most studies of mental health with wildfires find evidence of various mental health impacts of wildfire smoke exposure including post traumatic stress disorder (PTSD), depression
 - Many of these studies are of populations that were not just exposed to smoke but also were evacuated or lost property or loved ones
 - Effects of “Solacetalgia” see Eisenman et al. 2015
 - Concerns about self-report of both exposure and health endpoints in many of these studies

Who is most vulnerable?

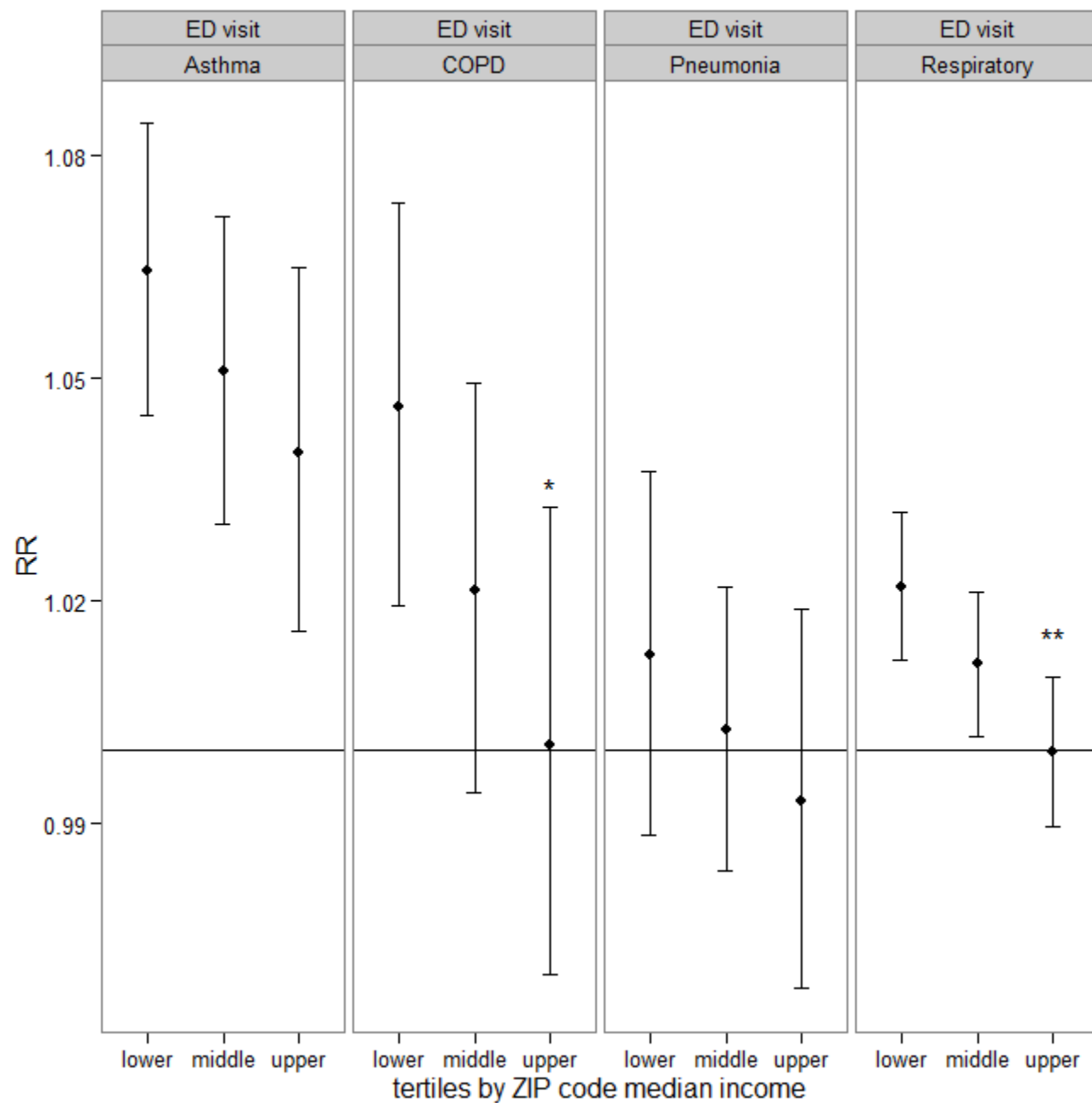
- Age
 - Some studies find older adults are more vulnerable
 - Some studies find younger adults are more vulnerable
- Pre-existing conditions
 - Only a few studies have looked at this with mixed results
 - But exacerbations of asthma and Chronic Obstructive Pulmonary Disease (COPD) are the clearest health findings for wildfire smoke



Who is most vulnerable?

- Socio-economic status (SES)
 - No differential effects by SES in British Columbia (Henderson et al. 2011)
 - More vulnerable in lower income areas found in studies in North Carolina (Rappold et al. 2012), California (Reid et al. 2016), and the western US (Liu et al. 2017)
- Race-ethnicity
 - Elderly Blacks had higher respiratory admissions associated with wildfires than elderly Whites in western US (Liu et al. 2017)
 - Indigenous Australians (Johnston et al. 2007; Hanigan et al. 2008)

Who is most vulnerable?



Uncertainties in the Evidence

- Why we have different findings for cardiovascular disease (CVD) that we see with “normal” air pollution?
- Who are the vulnerable populations?
- What other health endpoints related to smoke not yet studied (diabetes, hypertension)?
- What are the chronic health impacts of repeated exposures to wildfires – which is likely the new normal under likely climate change scenarios?
- What is the effectiveness of different public health interventions?
- What are health impacts of other air pollutants from wildfires not just PM (e.g. ozone)?
- How do we assess mobility (e.g., evacuations) on exposures?
- How long do particles persist indoors and how do they transform into air toxics?

Acknowledgements

- Prof. Colleen Reid for sharing her slides
- Joint Fire Science Research Program and the Environmental Protective Agency STAR program for funding

References

- Haikerwal A, Akram M, Del Monaco A, Smith K, Sim MR, Meyer M, et al. 2015. Impact of Fine Particulate Matter (PM_{2.5}) Exposure During Wildfires on Cardiovascular Health Outcomes. *J Am Heart Assoc* 4; doi:10.1161/JAHA.114.001653.
- Henderson SB, Brauer M, Macnab YC, Kennedy SM. 2011. Three measures of forest fire smoke exposure and their associations with respiratory and cardiovascular health outcomes in a population-based cohort. *Environ. Health Perspect.* 119:1266–1271; doi:10.1289/ehp.1002288.
- Holstius DM, Reid CE, Jesdale BM, Morello-Frosch R. 2012. Birth weight following pregnancy during the 2003 Southern California wildfires. *Env. Health Perspect* 120:1340–5; doi:10.1289/ehp.1104515.
- Rappold AG, Stone SL, Cascio WE, Neas LM, Kilaru VJ, Carraway MS, et al. 2011. Peat Bog Wildfire Smoke Exposure in Rural North Carolina Is Associated with Cardiopulmonary Emergency Department Visits Assessed through Syndromic Surveillance. *Env. Health Perspect* 119:1415–20; doi:10.1289/ehp.1003206.
- Rappold AG, Cascio WE, Kilaru VJ, Stone SL, Neas LM, Devlin RB, et al. 2012. Cardio-respiratory outcomes associated with exposure to wildfire smoke are modified by measures of community health. *Environmental health : a global access science source* 11:71; doi:10.1186/1476-069X-11-71.
- Reid CE, Brauer M, Johnston FH, Jerrett M, Balmes JR, Elliott CT. 2016a. Critical Review of Health Impacts of Wildfire Smoke Exposure. *Env. Health Perspect* 124:1334–43; doi:10.1289/ehp.1409277.
- Salimi F, Henderson SB, Morgan GG, Jalaludin B, Johnston FH. 2016. Ambient particulate matter, landscape fire smoke, and emergency ambulance dispatches in Sydney, Australia. *Env. Int*; doi:10.1016/j.envint.2016.11.018.
- Tinling MA, West JJ, Cascio WE, Kilaru V, Rappold AG. 2016. Repeating cardiopulmonary health effects in rural North Carolina population during a second large peat wildfire. *Env. Health* 15:12; doi:10.1186/s12940-016-0093-4.
- Wettstein ZS, Hoshiko S, Fahimi J, Harrison RJ, Cascio WE, Rappold AG. 2018. Cardiovascular and Cerebrovascular Emergency Department Visits Associated With Wildfire Smoke Exposure in California in 2015. *J Am Heart Assoc* 7; doi:[10.1161/JAHA.117.007492](https://doi.org/10.1161/JAHA.117.007492).