

# Overview of Ozone Epidemiology

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# EPA's Causal Determinations

Health Outcome	Short-term Exposure		Long-term Exposure	
	2008 Review	2015 Review	2008 Review	2015 Review
Respiratory effects (including mortality)	Causal	Causal	Suggestive	<b>Likely to be causal</b>
All-cause mortality	Suggestive	<b>Likely to be causal</b>	Little evidence	<b>Suggestive</b>
Cardiovascular effects (including mortality)	Suggestive	<b>Likely to be causal</b>	No conclusion	<b>Suggestive</b>

# Administrator's Proposed Conclusions – Epidemiology Studies

Exposure	Administrator's Conclusion	Elsewhere in Proposed Rule	Uncertainties
Short Term	Small, reversible changes in lung function and inflammation, respiratory ED visits, HA, all-cause mortality	<ul style="list-style-type: none"> <li>Administrator “places relatively less weight on epidemiology-based risk estimates”</li> <li>Heterogeneity across locations</li> <li>Exposure measurement error</li> <li>Shape of C-R functions in lower portions of ambient distributions</li> </ul>	Exp measurement error, modeling specifications, and confounders ( <i>e.g.</i> , co-pollutants, temperature, flu epidemics)
Long Term	Respiratory morbidity and mortality “likely” to be causal	<ul style="list-style-type: none"> <li>Only one “well-designed” long-term mortality study (Jerrett <i>et al.</i>, 2009)</li> <li>Uncertainty about threshold</li> </ul>	Exp measurement error and confounders ( <i>e.g.</i> , smoking, SES)

# Ozone Epidemiology Study Designs

- Short-term exposure (hours, days, or weeks)
  - Time-series studies
  - Case-crossover studies
  - Panel studies
- Long-term exposure (months, years)
  - Longitudinal cohort studies
- One time point
  - Cross-sectional studies



# Time-series Studies

- Aggregate estimates of exposure and health
  - Central site monitors and existing databases
- Population-average rates of acute health events
  - Hospital admissions (HA), emergency department (ED) visits, death rates



# Case-crossover Studies

- Individual-level exposure estimates
  - Central site monitors often used
  - Case period vs. control period
- Individual-level acute health events
  - Administrative data often used: hospital admissions (HA), emergency department (ED) visits



# Panel Studies

- Repeatedly assess health status of individual subjects
- Time-varying ozone exposure
  - Central-site monitoring or personal exposure
- Commonly used to investigate lung function and asthma symptoms



# Longitudinal Cohort Studies

Population



Study Sample



Not Exposed



Exposed



Do not  
develop  
disease



Develop  
disease



Do not  
develop  
disease



Develop  
disease



# Cross-sectional Studies

- Exposure status and disease status are measured at one point in time or over a short period. No follow-up.
- Comparison of disease prevalence among exposed and non-exposed (*e.g.*, asthma prevalence)



# Strengths of Ozone Epidemiology Studies

- Can assess health status in a large population over many years
- Can capture temporal ozone concentration variability
- Can make individual-level causal inference
- Can control for temporal trends
- Can deal with time-invariant subject characteristics



# Limitations in Ozone Epidemiology Studies

- Ecological fallacy
- Confounding
- Prevalence measures (vs. incidence)
- Low compliance (panel studies)
- Exposure measurement error
- Disease measurement error
- Model misspecification
- Model selection bias
- Publication bias



# Heterogeneity

8-HOUR OZONE-MORTALITY COEFFICIENTS  
RAW ESTIMATES AND 95% CONFIDENCE INTERVALS

