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Health impact assessment of traffic-related air pollution in Copenhagen Municipality
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Background: Health impacts of traffic-related air pollution (PR) have been estimated in comparable units enabling comparison between countries. PR estimates from the Health impacts of air pollution in European countries (HRAPIE) and the WHO Air Quality Guidelines (AQG) follow the same methods.

Methods: Data from the DePICT study (PPP) of tobacco products starting January 1st 2017. We included approximately 2000 adolescents (12-17 years) and 4000 adults (18-64 years) were recruited. All participants reported their smoking status and risk perceptions. Smoking-related perceptions after plain tobacco were assessed.

Results: Smoking-related perceptions after plain tobacco were assessed. Smoking rates were lower in adolescents (12-17 years) and increased in adults (18-64 years) post implementation of plain packaging. The perception of the harmfulness of smoking has increased in adolescents and adults. Additionally, the social acceptance of tobacco in disadvantaged groups.

Conclusions: Smoking rates have been reduced in adolescents and adults. The perception of the harmfulness of smoking has increased in disadvantaged groups. The equalizing effect of the intervention in terms of socioeconomic differences, positively contributes to the elimination of inequalities for successful smoking cessation. Smoking-related perceptions after plain packaging might contribute to changes in the smoking environment which result in lower levels of tobacco use in disadvantaged groups.
Background:
High-resolution exposure to traffic-related air pollution can be assessed by modelling levels of nitrogen dioxide (NO2) which together with ultrafine particles mainly originate from diesel-powered vehicles in urban areas. The purpose of the study was to estimate the health benefits of reduced exposure to vehicle emissions assessed as NO2 among the citizens of Copenhagen Municipality, Denmark.

Methods:
We utilized residential NO2 concentrations modelled by use of chemistry transport models to calculate contributions from emission sources to air pollution. We used exposure-response functions linking NO2 concentration estimates with the risk of diabetes, cardiovascular diseases, and respiratory diseases derived from a large Danish study. The DYNAMO-HIA model was applied to the population of Copenhagen by using residential NO2 concentrations combined with demographic data and data from nationwide registers on incidence and prevalence of diseases associated with air pollution. Different scenarios were modelled to estimate the impact of NO2 exposure on related diseases and the potential health benefits of lowering the NO2 level in Copenhagen.

Results:
If NO2 exposure was restricted to the rural level life expectancy in 2040 would increase by two years for men and almost a half year for women. The greatest gain in disease-free life expectancy for men would be lifetime without ischemic heart disease (2.2 years), chronic obstructive pulmonary disease (2.1 years), and asthma (2.3 years). Among women the greatest increase would be lifetime without diabetes (1.2 years) and without stroke (1.1 years).

Conclusions:
Reducing the NO2 exposure by controlling traffic-related air pollution reduces the occurrence of some of the most prevalent diseases and increases life expectancy which can be quantified by DYNAMO-HIA with a high resolution exposure modelling. This tool has demonstrated how traffic planners can assess health benefits from reduced levels of traffic-related air pollution.

Key messages:
• Lowering NO2 exposure by reducing traffic-related air pollution would reduce occurrence of cardiovascular, respiratory and metabolic diseases, lung cancer, and increase disease-free life expectancy.
• The full potential of health gain by reducing NO2 exposure level to that of rural areas would increase life expectancy in Copenhagen by two years for men and almost a half year for women.