

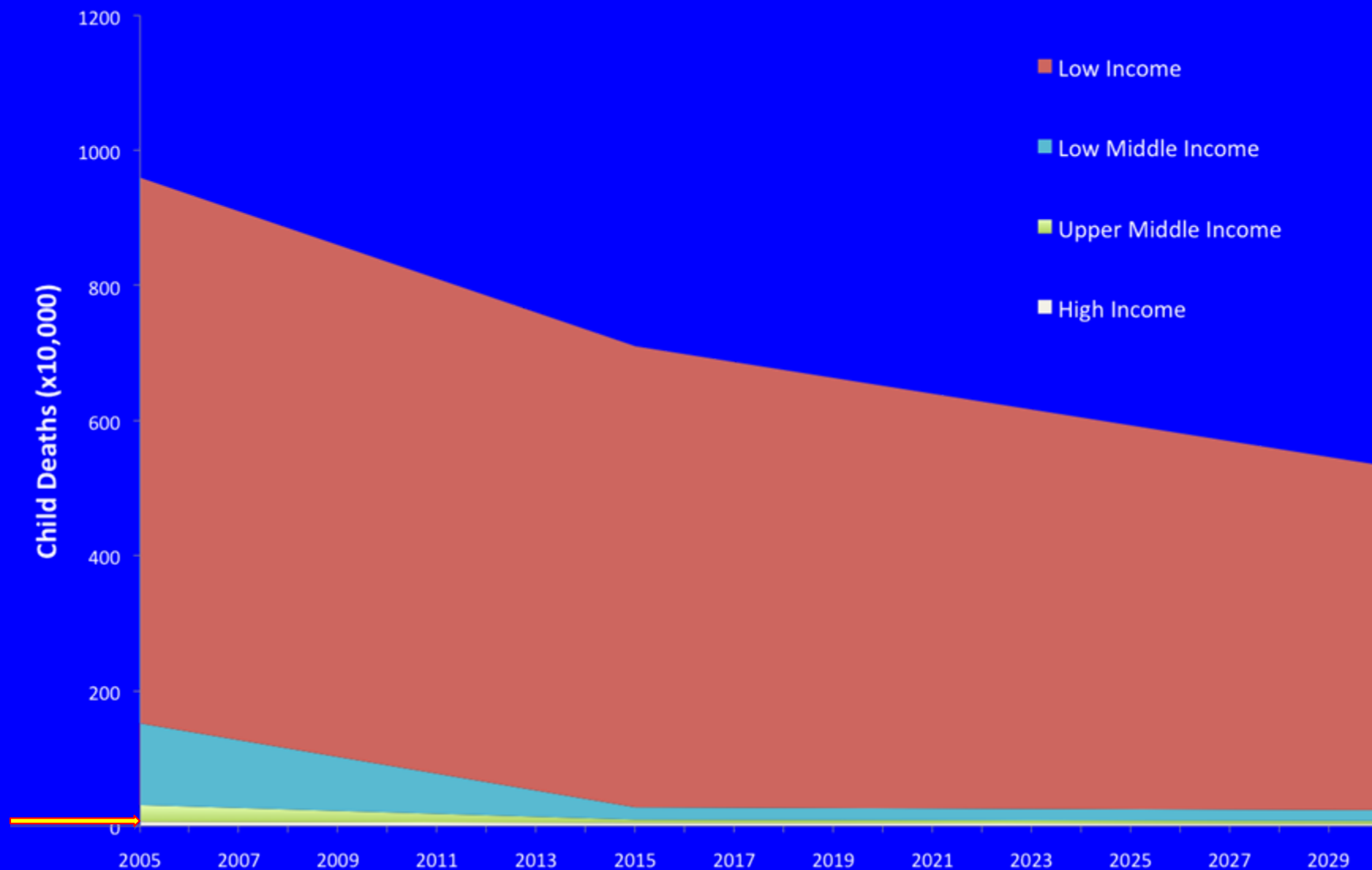
# **Indoor Air Pollution and Child Health**

## **What do we know, what should we know and what are some of the systems relationships?**

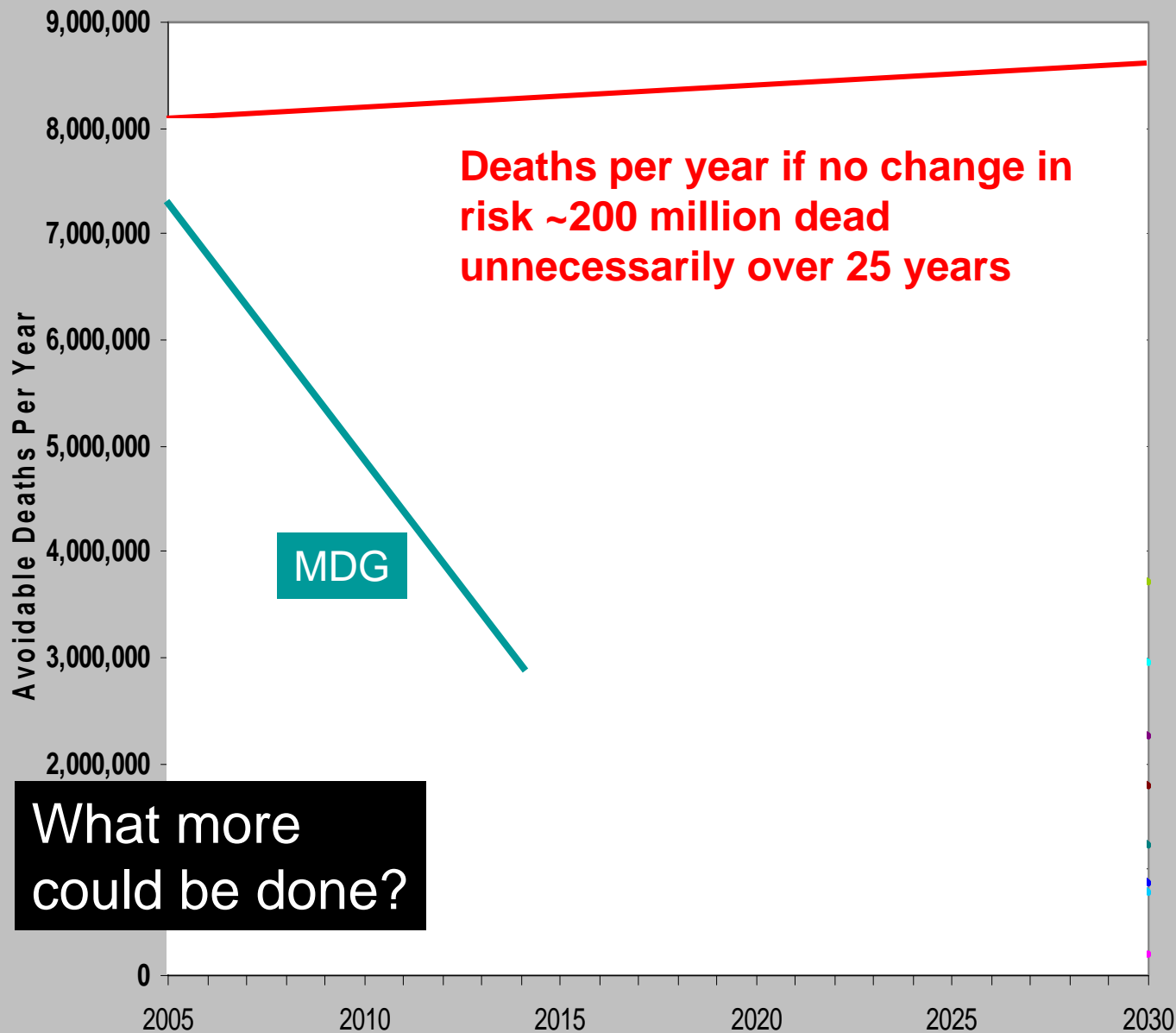
**Kirk R. Smith, PhD, MPH**  
**Professor of Global Environmental Health**  
**University of California, Berkeley**

**NICHD/NIEHS, Bethesda**  
**September 26, 2008**

## 0-4 mortality by income group 2005-2030



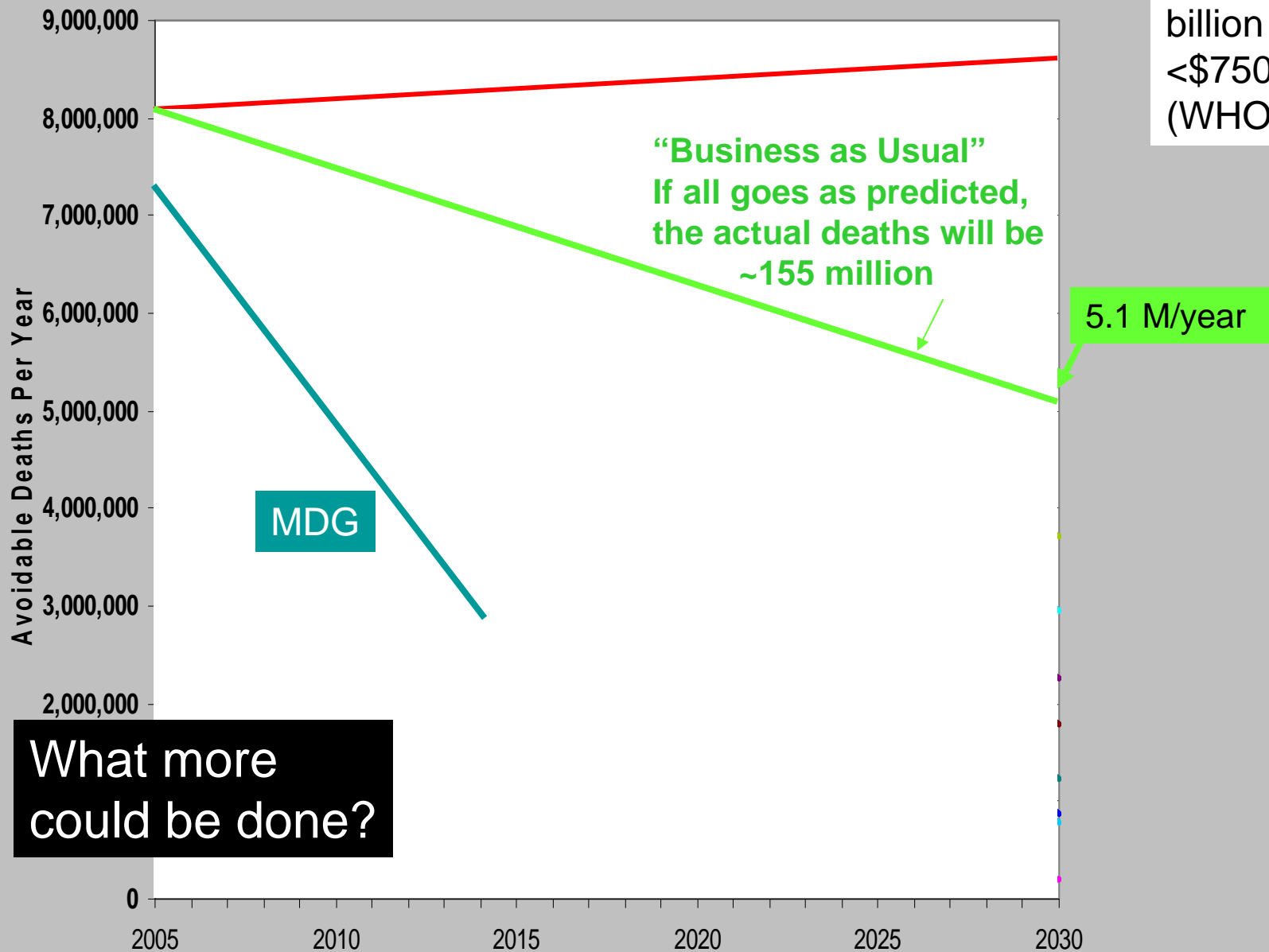
# Child Mortality Wedges: 2005-2030



Children in the poorest nations with 2.7 billion people: <\$750/year-person (WHO databases)

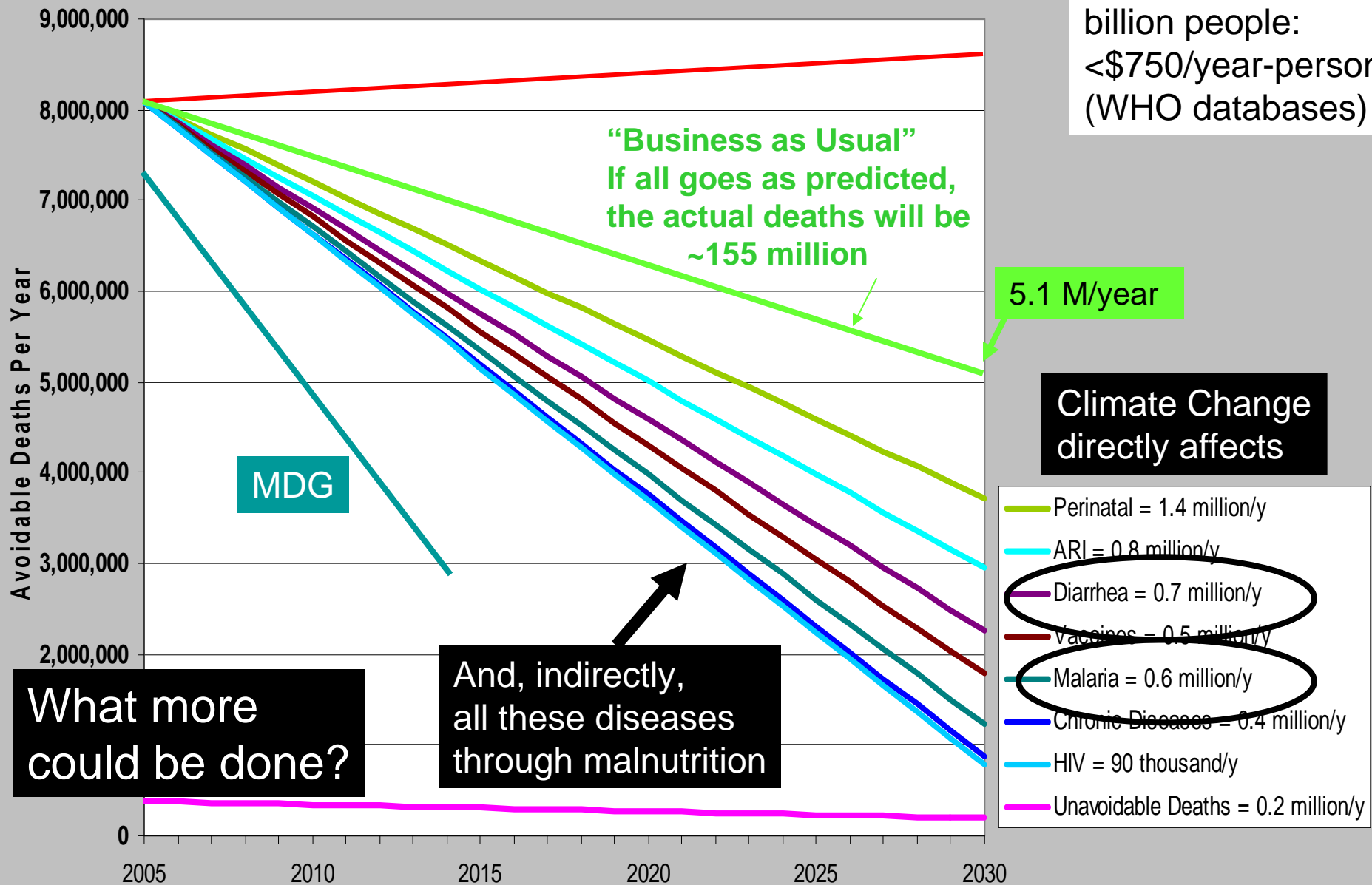
# Child Mortality Wedges: 2005-2030

Children in the poorest nations with 2.7 billion people: <\$750/year-person (WHO databases)



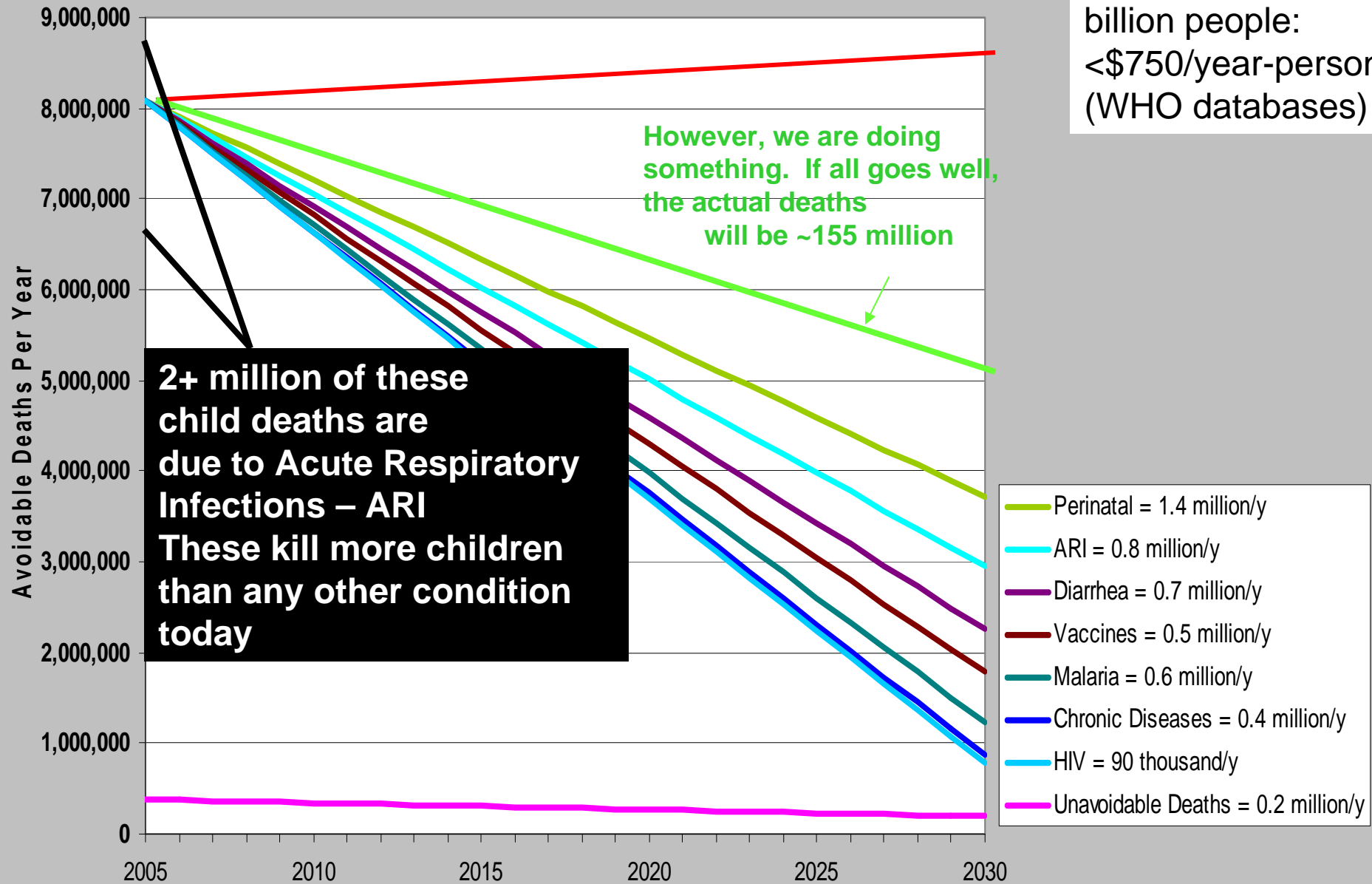
# Child Mortality Wedges: 2005-2030

Children in the poorest nations with 2.7 billion people: <\$750/year-person (WHO databases)



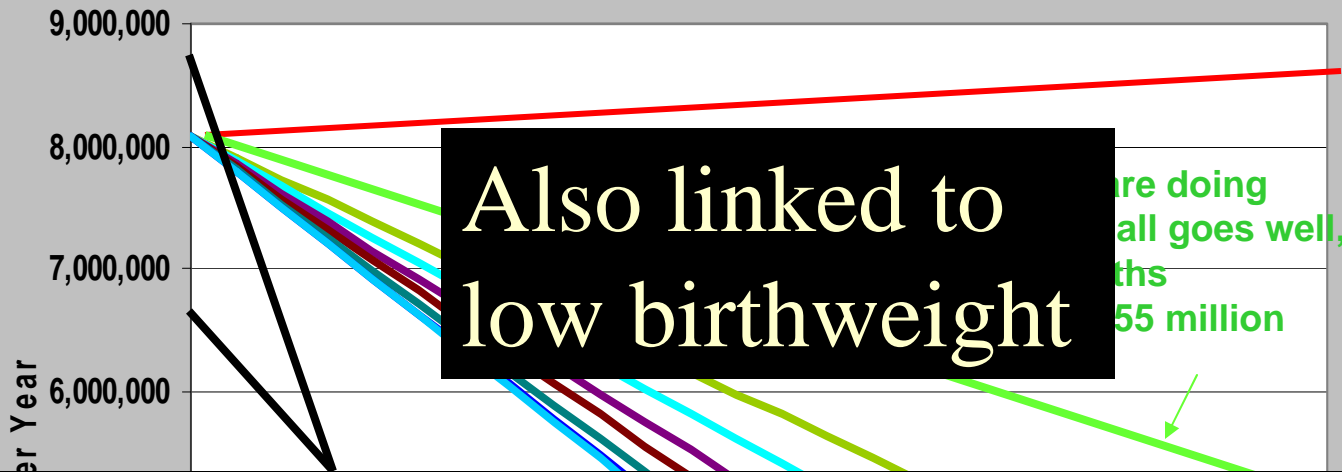
# Child Mortality Wedges: 2005-2030

Children in the poorest nations with 2.7 billion people: <\$750/year-person (WHO databases)

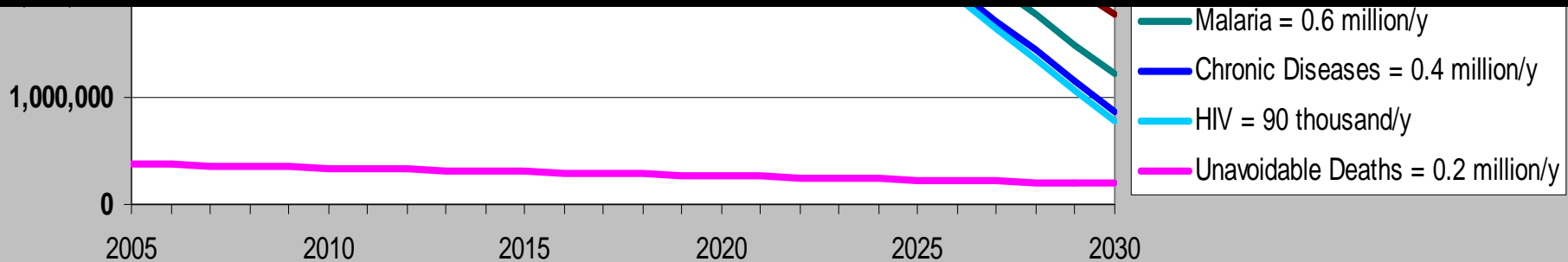


## Child Mortality Wedges: 2005-2030

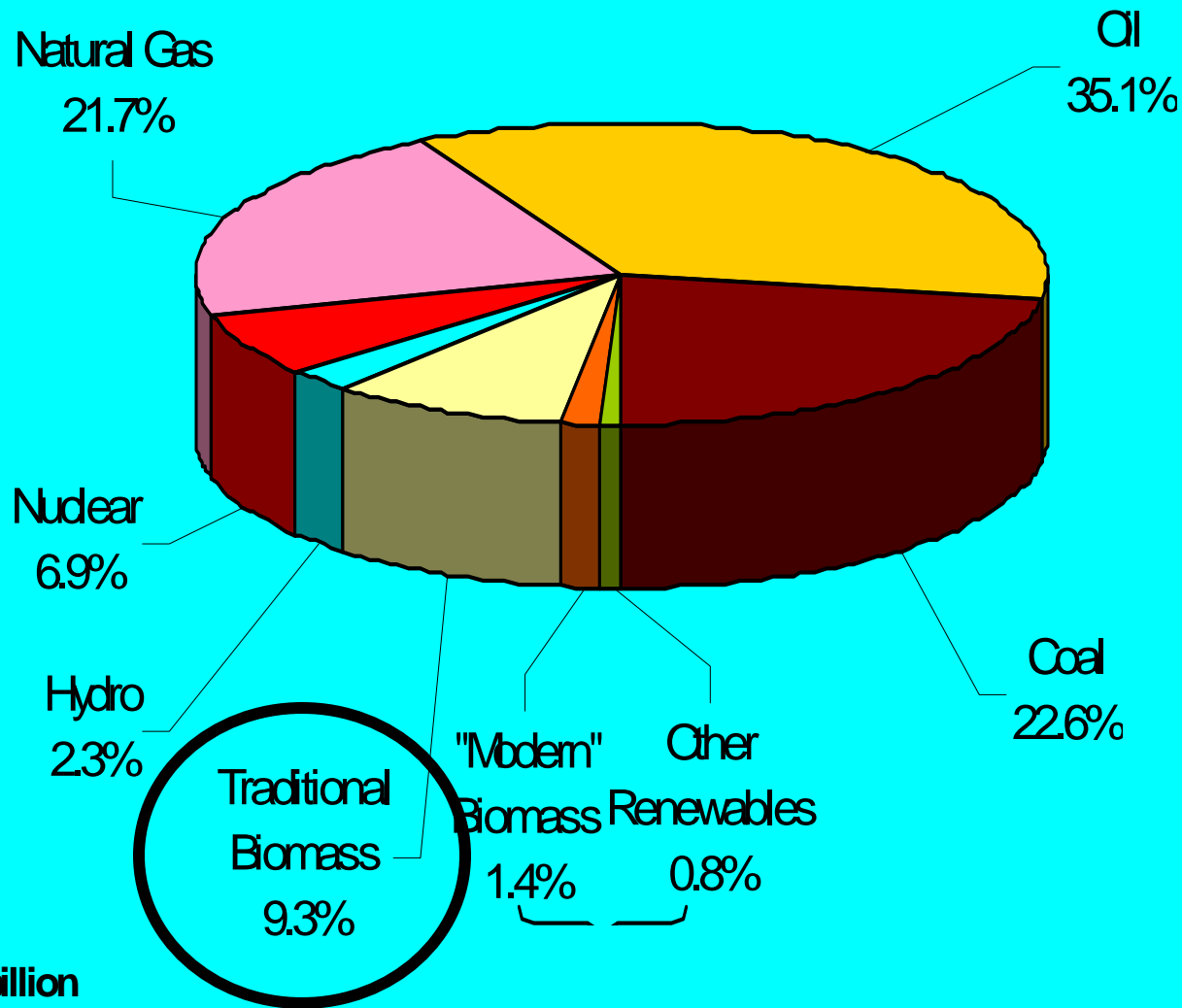
Children in the poorest nations with 2.7 billion people: <\$750/year-person (WHO databases)



ARI has strong links to inefficient energy use, which offers a great opportunity for “Co-benefits” -- achieving both climate mitigation and health protection with the same policies



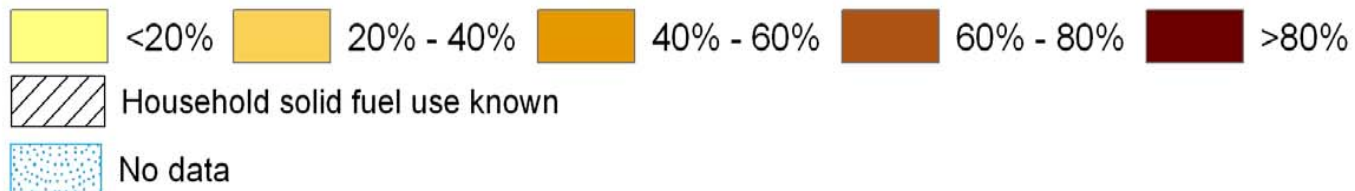
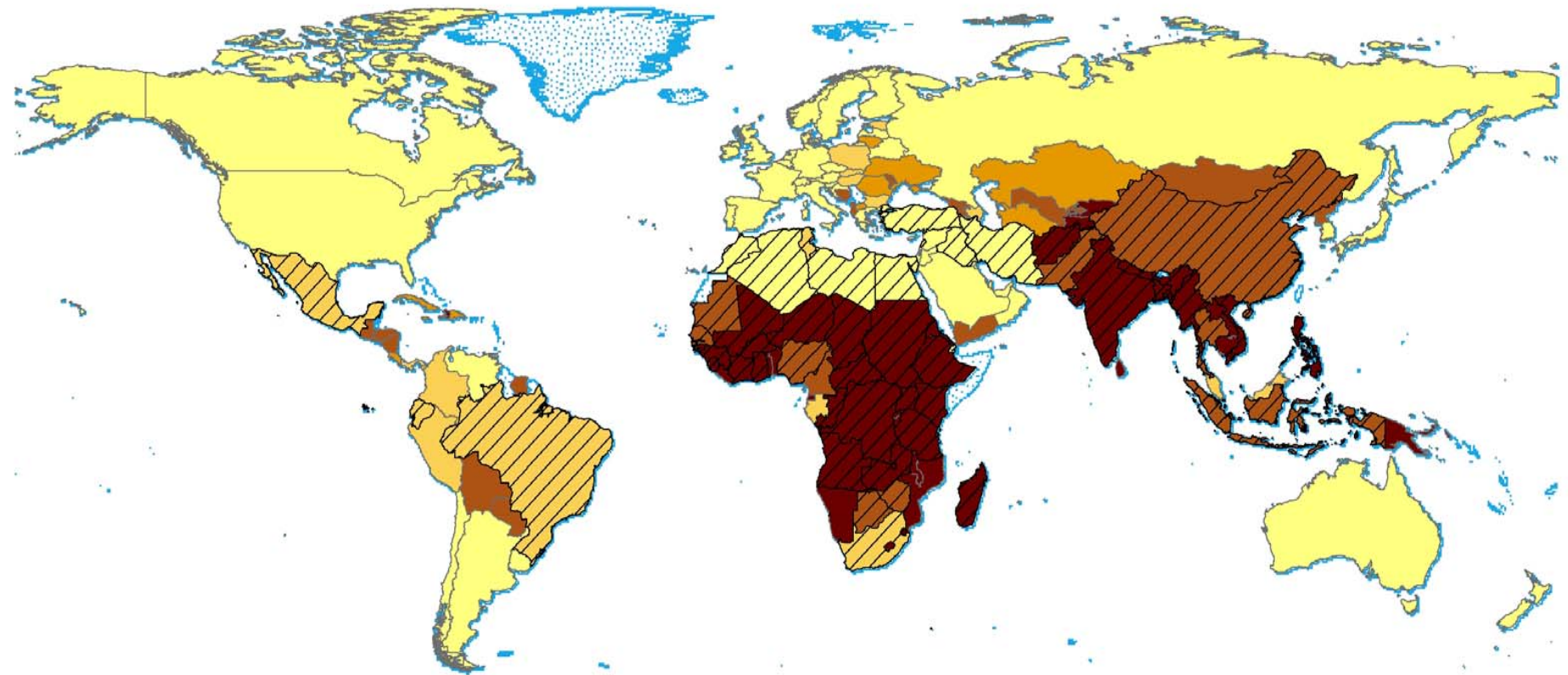
# World Energy – 2001



Population: 6.102 billion  
Total energy use: 102 Gtoe  
Per capita energy consumption: 167 toe

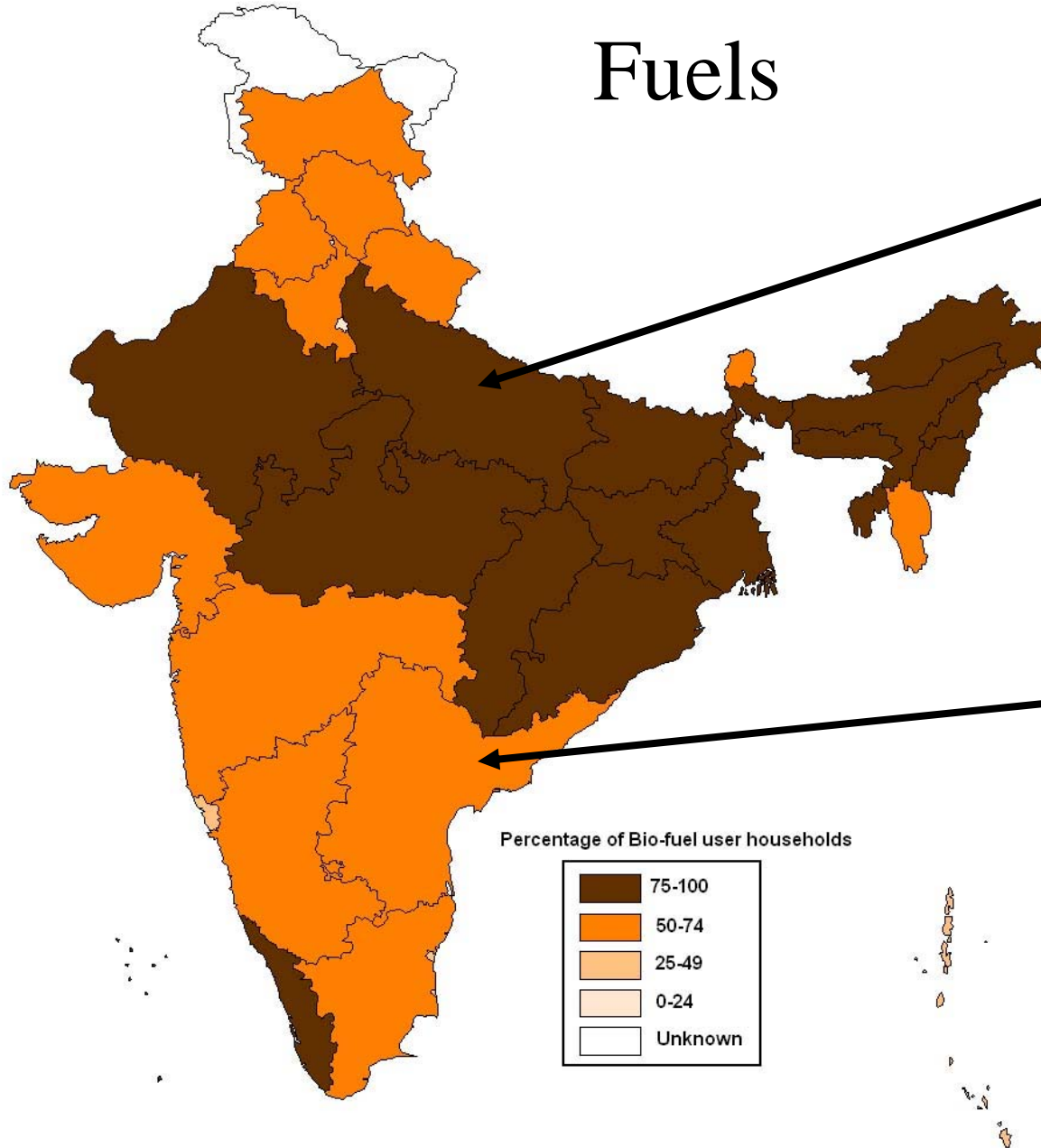


# National Household Solid Fuel Use, 2000



INDIA

# Biomass Fuels



More than  
75% of  
households

50-74% of  
households

2000 Census

# Woodsmoke is natural – how can it hurt you?

Or, since wood is mainly just carbon, hydrogen, and oxygen, doesn't it just change to  $\text{CO}_2$  and  $\text{H}_2\text{O}$  when it is combined with oxygen (burned)?

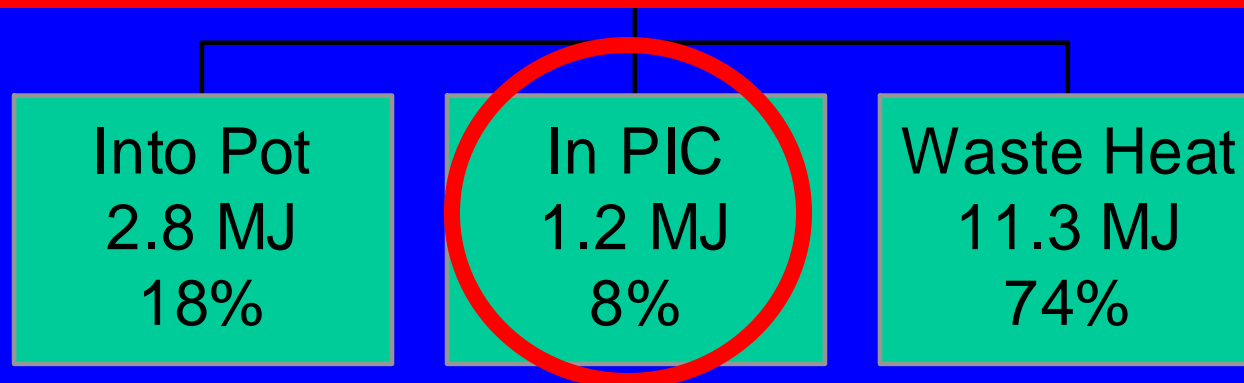


Reason: the combustion efficiency is far less than 100%

# Energy flows in a well-operating traditional wood-fired Indian cooking stove

A Toxic Waste Factory!!

Typical biomass cookstoves convert 6-20% of the fuel carbon to toxic substances



PIC = products of incomplete combustion = CO, HC, C, etc.

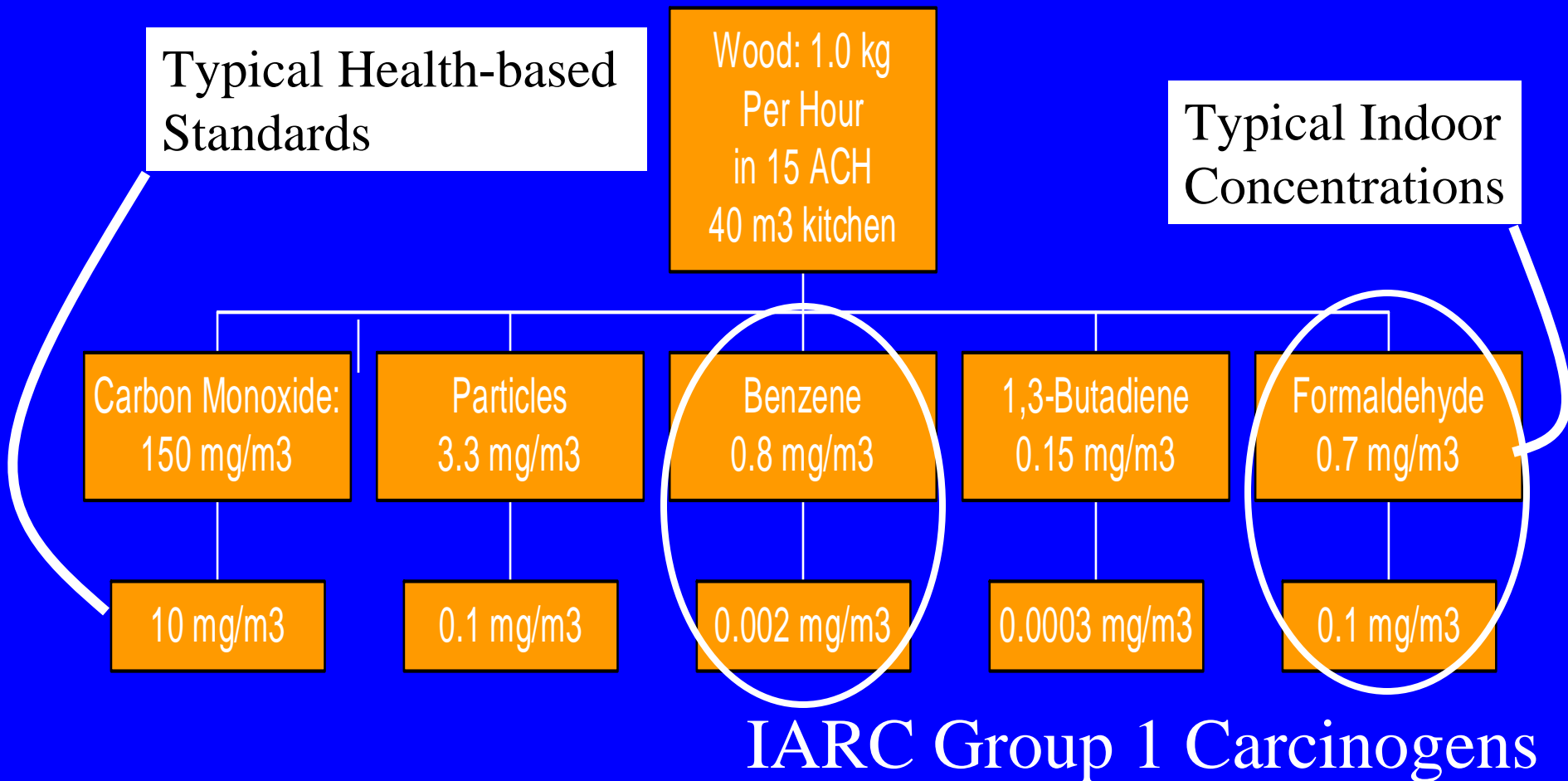
Source:  
Smith,  
et al.,  
2000

# Toxic Pollutants in Biomass Fuel Smoke from Simple (poor) Combustion

- Small particles, CO, NO<sub>2</sub>
- Hydrocarbons
  - 25+ saturated hydrocarbons such as *n-hexane*
  - 40+ unsaturated hydrocarbons such as *1,3 butadiene*
  - 28+ mono-aromatics such as *benzene & styrene*
  - 20+ polycyclic aromatics such as *benzo(α)pyrene*
- Oxygenated organics
  - 20+ aldehydes including *formaldehyde & acrolein*
  - 25+ alcohols and acids such as *methanol*
  - 33+ phenols such as *catechol & cresol*
  - Many quinones such as *hydroquinone*
  - Semi-quinone-type and other radicals
- Chlorinated organics such as *methylene chloride* and *dioxin*

Source: Naeher et al,  
*J Inhal Tox*, 2007

# Health-Damaging Air Pollutants From Typical Woodfired Cookstove in India.





First person in human history to have her exposure measured doing one of the oldest tasks in human history

Exposures seem to be high in a large vulnerable population. But what are the health effects?



Kheda District  
Gujarat, India  
1981

Diseases for which we have  
epidemiological studies linking  
indoor air pollution to disease

ALRI/  
Pneumonia  
(meningitis)

Low birth  
weight &  
stillbirth

Asthma

Early  
infant  
Death?

Cognitive  
Effects?

Chronic  
obstructive  
lung disease

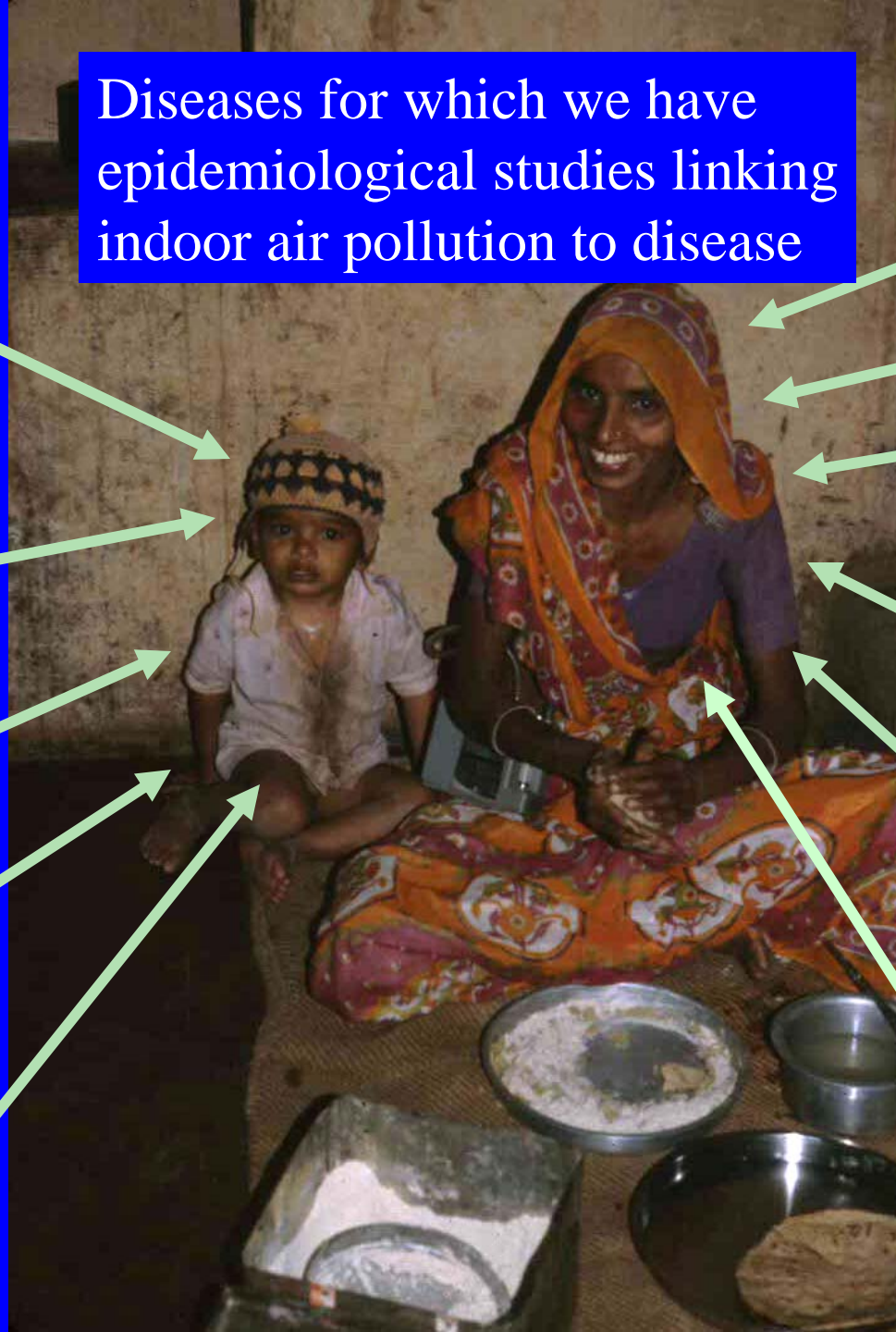
Interstitial LD

Cancer  
(lung, NP, cervical,  
aero-digestive)

Blindness  
(cataracts, trachoma)

Tuberculosis

Heart disease?

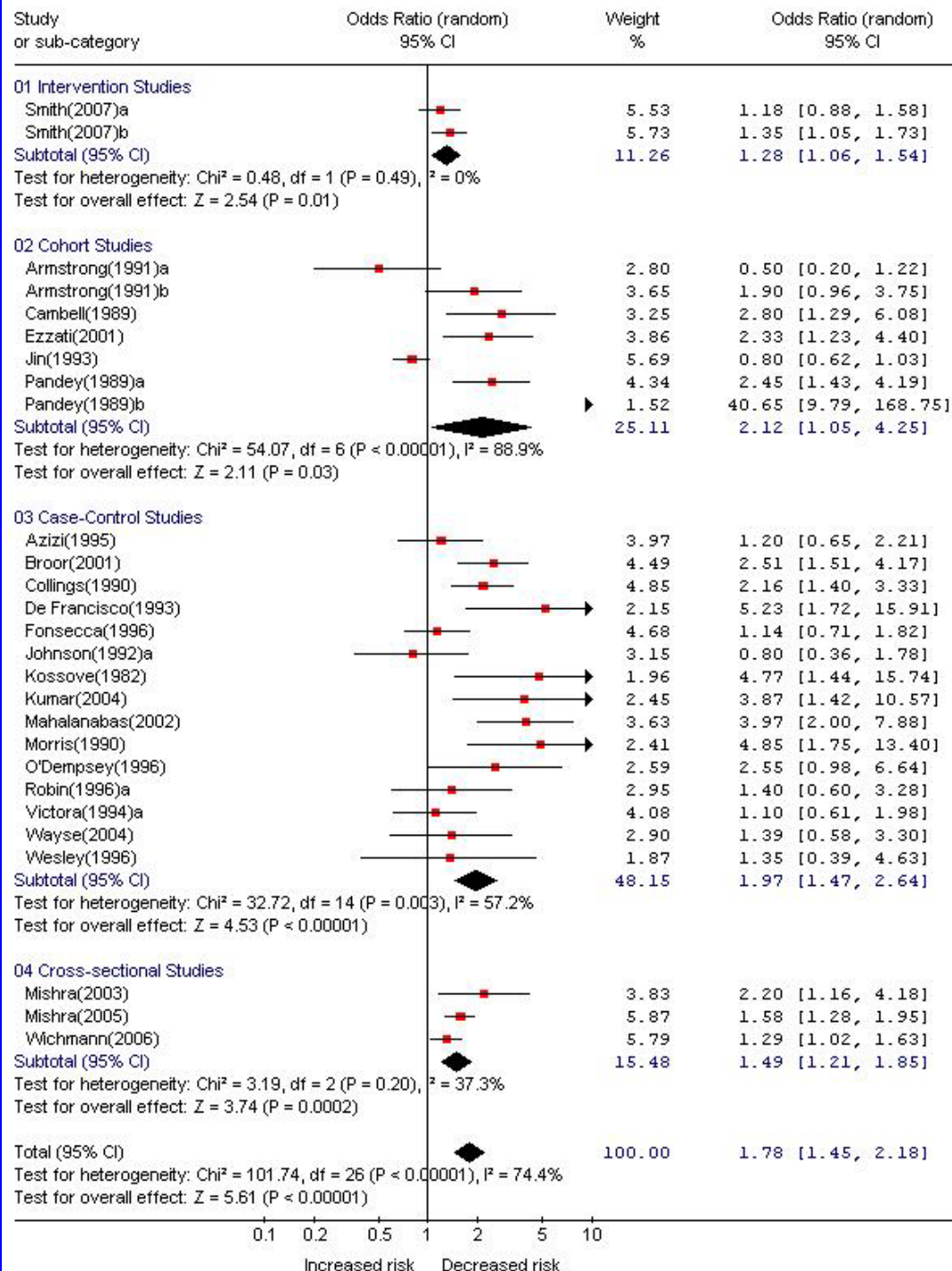




Study design	N *	OR	95% CI
Intervention	2	1.28	1.06, 1.54

# 'New ALRI-IAP Systematic Review and Meta-Analysis Dherani et al. Bull WHO, 2008

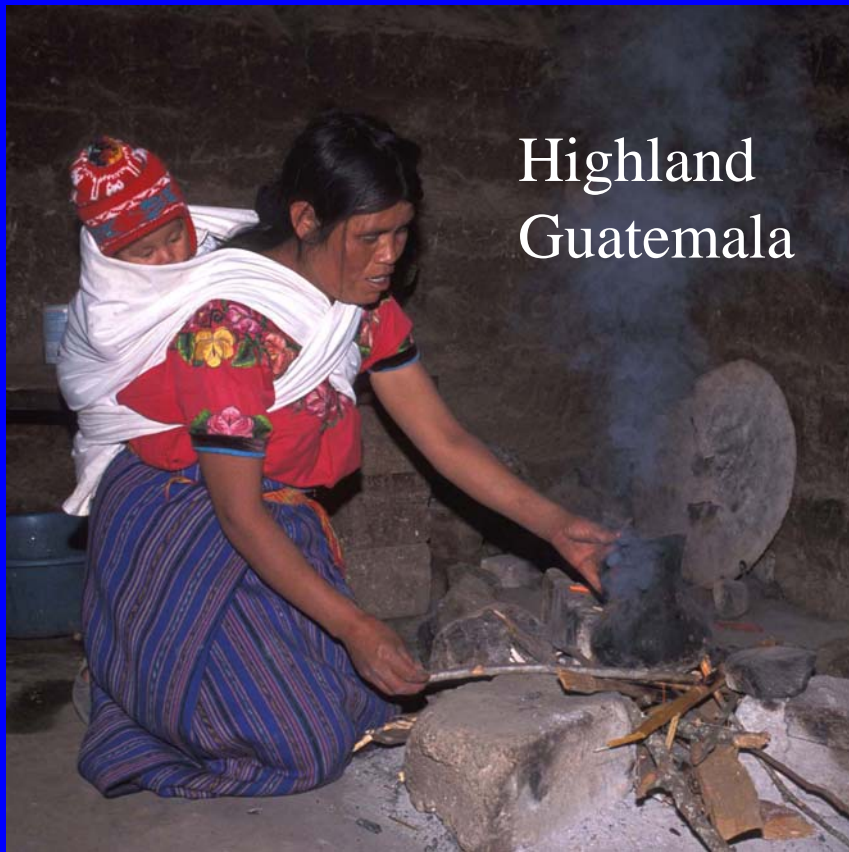
Cross-sectional	3	1.49	1.21, 1.85
All	26	1.78	1.45, 2.18



# History of a RCT

- ~1980: early studies of health effects in Nepal and elsewhere
- 1981: first measurements of pollution levels in India
- 1984: international meeting to decide on needed research
  - Chose randomized control trial (RCT) of ALRI
- 1986-89: unfunded proposals to do RCT in Nepal
- 1990: WHO establishes committee to find best sites
- 1992: Guatemala chosen
- 1991-1999: Pilot studies to establish data needed for proposal
- 1996-1999: unfunded proposals
- 2001: NIH funds first randomized control trial for air pollution in highland Guatemala
- 2002-2005: fieldwork completed
- 2007: first results published
- 23 years from deciding to conduct RCT to results!

# First Randomized Control Trial in Air Pollution History



Highland  
Guatemala



Traditional 3-stone open fire

*Plancha* chimney wood stove

# RCT Study flow chart

October 2002 - Eligible  
homes: open fire; pregnant;  
child <4 months: n=777

Declined  
n=243 (31%)

Consent & baseline questionnaire: n=534 (69%)

Randomization

Intervention (n=271)

Control (n=263)

Plancha built: needs  
5 weeks to 'cure'

6 losses:  
1 miscarriage  
2 stillbirths  
3 deaths

10 losses:  
4 miscarriages  
2 stillbirths  
4 deaths

Child health surveillance starts: (n=518)

Continues until child 18 months, death, declined to  
continue, or cessation of surveillance in December 2004

27 losses:  
4 refusals  
16 migration  
6 broke stove  
1 other

19 losses:  
10 refusals  
8 migration  
1 switch to  
plancha

14,756 child weekly  
visits

14,369 child weekly  
visits

Offered plancha



# Guatemala RCT Results

[Unpublished results presented showing that with ITT analysis, all outcomes showed improvement, but only severe ALRI outcomes were significant. With exposure-response analysis using personal pollution monitoring, however, nearly all outcomes significant, including primary outcome: MD-diagnosed pneumonia]

# Respiratory Disease - other

- Minor burden, but important economic impact
  - Otitis Media – 0.08% of global burden
  - AURI – 0.11%
- Compared to 3% and 6% for LBW and ALRI



# Low birth weight (associated with IAP)

- Large direct impact on child mortality
- Of which perhaps 25% is ALRI
- Barker-type effect has been found on chronic disease over life time, including COPD

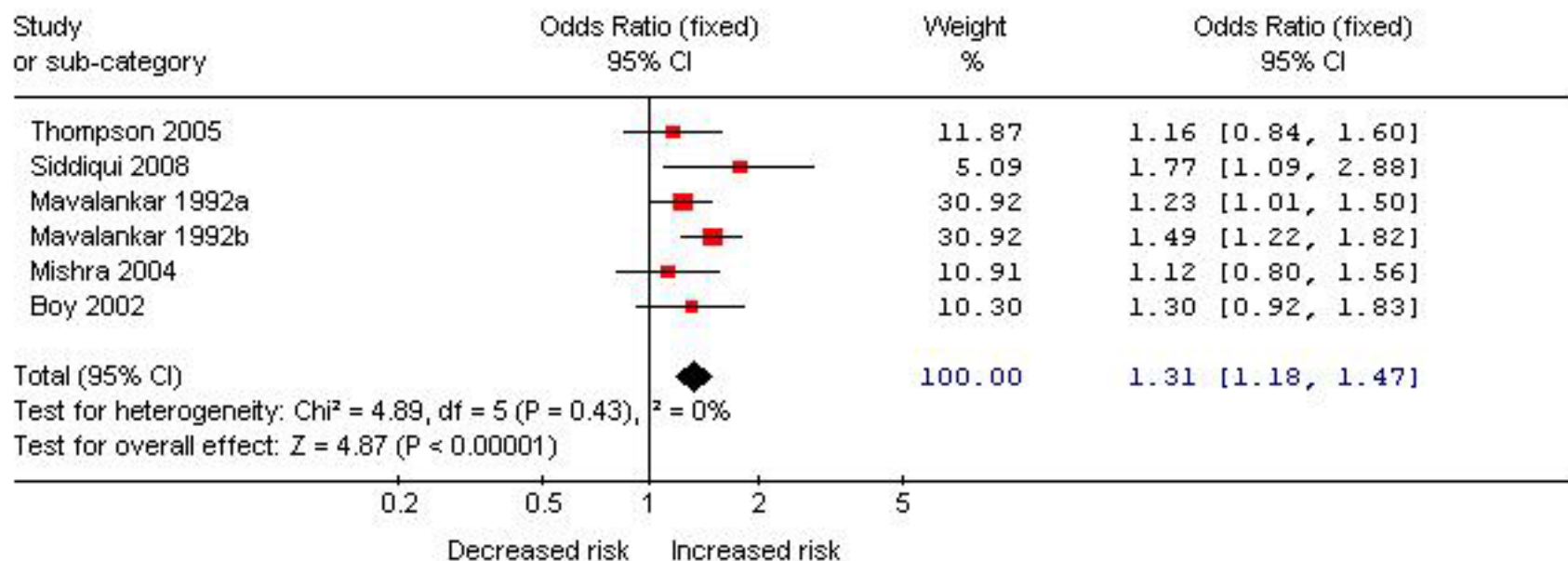
# Low Birth Weight

- Small number of studies conducted appearing to show results for IAP consistent with evidence from ETS and ambient air pollution.
- Pregnant women in countries with high rates of (a) solid fuel use, and (b) adverse pregnancy outcomes rarely able to avoid activities that expose them and their unborn children to IAP
- Hence, even modest increase in RR for these conditions can be expected to translate into a substantial population attributable risk.
- Systematic review carried out in order to:
  - summarise the extent and quality of the evidence for the relationship between IAP from solid fuel use and adverse pregnancy outcomes
  - quantify these associations by meta-analysis.



# Results: IAP and LBW (<2500gms)

Review: Indoor air pollution from solid fuels and risk of low birth weight and stillbirth: a systematic review and meta-analysis.  
 Comparison: 01 Systematic review of indoor air pollution and low birth weight  
 Outcome: 01 Meta-analysis : Exposure to IAP and % Low Birth Weight (<2500gms)

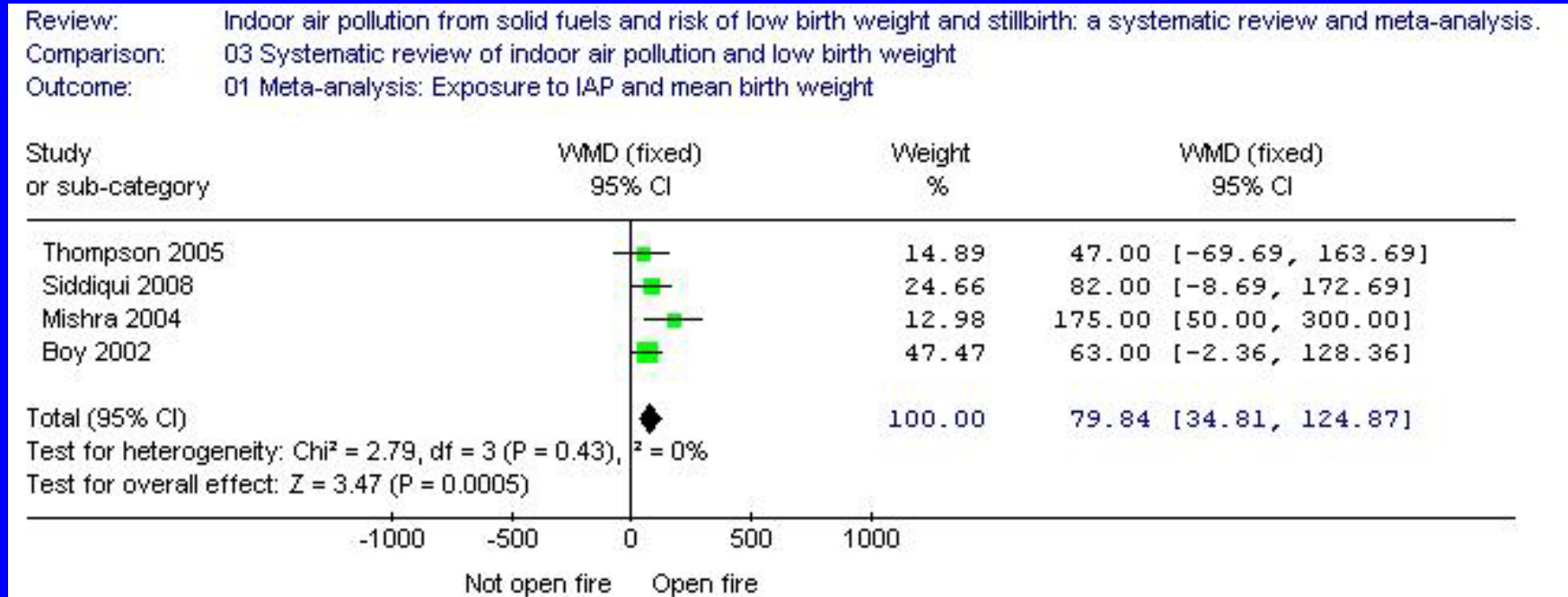


Heterogeneity - ( $I^2 = 0\%$ ;  $\chi^2$  (df=5) = 4.89,  $p=0.43$ )

Funnel plot asymmetry - Begg's test ( $p = 0.566$ ) Egger's test ( $p=0.989$ )

Pope et al., in prep

# Results: IAP and birth weight



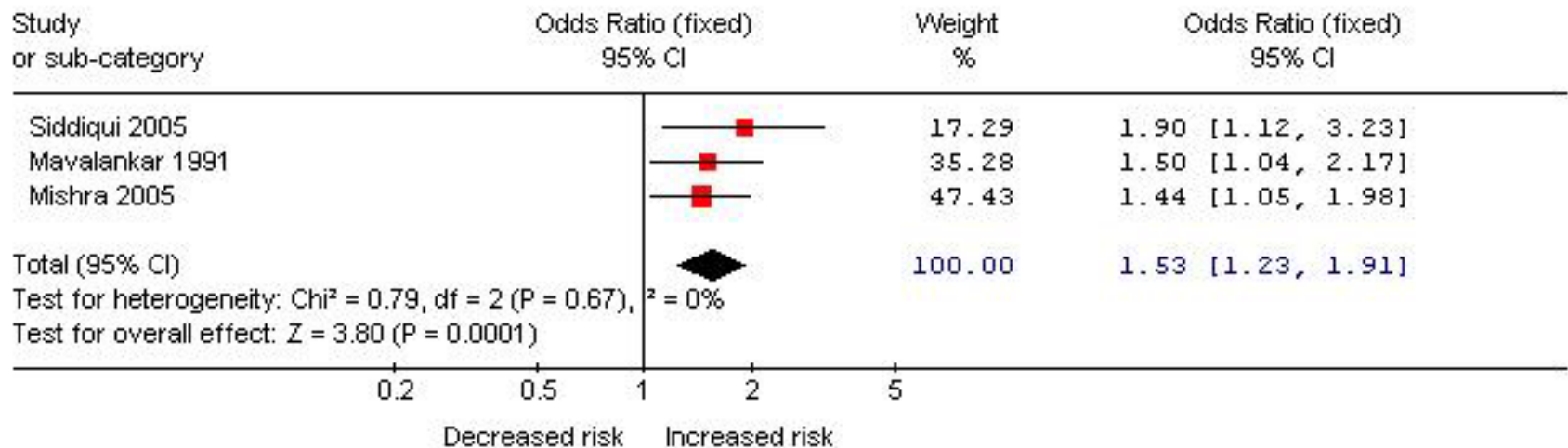
Heterogeneity - ( $I^2 = 0\%$ ;  $\chi^2$  ( $df=3$ ) = 2.79,  $p=0.43$ )

Funnel plot asymmetry - Begg's test ( $p = 0.308$ ) Egger's test ( $p=0.479$ )

Pope et al., in prep

# Results: IAP and still birth

Review: Indoor air pollution from solid fuels and risk of low birth weight and stillbirth: a systematic review and meta-analysis.  
 Comparison: 05 Systematic review of indoor air pollution and stillbirth  
 Outcome: 01 Meta-analysis: Exposure to IAP and stillbirth



Heterogeneity - ( $I^2 = 0\%$ ;  $\chi^2$  (df=2) = 0.79,  $p=0.67$ )

Funnel plot asymmetry - Begg's test ( $p = 0.296$ ) Egger's test ( $p=0.083$ )

Pope et al., in prep

# Discussion

- Paucity of studies, conducted using a variety of study designs and across a range of settings.
- Despite this, results remarkably consistent with little evidence of statistical heterogeneity.
- Possibility of residual confounding.
- Variation in exposure measurement (need direct measurement for exposure-response analysis).
- Lack of information on gestational age in some of LBW studies.
- Results consistent with literature on ETS, ambient air pollution and LBW.
- Mechanisms: (i) CO (ii) PM
- Few studies on ETS/ ambient air pollution and still birth.

# Conclusions

- Population Attributable Risks (%):

LBW = 17.8%

Still birth = 27.1%

(70% prevalence of solid fuel use)

- Primary or secondary outcome for CRA?
- Strong case for additional studies.

# Interactions with IAP

- Arsenic in water – “largest poisoning in human history”
  - Causes COPD, lung cancer, and ALRI
  - Much common exposure with IAP
- High occupational exposures to various dusts including silica, asbestos,
- Malnutrition
- Smoking

# Large Global Exposures to some surprising pollutants – perhaps largest

- Ultrafine particles – fresh and combustion-generated
- Formaldehyde
- Benzene
- PAH
- Dioxin
- Etc.

# Biomass smoke – a global concern

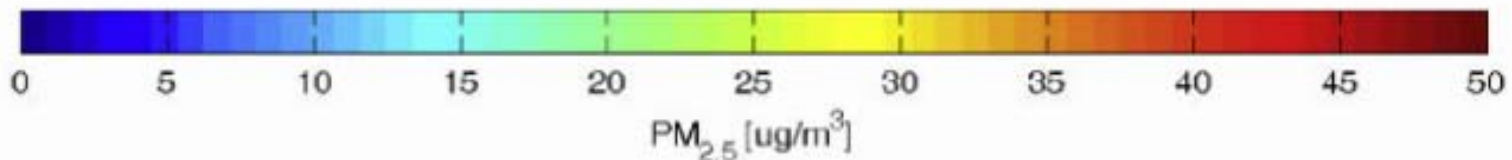
- A significant contribution to PM<sub>2.5</sub> emissions around the world – more than half in many developed countries (Canada, Denmark, much of USA, etc.)
  - Ag burning a function of ag production, not income - California
  - Wood heating and fireplace use common in many developed countries – Silicon Valley
- Growing because of energy prices
- And climate change
- Not clear whether effects across all major health outcomes are the same as those found in urban studies of PM
  - Chronic and Acute Respiratory
  - Cardiovascular
  - Cancer
- Households in LDCs perhaps only widespread exposure to nearly pure biomass smoke



20-month average  
ground-level PM<sub>2.5</sub>  
from satellite data

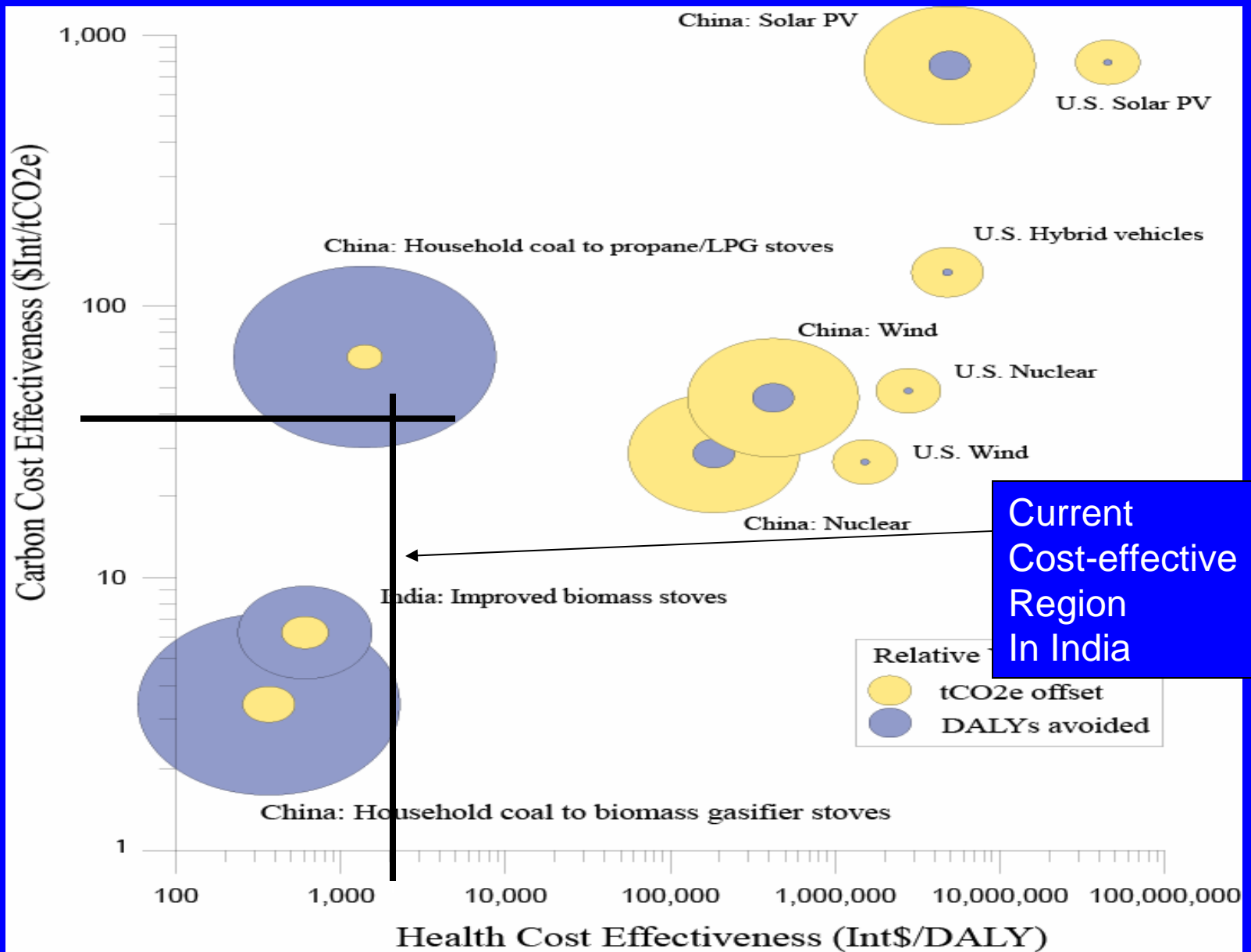
MODIS

Large areas  
of rural India  
have high  
ambient air  
pollution

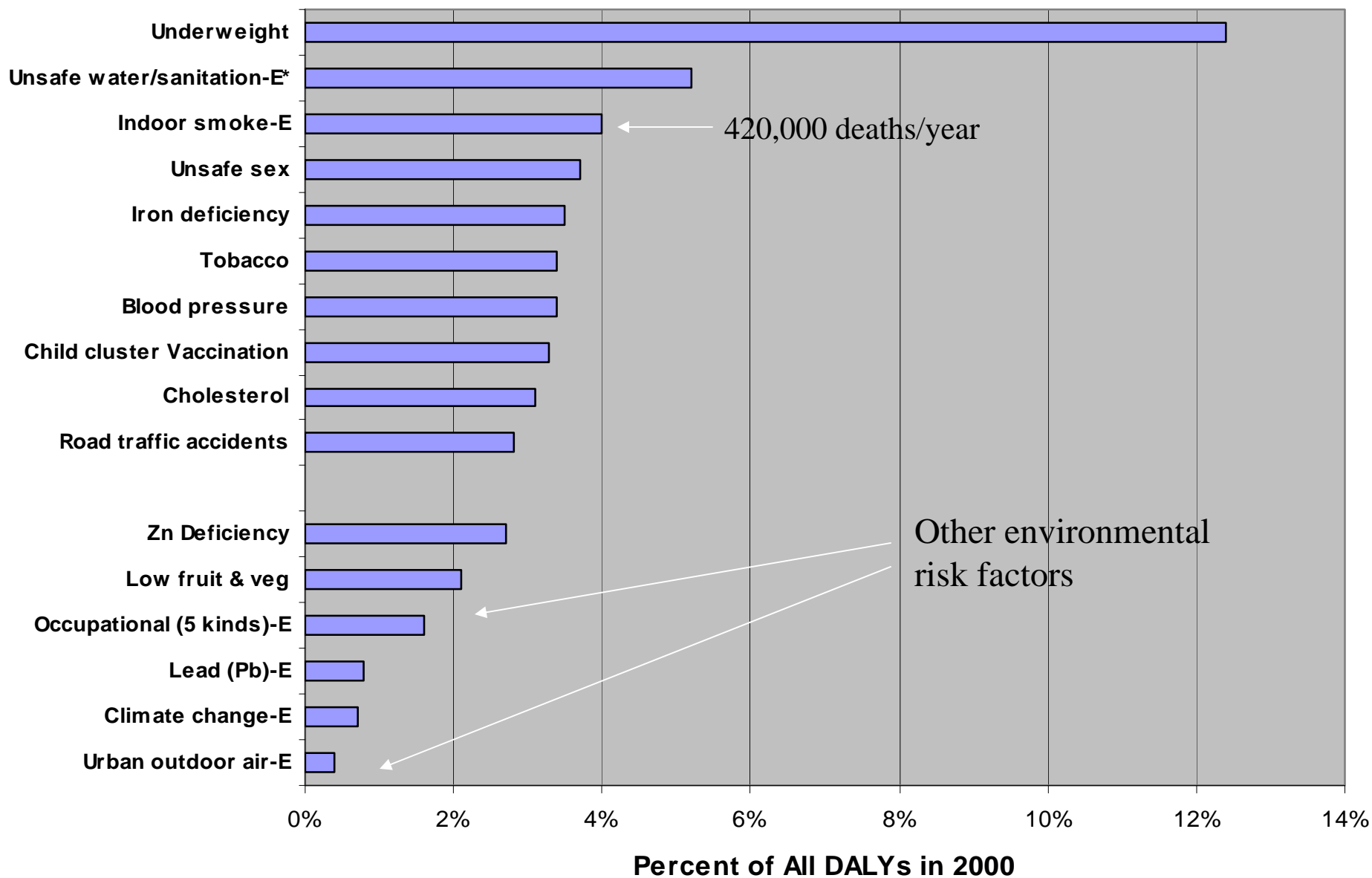


# Climate Change – Co-benefits

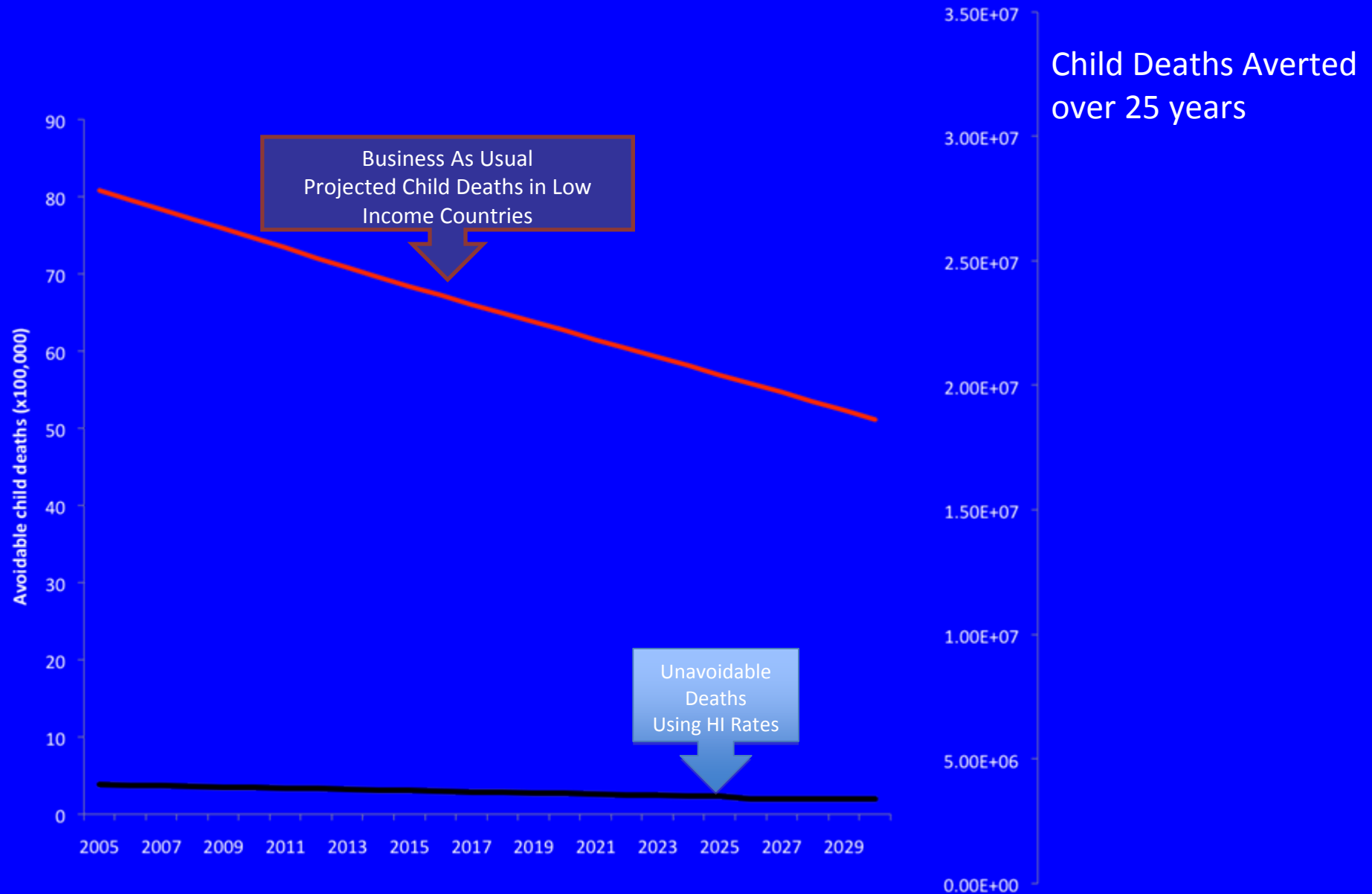
- Products of incomplete combustion are both health damaging and climate warming
- Efforts to reduce them in household combustion can be highly effective for both goals – co-benefits



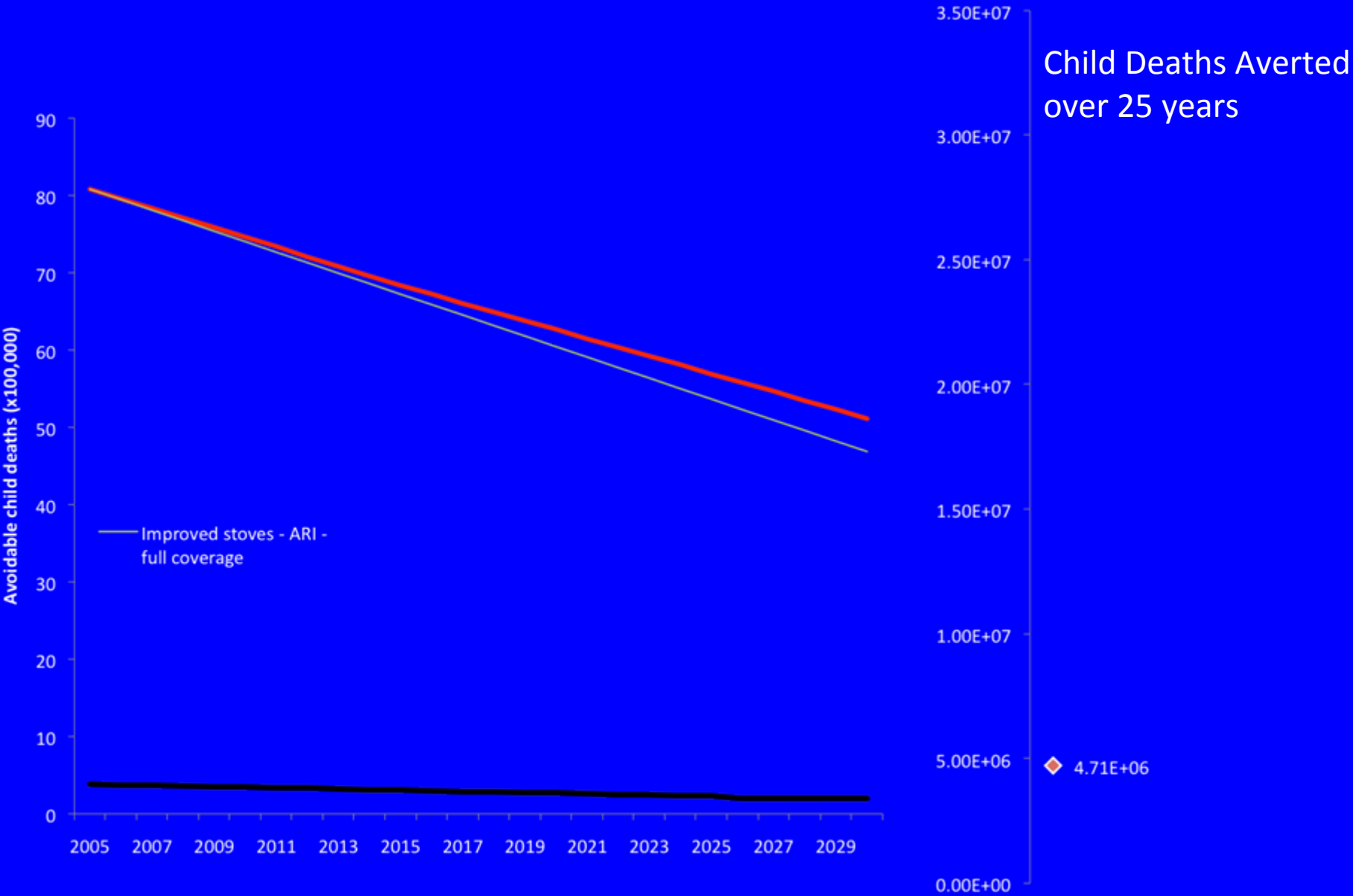
# Indian Burden of Disease from Top 10 Risk Factors and Selected Other Risk Factors



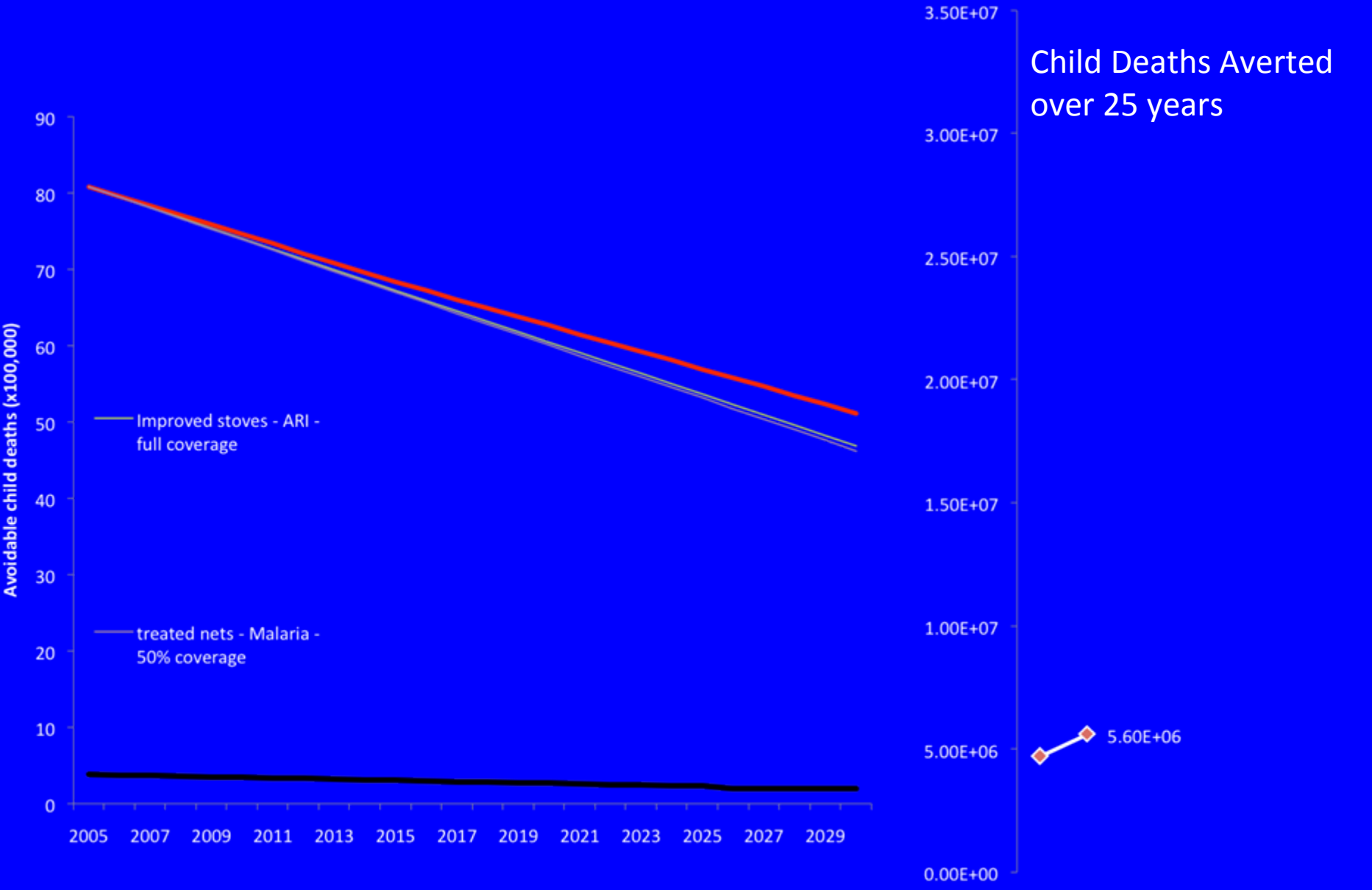
# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



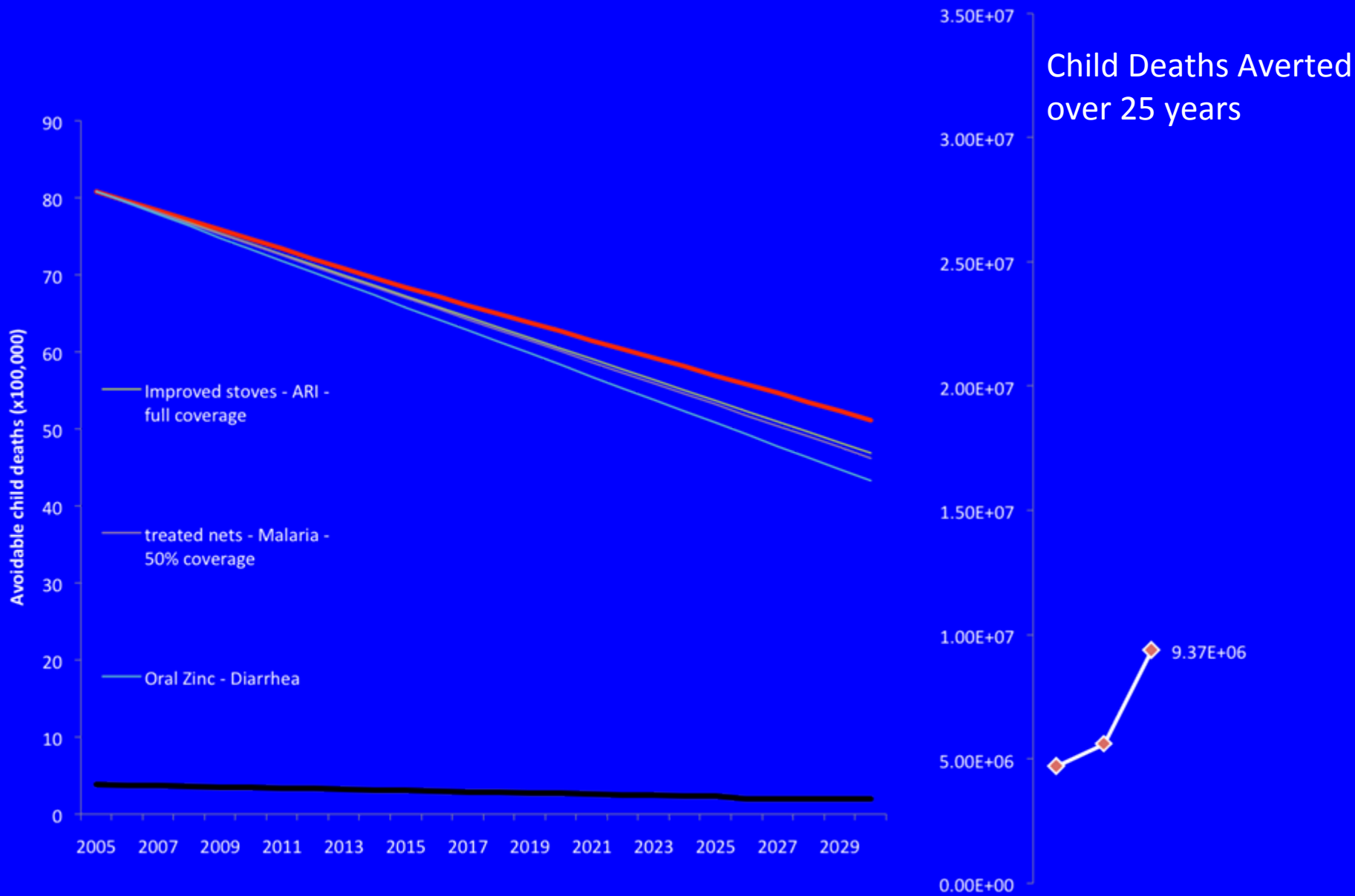
# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



# Potential Impacts of Health Interventions

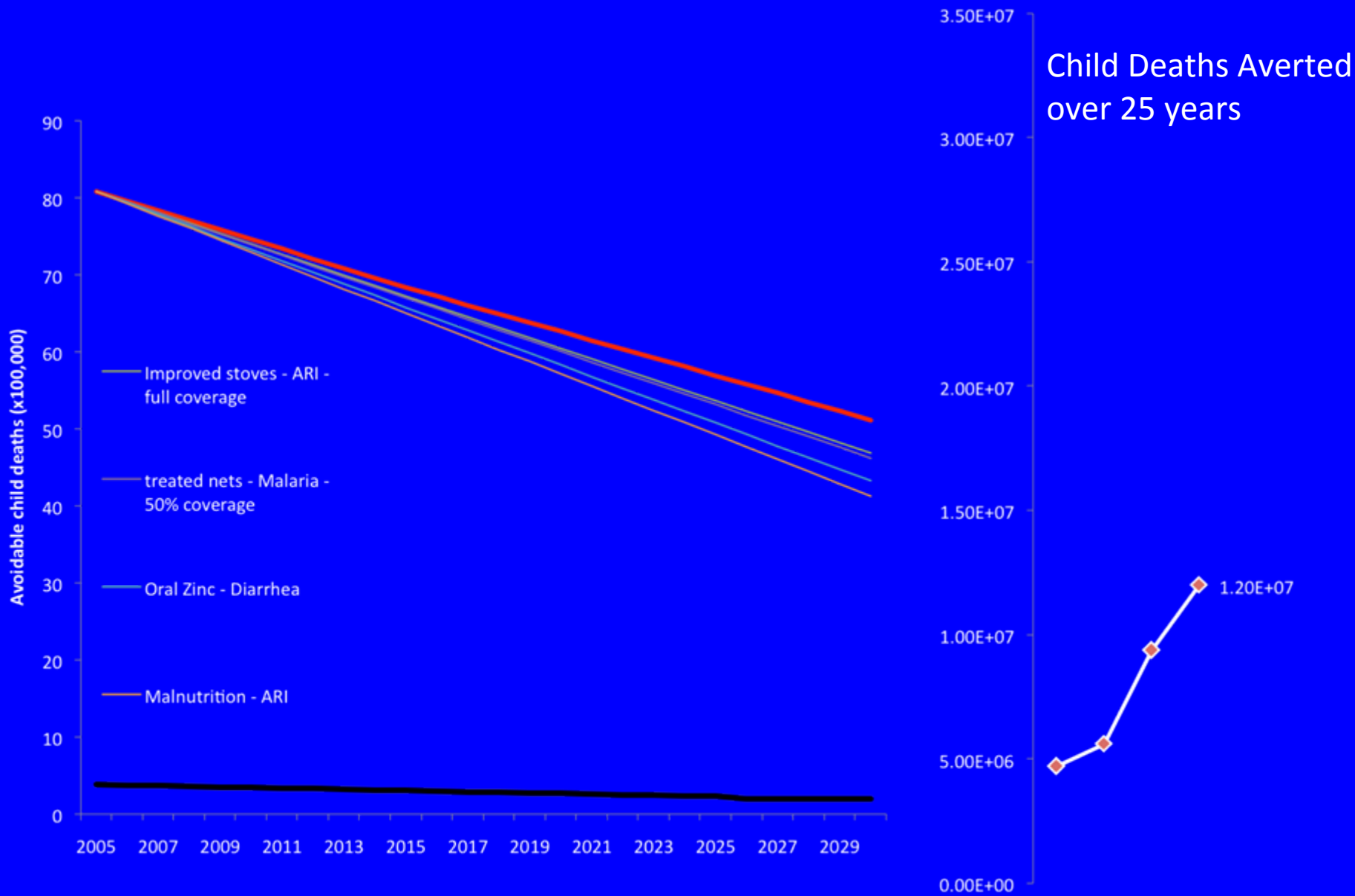


# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries

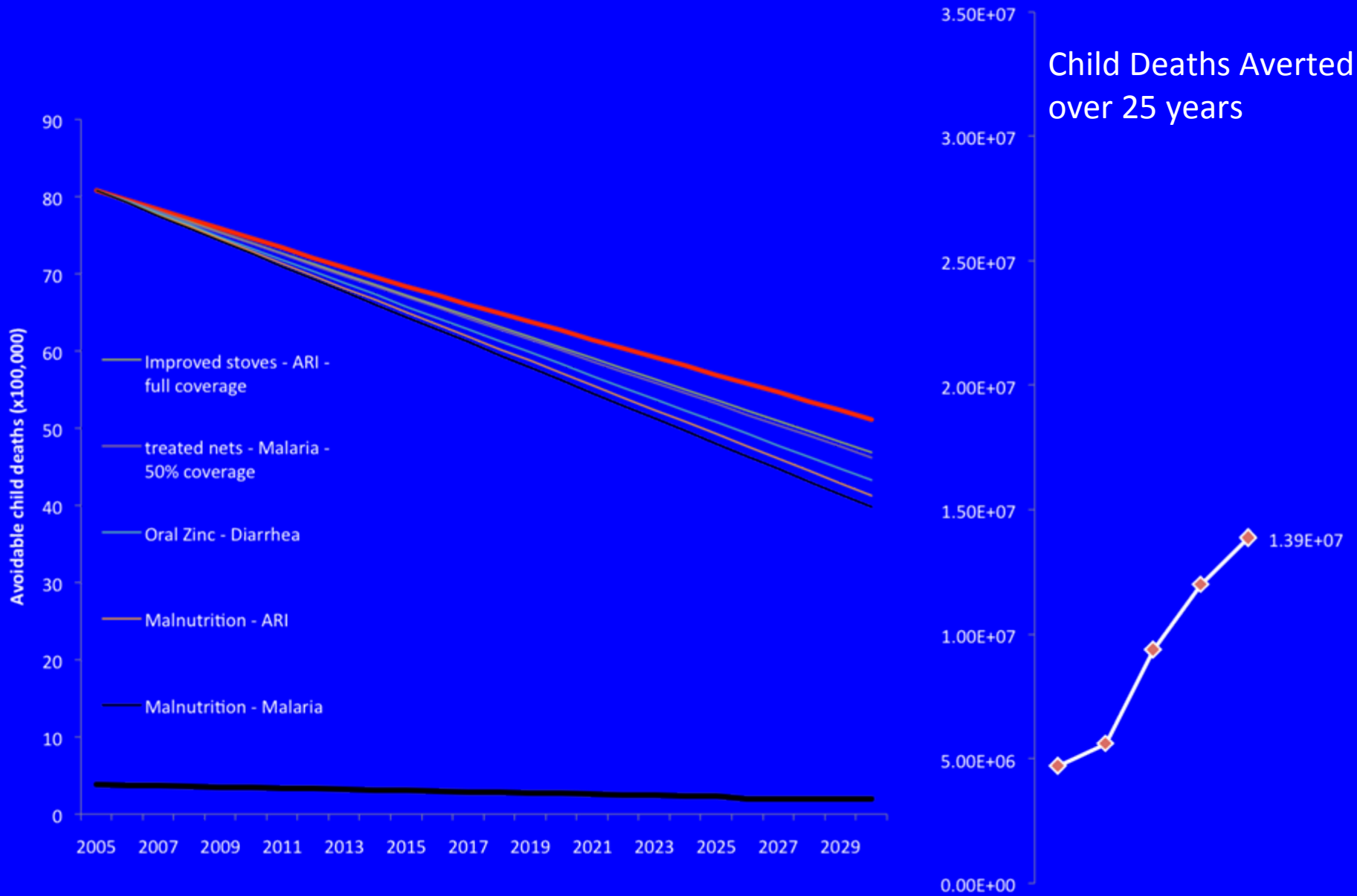




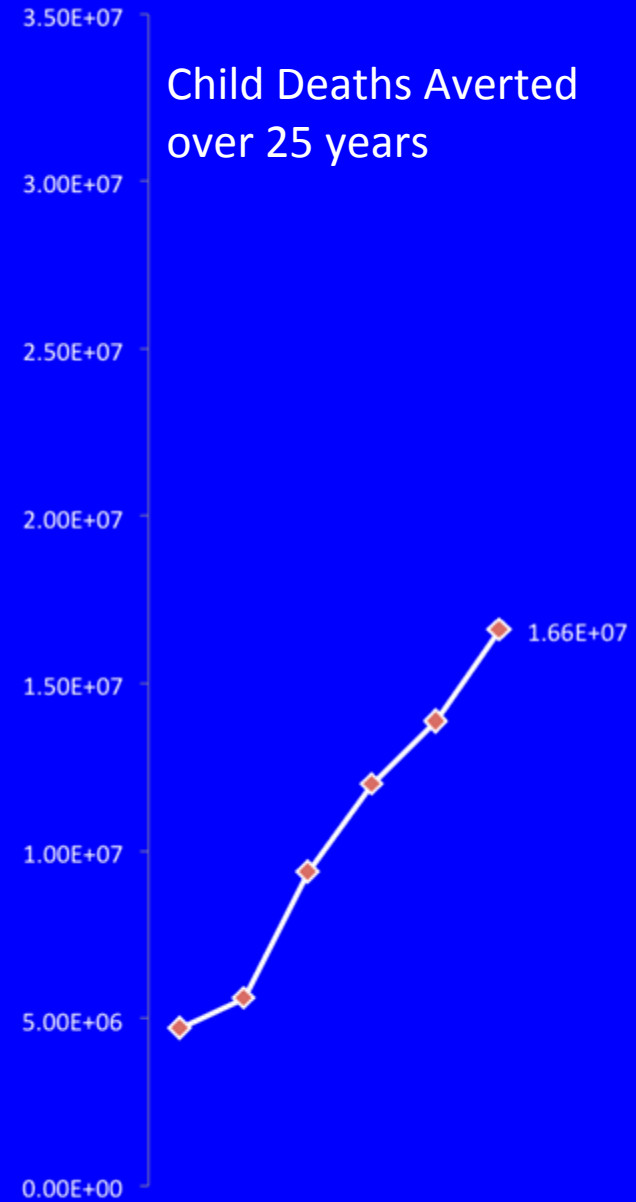
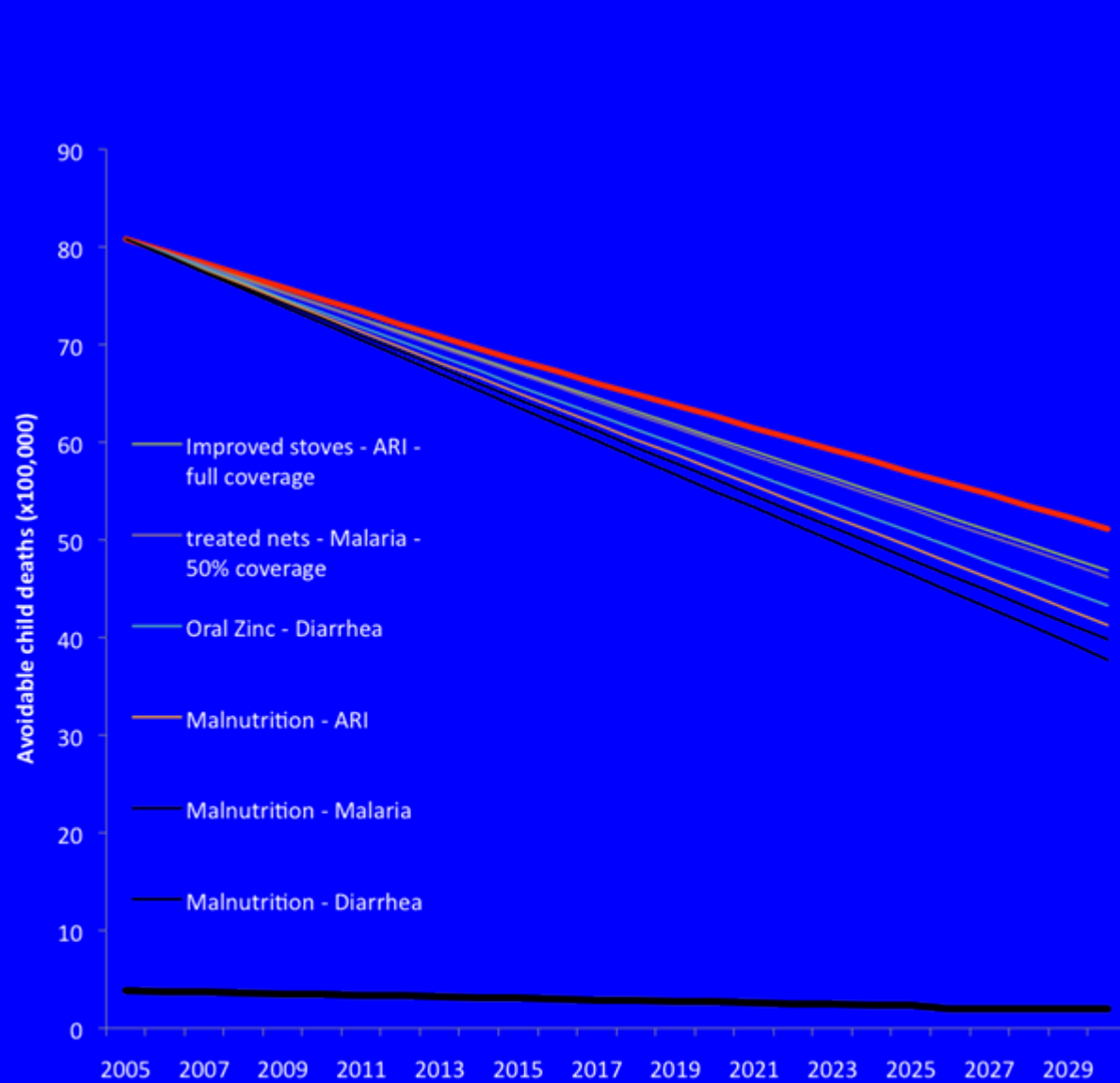
# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



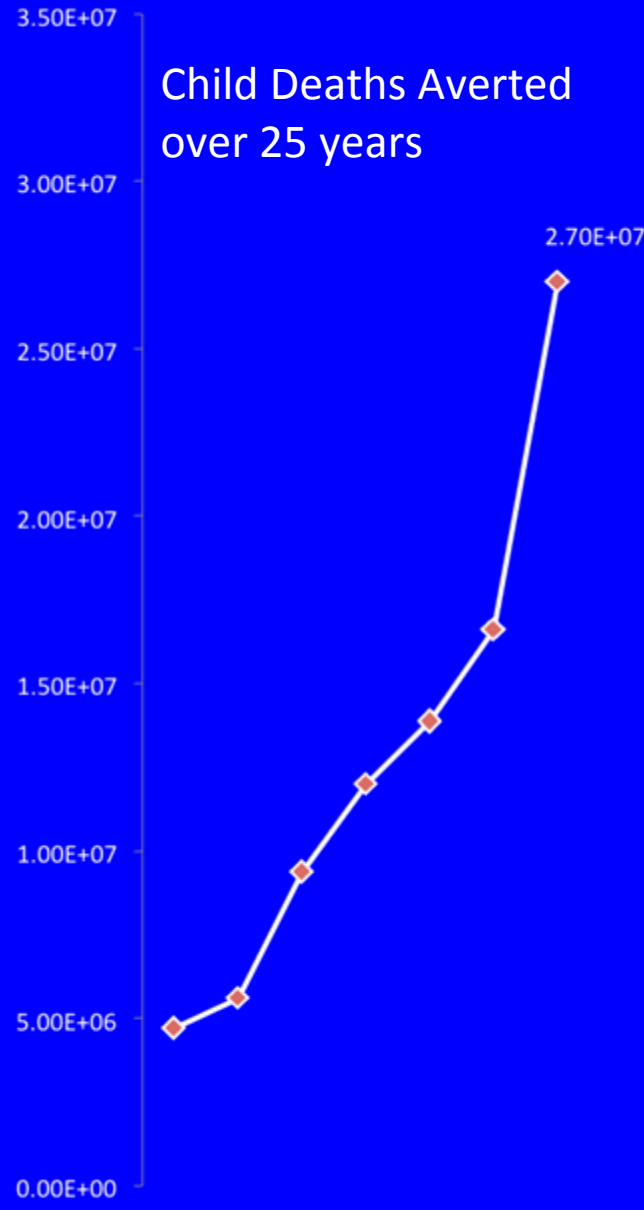
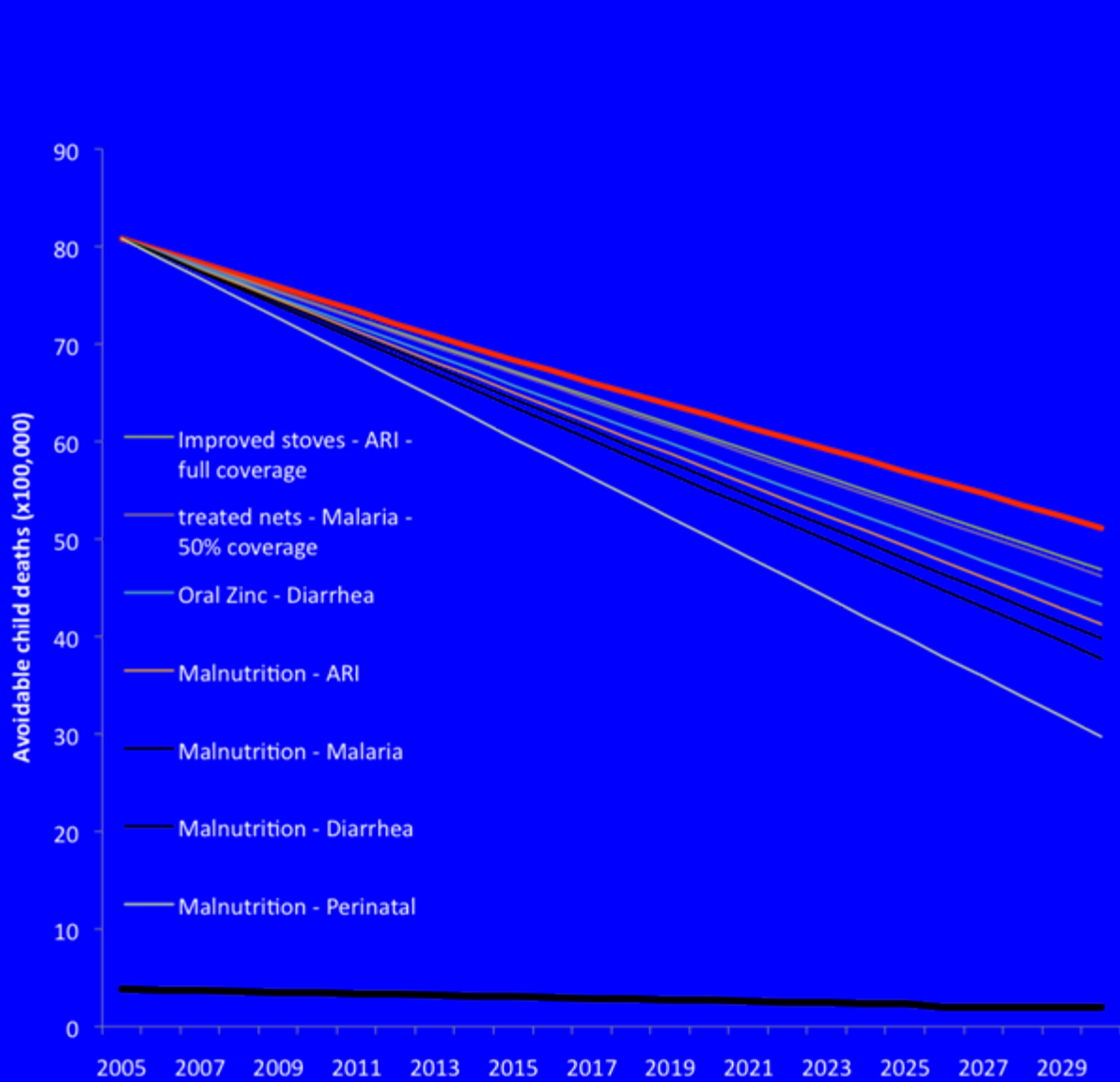
# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



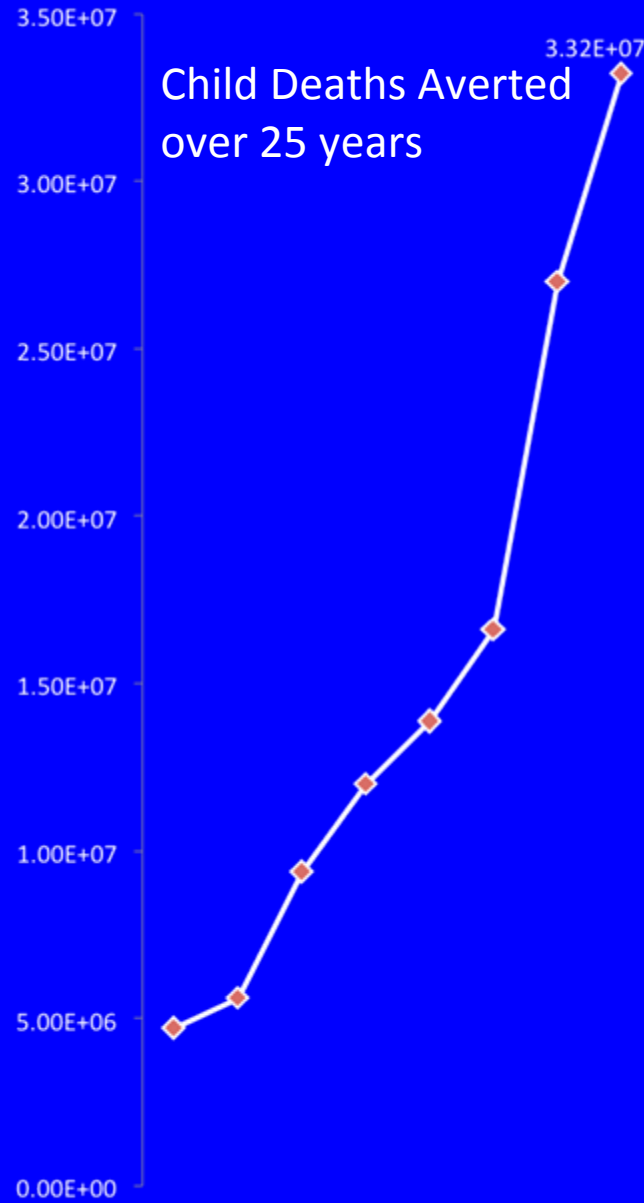
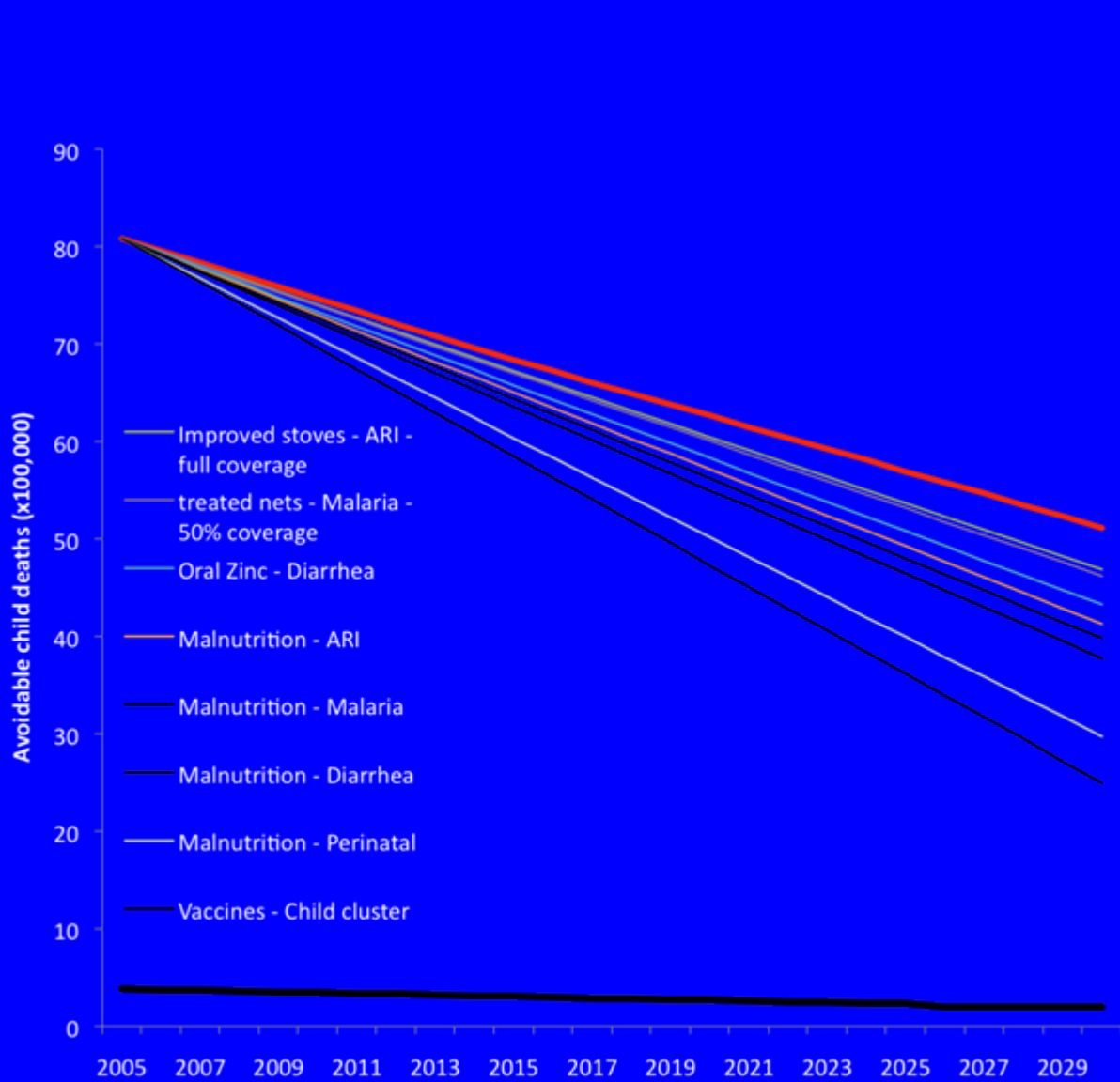
# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries



# Potential Impacts of Health Interventions on Child Mortality in Low Income Countries

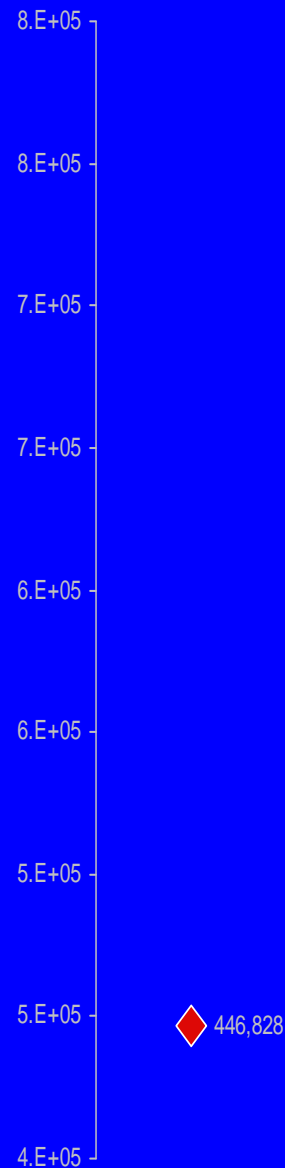
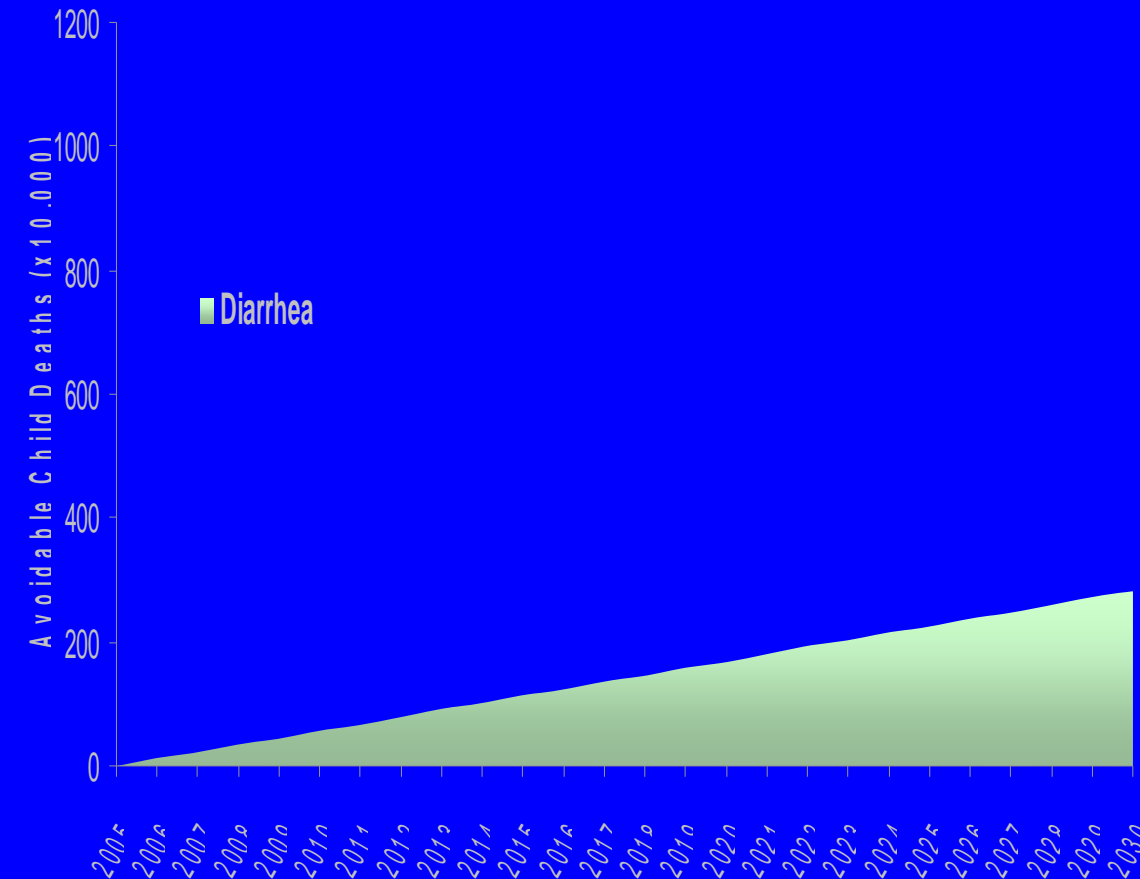


Based mainly on *Lancet* Child Mortality Series

# Potential Impacts of Climate Change on Child Mortality in Low Income Countries

## 550ppm

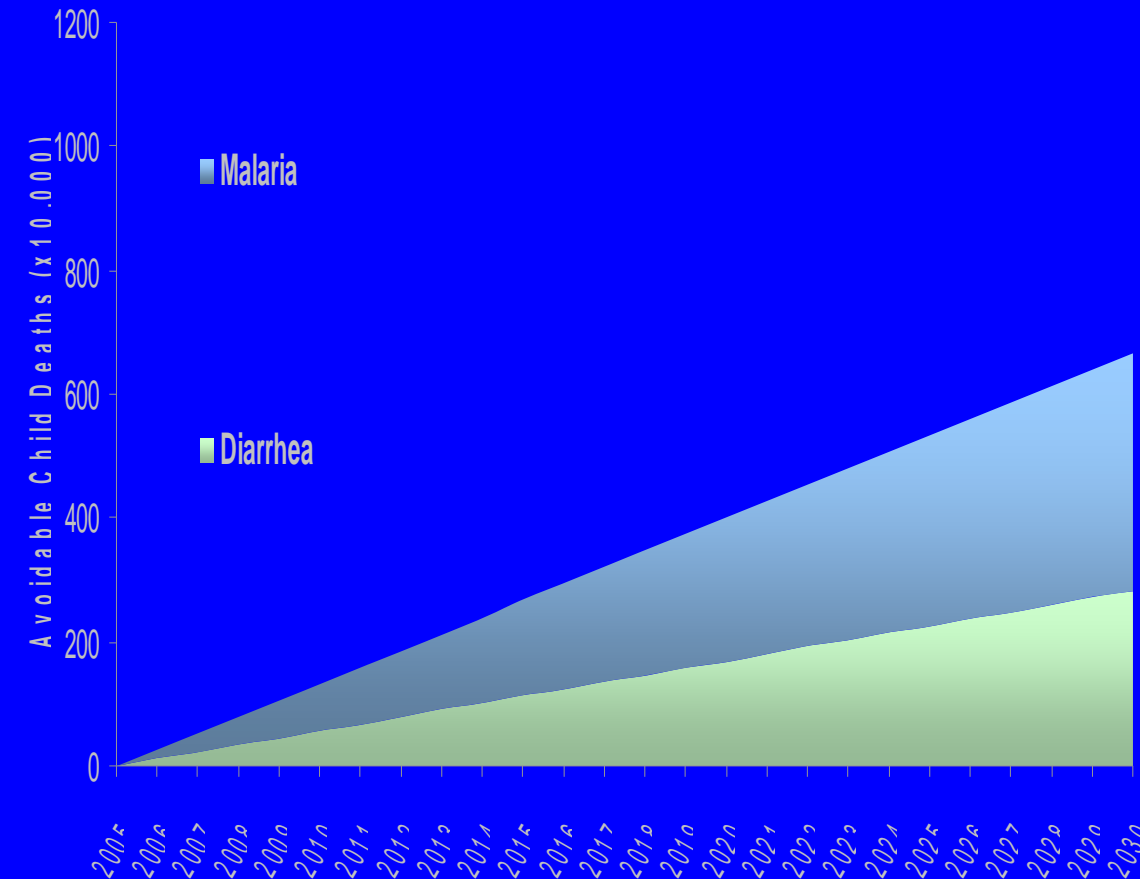
### Deaths



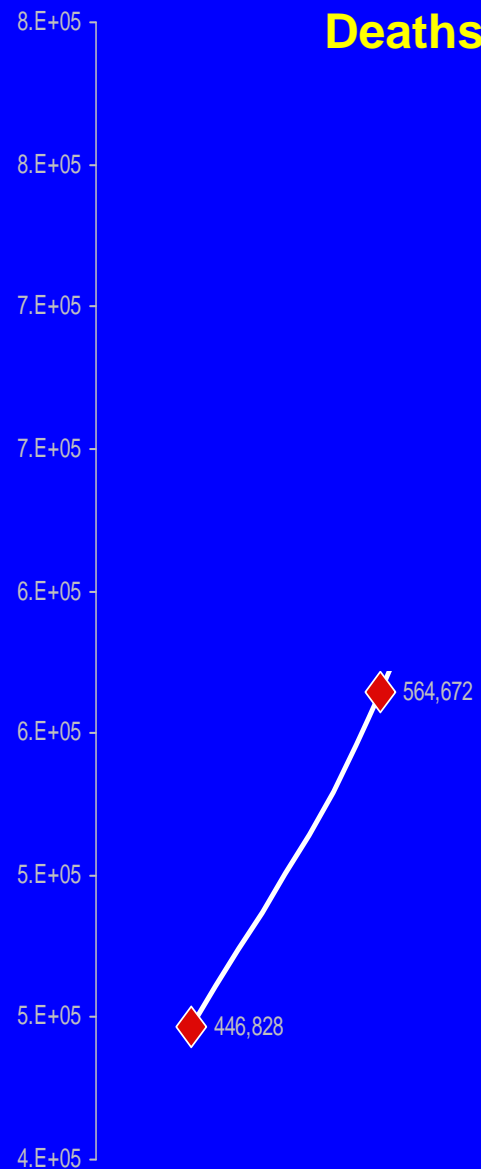
446,828

# Potential Impacts of Climate Change on Child Mortality in Low Income Countries

## 550ppm

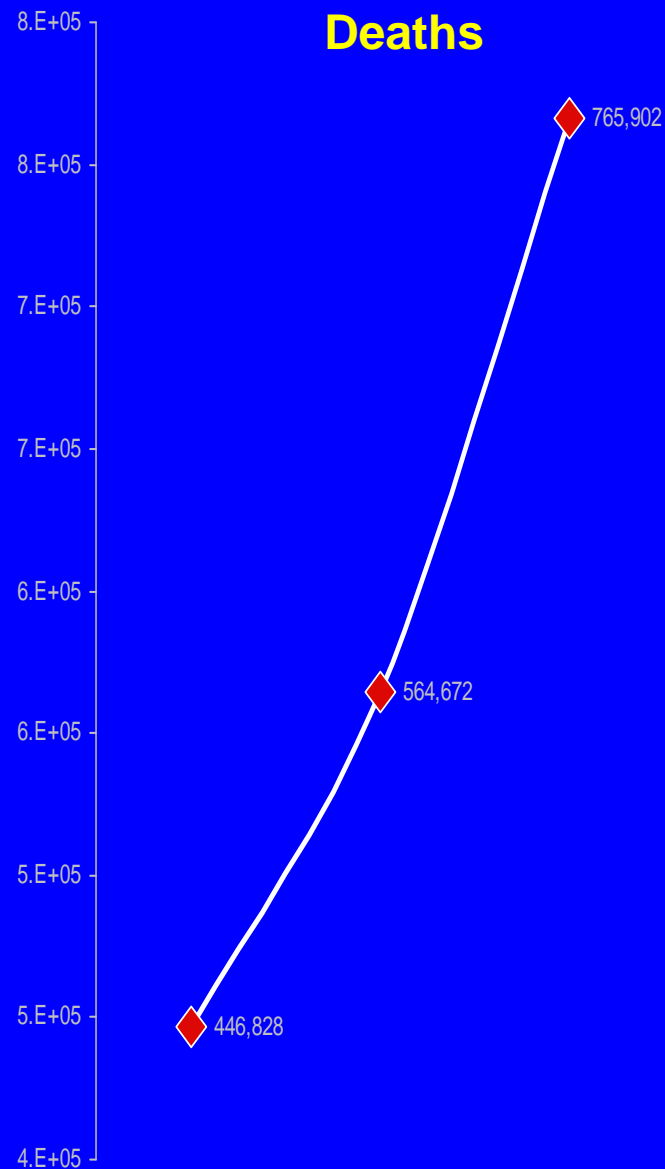
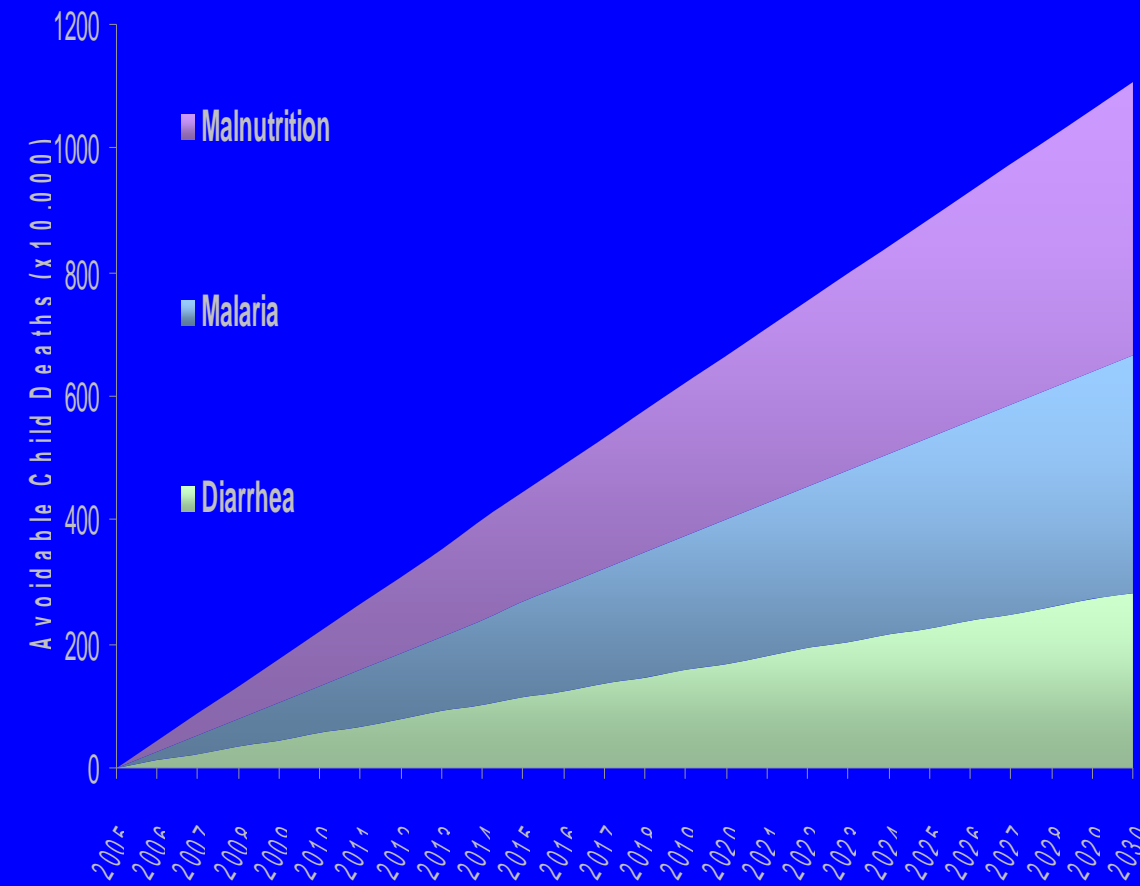


## Deaths



# Potential Impacts of Climate Change on Child Mortality in Low Income Countries

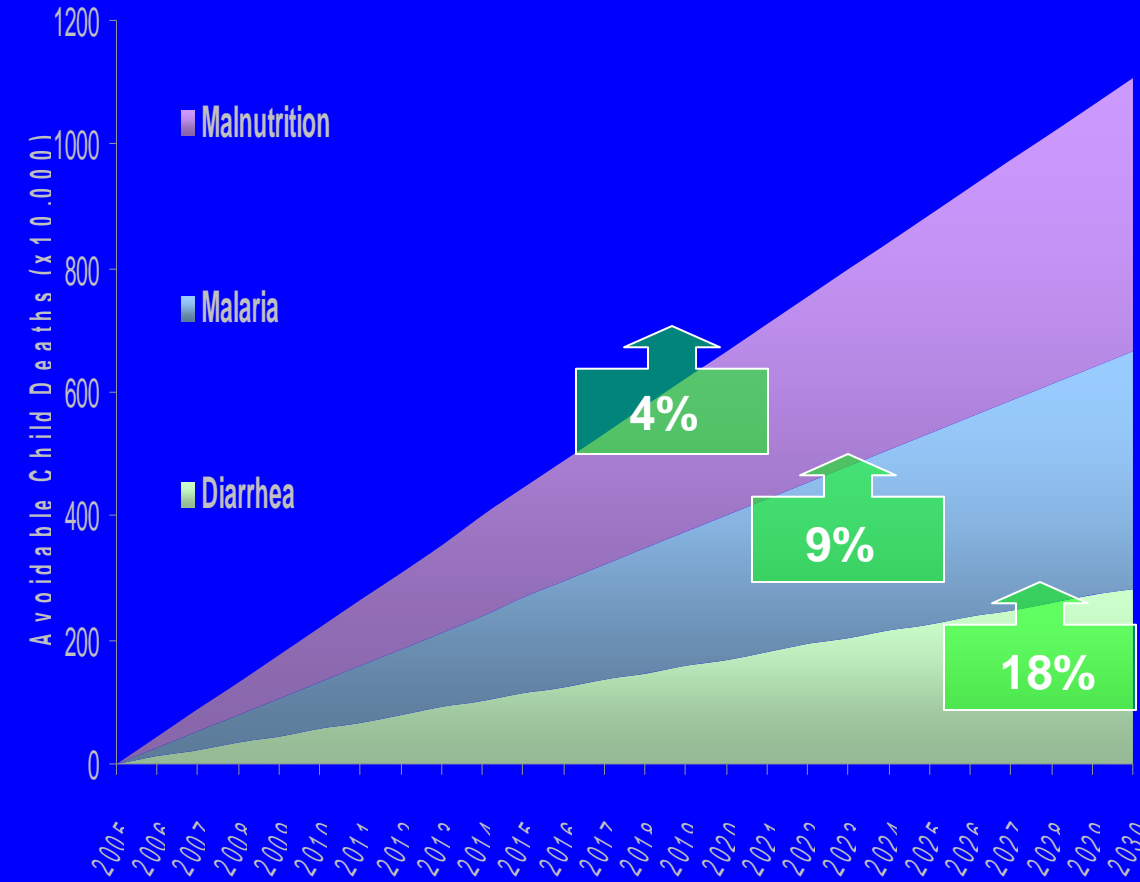
## 550ppm





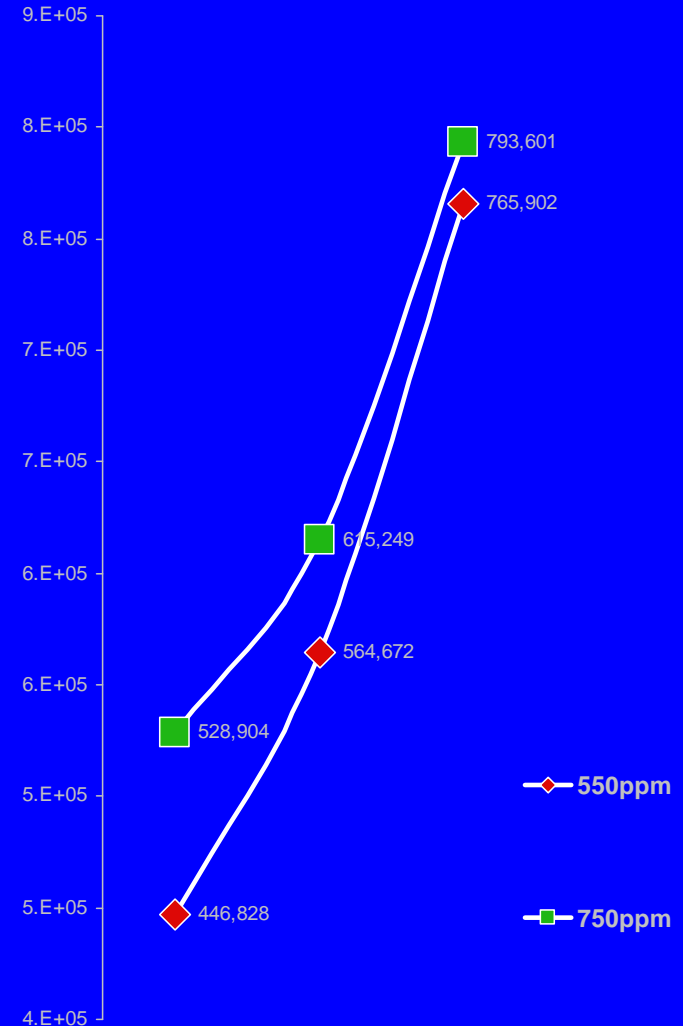
# Potential Impacts of Climate Change on Child Mortality in Low Income Countries

## 750ppm



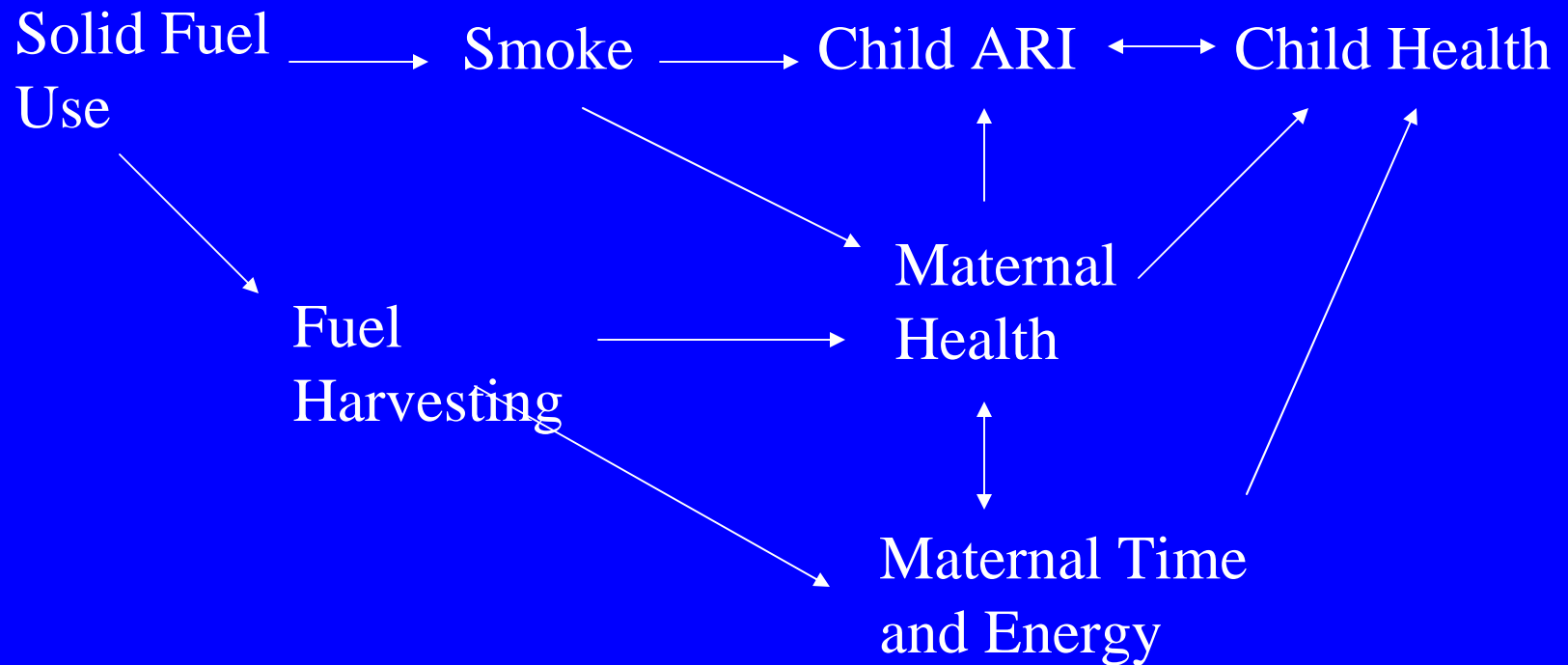
McMichael et al., Climate Change CRA

## Deaths



Thank you.

# The Unhealthy Mother Effect



# Mark Twain on Casual Pathways

“Soap and education are not as sudden as a massacre, but they are more deadly in the long run”

- Facts Concerning the Recent Resignation, 1867