





# Invited projects: DROPS ENVIRISK HENVINET

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DROPS: Development of
Macro and Sectoral
Economic Models Aiming
to Evaluate the Role of
Public Health
Externalities on Society

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Project officer: Tuomo Karjalainen

http://drops.nilu.no





#### DROPS facts

- STREP, Priority 8.1, FP6-2004-SSP-4
- Participants:
  - Norwegian Institute for Air Research, NO
  - University of Stuttgart, Institute of Energy Economics and the Rational Use of Energy, DE
  - Charles University Environment Centre, CZ
  - Institute of Ecology of Industrial Areas, PL
  - Medical University of Silesia, PL
  - NILU Polska Ltd, PL
  - Cambridge Econometrics, UK
- Duration: 1.11. 2005-31.1. 2008
- Total effort: 178 person-months

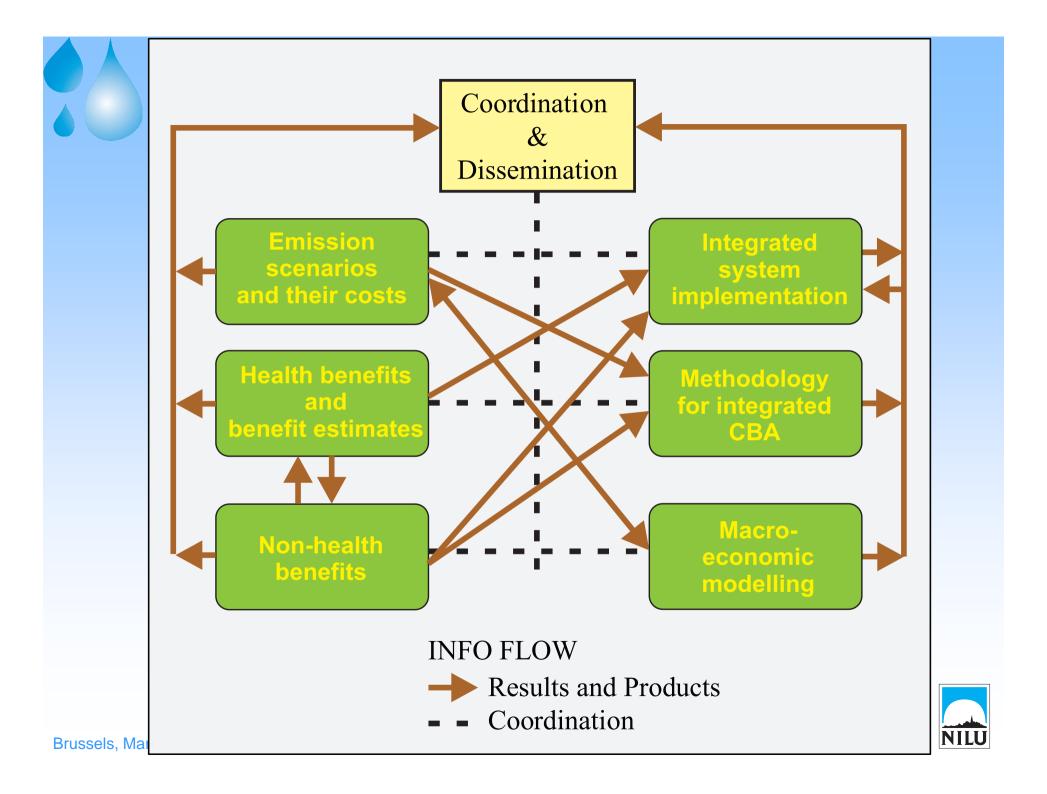




#### DROPS aims

 Extend existing methodologies and models to provide impact-pathway based model for evaluation of the role of public health externalities on society, made operational for ozone, heavy metals (Hg, Cd, As, Ni, Pb), PCBs, dioxins and indoor air pollution.



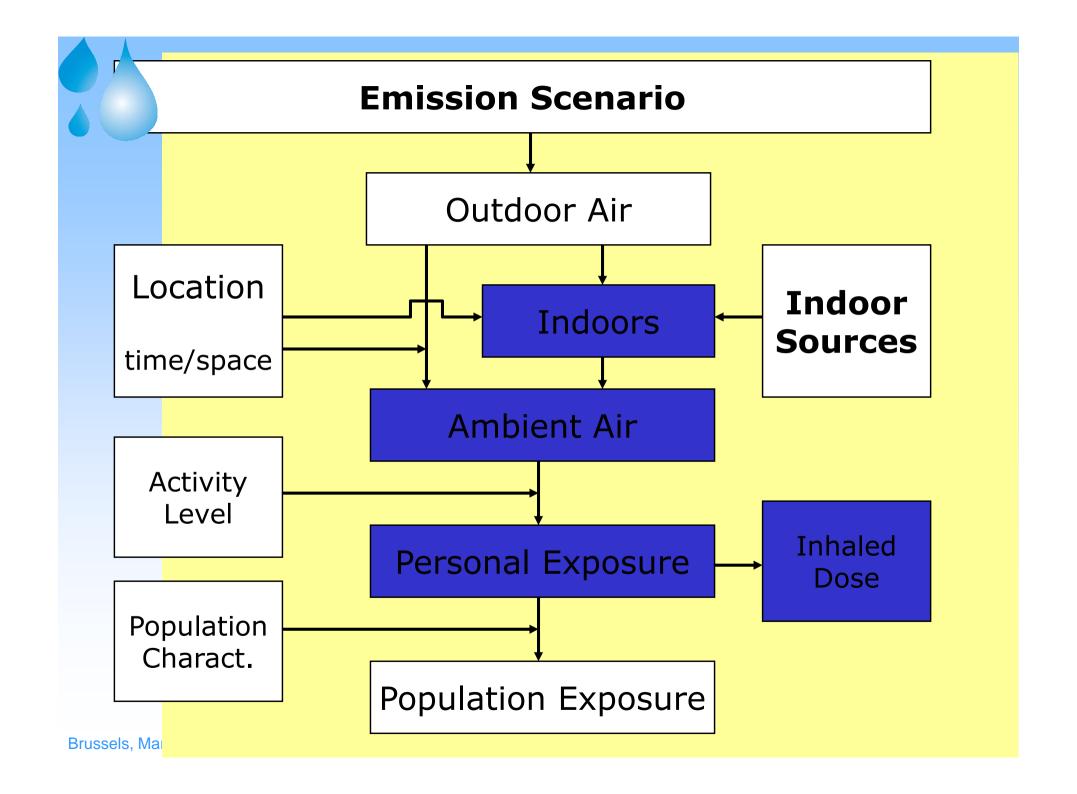




# Assessment of the effect of outdoor particulate matter changes on indoor concentrations

 To assess the effect of changes in PM concentrations for the selected emission scenarions on indoor concentrations, taking into account contributions from selected indoor sources of particulate matter







#### Available information

- Time-Activity Scenarios (individuals)
- Some information on population frequencies of indoor sources, smoking, housing.
- Outdoor PM10 and PM2.5 concentrations (AirBase)
- Model for assement of indoor concentrations of PM related to indoor and outdoor particles sources (Urban Exposure)
- Modeling results for the Clean Air for Europe program (PM2.5 and PM10)





#### TMAD scenario

HOUR	MICRO ENVIROMENT	ACTIVITYLEVEL
1	HOME	SLEEPING
2	HOME	SLEEPING
3	HOME	SLEEPING
4	HOME	SLEEPING
5	HOME	SLEEPING
6	HOME	LIGHT_EXERCISE
7	TRAVEL_TO	SITTING
8	WORK	SITTING
9	WORK	SITTING
10	WORK	SITTING
11	WORK	SITTING
12	WORK	SITTING
13	WORK	SITTING
14	WORK	SITTING
15	WORK	SITTING
16	TRAVEL_FROM	SITTING
17	HOME	LIGHT_EXERCISE
18	HOME	SITTING
19	LEISURE	LIGHT_EXERCISE
20	HOME	SITTING
21	HOME	SITTING
22	HOME	SITTING
23	HOME	SLEEPING
24	HOME	SLEEPING





### Indoor sources

Scenario	Indoor sources:	House Age		Ceiling Height (m)	Filter Cleaning Device	Smoking	Indoor Heating	Gasstove	Vacuuming	Pets
	Home	New	Constant	Constant	Yes	No	No	No	No	No
1	Work	New	Constant	Constant	Yes	No				
	Home	New	Constant	Constant	Yes	Yes	No	No	No	No
2	Work	New	Constant	Constant	Yes	No				
	Home	New	Constant	Constant	Yes	No	No	No	No	No
3	Work	New	Constant	Constant	Yes	Yes				
4	Home	New	Constant	Constant	Yes	No	Yes	No	No	No



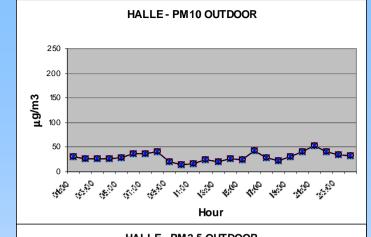


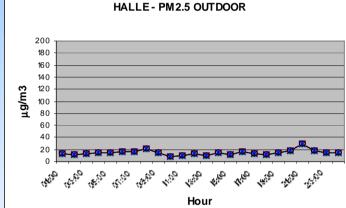
#### PM now: selected cities

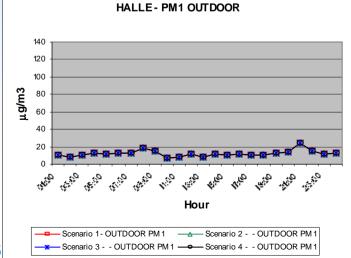
JNTRY	ST.NO	CITY	TYPE	PM	Year	PM	Year	Br.gr.	L.gr.
	EIO			2,5		10			
	NET								
	0011	Praha Mlynarka	UT	Hour	2004	Hour	2004	50.07	14.39
	0020	Praha Aliba	SB	Hour	2004	Hour	2004	50.01	14.45
	1080	Halle am Salle	UT	Hour	2004	Hour	2004	51.48	11.98
		Verkehr							
	1081	Halle am Salle Ost	SB	Hour	2004	Hour	2004	51.49	12.01
	0861	Firenze Gramsci	UT	Day	1999	Hour	2004	43.77	11.27
	0862	Firenze Bassi	UB	Day	1999	Hour	2004	43.79	11.29
	0060	Trondheim Elgeseter	UT	Hour	2004	Hour	2004	63.42	10.40
	0066	Trondheim	UB	Hour	2004	Hour	2004	63.42	10.42
		Teknostallen							
	0012	Kraków Urban	UT	Day	2004	Hour	2003	50.05	19.92
	0039	Kraków Suburban	UB	Day	2004	Hour	2003	50.07	20.05

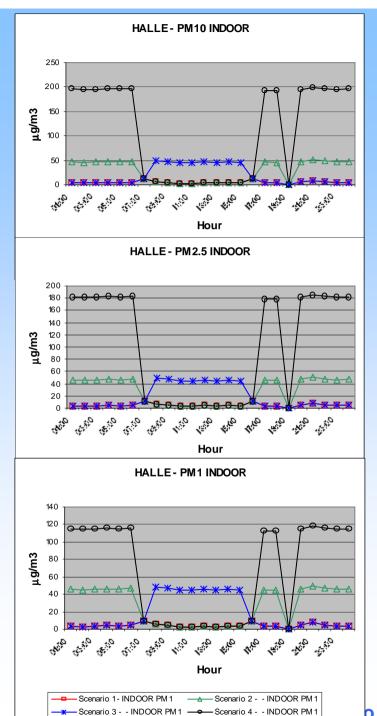






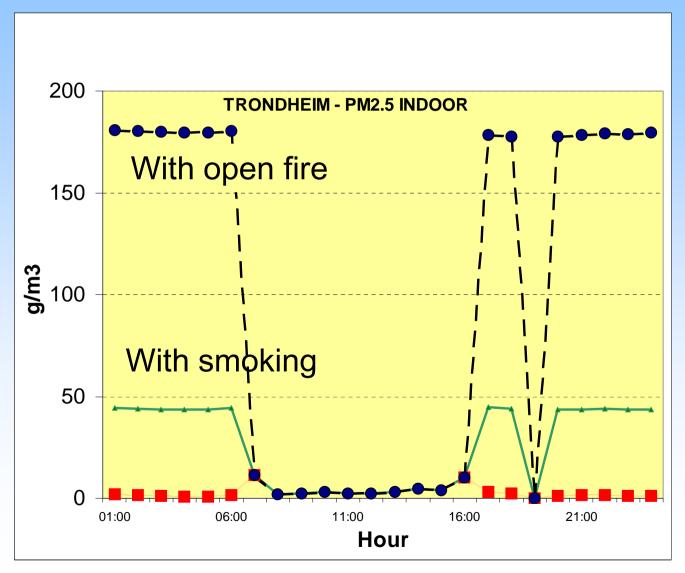








#### Contribution of indoor sources





# Total respiratory deposition at home

	M	ale	Female		
	IVOII-		NON-		
μg/day	smoker	noker Smoker		Smoker	
Halle	140	811	112	643	
Trondheim	77	749	60	593	
Krakow	411	1075	331	857	





# ENVIRISK Assessing the risks of environmental stressors: contribution to development of integrating methodology

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http://envirisk.nilu.no

Project officer: Tomas Turecki





#### ENVIRISK facts

- EU-funded STREP
- Start date: 1. 3. 2007
- Duration: 24 months
- 7 partners: CZ (IEM, ZUKOLIN), FI (KTL), IL (Technion), NO(NILU), SK (SMU), UK (Uhertfortshire)
- Total effort 132 person-months





#### ENVIRISK aims

- Identify and assess available monitoring data
- Develop protocols for exposure assessment and for assessment of exposure-effect relationships
- Pilot the exposure and risk modelling framework for three indicators:
  - exposure to atmospheric PAH
  - multimedia PCBs, dibenzofurans and dioxins
  - atmospheric particulate matter and other irritants relevant to respiratory morbidity and mortality
- Economic assessment of (EA) protocols





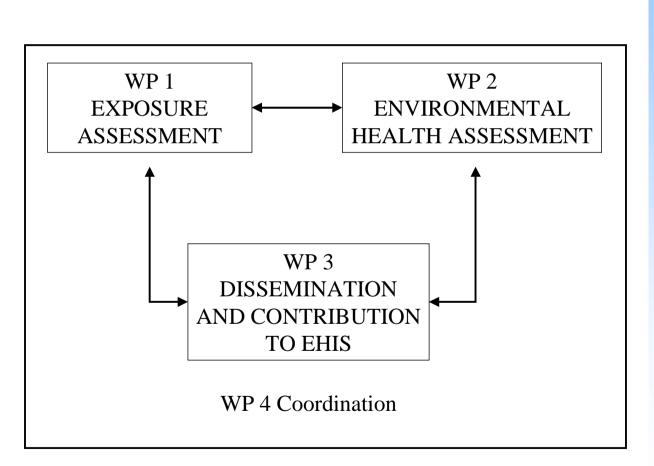
#### ENVIRISK main idea

- SK, CZ: extensive and comprehensive environment-health databases
- Call: Develop and implement a methodology for EHA
- Use the SK, CZ databases to check feasibility
- Provide applied methodology to the user (EHIS)





#### ENVIRISK simple structure







#### ENVIRISK SK databases

- FIBRETOX: 387 subjects (239 exposed, 148 controls);
- PCBRISK: Age groups: 450 children 8-9-years old, 2400 adults;
- PLUTOCRACY: 272 mother/newborn pairs in Slovakia;
- SPEECD: 1137 mother child pairs.





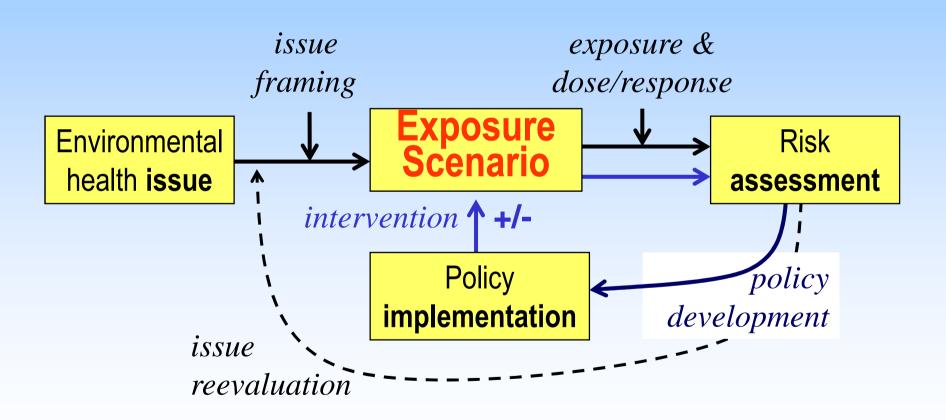
#### ENVIRISK CZ databases

- The Teplice project, 1992-(current)
- A number of specific investigations in Teplice, Prachatice, Prague
- Environmental monitoring
- A number of health endpoints, biomarkers, but will use PM, PAH and respiratory endpoints and pregnancy outome as a start





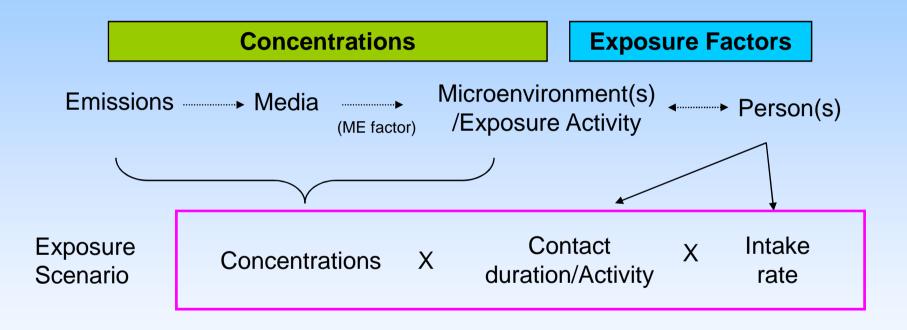
### Exposure Scenario is the key







## What is the Exposure Scenario?







#### Exposure scenario

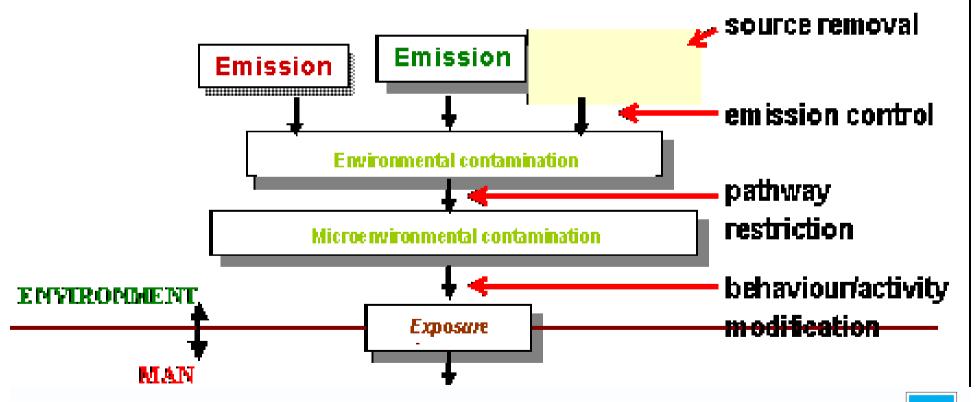
A set of conditions or assumptions about sources, exposure pathways, amounts or concentrations of agent(s)involved, and exposed organism, system, or (sub)population (i.e., numbers, characteristics, habits) used to aid in the evaluation and quantification of exposure(s) in a given situation.

International Program for Chemical Safety



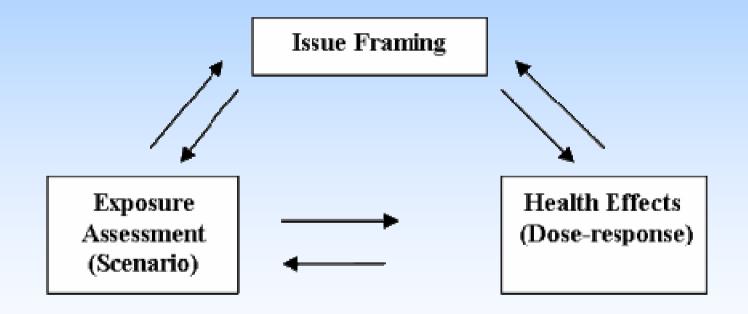


# Policy interventions in exposure scenarios





## Issue framing, exposure scenario, and dose-response in HIA





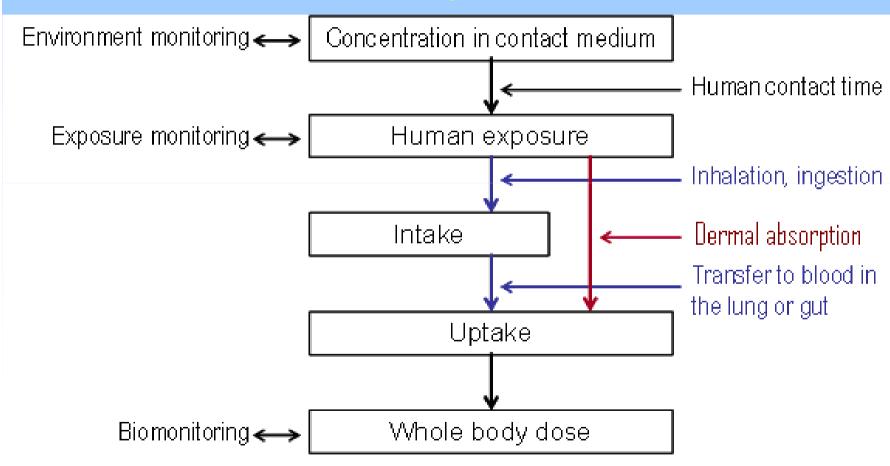
# Questions and issues to keep in mind in issue framing

- What is the purpose? Why are we doing the assessment?
  - o To determine what sources or exposure factors to control?
  - o Or are we evaluating a set of policies?
  - o Do we want to evaluate risks from a particular source?
  - o Are we concerned about risks from a certain agent?
- Who will use the assessment?
- Who will be impacted by the assessment?
- Who to include in the assessment?
- What are all possible exposure routes?
  - o What is the relative importance of each?
- What else should be included? Are there any other risks or benefits to be accounted for?





## Exposure-Intake Modelling Framework







## Exposure platform

Platform component	Intended use
ExpoScenario	<ul> <li>Provide instructions on how to define exposure scenarios</li> </ul>
ExpoDB	<ul> <li>Provide chemical related information relevant for exposure</li> </ul>
	assessment
ExpoConcentrations	<ul> <li>Provide measured exposure concentrations</li> </ul>
iFDb	<ul> <li>Provide easy-to-use reference database on intake fraction</li> </ul>
	publications
SaDB	<ul> <li>Provide easy-to-use reference database on source</li> </ul>
	attribution publications
ExpoTool	<ul> <li>Calculation of environmental concentration in different</li> </ul>
	media, exposure, intake and intake fraction
External sources	<ul> <li>Provide easy access to available sources of information</li> </ul>
	<ul> <li>Provide information that may be used in ExpoTool</li> </ul>





#### Envirisk work until now

- Define and evaluate exposure relevant to the selected health end points
- First steps towards Euro-wide assessment, especially of PAH
- Deliverable 1.1: Review of databases, modelling methods and tools for exposure assessment
- Deliverable 1.2: An integrated framework and methodology for exposure assessment in environmental health policy impact assessment





# HENVINET health and environment network

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Project officer: Tomas Turecki http://henvinet.nilu.no





#### HENVINET in summary

- EU-funded Coordination Action
- start 1.11.2006, runs for 42 months
- 30 partners from 17 countries (5 outside Europe)
- Coordinator: NILU
- Support development of integrated health and environment policies
  - Environment and Health Action Plan
  - Environment and Health Information System
- Focus on four priority health end points: asthma and allergies, cancer, neurodevelopmental disorders, endocrine disruptors





## HENVINET Partners (1)

1.	Norwegian Institute for Air Research (NILU)	(NO)
2.	Norwegian Veterinary Institute (NVI)	(NO)
3.	Stichting Ecobaby	(NL)
4.	United Bristol Healthcare NHS Trust	(UK)
5.	Public Health Services Gelderland Midden (HGM)	(NL)
6.	Central Science Laboratory	(UK)
7.	Slovak Medical University	(SK)
8.	Institute for Food Bioresources (IBA)	(RO)
9.	Italian National Agency for New Technologies, Energy and the Environment (ENEA)	(IT)
10.	European Centre for Environment and Health-WHO EURO	(INO)
11.	University of Hertfordshire	(UK)
12.	Netherlands Organisation for Applied Research (TNO)	(NL)
13.	Finnish Meteorological Institute (FMI)	(FI)
14.	European Commission - Joint Research Centre (JRC)	(INO)
15.	Regione Piemonte	(IT)
March 4	5. 2008 Alena Bartonova WWW.ni	lu.no NILU



## HENVINET Partners (2)

17.	Institute for Medical Research and Occupational Health	(CR)
18.	Umeå University	(SE)
20.	Slovak Technical University	(SK)
21.	Norwegian School of Veterinary Science	(NO)
22.	Stockholm University	(SE)
23.	University of Southern Denmark	(DK)
24.	Wageningen University	(NL)
25.	National Centre for Scientific Research "Demokritos"	(GR)
26.	University of Oslo	(NO)
27.	Doctors for the environment	(AR)
28.	Peking University School of Public Health	(CN)
29.	Integral University	(IN)
30.	eThekwini Health Unit	(ZA)
31.	National Institute of Public Health	(MX)
32.	National Institute of Health	(IT)



#### Henvinet aims

- Evaluation of knowledge on environmental causes related to the health end points
- Evaluation of DSTs related to the health end points
- Science-policy interface



#### structure information WP 1 Evaluation and exploitation of best practices WP 4 Validation and exploitation of decision support tools WP 2 System and WP3 database Interaction with policy and dissemination



#### HENVINET WP1, WP4 products

- Reviews of research findings: four topic groups (env. health), interaction with environmental specialists
  - Defined framework
  - Structured reviews
  - Knowledge evaluation criteria
  - Internet based tool at henvinet.nilu.no, for respiratory diseases and climate change
- Reviews of DST
  - Found about 20+ DSTs, contact info collected





### Evaluation of knowledge

- 1. Establish a causal diagram to identify key parameters in the cause-effect relationship between a given environmental stressor and a given health impact
- 2. Individual experts apply knowledge quality evaluation criteria to the parameters identified in Step 1;
- 3. The results of Step 2 are analyzed and discussed.
  - Identifying areas where experts agree on low quality;
  - Identifying areas where experts disagree
  - Identify the potential policy implications (PP)
  - Identifying the research implications





#### Quality of knowledge criteria

- Robustness
  - Methods, empirical basis, degree of validation, level of uncertainty
- Fitness for purpose
  - Applicability and Relevance of Data Availability, Relative Importance of Parameter
- Legitimacy
  - Source, Colleague Consensus, Stakeholder Acceptance
- Availability of information



#### Activities / Processes

Natural and anthropogenic (production, storage, dumping, leakage, etc.

#### Dispersion & transformation

Transport, Climate, Area of use

#### Population behaviour

Occupation, activity (age), type of diet, consumer use, environment

#### Physiological processes

dietary uptake, bioaccumulation pharmaco-kinetics, absorption, distribution

#### **Sources**

Indoor and residential use

Agriculture and gardening

Emission/Release hazardous agents Source strength and physical form, Season, Location

OPs:(chlorpyrifos)

## Environmental matrix Soil

Water
Air (house

Solid food

Surfaces

dust)

Concentration

Composition, load, magnitude, application frequency

#### **Exposure route**

Oral (diet)

Oral (nondietary)

Respiratory Placental

Breast milk?

#### Exposures

duration, frequency, Intensity of contact, biological matrix (sampling)

#### Physical processes

metabolism, enzyme function, barrier function (placenta)

#### Pathophysiol. Processes

Pharmacodynamics, . Toxico-kinetics

## Valuation & weighing

Severity, value of life, productivity,
Timing of interventional measures.

#### Appraisal, Ethical decision framing

Multi-criteria, risk-benefit, cost-effectiveness, etc.

#### Social, cultural, political, Human body economical judicial settings Age Genetic/aquired predisposition Health effects **Impacts** Dose Impaired motor Policy deficits, development, neuro Body burden, Disease burden, Optimal scenario development, attention dose at target organ, Societal costs. effective dose. deficit, ADHD, impulsivity, Economic costs hyporeflexia, reduced head metabolites, enzymes Perceptions, etc. circumference OP scheme, part 2

#### HENVINET results to date

- Dissemination strategy: science-policy interface iteration 1
- D1.1: first review and knowledge assessment - draft
  - Asthma and allergy
  - Cancer
  - Endocrine disruptors
  - Neurodevelopmental disorders





