

Testimony

of

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before the

New York City Council Health Committee

on

Int 0703 - 215: Cooling Centers

and

Int 0712 - 2015: Requiring the Department of Health and Mental Hygiene to Conduct Community Air Quality Surveys and Publish the Results Annually

> June 24, 2015 250 Broadway, 16th Floor New York City

Good afternoon Chairman Johnson and members of the Committee. I am Thomas Matte, Assistant Commissioner for Environmental Surveillance and Policy of the Department of Health and Mental Hygiene. With me are Iyad Kheirbek, Air Quality Program Manager, Johanna Conroy, Human Services Director at New York City Emergency Management, Karen Taylor, Assistant Commissioner of the Bureau of Community Services from the City's Department for the Aging, and Rick Muller, Director of Intergovernmental Affairs, from the Department of Environmental Protection. On behalf of Commissioner Bassett, thank you for the opportunity to testify on this legislation concerning air quality and cooling centers.

New York City air quality has improved for several decades because of a significant reduction in pollutants from power plants, building boilers, motor vehicles and other sources. Despite improvements, the Health Department estimates that fine particles, the most harmful urban air pollutant, causes more than 2,000 premature deaths and 6,000 emergency department visits and hospitalizations each year. Research has shown that air pollution increases cancer risk, and may cause reduced birth weight and impaired brain development and function.

The Health Department's role in reducing air pollution health impacts includes studying air pollution levels and impacts on neighborhoods, and estimating the benefits of actions to reduce pollution. We provide critical data and studies to other agencies, to inform initiatives such as the Clean Heat program, the recent update to the City's air code, and OneNYC.

Int 712 - Requiring Annual Air Quality Surveys

Introduction 712 requires the Department to conduct community air quality surveys and publish the results annually. We welcome the Council's interest in this issue; I want to describe our current work in this area as background for our comments.

The City's first long term sustainability plan, finalized in 2007, launched several air quality improvement initiatives. One program, the New York City Community Air Survey (NYCCAS), is the largest urban air monitoring program in the country. Since it launched, NYCCAS has provided data to inform local pollution control measures and track improvements. We collaborate with the City University of New York's Queens College to collect and analyze air samples using light-pole-mounted monitors near street level across the five boroughs. We measure common urban air pollutants that are important for public health, including fine particles, black carbon, oxides of nitrogen, sulfur dioxide, and ozone. We study how emissions from local sources affect air quality in different neighborhoods, create air quality maps, and inform pollution control strategies. This successful program has used proven, scientific methods

that are not fixed by law or regulation. This allows the Department to adapt the program methods and systematically assign monitor locations to support program objectives based on results, the state of the science, and available resources.

NYCCAS results, since the first report in 2009, have been disseminated in seven public reports, annual on-line data summaries, and neighborhood pollution estimates through our interactive Environment and Health Data portal. The Department's air pollution team has contributed to 11 scientific publications on NYCCAS methods and results and other studies of air pollution exposure and health impacts. In our most recent report, from April 2015, we had a number of key findings: fine particles, nitrogen dioxide, and sulfur dioxide declined over a 5 year period by 16 percent, 19 percent and 69 percent, respectively. The large sulfur dioxide reduction is due to State and City actions to reduce sulfur content in heating oil and the phase out of residual heating oil use. Higher pollutant levels continue to occur in the most densely developed and trafficked communities, because of emissions from buildings and vehicles.

We appreciate the Council's interest in NYCCAS, and have also enjoyed working closely with our partners at the Department of Environmental Protection and the Office of Sustainability, along with Chair Richards and the Council's Committee Environmental Protection, in explaining NYCCAS and translating findings to pollution control actions. We are concerned, however, that this proposed legislation would prescribe guidelines, and limit NYCCAS from being able to adapt to evolving monitoring technology, changing air pollution levels, funding availability and results of past monitoring. By adjusting the number of locations, we have been able to study other toxic air pollutants and noise levels, conduct studies of traffic pollution, and perform health impact studies despite reductions in the overall NYCCAS budget. The law would remove needed flexibility by requiring continued monitoring at 150 locations, which our current funding level does not support.

In addition, the design and flexibility of our monitoring would also be compromised by the requirement that 20 percent of locations be at or near "arterial streets", which are often not as busy as interstate highway links, such as the Cross-Bronx Expressway. NYCCAS locations have already been identified to reflect a range of traffic and building emissions density and to oversample areas with high emissions. This allows us to study the relationship of traffic density to pollution levels and map 'hot spots' associated with traffic and building sources. We believe more can be done to use this data to inform actions to reduce traffic pollution, without placing more monitors near arterial roadways.

The bill also calls for us to identify regional pollution sources using NYCCAS data. NYCCAS is not designed to identify regional pollution sources, which generally cause a more uniform level of air pollution in the City. The Department is using other data and methods to study the impact of regional pollution sources; the New York State Department of Environmental Conservation also studies regional sources as required under the Clean Air Act.

The Department is also concerned about the issuance of a report on March 1st each year, with the results of the survey for the preceding calendar year. While we agree that annual reports are appropriate, air sample laboratory processing, quality control and data analysis to map pollution can take up to a year; the Department would not have information by March 1 to provide a full report that includes the preceding year's data.

Finally, the law charges the Department with making recommendations for City, State, and federal actions to improve air quality. We appreciate the intention, but we do not feel it is the role of the Department to issue public recommendations to our partners in government on specific control measures. We identify important sources, neighborhoods with more pollution, and health impacts, and share this information with agencies that regulate the sources of air pollution and with the public.

Intro 703: A Local Law in relation to Cooling Centers.

Extreme heat events are, on average, the most dangerous type of extreme weather. The City, coordinated by our colleagues at Emergency Management, activates a plan when the National Weather Service issues a heat advisory, based on the forecasted heat index. Advisories recommend that vulnerable people use their home air conditioner if they have one or go to an air conditioned place, such as a cooling center, mall, or the home of a friend. These advisories also urge the public and service providers to check on people who are vulnerable, especially those without residential air conditioning, who have a chronic physical or mental health problem, or are elderly. Most cooling centers are public community centers, senior centers, and public libraries; Emergency Management has identified 502 potential cooling center locations for 2015.

There are several reasons for opening of cooling centers and recommending that vulnerable people seek refuge from the heat at home or another air conditioned place during periods of extreme heat. First, the health risk from extreme heat can be quite high. While even seasonal hot weather can contribute to heat stress, when the heat index reaches about 95 degrees and above for two or more days or 100 for a single day, the risk of serious illness or death increases rapidly. Second, heat stress is cumulative. Consecutive days of extreme heat

compound the risk as the body temperature rises and dehydration worsens. Third, there is strong evidence from our data that lack of air conditioning during extreme heat is the strongest risk factor for heat stroke death. Nearly 90 percent of adult New Yorkers have home air conditioning and about three-quarters of vulnerable adults use home air conditioning often during extreme heat. But about 80 percent of victims of lethal heat stroke die at home, almost always without working air conditioning. For all these reasons, cooling centers make sense as part of an extreme heat public health protection strategy.

Cooling centers are part of a heat protection strategy; yet it is important to note that they have limitations. Only a small proportion of the at-risk population – perhaps 10 percent – goes to a community center, library, or other public place, according to a survey we conducted in 2011. Many of the most vulnerable New Yorkers stay at home by choice or necessity or go to other cool places. For those who are vulnerable because of physical frailty, serious mental health problems, developmental disability or dementia, getting to and staying at a facility they do not regularly attend may be difficult. For vulnerable people who are more mobile and socially connected, it may be possible to increase use of cooling centers and other cooled public spaces during heat waves by providing additional funds to offer food, refreshments, entertainment, and free transportation. Ultimately, increasing access to residential air conditioning for vulnerable people is the most reliable way to protect them from extreme heat and seasonal hot weather.

The Health Department has several concerns about Introduction 703. While we appreciate the intent of the bill, the Department does not have the capacity, experience, and role in the City's incident management system (CIMS) to coordinate the cooling center function.

This legislation, which requires opening cooling centers on days with air quality health advisories, could result in cooling centers opening twice as often or more per year as they currently do. This intervention will be costly, might not decrease pollution exposure, and could even increase it in some cases. When there is extreme heat, cooling centers definitely lower heat exposure and allow recovery from heat stress. In contrast, when the air quality is poor, a person's short term exposure could be increased if they travel to a cooling center along a busy roadway or if they visit a center in a more polluted location than their home or workplace because fine particles can filter into a building with regular air conditioning.

There is also concern that by increasing the number of days cooling centers are opened not every center will be able to continue to operate due to staff availability, budget or the terms of their leases. The majority of centers are facilities that are independently run by nonprofits and

have agreed to operate as cooling centers when the City activates its heat plan. The hours for each center vary, as the nonprofits determine their staffing capability and decide individually if they can operate over extended periods of time such as weekends and evenings.

This legislation would also require publicizing a list of cooling centers when there is not a heat emergency. Publishing a fixed, standing list of facilities that might serve as cooling centers could cause confusion with New Yorkers travelling outside during extreme temperatures to a site that may not be open. The locations of available cooling centers change day-to-day for several reasons, and some centers that were previously open may need to close if their air conditioning stops working. This is why we direct New Yorkers to the Cooling Center Finder only during heat *emergencies*; this information is available at NYC.gov, the NYCEM website, and 311 – which is the most reliable way to determine which sites are open on a particular day. NYC Emergency Management will also send a notification to the City's elected officials when the heat plan is activated and cooling centers will be open, and send a notification to Notify NYC subscribers. This notification contains a link to an American Sign Language video with subtitles.

A final concern about this bill is that the much greater level of health risk during extreme heat events around which the cooling center program was designed does not apply to air quality health advisory days as we experience them today. Because our air is much cleaner than it used to be, New York City pollution levels on air quality health advisory days are much lower than in years past. Also, in contrast to the rapid rise in health risk associated with extreme heat, air pollution health effects increase more gradually. For these reasons, air pollution health advisory days in New York City currently are much less dangerous to public health than extreme heat episodes. Furthermore, EPA-recommended public advisory language on our poor air quality days does not include warnings to stay in an air conditioned place. Instead, vulnerable people are encouraged to reduce or avoid prolonged or heavy outdoor exertion. The best way to protect vulnerable New Yorkers from air pollution will be to continue to implement programs to reduce levels of air pollution and the chronic exposures that have the greatest impact on health.

Thank you for the opportunity to testify. I am pleased by the Committee's interest in this issue, and the Department looks forward to exploring solutions that will continue improving air quality in our City. My colleagues and I would be happy to answer any questions you may have.



The New York City Community

Air Survey

Neighborhood Air Quality 2008 - 2013

New York City Department of Health and Mental Hygiene

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EXECUTIVE SUMMARY

New York City air quality has improved for several decades, but remains a major cause of illness and death. New York City's first long-term sustainability plan (2007) launched several air quality improvement initiatives. One initiative, the New York City Community Air Survey (NYCCAS), is the largest urban air monitoring program in the U.S. NYCCAS is providing data to inform local pollution control measures and track improvements.

This report:

- Describes trends between winter 2008-2009 and fall 2013 in PM_{2.5}, NO₂ and wintertime SO₂, major pollutants that affect public health.
- Identifies the sources that still endanger New York City air.
- Maps neighborhood air pollution levels and describes the reasons for air quality differences across the city.

Major findings:

- PM_{2.5}, NO₂, SO₂ have all declined over the 5 years by 16%, 19% and 69%, respectively
- Largest declines in SO₂ levels due to regulations in heating oil
- Higher levels of all pollutants continue to be observed in areas of higher traffic density, building density, areas of residual oil boilers, and industrial areas

The report concludes with a summary of the most important remaining pollution sources associated with buildings, traffic and non-road vehicles and equipment. Effective approaches that could reduce pollution from these sources are briefly described. With high densities of people living near emissions sources, preventing air pollution-related deaths and illnesses in New York City will require new strategies to address smaller and more widely distributed sources of air pollution.

BACKGROUND

A

ir quality in New York City (NYC) has been improving over the past several decades because federal, State, and local measures have reduced pollutants from power plants, building boilers, motor vehicles, and other sources. Still, air pollution

remains a major cause of illness and death, particularly among vulnerable residents such as the very young, seniors, and those with preexisting health conditions. The NYC Health Department estimates that fine particles (PM2.5), the most important urban air pollutant, cause more than 2,000 premature deaths and 6,000 emergency department visits and hospitalizations from respiratory and cardiovascular disease each year. Research shows that air pollution is also linked to cancer, reduced birth weight, and possibly impaired brain development and function.²

New York City created its first long-term plan for environmental sustainability in 2007. One goal was to make NYC's air quality cleaner than that of any large U.S. city. The plan also charged the Health Department with establishing the New York City Community Air Survey (NYCCAS), the largest urban air monitoring

program in the U.S. NYCCAS is a collaboration between the Health Department and Queens College to:

- Measure air pollutants that affect public health across the city.
- Identify local emission sources that impact neighborhood air quality.
- Inform the public and city officials on clean air priorities.
- Provide air pollution estimates for health studies.

NYCCAS air monitoring began in December 2008 and focuses on pollutants that pose the most harm to public health. They include the following:

Fine Particles (PM_{2.5})

are tiny airborne solid and liquid particles less than 2.5 microns in diameter. They are also called soot. PM2.5 is the most harmful urban air pollutant, small enough penetrate deep into the lungs and enter the bloodstream, worsening lung and heart disease and

leading to hospital admissions and premature deaths. PM2.5 is also a human carcinogen.³

PM2.5 can either be directly emitted or formed in the atmosphere from other pollutants. Important local sources include fuel combustion in vehicles, boilers in buildings, power plants, construction equipment, and commercial cooking. PM2.5 in NYC's air also comes from outside the city.

Nitrogen Dioxide (NO₂)

is one of a group of pollutants called "oxides of nitrogen" (NO_x). Exposures to NO₂ are linked to increased emergency department visits and hospitalizations for respiratory conditions, particularly asthma. NO_x react with other compounds in the atmosphere to form PM_{2.5} and ozone (O₃). NO_x are produced from a variety of combustion sources in NYC, including motor vehicles, buildings, marine vessels, and construction equipment.

Sulfur Dioxide (SO₂)

in NYC is produced mainly from burning oils with high sulfur content, such as No. 4 or No. 6 oil (also known as residual fuel oil). No. 4 and No. 6 oils in NYC are used mainly to heat buildings and hot water. Some high-sulfur oil is also used to generate electric power and power marine vessels. SO₂ exposures

can worsen lung diseases, causing hospitalizations and emergency department visits for asthma and other conditions. SO₂ also contributes to PM_{2.5} in the atmosphere, resulting in exposures downwind of where it is emitted. Local SO₂ emissions declined in recent years, mainly because of NYC regulations to phase out No. 4 and No. 6 oils and State regulation to lower the amount of sulfur allowed in No. 2 distillate heating oil.⁴

The first NYCCAS report, published December 2009 (Figure 1), showed that neighborhoods with many large boilers using heating oil had higher levels of PM2.5. SO2 levels were higher in areas with many buildings heated by Nos. 4 and 6 residual fuel oils. These findings helped spur local regulation to eliminate the use of residual heating oils in NYC buildings by 2030. After the first two years, special studies have measured other pollutants and noise at NYCCAS locations. Results are found at online at www.nyc.gov/health/nyccas.

This report describes trends in PM2.5, NO2 and wintertime SO2 between winter 2008-2009 and fall 2013, and it identifies the sources that still endanger New York City air. Detailed maps display neighborhoods with high levels of air pollution and the reasons for air quality differences across the city.

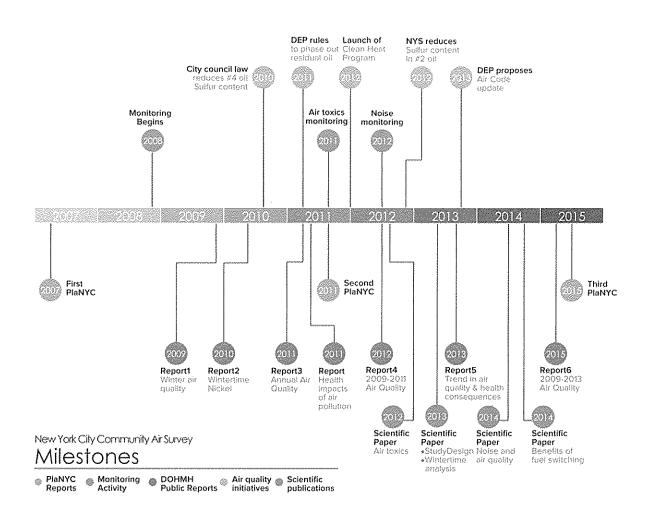


Figure 1: New York Community Air Survey, major milestones.

METHODS

concentration in air is calculated. Quality control steps included confirming that the sampling pump was operating normally and collecting duplicate and unexposed samples for comparison with study samples.

Air samples were collected at each active NYCCAS sit for two weeks in each season. Samples at reference site

analysis of the filters and passive samplers determines

the quantities of pollutants collected and their

Air samples were collected at each active NYCCAS site for two weeks in each season. Samples at reference sites located away from potential pollution sources were monitored every two-weeks, year-round. Data from these sites were used to adjust the measurements from street-side sites for citywide changes in air quality over time, mainly from weather conditions. The number of reference sites was reduced from five to three after the first four years.

ealth Department and Queens College Researchers collected over 2,000 air samples in all city neighborhoods between winter 2008-2009 and fall 2013. Monitoring sites were selected to include the range of traffic conditions, size and number of buildings, and land uses found in NYC neighborhoods. Researchers sampled the air at 150 NYC locations per year during the first two years and 60 to 100 locations per year in subsequent years (Figure 2). Samples were collected in all seasons.

NYCCAS air samplers are mounted on streetside lampposts 10 to 12 feet off the ground. Each sampler uses an air pump and filters to collect PM2.5. Passive samplers absorb the gaseous pollutants NOx, SO2, and O3. Laboratory

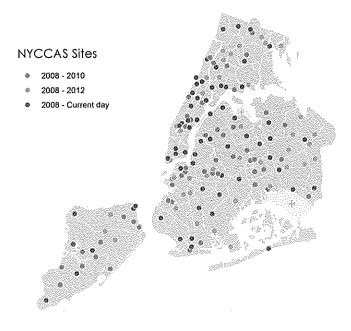


Figure 2: New York City Community Air Survey monitoring locations.



NYCCAS Team Deploys an Air Quality Monitor

NYCCAS data were analyzed using a "land-use regression" (LUR) model. LUR models estimate associations among pollution levels, average traffic, building emissions, land use, and other neighborhood factors around the monitoring sites. These associations were used to estimate the seasonal average air pollution levels at locations across the city, including locations

where no measurements were taken. The LUR model is also used to assess sources that appear to contribute most to differences in pollution concentrations.

For more details on methods, visit NYCCAS at <u>nyc.</u> gov/health/nyccas.

RESULTS

etween winter 2008-2009 and fall 2013
- during the first five years of monitoringPM2.5, NO2, and SO2 levels all declined.
SO2 levels declined the most, and the
difference in SO2 concentrations between the most
and least polluted neighborhoods decreased more
than for other pollutants. The neighborhoods with
pollution levels higher or lower than average have
been fairly consistent over time; these patterns reflect
neighborhood differences in emissions from buildings
and traffic, which do not change rapidly from one year
to the next. The data summarized for each pollutant
include:

- Trend in seasonal average pollutant concentrations by levels of important nearby sources
- 2. Maps of concentrations estimated by the LUR model. Maps for the first and fifth winter and summer seasons of NYCCAS monitoring are shown in this report. Other maps are available in the appendix. Average pollutant concentrations for each NYC neighborhood are available at www.nyc.gov/health/trackingportal.

PM_{2.5}

At NYCCAS locations monitored each season for five years, seasonally adjusted, street-level PM_{2.5} levels declined by almost $0.5~\mu g/m^3$ per year, and by 16% over the five-year period. PM_{2.5} levels tend to be higher in winter and summer than in fall and spring, likely because of increased heating emissions in the winter and increased upwind power sector emissions in the summer cooling season. These seasonal trends are similar to those at rooftop regulatory monitors operated by the New York State Department of Environmental Conservation (NYSDEC).

Despite declining levels, wide differences in concentrations persisted across sites with differences across sites ranging from $8.1 \,\mu\text{g/m}^3$ to $21.6 \,\mu\text{g/m}^3$, depending on the season. Greater concentrations were consistently measured at sites with higher boiler and traffic emissions (Figure PM-1).

^aBoiler emissions density estimated within 1000 m and traffic emissions density estimated within 250 m of monitoring sites.

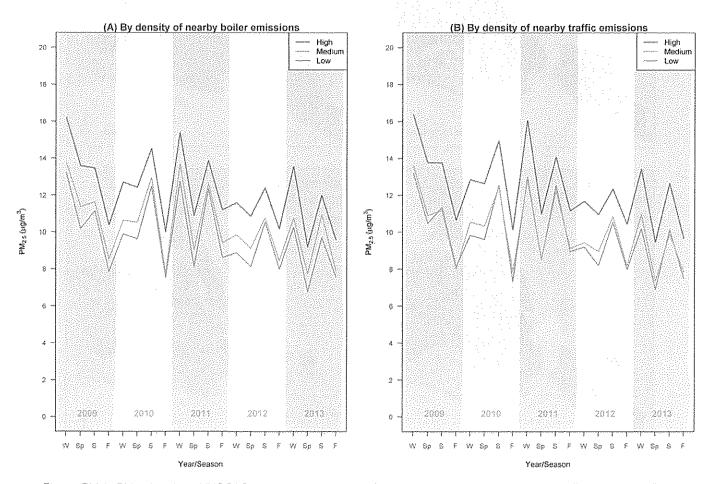
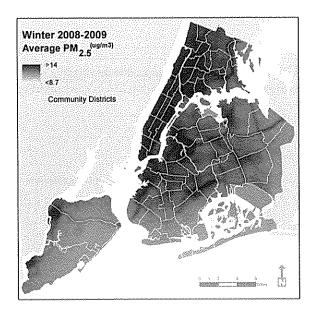


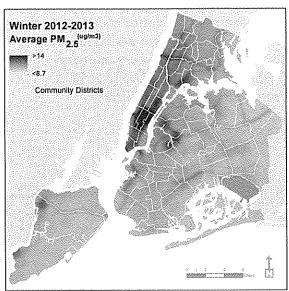
Figure PM-1: PM2.5 levels at NYCCAS monitors, by density of nearby boiler emissions (A) and traffic emissions (B).0

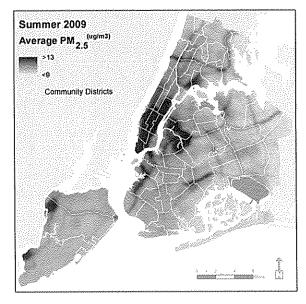
In the LUR model, the most important predictors of PM_{2.5} concentrations were, in order of importance ^b:

- Emissions from building heat and hot water boilers within 1,000 meters (m).
- Area of industrial land use within 1,000 m.
- Traffic density, weighted by relative emissions rates by vehicle type (car, truck, bus), within 250 m.

Although PM_{2.5} concentrations have declined throughout the city, they remain relatively high throughout much of Manhattan - which has many large buildings and heavy traffic - as well as along major highways and in industrial areas (Figure PM-2).







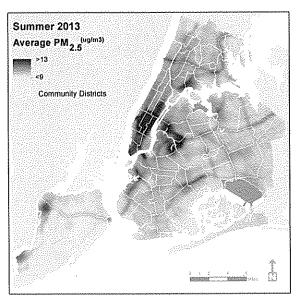


Figure PM-2: PM_{2.5} concentrations, winter and summer, 2009 vs 2013.

 $^{^{\}rm b}$ Sources and methods for emissions indicators are available in appendix.

NO_2

At NYCCAS locations monitored in each season for five years, seasonally adjusted street-level NO₂ levels declined by 1.3 parts per billion (ppb) per year and by 19% during the five-year period. NO₂ levels tend to be higher in the winter months, likely due to weather conditions and increased heating fuel emissions. These time trends are similar to those at rooftop regulatory monitors operated by NYSDEC.

Citywide NO₂ levels have declined while seasonally adjusted NO₂ concentrations varied by 38 to 67 ppb across monitoring sites, depending on the season. Higher concentrations were consistently measured at sites in areas of higher building density and traffic emissions (Figures NO-1).

^cBuilding density estimated within 1000 m and traffic emissions density estimated within 100 m of monitoring

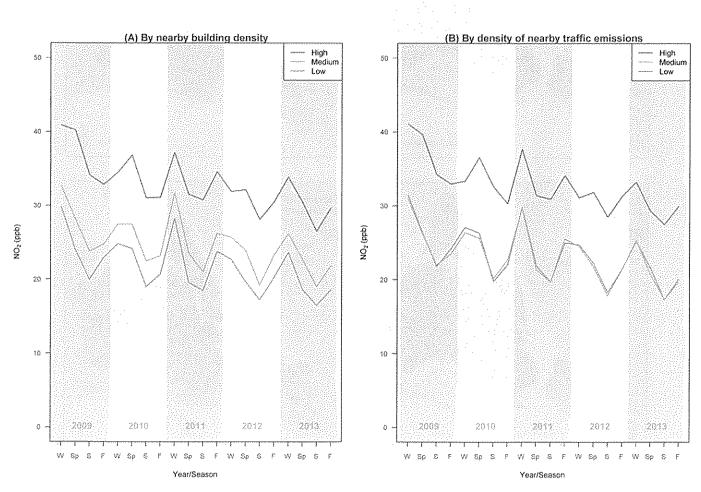
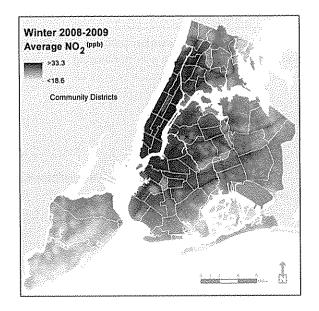


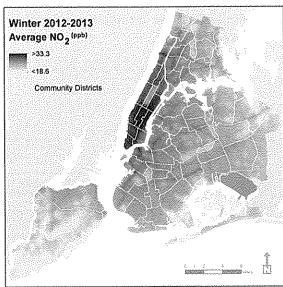
Figure NO-1: NO2 levels at NYCCAS monitors, by density of nearby buildings (A) and traffic emissions (B).

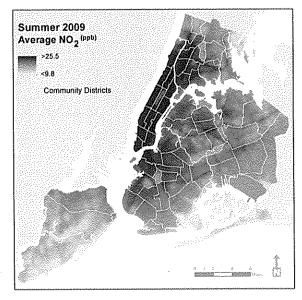
In the LUR model, the most important predictors of NO₂ concentrations were, in order of importance^d:

- Area of interior building space within 1,000 m.
- Traffic density, weighted by relative emissions rates and vehicle type (car, truck, bus) within 100 m.
- Percent of impervious surface within 100m.
- Location on a bus route (compared to non-bus route locations).

Although NO₂ concentrations have declined throughout the city, they remain relatively high in the areas of highest traffic and building density in Manhattan, the Bronx and Brooklyn and around major transportation corridors (Figure NO-2).







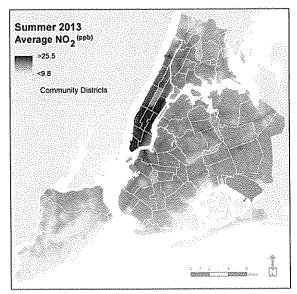


Figure NO-2: NO2 concentrations, winter and summer, 2009 vs. 2013.

^dSources and methods for emissions indicators are available in appendix.

SO_2

At NYCCAS locations monitored each winter for five years, seasonally adjusted street-level SO₂ levels declined by 0.9 ppb per year and by 69% during the five-year period. These trends are similar to those at rooftop regulatory monitors operated by NYSDEC. Seasonally adjusted concentrations varied widely - by 8.5 to 15.8 ppb across monitoring sites, depending on the year. Variation across monitoring sites

declined over time, but greater SO₂ concentrations were consistently measured at sites in areas of higher residual oil boiler density and population density (Figure SO-1).

*Density of residual oil boilers and nighttime population estimated within 1000 m of monitoring sites. Sources and methods for emissions indicators are available in appendix.

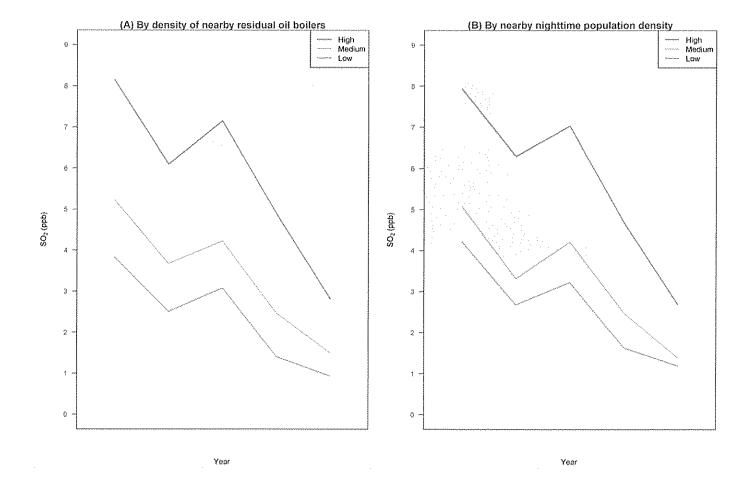


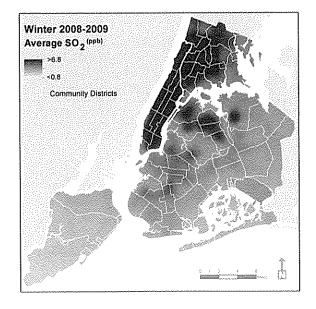
Figure SO-1: SO₂ levels at NYCCAS monitors by density of nearby residual oil boilers (A) and nighttime population (B).°

In the LUR model, the most important predictors of SO₂ concentrations were, in order of importance:

- Oil 4/6 density within 1,000 m.
- Nighttime population within 1,000 m.

While SO₂ concentrations have declined significantly across the city, they remain relatively higher in areas

with a high density of residual oil boilers, particularly areas of the Upper East and West Sides, northern Manhattan, and the western Bronx (Figure SO-2).



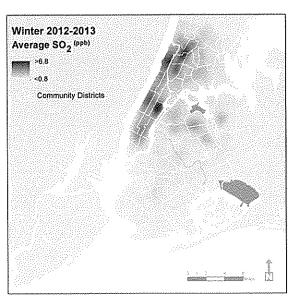


Figure SO-2: SO₂ concentrations, winter, 2008-2009 vs. 2012-2013.

DISCUSSION

ince 2008, NYCCAS has been an integral part of the city's air quality management efforts, providing policy makers with data on air pollution trends, differences in concentrations by neighborhood and sources of harmful emissions. Much of this information has already been used to design strategies to reduce emissions. This report and previous NYCCAS reports have documented large improvements in wintertime SO₂ levels following State and local actions to reduce emissions from high-sulfur heating oil. Existing policies will continue to reduce and eventually eliminate these harmful emissions.

Despite recent air quality improvements, air pollution throughout the city remains at levels harmful to public health, with some neighborhoods suffering disproportionately high exposures. Neighborhoods with higher PM2.5 tend to have more boiler and traffic emissions. Areas with increased industrial land use had higher PM2.5 levels probably because of increased truck traffic serving the industrial areas of the city as well as emissions from industrial equipment, such as generators and boilers.

Compared to PM2.5, about half of which comes from

emissions outside the city, NO2 levels more reflect local sources and are even more variable from place to place. During the first five years of NYCCAS monitoring, average NO2 levels were 52% and 41% greater in areas of high building density and traffic emissions, respectively. Building density is an indicator of emissions associated with buildings, particularly from heat and hot water boilers. Areas of the city with high building density also tend to have more traffic congestion (such as areas of midtown and lower Manhattan) and emissions from stop-and-go driving and idling in traffic jams. Areas with higher percent impervious surface likely have more emissions, since impervious surfaces tend to be roads, parking lots, and buildings. In areas with little impervious cover, such as parks and suburban areas with lawns, there are fewer emissions sources.

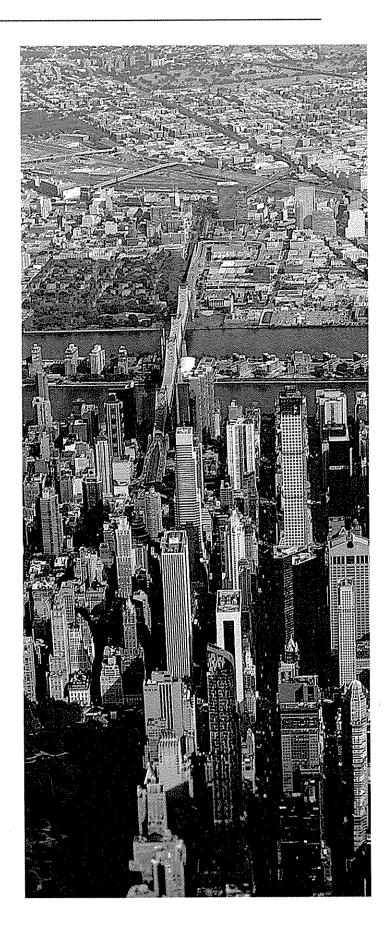
While SO₂ levels declined greatly over five years of monitoring, they remain associated with boilers using No. 4 or No. 6 oil. Nighttime population density is also associated with higher SO₂, likely capturing greater consumption of these high-sulfur fuels in neighborhoods with many large residential buildings, such as the Upper East Side. The strength of the association between density of Nos. 4 and 6 boilers and

SO₂ concentrations has declined, reflecting reductions in emissions as boilers have switched to using cleaner fuels. The disparity between SO₂ concentrations between areas of high and low boiler density declined by 51% between 2009 and 2013. The decline was caused in part by regulations requiring city buildings using residual heating oil boilers to switch to cleaner fuels. A State law also requires reduction in the sulfur content of No. 2 oil, which lowered SO₂ emissions from boilers using No. 2 by more than 99% in winter 2012-2013 compared to winter 2008-2009.

Continued improvements in SO₂ levels are expected as the remaining residual fuel oil boilers in the city convert to cleaner fuels. City regulations will phase out residual fuel oil by 2030. This phase out will also reduce PM_{2.5} emissions, ambient pollution, and harmful health effects.

Air quality improvements during the five years studied in this report, especially falling PM2.5 concentrations, are also attributable to other federal and State measures to control emissions from upwind power plants, industrial sources, traffic, and non-road sources. Continued declines in regional sources of air pollution are expected as stricter regulations on carbon emissions from power plants are developed as part of the U.S. Environmental Protection Agency's (EPA) Clean Power Plan (http://www2.epa.gov/carbon-pollution-standards) and tighter fuel economy standards are phased in as part of EPA's Corporate Average Fuel Economy Standards (http://www.epa.gov/otaq/climate/regulations.htm).

New York City's emissions inventory- all sources of a given pollutant- show that building- and traffic-related sources are still the primary local sources of PM_{2.5}, NO₈, and SO₂ emissions (Figure 3). Unconverted residual fuel oil boilers are believed to still account for a large portion of SO₂ emissions in New York City. Clean Heat Program efforts to provide assistance, outreach, and financial assistance to buildings for accelerated Nos. 4 and 6 boiler conversions should be continued and increased to accelerate the health benefits from reduced emissions.



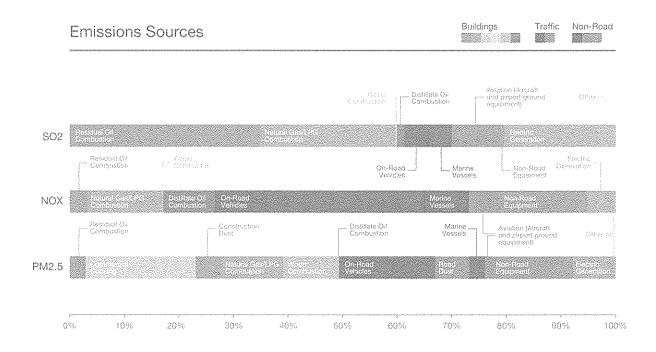


Figure 3: Major sources of PM_{2,5}, NO_x, and SO₂ in New York City.¹

With high densities of people living near emissions sources, preventing air pollution-related deaths and illnesses in New York City will require new strategies to address smaller and more widely distributed sources of air pollution. For example, commercial cooking operations, such as meat charbroiling, produce an estimated 2,000 tons of PM2.5 each year, or 20% of all locally emitted primary PM2.5. Technologies exist or are in development to control these emissions, and the NYC Department of Environmental Protection has included regulation as part of its updated air code. Additional emissions reductions from buildings and power plants can be realized through conservation and energy efficiency measures proposed through other efforts. For example, the greenhouse gas reduction goals in the Once City Built to Last plan should be pursued not only to help address the risks of climate change but also to reduce harmful air pollutants and bring about a more resilient city.

Further reducing traffic-related pollution is a significant challenge in a busy city like New York and requires a range of approaches. First, policies

are needed to shift vehicle fleets to the cleanest possible technology, as is required for City operated fleets by regulation (<u>Local Law 73</u>). For private fleets, especially trucks and buses, older and more polluting vehicles should be replaced and retrofitted through a combination of regulation and incentive programs. Electric vehicles (EVs) should be promoted by expanding charging infrastructure and other EV incentives.

Second, transit services and capacity should be expanded and residential and commercial development should be steered to public transitfriendly neighborhoods. This will reduce reliance on private vehicles, congestion and emissions of both air pollutants harmful to human health and greenhouse gases.

¹ Source: U.S. EPA National Emissions Inventory. 2011 V1, with estimates from boilers burning Nos. 2, 4, and 6 oil replaced with updated estimates reflecting boiler emissions estimated as of December 2014.

Third, increasing bike lanes and pedestrian-friendly streets can lead to improved air quality and increased physical activity. Increasing distance between people and vehicles can reduce exposures among pedestrians, as demonstrated through improved air quality in Times Square after the introduction of a car-free pedestrian plaza.

Finally, reducing vehicle-related emissions can be realized through measures to discourage private vehicle use in the city's most congested, polluted and vulnerable areas. Strategies already in place in other densely populated urban areas should be considered, such as creating low-emissions zones that levy a charge on the most polluting vehicles in the densest areas during the busiest times, congestion- and emission-based tolls, and adjusting parking policies to discourage driving. Revenues from traffic pollution mitigation measures could be used to fund better and more affordable transit and pedestrian and bike infrastructure.

Implementing a diverse and aggressive strategy of reducing emissions will help provide a healthier and more sustainable city for all New Yorkers, including those who live in areas with worse air quality. The city is expanding air quality improvement efforts through its sustainability plan. To learn more, visit http://www.nyc.gov/html/planyc/html/home/home.shtml.

CASE STUDIES

CASE STUDY:
AIR POLLUTION AND
BIRTH OUTCOMES

The high density of NYCCAS air quality monitors provides a unique opportunity to estimate exposures among NYC residents to better study air pollution's health effects. Recently, Health Department researchers collaborated with academic partners to investigate the impacts of air pollution on the health outcomes of some 250,000 births that occurred in the city between 2008 and 2010. Using data from birth records and NYCCAS and NYSDEC air monitoring data, researchers estimated PM2.5 and NO2 concentrations near each mother's home address during her pregnancy.5 Figure CS-1 shows the estimated average NO2 exposures by census tract for mothers who gave birth in NYC between 2008 and

2010. Estimated NO₂ exposures are higher closer to major emissions sources such as roads with high traffic volume or large buildings. These data were used to estimate the effect of air pollution on birth weight of babies born after a full-term pregnancy.⁶ The analysis showed that increased levels of both PM_{2.5} and NO₂ in each of the trimesters, as well as for the entire pregnancy, were statistically significantly associated with decreases in birth weight. NYCCAS researchers continue to investigate air pollution's impacts on other birth outcomes, such as preterm birth, gestational hypertension and preeclampsia, as well as the effects of other pollutants, such as the chemical constituents of PM_{2.5}.

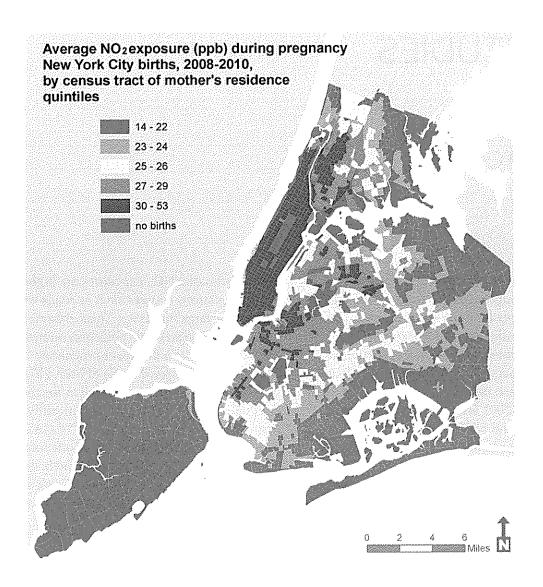


Figure CS-1. Average NO₂ exposure for NYC mothers who gave birth between 2008 and 2010.

CASE STUDY:
TRAFFIC, AIR TOXICS,
AND NOISE

Traffic congestion is a familiar part of daily life in New York City and urban areas around the world, negatively affecting the quality of life of commuters and residents alike. Air monitoring data collected by NYCCAS has demonstrated how high traffic density is associated with higher levels of several harmful pollutants including NO₂, PM_{2.5} and black carbon (BC). Additional case studies have evaluated levels of two additional stressors commonly associated with traffic: air toxics and noise.

In spring of 2011, NYCCAS researchers collected measurements of benzene, formaldehyde and other compounds that are in a class of air pollutants commonly known as "air toxics" at 70 street-side and

park sites across the city. Air toxics are a class of air pollutants that contribute to increased risk of cancer and other serious health effects. Recent analyses suggest that 49% of New York City residents live in census tracts exceeding the 1 in 10,000 air toxics-attributable cancer risk benchmark, compared with 4.8% of the population nationwide, with the majority of the risk attributed to benzene and formaldehyde exposures.^{7,8} Using small passive samplers mounted on city lampposts, researchers found that average levels of benzene and formaldehyde varied by sixfold and twofold, respectively, across New York City monitoring sites (Figure CS-2), and indicators of traffic volume and congestion contributed most to the observed differences. Indicators of fuel burning in buildings

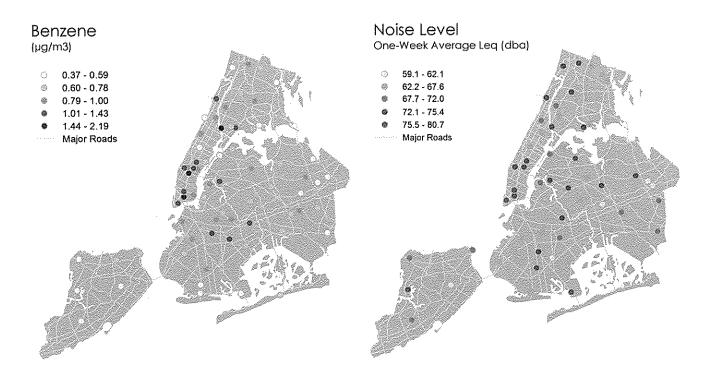


Figure CS-2: Monitored levels of benzene* and noise at sites in NYC.
*Benzene levels adjusted for week-to-week weather differences using central site monitors.

were also associated with higher formaldehyde levels.

Urban dwellers are also exposed to environmental noise from traffic and other sources. A Health Department survey showed that one in five adult New Yorkers experiences noise that disrupts home activities, including sleep, three or more times per week. Some high-poverty neighborhoods experience especially high rates of noise disruption. Ambient noise can cause stress, increase blood pressure and cardiovascular disease risk, disturb sleep needed to maintain health, and interfere with cognitive development in children and interfere with cognitive development

sound-level meters mounted on city lampposts. Noise at all sites exceeded EPA (55 dBA) and World Health Organization (55 dBA) guidelines to protect health and quality of life and more than half of sites exceeded EPA noise guidelines for hearing loss prevention (70 dBA). Noise levels varied widely (Figure CS-2), with the highest levels occurring during the weekday, daytime hours and in areas of high traffic density within 100 m of the monitoring site. Noise levels also correlated strongly with air pollutants generated by motor vehicles. Reducing emissions of both noise and air pollution from vehicles and other sources would improve health and quality of life in many of our most burdened neighborhoods.

CASE STUDY:
PUBLIC HEALTH
BENEFITS OF PM2.5
REDUCTIONS
DUE TO CONVERSIONS
TO CLEANER HEATING
FUELS

With cold weather and high population density, the Northeast is the nation's largest consumer of heating oil, using these fuels in building boiler systems year-round for heat and hot water. As noted elsewhere in this and other NYCCAS reports, NYCCAS data have played a critical role in spurring several measures to reduce heating fuel emissions in New York City.

Because multiple interventions are contributing to falling measured PM_{2.5} levels, NYC Health Department researchers and their collaborators used sophisticated model simulations to separately estimate the public health benefits of clean heat measures implemented so far and additional benefits from the

complete phase out of high sulfur containing fuels. The analysis had multiple steps:

- Estimating emissions of building boilers before and after City and State regulation using boiler permits and other buildings and emissions data.
- Using a complex air quality computer model that combines emissions information, meteorology data, and simulations of atmospheric chemical reactions to estimate the change in PM_{2.5} concentration that result from the change in boiler emissions.
- Combining modeled output with monitor

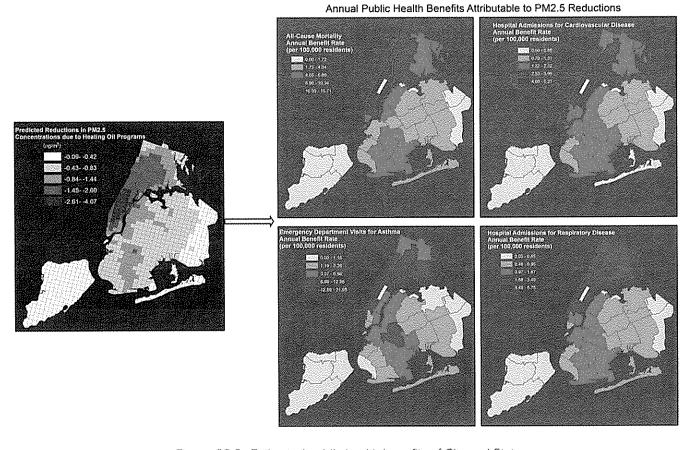


Figure CS-3: Estimated public health benefits of City and State heating oil programs upon full implementation in 2030.9

- data to more accurately estimate air pollution exposures before and after the regulations.
- Combining PM_{2.5} exposure estimates, neighborhood-level population and health outcome data, and published information on the health risks of PM_{2.5} to estimate avoided health events from clean heat measures by neighborhood.

The <u>study</u>¹¹ found that by 2030, full implementation of the City and State heating oil regulations could prevent an estimated 290 premature deaths, 180 hospital admissions for respiratory and cardiovascular disease, and 550 emergency department visits for asthma

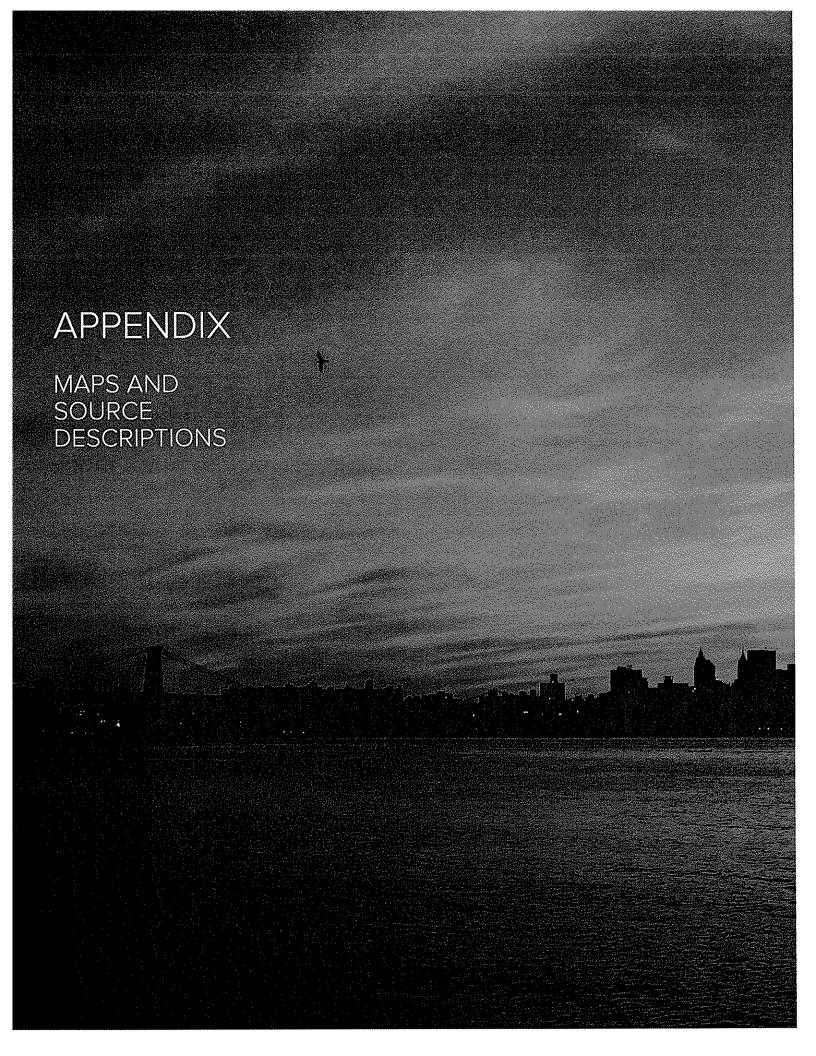
each year (Figure CS-3). This would reduce the city's overall number of deaths caused by PM_{2.5} exposure by more than 10%. Because the city's low-income neighborhoods tend to include higher proportions of vulnerable residents, the largest public health benefits from these programs were found to occur in high-poverty neighborhoods. These findings reinforce the need to accelerate conversions of Nos. 4 and 6 heating oil boilers ahead of regulatory timelines.

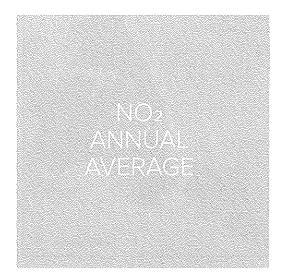
^g Benefit Rate calculated as the number of avoided endpoints divided by the affected population, expressed as per 100,000 residents.

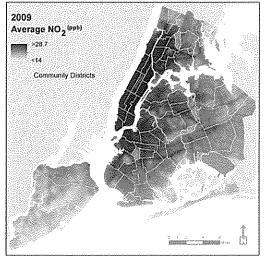
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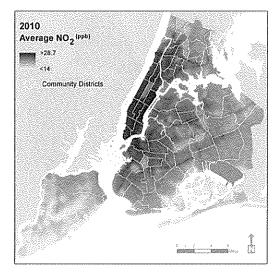
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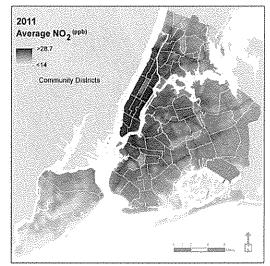
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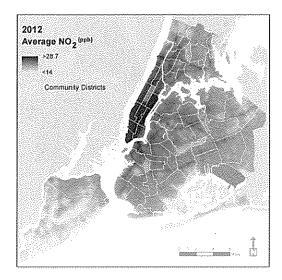


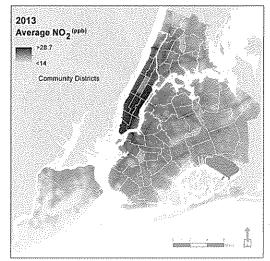


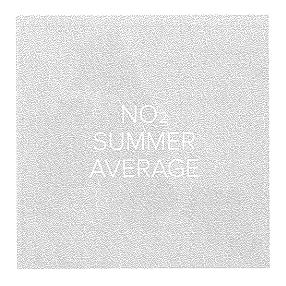


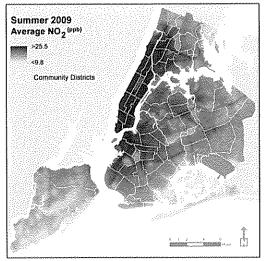


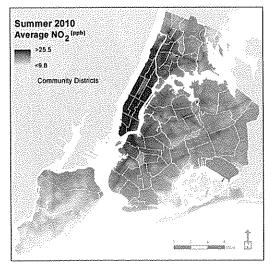


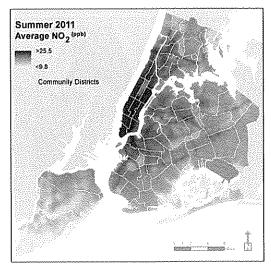


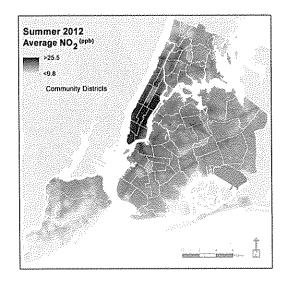


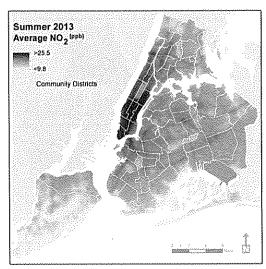




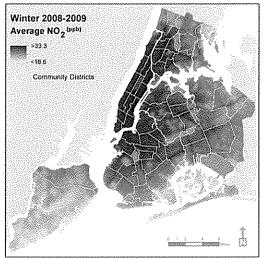


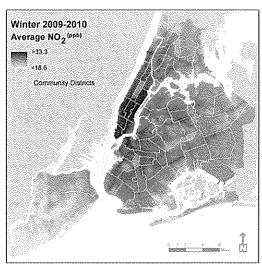


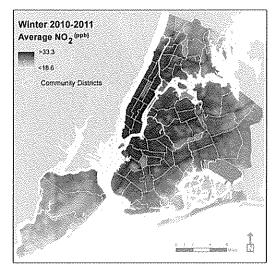


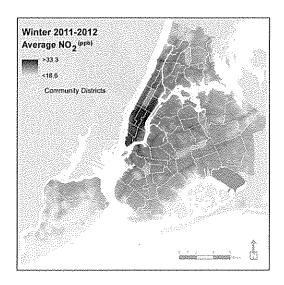


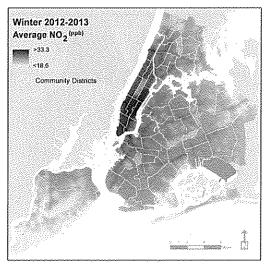


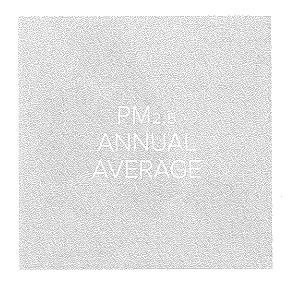


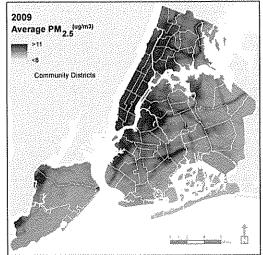


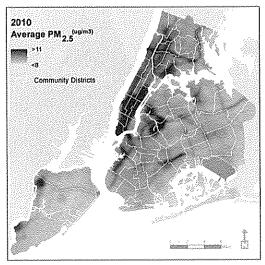


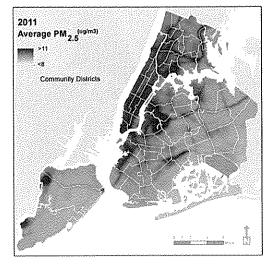


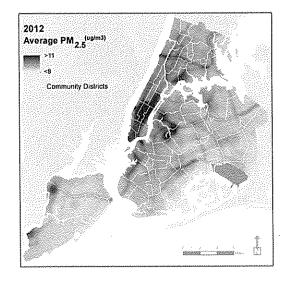


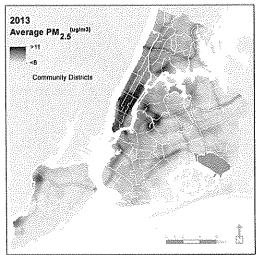


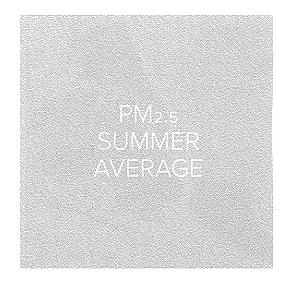


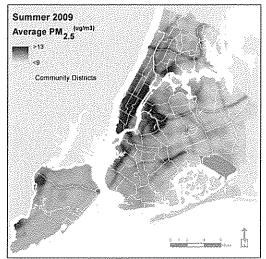


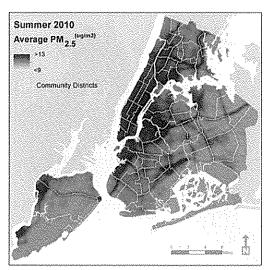


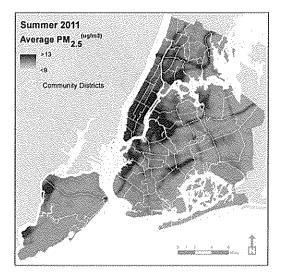


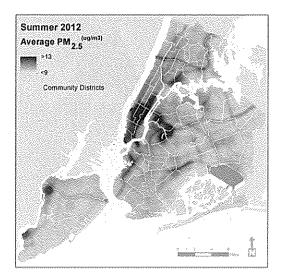


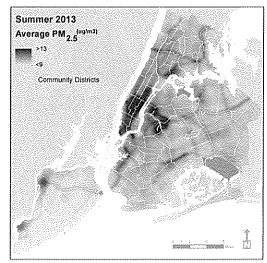


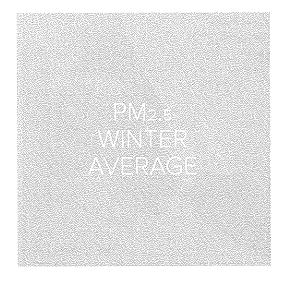




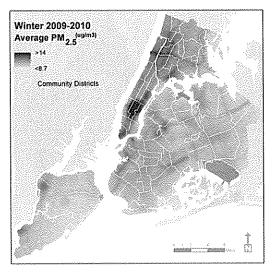


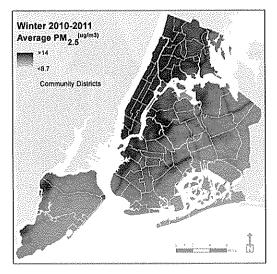


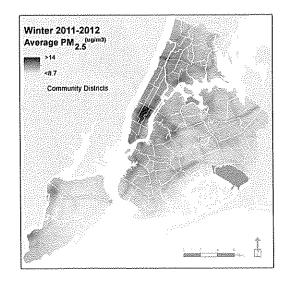


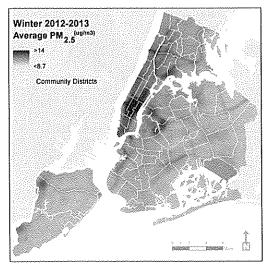


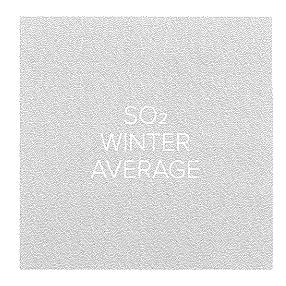


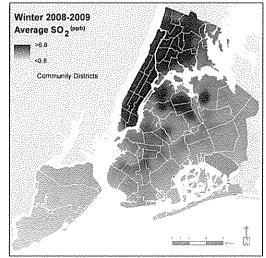


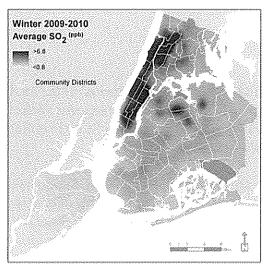


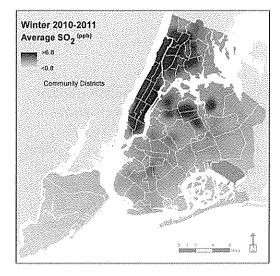


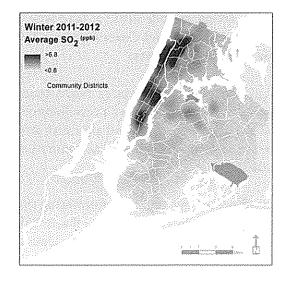


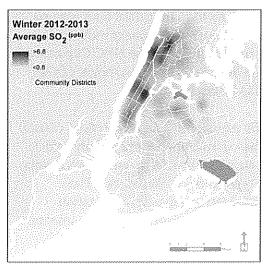












DESCRIPTION OF SOURCE INDICATORS

Density of boiler emissions: Annual building boiler PM_{2.5} emissions were estimated using fuel-specific emissions factors and interior square footage as a proxy for the amount of fuel used. Fuel type, building type and interior square footage were taken from the NYC Department of Environmental Protection boiler registry (2008) where available and NYC Department of City Planning PLUTO dataset and the American Community Survey (2005-2009) for all other buildings.

Area of industrial land use: Industrial land use was estimated from total tax lot area under industrial or manufacturing use according to the NYC Department of Finance. Data Source: NYC Department of City Planning PLUTO Dataset 2007.

Density of traffic emissions: Traffic emissions density was estimated based on annual average daily vehicle miles traveled, weighted by relative emissions factors of each vehicle type (cars, trucks, buses). Data source: New York Metropolitan Transportation Council (2005), NYS Department of Environmental Conservation.

Building Density (area of interior built space):

Building density was estimated as the total interior square footage under any usage for all tax lots. Data Source: NYC Department of City Planning PLUTO Dataset 2007.

Density of residual oil boilers: Residual oil boiler density was estimated as counts of boilers over 350,000 BTUs using #4 or #6 heating oil. Data source: NYC Department of Environmental Protection, 2008.

Impervious Surface: Impervious surface was estimated as the percent area identified as land type "impervious". Source: National Land Cover Database 2001, United States Geological Survey.

Nighttime population density: Night-time population counts were modeled using a combination of U.S. Census data, land cover, and administrative data. Data source: Oak Ridge National Laboratory LandScan, 2001.

Location on a bus route: A monitoring site is determined to be on a bus route if it is within 50 feet of a road designated as a bus route. Data source: New York City Transit Authority.







Testimony of Michael Seilback

New York City Council Committee on Health

Re: Intros 703-2015 & 712-2015

June 24, 2015

Thank you for taking the time for this meeting today. My name is Michael Seilback and I am the Vice President of Public Policy & Communications for the American Lung Association of the Northeast.

We know that polluted air can shorten lives, and worsen lung diseases like asthma and chronic obstructive pulmonary disease and can even cause lung cancer. While we have made major strides in improving air quality, much of New York City received failing grades in the American Lung Association's State of the Air report card.

This year's State of the Air Report -- our 16th annual – shows that progress in improving the nation's air quality was mixed. While most of the nation has much cleaner air quality than even a decade ago, we still see far too many areas with high levels of air pollution. In fact, in NYC - Manhattan, the Bronx, Staten Island, Queens all have ozone monitors and the Bx, SI, Queens ALL received failing grades and Manhattan was the "bright spot" receiving a D grade, not exactly something to brag about.

Air pollution can harm anyone, even healthy adults, but for many, pollution can threaten their lives and leave them with long-term consequences. Children and teens; older adults; people who have chronic lung diseases, such as asthma; those who have cardiovascular disease and diabetes; and those with low incomes—all are more vulnerable. Children and adolescents are at risk of developing complications now that could follow them around the rest of their lives; lives that may be cut short from exposure to harmful pollutants. We need every step we can take to provide cleaner, healthier air for all of us.

The landmark Community Air Survey program involves the use of mobile air quality monitors which are stationed for short periods of time in various locations around New York City. The local air quality data that is collected has been used to help illustrate major air quality concerns including vehicle traffic and home heating oil emissions. The Lung Association has long called for the codification of the program. We think it is important that this program is mandatory regardless of who is the mayor.

We strongly support this bill, but we also think it is important to not only codify the program, but to expand it. We should ensure that communities are being monitored and analyzed in a way that leads to healthier air for all of the five boroughs including EJ communities. We also need to ensure that public health, EJ and environmental groups have a say in how this program is run. While this program has been very successful, it has lacked the open participation that communities deserve to provide.

With regards to the cooling centers – we know that New York City's most vulnerable residents are often the most susceptible to the health effects of days with high levels of air pollution. Providing access to cooling centers on high ozone days is a common sense approach to reducing exposure to unhealthy air. While ozone gas is created on hot sunny summer days, there are often instances where ozone levels are high but the temperature is less than the 90 degrees required for cooling centers to open. Intro 703 will not solve the problem of poor air quality, but if we could provide NYC residents a respite from days with high levels of air pollution, it certainly is a step in the right direction. It is imperative that these cooling centers/ air quality respite centers are publicized in communities so that residents realize when they are open for their usage.

In conclusion, the Community Air Survey program may end up being one of the most important legacies of the PlaNYC / OnenYC program. The data collected from CAS is a vital tool to help decisionmakers target solutions to cleaning up our air and we look forward to seeing this program codified into law so future generations could continue reap its benefits. We urge the Council to pass Intros 712 and Intro 703. Thank you for the opportunity to testify.

For more information contact: Michael Seilback, Vice President, Public Policy & Communications for the American Lung Association of the Northeast, 631.415.0946 or mseilback@lungne.org.

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