



THE UNIVERSITY OF  
MELBOURNE

Melbourne  
Energy  
Institute

# Air pollution from fossil fuels: A public health policy gap

Presenter: **Clare Walter**

*Honorary research fellow. Melbourne Climate Futures (UoM)*

*PhD Candidate (School of public health, UQ)*

*Mitigating the health impacts of air pollution in Australia. From research to policy.*



# Acknowledgment of the traditional owners

Good health includes

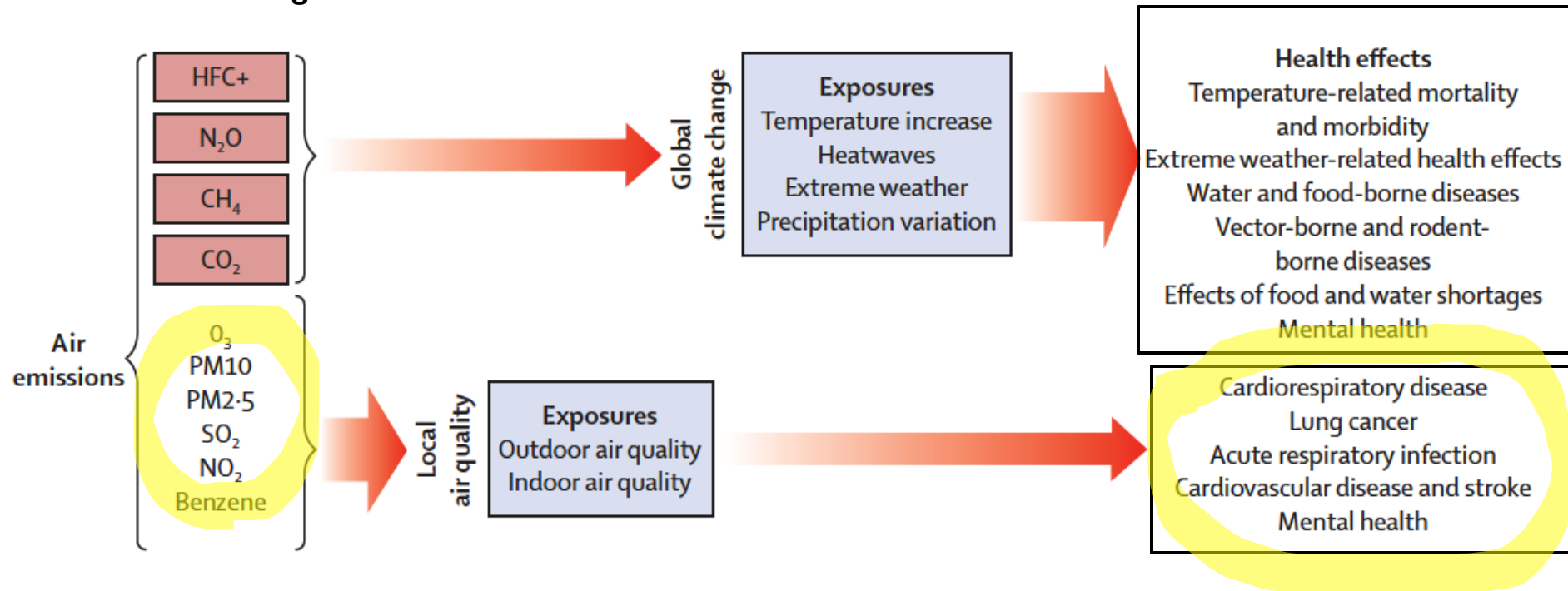
*physical, social,  
emotional, cultural, spiritual  
and ecological wellbeing,  
for both the individual and the  
community.*

These factors are **connected**



# Air pollution: *the presence in or introduction into the air of a substance which has harmful effects.*

**Longer-term, global**  
**“Indirect”;** less easily attributable  
**Structural change measures**



**Shorter-term, domestic**  
**Direct;** more easily attributable  
**End-of-pipe measures**  
**(cheaper)**

# Criteria pollutants

Particulate matter (PM<sub>10</sub>) *Natural sources*

**(PM<sub>2.5</sub>) Combustion sources**

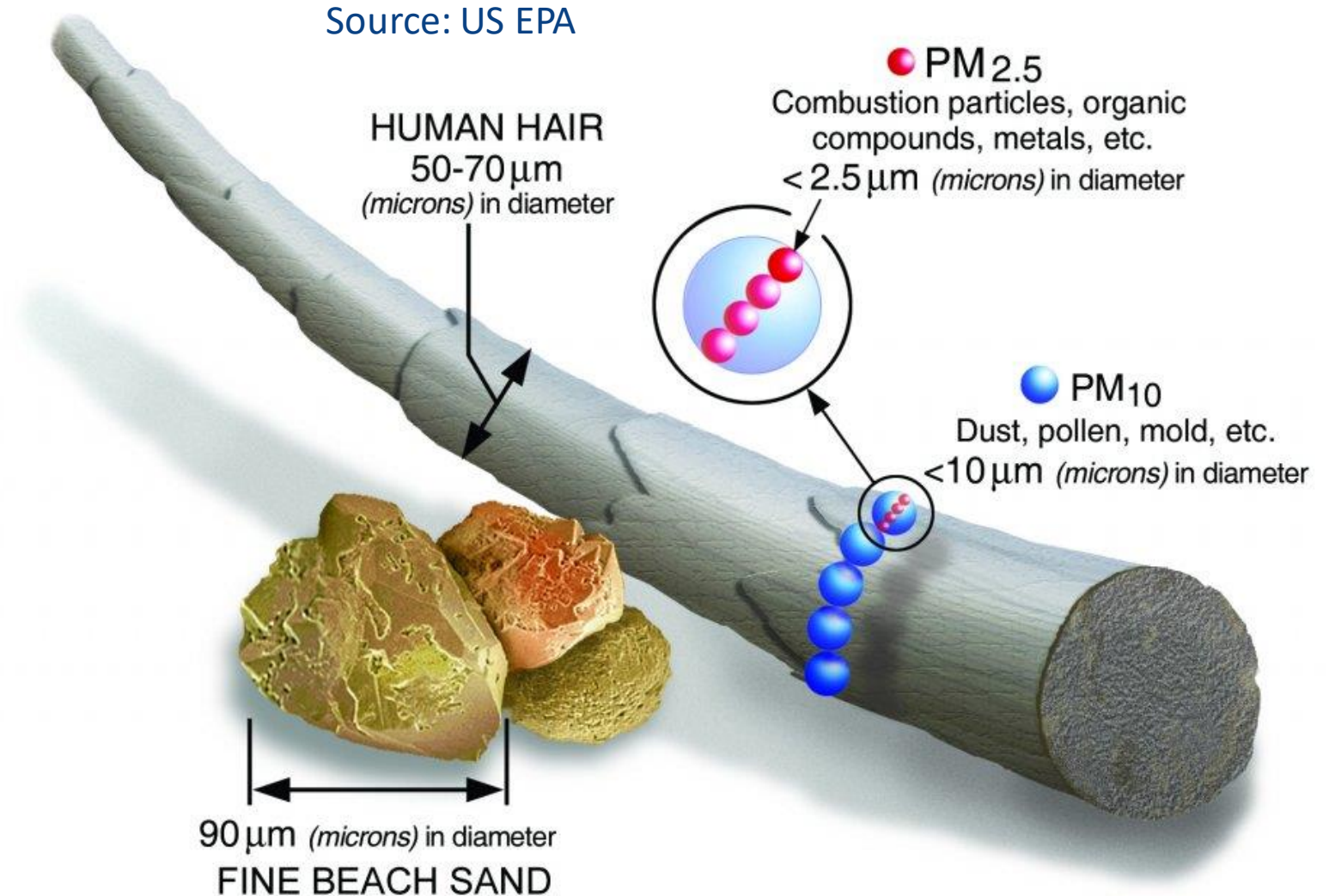
Nitrogen dioxide (NO<sub>2</sub>) *Vehicle emissions*

Ozone (O<sub>3</sub>) *Interactions between pollutants*

Sulfur dioxide (SO<sub>2</sub>) *Coal fired power plants*

Carbon monoxide (CO) *Vehicle emissions*

Lead (Pb) *Industry*



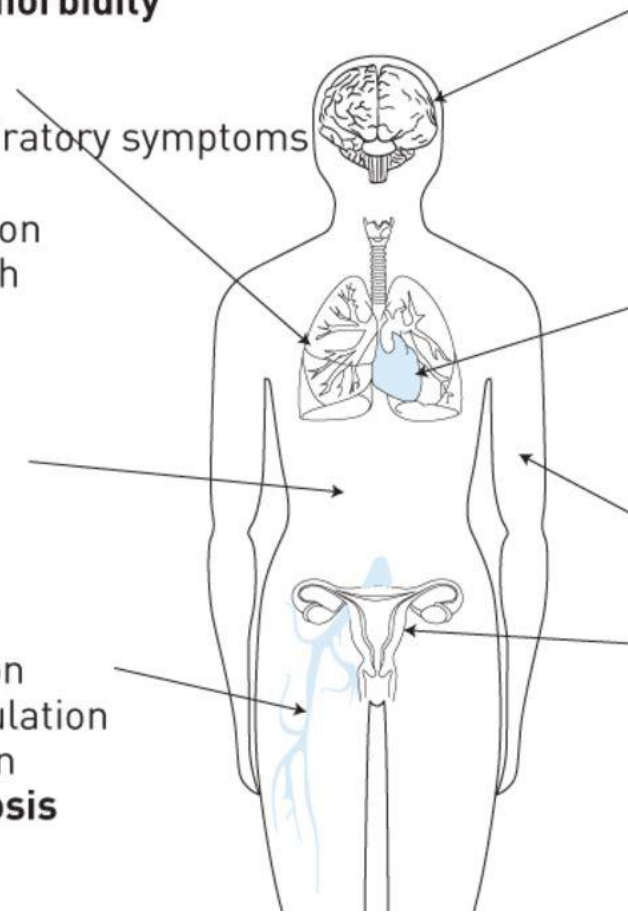
**Respiratory disease mortality**  
**Respiratory disease morbidity**

**Lung cancer**  
**Pneumonia**

Upper and lower respiratory symptoms  
Airway inflammation  
Decreased lung function  
Decreased lung growth

Insulin resistance  
**Type 2 diabetes**  
**Type 1 diabetes**  
Bone metabolism

**High blood pressure**  
Endothelial dysfunction  
Increased blood coagulation  
Systemic inflammation  
**Deep venous thrombosis**



**Stroke**

Neurological development  
Mental health

**Neurodegenerative diseases**

**Cardiovascular disease mortality**  
**Cardiovascular disease morbidity**  
**Myocardial infarction**

**Arrhythmia**

**Congestive heart failure**

Changes in heart rate variability  
ST-segment depression

Skin ageing

**Premature birth**

**Decreased birthweight**

Decreased fetal growth  
Intrauterine growth retardation  
Decreased sperm quality  
Pre-eclampsia

# Causal associations



**40 percent**

of COPD deaths



**20 percent**

of diabetes  
deaths



**20 percent**

of ischemic heart  
disease deaths



**19 percent**

of lung cancer  
deaths



**26 percent**

of stroke deaths



**30 percent**

of lower-respiratory  
infection deaths



**20 percent**

of neonatal  
deaths

*Percentage of Global Deaths (by Cause) attributed to air pollution. Source: [soga-global-profile-factsheet.pdf](#)*



Ella Kissi-Debrah. Lived 30 metres from south circular road in London  
Cause of death: Air pollution

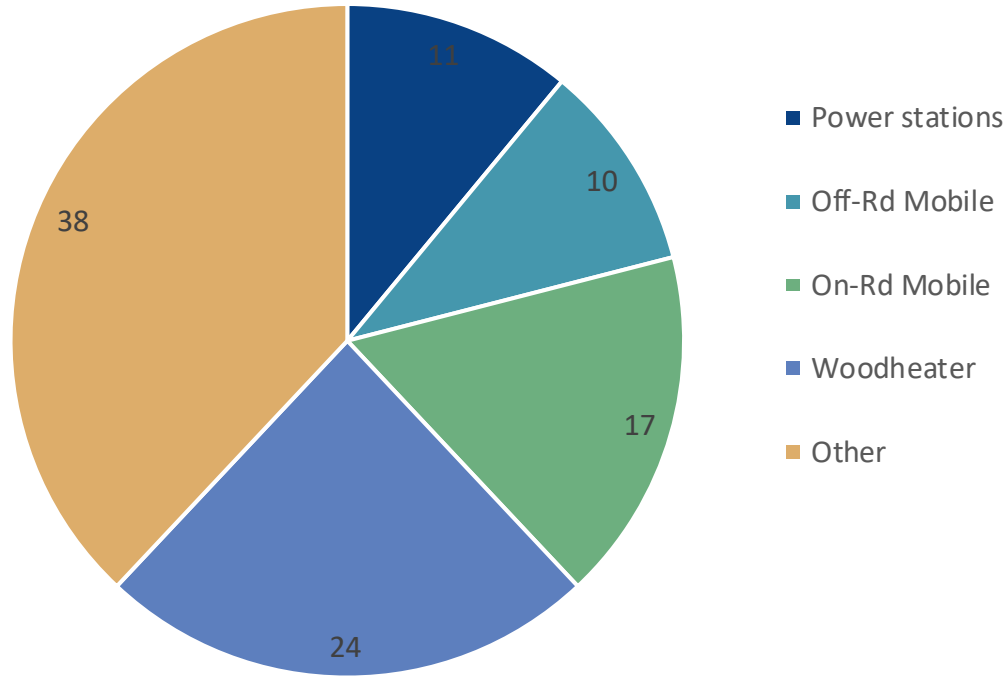
*"If this was happening to water and 40,000 deaths were being brought forward due to poisoning in water, we'd be outside Parliament shouting."*

**Prof Stephen Holgate**



## PM<sub>2.5</sub> Health impacts Sydney GMR

Source: Broome et al. Env Int 2020



***Annual 2,616 premature deaths from anthropogenic PM<sub>2.5</sub> (Hanigan, 2021)***

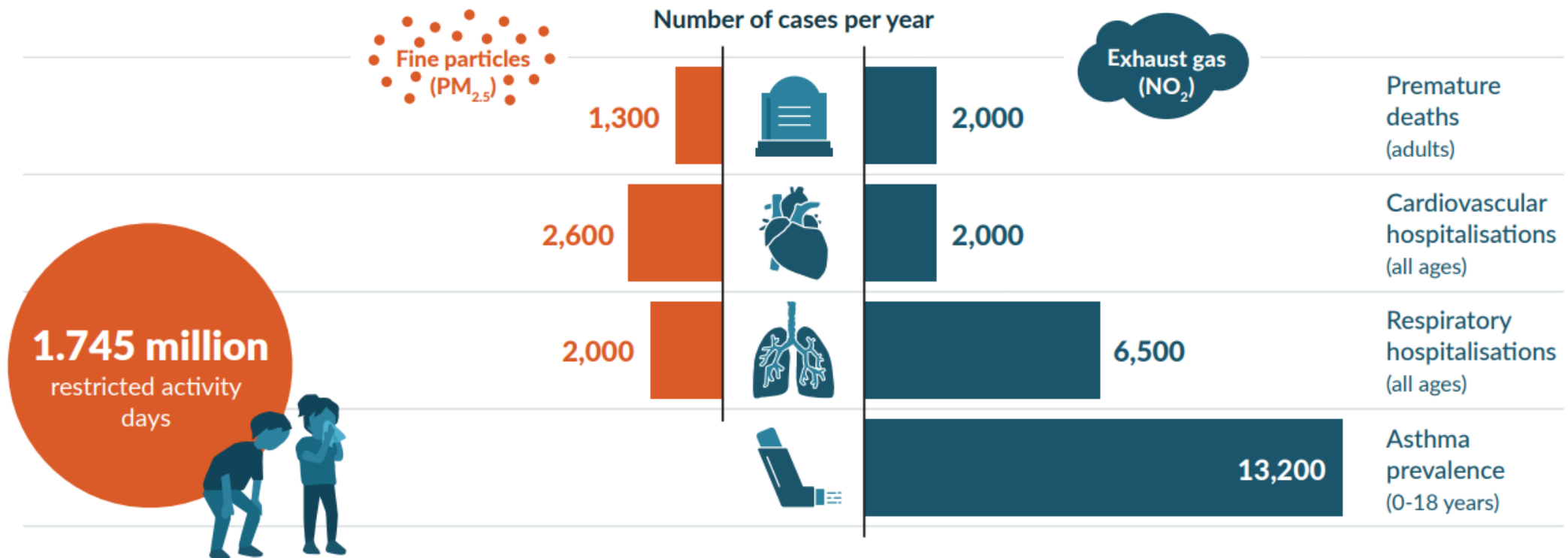
### Limitations

- PM<sub>2.5</sub> – mass measurement. PNC likely to be more reflective of health impacts.
- Size and chemical composition differ according to source.



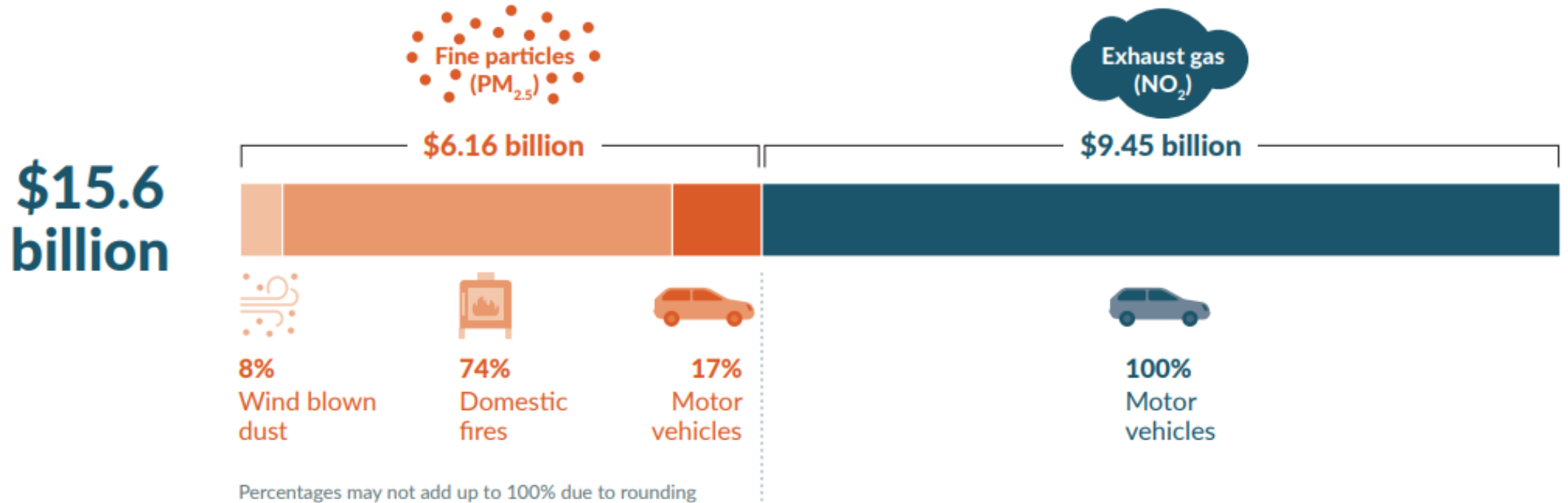
# New Zealand: A tale of two pollutants...

## Health impacts from human-made air pollution (2016)



Source: HAPINZ 3.0, 2022

## Social costs of health impacts from human-made air pollution (2016)



Source: HAPINZ 3.0, 2022

### UK estimations

2009: 29,000 attributable deaths from PM<sub>2.5</sub> (COMEAP)

2015: 23,500 attributable deaths from NO<sub>2</sub> (DEFRA)

2016: Combined – 40,000 annual deaths (Royal College of Physicians)



# In Australia



Source	Publication year	Year data obtained	Pollutants	Morbidity	Mortality	Relevant details
Year Book Australia (EA 2001c)	2001	?	Particles		2.5% of all deaths (2400)	Estimated to be conservative as it failed to take account of long-term effects of air toxics on cancer
AIHW	2007	2003	PM2.5 and Ozone		3056	Accounts for urban air pollution; regional areas excluded.
OECD	2014	2005	PM2.5 and Ozone	YLL 13,048 DALYs 14,342	882	Impacts and costs associated with road transport.
OECD	2014	2010	PM2.5 and Ozone	YLL 20,631 DALYs 22,867	1482	Impacts and costs associated with road transport
AIHW	2016	2011			1.3% of all deaths (1910)	Methodology changed therefore cannot make direct comparison to previous AIHW study
IHME – GDB		2005			3154	
IHME – GDB		2016	PM2.5 and Ozone		3098	
Hanigan	2021	Annual population weighted average from 2006 - 2016	Anthropogenic PM <sub>2.5</sub>		2,616	
Arriagada	2021	Bushfire season 2019/2020	Bushfire PM2.5		429	



***If Australia = New Zealand then...***

**Anthropogenic air pollution causes**

**16,500** annual premature deaths

**10,956** due to motor vehicle emissions

However:

Energy mix different

Underlying population health – maybe?



# “Australia has good air quality”

Air quality monitoring network does not capture population exposure

## Increasing trajectories:

Urbanisation

Population growth

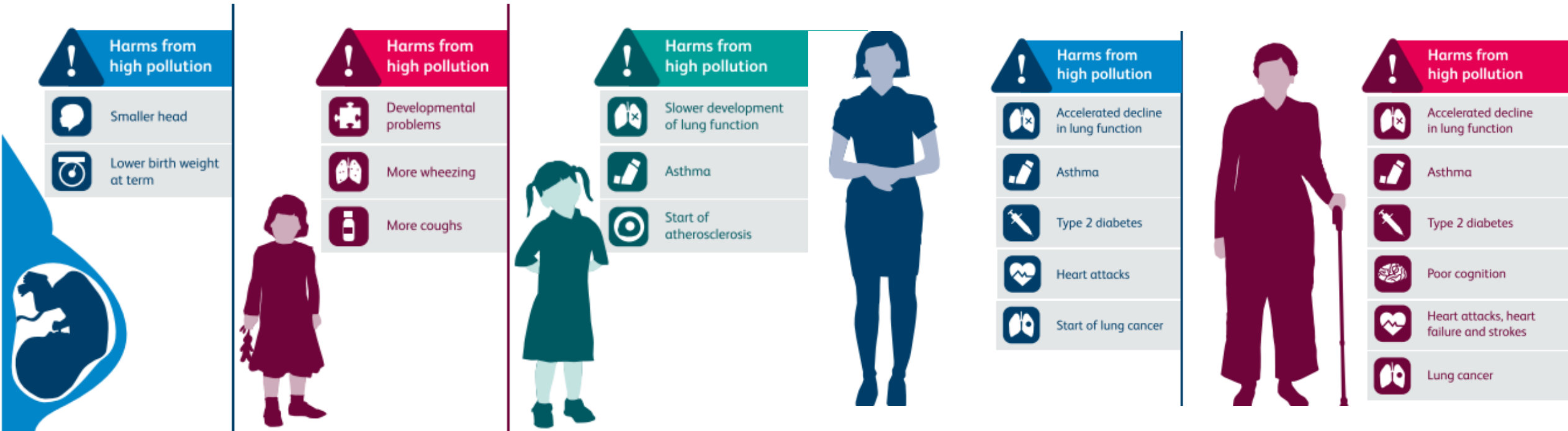
Uptake of diesel vehicles

Heat (supra-additive impact)



# Thresholds not protective of health

## Vulnerable groups (RCP 'Every Breath' report, 2016)



### Children Increased dose and susceptibility

- |              |                             |
|--------------|-----------------------------|
| RR           | Immature defence mechanisms |
| Surface area | Higher cell turnover        |
| Height       |                             |



# Policies

## Federal

NEPM AAQS  
Fuel Content  
Vehicle regulations

## State

EP Act  
EES Act  
Planning schemes  
Licence approvals

## Local Government

Siting of sensitive facilities  
Approval processes

## Problems

Lagging by global standards  
Thresholds not enforceable  
Lacking transparency  
Cost benefit analyses based on???

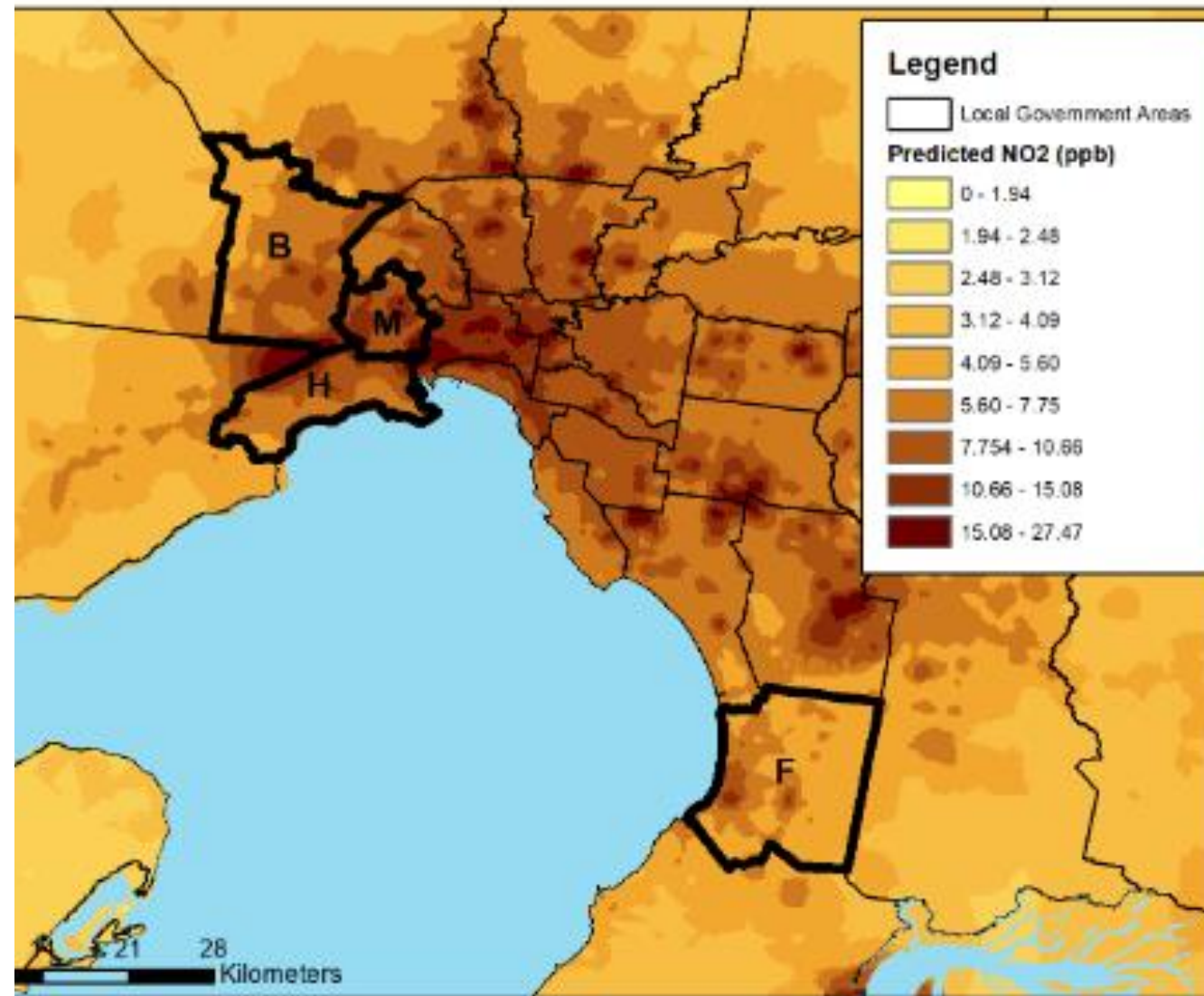
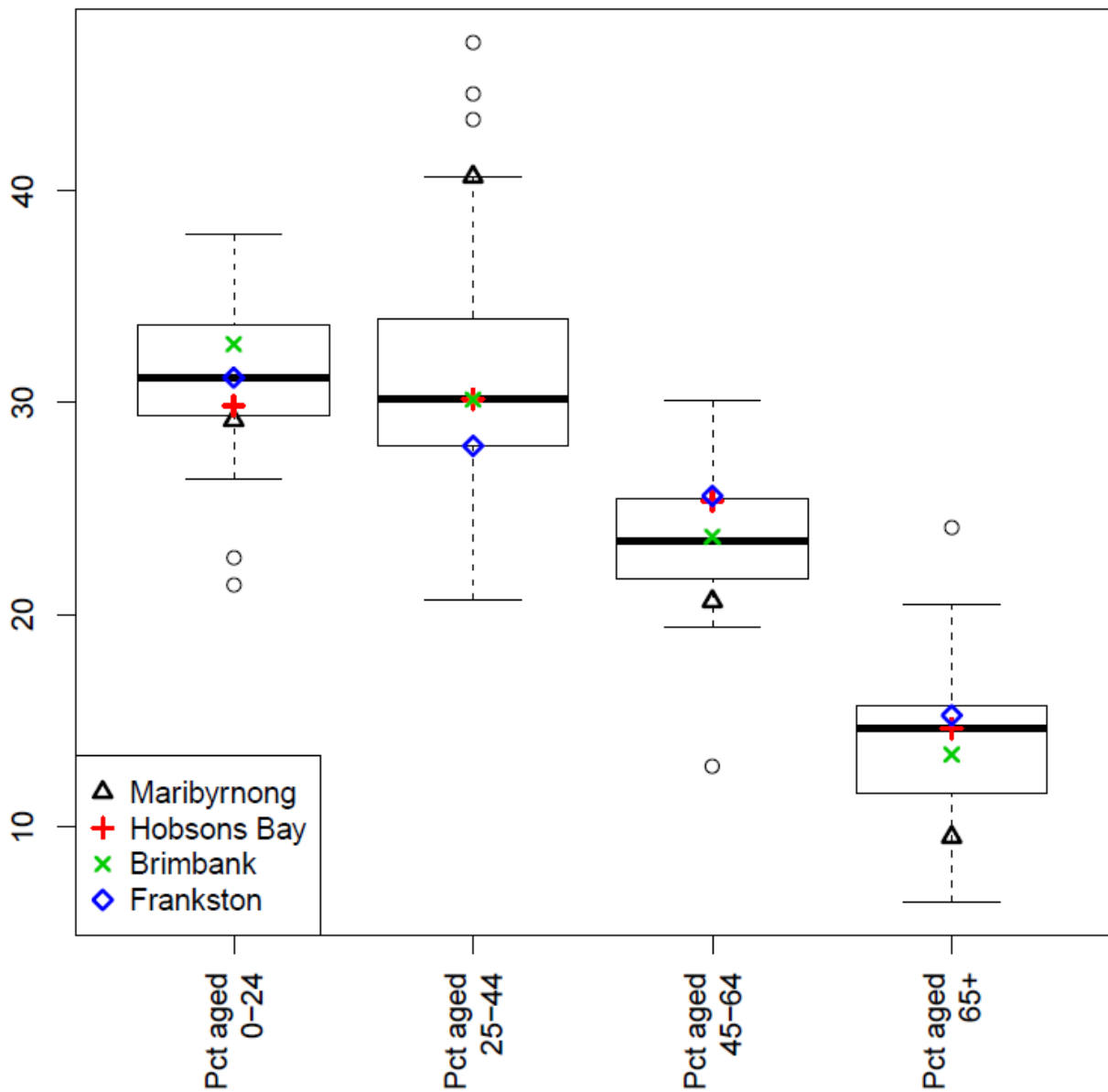
## Policy Objectives

*Precautionary principle*  
*Equitable protection*  
*Harm minimisation*  
*Protect vulnerable groups*  
*Intergenerational equity*

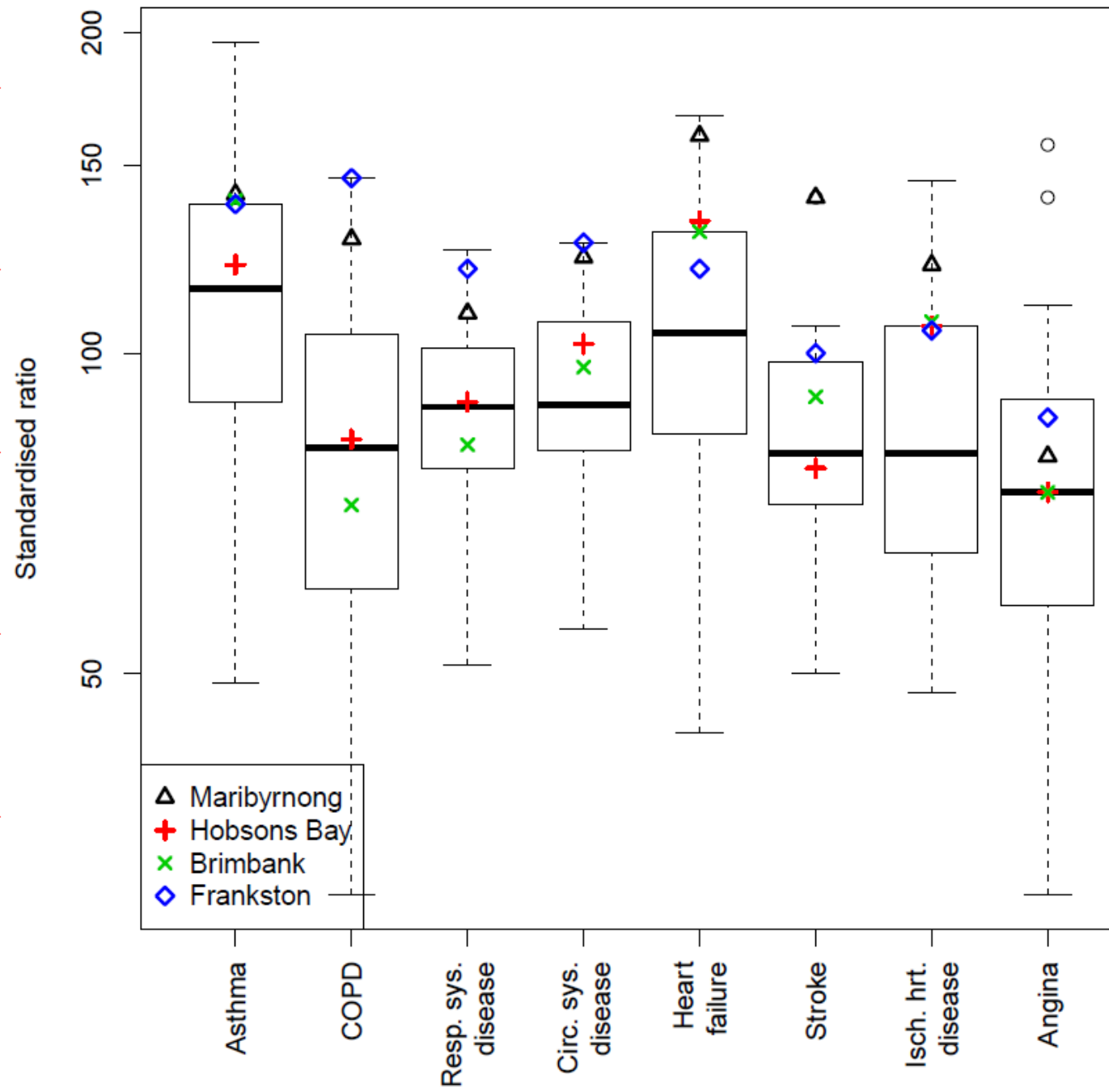
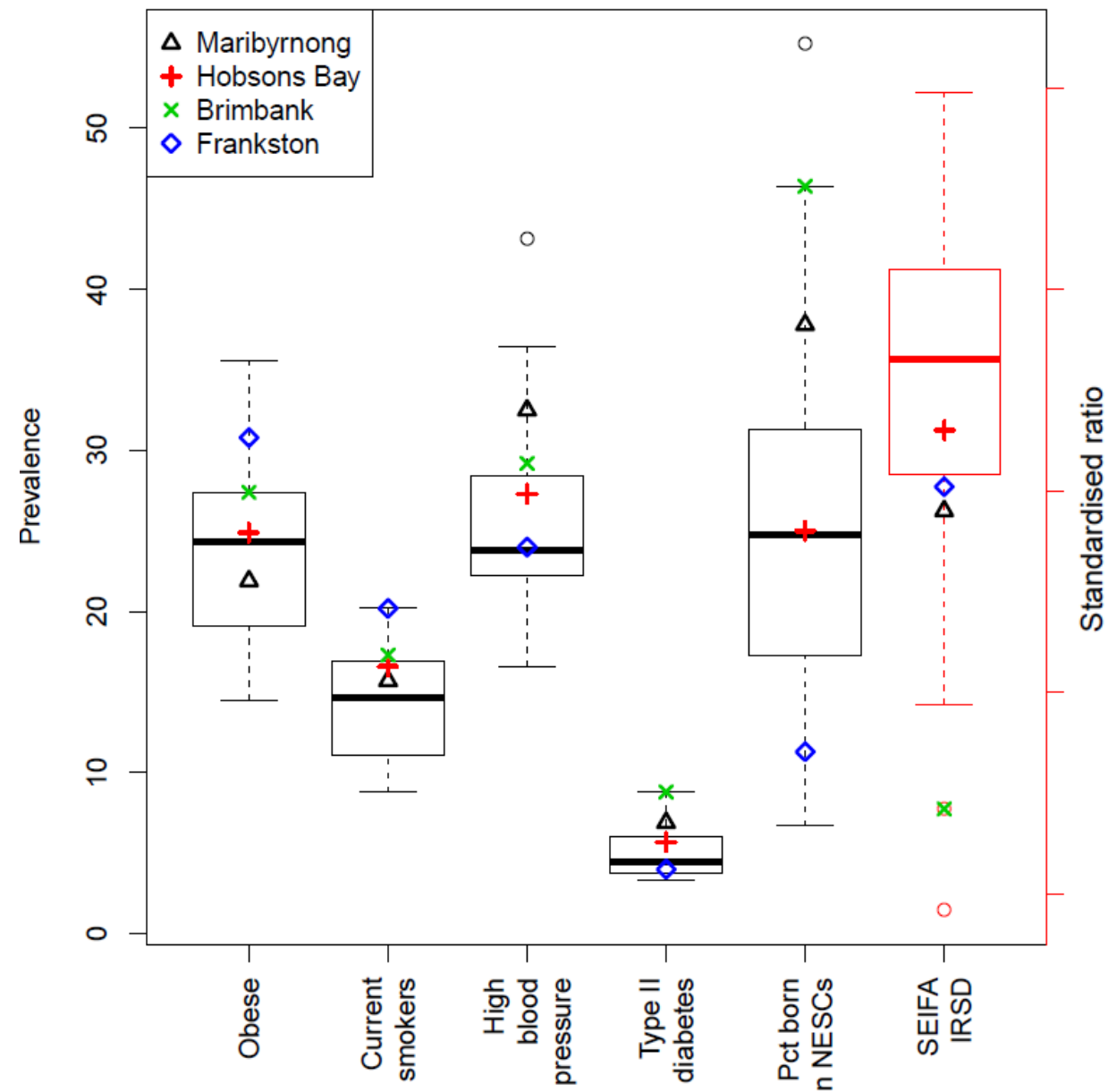


## Practices

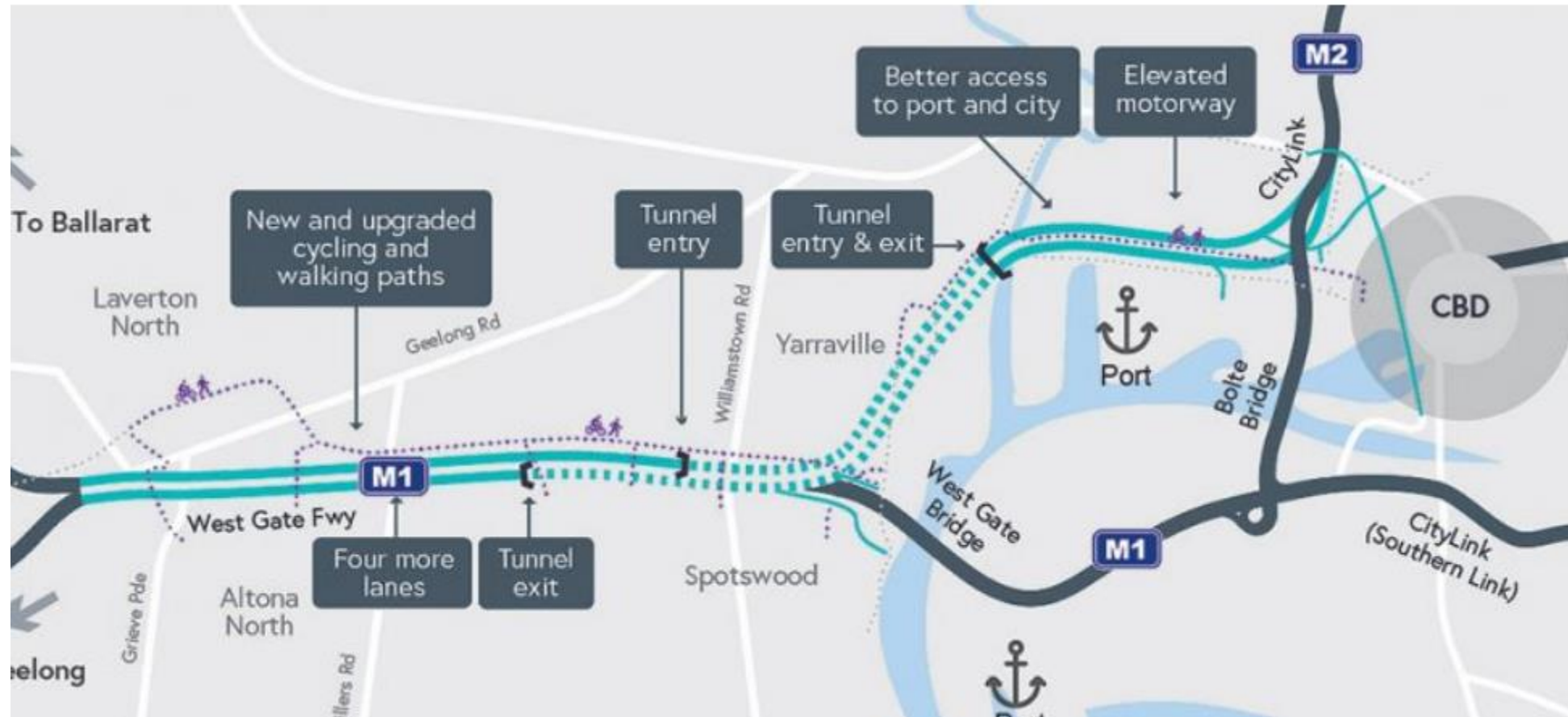
**Children's exposure to traffic pollution**







# EES process for Westgate tunnel project





# EES concentrations versus roadside

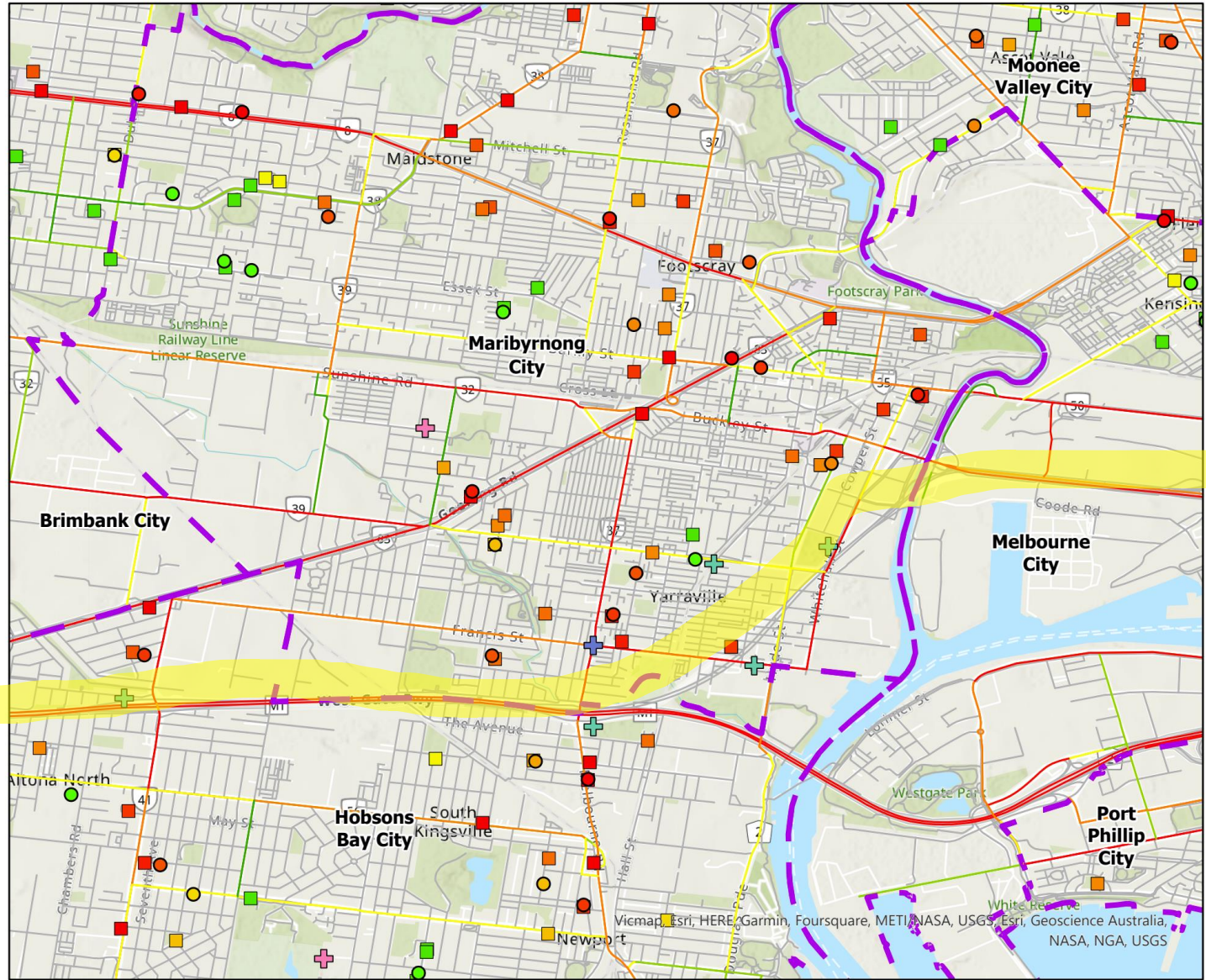
Pollutant	Monitor	2017	2018	2019	Average over 3 years	May 2020 – Apr 2021	Australian standards	WHO Standards
Annual PM <sub>2.5</sub> concentration (µg/m <sup>3</sup> )	EPA	8.0	7.8	7.7	7.9	6.6	8	5
	WG1	8.8	8.8	9.3	9.0			
	WG2	9.2	8.1	9.7	9.0			
	WG3	9.0	7.1	8.0	8.0			
	WG4	8.8	7.9	10.1	8.9			
	WG5	9.4	7.2	9.1	8.6			
	Community						15.0	
Annual NO <sub>2</sub> concentration (ppb)	EPA	11.5	10.3	10.4	10.7		15	10
	WG4	17.4	15.7	15.0	16.0			

Applying Khreis, 2017 random effects meta-risk estimates for childhood asthma diagnosis:

1.03 (1.01, 1.05) per 1 µg/m<sup>3</sup> PM<sub>2.5</sub> for the **28% increase in risk.**

1.05 (1.02, 1.07) per 2.13 ppb NO<sub>2</sub>

**13% increase in risk**



**Map Legend**

**Schools**  
(Distance to main roads)

- ≤50
- ≤100
- ≤150
- ≤200
- ≤250
- ≤300
- ≤350
- ≤400
- ≤450
- ≤500
- <out of range>

**Childcare Centers**  
(Distance to main roads)

- ≤50
- ≤100
- ≤150
- ≤200
- ≤250
- ≤300
- ≤350
- ≤400
- ≤450
- ≤500
- <out of range>
- ⊕ EPA Monitoring Site
- ⊕ Community Monitoring Site
- ⊕ Westgate Monitors

**Road Traffic**  
(Trucks AADT)

- ≤96
- ≤235
- ≤440
- ≤834
- ≤13000
- Road network
- LGA borders

**Californian Policy**  
**150 metre buffer**  
**between schools &**  
**major roads**  
**300 metre from**  
**major truck route**

21 (41%) of  
 childcare centres  
 and eight schools  
 (36%) were 150  
 metres or closer to  
 a high-density  
 route (> 800 trucks  
 per day)





## Systematic Review and Meta-analysis of Selected Health Effects of Long-Term Exposure to Traffic-Related Air Pollution

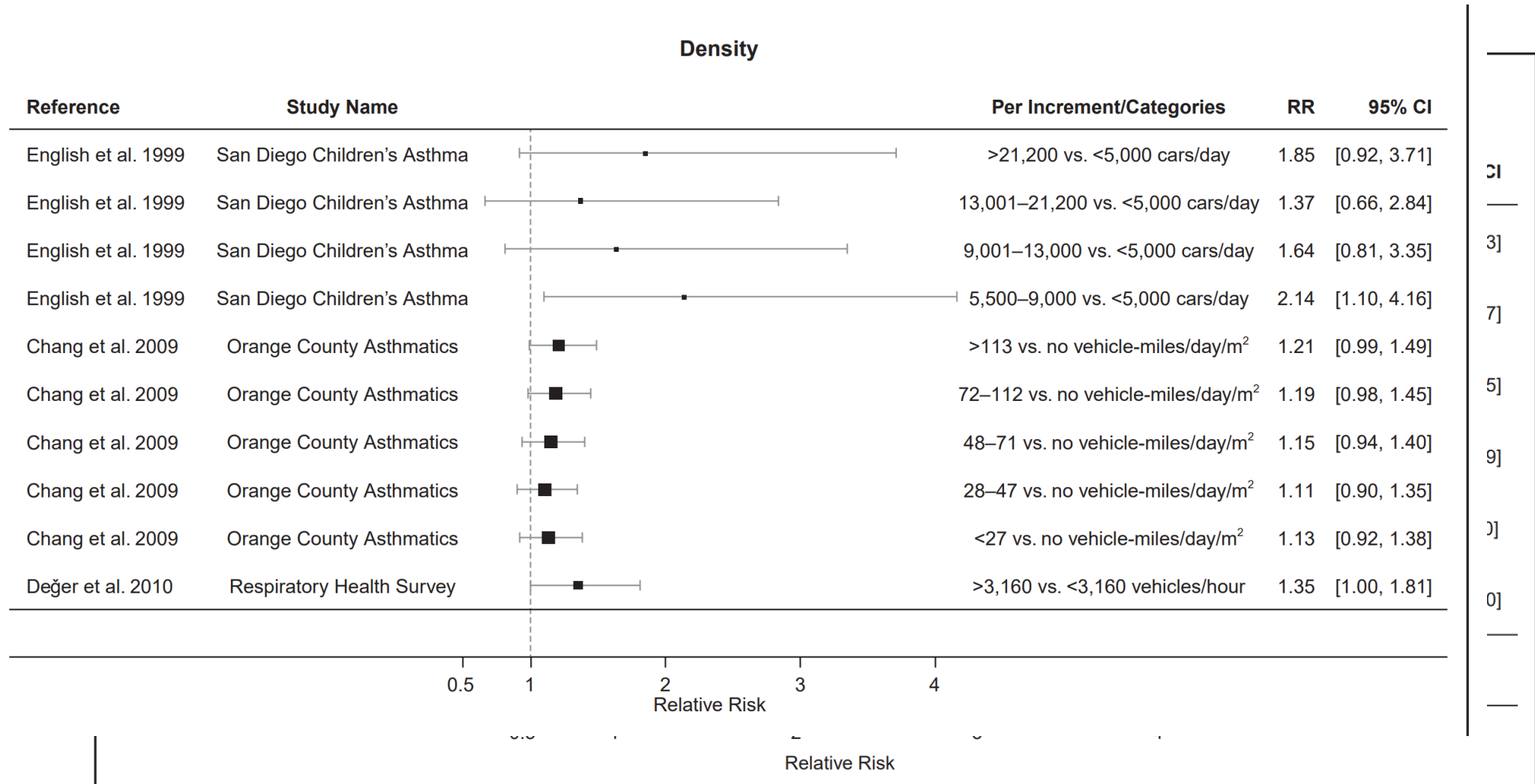
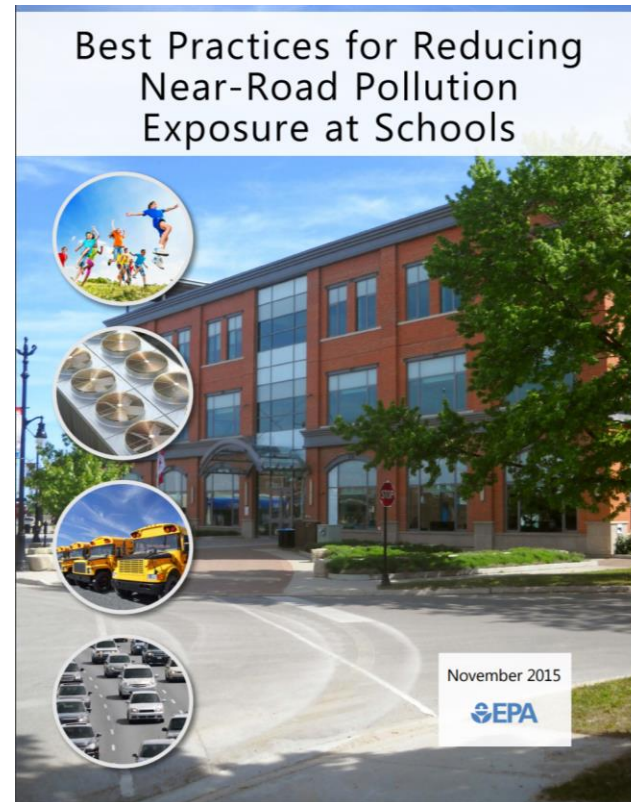
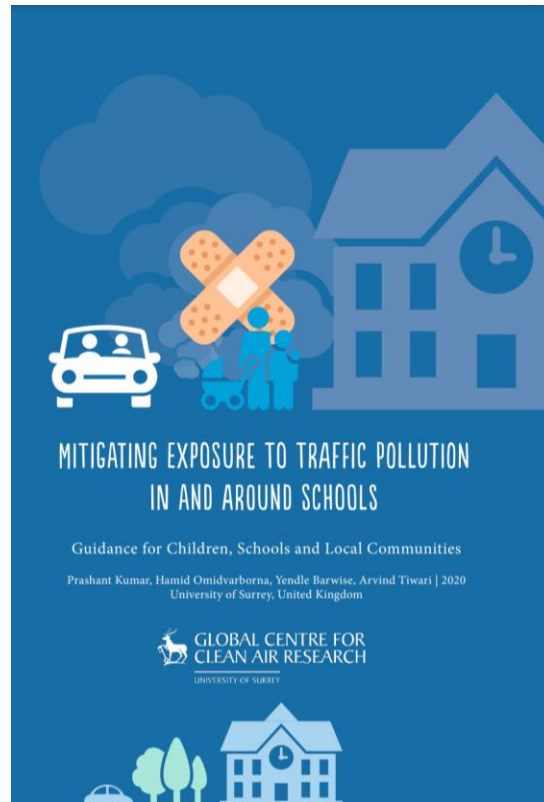


Figure 9.18. Associations between indirect traffic measures and asthma exacerbation in children. Huynh et al. 2010 was stratified by moderate to severe and intermittent mild

# Mitigation strategies “harm minimisation” Wait for improved tailpipe emissions?



- Clean air zones
- Passive control systems
- Classroom air quality
- Plan new schools and buildings carefully
- Active transport
- Consider road surface dust
- Removal at point sources





# Inserting health into policy

Re-frame the issue. Focus on children's health

Raise public awareness

Connection between health and climate

Quantify health and economic impacts

**Create a narrative that focuses on the health co-benefits of climate change mitigation**

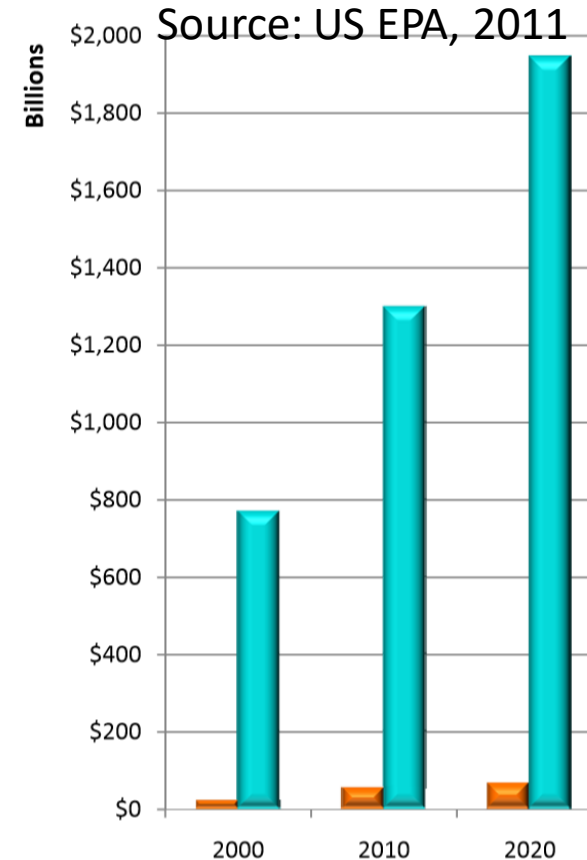
***“...the public health community has an important perspective to share about climate change, a perspective that makes the problem more personally relevant, significant, and understandable to members of the public.”***

Maibach et al (2010), Reframing climate change as a public health issue: an exploratory study of public reactions, *BMC Public Health*, 10, 299.

**Direct  
benefits  
and costs  
of the  
Clean Air  
Act, USA**

Legislated threshold for PM<sub>2.5</sub>  
-America 1997 federal and binding  
-Australia 2016 not federal or binding

*“Crushing blow to the economy”*



**Implementation costs**

**Economic benefits (reduced  
healthcare expenditure)**





THE UNIVERSITY OF  
MELBOURNE


Melbourne  
Energy  
Institute

[www.energy.unimelb.edu.au](http://www.energy.unimelb.edu.au)

#### CONTACT US

---

 [mei-info@unimelb.edu.au](mailto:mei-info@unimelb.edu.au)

 Melbourne Energy Institute  
Level 1, Melbourne Connect,  
700 Swanston St, Carlton  
VIC 3053

---

#### FOLLOW US

---

 [@MELunimelb](https://twitter.com/MELunimelb)

 [Melbourne Energy Institute](https://www.linkedin.com/company/melbourne-energy-institute)

---