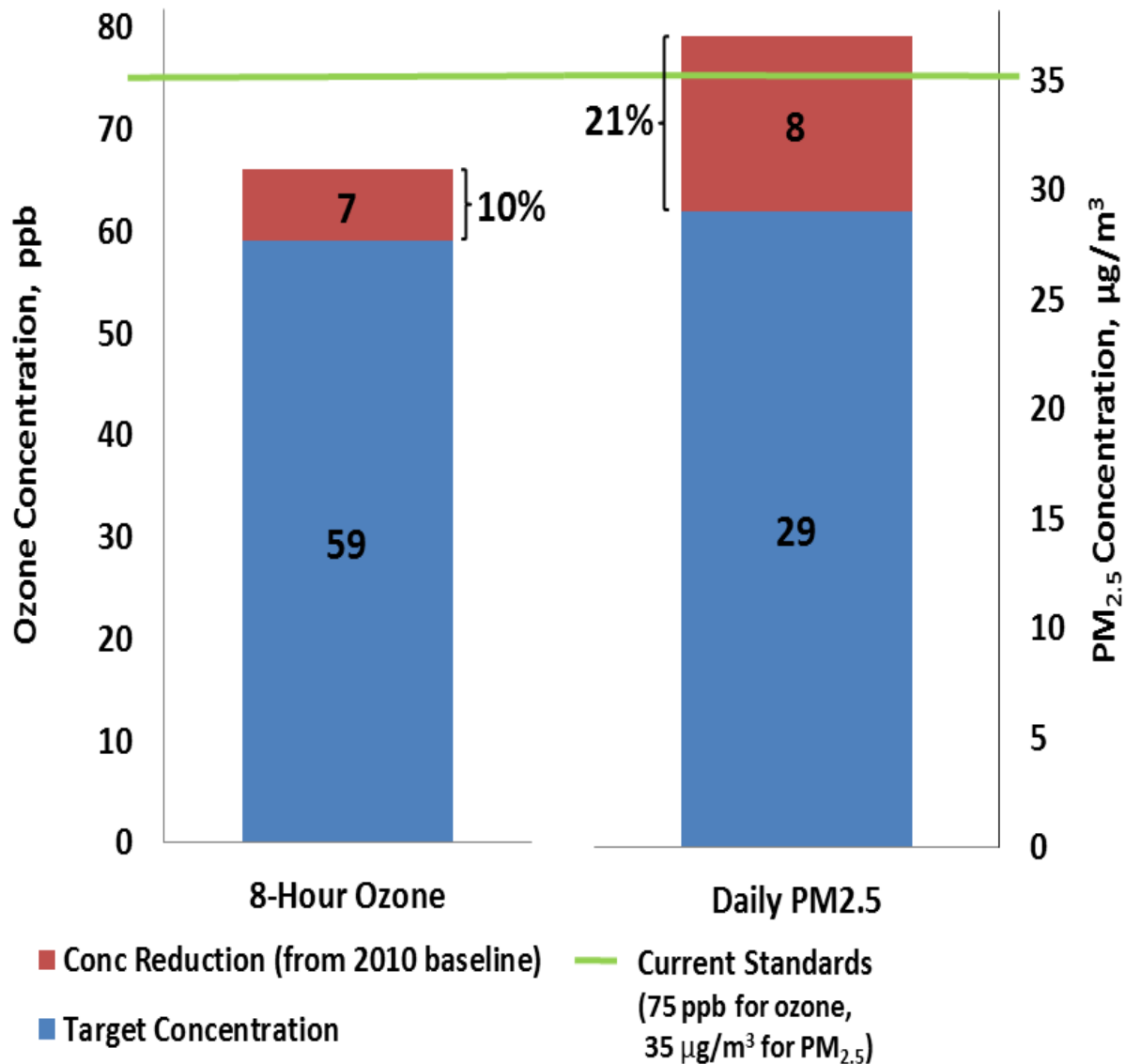


# Estimated Health Benefits of Achieving Clean Air Dialogue Air Quality Improvement Goals

Figure 1: Clean Air Dialogues Air Quality Improvement Goals<sup>1</sup>



<sup>1</sup> Minnesota's Clean Air Dialogue Final Report: A Collaborative Plan to Reduce Emissions. 2013. Full report available at: [http://www.environmental-initiative.org/images/files/MnCAD/\\*MnCADFinalReport24Apr13.pdf](http://www.environmental-initiative.org/images/files/MnCAD/*MnCADFinalReport24Apr13.pdf).

**Table 1: Estimated Annual Health Benefits of a 21% Reduction in PM<sub>2.5</sub> Concentration**

<i>Health Impact</i>	Statewide		Metro Area (7-County)	
	<i>Incidences</i>	<i>Value</i>	<i>Incidences</i>	<i>Value</i>
<b>Adult Mortality</b>	<b>410</b>	<b>\$3.68 billion</b>	<b>220</b>	<b>\$1.97 billion</b>
<b>Infant Mortality</b>	<b>1</b>	<b>\$7.1 million</b>	<b>1</b>	<b>\$4.5 million</b>
<b>Non-Fatal Heart Attacks</b>	<b>410</b>	<b>\$43 million</b>	<b>230</b>	<b>\$24 million</b>
<b>Respiratory Hospital Admissions</b>	<b>99</b>	<b>\$2.4 million</b>	<b>55</b>	<b>\$1.3 million</b>
<b>Cardiovascular Hospital Admissions</b>	<b>83</b>	<b>\$4.1 million</b>	<b>67</b>	<b>\$2.3 million</b>
<b>Acute Respiratory Symptoms</b>	<b>360,000</b>	<b>\$22.8 million</b>	<b>220,000</b>	<b>\$13.9 million</b>
<b>Lower Respiratory Symptoms</b>	<b>9,300</b>	<b>\$180,000</b>	<b>5,400</b>	<b>\$105,000</b>
<b>Upper Respiratory Symptoms</b>	<b>13,000</b>	<b>\$410,000</b>	<b>7,800</b>	<b>\$240,000</b>
<b>Work Loss Days</b>	<b>61,000</b>	<b>\$9.2 million</b>	<b>37,000</b>	<b>\$6.5 million</b>
<b>Asthma Exacerbation</b>	<b>33,000</b>	<b>\$1.7 million</b>	<b>19,000</b>	<b>\$1.0 million</b>
<b>Respiratory Emergency Room Visits</b>	<b>180</b>	<b>\$67,000</b>	<b>110</b>	<b>\$40,000</b>
<b>Acute Bronchitis</b>	<b>720</b>	<b>\$320,000</b>	<b>420</b>	<b>\$190,000</b>

**Table 2: Estimated Annual Health Benefits of a 10% Reduction in Ozone Concentration**

<i>Health Impact</i>	Statewide		Metro Area (7-County)	
	<i>Incidences</i>	<i>Value</i>	<i>Incidences</i>	<i>Value</i>
<b>Adult Mortality</b>	<b>17</b>	<b>\$129 million</b>	<b>7</b>	<b>\$61.3 million</b>
<b>Respiratory Hospital Admissions</b>	<b>140</b>	<b>\$2.8 million</b>	<b>69</b>	<b>\$1.3 million</b>
<b>Acute Respiratory Symptoms</b>	<b>120,000</b>	<b>\$7.1 million</b>	<b>67,000</b>	<b>\$4.0 million</b>
<b>School Loss Days</b>	<b>42,000</b>	<b>\$3.8 million</b>	<b>23,000</b>	<b>\$2.0 million</b>
<b>Respiratory Emergency Room Visits</b>	<b>48</b>	<b>\$18,000</b>	<b>26</b>	<b>\$9,500</b>

#### Notes and assumptions:

- All estimations of health impacts and their corresponding economic values were done using EPA's Environmental Benefits Mapping and Analysis (BenMAP) modeling software. BenMAP is the state of the art model for estimating health impacts of air pollution and is used by EPA for its regulatory impact analyses and air pollution policy analysis. All choices within BenMAP (health impact functions, health valuation functions) were chosen according to what EPA currently uses for its regulatory impact analyses for PM<sub>2.5</sub> and ozone. (See <http://www.epa.gov/air/benmap/> for more information.)
- All estimates are point estimates and do not reflect the uncertainty around estimating the health impacts of air pollution. Estimates of the 95% confidence interval around this range are available upon request.
- Clean Air Dialogue's goal for reducing PM<sub>2.5</sub> pollution was for daily PM<sub>2.5</sub> ambient concentrations. However, these estimates are for reducing annual average PM<sub>2.5</sub> concentrations. The conversion was made by assuming that Clean Air Dialogue's goal of a 21% reduction in daily PM<sub>2.5</sub> corresponds to a 21% reduction in annual average PM<sub>2.5</sub>.