

Estimating the Health-Related Costs of Ten Climate-Sensitive US Events During 2012

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Contents of this file

Directly Reported and Estimated Health Impacts for Case Study Events 1

Sensitivity Analysis Methods..... 7

Sensitivity Analysis Results 8

Discussion Notes..... 9

State vs. National Health Impacts 10

References for Supplemental Material..... 10

Directly Reported and Estimated Health Impacts for Case Study Events

Event	State	# Deaths (Reported)	Source	# Imputed Deaths (HCUP)	ICD-9 Code(s)	Diagnosis	# HA (red if imputed)	# ED (red if imputed)	Source
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Lyme disease	MI	0		0.0	322.9	Meningitis	1.6	0.8	CDC (2017)
Lyme disease	MI				695.9	Erythema migrans rash	56.8	1.6	CDC (2017)
Lyme disease	MI				351	Facial palsy	72	5.1	CDC (2017)
Lyme disease	MI				357	Radiculoneuropathy	3.2	0.4	CDC (2017)
Lyme disease	MI				422	Carditis	0.8	0.1	CDC (2017)
Lyme disease	MI				714	Arthritis	22.4	3.1	CDC (2017)
Lyme disease	MI TOTAL	0.0		0.0			156.8	11.1	
All. Pollen	NC	0		3.5	493.XX	ED Visit, Asthma	183.1	1149.0	Anenberg et al. (2017), Sun et al. (2016)
All. Pollen	NC TOTAL	0.0		3.5			183.1	1,149.0	
Extr. weather	OH	8	NOAA HazStat (2012), Ohio State Emergency Operations Center (2012)		493.XX	Asthma	18.0	113.0	Brokamp et al. (2017)
Extr. Weather	OH				001-009	Gastrointestinal Illness	8.3	147.0	Brokamp et al. (2017)
Extr. Weather	OH				686.9	Skin and Soft Tissue Infection	8.9	83.0	Brokamp et al. (2017)
Extr. Weather	OH				460–465, 466.0	Acute Respiratory Infection	2.0	0.0	Beer et al. (2015)
Extr. weather	OH TOTAL	8.0		0.0			37.2	342.9	
Extr. heat	WI	27	Christenson et al. (2013)	0.0	992.0	Heat Stroke and Sunstroke	29.1	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.1	Heat Syncope	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.2	Heat Cramps	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.3	Heat Exhaustion, Anhydrotic	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.4	Heat Exhaustion, Salt Depletion	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.5	Heat Exhaustion, Unspecified	52.4	722.8	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.6	Heat Fatigue, Transient	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.7	Heat Edema	1.5	17.9	CDC Environmental Public Health Tracking (2012)

Extr. heat	WI				992.8	Other Specified Heat Effects	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				992.9	Unspecified Effects Heat and Light	1.5	17.9	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				E900	Excessive Heat: Weather	52.4	582.8	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI				E900.9	Exposure to excessive natural heat	9.1	153.6	CDC Environmental Public Health Tracking (2012)
Extr. heat	WI TOTAL	27.0		0.0			155.0	1,620.0	
Ozone	NV	97.0	Cromar et al. (2016)	0.0	518.81	HA Respiratory	26.1	95.7	Cromar et al. (2016)
Ozone	NV				518.89	HA Chronic Lung Disease	72.2	26.1	Cromar et al. (2016)
Ozone	NV				493.XX	ED Visit, Asthma	15.3	72.2	Cromar et al. (2016)
Ozone	NV TOTAL	97.0		0.0			113.6	194.0	
WNV	TX	89.0	CDC (2012)		66.4	Fever	1,057.2	1868.0	Chung et al. (2013)
WNV	TX				322.9	Meningitis	182.9	361.4	Chung et al. (2013)
WNV	TX				66.41	Encephalitis	377.9	431.8	Chung et al. (2013)
WNV	TX				344.89	Acute flaccid paralysis	3.3	4.7	Chung et al. (2013)
WNV	TX				378.52	Cranial nerve palsy	6.2	14.1	Chung et al. (2013)
WNV	TX TOTAL	89.0		0.0			1,627.5	2,680.0	
Wildfires	CO	3.0	NOAA (2012), Munich RE (2017)	0.04	493–786.07	Asthma & Wheeze (all ages)	156.1	838.3	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO	170.6	Fann et al. (2018)	0.01	460–465, 466.0	Upper Respiratory Infection	5.7	316.6	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO			0.08	480–486	Pneumonia	56.7	126.7	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO				490	Bronchitis	0.9	62.1	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO			0.03	491, 492, 496	COPD	1.1	15.5	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO				460–465, 466.0, 466.1, 466.11, 466.19, 480–486, 487, 488, 490, 491, 492, 496,	Respiratory Disease (all ages)	0.7	3.9	Alman et al. (2016), Fann et al. (2018)

					493–786.07				
Wildfires	CO			0.2	410	Acute myocardial infarction	35.1	68.5	Alman et al. (2016), Fann et al. (2018)
Wildfires	CO TOTAL	173.6		0.3			256.4	1,431.7	
HABs	FL	0		0.0	460–465, 466.0, 466.1, 466.11, 466.19, 480–486, 487, 488, 490, 491, 492, 496, 493–786.07	Respiratory Disease fall ages)	4,973.0	1,858.8	Hoagland et al. (2014)
HABs	FL				520–579.9	Digestive System Disease	6,092.8	1,998.6	Hoagland et al. (2014)
HABs	FL TOTAL	0.0		0.0			11,065.8	3,857.4	
Wildfires	WA	1	Nat'l Interagency Fire Center (2012)	0.02	493–786.07	Asthma & Wheeze (all ages)	67.3	361.6	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA	243.2	Fann et al. (2018)	0.01	460-519	Respiratory	16.3	905.6	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA				490	Bronchitis	0.1	5.3	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA			0.09	491, 492, 496	COPD	3.1	42.1	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA			0.32	410	Acute myocardial infarction	75.7	147.6	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA			0.26	480-486	Pneumonia	187.9	420.0	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA				410–414, 427, 428, 433–437, 440, 443, 444, 451–453	Cardiovascular disease	16.6		Gan et al. (2017), Fann et al. (2018)
Wildfires	WA				437.9	Cerebrovascular disease	1.8	4.1	Gan et al. (2017), Fann et al. (2018)
Wildfires	WA TOTAL	244.2		0.7			370.7	1897.3	
Hurricane Sandy	NJ	159 (Sandy USA total)	Diakakis et al. (2015)	0.0	410.XX	Myocardial infarction	3,546.0	0.0	Swerdel et al. (2014)

Hurricane Sandy	NJ	69.0	Swerdel et al. (2014)	362.3; 430.X; 431.X; 432.9; 433.01; 433.11; 433.21; 433.31; 433.81; 433.91; 434.01; 434.11; 434.9; 436.X; 435.X; 997.02	Stroke	1,465.0	0.0	Swerdel et al. (2014)
Hurricane Sandy	NJ			250.x0 or 250.x2	Type II Diabetes ER visits	132.0	0.0	Velez-Valle et al. (2016)
Hurricane Sandy	NJ			E877	Open Wounds (ED visits) 65+	189.0	197.0	McQuade et al. (2018)
Hurricane Sandy	NJ			800–829	Fractures (ED visits) 65+	14.3	193.0	McQuade et al. (2018)
Hurricane Sandy	NJ			E916–E928	Injury Other (ED visits) 65+	1.3	178.0	McQuade et al. (2018)
Hurricane Sandy	NJ			300.9	Mental illness (ED visits) 65+	2.4	169.0	McQuade et al. (2018)
Hurricane Sandy	NJ			924.9	Contusions (ED visits) 65+	0.2	163.0	McQuade et al. (2018)
Hurricane Sandy	NJ			840–848	Sprains and Strains (ED visits) 65+	0.2	149.0	McQuade et al. (2018)
Hurricane Sandy	NJ			V51.89	Unspecified and Aftercare (ED visits) 65+	0	134.0	McQuade et al. (2018)
Hurricane Sandy	NJ			V89	Suspected Conditions (ED visits) 65+	0	109.0	McQuade et al. (2018)
Hurricane Sandy	NJ			536.9	Functional Digestive Issues (ED visits) 65+	22.7	103.0	McQuade et al. (2018)
Hurricane Sandy	NJ			466.19	Bronchitis (Unspecified) (ED visits) 65+	9.7	82.0	McQuade et al. (2018)
Hurricane Sandy	NJ			250	Diabetes (ED visits) 65+	2.1	65.0	McQuade et al. (2018)
Hurricane Sandy	NJ			465.9	Acute Upper Respiratory Illness (ED visits) 65+	0.4	46.0	McQuade et al. (2018)
Hurricane Sandy	NJ			276.9	Fluid Imbalance (ED visits) 65+	11.9	45.0	McQuade et al. (2018)
Hurricane Sandy	NJ			592	Calculus of Kidney and Ureter (ED visits) 65+	2.2	41.0	McQuade et al. (2018)
Hurricane Sandy	NJ			715.09	Osteoarthritis and Allied Disorders (ED visits) 65+	3.3	31.0	McQuade et al. (2018)
Hurricane Sandy	NJ			E880–E888	Falls (in 2013) ED and Hospital discharge	7.6	78.0	Marshall et al. (2016)
Hurricane Sandy	NJ			E920	Cut/pierce injury ED and hospital discharge	3.4	34.0	Marshall et al. (2016)
Hurricane Sandy	NJ			E916, E917	Struck by/against ED and Hospital discharge	0.3	17.0	Marshall et al. (2016)

Hurricane Sandy	NJ				E927	Overexertion ED and Hospital discharge	0.3	31.0	Marshall et al. (2016)
Hurricane Sandy	NJ				CM 585.6	ED visit for end-stage renal disease	99.5	155.0	Kelmen et al. (2015)
Hurricane Sandy	NJ				39.95	Dialysis rec'd in ED		24.0	Kelmen et al. (2015)
Hurricane Sandy	NJ	23.0	Kelmen et al. (2015)		CM 585.6	Hospital visit for end-stage renal disease	79.0	0.0	Kelmen et al. (2015)
Hurricane Sandy	NJ				276.51, 276.50, 276.52	Dehydration HA	119.0	0.0	Swerdel et al. (2016)
Hurricane Sandy	NJ				Gen Con 5	Mental health counseling	27.0	0.0	Boscarino et al. (2013)
Hurricane Sandy	NJ				F43.10	Mental health treatment	41.0	0.0	Boscarino et al. (2013)
Hurricane Sandy	NJ				986	CO exposures to ED	14.6	164.3	Schnall et al. (2017)
Hurricane Sandy	NJ				W20.8	Tree-related injury ED visits	0.2	39.0	Marshall et al. (2018)
Hurricane Sandy	NJ TOTAL	251		0.0			5,794.7	2,247.3	
Hurricane Sandy	NY	(NY deaths counted in NJ)	Diakakis et al. (2015)		300	Anxiety (ED)	0.9	56.7	Lin et al. (2016)
Hurricane Sandy	NY				309	Adjustment	12.0	57.6	Lin et al. (2016)
Hurricane Sandy	NY				297.9	Psychosis (ED)	3.6	50.7	Lin et al. (2016)
Hurricane Sandy	NY				F30	Mood disorder (ED)	0.0	74.1	Lin et al. (2016)
Hurricane Sandy	NY				305.9	Substance abuse (ED)	4.6	266.4	Lin et al. (2016)
Hurricane Sandy	NY				V62.84	Suicide counseling (ED)	0.1	7.5	Lin et al. (2016)
Hurricane Sandy	NY				460-519	Respiratory health (ED)	16.8	303.3	Kim et al. (2016)
Hurricane Sandy	NY				991	Hypothermia	0.0	80.4	Lee et al. (2016)
Hurricane Sandy	NY				V56	Dialysis	107.2	347	Lin et al. (2014)
Hurricane Sandy	NY				V60	Homeless	0.3	55.8	Lee et al. (2016)
Hurricane Sandy	NY				V46	Ventilator	0.0	52.1	Lee et al. (2016)
Hurricane Sandy	NY				585	Kidney disease (ED)	27.9	39.0	Lee et al. (2016)
Hurricane Sandy	NY				496	COPD (ED)	1.4	23.3	Lee et al. (2016)
Hurricane Sandy	NY				V68	Admin Encounter (ED)	0.0	22.5	Lee et al. (2016)
Hurricane Sandy	NY				304	Drug Dependence (ED)	2.0	19.8	Lee et al. (2016)
Hurricane Sandy	NY				403	Hypertensive Kidney Disease (ED)	12.0	13.6	Lee et al. (2016)
Hurricane Sandy	NY				515	Pulmonary Fibrosis	9.8	13.1	Lee et al. (2016)
Hurricane Sandy	NY				994	External Exposure (ED)	1.6	10.5	Lee et al. (2016)
Hurricane Sandy	NY				276	Electrolyte Abnormality (ED)	4.3	5.4	Lee et al. (2016)

Hurricane Sandy	NY				250	Diabetes (ED)	0.8	4.7	Lee et al. (2016)
Hurricane Sandy	NY				All	Elderly ED visits	0.0	10.3	Gotanda et al. (2015)
Hurricane Sandy	NY				CM 585.6	ED visit for end-stage renal disease	90.8	141.4	Kelmen et al. (2015)
Hurricane Sandy	NY				39.95	Dialysis rec'd in ED	0.0	21.5	Kelmen et al. (2015)
Hurricane Sandy	NY	21.4	Kelmen et al. (2015)		CM 585.6	Hospital visit for end-stage renal disease	72.5	0.0	Kelmen et al. (2015)
Hurricane Sandy	NY				986	CO Exposure ED	22.0	248.0	Schnall et al. (2017)
Hurricane Sandy	NY				482.84	Legionellosis	0.0	1.0	Greene et al. (2013)
Hurricane Sandy	NY				V60.0, 60.1	ED for homelessness	1.7	133.0	Doran et al. (2016)
Hurricane Sandy	NY				250.00-250.93	ED for Diabetes	6.6	190.3	Lee et al. (2016)
Hurricane Sandy	NY				881	Nonfatal injuries	0.4	58.0	Brackbill et al. (2014)
Hurricane Sandy	NY				388.7	ENT HAs	15.7	15.7	Mongin et al. (2017)
Hurricane Sandy	NY				518.81	Respiratory HAs	379.4	0.0	Mongin et al. (2017)
Hurricane Sandy	NY				238.79	Myeloproliferative /neoplasm HAs	10.3	0.0	Mongin et al. (2017)
Hurricane Sandy	NY				309.81	Mental disorder HAs	0.6	0.0	Mongin et al. (2017)
Hurricane Sandy	NY				634, 640	Threatened or spontaneous abortion	0.1	9.9	Xiao et al. (2019)
Hurricane Sandy	NY				644	Threatened or early delivery	1.3	10.5	Xiao et al. (2019)
Hurricane Sandy	NY TOTAL	21.4 (in addition to NY deaths already counted in NJ)		0.0			806.8	2,426.3	

25 **Table S1.** Health incidence data and corresponding sources for valuation analysis. Red text
26 indicates imputed counts, “XX” indicates all numeric values between 0 and 99. Column totals
27 may not equal component sums due to rounding.

28

29 Sensitivity Analysis Methods

30 For each case study, we also conducted a sensitivity analysis of morbidity and mortality impacts
31 to illuminate uncertainty in our estimates (see Supplemental Table S2). For mortality cost
32 estimates, we considered low and high estimates within the range of labor market values
33 (\$1.05-24.4 million in 2018 dollars) from willingness to pay-derived estimates for the VSL (U.S.
34 Environmental Protection Agency, 2010). While a central VSL estimate is commonly employed
35 in regulatory impact analyses conducted by the US government (U.S. Environmental Protection
36 Agency, 2015), alternate VSL methods provide a more dynamic estimate of an individual’s
37 willingness to experience a change in the risk of premature death depending on baseline health
38 status and age.

39

40 For sensitivity analyses of our cost estimates of human morbidity, we considered alternate
 41 estimation approaches. For all case studies, we considered an alternate average estimate of the
 42 number of days of work missed due to illness from the National Health Interview Survey (U.S.
 43 Centers for Disease Control and Prevention, 2013), and applied this hospital LOS estimate to all
 44 HAs and EDs before calculating lost wages, rather than the diagnosis-specific LOS values derived
 45 from HCUP. For a subset of health studies in New Jersey and Ohio that included upper and
 46 lower 95% confidence intervals for excess HA and ED incidence, we used these values in
 47 alternate incidence estimates. For Nevada, our sensitivity analysis considered health-related
 48 costs in counties exceeding the less health-protective, current NAAQS 8-hour standard for
 49 ozone (70 parts per billion, ppb), instead of the threshold applied in the main analysis (60 ppb).
 50 For Florida, we substituted HA and ED cost estimates from the original study (Hoagland et al.,
 51 2014) for HCUP-estimated costs. For Michigan, we considered probable Lyme disease cases as
 52 determined by the state, in addition to confirmed ones (Michigan Department of Community
 53 Health, 2013). See Supplemental Table S2 for the full results of the sensitivity analyses.

54
 55 **Sensitivity Analysis Results**

56 Although some of the health incidence data we utilized provided estimates of uncertainty, we
 57 were unable to calculate 95% confidence intervals for our cost estimates because of our
 58 combination of data from epidemiologic studies and the range of data sources identified in
 59 Figure 2; rather, the ranges listed in Supplemental Table S2 are driven by alternate approaches
 60 to estimating incidence, VSL and LOS (see Sensitivity Analysis Methods above). Our estimate of
 61 lost wages (Table 4 in the main text) may be too high because we included all HAs and EDs
 62 (rather than a fraction representing the working-age population) in this calculation. However,
 63 we only included lost wages for individuals who sought medical care and for conditions that
 64 HCUP provided LOS information for; many more people not included in these estimates may
 65 have lost wages from climate change-induced illnesses, for example working adult caregivers
 66 who stayed home from work to care for sick children or older adults.

67

(A) State	(B) Event	(C) Deaths	(D) Mortality (Lower Bound)	(E) Mortality (Upper Bound)	(F) Wage Sensitivity	(G) Morbidity Sensitivity	(H) Total (Lower Bound)	(I) Total (Higher Bound)
		(millions of 2018 dollars)						
MI	Lyme Disease	0	\$0	\$0	\$0.003	\$7.9	\$7.9	\$9.7
NC	Allergenic Pollen	4	\$4.2	\$97.7	\$3.6	\$5.8	\$13.6	\$107.1

OH	Extreme Weather	8	\$8.3	\$195.3	\$0.09	\$13.4	\$21.8	\$208.8
WI	Extreme Heat	27	\$28.3	\$659.2	\$0.4	\$4.8	\$61.5	\$664.4
FL	Harmful Algal Blooms	0	\$0	\$0	\$3.6	\$233.1	\$236.7	\$557.0
NV	Ground-level Ozone	97	\$101.9	\$2,373.0	\$0.1	\$3.6	\$105.6	\$2,376.7
TX	West Nile Virus	89	\$93.3	\$2,172.8	\$1.0	\$274.3	\$368.6	\$2,448.2
CO	Wildfires	174	\$182.3	\$4,246.8	\$0.4	\$22.5	\$205.2	\$4,269.7
WA	Wildfires	245	\$256.7	\$5,979.8	\$0.5	\$54.6	\$311.9	\$6,035.0
NJ	Hurricane Sandy	273*	\$286.1	\$6,664.9	1.9	\$1,033.3	\$1,321.3	\$7,700.1
NY			\$0	\$0	\$0.8	\$109.2	\$110.0	\$222.3
ALL		917	\$961.2	\$22,389.4	\$12.6	\$1,762.6	\$2,736.3	\$24,599.0

68 **Table S2.** Sensitivity analysis for estimated health-related costs of 2012 case studies (millions of
69 2018 dollars). Columns D and E represent mortality valuation using alternate value of a
70 statistical life (VSL) estimates. Column F represents alternate approach to estimating hospital
71 length of stay (LOS) and associated lost wages. Column G represents alternate approach to
72 estimating HA and ED incidence. Column H equals sum of columns D, F, and G. Column I equals
73 sum of columns E, F, and G. For more information on sensitivity analysis methods, see
74 supplemental text. Row and column totals may not equal component sums due to rounding.
75 *Hurricane Sandy mortality estimate includes deaths reported from Pennsylvania, West
76 Virginia, Connecticut, Maryland, and those not classified by state (Diakakis et al., 2015).

77

78 Discussion Notes

79 While the costs associated with ED visits dominated morbidity costs in most states, all events
80 involved hospitalizations and outpatient medical needs (outpatient care, home health visits, and
81 prescribed medications) that, in cost terms, greatly exceeded the more immediate lost wages
82 related to HAs and ED visits (Table 4 and Figure 3 in the main text). This effect may be due to the
83 limited subset of health outcomes considered; given the variety of climate-sensitive health risks
84 we face and the paucity of linkages between existing HA and ED data and climate change-related
85 environmental exposure data, fuller consideration of human morbidity risks and costs over the
86 months following such exposures remains an important area for future study. Interestingly, the
87 relative shares of morbidity cost components are more comparable in the two states
88 experiencing widespread wildfires (Colorado and Washington, see Figure 3 in the main text) than
89 the two states for which we analyzed the effects of Hurricane Sandy. This distinction appears to
90 stem from the close alignment in the overall range of health effects examined between Colorado
91 and Washington as compared to cost divergence between New Jersey and New York.

92

93 Although weather conditions in any particular year may fluctuate, the long-term trends in
94 climate-driven extreme weather events and the underreporting of certain health conditions are
95 not in question. For example, beyond extreme heat impacts in Wisconsin (Table 3 in the main
96 text), 24 other states had at least ten times more record high temperatures than record lows in

97 2012 (Climate Central, 2012), and at least 722 heat-related deaths and 35,123 heat-related ED
 98 visits occurred nationwide (U.S. Centers for Disease Control and Prevention, n.d.). Moreover,
 99 (Hess et al., 2014), analyzing data from 2006-2010, estimated about 65,299 ED annual visits for
 100 acute heat illness nationally.

101
 102 This work further illuminates the urgency of actions to respond to climate change and highlights
 103 the need for robust public health preparedness and surveillance and tracking efforts to monitor
 104 climate-sensitive health conditions.

105
 106 **State vs. National Health Impacts**

	State-Level Case Study Estimate	National Estimate	State-Level Case Study Share of National Estimate
Lyme Disease (cases)	80	22,014	0.4%
Allergenic Oak Pollen (ED visits)	1,149	21,200	5.4%
Extreme Weather (deaths)	8	79	10.1%
Extreme Heat (deaths)	27	722	3.7%
Ozone (deaths)	97	6,410	1.5%
West Nile Virus (deaths)	89	286	31.1%
Wildfires (deaths)	419	12,810	3.3%
Hurricanes (deaths)	273	281	97.2%

107 **Table S3.** Comparison of state-level case study health impacts to national estimates (data used
 108 for Figure 4 in main text).

109
 110
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