

## SCREENING HEALTH RISK ASSESSMENT SLIDES FROM PUBLIC MEETING

The following slides are based on short bullets which were designed for verbal presentation at the public meeting.

# Screening Health Risk Assessment

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# Study Specifications

- Screening: simple, but health protective
- Monitoring Network
  - ❖ February 2009 – March 2010 (14 months)
  - ❖ 12 monitoring sites, 2 with co-located samplers (14 monitoring stations)
  - ❖ Collected 24-hour air samples every 6<sup>th</sup> day.
  - ❖ TO-15 (GC-MS) & Summa canisters for 50 toxics
  - ❖ TO-11A (HPLC) & absorption cartridges (2,4-dinitrophenylhydrazine [DNPH]) for 2 toxics





# Study Limitations

- Snapshot in time (2009/2010)
- Sampling every 6<sup>th</sup> day.
- No simultaneous “actual” emission inventory.
- Not every toxic air contaminant (TAC) has an EPA-recommended screening value.



# Monitoring Network (Report Figure 1-2)



# Air Toxics Studied

- Report Table 3-1
- 51 Toxic air contaminants (TACs), based on analytical laboratory experience and EPA Method for “Toxic Organic Compounds in Ambient Air”
- 27 Tentatively-Identified Compounds (TICs), based on barely detectable mass spectrometer response
  - ❖ Failed “match quality” or no screening value





## Screening TACs and TICs

- Screening value = concentration inhaled for 70 years without causing a health effect
- Cancer screening value = concentration that carries a potential risk of 1 in-one-million.
- Chronic non-cancer screening value = 1/10 inhalation reference concentration





## Screening TACs and TICs (continued)

- 26 out of 51 TACs exceeded chronic screening health values (i.e., a Y for Yes in Table 7-1)
- None of 51 TACs exceeded acute screening values
- 26 of 27 TICs did not pass screening to merit further analysis because either
  - ❖ EPA did not recommend a screening health value, or
  - ❖ Could not assure identity of chemical, or Both



# Results, Excess Cancer Risk

- Potential excess cancer risk = 14-50 in one million
  - ❖ Major TAC contributors:
    - Benzene
    - 1,2-Dichloroethane
    - Vinyl chloride
    - Acetaldehyde



# Context for Excess Cancer Risk

- EPA acceptable threshold for a single project = 100 in one million
- Excess cancer risk measured in a large city = 1,200 (South Coast Air Basin 2004-2005)
  - ❖ #1: Diesel particulate matter
  - ❖ #2: Benzene
- Total cancer risk (all causes) = 250,000 in one million



# Results, Non-Cancer Chronic

- Potential non-cancer chronic health hazard index = 0.28 -0.53
  - ❖ Significance threshold = 1.0
  - ❖ EPA Reference concentrations (RfCs)
  - ❖ Acetaldehyde
  - ❖ Formaldehyde





# Exposure Assumptions

- Resident lives at the monitoring site 70 years.
- Resident inhales measured concentrations 24 hours each of the 25,550 days in 70 years.
- Adult resident breathing rate (95<sup>th</sup> percentile) = 393 liters/kg-day





# General Source Categories

- Report Table 8-2
- Natural gas (NG) stationary engines (17 of 26 TACs)
- Motor vehicle exhaust (12 of 26 TACs)
- Non-combustion (7 of 26 TACs)



# General Source Categories for Contributor TACs

- Benzene: Motor vehicle and natural gas (NG) stationary engines
- 1,2-Dichloroethane: NG stationary engines
- Vinyl chloride: NG stationary engines
- Acetaldehyde: Motor vehicle and NG stationary engines
- Formaldehyde: Motor vehicle and NG stationary engines



# TAC Non-Cancer Health Effect Target Organs/Systems/Endpoints

- Benzene: hematologic/hematopoietic\*, nervous and immune systems; development
  - Vinyl chloride: central nervous and respiratory systems; eyes
  - Acetaldehyde: respiratory system
  - Formaldehyde: respiratory system and eyes
- \* Blood, blood vessels, blood-forming organs (bone marrow, spleen, liver, lymph nodes, and thymus gland)



# Health Risk Assessment Inputs and Outputs

- Airborne concentrations (microgram per cubic meter,  $\mu\text{g}/\text{m}^3$ ), measured or modeled
- Exposure assumptions (hrs/day, days/week, weeks/year, years)
- Dose (mg/kg-day), implied in screening HRA
- Health impacts
  - ❖ Excess cancer risk
  - ❖ Chronic non-cancer health hazard index
- Target organs or systems





# Questions and Responses

- Basic terminology of risk versus hazard
  - ❖ Risk means potential maximum excess cancer risk: a probability in units of “in-a-million”
  - ❖ Hazard means chronic (or acute) non-cancer health hazard index = sum of chronic (or acute) health hazard quotients
  - ❖ Chronic health hazard quotient of a TAC = long-term (annual) average concentration / RfC (reference concentration)
  - ❖ Sum per organ/system and over all





## Questions and Responses (continued)

- What about 12 out of 51 TACs (see report Tables 6-1 and 7-1) with no EPA screening values?
  - ❖ Not able to quantitatively compare with a screening threshold.
  - ❖ Not able to calculate potential excess cancer risk if a carcinogen, and
  - ❖ Not able to calculate potential chronic health hazard quotient





## Questions and Responses (continued)

- “Snapshot in time”
  - ❖ Screening potential health impacts linear with TAC concentrations in ambient air.
  - ❖ Ambient concentrations depend on emission rates, source locations, and exit parameters.
- Acute (non-cancer) health impacts
  - ❖ Monitored TAC concentrations did not exceed acute screening values.





## Questions and Responses (continued)

- EPA Screening Risk Analysis Methodologies
  - ❖ Used “A Preliminary Risk-Based Screening Approach for Air Toxics Monitoring Data Sets”
  - ❖ Did not use “Risk-Based Concentration Analysis” from Region 3 because:
    - Designed for Superfund Sites (hazardous waste site cleanups)
    - Screening concentrations higher, not lower, than used in health risk assessment (i.e., fewer TACs would exceed screening values)





## Questions and Responses (continued)

- Synergistic interactions among 51 TACs
  - ❖ Unknown; cannot be analyzed quantitatively
  - ❖ EPA's methodology protective as follows:
    - Potential excess cancer risk from each TAC screened at the 1-in-one-million level
    - Potential chronic (non-cancer) health hazard screened at one-tenth EPA's Reference Concentration (RfC)



# Questions and Responses (continued)

- What about other exposure pathways?
  - ❖ Inhalation
    - Overwhelmingly dominant, hence used for
    - Screening (simplicity)
  - ❖ Deposition rate and other details required for:
  - ❖ Dermal absorption
  - ❖ Ingestion
    - Soil, mother's milk, fish, pasture, home-grown produce, pigs/chicken/eggs



# Questions and Responses (continued)

- Target organs and systems for chronic hazards
  - ❖ Neurological/nervous system: benzene
  - ❖ Respiratory system: acetaldehyde
  - ❖ Eyes: formaldehyde
  - ❖ Immune system: benzene
  - ❖ Development system: benzene
  - ❖ Hematologic/hematopoietic system (blood, blood vessels, organs forming blood): benzene
  - ❖ Cardiovascular system: methylene chloride
  - ❖ Reproductive system: 1,3-butadiene



# Questions and Responses (continued)

- Target organs and systems for chronic hazards (continued)
  - ❖ Alimentary system: carbon tetrachloride
  - ❖ Kidney: chlorobenzene
  - ❖ Liver: ethylbenzene
  - ❖ Endocrine system (hormones and producing glands [pituitary, thyroid]): ethylbenzene





# Questions and Responses (continued)

- Worker health risk assessment?
  - ❖ Community concerns focused on residents
  - ❖ Occupational Safety and Health Administration (federal) promulgates regulations to protect workers
  - ❖ Worker calculations adjust resident risk by different exposure period (e.g., 40/70 years, 49/52 weeks per year, 5/7 days per week, 8/24 hours per day)



# Questions and Responses (continued)

- Epigenetic: heritable change in genome function without change in DNA
  - ❖ Ex: Twins with same DNA can develop differently based on their environment



# Questions and Responses (continued)

- Other TACs
  - ❖ Crotonaldehyde from UGWOS at 3.04  $\mu\text{g}/\text{m}^3$ 
    - Modified EPA Method TO-11A (carbonyls [aldehydes & ketones])
    - Has no cancer unit risk factor nor chronic inhalation reference concentration (Integrated Risk Information System [IRIS])
  - ❖ Acetone
    - Has no IRIS cancer unit risk factor nor chronic inhalation reference concentration



# Questions and Responses (continued)

- Other TACs
  - ❖ Garfield County and DISH, Texas
    - 101 other chemical compounds
      - 1 in TO-15 list from laboratory
      - 7 require special calibrations
      - 65 require other analytical methods
  
- NATA 2005 < half of NATA 2002





# The End

- Thank you for your attention and interest.
- If you have further questions, please email Darla Potter at the DEQ: [DPotte@wyo.gov](mailto:DPotte@wyo.gov)

