

HEALTH BENEFIT MODELING USING BENMAP FOR AIR POLLUTION
IMPACT MEASUREMENTS IN JOHOR BAHRU, MALAYSIA

NADHIRAH BINTI NORDIN

A thesis submitted in fulfilment of the
requirements for the award of the degree of
Master of Philosophy

Faculty of Built Environment
Universiti Teknologi Malaysia

FEBRUARY 2017

ACKNOWLEDGEMENT

Alhamdulillah. Glory is to Allah, and praise be to The Almighty, Allah, and there is none worthy of worship but Allah S.W.T. Without His guidance, I would never have managed to complete this thesis on time.

My deepest gratitude is to my supervisor, Assoc. Prof. Dr. Mohammad Rafee Majid whom has offered unreserved help and guidance to help me finish this thesis step by step. In completing this thesis, countless obstacles came but with the help of my supervisor, I managed to sorted it out smoothly.

I would also like to thank En. Jamal Aimi and Abg Abu for helping me a lot on the technical parts of this thesis. They have taught me new knowledge particularly on using GIS and how I could use multiple methods to help me produce the results in a more simpler approach. Without them, I can never complete this thesis on time.

Most importantly, none of this would have been possible without the love and patience of my parents who has come a long way in giving me endless support and words of motivation to complete this thesis. Although they understood only a general knowledge about what I researched on, they are willing to support any decision I make. Being a full time Master's student without working and earning salary like most of university graduates did, my parents did not complain. They have taught me that as long as I live, knowledge is the key to success, not money.

Finally, I am also indebted to my bestfriends, Anis Shazreen, Noor Athira Fathullah, Mlysha Nurshyla and to the members of Senah's for helping me in giving excellent ideas and suggestions for this thesis improvement. The simple phrase "thank you", cannot present how much their friendship means to me.

ABSTRACT

Recently, Malaysia were experiencing a continuous and transboundary air pollution in cities with increasing economic growth and rapid developments. This resulted in an increasing level PM10 which further led to increase in the respiratory-related health cases. Thus, the exposed population may experience respiratory health effects, lose of working days and increase in medical spending to cure the health effects. This study focused on quantifying health and economic benefits from the PM10 reduction level by applying BenMAP, which is a software measuring the impact of air pollution. Health impact function (HIF) are used to relate between the change of PM10 level and the change in incidence rates of the PM10-related health effects among the exposed population. The HIF was developed based on two Relative Risk (RR) estimates adapted from HKL and HUKM in a similar study in Klang Valley. A 30 percent reduction scenario was implemented in order to exemplify greater health benefits for PM10 level that will be much lower than the current DOE guideline of PM10. From the analysis, the highest PM10 level recorded was $46.88 \mu\text{g}/\text{m}^3$ for the baseline scenario and $32.82 \mu\text{g}/\text{m}^3$ after the reduction scenario. The second stage analysis for HKL RR estimates resulted in incidence rate of 134.74 during the baseline scenario and 58.69 after reduction scenario. For HUKM's RR estimate, the analysis yielded an incidence rate of 446.45 before the reduction scenario and 202.21 after reduction scenario. The last stage of analysis produced monetized benefits for Johor Bahru by applying Cost of Illness (COI) method. This generated a COI of RM 1,054,000 and RM3,497,000 for HKL and HUKM respectively during the baseline scenario. The COI are reduced to RM459,000 and RM1,584,000 after the reduction scenario for HKL and HUKM respectively. This research further proves that the public health burden could be reduced up to RM1,900,000 if PM10 reduction scenario is applied in Johor Bahru. Policymakers and planners can apply BenMAP in order to check the existing policies and strategies for controlling air pollution and PM10 emission level in Johor Bahru as well as a benchmark to develop a new guideline for PM2.5.

ABSTRAK

Baru-baru ini, Malaysia mengalami isu pencemaran udara yang berterusan terutama di bandar yang mengalami pembangunan pesat dan peningkatan ekonomi. Kesannya, zarah terampai (PM10), iaitu sejenis partikel di dalam udara meningkat naik secara berterusan dan menyebabkan peningkatan kes penyakit berkaitan pernafasan di kalangan penduduk dan seterusnya menyebabkan pengurangan hari bekerja serta peningkatan perbelanjaan perubatan. Matlamat kajian ini adalah untuk mengetahui manfaat kesihatan dan keuntungan dari segi ekonomi apabila tahap PM10 dikurangkan dengan menggunakan *Environmental Benefits Mapping and Analysis Program (BenMAP)*, iaitu program untuk mengukur tahap keuntungan kesihatan daripada pengurangan tahap PM10. *Health impact function (HIF)* digunakan bagi mengaitkan perubahan tahap PM10 dan perubahan kadar insiden penyakit disebabkan oleh PM10 yang dialami penduduk. Bagi menghasilkan *HIF*, nilai *Relative Risk (RR)* bagi simptom berkaitan pernafasan untuk kawasan HKL dan HUKM diadaptasi daripada satu kajian yang serupa di sekitar Lembah Klang. Senario pengurangan sebanyak 30 peratus dilaksanakan bagi menunjukkan manfaat kesihatan yang lebih tinggi untuk tahap PM10 yang dijangka lebih rendah daripada tahap piawai DOE untuk PM10. Hasil daripada analisis ini, tahap semasa PM10 yang tertinggi adalah $46.88 \mu\text{g}/\text{m}^3$ dan $32.82 \mu\text{g}/\text{m}^3$ semasa senario pengurangan. Analisis seterusnya adalah bagi mengira kadar insiden kesihatan untuk HKL iaitu sebanyak 134.74 dan 58.69 selepas senario pengurangan. Penggunaan RR bagi HUKM pula menyumbang kepada kadar insiden sebanyak 446.45 dan 202.21 selepas senario pengurangan. Peringkat terakhir analisis menghasilkan keuntungan ekonomi untuk Johor Bahru dengan menggunakan kaedah *Cost of Illness (COI)*. Hasil analisis mendapati jumlah COI sebanyak RM1,054,000 dan RM3,497,000 untuk HKL dan HUKM sewaktu senario semasa. Jumlah COI berkurang kepada RM459,000 dan RM1,584,000 selepas senario pengurangan bagi HKL dan HUKM. Hasil kajian ini membuktikan bahawa sebanyak RM1,900,000 beban kesihatan di kalangan penduduk Johor Bahru boleh dikurangkan jika pengurangan tahap PM10 dilaksanakan dari pelbagai sektor-sektor pembangunan. Ini akan membantu pihak yang berkaitan untuk menggunakan BenMAP bagi memperbaiki polisi dan strategi semasa berkaitan pencemaran udara PM10 di seluruh Malaysia dan juga menjadi tanda aras bagi menghasilkan garis panduan baru untuk PM2.5.

TABLE OF CONTENTS

CHAPTER	TITLE	PAGE
	DECLARATION	ii
	DEDICATION	iii
	ACKNOWLEDGEMENT	iv
	ABSTRACT	v
	ABSTRAK	vi
	TABLE OF CONTENTS	vii
	LIST OF TABLES	x
	LIST OF FIGURES	xi
	LIST OF ACRONYMS	xiv
	LIST OF APPENDICES	xv
1	INTRODUCTION	
	1.1 Introduction	1
	1.2 Problem Statement	3
	1.3 Research Questions	7
	1.4 Research Objectives	7
	1.5 Research Area	8
	1.6 Expected Findings	9

1.7	Research Significance	9
1.8	Structure Organization of Thesis	11
2	AIR POLLUTION AND THE BUILT ENVIRONMENT	
2.1	Introduction	13
2.2	Urban Air Pollution	13
2.3	Overview of Sprawl, Air Quality and Public Health	19
2.4	Particulate Matter (PM10 & PM2.5) and Its Impacts	22
2.5	Monetized Benefits of PM10 Emission Reduction	27
2.6	Air Pollution Management	30
2.7	Air Pollution Control Strategies	32
2.6	Summary of Chapter	37
3	AIR QUALITY MODELING AND HEALTH BENEFIT MODELING FOR CONTROL STRATEGIES	
3.1	Introduction	38
3.2	Health Impact Assessment	38
3.3	Air Quality Modelling and Monitoring	43
3.4	Health Benefit Modeling	45
3.5	Air Pollution and Health Benefits Case Studies	51
3.6	Summary of Chapter	60
4	RESEARCH METHODOLOGY	
4.1	Introduction	61
4.2	Research Scope	61
4.3	BenMAP Data Inputs	72
4.4	Air Quality Grid Creation	73

4.5	Health Impacts Estimation	75
4.6	Valuation	78
4.7	Summary of Chapter	79
5	ANALYSIS AND DISCUSSIONS	
5.1	Introduction	81
5.2	Air Quality Grids	81
5.3	Health Impact Estimates	84
5.4	Valuation from Health Impacts Estimation	88
5.5	Summary of Chapter	93
6	CONCLUSION AND RECOMMENDATION	
6.1	Introduction	95
6.2	Cost of Illness from a PM10 Reduction Scenario	95
6.3	Suitability of Applying BenMAP in Localized Cities and Regions	97
6.4	Improving Air Quality Management and Control Strategies for an Economic Region	99
6.5	Future Research	101
	REFERENCES	102
	Appendices A - Y	111 - 132

LIST OF TABLES

TABLE NO.	TITLE	PAGE
2.1	The updated air quality guidelines for 6 major pollutants in Malaysia	35
2.2	Comparisons of PM10 & PM2.5 guidelines specified by WHO, US EPA & DOE Malaysia	36
3.1	List of Health Effects in AirQ+ due to long-term and short-term exposure of PM10 and PM2.5	46
3.2	Concentration response coefficients and the total burden of disease for Mumbai	52
3.3	Estimated avoided health cases and its monetary benefits due to reduction in PM10 and PM2.5 level	55
3.4	Odds ratios for 45 $\mu\text{g}/\text{m}^3$ change in PM10 during 4 days moving average	57
3.5	Relative risk estimates of PM10 among adults and children in the four study hospitals	59
4.1	Relative risk (RR) of adult admissions for respiratory cases at HUKM and HKL by quartile increments of ambient PM10 concentration, 2000 – 2003	76
4.2	β -coefficient estimates based on HUKM and HKL RR estimates	77
5.1	Air quality grid creation for baseline and after 30 percent reduction scenario of PM10 level in Iskandar Malaysia	83
5.2	Health impact estimates for baseline and RM10 hospital charge after 30 percent reduction scenario of PM10 level using HKL beta estimate in Iskandar	85

Malaysia

5.3	Health impact estimates for RM30 and RM50 hospital charge after 30 percent reduction scenario of PM10 level using HKL beta estimate in Iskandar Malaysia	86
5.4	Health impact estimates for baseline and RM10 hospital charge after 30 percent reduction scenario of PM10 level using HUKM beta estimate in Iskandar Malaysia	89
5.5	Health impact estimates for RM30 and RM50 hospital charge after 30 percent reduction scenario of PM10 level using HUKM beta estimate in Iskandar Malaysia	90

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE
1.1	Level of PM10 Daily Mean in Pasir Gudang, Johor Bahru & UTM for 2014	5
1.2	Yearly trends of various air pollutants in Malaysia for 1997-2011	5
1.3	Location of Johor Bahru Flagship A within Iskandar Malaysia boundaries	8
2.1	The cycle process of how human activities affects the environment	14
2.2	Active fires across Southeast Asia countries during September 2015	19
2.3	A conceptual model linking sprawl, travel, air pollution and health	21
2.4	Global satellite-derived map of PM2.5 averaged over 2001-2006	24
2.5	Health Effects of the Main Pollutants	23
2.6	Predicted percentage deposition of inhaled particles in the human respiratory tract during nose breathing	24
2.7	Worldwide coverage of real-time air quality data	31
2.8	Stages involved in the Malaysia API system	39
3.1	Overview of air quality modeling and the related process that leads to the needs of developing a health impact assessment	44
3.2	The underlying assumption for the methodology in BenMAP	49

3.3	The mapped outcomes of each stages in BenMAP-CE's methodology.	50
4.1	Occurences of PM10-related health incidences that are concentrated in the Johor Bahru area and the three monitoring stations	63
4.2	Grid definition for research area and political boundaries of block census in Iskandar Malaysia	64
4.3	Location of all Klinik Kesihatan in the vicinity of Johor Bahru urban area	67
4.4	The location of patients addresses experiencing URTI in Johor Bahru area	68
4.5	Area proportion to estimate the population based on Census block data in each grids	70
4.6	The structure and flow of this research	80

LIST OF ACRONYMS

ARI	-	Acute respiratory infection
CAQM	-	Continuous air quality monitoring
COI	-	Cost of Illness
C-R	-	Concentration-response function
DOE	-	Department of Environment Malaysia
EGU	-	Electricity generating unit
GBD	-	Global Burden Disease
GDP	-	Gross domestic product
HIF	-	Health impact function
LRI	-	Lower respiratory infection
MAAQG	-	Malaysia Ambient Air Quality Guideline
MOH	-	Ministry of Health
PM10	-	Particulate matter with diameter size of 10 μm or less
PM2.5	-	Particulate matter with diameter size of 2.5 μm or less
RR	-	Relative risk
UN	-	United Nations
UNEP	-	United Nations Environment Program
UNFCCC	-	United Nations Framework Convention on Climate Change
URTI	-	Upper Respiratory Tract Infection
USEPA	-	United States Environmental Protection Agency
VOC	-	Volatile organic compound
VSL	-	Value of Statistical Life
WHO	-	World Health Organization
WTP	-	Willingness to Pay
CAMx	-	Comprehensive Air Quality Modeling with extensions

LIST OF APPENDICES

APPENDIX	TITLE
A	BenMAP format for PM10 monitor dataset in Excel
B	BenMAP format for baseline scenario of PM10 & BenMAP format for 30 percent reduction scenario of PM10
C	BenMAP format for health incidence dataset in Excel
D	BenMAP format for population dataset in Excel
E	BenMAP format for health impact function dataset in Excel
F	BenMAP format for valuation function dataset in Excel
G	Raw health data obtained from Ministry of Health Johor
H	Daily Mean of PM10 level in Johor Bahru monitor station obtained from Department of Environment Malaysia
I	Daily Mean of PM10 level in Pasir Gudang monitor station obtained from Department of Environment Malaysia
J	Daily Mean of PM10 level in UTM monitor station for 2014
K	BenMAP Interface
L	Increment Values of PM10 during Air Quality Grid Creation Stage
M	Increment Values of PM10 during Air Quality Grid Creation Stage
N	Example of data Estimation produced during Valuation Stage (Stage 3)
O	BenMAP Audit Trail Report

CHAPTER 1

INTRODUCTION

1.1 Introduction

The issue of air pollution has long been discussed globally and had been proven to have impact on the exposed population. Malaysia is one of the developing countries in ASEAN region that is not excluded from experiencing serious issues related to air pollution. Recent activities on major development in Malaysia have led to a growing concern on the ambient air quality, especially with the rate of development increasing significantly throughout the years which was a worrying trend of air pollution scenarios in Malaysia. In recent years, it was reported that the stationary air pollution sources in Johor accounted for about 35 percent of the total air pollution sources in Malaysia (UTM-Low Carbon Asia, 2013).

Johor Bahru as the third conurbation in Malaysia after Kuala Lumpur and Penang has been tremendously developing with new international projects that encompasses of commercials, industries and high rise residentials especially because the city is within the vicinity of Iskandar Malaysia region. With the rapid on-going major developments in Malaysia that contributes to the level of air quality in the ambient surroundings, the population in Johor Bahru city will be exposed to the deteriorating ambient air and will be a potential threat to the current and future health of the population in the metropolitan city.

The purpose of this research is to explore on the increased threat of public health related to the deteriorating air quality level that takes place in the massive development of Iskandar Malaysia. Air particles which has the size of $10\mu\text{g}$ (PM10) and smaller in aerodynamic diameter have been a recent concern where epidemiological studies proved that continuous exposure on air pollution affects the health of the population exposed. Jimoda (2012) reported that PM10 penetrates into the upper respiratory tract while being inhaled into the lungs and given some period of exposure, it was proven to have adverse health effects on the exposed population. Despite that, many recent studies around the world are now focusing on the adverse health effects of PM2.5, a smaller particle which have the capacity to penetrate deep into the respiratory system because of its smaller particle size. This research is focused on PM10 because of the non-availability of PM2.5 data from the Department of Environment Malaysia for this particular study period.

This study focuses on characterizing PM10-related health benefits and monetized benefits of the emission reduction scenarios in the vicinity of Johor Bahru city. This is beneficial in relating the effects of built environment developments with the decrease of air quality level, exposed population's health level and the economic benefits that are obtain from air pollution managment in the surrounding environment. The health benefits and monetized benefits can be measured by applying BenMAP program (Environmental Benefits Mapping and Analysis) that was developed by U.S. Environmental Protection Agency (US EPA). BenMAP application aids in performing the analysis of PM10 emission reduction and to obtain the monetized benefits in terms of reduced health cases. The analysis is further focus on the reduction of health effects that contributed to the economy of the study region such as the decrease number of lost work days, decrease number of hospital admissions related to respiratory and cardiovascular symptoms and decrease in emergency room visits.

To date, previous studies regarding air pollution were mainly associated with PM10 health effects but less studies were done in Malaysia regarding PM10 health effects that applied BenMAP to obtain the related health benefits and monetized benefits, not to mention studies for PM2.5. Although similar researches has been done in other Asian countries like Thailand and China, but the characteristics of the

population's background and environment were different from Malaysia. This resulted in the formation of this research whereby specific considerations of various data in the background context are taken into account.

1.2 Problem Statement

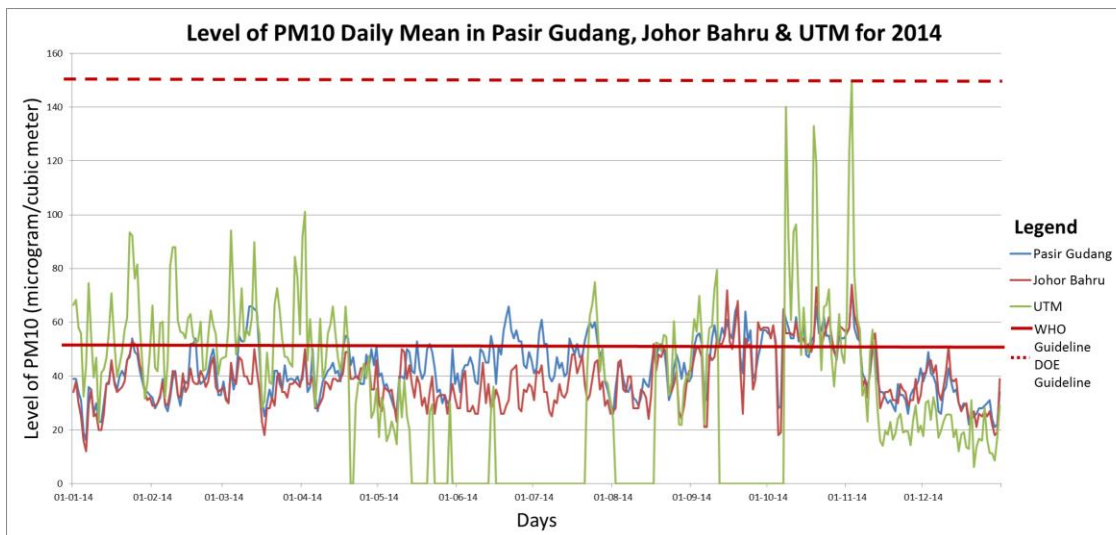
Recently, the emission per capita for Malaysia was approximately 5.9 million tons which were triple when compared to the levels recorded for the whole of South East Asia region. Malaysia which has a population of 28.318 million (UN, 2010), were indicated as the country with the third greatest emission released which was about 194.48 million tones when compared to Indonesia and Thailand which released about 397 and 278 millions tones respectively (Nizam et al., 2013). This worrying values of emission released for Malaysia is an indicator that emissions released from industries and transportation sector needs to be dealt early, even with a small step that could result in a greater impact for the country.

The increased rate of development in Johor Bahru city resulted in the increased level of air pollution where this scenario will further lead to the increase in PM10-related health incidences in the urban area. However, limited studies have been done on the related health effects of increased air pollution in Malaysia especially during the scenario of the peak period of smoke haze in 1997 and 1998. World Health Organization reported that, in 1998, there are about two and three times of increased cases for the number of outpatient visits in Kuching and an increase about 250 to 800 visits per day for respiratory diseases to Kuala Lumpur General Hospital. In a recent study, Latif et al. (2014) have reported a positive upward trend of seven pollutants (NO, NO₂, O₃, PM₁₀, THC and CH₄) over the 15-years period in Peninsular Malaysia which affects the level of PM10 in Johor Bahru city. Choong (2012) reported that drawing from available data on PM10 in Petaling Jaya, the mean for PM10 is 36.2 µg/m³ which failed to meet WHO guidelines for annual mean of PM10 which is about 20 µg/m³. This shows an alarming trend for the levels of PM10 in Malaysia where it is crucial to improve the current PM10 standards and formulate policies with regards to control the pollutants. Therefore,

early steps on controlling the rate of air pollution especially PM10 can be an indicator to start focusing on PM2.5 in the future.

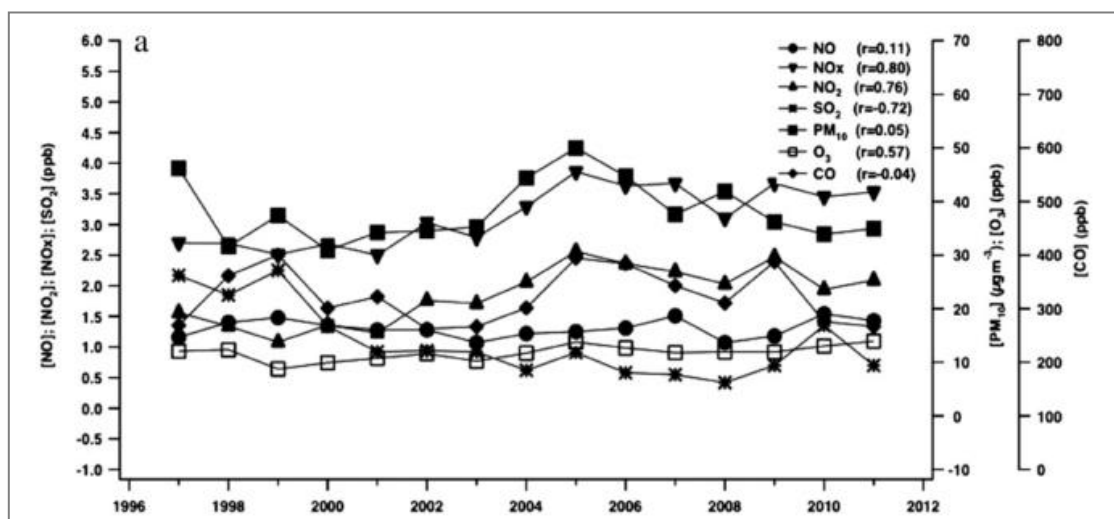
The focus is on Johor Bahru city, which is the third conurbation of Malaysia situated in the state of Johor. It is forecast that Johor will be the second state in Malaysia that will contribute to the country's air quality where the number of industries are fast approaching along with the formation of the Iskandar Malaysia region. Comprehensive policies and guidelines for controlling the level of air pollution which is specifically focused on PM10 is currently being prepared by the Low Carbon Society group in UTM to achieve a Low Carbon Society status with an improve ambient air quality for this current developing region. Despite this, less focus is being done on the health effects and monetized benefits resulting from high level of PM10 in Johor Bahru city.

Figure 1.1 shows the level of PM10 daily mean level in Pasir Gudang, Johor Bahru and UTM area for the year 2014. It can be seen that the level of PM10 in UTM is much higher than the rest and tend to reach the specified guideline of PM10 formulated by DOE during certain period of the year. Most of PM10 level reaches or are higher than the PM10 guideline specified by WHO and this became an issue whether the current Malaysia guideline should be re-evaluated according to the relevant guidelines so that this problem will not escalate further in the future. Overall, the trend of PM10 does not show significant levels due to the fact that during most of the days in 2014, it does not yet exceed the current DOE guideline. But, according to Figure 1.2 shown below, the yearly trend of PM10 are the highest compared to other air pollutants whereby it exceeded the specified guidelines of WHO. With the fast rate of development, it is not surprising that PM10 levels will continue to increase in the future.



Source: Department of Environment (2015)

Figure 1.1: Level of PM10 Daily Mean in Pasir Gudang, Johor Bahru & UTM for 2014



Source: Latif et al. (2014)

Figure 1.2: Yearly trends of various air pollutants in Malaysia for 1997-2011

To date, Malaysia is still using PM10 as a parameter to measure particulate pollution as other developed countries is shifting their focused on measures for PM2.5 since the effects are greater. The establishment of monitoring stations maintained by Department of Environment Malaysia are focused majorly to the common five greenhouse gases which are carbon dioxide (CO₂), nitrogen dioxide (NO₂), sulphur dioxide (SO₂), ozone (O₃) and particulate matters.

Many policies have not been able to mitigate the impacts of rapid developments on public health prior to the increasing concern about sustainability in Malaysia's national development plans as early as 1990s (Ho et. al., 2013). Furthermore, there has been little study on the impact of other built environment features in air pollution severity in Malaysia. The impact of emerging new economic development corridors, such as Multimedia Super Corridor and Iskandar Malaysia should be investigated to measure its ambient air pollution and carbon footprint. These measurements will quantify the environmental, health, and economic benefits (co-benefit) and provide a clear insight for decision making process for the future developments.

The utilization of the current technology such as the application of the Environmental Benefits Mapping and Analysis Program (BenMAP) developed by US EPA needs close attention in our country and is still not widely used in Malaysia. Currently, there are no studies being done yet on utilizing BenMAP to simulate the benefits from an air pollution reduction scenario in Malaysia. But, it is popular among developed countries such as U.S., Japan and China whereby these countries have a thorough and comprehensive air monitoring data collected over the years. The application of this program is important because it includes analyzing health incidences for a scenario of increased PM10 level when exposed to a population as well as quantifying the monetized benefits for reducing the PM10 level and health incidences. Malaysia needs to adapt more studies related on PM10 by using the application of BenMAP program in order to improve on localized ambient air quality by showcasing the benefits obtained from the reduction scenarios such as increased health benefits, reduced in health expenditure spendings for PM10-related health symptoms as well as attaining a better quality of the ambient environment.

1.3 Research Questions

The specific research questions are:

- 1.3.1 How much are the economic costs caused by PM10-related health incidences among the existing population during the baseline scenario in Johor Bahru city?
- 1.3.2 How much PM10-related health incidence rate are reduced when a PM10 reduction scenario is applied in Johor Bahru city?
- 1.3.3 How much are the monetized benefits obtained when a PM10 reduction scenario is applied in Johor Bahru city?

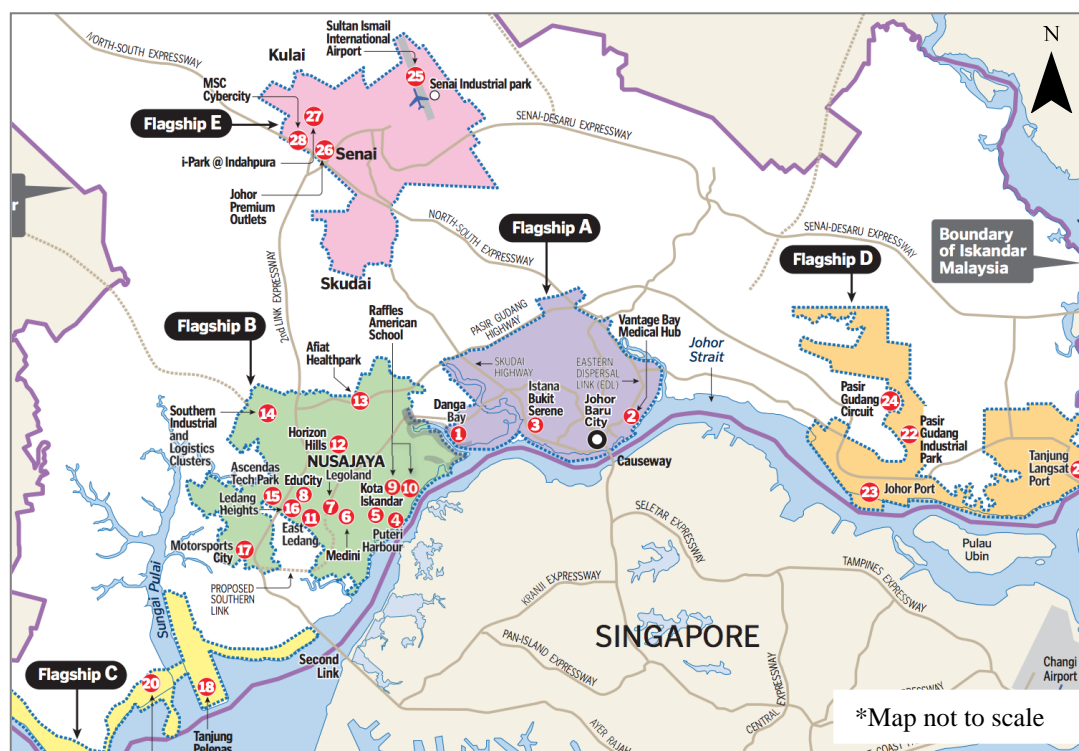
1.4 Research Objectives

The aim of this research is to quantify health and economic benefits from the reduction of PM10 level by utilizing BenMAP in a more localized scenario for the purpose of future community's usage. This will eventually help in improving the policies and strategies for controlling PM10 and may help policymakers to re-structure guidelines for PM2.5 in the future. To achieve this aim, the following objectives are formulated:

- 1.4.1 To identify the economic costs due to PM10-related health cases during the baseline scenario in Johor Bahru city.
- 1.4.2 To quantify the reduction of PM10-related health incidence rate when a PM10 reduction scenario is applied in Johor Bahru city.
- 1.4.3 To obtain the monetized benefits of a PM10 reduction scenario in Johor Bahru city.

1.5 Research Area

The chosen research area is Johor Bahru city which is located roughly at the centre of Iskandar Malaysia region designated as Flagship A as shown in Figure 1.3. It is the Central Business District (CBD) and the State Capital of Johor and also the main gateway to Malaysia in the south. Johor Bahru has a population of about 1,386,569 people as of 2010 Malaysian Census and is projected to increase to 4.4 million in 2020. As the third conurbation state in Malaysia, generally its population is relatively young where about 1.5 million people are between 15 to 44 years old during 2004. The main keyplayers of Johor Bahru which is situated in Flagship A are financial services, commerce and retail, arts and culture, hospitality, urban tourism, plastic manufacturing, electrical and electronics (E & E) and food processing. The main existing land uses within Johor Bahru's Flagship A are residential, commercial, industrial and manufacturing, recreational open spaces, infrastructures and institutions.



Source: Hoe (2015)

Figure 1.3: Location of Johor Bahru Flagship A within Iskandar Malaysia boundaries

1.6 Expected Findings

The expected findings of this research are the health benefits and economic benefits of a PM10 reduction scenario using BenMAP. The health benefits are obtained in terms of reduced number of PM10-related health incidence cases and the economic benefits are obtained in terms of reduced spending costs for the treatment of PM10-related health incidence cases. The expected findings of this research can help local authorities and planners to plan for reduced emission scenarios in every sectors of land use in the current or future district and local plans. PM10 emission can be reduced through extensive transportation planning and carbon reduction measures, planning of residential land use and control in household activities, energy production, building works, (inland) shipping and large and small scale industries (Keuken et al., 2013). From this, it can contribute to the increase in public health quality at the local level where the population affected in the Johor Bahru area can experience a more cleaner air quality. Furthermore, economic benefits in terms of hospital admissions and monetized benefits can also be reduced which can contribute to the improvement of ambient air quality in Johor Bahru area.

1.7 Research Significance

In Malaysia, the major air pollutants being monitored by the Department of Environment (DOE) are CO, O₃, NO₂, SO₂ and PM10. PM10 is chosen as the specified pollutant because less research has been done on quantifying the monetized benefits from a reduced PM10 emission scenario by using BenMAP in Malaysia. The usual trend of research that has been done in Malaysia mainly focused on the relationship between population that are exposed to PM10 and their health effects by analysing using a generalized additive model procedure (UKM Pakarunding, 2004). The urban population in the vicinity of housing are much closer to experience traffic emissions of particulate matter. The needs to conduct this research are so important prior to the future health effects that will affect the exposed population in Johor Bahru city. Hence, this research is significant in providing the benchmark for further

studies in the future to use BenMAP as the method of health benefit reduction analysis for other air pollutants.

Moreover, this research is significant because epidemiological studies that addressed the relationship between PM10 and adverse health effects were mainly conducted in American and European cities and the background environment may not be applicable to Malaysia. The difference between this research and other researches is the intervention between different geographical areas where this research will only focus in the Johor Bahru city area. The expected findings would be different because most of the characteristics of the study context such as the level of PM10 concentrations, health incidence rates and the health impact functions that will be used in BenMAP analysis would be different in the research area's ambient surrounding which is located in a developing country in the Asian region. Geographical features, population, number of health incidences for respiratory diseases, economic trend and current development are several factors which will affect the results of the analysis later on.

Iskandar Malaysia region was recognized as the second Low Carbon Society (LCS) region in Malaysia so the significance of Johor Bahru city as the research area can provide an example of a successful concept of LCS to the surrounding region and countries. Thus, based on the results of the analysis in the future, this research can help policymakers and decisionmakers to propose a comprehensive framework to improve on the air quality control measures for minimizing costs and maximizing benefits in the health and economy aspects in Malaysian cities. Evaluation on the current air quality strategies and policies can be further done to measure the effectiveness of government initiatives as well as the efficacy of the National Ambient Air Quality Standard (NAAQS) for other cities and regions in Malaysia. The outcome of this research can further improve the policy framework for ambient air quality in Malaysia in the present time as well as in the future.

1.8 Structure Organization of Thesis

The thesis comprises of six chapters and was organized in the following order. **Chapter 1** presents the research background, problem statement, research questions, research objectives, research area, significance of the study, expected findings and a brief introduction on the research method.

Chapter 2 presents a literature review discussing on other studies related to air pollution studies in Asian countries and discussion on the vital relationship of urban sprawl in the built environment that can impact the level of air quality through various sectors of land uses. This chapter further discusses on the monetized benefits of PM10 analysis reduction air pollution and management control strategies around the world and in Malaysia.

Chapter 3 discusses on the related air quality modeling that were frequently used and applied in air pollution studies as well as an introduction on health impact assessment and how it is reflected through the application of BenMAP. This chapter also explores more on existing studies on the relationships between air pollutions and health benefits conducted in other countries.

Chapter 4 presents the methodology used in this research, specifically explaining more on how BenMAP works, the data inputs and formats needed, and the specific guides for each stages of analysis in BenMAP.

Chapter 5 comprises of outcomes from each stages of analysis and its descriptions. Data analysis has been categorized into four stages. Stage 1 prepares all the related data input needed into BenMAP. Stage 2 involves producing air quality grid creation when the population exposure grid is obtain according to the format that BenMAP recognizes. Stage 3 discusses on obtaining the health impact incidence estimation for the overall analysis and Stage 4 involves applying monetary values to the health impact incidence estimation obtained. This chapter later on will present the discussion and justification of findings for all the expected outcomes.

Chapter 6 presents the overall research conclusion, discussion on each of the research questions outcomes and the future recommendations such as how to improve the air quality management and control strategy in Malaysia as well as the suitability of applying BenMAP in cities in Malaysia. This chapter ends with the needs to conduct future researches.

LIST OF REFERENCES

- Abt. Associates Inc. (2006). BenMAP Case Study: Mumbai.
- Afroz, R. (2003). Review of air pollution and health impacts in Malaysia. *Environmental Research*, 92(2), 71–77. [http://doi.org/10.1016/S0013-9351\(02\)00059-2](http://doi.org/10.1016/S0013-9351(02)00059-2)
- Afroz, R., Hassan, M. N., Awang, M., & Ibrahim, A. (2006). Impact of air pollution on health in Klang Valley, Malaysia. *Asian Journal of Water, Environment and Pollution*. 3(1). 27-38.
- Alagesh, T. N. (2016, March 19). Malaysia is on track to hit carbon emission reduction target : PM Najib. *New Straits Times*, p. 1. Kuantan. Retrieved from <http://www.nst.com.my/news/2016/03/133719/malaysia-track-hit-carbon-emission-reduction-target-pm-najib>
- Alonzo, B. (n.d.). Human Activities that Affect the Ecosystem. *Demand Media*. Retrieved August 6, 2016 from <http://classroom.synonym.com/human-activities-affect-ecosystem-9189.html>
- Arbex, M. A., Santiago, S. L., Moyses, E. P., Pereira, L. A., Saldiva, P. H., & Braga, A. L. F. (2011). Impact of Urban Air Pollution on Acute Upper Respiratory Tract Infections. *Advanced Topics in Environmental Health and Air Pollution Case Studies*.
- Awang, M., Jaafar, A. B., Abdullah, A. M., Ismail, M., Hassan, M. N., Abdullah, R., Noor, H. (2000). Air quality in Malaysia: impacts, management issues and future challenges. *Respirology (Carlton, Vic.)*, 5(2), 183–96. <http://doi.org/10.1046/j.1440-1843.2000.00248.x>
- Azmi, S. Z., Latif, M. T., Ismail, A. S., Juneng, L., & Jemain, A. A. (2010). Trend and status of air quality at three different monitoring stations in the Klang Valley, Malaysia. *Air Quality, Atmosphere, & Health*, 3(1), 53–64. <http://doi.org/10.1007/s11869-009-0051-1>
- Bae, H. J., & Park, J. (2009). Health benefits of improving air quality in the rapidly

- aging Korean society. *The Science of the Total Environment*, 407(23), 5971–7. <http://doi.org/10.1016/j.scitotenv.2009.08.022>
- Bael, D., & Sample, J. (2015). *Life and Breath: How Air Pollution affects Public Health in the Twin Cities*. Minnesota.
- Bell, M. L., Davis, D. L., Gouveia, N., Borja-Aburto, V. H., & Cifuentes, L. a. (2006). The avoidable health effects of air pollution in three Latin American cities: Santiago, São Paulo, and Mexico City. *Environmental Research*, 100, 431–440. <http://doi.org/10.1016/j.envres.2005.08.002>
- Bettencourt, L. M. a, Lobo, J., Helbing, D., Kühnert, C., & West, G. B. (2007). Growth, innovation, scaling, and the pace of life in cities. *Proceedings of the National Academy of Sciences of the United States of America*, 104(17), 7301–7306. <http://doi.org/10.1073/pnas.0610172104>
- Boldo, E., Linares, C., Lumbreras, J., Borge, R., Narros, A., García-Pérez, J., López-Abente, G. (2011). Health impact assessment of a reduction in ambient PM(2.5) levels in Spain. *Environment International*, 37(2), 342–8. <http://doi.org/10.1016/j.envint.2010.10.004>
- Bridgman, H. (2009). Air Quality Management Strategies for Urban Atmospheres, (July), 2007–2010.
- Brunekreef, B., & Forsberg, B. (2005). Epidemiological evidence of effects of coarse airborne particles on health. *European Respiratory Journal*, 26(2), 309–318. <http://doi.org/10.1183/09031936.05.00001805>
- Calkins, D. L. (1998). Global partnerships: a collaborative effort to improve air quality in developing countries, 11pp. Retrieved from <http://www.scopus.com/inward/record.url?eid=2-s2.0-18744420913&partnerID=40&md5=aa0377346bf36236d172d491c0b31afc>
- CDC. (2014). Economic Impact Analysis Cost of Illness : The Second of a Five-Part Series: Part 2, 1–49. Retrieved from http://www.cdc.gov/dhdspp/programs/spha/economic_evaluation/module_ii/podcast_ii.pdf
- Clean Air Initiative for Asian Cities Center, A. D. B. (2006). *Country Synthesis Report on Urban Air Quality Management*. Malaysia.
- Cohen, A. J., Anderson, H. R., Ostro, B., Pandey, K. D., Krzyzanowski, M., Künzli, N., ... Smith, K. R. (2004). Urban Air Pollution. *Comparative Quantification of Health Risks*, 77, 1353–1434.

- Davidson, K., Hallberg, A., McCubbin, D., & Hubbell, B. (2007). Analysis of PM_{2.5} using the Environmental Benefits Mapping and Analysis Program (BenMAP). *Journal of Toxicology and Environmental Health. Part A*, 70(3-4), 332–346. <http://doi.org/10.1080/15287390600884982>
- Department of Environment Malaysia. (2015). *Data on PM₁₀ level in DOE monitoring stations for 2014*. Unpublished raw data.
- Dimitrova, R., Lurponglukana, N., Fernando, H. J. S., Runger, G. C., Hyde, P., Hedquist, B. C., Johnson, W. (2012). Relationship between particulate matter and childhood asthma-basis of a future warning system for central Phoenix. *Atmospheric Chemistry and Physics*, 12(5), 2479–2490. <http://doi.org/10.5194/acp-12-2479-2012>
- Dixon, R. E. (1985). Economic costs of respiratory tract infections in the United States. *American Journal of Medicine*, 78(6), 45–51. <http://doi.org/10.1016/0002>
- Fann, N., Baker, K. R., & Fulcher, C. M. (2012). Characterizing the PM_{2.5}-related health benefits of emission reductions for 17 industrial, area and mobile emission sectors across the U.S. *Environment International*, 49, 141–51. <http://doi.org/10.1016/j.envint.2012.08.017>
- Fann, N., Fulcher, C. M., & Hubbell, B. J. (2009). The influence of location, source, and emission type in estimates of the human health benefits of reducing a ton of air pollution. *Air Quality, Atmosphere, & Health*, 2(3), 169–176. <http://doi.org/10.1007/s11869-009-0044-0>
- Fann, N., Lamson, A. D., Anenberg, S. C., Wesson, K., Risley, D., & Hubbell, B. J. (2012). Estimating the national public health burden associated with exposure to ambient PM_{2.5} and ozone. *Risk Analysis: An Official Publication of the Society for Risk Analysis*, 32(1), 81–95. <http://doi.org/10.1111/j.1539-6924.2011.01630.x>
- Fendrick, A. M., Monto, A. S., Nightengale, B., & Sarnes, M. (2003). The economic burden of non-influenza-related viral respiratory tract infection in the United States. *Archives of Internal Medicine*, 163(4), 487–494. <http://doi.org/10.1001/archinte.163.4.487>
- Frumkin, H., Frank, L., & Jackson, R. (2004). *Urban Sprawl and Public Health: Designing, Planning and Building for Healthy Communities*. Washington, Covelo, London: ISLAND PRESS.

- Galina, T. (2010). *Sprawl Repair Manual*. Center for Applied Transect Studies. Washington, Covelo, London: ISLAND PRESS. <http://doi.org/10.1017/CBO9781107415324.004>
- Greene, N. a, & Morris, V. R. (2006). Assessment of public health risks associated with atmospheric exposure to PM_{2.5} in Washington, DC, USA. *Int J Environ Res Public Health*, 3(1), 86–97. <http://doi.org/10.3390/ijerph2006030010>
- Harrison, R. M. (2005). WHO Air Quality Guidelines.
- He, K., Lei, Y., Pan, X., Zhang, Y., Zhang, Q., & Chen, D. (2010). Co-benefits from energy policies in China. *Energy*, 35(11), 4265–4272. <http://doi.org/10.1016/j.energy.2008.07.021>
- Heinrich, J. (2013). Long-term exposure to NO₂ and PM₁₀ and allcause and causespecific mortality in a prospective cohort of women. *Occupational and Environmental Medicine*, 70(3), 179–86.
- Ho, C. S., Matsuoka, Y., Simson, J., & Gomi, K. (2013). Low carbon urban development strategy in Malaysia – The case of Iskandar Malaysia development corridor. *Habitat International*, 37(null), 43–51. <http://doi.org/10.1016/j.habitatint.2011.12.018>
- Hubbell, B., Fann, N., & Levy, J. I. (2009). Methodological considerations in developing local-scale health impact assessments: balancing national, regional, and local data. *Air Quality, Atmosphere & Health*, 2(2), 99–110. <http://doi.org/10.1007/s11869-009-0037-z>
- Jaafar, N. A. (2014). *FIFTH GOVERNMENTAL MEETING ON URBAN AIR QUALITY IN ASIA: MALAYSIA'S UPDATE ON LONG TERM VISION*. Colombo, Sri Lanka.
- Jamal, H. H., Pillay, M. S., Zailina, H., Shamsul, B. S., Sinha, K., Zaman Huri, Z., Ruzita, M. S. (2004). A Study of Health Impact and Risk Assessment of Urban Air Pollution in the Klang Valley , Malaysia, 1–104.
- Jimoda, L. A. (2012). Effects of Particulate Matter on Human Health, The Ecosystem, Climate and Material: A Review. *Working and Living Environmental Protection*, 9(1), 27–44.
- Kamaruddin, S. B.. (2015). UKM Pakarunding to Revamp Method of Air Quality Index. Retrieved August 6, 2016, from http://www.ukm.my/news/Latest_News/ukm-pakarunding-to-revamp-method-of-air-quality-index/

- Kan, H., & Chen, B. (2004). Particulate air pollution in urban areas of Shanghai, China: health-based economic assessment. *The Science of the Total Environment*, 322(1-3), 71–9. <http://doi.org/10.1016/j.scitotenv.2003.09.010>
- Karen, L. (2000). Health Impact Assessment. *BMJ Clinical Research*, 320 (June 2000). <http://doi.org/10.1136/bmj.320.7246.1395>
- Keuken, M. P., Moerman, M., Voogt, M., Blom, M., Weijers, E. P., Rickmann, T., & Dusek, U. (2013). Source contributions to PM_{2.5} and PM₁₀ at an urban background and a street location. *Atmospheric Environment*, 71(x), 26–35. <http://doi.org/10.1016/j.atmosenv.2013.01.032>
- Kim, K., Kabir, E., & Kabir, S. (2015). A review on the human health impact of airborne particulate matter. *Environment International*, 74, 136–143. <http://doi.org/10.1016/j.envint.2014.10.005>
- Krewski, D., Jerrett, M., Burnett, R. T., Ma, R., Hughes, E., Shi, Y., Tempalski, B. (2009). Extended follow-up and spatial analysis of the American Cancer Society study linking particulate air pollution and mortality. *Research Report Health Effects Institute*, 140(140), 5–36. Retrieved from <http://scientificintegrityinstitute.net/Krewski052108.pdf>
- Lamsal, L. N., Martin, R. V., Parrish, D. D., & Krotkov, N. A. (2013). Scaling relationship for NO₂ pollution and urban population size: A satellite perspective. *Environmental Science and Technology*, 47(14), 7855–7861. <http://doi.org/10.1021/es400744g>
- Latif, M. T., Dominick, D., Ahamad, F., Khan, M. F., Juneng, L., Hamzah, F. M., & Nadzir, M. S. M. (2014). Long term assessment of air quality from a background station on the Malaysian Peninsula. *The Science of the Total Environment*, 482-483(2), 336–48. <http://doi.org/10.1016/j.scitotenv.2014.02.132>
- Institute of Respiratory Medicine. (n.d.). Effects of Air Pollutants on Upper Respiratory Tract and Eye Symptoms: Appendix K2. *Second Sydney Air port Proposal Environmental Impact Statement Supplement*. New South Wales.
- Melrose, J., Perroy, R., & Careas, S. (2015). Statewide Agricultural Land Use Baseline 2015, Spatial Data Analysis and Visualization of Research Lab, University of Hawaii. <http://doi.org/10.1017/CBO9781107415324.004>
- Ministry of Environment and Forests, India. (2012). Epidemiological Study on Effect of Air Pollution on Human Health (Adults) in Delhi. *Environmental*

- Health Management Series*. (July, 2012). Central Pollution Control Board, Delhi.
- Ministry of Health Malaysia. (2015). *Data on patients experiencing upper respiratory tract infection symptoms in Johor clinics for 2014*. Unpublished raw data.
- Molina, L. (2012). Back of the Envelope: Risk Assessment. In L. Molina (Ed.), *Air Quality in the Mexico Megacity: An Integrated Assessment* (Volume 2, p. 384). Mexico: Springer Science & Business Media.
- Morte, W. W. L. (Boston U. S. of P. H. (2015). Risk Ratios and Rate Ratios (Relative Risk) Had Incidental Interpretation : Retrieved from http://sphweb.bumc.bu.edu/otlt/MPH-Modules/EP/EP713_Association/EP713_Association3.html
- National Research Council (2002). Exposure and Response. In *Estimating the Public Health Benefits of Proposed Air Pollution Regulations* (p. 192). Washington: National Academies Press. Retrieved from <https://books.google.com.my/books?id=7p-cAgAAQBAJ&printsec=frontcover#v=onepage&q&f=false>
- Nguyen, D. L. (2014). A Brief Review of Air Quality Models and Their Applications. *Open Journal of Atmospheric and Climate Change*, 1(2), 60–80. <http://doi.org/10.15764/ACC.2014.02006>
- Nieuwenhuijsen, M. J. (2016). Urban and transport planning, environmental exposures and health-new concepts, methods and tools to improve health in cities. *Environmental Health*, 15(S1), 38. <http://doi.org/10.1186/s12940-016-0108-1>
- Nizam, S., Muhammad, S., Abdullah, M., & Newaz, N. A. (2013). Emissions : Sources , Policies and Development in Malaysia. *International Journal of Education and Research*, 1(7), 1–12.
- Office of Air Quality Planning and Standards, U.S. EPA. (1994). Measuring Air Quality: The Pollutant Standards Index. Retrieved August 6, 2016, from <http://www.air.dnr.state.ga.us/information/aqi.html>
- Patankar, A. M., & Trivedi, P. L. (2011). Monetary burden of health impacts of air pollution in Mumbai, India: Implications for public health policy. *Public Health*, 125(3), 157–164. <http://doi.org/10.1016/j.puhe.2010.11.009>
- Raaschou-Nielsen, O. (2013). Air pollution and lung cancer incidence in 17

- European cohorts: prospective analyses from the European Study of Cohorts for Air Pollution Effects (ESCAPE). *The Lancet Oncology*, 14(9), 813–22.
- Rameshin. (2013). Pollutant Standards Index vs Air Quality Index. Retrieved August 6, 2016, from <http://ecurrentaffairs.in/blog/pollutant-standards-index-vs-air-quality-index/>
- Rashid, M., Bahru, J., & Rahmalan, A. (1997). On The Fine And Coarse Atmospheric Particle Concentrations In Kuala Lumpur (1988-1990). *Jurnal Teknologi*, 1, (July 1988), 61–67.
- Ravinder, S., Johnson, P., Ramaswamy, P., Ghosh, S., Thangavel, B., Balakrishnan, K., & S., S. a. (2011). Emergency Room Visits Due to Cardiovascular Illness From a Major Hospital of Chennai, India. *Epidemiology*, 22, S210. <http://doi.org/10.1097/01.ede.0000392328.26399.a9>
- Physicians for Social Responsibility (2009). How Air Pollution Contributes to Lung Disease. *Coals Assault in Human Health Report*.
- S., S. (1987). *Pencemaran Udara*. In: Ahmad Badri, M. *Perspektif Persekitaran*. : Kuala Lumpur: Dewan Bahawa Dan Pustaka.
- Saliluddin, S. M. (2015). Trans-boundary haze. The annual exo-dust. *International Journal of Public Health and Clinical Sciences*. 2(5).
- Samet, J. M. (2011). Community Design and Air Quality. In A. L. Dannenberg, H. Frumkin, & R. J. Jackson (Eds.), *Making Healthy Places Designing and Building for Health, Well-being, and Sustainability* (pp. 63 – 76). Washington, DC: Island Press.
- Schneider, C., & Pechan, E. H. (2000). The Particulate-Related Health Benefits of Reducing Power Plant Emissions.
- Selamat, S., & Abidin, C. Z. A. (2013). Renewable Energy and Kyoto Protocol: Adoption in Malaysia. *UniMAP*, 1–3. Retrieved from <http://ppkas.unimap.edu.my/index.php/news/articles/29-renewable-energy-and-kyoto-protocol-adoption-in-malaysia>
- Seltenrich, N. (2014). Take care in the kitchen: Avoiding cooking-related pollutants. *Environmental Health Perspectives*, 122(6), 154–160. <http://doi.org/10.1289/ehp.122-A154>
- Simoës, E. a. F., Cherian, T., Chow, J., Shahid-Salles, S. a., Laxminarayan, R., & John, T. J. (2006). Acute Respiratory Infections in Children. *Disease Control Priorities in Developing Countries*, 483–497. Retrieved from

<http://www.ncbi.nlm.nih.gov/books/NBK11786/>

- Sonawane, N. V., Patil, R. S., & Sethi, V. (2012). Health benefit modeling and optimization of vehicular pollution control strategies. *Atmospheric Environment*, *60*(x), 193–201. <http://doi.org/10.1016/j.atmosenv.2012.06.060>
- Sulaiman, N., Abdullah, M., & Chieu, P. L. P. (2005). Concentration and Composition Of PM 10 in Outdoor and Indoor Air in Industrial Area of Balakong Selangor , Malaysia. *Sains Malaysia*, *34*(2), 43–47.
- Tanrikulu, S., Cuong, T., Beaver, S.. (2011). Health Impact Analysis of Fine Particulate Matter In the San Francisco Bay Area Background. *Bay Area Air Quality Management District*. San Francisco.
- Tsai, S.-S., Chang, C.-C., Liou, S.-H., & Yang, C.-Y. (2014). The Effects of Fine Particulate Air Pollution on Daily Mortality: A Case-Crossover Study in a Subtropical City, Taipei, Taiwan. *International Journal of Environmental Research and Public Health*, *11*(5), 5081–5093. <http://doi.org/10.3390/ijerph110505081>
- UKM Pakarunding. (2004). A Study of Health Impact and Risk Assessment of Urban Air Pollution in the Klang Valley, Malaysia.
- United Nations. (2011). Sustainable Development. *The United Nations Environmental Program*. Retrieved August 5, 2016, from <http://web.unep.org/sustainability/>
- U.S. Environmental Protection Agency. (2013). BenMAP-CE Quick Start Guide, (December 3, 2013), 1–31. <http://doi.org/10.1160/TH10-05-0297>
- U.S. Environmental Protection Agency. (2015). BenMAP Community Edition Manual (March).
- UTM-Low Carbon Asia Research Center. (2013). *Low Carbon Society Blueprint for Iskandar Malaysia 2025*. Johor Bahru.
- Vichit-Vadakan, N., Ostro, B. D., Chestnut, L. G., Mills, D. M., Aekplakorn, W., Wangwongwatana, S., & Panich, N. (2001). Air pollution and respiratory symptoms: Results from three panel studies in Bangkok, Thailand. *Environmental Health Perspectives*, *109*(June), 381–387.
- Voorhees, a S., Wang, J., Wang, C., Zhao, B., Wang, S., & Kan, H. (2014). Public health benefits of reducing air pollution in Shanghai: a proof-of-concept methodology with application to BenMAP. *The Science of the Total Environment*, *485-486*, 396–405. <http://doi.org/10.1016/j.scitotenv.2014.03.113>

- Wan Mahiyuddin, W. R., Sahani, M., Aripin, R., Latif, M. T., Thach, T. Q., & Wong, C. M. (2013). Short-term effects of daily air pollution on mortality. *Atmospheric Environment*, 65, 69–79. <http://doi.org/10.1016/j.atmosenv.2012.10.019>
- Wang, H., & Mullahy, J. (2006). Willingness to pay for reducing fatal risk by improving air quality: A contingent valuation study in Chongqing, China. *Science of the Total Environment*, 367(1), 50–57. <http://doi.org/10.1016/j.scitotenv.2006.02.049>
- WHO Europe. (n.d.). *AirQ+: key features*.
- Yahaya, N. Z. (2007). Air Pollution Management in. *Clean Air Research*.
- Zhang, L. (2014). Long-term exposure to high particulate matter pollution and cardiovascular mortality: a 12-year cohort study in four cities in northern China. *Environment International*, 62(41), 7.