Geospatial Modeling of Asthma Population in Relation to Air Pollution A Decision Support for Health Administration

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Abstract

Current observations indicate that asthma is growing every year in the United States, specific reasons for this are not well understood. This study stems from an ongoing research effort to investigate the spatio-temporal behavior of asthma and its relatedness to air pollution. The association between environmental variables such as air quality and asthma related health issues over Mississippi State are investigated using Geographic Information Systems (GIS) tools and applications. Health (MSDH) for 9-year period of 2003-2011, and data of air pollutant concentrations (PM), of 2016/PM web resources, and are analyzed geospatially to establish the impacts of air quality on human health specifically related to asthma. Disease mapping using geospatial techniques provides valuable insights into the spatial nature, variability, and association of asthma to air pollution. Asthma patient hospitalization data of Mississippi has been analyzed and mapped using quantitative Choropleth techniques in ArcGIS. Patients have been geocoded to their respective zip codes. Potential air pollutant sources of Interstate highways, Industries, and other Iand use data are being injected into analysis to further understand their adverse contribution on human health. Existing hospitals and emergency clinics are being injected into analysis to ruther understand their pollutant sources of Interstate highways, Industries, and other Iand use data access to patient locations. At the current level of analysis and understanding, spatial distribution of Asthma is observed in the populations of Northeast Mississippi It is also found that asthma is prevalent in most of the urban population. This GIS based project would be useful to make health risk assessment and provide information support to the administrators and decision makers for establishing stellate incline. In future.

Introduction

1 Asthma is a serious health and economic problem , it's an expensive disease. Costs the United States \$56 billion each year (CDC, 2009). 2 It's increasing every war in United States

3. A GIS based research conducted by Rob., 2003 has found that there is a good correlation between Ashma and poverty, they also found that inner city population have higher prevalence of Ashma than those live in suburb regions. 4. Foody, 2006 has pointed that the long term focus on disease suiveillance is the identification of spatial clusters of disease, which is significant to plan and provide health care needs to a cluster of disease depopulation, he also said that time and space are important dimensions for health GIS studies. 5. Relationships between Disease and Environmental Factors: A critical review on public health and GIS Rushon., 2003 concludes that establishing relationships between disease rates and exposures to environmental factors is an area of increased interest in GIS and spatial analysis of health data. 6. Al-Hamdan et al., 2009 has estimated daily PM_x, levels combining both Moderate Resolution Imaging Spectoradiometer (MODIS) data and Environmental Protection.

Main objectives for this research were (1) Identify the Asthma disease spatial clusters (2)Identify promising areas for locating the satellite clinics (3) Any number of patients are over served or underserved?, (4) Investigate the correlation between poverty and respiratory health of population, (5) Percent increase in air pollution lead to what percent increase in hospitalization



