

An aerial photograph showing a controlled fire in a forest. A dirt road runs diagonally from the top left towards the bottom left. A firefighter in a yellow jacket and helmet is visible on the road in the lower left. Thick white smoke rises from the fire area, which is located to the right of the road. The background shows more trees and a hazy sky.

Can forest management improve public health outcomes? A case study from Tahoe Central Sierra Initiative

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Postdoctoral Scholar
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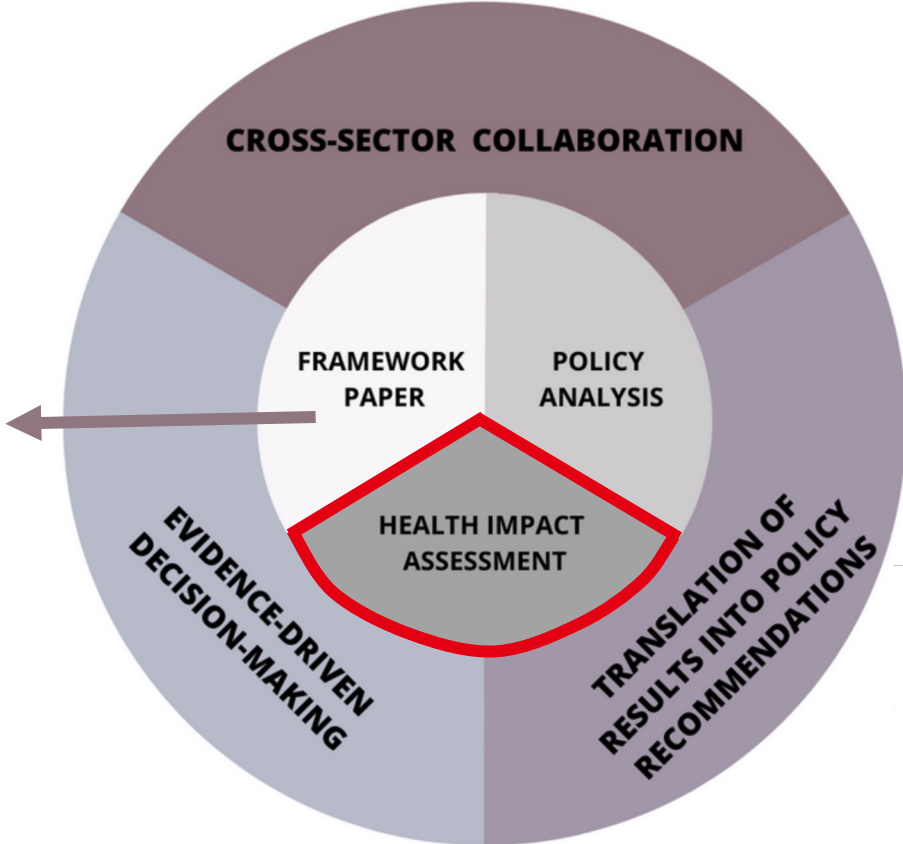


Fielding
School of Public Health

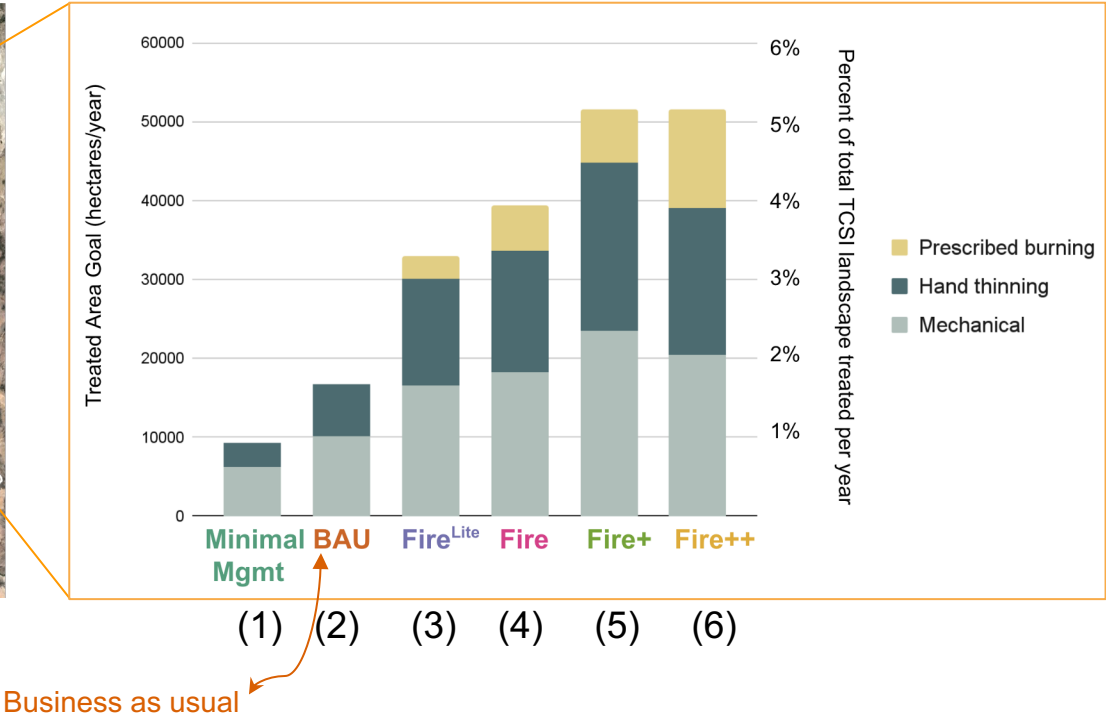
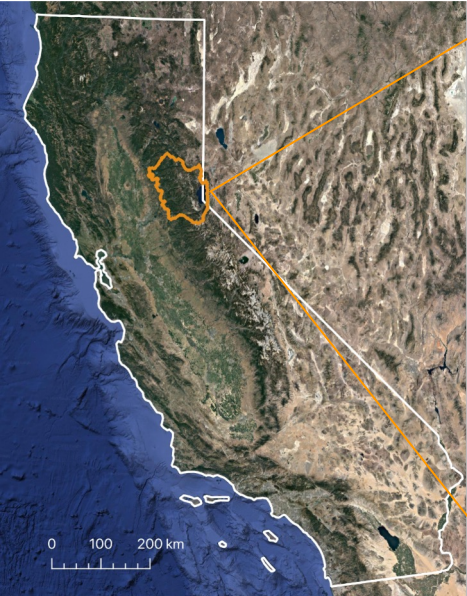


The Nature
Conservancy

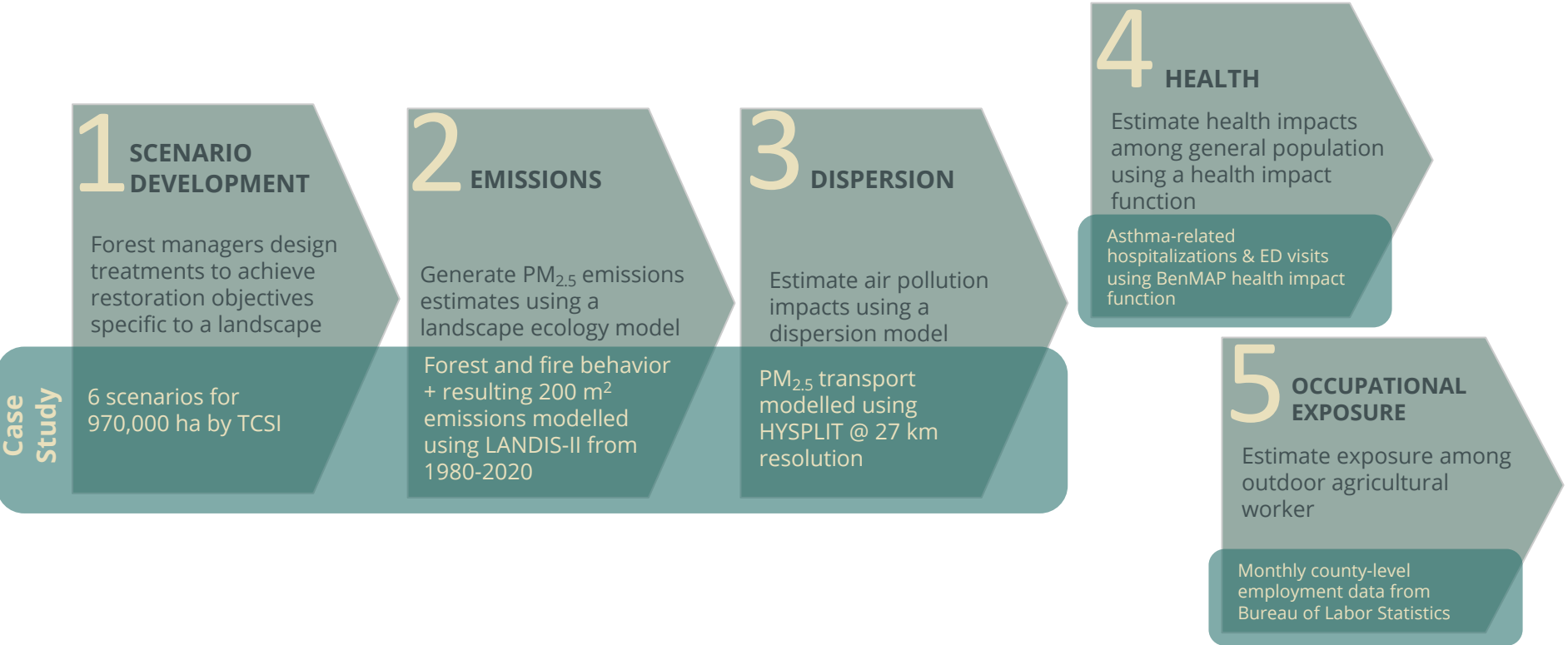




Forest management scenarios designed for TCSI

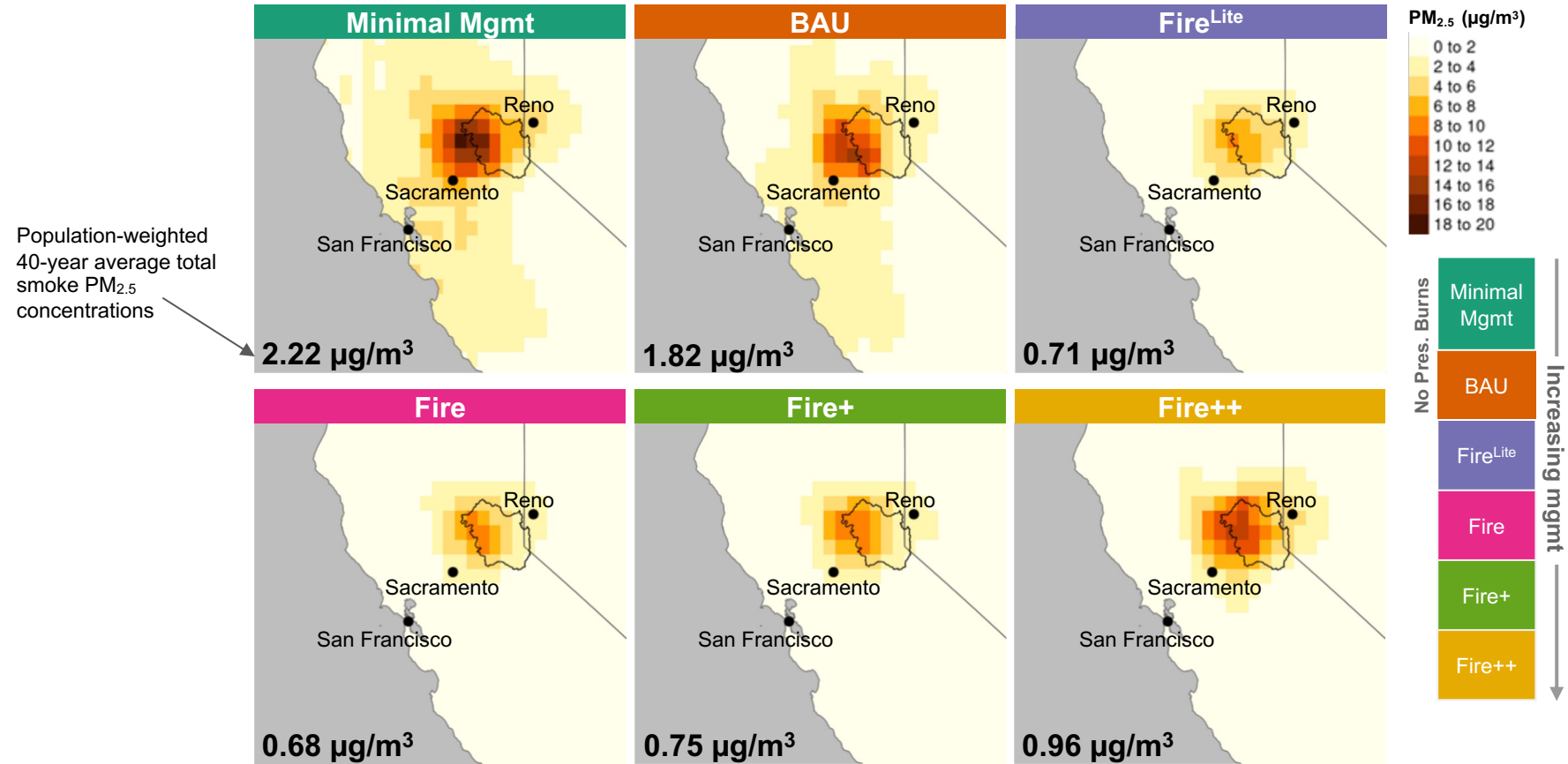


Framework for linking methods across forest management, air quality, and public health analysis

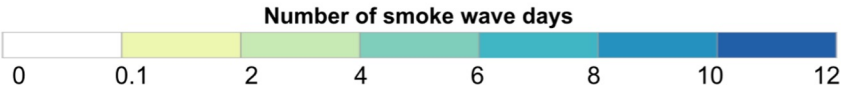
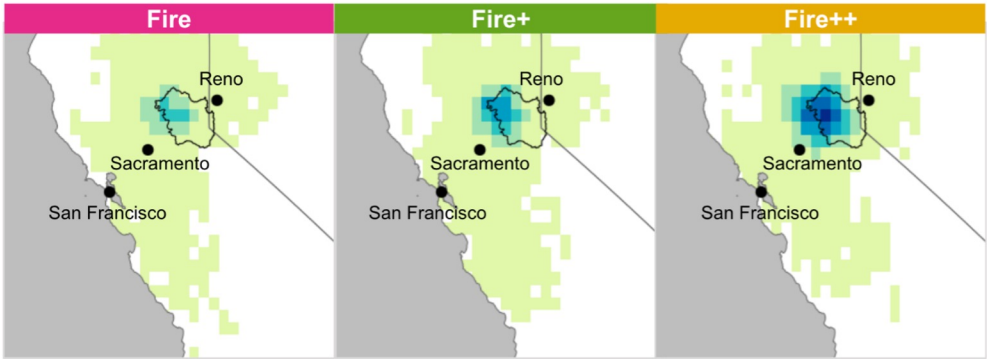
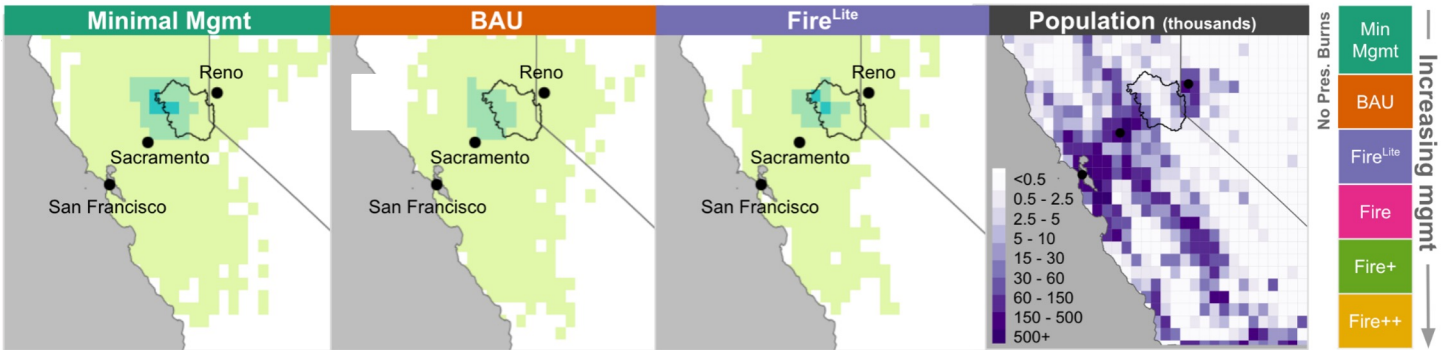


Time frame: 1981-2020

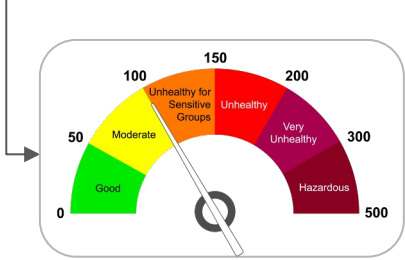
40-year average total smoke dispersion patterns for each scenario



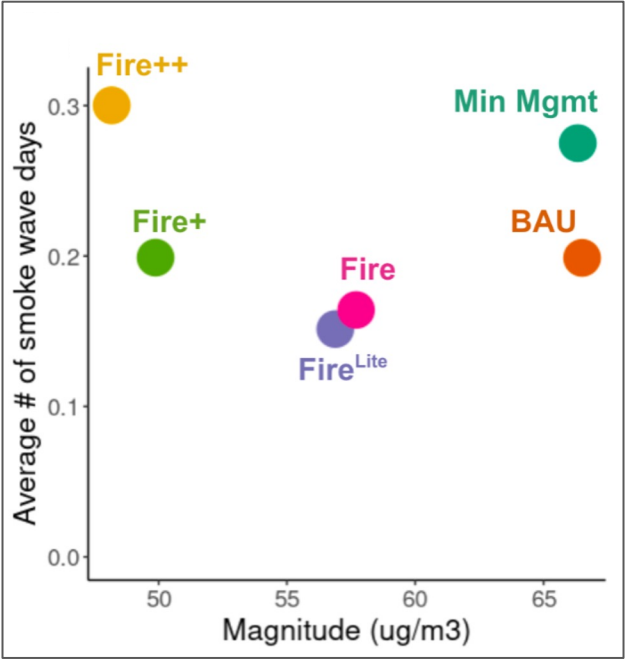
Scenario impacts on smoke waves



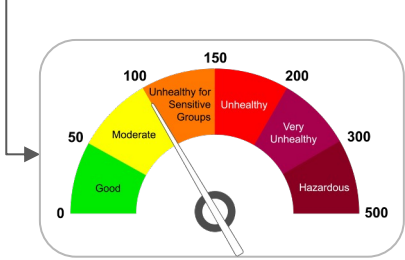
Smoke wave =
at least 2 consecutive
days with PM_{2.5} from
smoke > 12 µg/m³
(EPA AQI cutoff between
'Good' and 'Moderate')



Scenario impacts on smoke waves



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(EPA AQI cutoff between
'Good' and 'Moderate')



Why asthma?

Most consistent results across wildfire smoke epidemiological studies (i.e. across geographies and populations)

Relative risk (RR) = ratio of the probability of disease if exposed versus the probability disease if unexposed

Asthma RRs: Borchers-Arriagada et al. 2019 (per 10 ug/m ³ increase in PM _{2.5})	
Hospitalizations (8 studies)	1.07 (95% CI: 1.04, 1.09)
Emergency Dept (ED) Visits (6 studies)	1.06 (95% CI: 1.02, 1.09)



Yo – Baseline Incidence

β – Effect estimate

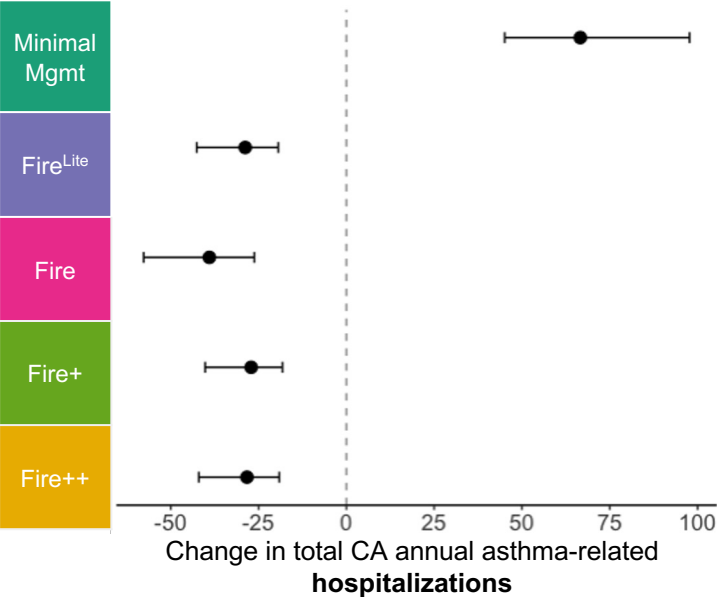
ΔPM – Air quality change

Pop – Exposed population

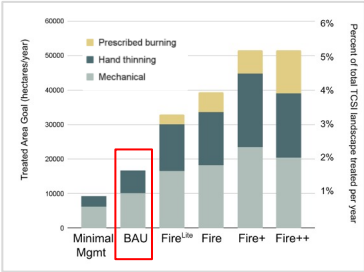
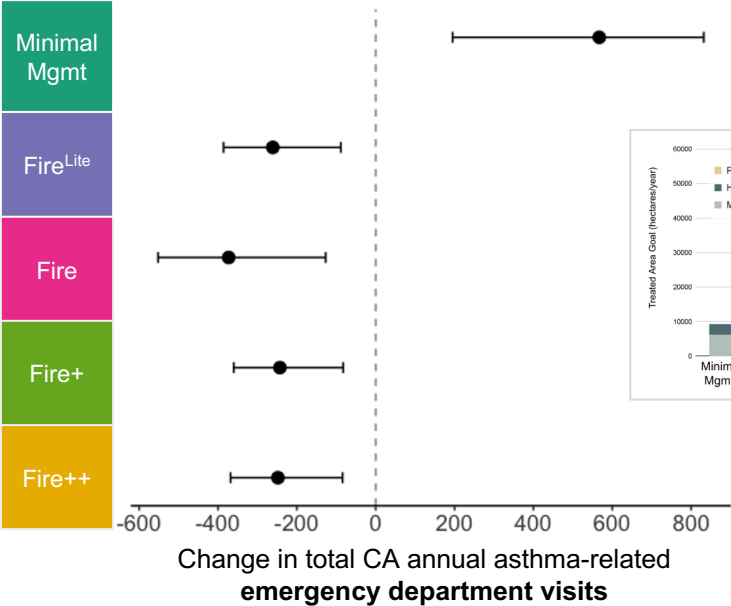
$$\Delta Y = Y_o (1 - e^{-\beta \Delta PM}) * Pop$$

Statewide asthma impacts

Difference from BAU in statewide annual asthma-related **hospitalizations**

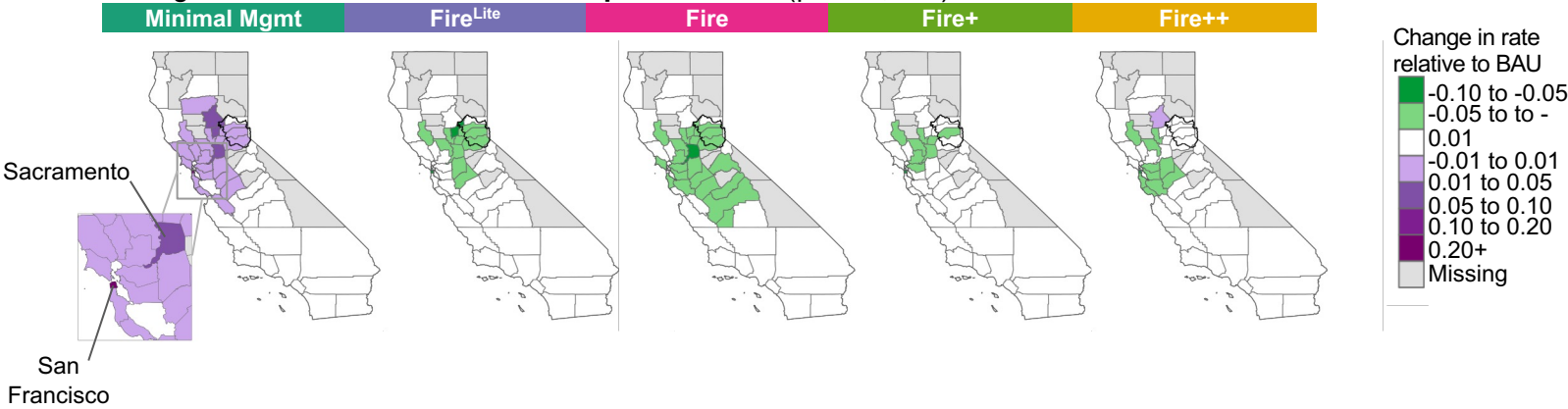


Difference from BAU in statewide annual asthma-related **emergency department visits**

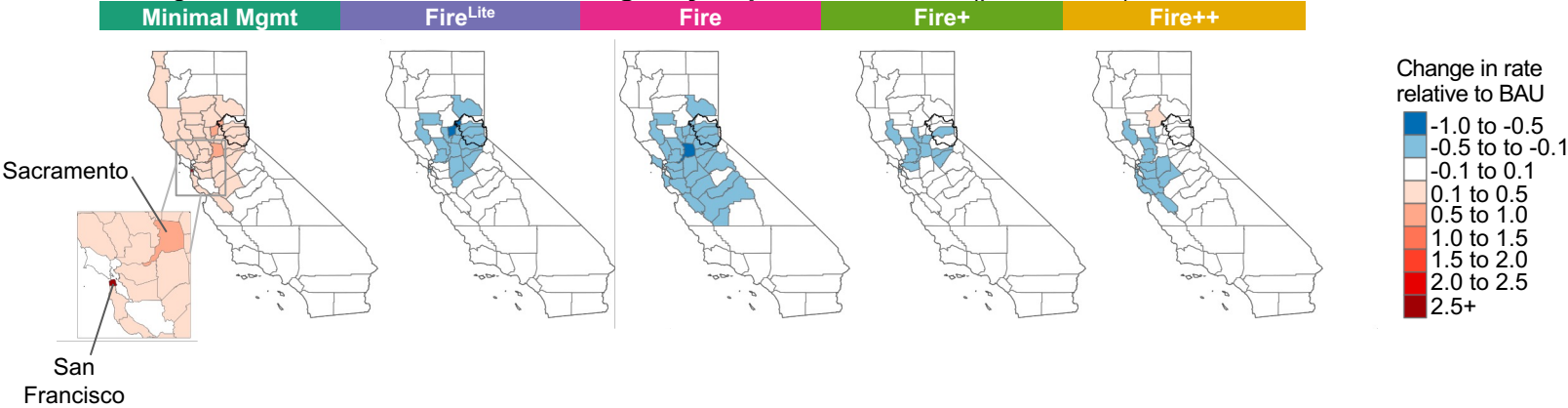


Where are these changes happening?

Change in rate of asthma-related **hospitalizations** (per 10,000)

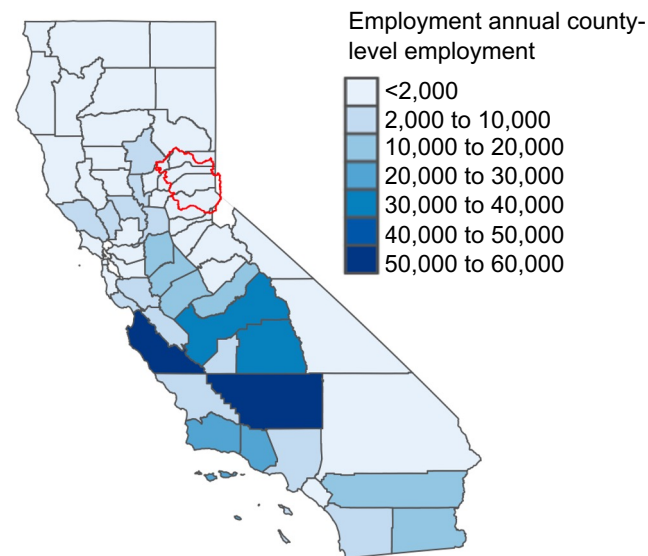


Change in rate of asthma-related **emergency department visits** (per 10,000)



California's agricultural industry

- Employs >400,000 workers per year (CA EDD 2023)
- Provides >75% of the fruits and nuts and >33% of the vegetables consumed across the U.S. (CDFA 2023)
- Top crop commodities: grapes, almonds, strawberries, pistachios, lettuce, tomatoes, walnuts, rice (CDFA 2023)
- Generated approximately \$22.5 billion in 2021 (CDFA 2023)



Employment data

Bureau of Labor Statistics Quarterly Census of Employment and Wages (QCEW) 2018-2020

NAICS Codes:

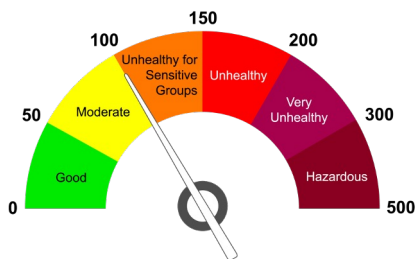
111: Crop Production

1151: Support Activities for Crop Production

California's smoke rule for outdoor workers (Section 5141.1)

Goal: To protect outdoor workers exposed to smoke from wildfires*

*applies to emissions from fires on 'wildlands', which includes prescribed fire



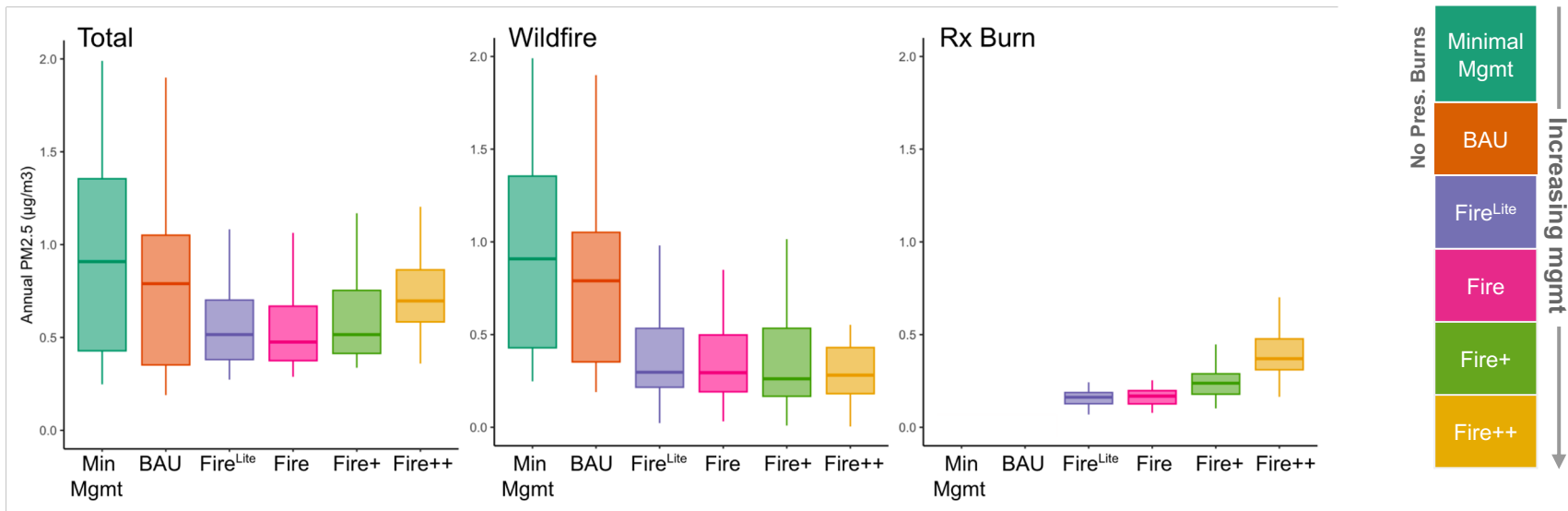
AQI 151 ($\text{PM}_{2.5} > 55.5 \text{ ug/m}^3$)

1. **Engineering Controls:** providing enclosed buildings, structures, or vehicles where the air is filtered
2. **Administrative Controls:** relocating work to a location where the current AQI for $\text{PM}_{2.5}$ is lower, changing work schedules, reducing work intensity, or providing additional rest periods.
3. **Respiratory Protective Equipment:** Provide a sufficient number of respirators for voluntary use

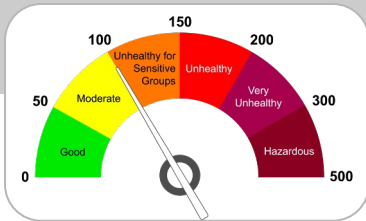
AQI 500 ($\text{PM}_{2.5} > 500.4 \text{ ug/m}^3$)

1. **Respiratory Protective Equipment:** respirator use is required.

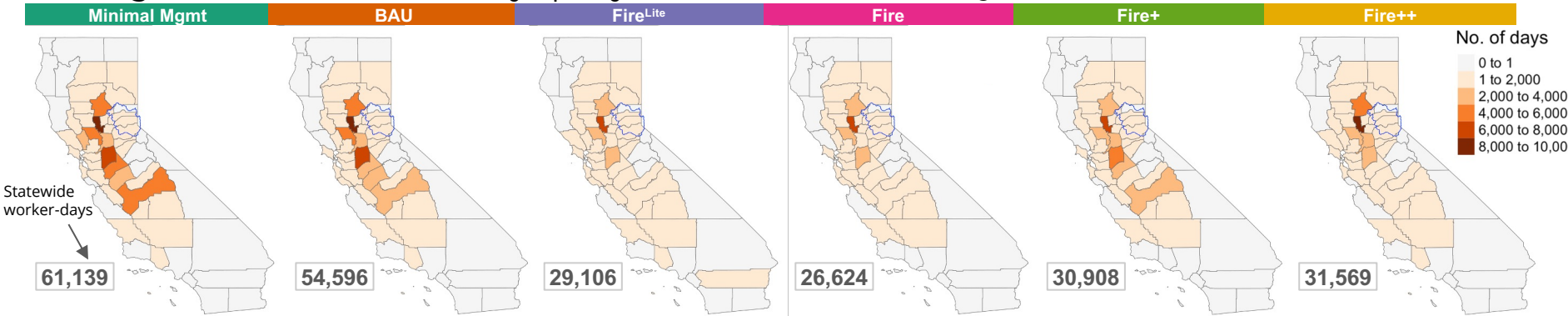
Annual employment-weighted average PM_{2.5} concentrations by fire type



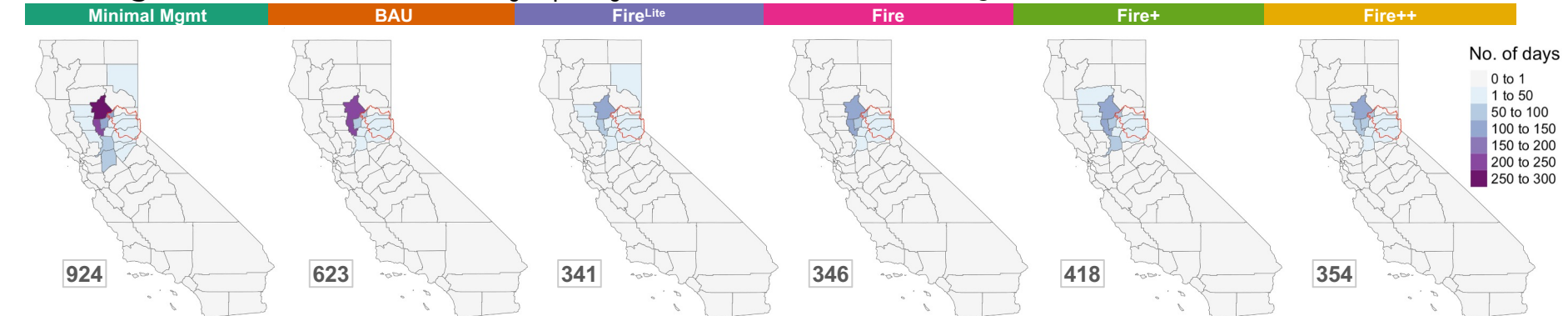
Impacted worker-days under Section 5141.1 at the county level



Average number of worker-days per year that exceed the **AQI 151** threshold

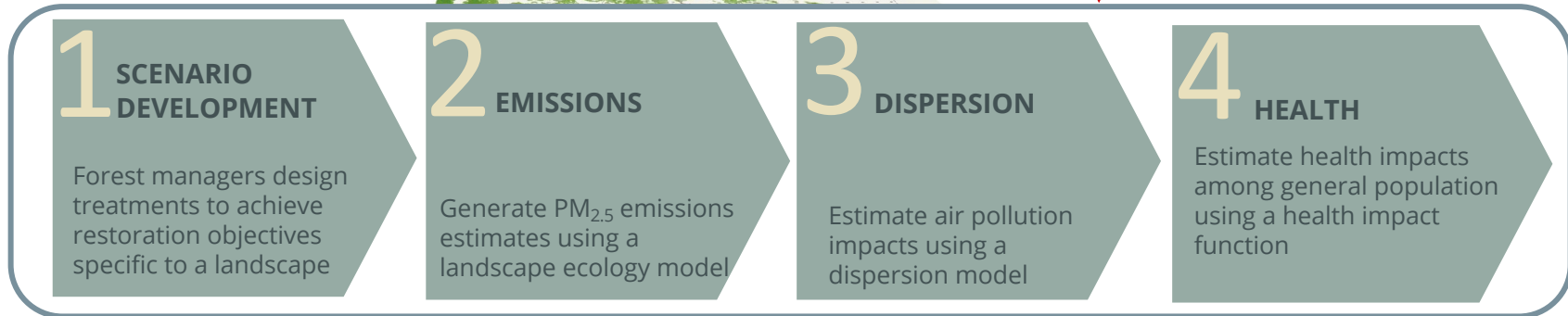


Average number of worker-days per year that exceed the **AQI 500** threshold



Takeaways

- Moderate amounts of Rx burning can contribute to exposure reduction and health co-benefits
- Greater amounts of Rx burning may reduce the magnitude of those benefits
- How can this information be useful for **practitioners**?
 - Inform decision making about ongoing and future management plans
 - Identify areas for **collaboration** with local public and occupational health agencies



Thank you!

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