



## **Discussion Questions**

***How does the health community use atmospheric chemistry information?  
Is the atmospheric science information being provided in a usable form?  
If not, what changes are needed?***

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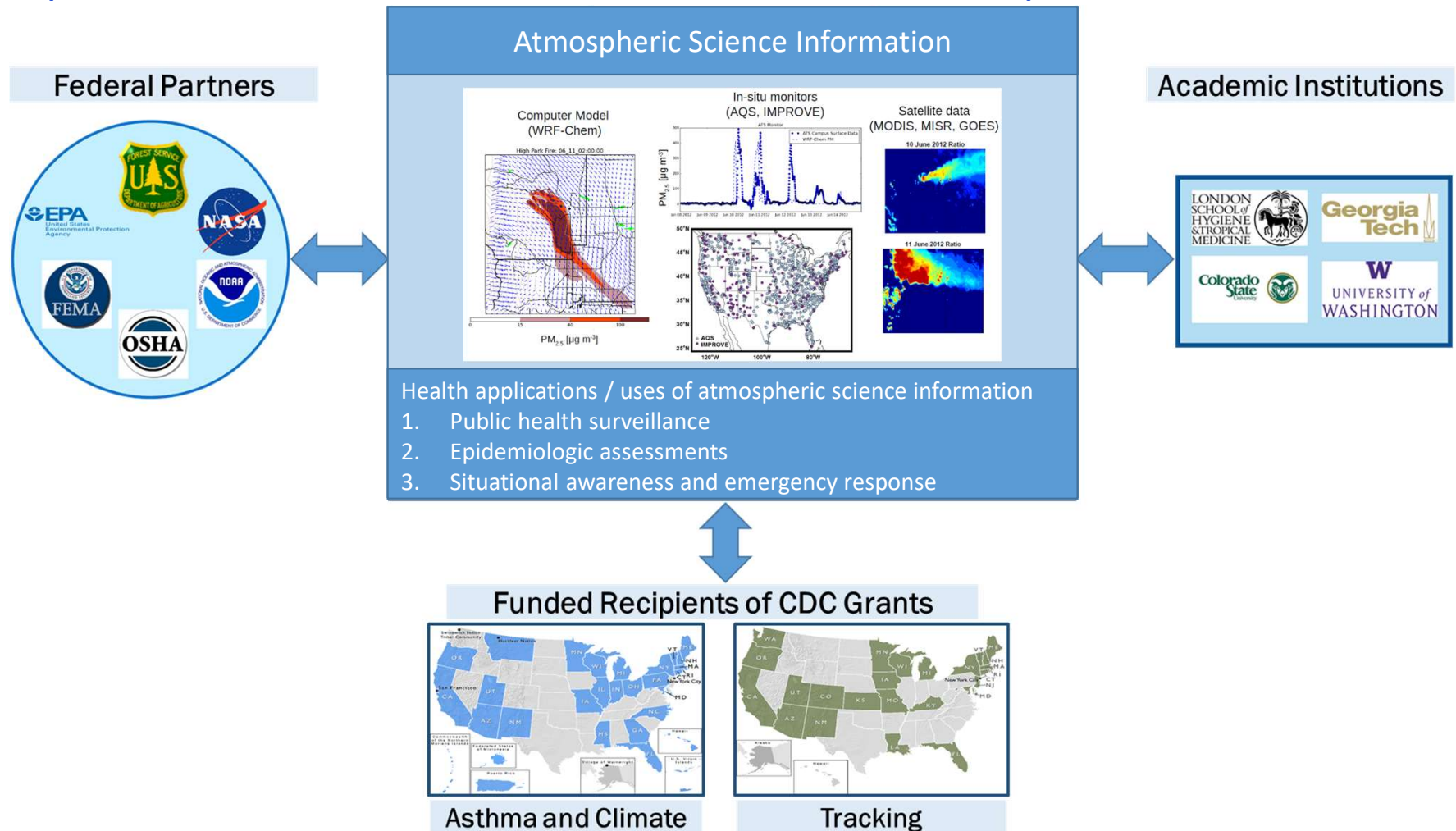
***Climate and Health Program / Asthma and Community Health Branch***

Disclaimer: This presentation does not necessarily represent views of CDC

**National Center for Environmental Health**



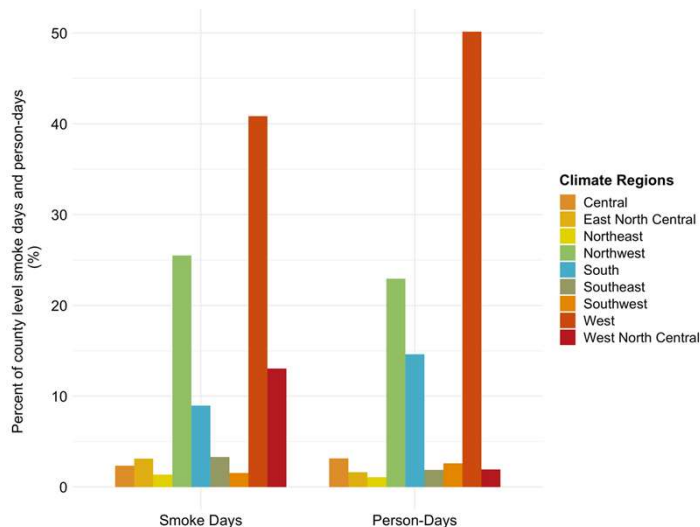
# Atmospheric Science Information: Partnerships & Collaborations



# Health Applications: Surveillance / Epidemiology

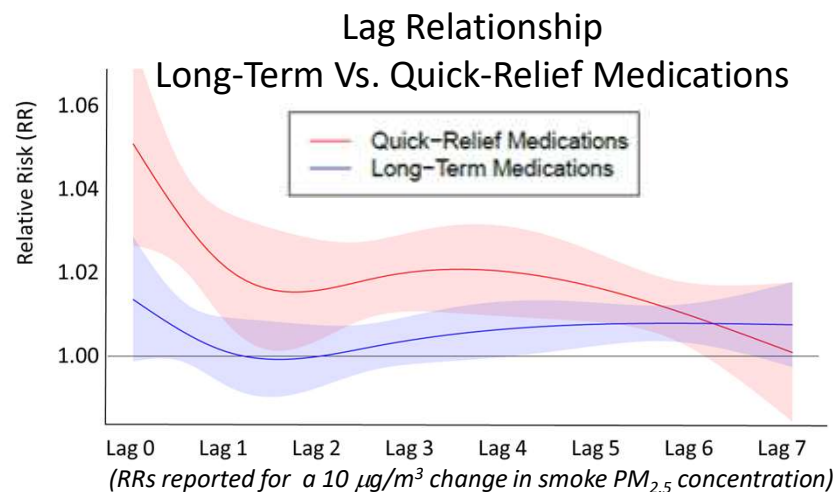
## Public Health Surveillance

### Surveillance indicators for smoke exposure



## Epidemiologic Assessments

### Exposure – Response Profiles

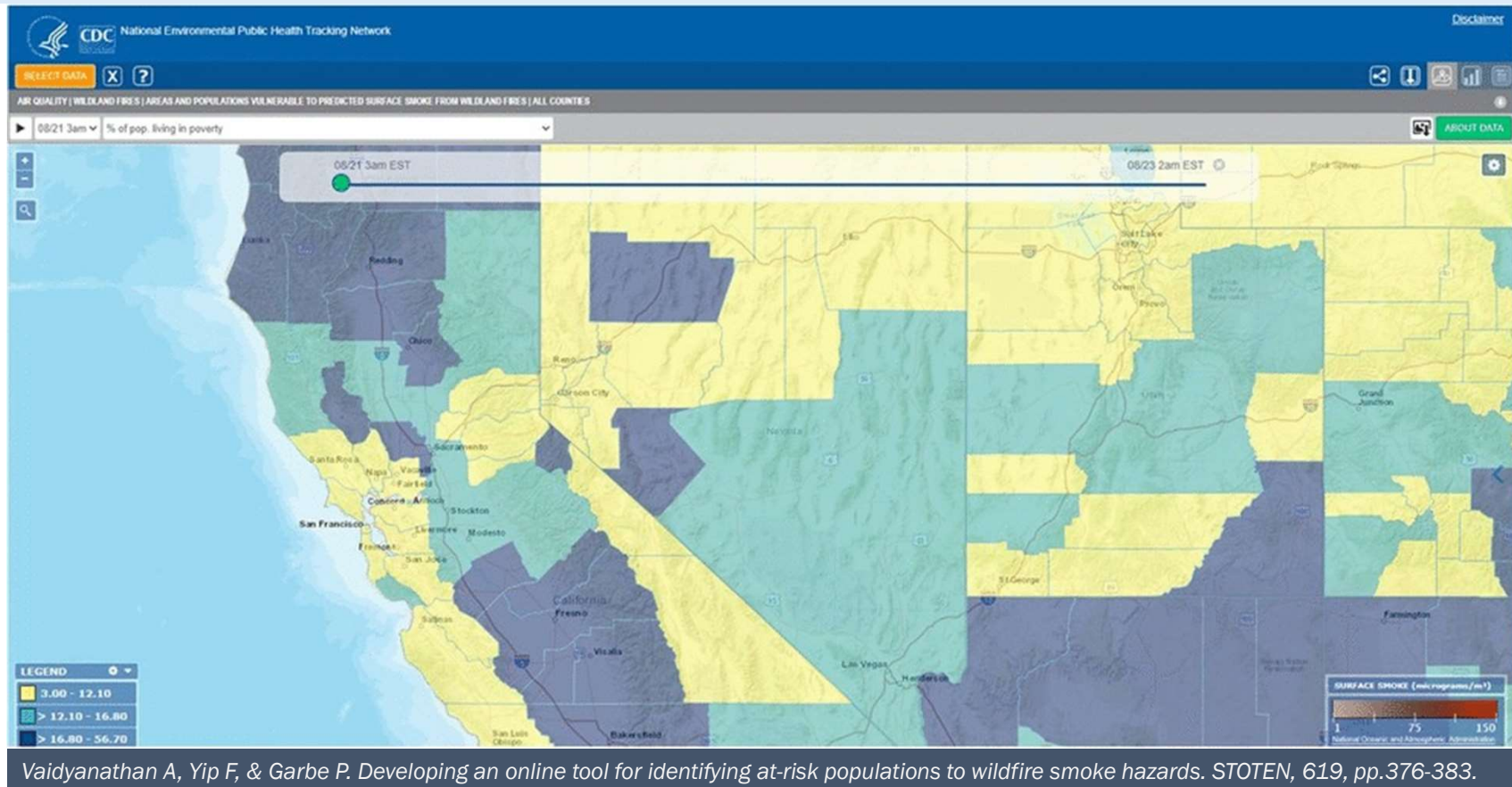


- There exists a need for spatially and temporally resolved wildland fire-derived smoke datasets for use in public health research



# Health Applications: Situational Awareness

## *Real-Time Smoke Vulnerability Assessment*



<https://ephtracking.cdc.gov>

## Summary / Challenges

- Highly-resolved atmospheric model outputs and data products can support the following:
  - Improving communication and consistency of smoke alerts / forecasts for wildfire events
  - Developing online tools to improve emergency preparedness and situational awareness capabilities
  - Conducting health impact assessments to characterize public health burden associated with smoke exposure that result from wildland fires
- Challenges / research gaps
  - Absence of a central repository with data collection standards for historical smoke predictions
  - Lack of routine access to county and sub-county level smoke exposure information for conducting health risk assessments
  - Atmospheric science information / data products to support comparative assessments (measured in terms of air quality and/or health impacts) of prescribed fire vs. wildfires