

# Impact of Air Pollution on Respiratory Diseases

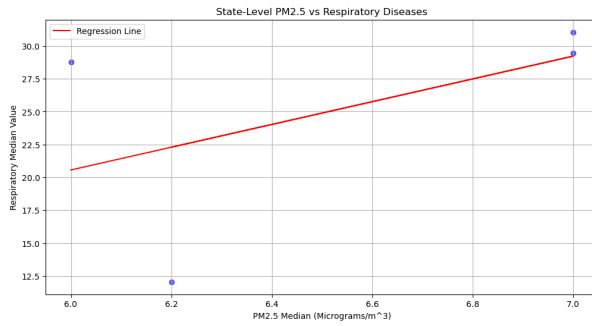
## Introduction

This report examines whether air pollution, specifically PM2.5 levels, impacts respiratory diseases. Using air quality and respiratory health data, we performed correlation and regression analyses to uncover potential links.

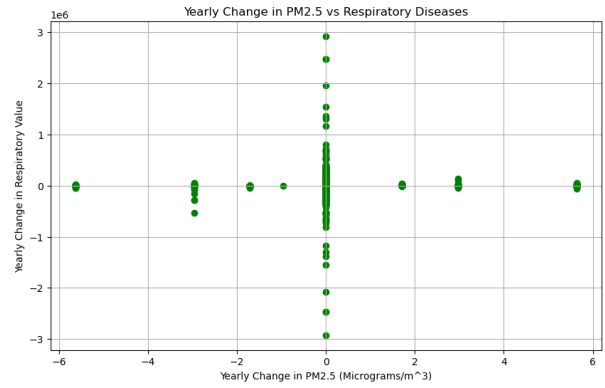
## Analysis

### State-Level Analysis

State-level data shows a moderate positive Pearson correlation (0.51) between PM2.5 levels and respiratory health metrics. However, an  $R^2$  score of 0.26 indicates PM2.5 alone explains only a small portion of the variation in respiratory outcomes. The regression trendline reflects a slight increase but lacks strong predictive power.



(a) State-Level PM2.5 vs Respiratory Diseases

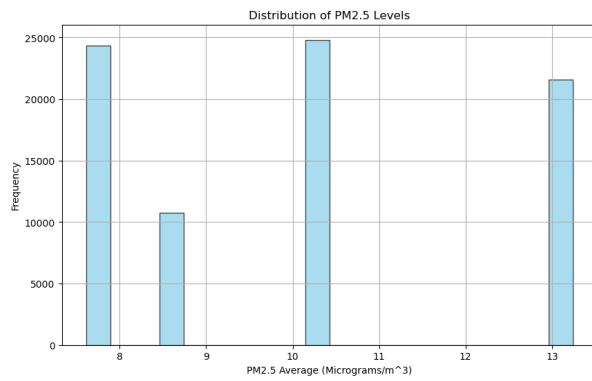


(b) Yearly Change in PM2.5 vs Respiratory Diseases

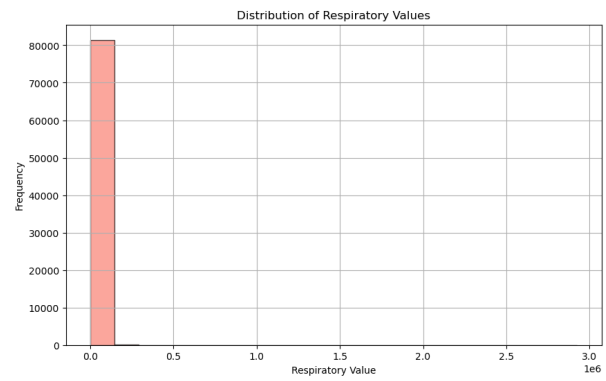
Figure 1: State-Level and Yearly Changes Analyses

### Distribution Analysis

The distributions of PM2.5 levels and respiratory metrics exhibit considerable variability. The histograms below illustrate these patterns:



(a) Distribution of PM2.5 Levels



(b) Distribution of Respiratory Values

Figure 2: Distributions of PM2.5 Levels and Respiratory Values

## Trends Over Time

State-level respiratory disease trends show year-to-year variation. The heatmap below captures these dynamics:

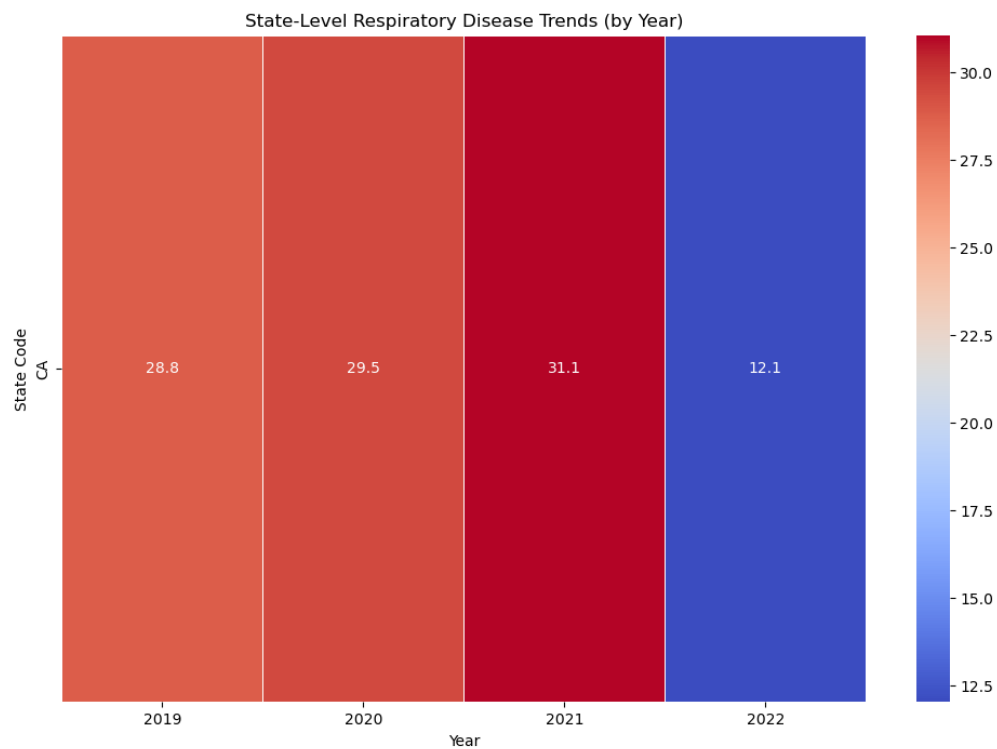


Figure 3: State-Level Respiratory Disease Trends (by Year)

## Pollutant Correlations

Additional analysis of pollutants and respiratory health indicates weak correlations, as shown in the chart below:

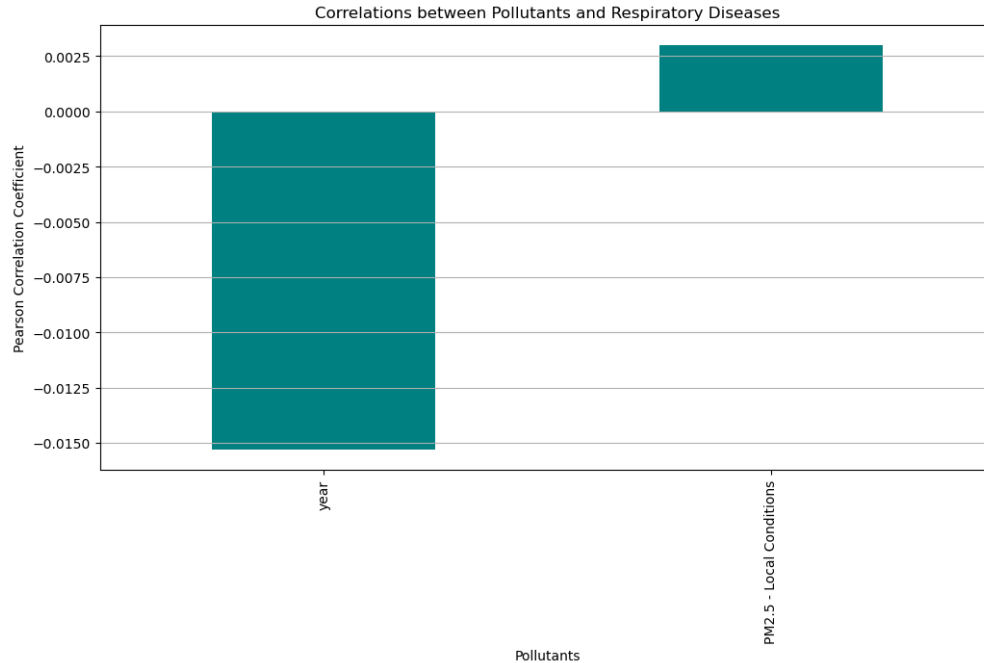


Figure 4: Correlations between Pollutants and Respiratory Diseases

## Conclusion

The findings suggest a moderate association between PM2.5 levels and respiratory diseases at the state level, though with limited explanatory power ( $R^2$ ). Yearly changes and county-level data provide no substantial evidence of direct impact. Improved datasets are essential for a more definitive understanding of air pollution's effects on respiratory health.

## Data Sources and Pipeline

### Air Quality Data

**Source:** EPA Air Quality System (AQS) **Reason for Selection:** Provides detailed PM2.5 pollution measurements across California, critical for understanding environmental health impacts.

**Content:** Includes pollutant levels, sampling locations, dates, and measurement units. **Structure and Quality:**

- Structured tabular data with attributes such as `state_code`, `date_local`, and `sample_measurement`.
- Missing values handled during preprocessing.
- High reliability as data is maintained by the EPA.

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## Respiratory Health Data

**Source:** CDC Chronic Disease Indicators Dataset **Reason for Selection:** Provides health metrics for respiratory conditions (e.g., asthma) at state and county levels. **Content:** Includes respiratory health indicators, demographic stratifications, and annual statistics. **Structure and Quality:**

- Structured tabular data with fields such as `topic`, `state_code`, `respiratory_value`, and `year`.
- Data contains noise, requiring filtering for relevant indicators.

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## Pipeline Overview

The analysis pipeline is summarized below:

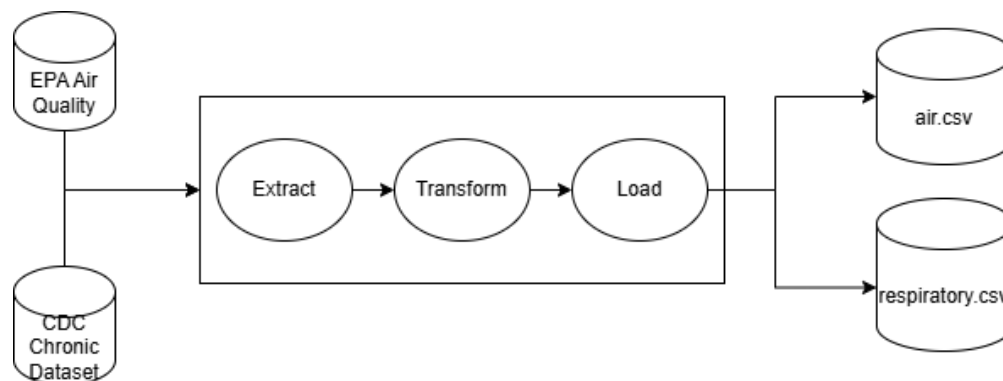


Figure 5: Data Processing Pipeline

### Implementation Highlights:

- **Multithreading:** Data extraction, transformation, and loading were performed in parallel to reduce runtime.
- **Modular Design:** The project codebase is organized into modules, ensuring clear segregation of responsibilities:
  - `extract.py`: Extracts raw data from sources.
  - `transform.py`: Cleans and processes the extracted data.
  - `load.py`: Saves the transformed data for analysis.
- **Reproducibility:** The modular approach ensures each step is well-documented, tested, and easily reproducible.