<Project Title>

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**TECHNICAL REPORT DOCUMENTATION PAGE**

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Executive Summary

The executive summary should serve as a high-level, standalone project brief (up to two pages) that succinctly describes the problem, the work conducted, and outputs, outcomes, and impacts resulting from the study. Please include the following sections:

1. Problem statement—describe the motivation and need for the project, including a statement of the problem to be solved or the research needed.
2. Technical objectives—describe the technical objectives of the study, including the approach and methodology used to achieve the research goals.
3. Key findings—highlight the key study findings, including relevant outputs and outcomes.
4. Project impacts—describe the impacts of the study on:

* The effectiveness of the transportation system.
* The adoption of new practices.
* The body of scientific knowledge.
* Transportation workforce development.

Acknowledgments

(Optional) Acknowledge any other contributors and sources of project funding other than CARTEEH.

Table of Contents

[List of Figures ii](#_Toc1370374)

[List of Tables ii](#_Toc1370375)

[Report Guidelines (FOR REFERENCE—Delete This Section) 2](#_Toc1370376)

[Review and Publication Process 2](#_Toc1370377)

[Figures 2](#_Toc1370378)

[Tables 2](#_Toc1370379)

[Sample Level 1 Heading 2](#_Toc1370380)

[Sample Level 2 Heading 2](#_Toc1370381)

[Sample Level 3 Heading 2](#_Toc1370382)

[Background and Introduction 2](#_Toc1370383)

[Problem 2](#_Toc1370384)

[Approach 2](#_Toc1370385)

[Methodology 2](#_Toc1370386)

[Results 2](#_Toc1370387)

[Conclusions and Recommendations 2](#_Toc1370388)

[Research Outputs, Outcomes, and Impacts 2](#_Toc1370389)

[Technology Transfer Outputs, Outcomes, and Impacts 2](#_Toc1370390)

[Education Outputs, Outcomes, and Impacts 2](#_Toc1370391)

# List of Figures

[Figure 1. Sample image with caption. (Use sentence case; end with a period.) 2](#_Toc11420147)

# List of Tables

[Table 1. Sample Table Caption (Capitalize Each Word, and Do Not End with a Period) 2](#_Toc11420148)

# Report Guidelines (FOR REFERENCE—Delete This Section)

## Formatting and Content

Follow these guidelines in preparing your report:

* Use only the styles provided in this template if possible:
* Heading 1, Heading 2, Heading 3, and Heading 4.
* Body Text, List Bullet, List Bullet 2, and List Number.
* Figure and Figure Caption.
* Table Caption, Table Header, and Table Text.
* Organize the report into sections or chapters to give a complete description of the project, including data gathered, analyses performed, and results achieved. Use appendices as needed for supplementary materials.
* Heading names (Methods, Results, etc.) in this document are solely for demonstration purposes. Rename or rerrange section headings as necessary, but make sure to include a description of the following required elements:
* The research problem.
* Current literature and the state of the practice.
* The approach and methodology.
* Data collection, analysis, and results.
* Findings, conclusions, and recommendations.
* Research outputs, outcomes, and impacts.
* Technology transfer outputs, outcomes, and impacts.
* Education outputs, outcomes, and impacts.
* Cite your sources using a consistent format.

If you would like information on how to use templates, please visit <http://tti.tamu.edu/group/communications/word-template-instructions/>.

## Review and Publication Process

The principal investigator (PI) should submit the Project Closeout Checklist and draft Final Research Report within **60 days** after the project completion date. CARTEEH leadership will then review the report and determine whether additional edits are necessary prior to its approval. If edits are required, the report will be returned to the PI with comments on requested revisions.

Once revisions are completed, the final documents should be returned to CARTEEH for final approval. After notifying the PI of the final approval, CARTEEH administration will upload the research report to the CARTEEH website and various repositories, per the grant’s requirements.

## Figures

High-resolution images are preferred if possible. Use automatic cross references to mention each figure in the text (Figure 1).



Figure 1. Sample image with caption. (Use sentence case; end with a period.)

## Tables

Use automatic cross references to mention each table in the text (Table 1). Tables should be created using Word’s formatting if possible.

Table 1. Sample Table Caption (Capitalize Each Word, and Do Not End with a Period)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title 1 | Title 2 | Title 3 | Title 4 | Title 5 |
| The table should be centered on the page. | Headers for the columns should be in Table Header style and shaded 20 percent gray. | Units should be given in the header and not repeated in cells. | All table text should use the Table Text style and be centered. | Tables should not split across the page unless absolutely necessary. |
| Info 1 | Info 2 | Info 3 | Info 4 | Info 5 |

# Sample Level 1 Heading

## Sample Level 2 Heading

In order to use a subheading, you need to divide chunks of information. Therefore, you should have at least two subheadings.

Use **Body Text** style for paragraphs. Use a sentence to introduce bullets:

* Bullet. Use **List Bullet** style.
* Bullet.
* Bullet.
* Sub-bullet. **Use List Bullet 2** style.
* Sub-bullet.
* Sub-bullet.

### Sample Level 3 Heading

Use **Body Text** style. Use a sentence to introduce numbered lists:

1. List element. Use **List Number** style.
2. List element.
3. List element.

#### Sample Level 4 Heading

Use **Body Text** style. Try not to go beyond level 4 headings.

# Background and Introduction

Use **Body Text** style.

### Asthma

Asthma is a complex chronic air way disease characterized by episodes of shortness of breath, coughing, wheezing and sputum production, caused by a reversible or partially reversible airway obstruction and hyperresponsiveness with varying degrees of severity ranging from mild self-resolving to sever episodes resulting in mortality (National Heart Lung and Blood Institute, 2007). In 2015, a global burden of disease study estimated that more than 358 million individuals had asthma around the world making it the most prevalent chronic respiratory disease worldwide (Soriano et al., 2017). In the United States (U.S.) the National health Interview Survey in 2017 showed that 19 million adults and 6.2 million children currently had asthma.

### Causation of asthma

Text here ….

### New evidence of traffic related air pollution induced asthma

Text here ….

#### Biological plausibility

Text here ….

#### Significance of association

Text here ….

### State of evidence of similar burden studies

Text here ….

# Problem

Use **Body Text** style.

# Approach

Use **Body Text** style.

# Methodology

Use **Body Text** style.

### Study area and time period

We analyzed census, air pollution and asthma incidence rates data for the contiguous U.S. (48 states and the District of Columbia) for the years 2000 and 2010. The analysis was done using the finest geographical level in the hierarchy of census geographic entities within U.S. when available [Figure]. The census block is the bases and building block for each of the hierarchies and is the finest geographical unit for census data. Data available at the census block level included population counts, urban or rural living location and air pollution data. The median household income data was only available at the census group level (one level higher than the census block). Childhood asthma incidence rates were only available at the state level. States not within the contiguous U.S., namely Alaska, Hawaii and Puerto Rico, were excluded from the analysis due to the unavailability of air pollution data.

### Census data

#### Geographical hierarchy of the US census

The U.S. Census Bureau recognizes multiple geographical hierarchies to address the needs of different users [Figure of census hierarchy]. The “Census Block” is the basic building unit for each of the geographical hierarchies. Census blocks do not cross the boundaries of higher level hierarchies unlike other geographic entities, for example zip codes may cross county lines but census blocks do not cross neither the boundaries of zip codes nor the boundaries of counties. The hierarchy used by the census bureau to conduct population counts includes regions, divisions, states, counties, census tracts, block groups and census blocks. For our analysis we used the latter hierarchy for our main analysis and “Places” when summarizing our data at the city level.

#### Identify a census block unique code

Each census block is identified with a Federal Information Processing System (FIPS) code. A FIPS code is a sequence of numbers that uniquely identify each level of geographical entity depending on the geographical hierarchy used. For example, the Texas A&M Transportation Institute building at the Rellis campus lies within the following FIPS code [48-041-000202-3-001] where:

* State code [48] is for Texas
* County code [041] is for Brazos County
* Tract code [000202]
* Block group code [3]
* Block code [001]

#### Census data sources and description

We obtained decennial census data for the years 2000 and 2010 for each census block from the National Historical Geographic Information System database (Manson et al., 2018). Each census block complete population counts of children <18 years of age and was classified into urban or rural. Urban classified census blocks were either urban clusters or urbanized areas based on multiple criteria by the census bureau. Urban clusters generally have a population threshold of ≥2,500 and <50,000, while urbanized areas have a threshold of ≥50,000 people. Annual median household income at the census block group level was categorized into five categories: <$20,000, $20,000 to <$35,000, $35,000 to <$50,000, $50,000 to <$75,000 and ≥$75,000. These five categories were consistent with a previously published study by Clark et al. (2017). Each census block was assigned the median household income category of the census block group which it resides in. Census blocks with a missing median household income category were assigned as “Not defined”.

### Air pollution exposure

Air pollution exposure was based on the annual average pollutant concentration at the centroid of each census block for the years 2000 and 2010. We estimated the burden of disease due to exposure of three pollutants; NO2, PM2.5 and PM10. NO2 is a good predictor for traffic related air pollution sources. Pollutant concentrations were obtained from satellite based regression models (LUR) developed by other research teams [cite]. Air pollution concentrations were available at populated census blocks.

#### LUR modeling

Land-use regression modelling (LUR) is a commonly used empirical-statistical method in air pollution epidemiology. The method has become widely used for estimating within-urban variability in air pollution, typically associated with traffic emissions (H. R. Anderson et al., 2013; Bechle et al., 2015). The method uses least squares regression to combine measured pollutant concentrations with geographical information system (GIS) -based predictor data (reflecting pollutant sources and surrounding land use characteristics) to build a prediction model applicable to non-measured locations (Khreis & Nieuwenhuijsen, 2017). The general pros and cons of LUR models, in comparison to other exposure models, have been previously described in Khreis and Nieuwenhuijsen (2017) and are summarized in [Table].

#### NO2 exposure

In this project, exposure to NO2 was used as the main analysis in our study since it is a good predictor for traffic related air pollution sources, and studies have associated NO2 pollution with multiple adverse health outcomes including asthma and asthma exacerbations (H. Anderson et al., 2011; H. R. Anderson et al., 2013; Khreis, Kelly, et al., 2017). To measure NO2 exposure we adopt the US-wide LUR model developed by Bechle et al. (2015) to estimate the annual 2000 and 2010 NO2 concentrations at the centroid location of the census block for the contiguous U.S.. The model incorporated satellite, Environmental Protection Agency (EPA) air quality monitor readings and multiple geographical information systems (GIS) covariates including impervious surfaces, tree canopies, population count, major road length, minor road length, total road length, elevation, distance to coast and DOMINO NO2.

The validation of the spatial model was satisfactory achieving an R2 = (0.50-0.81) in hold-out cross-validation.

The spatial model had an excellent spatial resolution typical for urban-scale LURs (∼100 m scale) and covered 100% of US Census blocks.

Spatial resolution (coverage and granularity)

* Temporal resolution
* Data sources
* Modeling
* Accuracy of the model
* Comparison with other LUR models
* Drawbacks with the LUR model (after all pollutants)

The NO2 LUR models were obtained from Bechle et al. (2015). NO2 concentrations were modeled using satellite data,.

#### PM2.5 model

#### PM10 model

### Asthma incidence rate data

Text here ….

#### National asthma incidence rate

Text here ….

#### State-specific asthma incidence rate

Text here ….

### Concentration response function

Text here ….

### Burden of disease methodology

Text here ….

### Counterfactual scenarios

Text here ….

### Sensitivity analysis

Text here ….

### Running the analysis

Text here ….

#### Software used

Text here ….

#### Spatial maps production

Text here ….

#### 500 cities lookup table

Text here ….

# Results

### Census description

[Table of demographic summary] summarizes the demographic and geographic characteristics of the census data. The total population of children were at 71,807,328 (26% of total population) and 73,690,271 (24%) in 2000 and 2010 respectively. 79% and 81% of children lived in an urban designated area (encompassing both urban clusters and urbanized areas) in 2000 and 2010. The table provides the population distribution by median household income group for each year.

### Asthma incidence

For our first analysis we used a single childhood asthma incidence rate of 12.5 per 1,000 at-risk children as published by Winer et al. (2012) for 2000 and 2010. The asthma incidence rate was an average rate across the years 2006-2008 which included samples of 8,437 children from 31 states and the District of Columbia (D.C) throughout the time period. We then repeated our analysis for the year 2010 using state-specific asthma incidence rates for the years 2006-2010 following Winer et al. (2012) proposed method. For the period 2006-2010, childhood asthma incidence rates were available for 32 states from a total sample of 16,153. States with missing childhood asthma incidence rates (16 states) were assigned an average asthma incidence rate of 12.1 per 1,000 at-risk children. The incidence rate was the average across all available states for the period 2006-2010. The District of Columbia had the highest childhood asthma incidence rate of 17.1 per 1,000 while Montana had the lowest incidence rate of 4.3 per 1,000 for the period 2006-2010. [Table of asthma incidence rate] provides a detailed summary of the asthma incidence rates across all available states. The following section provides a detailed description of the ACBS and BRFSS surveys used to estimate the state-specific asthma incidence rates.

### ACBS and BRSS survey

Text here ….

# Conclusions and Recommendations

Use **Body Text** style.

# Outputs, Outcomes, and Impacts

**[Delete these section instructions]**

**Outputs**: new or improved processes, practices, technologies, software, training aids, or other tangible products resulting from this activity.

**Outcomes**: changes made to the transportation system, or its regulatory, legislative, or policy framework, resulting from research outputs.

**Impacts:** the effects of an outcome on the transportation system, or society in general, such as reduced fatalities, decreased operating costs, etc.

## Research Outputs, Outcomes, and Impacts

**[Delete these section instructions]**

Please provide a detailed description of all **research** outputs, outcomes, and impacts resulting from this study.

Examples include:

* Peer-reviewed publications.
* Presentations at conferences and technical meetings.
* Changes to policy or regulations, or decisions that were informed by research findings.

## Technology Transfer Outputs, Outcomes, and Impacts

**[Delete these section instructions]**

Please provide a detailed description of all technology transfer outputs, outcomes, and impacts resulting from this study.

Examples include:

* Data sets produced, including digital object identifier (doi).
* Code developed, including links to a repository.
* Software developed, including doi.
* Intellectual property generated, including subject inventions, patent applications, and issued patents.
* Strategic partnerships formed to inform decision-making or drive technology adoption, including public and private sectors.

## Education and Workforce Development Outputs, Outcomes, and Impacts

**[Delete these section instructions]**

Please provide a detailed description of all education and workforce development outputs, outcomes, and impacts resulting from this study.

Examples include:

* Students involved in the project.
* Outreach to students conducted at the K-12 and university level as part of the project.
* Training and educational materials developed, including curricula, lectures, and classroom exercises.
* Innovative educational and outreach methods deployed as a result of the project.

Anderson, H., Favarato, G., & Atkinson, R. (2011). Long-term exposure to outdoor air pollution and the prevalence of asthma: meta-analysis of multi-community prevalence studies. Air Qual Atmos Health 2013; 6: 57–68. Nishimura KK, Galanter JM, Roth LA, et al. Early life air pollution and asthma risk in minority children: the GALA II & SAGE II studies. *Am J Respir Crit Care Med, 188*, 309-318.

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Bechle, M. J., Millet, D. B., & Marshall, J. D. (2015). National spatiotemporal exposure surface for NO2: monthly scaling of a satellite-derived land-use regression, 2000–2010. *Environmental science & technology, 49*(20), 12297-12305.

Clark, L. P., Millet, D. B., & Marshall, J. D. (2017). Changes in transportation-related air pollution exposures by race-ethnicity and socioeconomic status: Outdoor nitrogen dioxide in the United States in 2000 and 2010. *Environmental health perspectives, 125*(9), 1--10. doi:10.1289/EHP959

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National Heart Lung and Blood Institute. (2007). National Asthma Education and Prevention Program. Expert panel report 3: guidelines for the diagnosis and management of asthma: full report 2007.

Soriano, J. B., Abajobir, A. A., Abate, K. H., Abera, S. F., Agrawal, A., Ahmed, M. B., . . . Alam, K. (2017). Global, regional, and national deaths, prevalence, disability-adjusted life years, and years lived with disability for chronic obstructive pulmonary disease and asthma, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet Respiratory Medicine, 5*(9), 691-706.

Winer, R. A., Qin, X., Harrington, T., Moorman, J., & Zahran, H. (2012). Asthma incidence among children and adults: findings from the Behavioral Risk Factor Surveillance system asthma call-back survey—United States, 2006–2008. *Journal of Asthma, 49*(1), 16-22.