

Impacts of climate change on future air quality and human health in China

Chaopeng Hong^a, Qiang Zhang^{a,1}, Yang Zhang^b, Steven J. Davis^{a,c,d}, Dan Tong^a, Yixuan Zheng^a, Zhu Liu^a, Dabo Guan^a, Kebin He^{a,e}, and Hans Joachim Schellnhuber^{f,1}

^aMinistry of Education Key Laboratory for Earth System Modeling, Department of Earth System Science, Tsinghua University, 100084 Beijing, China; ^bDepartment of Marine, Earth, and Atmospheric Sciences, North Carolina State University, Raleigh, NC 27695; ^cDepartment of Earth System Science, University of California, Irvine, CA 92697; ^dDepartment of Civil and Environmental Engineering, University of California, Irvine, CA 92697; ^eState Key Joint Laboratory of Environment Simulation and Pollution Control, School of Environment, Tsinghua University, 100084 Beijing, China; and ^fPotsdam Institute for Climate Impact Research, 14412 Potsdam, Germany

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In recent years, air pollution has caused more than 1 million deaths per year in China, making it a major focus of public health efforts. However, future climate change may exacerbate such human health impacts by increasing the frequency and duration of weather conditions that enhance air pollution exposure. Here, we use a combination of climate, air quality, and epidemiological models to assess future air pollution deaths in a changing climate under Representative Concentration Pathway 4.5 (RCP4.5). We find that, assuming pollution emissions and population are held constant at current levels, climate change would adversely affect future air quality for >85% of China's population (~55% of land area) by the middle of the century, and would increase by 3% and 4% the population-weighted average concentrations of fine particulate matter (PM_{2.5}) and ozone, respectively. As a result, we estimate an additional 12,100 and 8,900 Chinese (95% confidence interval: 10,300 to 13,800 and 2,300 to 14,700, respectively) will die per year from PM_{2.5} and ozone exposure, respectively. The important underlying climate mechanisms are changes in extreme conditions such as atmospheric stagnation and heat waves (contributing 39% and 6%, respectively, to the increase in mortality). Additionally, greater vulnerability of China's aging population will further increase the estimated deaths from PM_{2.5} and ozone in 2050 by factors of 1 and 3, respectively. Our results indicate that climate change and more intense extremes are likely to increase the risk of severe pollution events in China. Managing air quality in China in a changing climate will thus become more challenging.

climate change | air quality | health | extreme event | China

The effects of future climate change on public health are an active and growing area of research, including the direct impacts of more severe heat waves (1, 2) and decreased food security (3, 4) to less direct effects on the prevalence of infectious disease (5) and air pollution (6). In China, where more than 1 million people now die prematurely every year because of air pollution and where the frequency of extreme events and poor weather conditions is expected to increase under climate change (7–9), the possibility that climate change will exacerbate an already serious problem is especially concerning.

Yet, the few studies that have assessed future climate impacts on Chinese air quality have relied on global climate/chemistry models whose resolution is too coarse to capture localized features that lead to the extremely high concentrations of aerosols in densely populated urban areas especially harmful to human health (10, 11). Similarly, previous studies quantifying future climate-driven air quality changes have focused on assessment of mean climate diagnostics (10, 12, 13), neglecting the potentially important role of extreme weather events such as heat waves, heavy precipitation, and atmospheric stagnation on air quality, which may be important climate mechanisms leading to deadly air pollution events. Although more frequent and intense extreme weather events are projected under future climate change (7–9, 14–16), their impacts on atmospheric pollutant concentrations

have not been quantified, which are the ultimate determinants of air quality and associated health outcomes (14, 17, 18). The role of climate extremes in future air quality and the associated health impacts are not well recognized and are rarely quantified. Yet, policy makers and the public are concerned not only with average air quality but also with extreme air pollution events, which may have a disproportionate effect on human health, and are thus a focus of clean air policies. Critical research questions for the scientific community are thus related to whether such extremes may change in the future as a result of climate change, and the underlying climate mechanisms that affect air quality. Our goal is thus to link together studies of how extreme weather events will change under climate change and studies focused on how climate change will affect air quality.

Here, we evaluate the implications of future climate change on air quality and human health in China using dynamically downscaled climate and air quality modeling (North Carolina State University's modified Community Earth System Model [CESM-NCSU] downscaled with the Weather Research and Forecasting-Community Multiscale Air Quality [WRF-CMAQ] model; cf. refs. 12, 17, 19, 20) combined with an epidemiological model.

Significance

More intense extreme events are projected under future climate change. However, the impacts of climate extremes on future air quality and associated health implications are not well recognized and are rarely quantified in China, with an enormous health burden from air pollution. Here, we estimate the climate-driven air pollution mortality in China and find that future climate change is likely to exacerbate air pollution mortality, largely influenced by the more intense extreme events such as stagnation events and heat waves. Our analysis provides quantitative assessments and insights regarding the links between climate extremes, future air quality, and public health, suggesting that extreme weather events may be an important mechanism by which climate change will affect air quality, and especially fine particulate matter.

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¹To whom correspondence may be addressed. Email: qiangzhang@tsinghua.edu.cn or john@pik-potsdam.de.

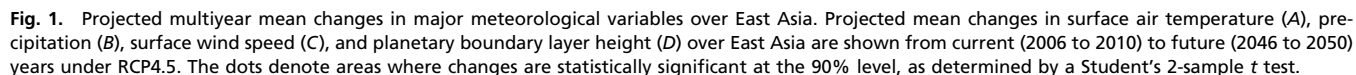
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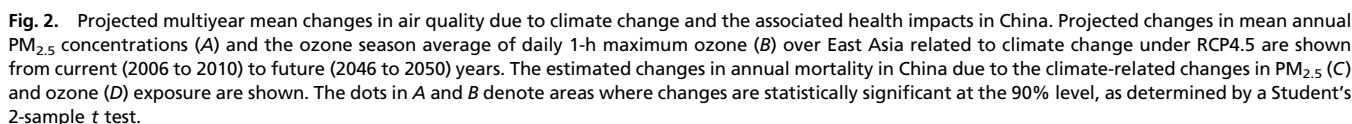
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Fig. 1 shows projected changes in major meteorological variables in East Asia from current (2006–2010) to future (2046–2050) years in the downscaled RCP4.5 climate scenario. Seasonal changes in different Chinese regions (region definitions are provided in *SI Appendix, Table S1*) are also summarized in *SI Appendix, Fig. S1*. Mean surface temperature increases over all regions and in all seasons, with the greatest increases in the northeast [consistent with previous studies (10, 22); Fig. 1*A* and *SI Appendix, Fig. S1*]. Rising temperatures lead to increased evaporation and atmospheric water vapor, with projected increases in precipitation in the north and south regions (Fig. 1*B*). Circulation changes will complicate precipitation patterns at regional scales. Mean wind speeds are projected to decline slightly (e.g., $<0.1 \text{ m}\cdot\text{s}^{-1}$) over most of the regions and in all seasons (Fig. 1*C*), with similarly widespread decreases in the planetary boundary layer height, especially in winter (Fig. 1*D*).

and *SI Appendix, Fig. S1*). Together, these decreases in wind speed and boundary layer height indicate a more stable atmosphere in the future. Note that the slower surface winds are generally consistent with a weakening of general circulation under global warming (23).

Fig. 2 *A* and *B* shows the changes in fine particulate matter (PM_{2.5}) and ozone concentrations that result from East Asian climate change from 2006–2010 to 2046–2050 in RCP4.5 (holding current emissions constant). Mean annual PM_{2.5} concentrations increase by up to 9 μg/m³ on the North China Plain and in the Sichuan Basin (Fig. 2*A*), and ozone season (April to September) averages of daily 1-h maximum ozone concentrations increase by 2 to 8 parts per billion (ppb) over large areas of eastern China (Fig. 2*B*). Further, the changes in PM_{2.5} and ozone concentrations are greatest in the heavily populated north and east regions of China (Fig. 2 *A* and *B*), where aerosol loadings and ozone precursor emissions have been the highest in recent years. Increases in winter PM_{2.5} concentrations are both larger (e.g., increasing by 10% in the north region) and more widespread (*SI Appendix*, Fig. S2), with the exception of the south region, where changes in wind speed and planetary boundary layer height are minor (*SI Appendix*, Fig. S1) such that rising temperatures reduce nitrate, and thus PM_{2.5} concentrations (*SI Appendix*, Fig. S2). PM_{2.5} concentrations are also projected to decrease in some areas of the northwest region (Fig. 2*A*) due to reductions in windblown dust (*SI Appendix*, Fig. S2). Ozone concentrations are projected to decrease in areas such as the Tibetan Plateau, where precursor emissions are low and ozone destruction is accelerated by increased water vapor in the





As previously noted, climate-related changes in air temperature, shortwave radiation, water vapor, precipitation, wind speed, planetary boundary layer height, and cloud fraction can explain some of the changes in pollution concentrations. We present further correlation analyses between changes in ozone and PM_{2.5} concentrations and these meteorological variables in [SI Appendix, SI Text and Fig. S3](#). [SI Appendix, Fig. S3](#) illustrates that the increase in ozone concentrations is generally associated with the

In turn, we see that such climate extremes have a large influence on deadly air pollution events in the future. For example, our projections show that the number of days in 74 major cities of China with winter $\text{PM}_{2.5}$ concentrations great than $150 \mu\text{g}/\text{m}^3$ and $250 \mu\text{g}/\text{m}^3$ (equivalent to the heavily polluted and severe polluted levels, respectively, according to the Air Quality Index in China; ref. 24) increases by 1.8 d (11%) and 1.1 d (42%), respectively, and we find that atmospheric stagnation events account for more than 70% of these high- $\text{PM}_{2.5}$ days and dominate these increases (SI Appendix, Fig. S5). The reduction of surface wind speed and boundary layer height during stagnation events is unfavorable for the transport and diffusion of air pollutants, thus enhancing pollution haze (7). Similarly, the number of days in 74 major cities with summer daily 1-h maximum ozone greater than 90 ppb (approximate to the polluted level) increases by 3.8 d (12%)

pollution episodes, and thus increase risks to public health, then clean air policies will be relatively less effective, and the level of pollution management required to meet future air quality targets will be even greater than what may now be anticipated. In this way, the interests of regional air quality managers and public health officials are closely aligned with efforts to mitigate climate change, because doing so will avoid climate effects on air quality, especially climate-driven increases in extreme events. The extreme diagnostics we calculate and report, which have not been a focus of previous studies, may therefore be valuable to policy makers and the public, and may be a worthwhile area for further research. The results and methodology reported here may be used in other regional or global studies to comprehensively improve the understanding of air quality and health impacts of climate change and extreme events, and they may also be applied in the investigation of the climate mechanism driving air quality change. For Chinese policy makers working to improve current air quality and protect public health, our finding is a daunting conclusion, and one that underscores the need to tackle the challenges of both climate change mitigation and air quality at the same time.

Materials and Methods

Modeling System and Simulation Design. Future climate change and its impacts on air quality in China are estimated from numerical simulations with a regional coupled climate-chemistry modeling system established using the dynamical downscaling technique. The description of the modeling system is detailed in a previous paper (36). In the modeling system, the regional 2-way coupled WRF-CMAQ model with aerosol direct effects is used to dynamically downscale the global climate from the CESM-NCSU (37–43) for a high-resolution regional climate and air quality simulation under a changing climate. The dynamical downscaling technique takes full advantage of global climate-chemistry models that can accurately predict large-scale global changes and regional models that can better represent regional phenomena. The current year simulations of the CESM-NCSU and WRF-CMAQ have been evaluated against observations to validate the model's simulation of global (41) and regional (36) climate and air quality. A comprehensive evaluation indicates that the CESM-NCSU provides a reasonable representation of the current global atmosphere, making it suitable for future climate simulations (41). In general, most meteorological variables are accurately simulated in the CESM-NCSU. The regional WRF-CMAQ model also performed well under the multiyear climatological application for both major meteorological variables and chemical variables and, in particular, outperformed global models in predicting the high PM_{2.5} concentrations in urban areas as well as the surface ozone concentrations in China (36). Thus, it can better support a high-resolution health impact assessment. The regional WRF-CMAQ model reproduced the spatial distributions and seasonal and daily variations of PM_{2.5} and ozone concentrations well (36). Comparisons of future climate changes projected by the CESM-NCSU with an ensemble of Coupled Model Intercomparison Project Phase 5 (CMIP5) (44) models are provided in *SI Appendix, SI Text and Fig. S7*. In summary, despite some discrepancies with CMIP5 models, the CESM-NCSU generally captures the sign and magnitude of future climate trends, thus providing a reasonable representation of future climate change.

The regional simulations were conducted for 5 current years (2006 to 2010, current climate) and 5 future years (2046 to 2050, future climate). They were driven by the CESM-NCSU downscaled climate under RCP4.5, keeping anthropogenic air pollutant emissions and boundary conditions constant at the current levels. The regional modeling system was applied in East Asia with a horizontal grid resolution of 36 km. Future climate change and its impacts on air quality in China are estimated from the difference between the future climate simulation and the current climate simulation. The future climate simulation used the same configurations as the current climate simulation except for the changing climate under RCP4.5. The RCP4.5 pathway is selected for this study because it represents a relatively medium climate scenario. The background mixing ratios of CO₂ and CH₄ are changed in the radiation scheme, from 378 parts per million (ppm) and 1,754 ppb in current years to 474 ppm and 1,840 ppb under RCP4.5 in future years, respectively, but are held fixed in the chemistry scheme at the CMAQ's default (current) levels. Natural emissions, including biogenic volatile organic compounds, wind-blown dust, and soil and lightning nitrogen oxides, were climate-dependent and in-line calculated within the 2-way coupled WRF-CMAQ.

Health Impact Assessment. The health impacts of air pollution are estimated as premature human mortality using epidemiological models. We estimate PM_{2.5}-related mortality due to 4 leading causes, including IHD, stroke, COPD, and lung cancer, and ozone-related mortality due to respiratory disease. The change in premature deaths is calculated using Eq. 1:

$$\Delta M = M_b \times P \times AF, \quad [1]$$

where ΔM is the change in premature deaths due to PM_{2.5} or ozone; M_b is the baseline cause-specific mortality rate; P is the gridded population; and AF is the attributable fraction of deaths due to PM_{2.5} or ozone, defined as:

$$AF = \frac{RR - 1}{RR}, \quad [2]$$

where RR is the relative risk of cause-specific deaths due to PM_{2.5} or ozone. For PM_{2.5}, the RR s are derived from the integrated exposure-response (IER) model (45, 46):

$$RR_i(C) = \begin{cases} 1 + \alpha_i (1 - e^{-\gamma_i (C - C_0)^\delta}) & , C \geq C_0 \\ 1 & , C < C_0 \end{cases}, \quad [3]$$

where C is the annual mean PM_{2.5} concentration; C_0 is the threshold concentration; and α , γ , and δ are fitted parameters of the concentration-response functions (CRFs) for a given cause i . The improved CRFs in the IER model more realistically account for health impacts at very high PM_{2.5} concentrations (45, 46) than previous linear or log-linear CRFs (47), and hence are more suitable for China. For ozone, the RR is taken from studies by Jerrett et al. (48) and Anenberg et al. (47), in which every 10-ppb increase in seasonal (ozone season) average of daily 1-h maximum ozone is associated with a 4% increase in respiratory disease mortality. We follow the definition of ozone season (6 mo, April to September) used in previous studies (25, 47, 48), and do not consider the potential change in the length of the ozone season. Climate change in the future may lead to an extension of the ozone season, which will result in longer exposure to high ozone levels, and thus may increase the risk of diseases. By restricting our analysis to the 6-mo ozone season, we may therefore underestimate the health impacts of ozone in a changing climate with a longer ozone season. Further epidemiological studies are needed to evaluate that possibility. Note that our estimates of air pollution-related mortality also consider uncertainty in the RR s. For PM_{2.5}, we use the parameter values of Burnett et al. (45) to conduct 1,000 Monte Carlo simulations and then calculate the average and the 95% CIs. For ozone, we use the average and the 95% CIs for RR reported by Jerrett et al. (48).

The baseline mortality data in 2010 are derived from the Global Burden of Disease Study 2013 (49, 50). The gridded population data are obtained from the LandScan global population database. We primarily assume no demographic change for the mortality calculation but also include a sensitivity study (Table 1), where we assess the effect of expected demographic changes. For the sensitivity study, future population projections and age structures are obtained from the medium variant scenario of the United Nations Population Division. The baseline mortality for 2050 is projected based on the International Futures (51). The sensitivity to future population and mortality rate is intended to reflect the sensitivity to expected demographic changes.

Quantitative Method of Climate Extremes. We investigate climate extremes in future climate conditions and further evaluate their impacts on air quality. The climate extremes investigated in this study include heat waves, heavy precipitation, and atmospheric stagnation. Following previous studies (14, 16), we applied the criteria based on meteorological variables to define the occurrence of climate extreme events. Similar to Guo et al. (16), we define the occurrence of a heat wave when the daily maximum temperature exceeds the critical temperature threshold for at least 3 consecutive days during May to September. The temperature threshold is defined as the 95th percentile of the baseline period (2006 to 2010 in this study) and, regardless, not less than 30 °C. The original air stagnation index adopted by Cai et al. (8) and Horton et al. (14) is found to have failed to capture the wintertime frequent haze events in China due to a weak linkage between surface air pollution and upper air wind speed (30). Following recent studies (7, 30, 52), which include the boundary layer height to represent the strength of vertical mixing instead of the upper air wind speed, a new metric is proposed. We define the occurrence of an atmospheric stagnation event when the ventilation coefficient (the product of surface wind speed and boundary layer height in this study) within 1 d is less than 800 m²s⁻¹ and the precipitation accumulation is less than 1 mm·d⁻¹ (7, 30, 52, 53). The new air

stagnation index is able to capture 72% of winter severe haze days with $PM_{2.5} > 150 \mu g/m^3$ (SI Appendix, Fig. S5); thus, it is effective in representing air stagnation. A heavy precipitation event is defined as when the daily precipitation exceeds $20 \text{ mm} \cdot d^{-1}$ (54). The intensification of future heat wave and precipitation extremes projected by this study is consistent with previous climate extreme studies over China based on the CMIP5 multimodel ensembles (16, 55). The projected increased frequency of stagnation events in this study is similar to that of a previous study using an ensemble of regional climate model simulations (7).

We use a simple statistical analysis method to quantify the contribution of climate extremes to climate-induced air pollution and its associated health impacts. The statistical analysis is conducted by replacing the pollutant concentrations in extreme event days with the average concentrations in nonextreme event days over a 90-d window (45 d before and after the extreme event day, approximately at seasonal scales). Any other extreme events in the 90-d window are also excluded to avoid contaminating the mean climate signal. We average the pollutant concentration over the nonextreme 90-d window and treat this as the mean climate component on that given extreme event day. We then subtract the mean climate component from the pollutant concentration during the extreme event and treat that as the climate extreme component. Therefore, we are able to assess the air quality without climate extremes as well as the contribution of climate extremes. Thus, total concentration changes in a changing climate can be further divided into 2 parts: changes in mean climate state (excluding extremes) and extreme-induced additional changes. The contribution of climate extremes to climate-induced air pollution-related health impacts is estimated based on the extremes' contribution to climate-induced total changes in annual (for $PM_{2.5}$) or seasonal (for ozone) mean concentrations (results are shown in

SI Appendix, Fig. S6). We replace the pollutant concentrations in all of the extreme event days in the year with the nonextreme mean calculated over the 90-d window; thus, we are able to calculate the annual/seasonal mean concentration without extremes. We then compare the annual/seasonal mean concentration with and without extremes to get the contribution of extremes in annual or seasonal mean concentrations. We have added sensitivity studies instead using 60- and 120-d windows around the extreme event. The results show that extreme-induced mortality is relatively insensitive to the length of the window (results are shown in SI Appendix, Fig. S8).

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