August 5, 2016

William C. Allison V
Director
Air Pollution Control Division
Colorado Department of Public Health & Environment
400 Cherry Creek Drive S.
Denver, CO 80246-1530

Dear Mr. Allison:

Thank you for the letter dated June 23 sharing your concerns about our 17th annual State of the Air report. As you noted in your letter, the American Lung Association remains fully committed to improving air quality and greatly appreciates the hard work your and your colleagues do across the nation to protect the health of all Americans. We welcome the opportunity to respond to your questions and concerns.

1. **We use the current ozone National Ambient Air Quality Standard of 70 ppb**.

As you noted, the U.S. Environmental Protection Agency adopted the updated 8-hour ozone National Ambient Air Quality Standard of 70 parts per billion (ppb) in October 2015. At that time, EPA also released a list of counties that exceed that standard based on the 2012-2014 data, and revised the Air Quality Index that we use in the State of the Air reports to follow the new standard. EPA's revised standard informs the public that levels of ozone previously thought to be safe were, in fact, harmful to the public health. The public has a right to know that information. Consequently, the Lung Association adopted that standard and the Air Quality Index as the basis for the report we issued in April. Ozone levels above 70 ppb were unhealthy in 2012-2014 and earlier, so our report updated all previous data in our report website to reflect that new understanding.

As you may also know, the American Lung Association and many major public health organizations, including the American Medical Association, the American Academy of Pediatrics, the American Public Health Association, and the American Thoracic Society, have all repeatedly urged EPA to adopt an even more protective standard of 60 ppb. However, we

have historically used the current official standard as the basis for our report, so it is, in fact, a conservative evaluation.

2. **We download ozone data from EPA's Air Quality System (AQS) only from official monitors and only after the quality review deadline.**

We apologize for any confusion, but your understanding about our methodology is incorrect. The American Lung Association uses data from the Air Quality System, but only from monitors that are either FEM or FRM monitors, so they must meet that recognized EPA standard. We wait to download the data from AQS until after the deadline (July 1) for states, tribes and EPA to review the previous year's data for quality assurance purposes. If the data have quality problems, we would expect that the states would have reviewed and corrected those data. We work with the National Association of Clean Air Agencies to alert state and local air pollution control agencies that these preliminary data are available upon request for their review. In addition, we are able to provide these data directly to the states to review early in our report preparation process. We would be happy to share with you the draft data for our 2017 report as soon as we compile it.

We use the data from monitors in Garfield County just as we use the data from every other county: to report the ozone that is present in the area, regardless of the source of the ozone.

3. **We have used data for Garfield County from 2012, 2013 and 2014.**

The data we reported this year for Garfield County represent data from 2012-2014 from all its FEM or FRM monitors. As with every county in the nation with multiple monitors, the 2012, 2013, and 2014 hourly ozone data were used to calculate the daily 8-hour maximum concentration for each ozone-monitoring site. We consider a county's data complete if data are available for three years from any FEM or FRM monitor in that county. We look at the highest daily 8-hour maximum concentration in the county on each day at each monitor. To be clear, we do not double-count days that may show up as unhealthy on more than one monitor. We use the highest daily 8-hour maximum concentration for each day and count that as a single day. Our approach, like that of EPA, does not use spatial averaging to determine the design values for a county.

4. **We follow EPA's approach that recognizes the monitors reflect the air quality in the county and in the metropolitan area.**

The American Lung Association follows the same approach as EPA: data from the monitoring network represents the air quality in the county and in the metropolitan area. Ozone pollution travels within a county and the metro area, and even much farther away as the air flows. People travel around--commuting, shopping or working on a daily basis. For that reason, people within a county and the larger metro area that county is in are likely to be at risk when a monitor is registering unhealthful levels of air pollution.

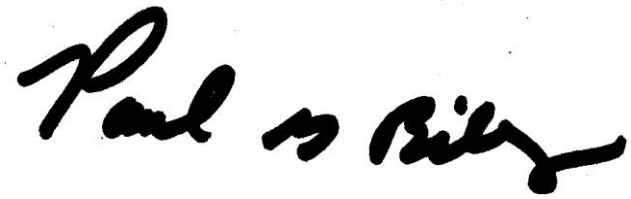
For regulatory purposes, EPA may draw lines within a metropolitan area, but that doesn't mean the people who live and travel throughout that entire metropolitan area aren't at risk. As you know, those who are most vulnerable from ozone include children and teenagers; the elderly; those with chronic lung disease and cardiovascular diseases; and those with low incomes. Even healthy, active adults hiking in the mountains can be affected by air pollution. That's why we describe the population as being "at risk."

The White House Office of Management and Budget determines the counties that are in each metropolitan area, and we follow their definitions. OMB decides to include specific counties in each metropolitan areas based on commuting patterns, employment patterns and other considerations within and among those counties. Those same connections make it more likely people from one part of a county will be breathing ozone reported in another part of that county or metropolitan area.

As we acknowledge in our methodology, our evaluation does not follow the process EPA uses to determine nonattainment for ozone. We base our evaluation on the more familiar Air Quality Index to alert people to the number of unhealthy air days that their county or metropolitan area has experienced. We do that to make it easier for people to understand and to protect themselves and their children from recognized risks to their health. We seek to help them take action to support the steps you and your colleagues are pursuing to clean up the air they breathe.

Again, we appreciate your thoughtful questions and comments. Please let me or my colleague Janice Nolen know if you would like to discuss these further.

Sincerely,



Paul G. Billings
Senior Vice President, Advocacy

Cc: John Martin, Chair, Garfield County Board of County Commissioners
Morgan Hill Air Quality Program Coordinator, Garfield County Public Health