



ISSN 0250-3301 CODEN HCKHDV HUANJING KEXUE

- 主办 中国科学院生态环境研究中心
- ■出版科学出版社



2019

Vol.40 No.6 第40卷 第6期

ENVIRONMENTAL SCIENCE

第40卷 第6期 2019年6月15日

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2014~2016 年间郑州市控制 PM₁₀ 和 PM_{2.5} 污染的健 康效益评估

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摘要:根据郑州市 2014~2016 年间大气中 PM10和 PM25年平均浓度数值,采用泊松回归相对危险模型,评估了控制 PM10和 PM, 5污染后所能带来的95%置信区间下的健康效应及健康效益.结果表明,2014~2016年间,PM,0浓度达到二级限值后所 带来的经济效益(以亿元计,括号中为置信区间,下同)分别为 181.8 (150.4,211.2)、242.5 (202.5,279.4)和 206.2 (173.3,239.2),分别占郑州市当年生产总值的2.7%、3.3%和2.5%; PM_{2.5}浓度达标后所带来的经济效益分别为178.8 (143.7, 211.6)、216.5 (174.6, 255.3)和 172.5 (137.8, 205.5),分别占郑州市当年生产总值的 2.6%、3.0%和 2.1%. PM_{10} 和 $PM_{2.5}$ 浓度达标后,城镇受益人数高于农村,急性支气管炎减少人数高于其他健康终端,对于慢性支气管炎,成人受 益比儿童大, 哮喘则相反. 慢性支气管炎人数减少带来的健康经济效益最高, 其次为哮喘, 门诊和住院的健康效益最低.

关键词:PMn和 PM,5;健康效应;健康效益;城镇;乡村

中图分类号: X196; X503.1; X513 文献标识码: A 文章编号: 0250-3301(2019)06-2565-07 DOI: 10.13227/j. hjkx. 201810255

Health Benefit Evaluation for PM₁₀ and PM_{2.5} Pollution Control in Zhengzhou, China, 2014-2016

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Abstract: Based on the annual average concentration values, the health effects and health benefits as well as 95% confidence intervals of PM₁₀ and PM_{2.5} pollution control from 2014 to 2016 in Zhengzhou were evaluated by applying the Poisson regression relative risk model. Results showed that the health benefits of PM10 pollution control were 18.18 billion RMB (15.04, 21.12), 24.25 billion RMB (20.25, 27.94), and 20.62 billion RMB (17.33, 23.92), which accounted for 2.7%, 3.3%, and 2.5% of the GDP of Zhengzhou, respectively, in 2014-2016. The health benefits of PM, 5 pollution control were 17.88 billion RMB (14.37, 21.16), 21. 65 billion RMB (17. 46, 25. 53), and 17. 25 billion RMB (13. 78, 20. 55), which accounted for 2. 6%, 3. 0%, and 2. 1% of the GDP of Zhengzhou, respectively, in 2014-2016. After the PM_{10} and $PM_{2.5}$ pollution was controlled, the number of urban beneficiaries was higher than that of rural areas, and acute bronchitis beneficiaries were higher than the beneficiaries of other health end-points. For chronic bronchitis, adults benefited more than children, while the opposite occurred for asthma. In this study, chronic bronchitis had the highest health benefit, followed by asthma, and outpatient and inpatient setting had the lower health benefits. Key words: PM₁₀ and PM_{2.5}; health effects; health benefit; urban; rural

近年来,郑州市空气质量情况不容乐观,其主 要大气污染物为颗粒物[1]. 颗粒物中的 PM10 又称 可吸入颗粒物, PM_{2.5}更可通过呼吸道沉积在肺泡 中,进入血液循环,由此造成的居民健康危害及经 济损失较大^[2]. 因此有必要定量评估大气中 PM₁₀ 和 PM_{2.5}污染的健康危害, 并进行经济学评价^[3,4]. 目前多采用流行病学研究得出的暴露-反应关系来 评估大气中 PM10和 PM25造成的健康损失, 并将其 货币化[5]. 如阚海东等[6]、黄德生等[7]以及魏国茹 等[8] 分别评估了上海、京津冀地区以及西安市 PM,、浓度达到空气质量标准后所实现的健康效益, 表明 PM, 5污染对当地居民健康影响显著, 造成的 经济损失较大.

郑州市是国家重要的交通枢纽,同时也是国家 中心城市之一,但目前对该地区 PM10和 PM25的健 康效益评估的研究还相对较少. 李慧娟等[9]对 2015 年郑州市 PM25健康风险和经济损失进行评价,结 果表明郑州市健康风险和经济损失问题突出. 但李 慧娟等[9]以市区常住人口作为暴露人口,未考虑农 村暴露人口和 PM10的健康影响. 事实上, 由于城镇 和农村地区人均收入水平、人口数量、消费观念、 医疗费用的差异, 控制 PM10和 PM25污染的健康效

收稿日期: 2018-10-30; 修订日期: 2019-01-07

基金项目: 国家重点研发计划项目(2017YFC0212400)

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益有所不同. 本文考虑到某些健康终端在不同年龄段的暴露反应关系系数、基准发生率和医疗费用等的不同以及城镇与农村的基本差异,根据文献[10]中郑州市2014~2016年间 PM₁₀和 PM_{2.5}浓度数值,采用泊松回归模型评价了郑州市城镇和农村连续3a的 PM₁₀和 PM_{2.5}浓度达到 GB 3095-2012中二级限值浓度后所能带来的健康效应及健康经济效益,以期对郑州市实施颗粒物空气质量标准的成本效益分析提供科学依据,并为郑州市环境空气质量的管理提供参考.

1 材料与方法

1.1 评估方法

本研究首先评估控制 PM_{10} 或 $PM_{2.5}$ 污染的健康效应,进行货币化后得到环境效益.公式如下[7]:

$$L = \sum_{i=1}^{M} L_i = \sum_{i=1}^{M} E_i \times L_{pi}$$
 (1)

式中, L 为控制 PM_{10} 或 $PM_{2.5}$ 污染所带来的所有健康终端效益的总和; L_i 为健康终端 i 相应的健康效益; E_i 为健康终端 i 的健康效应变化量; L_{μ} 为健康终端 i 的单位经济价值.

参考文献[4,8],本文选择早逝、呼吸系统住院、心血管系统住院、内科门诊、儿科门诊、急性支气管炎、慢性支气管炎(0~14岁,15岁及以上)和哮喘(0~14岁,15岁及以上)作为健康效应终端。

1.1.1 环境健康效应评估

采用泊松回归相对危险模型,结合暴露-反应 关系系数计算控制 PM_{10} 或 $PM_{2.5}$ 浓度后人群的健康 效应值,公式如下:

$$E = E_0 \times \exp[\beta(c - c_0)]$$

$$\Delta E = P \times (E - E_0)$$
(2)

$$= P \times E \times \left[1 - \frac{1}{\exp[\beta(c - c_0)]}\right] \quad (3)$$

式中, β 为暴露-反应关系系数; c 和 c_0 分别为大气中 PM_{10} 或 $PM_{2.5}$ 的 实 际 浓 度 和 参 考 浓 度 值 ($\mu g \cdot m^{-3}$), 在此, c 为当年的年均浓度, c_0 为我国环境空气污染物二级浓度限值; E 和 E_0 分别为相应浓度下人群的健康风险; ΔE 为归因于 PM_{10} 或 $PM_{2.5}$ 污染的健康效应; P 为当前暴露人口数.

1.1.2 环境健康价值评估

参考文献[6,7],采用统计学意义上的生命价值(value of a statistical life, VOSL),即人们为降低死亡风险而愿意付出的代价并用货币化进行衡量的方法,评估由于居民早逝而带来的经济损失.目前郑州地区并未开展 VOSL 的研究,因此,本文参考

谢旭轩^[11]在 2010 年对北京市 VOSL 的研究结果, 考虑到两地的收入水平差距, 以人均可支配收入为指标, 评估郑州地区 VOSL 值, 公式如下^[4,7,12]:

$$VOSL_{ZZ} = VOSL_{BJ} \times \left(\frac{G_{ZZ}}{G_{DJ}}\right)^{e}$$
 (4)

式中, $VOSL_{ZZ}$ 和 $VOSL_{BJ}$ 分别代表郑州市和北京市的 VOSL; G_{ZZ} 和 G_{BJ} 分别代表郑州市与北京市的人均可支配收入; e 为收入弹性系数, 取 e=1.

采用疾病成本法评估由于门诊和住院而带来的 经济损失,包括相应疾病的人均医疗费用与误工导 致的经济损失.公式如下^[13]:

$$EC_i = (EC_{ni} + G \times T_i) \times \Delta E$$
 (5)

式中, EC_i 为健康终端 i 造成的疾病总成本; EC_{pi} 为健康终端 i 的单位病例的医疗费用,包括直接医疗费用与间接医疗费用,元; T_i 为因健康终端 i 导致的误工时间,设为 0.5 d^[8];G 为日人均 GDP,元·d⁻¹.

慢性支气管炎病程缓慢,患病时间难以确定,不宜采用疾病成本法计算^[4,7].本文参考国内外部分学者的研究成果^[8,14,15],假设慢性支气管炎的单位成本为统计寿命价值的40%.

1.2 数据来源

根据文献[16~18],在 2014~2016年间,郑州市总人口数分别为 937.8、956.9 和 972.4 万人;城镇化率分别为 68.3%、69.7% 和 71.0%;城镇人口数等于总人口数乘以城镇化率,农村人口数为总人口数减去城镇人口数,在此假定所有人口均暴露于 PM₁₀和 PM_{2.5}污染下.以 2014年为基准年,CPI指数分别为 100%、101.1%和 103.4%;城镇居民的人均可支配收入分别为29 095、31 099 和 33 214元,而农村居民的人均可支配收入分别为15 470、17 125 和 18 426元.

郑州市 PM₁₀和 PM_{2.5}浓度数据来源于文献 [10]. 由于农村地区污染物浓度获取困难,故在此假定农村地区 PM₁₀和 PM_{2.5}浓度与城镇地区相同. 所选取的各健康终端的基准发生率如表 1 所示. 郑州地区部分数据缺失,以全国平均数据代替;当年数据缺失部分以最近年份研究结果代替;农村地区缺失部分以城镇地区数据代替.

考虑到不同种族不同地区的人们对 PM₁₀ 和 PM_{2.5}污染的敏感性及国内外大气污染程度的不同, 暴露-反应关系系数值在国内外有所差异. 因此在选取时, 应尽量参考国内研究. 阚海东等^[6]和谢鹏等^[19]利用 Meta 分析法, 评价我国人群大气颗粒物 暴露对各健康效应终点的暴露-反应关系. 吕铃钥等^[4]总结了国内外不同研究, 计算了不同粒径下颗

粒物的暴露-反应关系系数. 本文借鉴前人研究, 选取暴露-反应关系系数如表 1 所示.

健康终端的住院或门诊天数及相关医疗费用如

表 2 所示,由于郑州地区某些年份的医疗费用难以获得,部分数据采用了全国居民的平均值或者最近年份的研究结果.

表 1 不同健康终端的 PM₁₀和 PM_{2.5}暴露-反应系数与基准发生率

Table 1 PM ₁₀ a	and PM_{2-5} exposure-	reaction coefficients ar	d baseline incide	nce data for	different he	ealth end-points
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	Table 1		xposure-reaction coef	ncients and b	asemie merde	nce data for d		enu-points	
项目	健康终端		ī系数β值 信区间)		城镇		E	农村	
-24 []	(年)水之(利)	PM ₁₀	PM _{2.5}	2014年	2015 年	2016 年	2014 年	2015 年	2016年
早逝	死亡率	0.000 38 ^[19] (0.000 35, 0.000 42)	0.000 40 ^[19] (0.000 19, 0.000 62)	0.00439 ^[16]	0. 004 59 [17]	0. 005 44 [18]	0. 004 39 [16]	0. 004 59 [17]	0. 005 44 [18]
(-)- II->-	呼吸系统疾病	0. 001 24 ^[19] (0. 000 84, 0. 001 62)	0.001 09 ^[7] (0, 0.002 21)		0.0115[20]			0. 015 1 [20]	
住院	心血管疾病	0.000 66 ^[19] (0.000 36, 0.000 95)	0.000 68 ^[7] (0.000 43, 0.000 93)		0.0071 [20]			0. 006 7 [20]	
A:F1	儿科	0. 000 39 ^[4] (0. 000 14, 0. 000 64)	0.000 56 ^[7] (0.000 20, 0.000 90)	0. 097 1 [21]	0. 108 1 [22]	0. 117 1 [23]	0. 097 1 [21]	0. 108 1 [22]	0. 117 1 [23]
门诊	内科	0.000 34 ^[4] (0.000 19, 0.000 49)	0.000 49 ^[7] (0.000 27, 0.000 70)	0. 281 9 ^[21]	0. 285 1 [22]	0. 282 2 ^[23]	0. 281 9 [21]	0. 285 1 [22]	0. 282 2 ^[23]
	急性支气管炎	0.0055 ^[4] (0.00189, 0.00911)	0. 007 9 ^[7] (0. 002 7, 0. 013 0)		0. 037 2 ^[4]		_	0.0372 ^[4]	12
	慢性支气管炎 (0~14岁)	0.0034 ^[4] (0.00281, 0.00399)	0.004 86 ^[4] (0.004 01, 0.005 70)		0.0062[23]	13	1	0.0081[23]	72
患病	慢性支气管炎 (≥15岁)	0.0048 ^[4] (0.00402, 0.00558)	0.006 86 ^[4] (0.005 74, 0.007 97)		0.0062[23]	18	11	0. 008 1 [23]	(3)
	哮喘(0~14岁)	0. 004 4 ^[4] (0. 002 70, 0. 006 20)	0.006 30 ^[4] (0.003 90, 0.008 90)	0	0.0238[24]	iv	1	0. 023 8 [24]	26
1	哮喘(≥15岁)	0.0039 ^[4] (0.00190, 0.00590)	0.005 60 ^[4] (0.002 70, 0.008 40)		0.016 ^[25]	75	34	0.010 ^[25]	36

表 2 各健康终端次均住院或门诊天数及医疗费用

Table 2 Medical expenses and average hospital stays for different health end-points

年份	心血管 疾病 ^[21~23]	欠均住隊 呼吸 疾病 [[]	系统	/d 哮喘 ^[26]	次 心血管疾 病 ^[27~29]	均住院费用/元 呼吸系统疾 病 ^[21~23]	哮喘[25]	次均门诊 天数 ^[8]	次均 诊费) /:		诊费	可接门 用 ^[30] 元	院费	可接住 用 ^[30] 元	日均 GDP ^[16~18] - /元
1	(城镇和农村)	城镇	农村	(城镇和农村)	71/1	7/A) -		7 u	城镇	农村	城镇	农村	城镇	农村	_ //u
2014	9.8	8. 2	7. 3	10. 7	24 706	5 358	13 951	0. 5	312	128	20	15	706	523	200
2015	9.8	8.9	7. 2	10.7	25 454	5 495	13 951	0.5	312	128	20	15	706	523	211
2016	9.4	8.4	7. 2	10.7	26 057	5 662	13 951	0.5	312	128	20	15	706	523	230

2 结果与讨论

2.1 PM₁₀和 PM_{2.5}浓度分析

从文献[10]可知, 2014~2016 年 PM_{10} 的年均浓度分别为 145. 3、167. 4 和 144. 5 $\mu g \cdot m^{-3}$, 超出国家二级浓度限值 107%、139% 和 106%; $PM_{2.5}$ 的年均浓度分别为 87. 8、95. 9 和 78. 6 $\mu g \cdot m^{-3}$, 超出国家二级浓度限值的 151%、174% 和 124%. 数据显示,2014~2016 年期间,郑州市 PM_{10} 和 $PM_{2.5}$ 污染较为严重.

2.2 人群健康效应变化

如表 3 所示, 在 2014~2016 年间, PM₁₀达到标准限值后, 所受益人数(以万人计, 括号中为 95% 置信区间)分别为 35.7 (19.1, 50.0)、45.9 (24.9,

63.5)和37.2 (19.8,52.4).城镇受益人数明显高于农村受益人数,分别占总受益人数的68.3%、69.9%和71.2%,且城镇地区哮喘(15岁及以上)受益人数是农村的3.4~3.9倍,表明空气质量改善后城镇居民受影响更大.各健康终端对PM₁₀的敏感程度不同,其中门诊减少的人数远高于住院,急性支气管炎受益人数远高于慢性支气管炎.急性支气管炎、哮喘和内科人群受益最大,3种健康终端受益人数占全部受益人数的70.6%~80.6%.心血管疾病和早逝人数减少较少,仅占全部人数的1.2%~1.3%.在不同年龄阶段,受益人数也有所不同,对于慢性支气管炎,成人(15岁及以上)受益人数高于儿童(0~14岁),而哮喘受益人数是儿童高于成人.

表 3 PM₁₀达到空气质量标准所带来的健康效应/人

Table 3	Health effect	s of achieving	the PM.	air quality	standard/person

	to the Atlanta	201	4 年	201	5 年	201	6年
项目	健康终端	城镇	农村	城镇	农村	城镇	农村
早逝	死亡率	793 (731, 875) ¹⁾	368 (339, 406)	1 112 (1 026, 1 227)	484 (446, 534)	1 048 (967, 1 157)	428 (395, 473)
住院	呼吸系统疾病	6 567 (4 515, 8 460)	4 000 (2 751, 5 153)	8 725 (6 025, 11 194)	4 983 (3 441, 6 393)	7 006 (4 816, 9 027)	3 757 (2 583, 4 841)
11.00	心血管疾病	2 205 (1 216, 3 140)	965 (533, 1375)	2 948 (1 631, 4 184)	1 210 (670, 1 717)	2 352 (1 297, 3 349)	907 (500, 1 291)
门诊	儿科	18 187 (6 590, 29 568)	8 437 (3 057, 13 717)	26 870 (9 763, 43 565)	11 686 (4 246, 18 947)	23 152 (8 388, 37 643)	9 456 (3 426, 15 375)
	内科	45 647 (25 653, 65 417)	21 176 (11 901, 30 348)	61 930 (34 861, 88 607)	26 935 (15 162, 38 537)	48 731 (27 384, 69 841)	19 904 (11 185, 28 527)
	急性支气管炎	80 810 (31 612, 118 297)	37 489 (14 665, 54 880)	102 886 (41 710, 145 927)	44 748 (18 141, 63 467)	86 342 (33 732, 126 546)	35 267 (13 778, 51 688)
	慢性支气管炎 (0~14 岁)	8 971 (7 574, 10 307)	5 437 (4 591, 6 247)	11 656 (9 900, 13 314)	6 623 (5 625, 7 565)	9 578 (8 085, 11 007)	5 111 (4 314, 5 874)
患病	慢性支气管炎 (≥15 岁)	12 048 (10 374, 13 626)	7 302 (6 287, 8 258)	15 440 (13 396, 17 335)	8 773 (7 611, 9 850)	12 869 (11 078, 14 559)	6 867 (5 912, 7 769)
	哮喘 (0~14 岁)	42 999 (28 050, 56 875)	19 948 (13 013, 26 385)	55 320 (36 701, 71 947)	24 060 (15 962, 31 292)	45 925 (29 940, 60 783)	18 758 (12 229, 24 827)
	哮喘 (≥15 岁)	26 083 (13 664, 36 767)	7 563 (3 962, 10 660)	33 721 (18 026, 46 638)	9 166 (4 900, 12 678)	27 853 (14 580, 39 289)	7 110 (3 722, 10 030)

1)均值及95%置信区间,下同

如表 4 所示,在 2014~2015年间,PM_{2.5}达到二级浓度限值后,所受益人数(以万人计,括号中为 95%置信区间)分别为 35.4 (18.3,49.9)、41.3 (21.5,57.8)和 31.4 (16.0,44.9).其中城镇受益人数占总受益人数的 68.5%、69.8%和 71.3%.急

性支气管炎、哮喘和内科人群受益最大,2014~2016年间,3种健康终端受益人数占全部受益人数的79.3%~80.1%.心血管疾病和早逝人数减少较少,仅占全部人数的0.9%.不同年龄阶段,受益人数分布规律与PM₁₀浓度达标后相同.本研究中总受

表 4 PM_{2.5}达到二级空气质量标准所带来的健康效应/人

Table 4	Health	effects	of	achieving	the	$PM_{2.5}$	air	quality	standard	person/
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16.日	/# (主·/// 兴	2014	4 年	201:	5 年	201	6年
项目	健康终端	城镇	农村	城镇	农村	城镇	农村
早逝	死亡率	588 (281, 906)	273 (130, 420)	737 (352, 1134)	320 (153, 493)	649 (310, 1 002)	265 (127, 409)
住院	呼吸系统疾病	4 120 (0, 8 114)	2 510 (0, 4 942)	4 925 (0, 9 657)	2 813 (0, 5 515)	3 685 (0, 7 293)	1 976 (0, 3 911)
	心血管疾病	1 604 (1 021, 2 179)	702 (447, 954)	1 921 (1 224, 2 607)	788 (502, 1 070)	1 432 (910, 1 948)	552 (351, 751)
门诊	儿科	18 310 (6 601, 29 165)	8 494 (3 062, 13 530)	24 170 (8 727, 38 448)	10 512 (3 796, 16 722)	19 500 (7 019, 31 110)	7 965 (2 867, 12 707)
,,,,	内科	46 123 (25 562, 65 527)	21 397 (11 859, 30 399)	55 896 (31 006, 79 346)	24 311 (13 485, 34 510)	41 182 (22 801, 5 8564)	16 821 (9 313, 23 921)
	急性支气管炎	81 277 (31 663, 118 347)	37 705 (14 689, 54 903)	94 740 (37 614, 135 678)	41 205 (16 359, 59 010)	74836 (28 522, 111 121)	30 567 (11 650, 45 387)
	慢性支气管炎 (0~14 岁)	8 989 (7 579, 10 322)	5 448 (4 593, 6 256)	10 592 (8 959, 12 126)	6 019 (5 090, 6 890)	8 174 (6 866, 9 419)	4 362 (3 664, 5 026)
患病	慢性支气管炎 (≥15 岁)	12 069 (10 384, 13 643)	7 315 (6 294, 8 269)	14 119 (12 197, 15 899)	8 023 (6 931, 9 034)	11 066 (9 477, 12 565)	5 905 (5 057, 6 705)
20.714	哮喘(0~14岁)	43 143 (28 374, 57 167)	20 015 (13 163, 26 520)	50 573 (33 554, 66 409)	21 996 (14 593, 28 883)	39 466 (25 694, 52 847)	16 120 (10 495, 21 585)
	哮喘(≥15岁)	26 237 (13 618, 36 717)	7 607 (3 949, 10 646)	30 833 (16 178, 42 726)	8 381 (4 398, 11 614)	23 931 (12 268, 33 875)	6 109 (3 132, 8 648)

益人数稍高于李慧娟^[9]等的研究,因本文同时考虑了对哮喘的影响.另外,由于选取的暴露人口、暴露系数和各健康终端的基准发生率的不同,本研究中早逝、内科和儿科受益人数低于文献[9],而呼吸系统疾病和急性支气管炎受益人数偏高.

2.3 健康经济效益

如表 5 所示, 2014~2016 年间, 控制 PM₁₀污染后所带来的健康经济效益(以亿元计, 括号内为95% 置信区间)分别为 181.8 (150.4, 211.2)、242.5(202.5, 279.4)和 206.2(173.3, 239.2),分别占郑州市当年生产总值的2.7%、3.3%和2.5%,稍高于吕铃钥等^[4]对京津冀地区的研究.由于受益人数和次均医疗费用的不同,各健康终端对总的健康效益贡献也有所差距.其中慢性支气管炎贡献最多,分别为150.3(128.3,171.1)、200.0(172.0,226.3)和169.2(144.5,192.8),分别占总效益的82.7%、82.5%和82.1%,占比高于文献

[4]的研究; 其次为早逝, 分别占总效益的 6.0%、 6.7% 和 7.7%, 占比远低于文献[4]的研究. 上述 结果可能与不同地区的污染水平和经济发展情况有 关,不同的污染水平导致受益人数不同,而经济发 展情况导致 VOSL 有所差异. 本文中门诊和住院人 数较少, 带来的经济效益贡献最小, 仅占全部效益 的1.1%~1.2%. 尽管急性支气管炎受益人数最 多,但由于其次均医疗费用相对较低,其总的经济 效益贡献也处于较低水平. 由于医疗费用、住院天 数和暴露人口数目的差距,各健康终端在城镇与农 村之间的健康经济效益贡献有所差距,城镇总体贡 献明显高于农村,分别占总经济效益的64.3%、 65.8%和67.3%.城镇中各健康终端的健康效益分 别是农村的 1.6~4.1、1.8~4.2 和 1.8~4.4 倍. 不同年龄阶段,健康经济效益贡献不同,对于慢性 支气管炎,成人(15岁及以上)贡献高于儿童(0~ 14岁),而哮喘则是儿童贡献高于成人.

表 5 PM₁₀达到二级空气质量标准所带来的健康效益/亿元

		Table 5 Health b	enefits of achieving t	ne PM ₁₀ air quality	standard/hundred m	illion KMB	100
项目	健康终端	201	4 年	201	15年//	201	6年
坝目	健康经期	城镇	农村	城镇	农村	城镇	农村
早逝	死亡率	8.8 (8.1, 9.7)	(2.0, 2.4)	13.1 (12.1, 14.4)	3.1 (2.9, 3.5)	12.9 (11.9, 14.2)	2.9 (2.7, 3.2)
住院	呼吸系统疾病	0.5 (0.4, 0.6)	0.3 (0.2, 0.4)	0.7 (0.5, 0.9)	$ \begin{array}{c} 0.4 \\ (0.3, 0.5) \end{array} $	0.6 (0.4, 0.7)	0.3 $(0.2, 0.4)$
7	心血管疾病	0.6 (0.3, 0.9)	$\begin{pmatrix} 0.3 \\ (0.2, 0.4) \end{pmatrix}$	0.8 (0.5, 1.2)	0.3 $(0.2, 0.5)$	0.7 (0.4, 0.944)	0.2 (0.1, 0.4)
门诊	儿科		0.0 (0.0, 0.1)	0.1 (0.0, 0.2)	0.1 (0.0, 0.1)	0.1 (0.044, 0.2)	0.0 (0.0, 0.1)
(内科	0.2 (0.1, 0.3)	0.1 (0.0, 0.1)	0.3 (0.2, 0.5)	0.1 (0.1, 0.2)	0.2 (0.1, 0.3)	0.1 (0.0, 0.1)
-	急性支气管炎	1.5 (0.6, 2.1)	0.7 (0.3, 1)	2.0 (0.8, 2.8)	0.9 (0.4, 1.2)	1.7 (0.7, 2.5)	0.7 (0.3, 1.0)
	慢性支气管炎 (0~14 岁)	40.0 (33.7, 45. 9)	24.2 (20.4, 27.8)	54.9 (46.1, 62.7)	31.2 (26.5, 35.6)	47.1 (39.8, 54.1)	25.1 (21.2, 28.9)
患病	慢性支气管炎 (≥15 岁)	53.6 (46.2, 60. 7)	32.5 (28.0, 36.8)	72.7 (63.1, 81.6)	41.3 (35.8, 46.4)	63.3 (54.5, 71.6)	33.8 (29.1,38.2)
	哮喘 (0~14岁)	7.2 (4.7, 9.6)	3.4 (2.2, 4.4)	9.3 (6.1, 12.0)	4.0 (2.7, 5.2)	7.6 (5.0, 10.1)	3.1 (2.0, 4.1)
	哮喘 (≥15 岁)	4.4 (2.3, 6.2)	1.3 (0.7, 1.8)	5.6 (3.0, 7.8)	1.5 (0.8, 2.1)	4.6 (2.4, 6.5)	1.2 (0.6, 1.7)

Table 5 $\,$ Health benefits of achieving the PM_{10} air quality standard/hundred million RMB

如表 6 所示, 2014~2016 年间, $PM_{2.5}$ 达到二级浓度限值后所带来的健康经济效益(以亿元计, 括号内为 95%置信区间)分别为 178.8 (143.7, 211.6)、216.5 (174.6, 255.3)和 172.5 (137.8, 205.5),分别占郑州市当年生产总值的 2.6%、3.0%和 2.1%,稍高于吕铃钥等^[4]和魏国茹等^[8]的研究。相比于李慧娟等^[9]的研究,由于各健康终端医疗费用和受益人数的不同,尤其是增添了哮喘这一健康终端,本文中 $PM_{2.5}$ 达标后的健康经济效

益约是文献[9]的1.5~1.9倍.本研究中慢性支气管炎对总经济效益的贡献最高,分别占了84.2%、84.3%和84.1%.门诊和住院人数减少带来的经济效益仍然最低,仅占全部效益的0.8%~1.0%.在城镇地区,PM_{2.5}浓度达标后带来的经济效益占全部效益的67.1%、68.3%和69.7%,与PM₁₀浓度达标后经济效益占比持平.不同年龄阶段,经济效益贡献有的分布规律与PM₁₀浓度达标后相同.

随着城镇化进程的推进,暴露于 PM10 和

PM_{2.5}污染下的城镇居民数增加,而如住院等的健康终端次均医疗费用逐年上升,因此有必要控制 PM₁₀和 PM_{2.5}浓度,减少因其污染而造成的健康经济损失.在 2014~2016 年间, PM_{2.5}浓度占

 PM_{10} 的 54. 4% ~ 60. 4%, 而健康效应占 83. 6% ~ 99. 2%, 经济效益占 83. 6% ~ 98. 3%, 因此当优先控制 $PM_{2.5}$, 降低其浓度的同时达到更大的经济效益.

表 6 PM_{2.5}达到二级空气质量标准所带来的健康效益/亿元

Table 6	Health benefits	of achieving the PM ₂	air qualit	v standard/hundred	l million RMB
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155 口	h+ r= //r >-	20	14 年	201	5 年	2	016 年
项目	健康终端	城镇	农村	城镇	农村	城镇	农村
早逝	死亡率	6.6 (3.1, 10.1)	1.6 (0.8, 2.5)	8.7 (4.1, 13.4)	2.1 (1.0, 3.2)	8.0 (3.8, 12.3)	1.8 (0.9, 2.8)
住院	呼吸系统疾病	0.3 (0,0.6)	0.2 (0, 0.4)	0.4 (0,0.8)	0.2 (0, 0.4)	0.3 (0, 0.6)	0.2 (0, 0.3)
<u> </u>	心血管疾病	0.4 (0.3, 0.6)	0.2 (0.1, 0.3)	0.5 (0.3, 0.7)	0.2 (0.1, 0.3)	0.4 (0.2, 0.6)	0.2 (0.1, 0.2)
门诊	儿科	0.1 (0.0, 0.1)	0.0 (0.0, 0.1)	0.1 (0.0, 0.2)	0.1 (0.0, 0.1)	0.1 (0.0, 0.1)	0.0 (0.0, 0.0)
1,10	内科	0.2 (0.1, 0.3)	0.1 (0.0, 0.1)	0.3 (0.2, 0.4)	0.1 (0.1, 0.2)	0.2 (0.1, 0.2)	0.1 (0.0, 0.1)
	急性支气管炎	1.5 (0.6, 2.1)	0.7 (0.3, 1.0)	1.8 (0.7, 2.6)	0.8 (0.3, 1.1)	1.5 (0.6, 2.2)	0.6 (0.2, 0.9)
	慢性支气管炎 (0~14 岁)	40.0 (33.8, 46.0)	24.3 (20.4, 27.9)	49.9 (42.2, 57.1)	28.3 (24.0, 32.4)	40.2 (33.8, 46.3)	21.4 (18.0, 24.7)
患病	慢性支气管炎 (≥15 岁)	53.7 (46.2, 60.8)	32.6 (28.0, 36.8)	66.5 (57.4, 74.8)	37.8 (32.6, 2.5)	54.4 (46.6, 61.8)	29.0 (24.9, 33.0)
	哮喘 (0~14岁)	7.3 (4.8, 9.6)	3.4 (2.2, 4.5)	8.5 (5.6, 11.1)	3.7 (2.4, 4.8)	6.5 (4.2, 8.8)	2.7 (1.7, 3.6)
1	哮喘 (≥15 岁)	4.4 (2.3, 6.2)	$\begin{pmatrix} 1.3\\ (0.7, 1.8) \end{pmatrix}$	5.2 (2.7, 7.2)	1.4 (0.7, 1.9)	4.0 (2.0, 5.6)	1.0 (0.5, 1.4)

3 结论

- (1)在2014~2016年间,郑州市PM₁₀和PM_{2.5}污染较为严重. 控制PM₁₀和PM_{2.5}污染后,受益人数分别为35.7~45.9万和35.4~41.3万. 城镇受益人数占总受益人数的68.3%~71.2%和68.5%~71.3%. 其中急性支气管炎患病人数下降最多,其次为哮喘患病和内科门诊. 不同年龄阶段,对于慢性支气管炎,成人受益比儿童更大,哮喘则相反.
- (2) 控制 PM_{10} 和 $PM_{2.5}$ 污染后,所带来的健康 经济效益分别为 $181.8(150.4,211.2) \sim 242.5$ (202.5,279.4) 亿元和 $172.5(137.8,205.5) \sim 216.5(174.6,255.3)$ 亿元,分别占当年生产总值 的 $2.5\% \sim 3.3\%$ 和 $2.1\% \sim 3.0\%$,其中慢性支气管炎和早逝人数减少而带来的经济效益贡献最大,门诊和住院人数减少而带来的经济效益贡献最小,城镇的健康经济效益远高于农村.
- (3)本文借鉴国内对 PM₁₀和 PM_{2.5}暴露-反应关系系数的研究结果,同时考虑到城镇与农村暴露人数、健康终端基准发生率和医疗费用等的不同,将城镇与农村的健康效应和健康经济效益分别进行计

算. 但部分数据的缺失, 使得研究结果具有一定的不确定性, 对于数据缺失的部分, 以国家平均值或最近年份的数据代替, 这一定程度上降低了不确定性. 同时, 根据 PM₁₀和 PM_{2.5}的暴露-反应关系系数的不确定性范围, 分别计算了健康效应和健康经济效益相应的 95% 置信区间, 以期能更准确地反映控制 PM₁₀和 PM_{2.5}污染后所带来健康效益.

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Environmental Science (monthly)

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Migration Characteristics of Manganese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2793) (2800) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2859)
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Migration Characteristics of Manganese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2793) (2800) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2869) (2877)
Migration Characteristics of Manganese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2890) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2869) (2877) (2885) (2895)
Migration Characteristics of Manganese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2890) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2869) (2877) (2855) (2895)
Migration Characteristics of Mangamese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2800) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2869) (2877) (2858) (2879) (2879) (2871) (2871) (2871) (2872) (2873) (2873) (2873) (2873) (2874) (2874) (2874) (2875) (2
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Migration Characteristics of Manganese During Rainfall Events and Its Impacts on Water Quality in a Drinking Water Source Reservoir	(2730) (2738) (2745) (2745) (2753) (2764) (2773) (2783) (2800) (2807) (2813) (2821) (2827) (2840) (2847) (2858) (2869) (2877) (2858) (2879) (2
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