

How does China's Clean Heating Policy affect blood pressure?

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The Clean Heating Policy

- Implemented in 2016
- Coal to electric heating in northern China
- 36 million homes enrolled by 2021
- Village-by-village rollout
 - (1) Coal ban
 - (2) Subsidy for heat pumps and nighttime electricity
 - (3) Built out electricity grid

COAL STOVE



HEAT PUMP



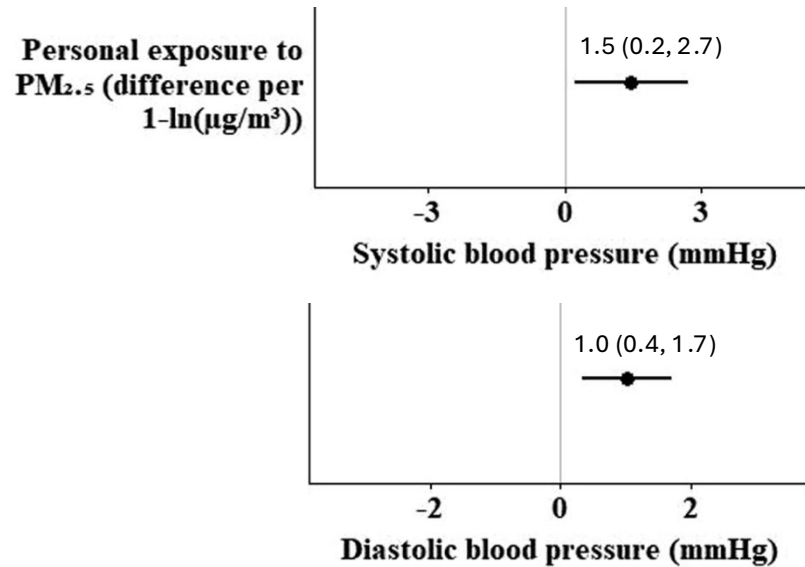
How do clean energy interventions affect health?

- *Clean energy interventions can drive behavioral, environmental, and health-related changes that may affect health.*
 - Activity patterns
 - Household responsibilities
 - Diet
 - **Environmental exposures**

The environment and blood pressure (BP)

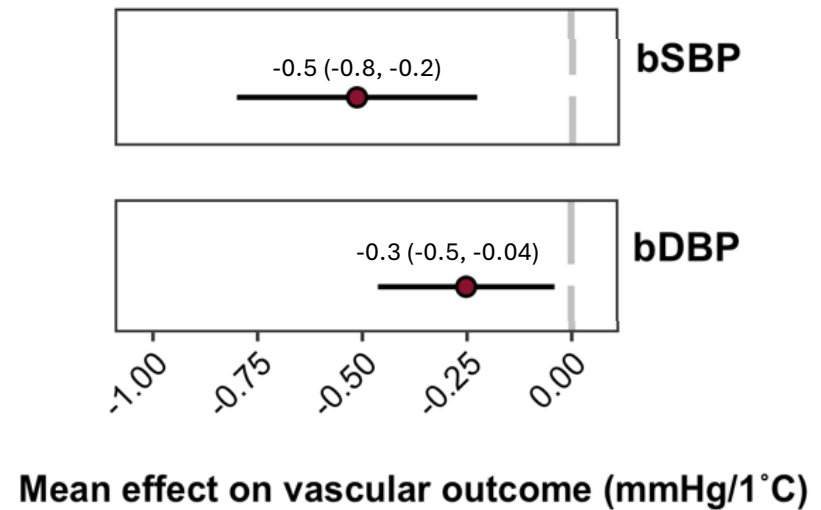
- Cardiovascular disease is the leading cause of mortality in China, and a CDC priority.
- BP is the leading risk for CVD.

(A) Fine particulate air pollution & BP



Kanagasabai et al. (2022)

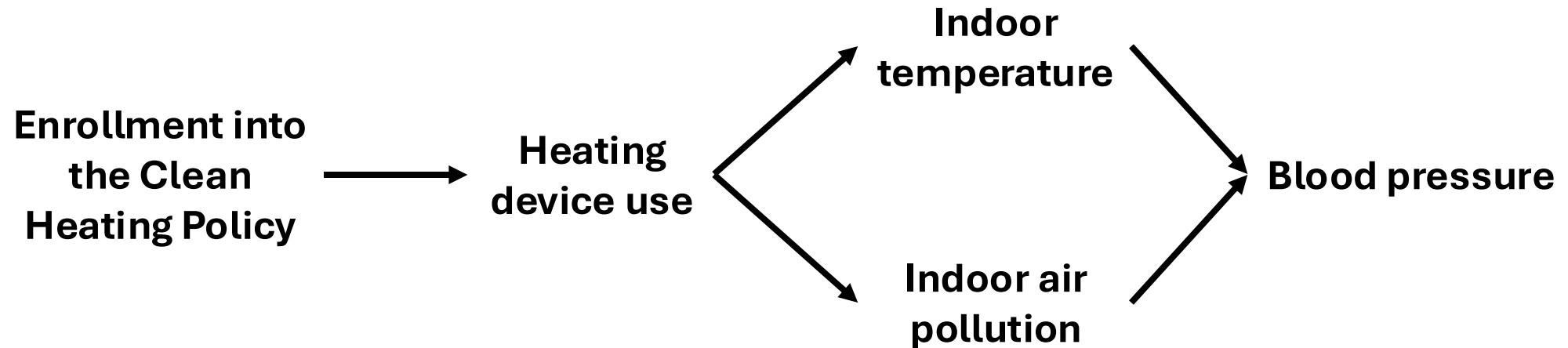
(B) Indoor temperature & BP



Sternbach et al. (2022)

Study aims

- (1) Estimate the policy's total effect on blood pressure.
- (2) Estimate the policy's total effect on indoor temperature and $PM_{2.5}$.
- (3) Mediation of the total effect by indoor temperature and $PM_{2.5}$.

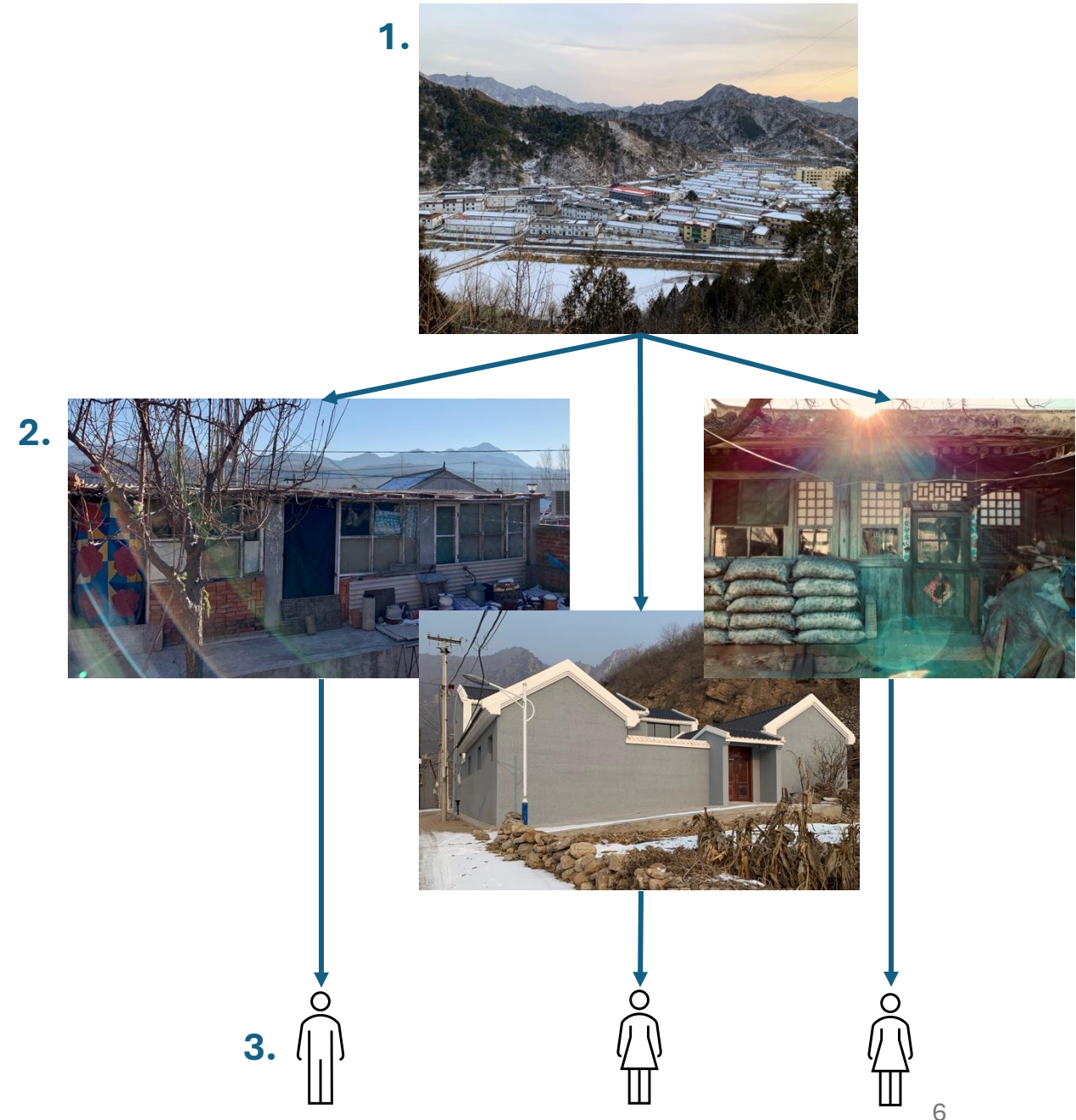


Sampling

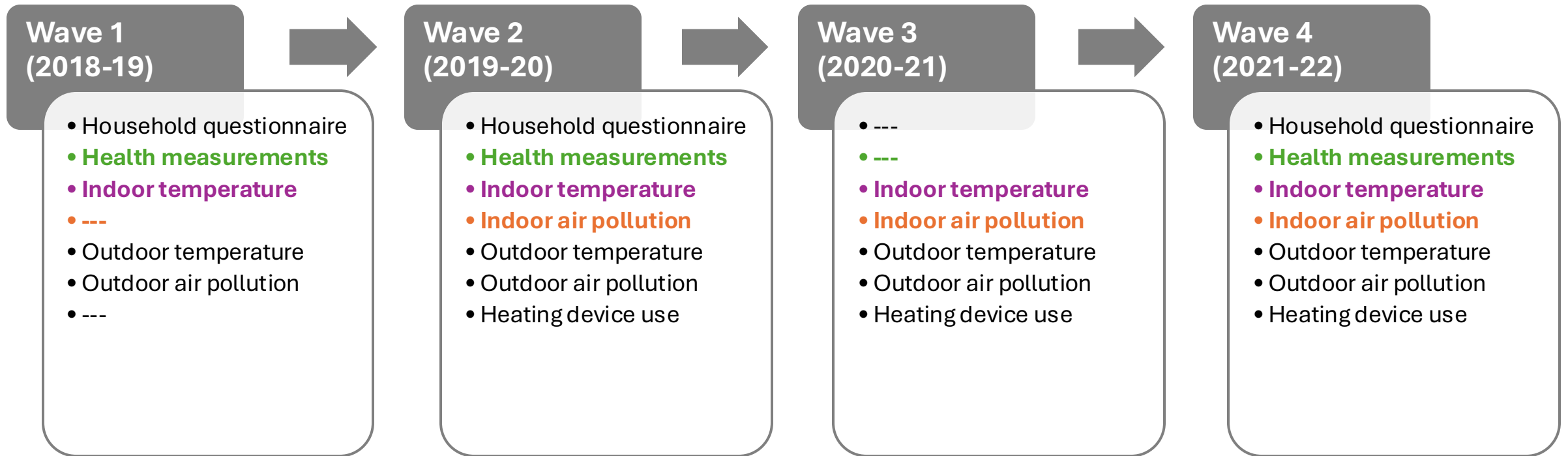
1. **Enrolled 50 villages** from 4 districts in peri-urban Beijing.
2. Sampled households in each village.
3. Randomly sampled 1 participant per household.

Total of:

- **1,438 participants**
- **1,236 households**



Data Collection



Number of enrolled villages

$\frac{0}{50}$



$\frac{10}{50}$



$\frac{17}{50}$



$\frac{20}{50}$

Indoor PM_{2.5}

- Real-time (laser-based) monitor.
- PM_{2.5} concentration measured every 1-min.
- Elevated surface in room where participant spent the most time.
- **Wintertime (Jan. 1 to Mar. 15) mean PM_{2.5}.**



Indoor temperature

- **Measured with a digital thermometer in the 5-mins before BP.**
- Thermometer was held/placed at ~participant height.
- **Long-term temperature (5-months), every 125-min.**
- Thermochron iButton

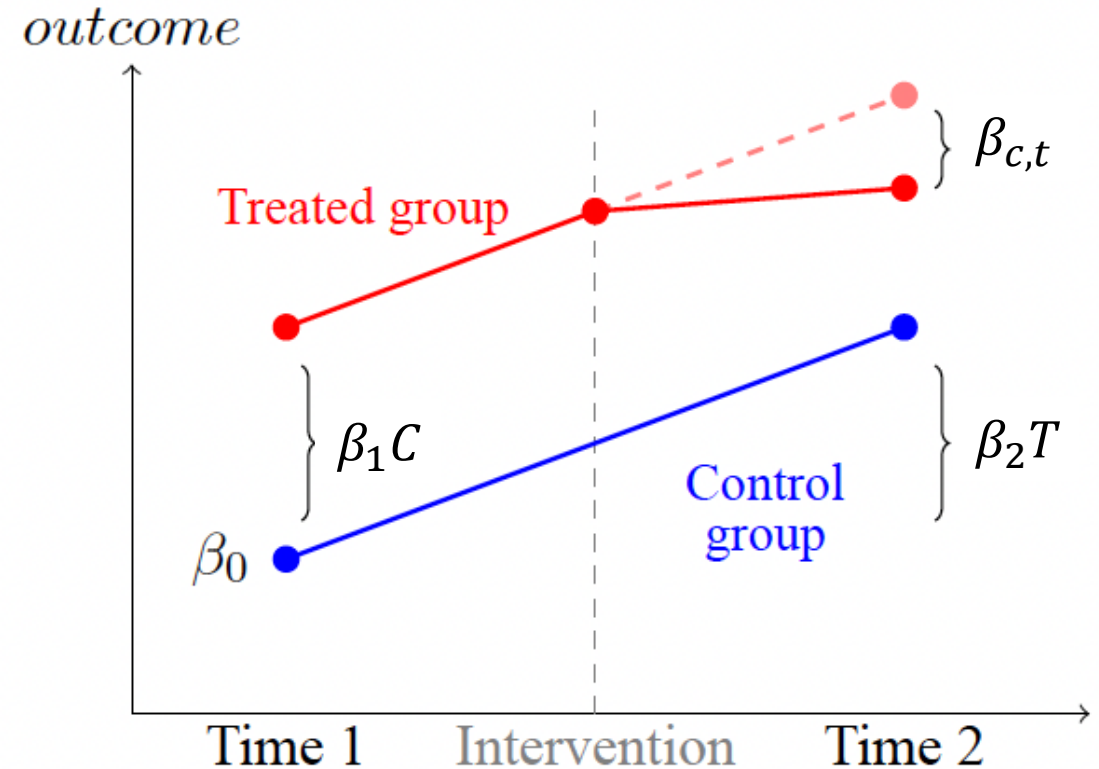


Blood pressure

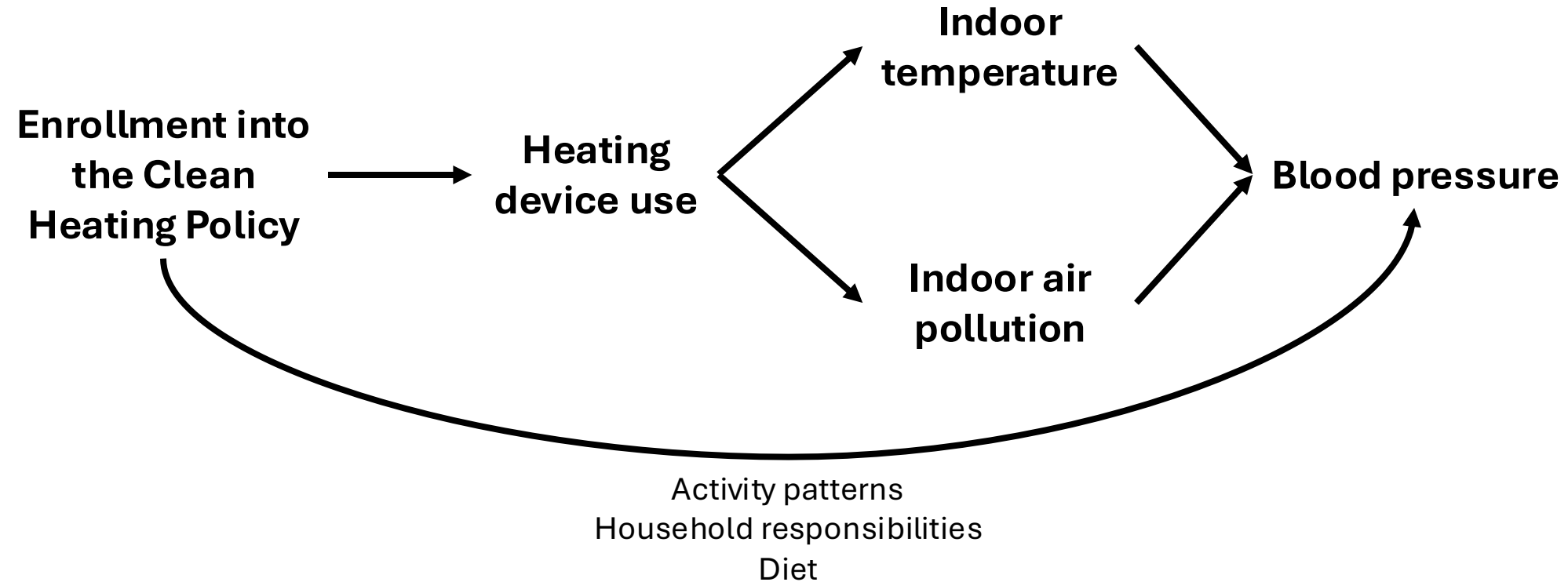
- Home BP measurements.
- 3-5 times on participant's supported right arm.
- **Mean of final 2 measurements used in analysis.**
- Quality controls
 - 5-mins quiet, seated rest.
 - Proper posture, 2 feet on the floor
 - Proper cuff-size
 - Standards for home BPs recommended by most hypertension guidelines.

Policy impacts with difference-in-differences

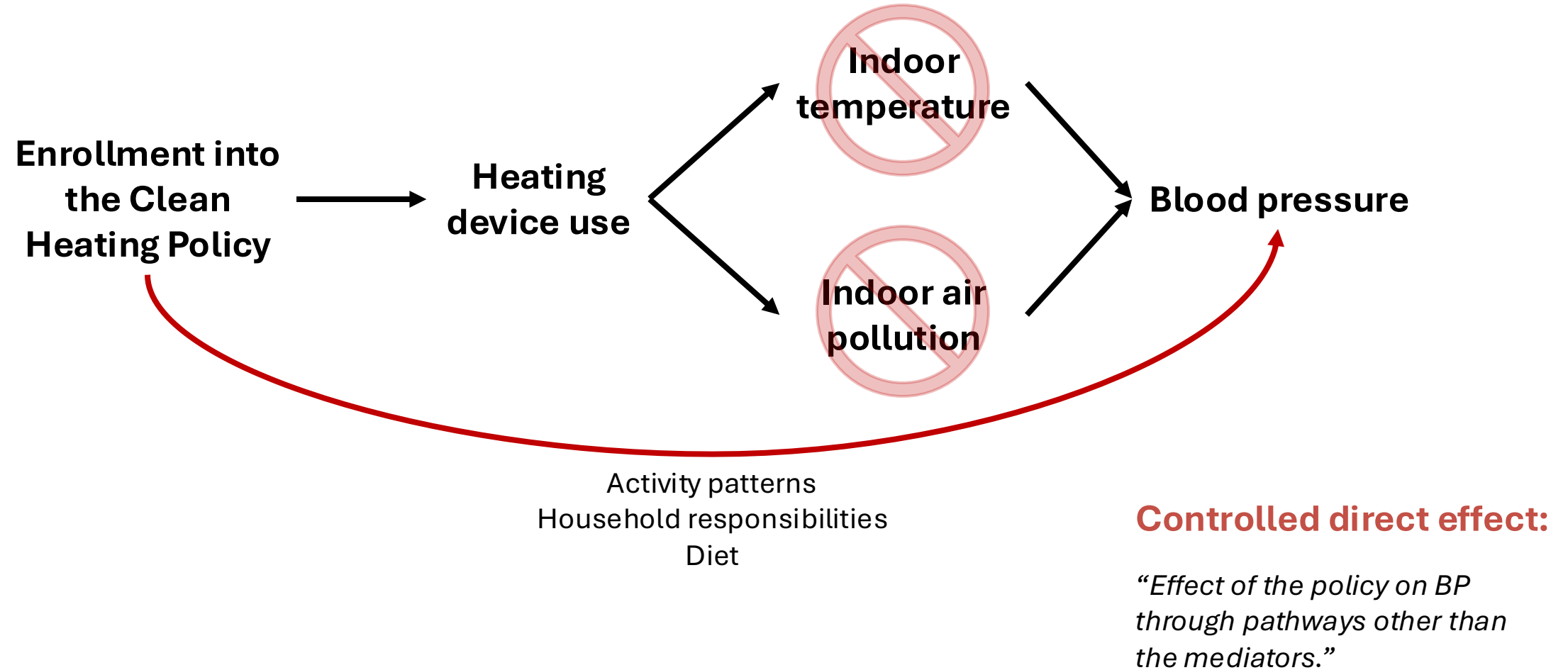
- Estimated policy impacts with difference-in-differences.
- $Y_{ict} = \beta_0 + \beta_1 C + \beta_2 T + \beta_{c,t}(C * T) + \varepsilon_{ict}$
- Assumptions:
 - Parallel outcome trends
 - No treatment anticipation
 - No co-interventions



Estimating the **total effect**



How does mediation work?



Similar baseline characteristics by treatment status

	Never Treated	Eventually Treated
Number of villages	30	20
Number of participants	603	400
Age (years)	59.8 (9.3)	60.3 (9.1)
Sex (% female)	357 (59.2)	240 (60)
Tobacco smoke		
Current/former/second-hand smoke	466 (77.3)	322 (80.5)
No exposure to tobacco smoking	130 (21.6)	76 (19)
Indoor temperature (° C)	13.8 (3.6)	13.5 (3.3)
Personal exposure to PM_{2.5} (µg/m³)	78.6 (2.9)	63.6 (2.9)
Waist circumference	87.7 (10.5)	85.4 (9.5)
Systolic brachial BP (mmHg)	131.4 (16.8)	128.7 (14.3)
Diastolic brachial (mmHg)	82.7 (11.6)	82.1 (11.3)
High BP (% with high BP)	370 (61.4)	233 (58.2)

Treated homes reported less coal use

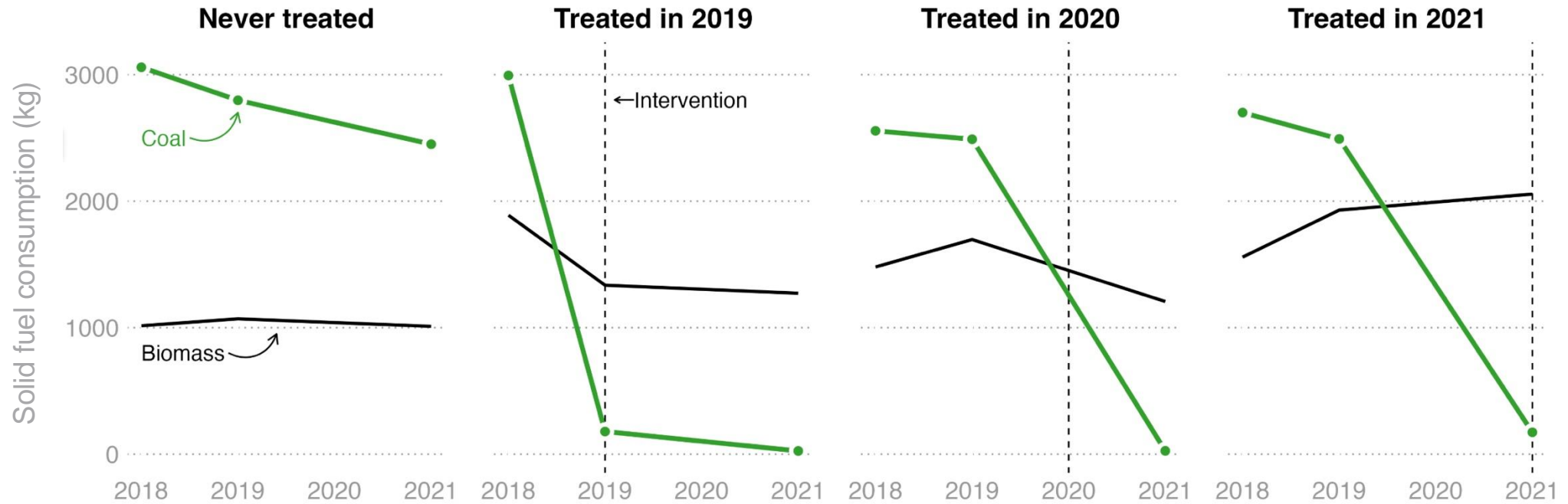
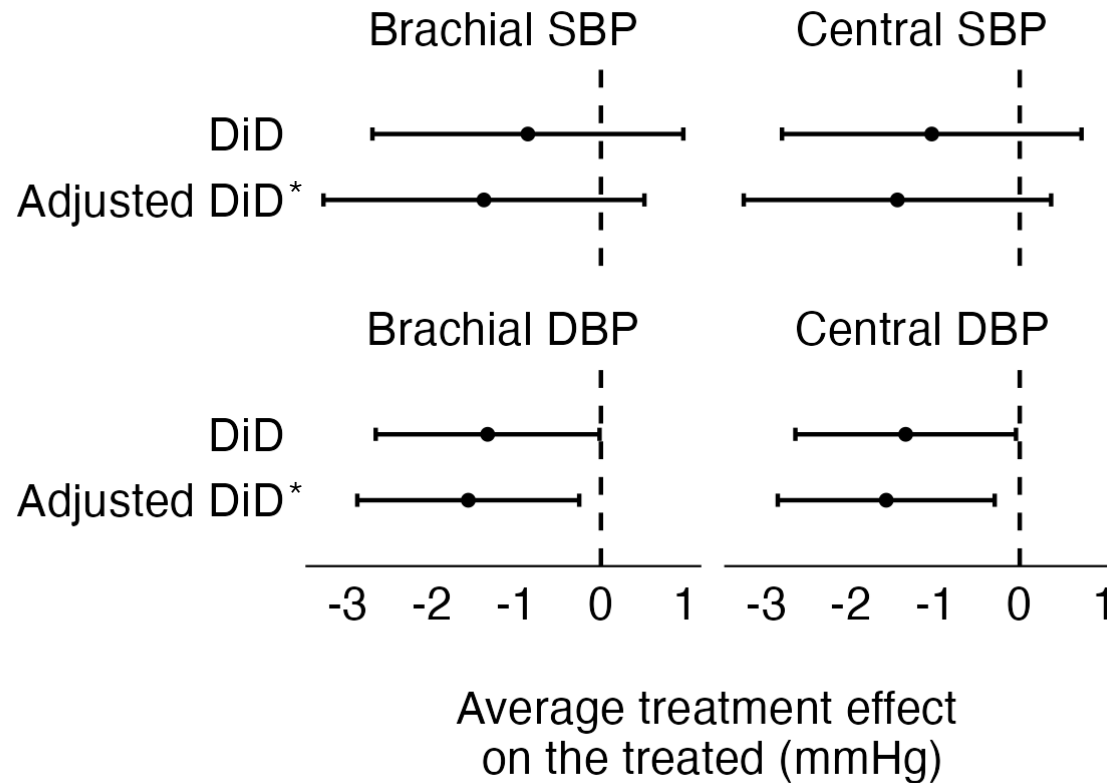


Figure by Sam Harper, McGill University

The CHP modestly lowered blood pressure



ATT systolic BP

-1.4 mmHg (95% CI: -3.3, 0.5)

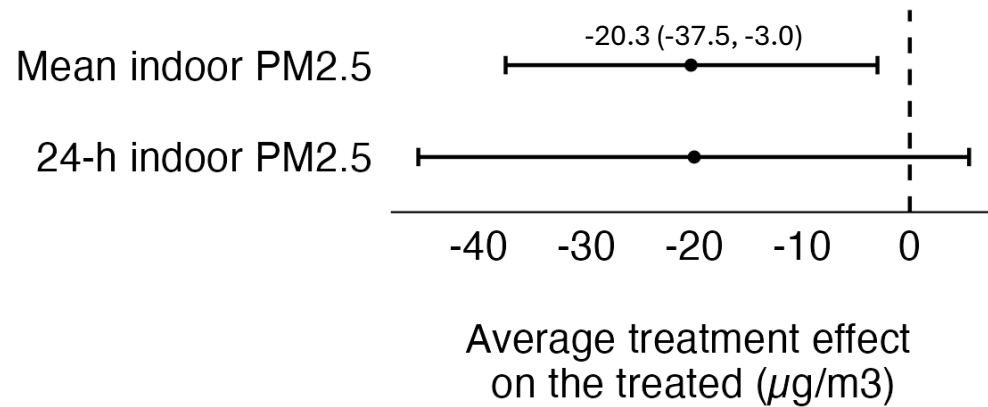
ATT diastolic BP

-1.6 mmHg (95%CI: -2.9, -0.3)

*Models included additional terms for sex, age, waist circumference, alcohol consumption, smoking, use of antihypertensive medication.

Lower indoor PM_{2.5} and warmer indoor temperature

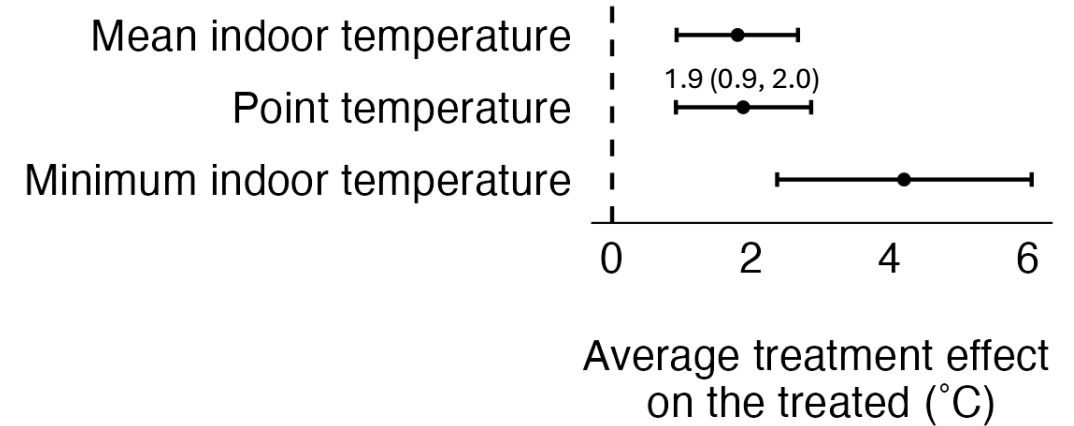
Policy impacts on indoor PM_{2.5}



Note: Mean indoor PM_{2.5} is a heating season (Jan. 15 to Mar. 15) average. The 24-h measure is averaged over the 24-h following device placement.

Analysis by Xiaoying Li, Colorado State University

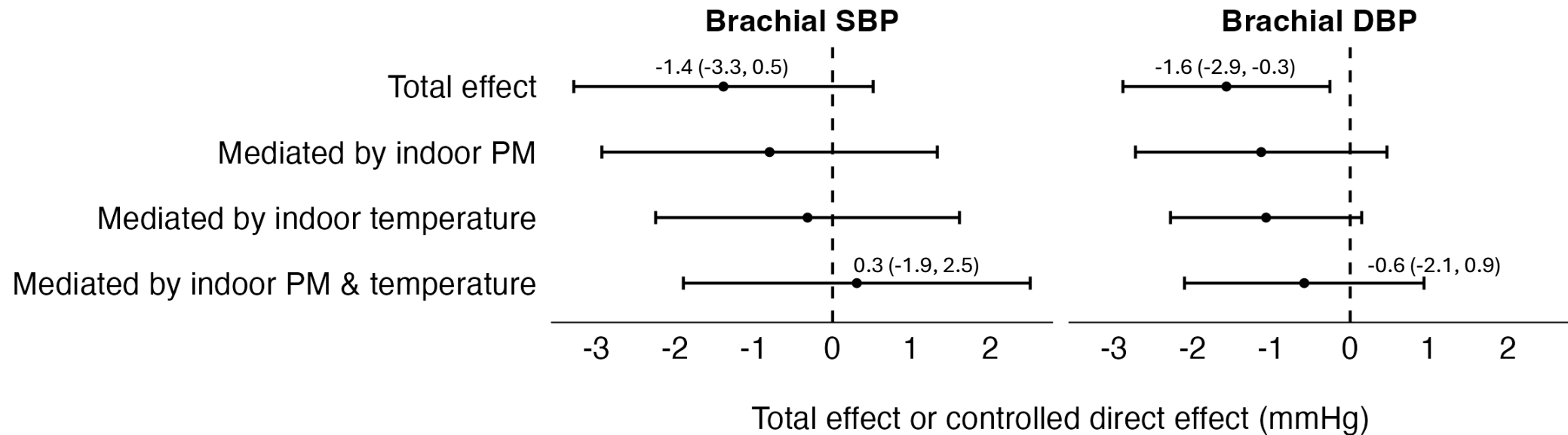
Policy impacts on indoor temperature



Note: Mean and minimum indoor temperatures are the average and daily minimum values during the heating season (Nov. 15 to Mar. 15), respectively.

Mediation by indoor temperature and PM_{2.5}

Look for attenuation towards the null



Note: All models included terms for sex, age, waist circumference, alcohol consumption, smoking, use of antihypertensive medication. Mediation models were additionally adjusted for the time of BP measurement (AM/PM).

Conclusions

- The CHP provided a modest benefit to BP.
- Moderated (in part) through reduced indoor $\text{PM}_{2.5}$ and warmer indoor temperatures.
- Able to provide direct evidence of *how* a clean heating policy affected health.

Thank you!

- **PIs/supervisors:** Jill Baumgartner, Sam Harper (McGill)
- **Co-investigators:**
 - Shu Tao, Guofeng Shen (Peking University)
 - Ellison Carter (Colorado State University)
 - Brian Robinson, Chris Barrington-Leigh (McGill University)
 - Yuanxun Zhang (University of Chinese Academy of Sciences)
- **Field leads:** Xiaoying Li, Xiang Zhang
- Field staff, village leaders, participants
- MSc and PhD students
- **Funding agencies:** Health Effects Institute, Canadian Institutes of Health Research



References

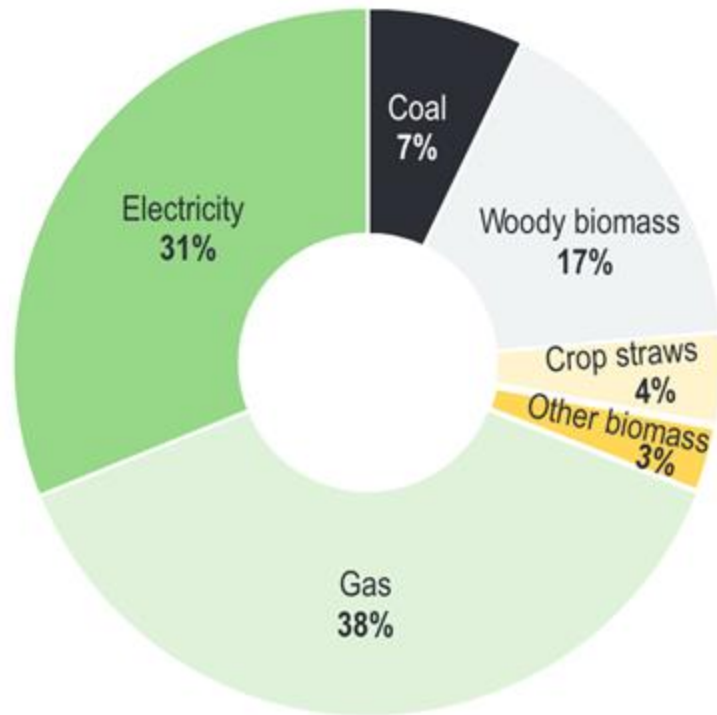
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- Wooldridge, J. M. (2021). Two-Way Fixed Effects, the Two-Way Mundlak Regression, and Difference-in-Differences Estimators. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3906345>

Strengths, limitations, and next steps

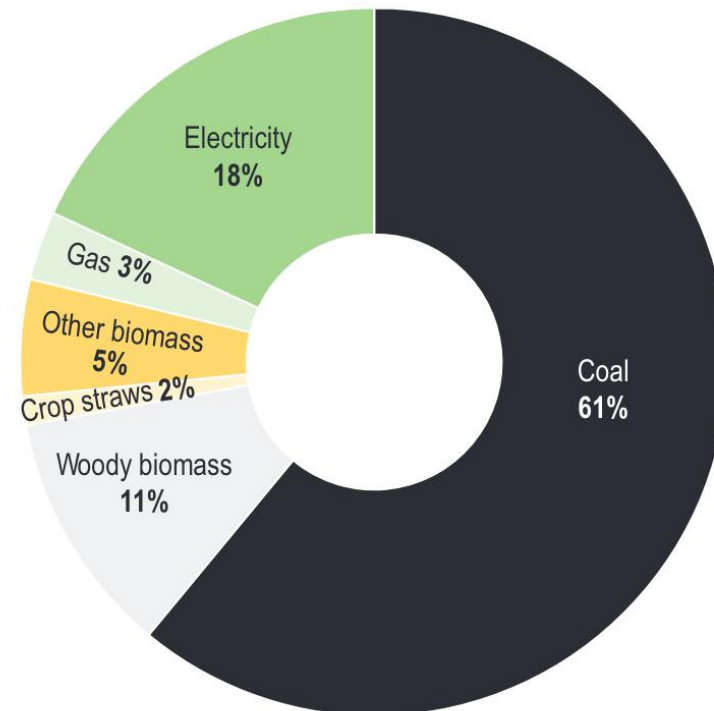
- Missing indoor $\text{PM}_{2.5}$ in wave 1 and 17% of waist circumference → imputation
- Continued biomass use, non-adherence to the intervention → underestimate ATT
- Confounding by time-varying factors that differ between treatment groups.

Context for the Clean Heating Policy

- Decades of policies and programs to improve air quality in China.
- Transition to clean heating lagged cooking in 2017.



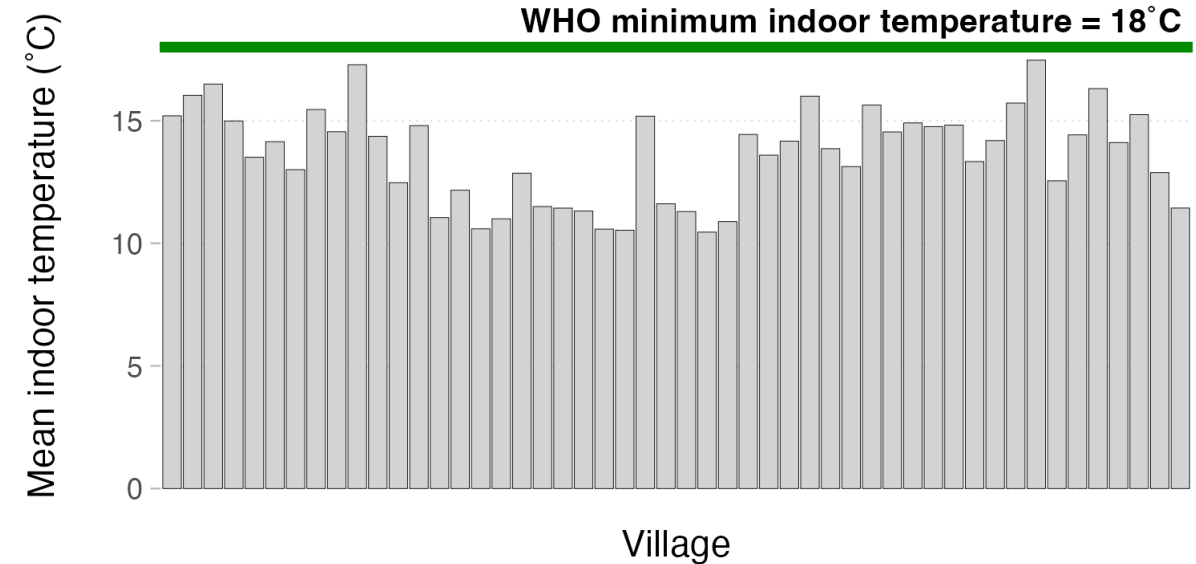
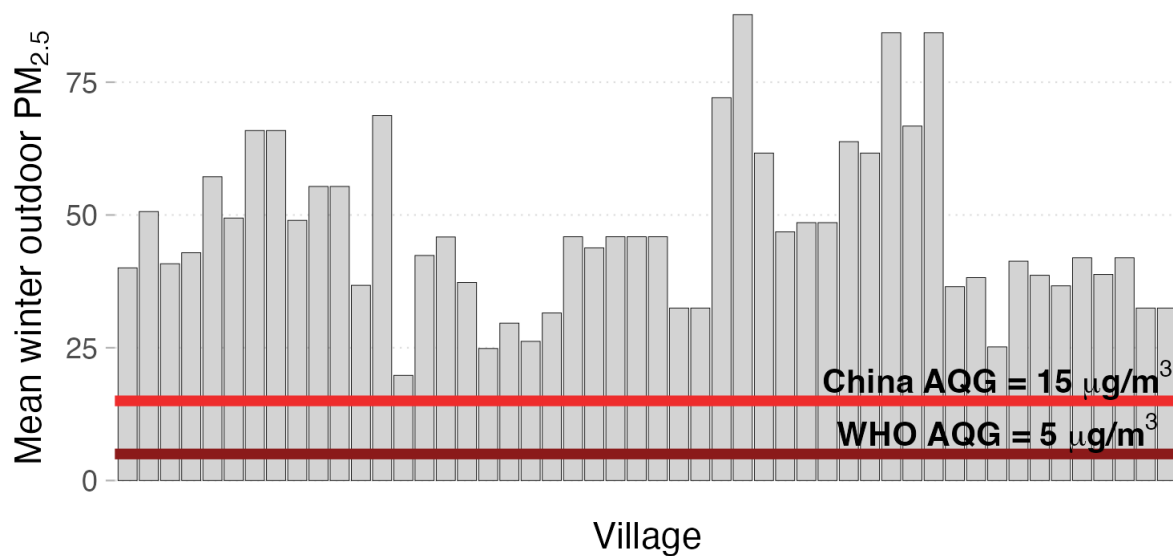
(A) Time-share of fuels for cooking, 2017

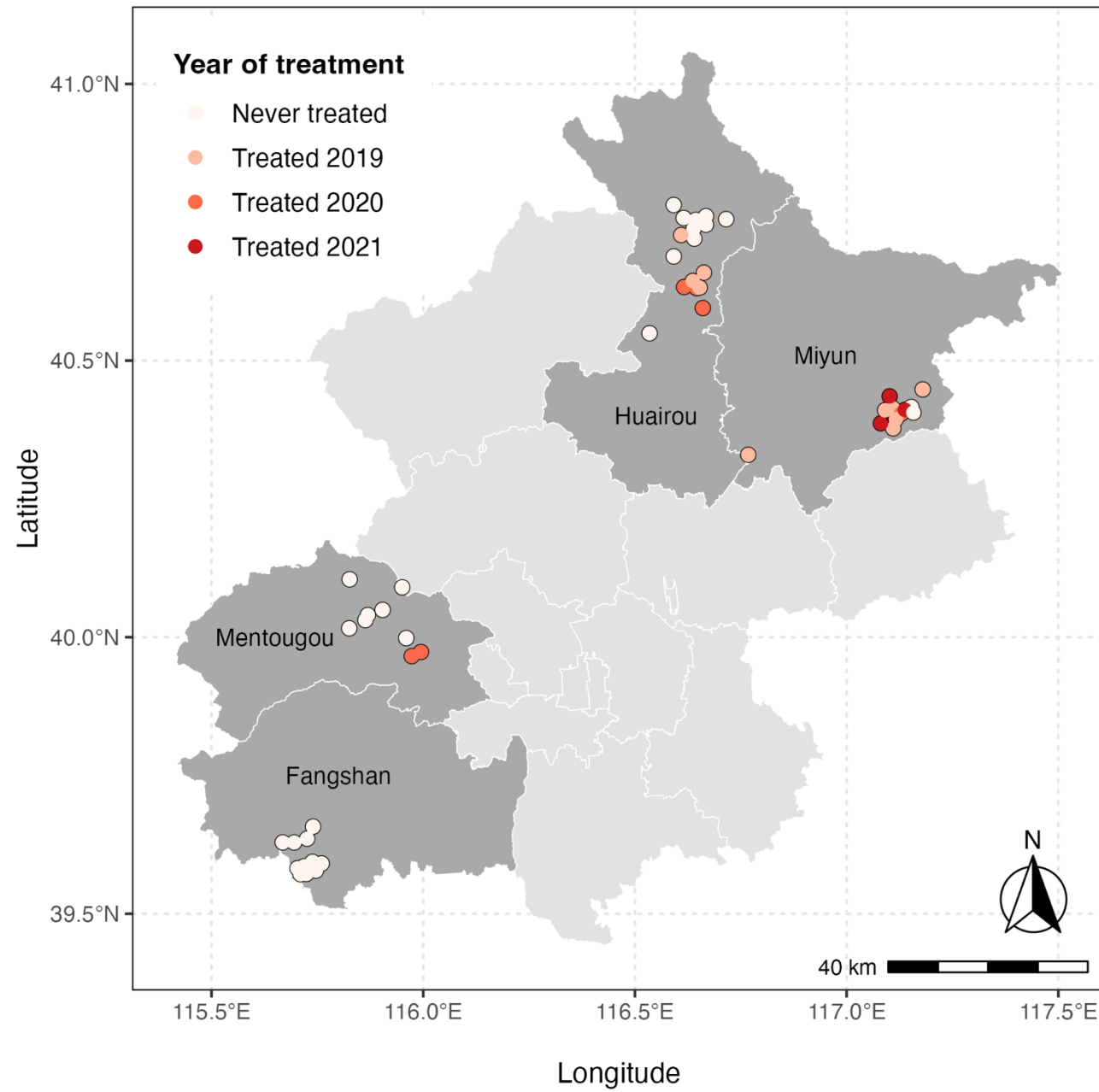


(B) Time-share fuels for heating, 2017

Context for the Clean Heating Policy

- In 2018, wintertime $\text{PM}_{2.5}$ and indoor temperature don't meet health-motivated guidelines in rural Beijing.



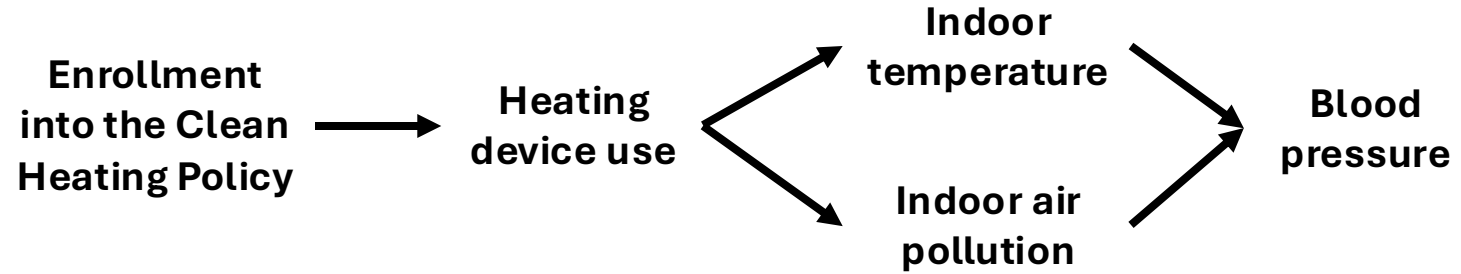


Kang = combined cooking and heating stove



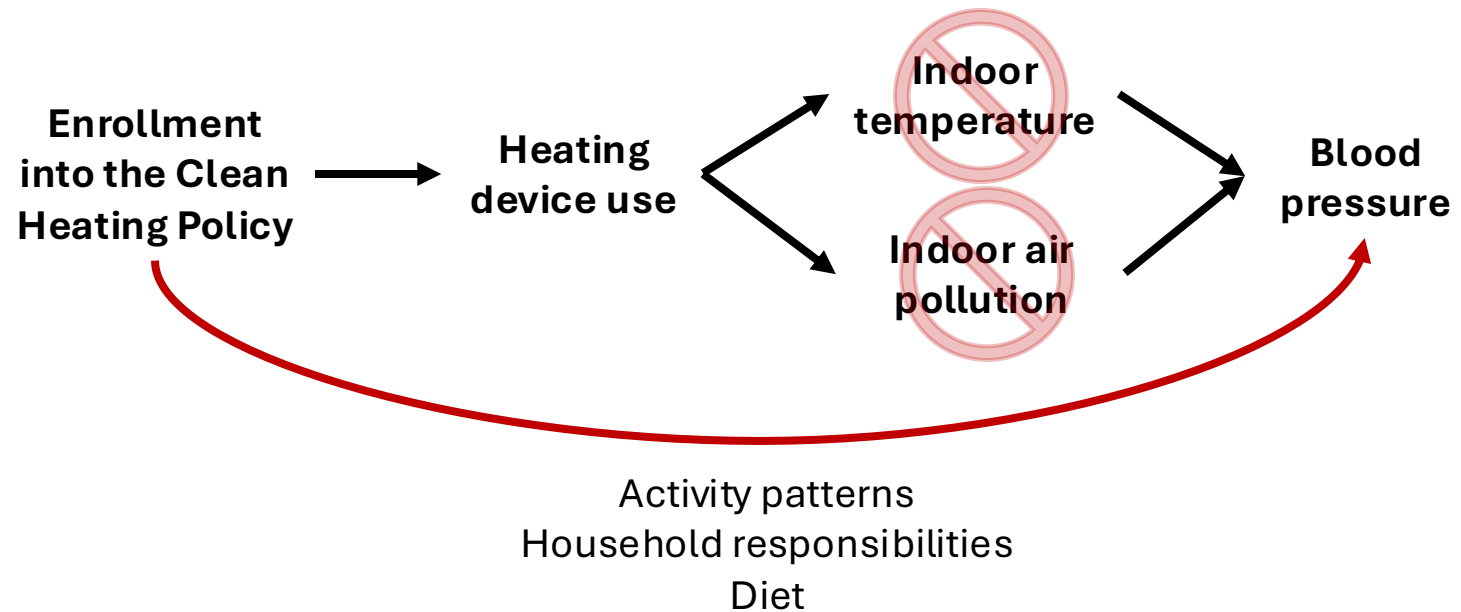
How does mediation work?

Total effect:



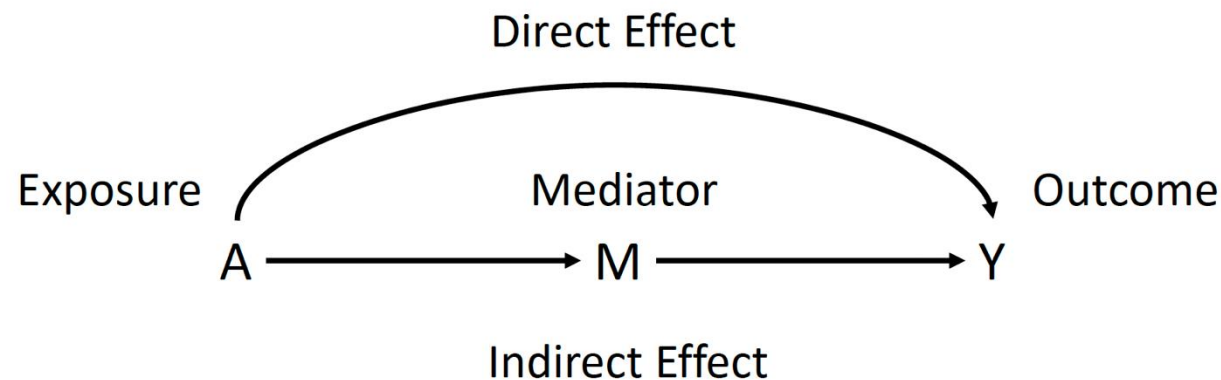
Controlled direct effect:

“Effect of the policy on BP through pathways other than the mediators.”



Estimate mediator and outcome models

Model	Definition	Regression specification
Total effect	Effect of exposure on outcome, including both direct and indirect effects	$Y \sim a + \text{time} + \text{cohort} + \text{policy} * \text{time} * \text{cohort} + e$
Direct effect	Effect of exposure on outcome through pathways other than the mediator(s).	$Y \sim a + \text{time} + \text{cohort} + \text{policy} * \text{time} * \text{cohort} + \text{mediators} + e$



Mediation

- Total effect of the policy on BP:

- $BP_{ict} = \beta_0 + \beta_1 C + \beta_2 T + \beta_{c,t}(C * T) + \beta_3 \mathbf{Z} + \varepsilon_{ict}$

- Mediation model:

- $BP_{ict} = \beta_0 + \beta_1 C + \beta_2 T + \beta_{c,t}(C * T) + \beta_3 PM + \beta_4 temp + \varepsilon_{ict}$

- Mediator models:

- $temp_{ict} = \beta_0 + \beta_1 C + \beta_2 T + \beta_{c,t}(C * T) + \varepsilon_{ict}$

- $PM_{ict} = \beta_0 + \beta_1 C + \beta_2 T + \beta_{c,t}(C * T) + \varepsilon_{ict}$

BP = blood pressure

i = individual

C = cohort (group of villages treated at the same time)

T = time (study year)

PM = indoor PM_{2.5}

temp = indoor temperature

Z = vector of covariates

Controlled direct effect (CDE)

- Effect of the policy on BP through pathways *other than* the mediator.
- Fix levels of mediator:

	Indoor PM _{2.5} ug/m ³	Indoor temperature °C
Mean baseline values	65.3	13.7

- $CDE_M = \beta_{c,t} + [\beta_M * interactions]$
- Marginal effect of mediator model, after fixing mediator values

Participation

	Total villages	Enrolled villages	Total participants	Participants with ≥ 1 BP measurement*
Year 1 (2018-19)	50	0	1,003	975 (97%)
Year 2 (2019-20)	50	10	1,110	1,103 (99%)
Year 3 (2020-21)	41	17	531	NA
Year 4 (2021-22)	50	20	1,011	1,006 (99%)

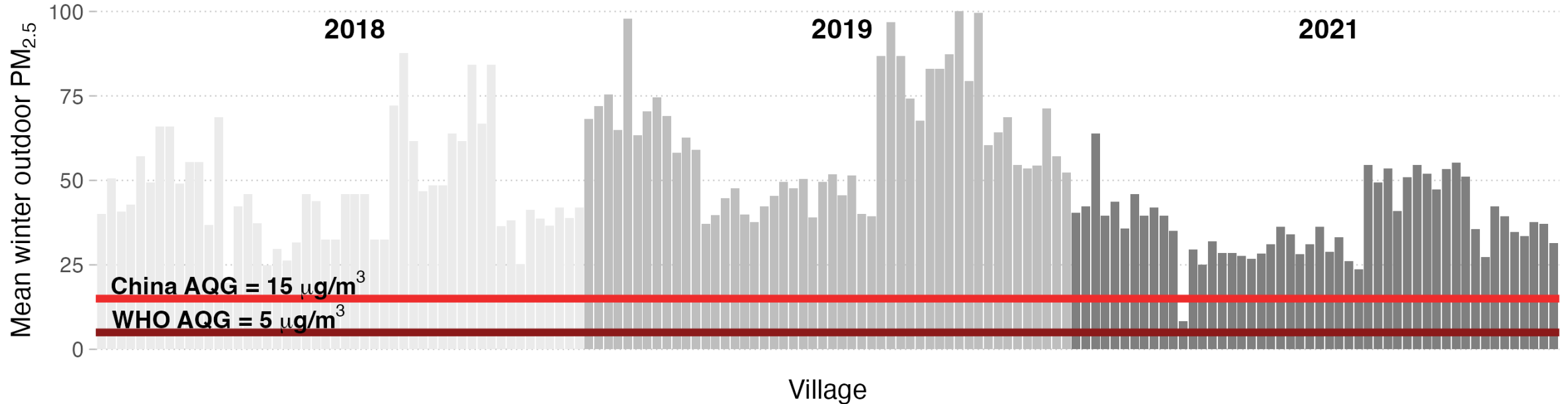
*621 participants in Years 1 +2 + 4

Period	Program
1949-1977	Era of central planning: <ul style="list-style-type: none"> Electricity shortages Electricity use restricted to lighting
1978–1997	Era of market reforms: <ul style="list-style-type: none"> Electricity for irrigation, lighting, small household appliances (e.g., TVs, fans)
1997-(2012)	Move to market economy: <ul style="list-style-type: none"> De-centralization of electricity regulation Electricity used for energy-intensive appliances (e.g., fridge, AC unit, washing machine)

Year	Program
1996	The Brightness Programme
2002	The Township Electrification programme
2008	Beijing Olympics
2013	Air Pollution Prevention and Control Action Plan
2017	Clean Winter Heating Plan for Northern China

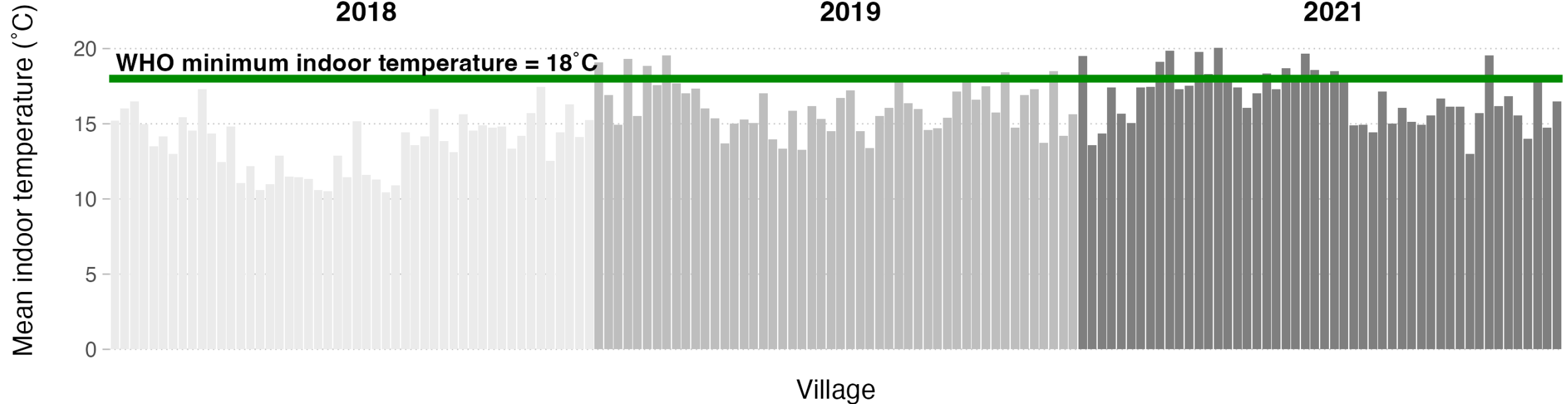
Context for the Clean Heating Policy

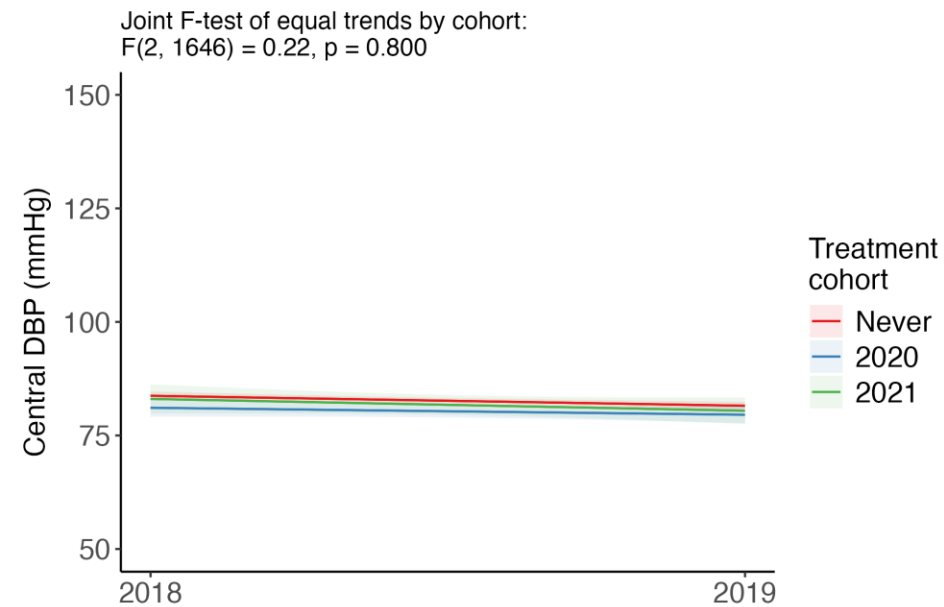
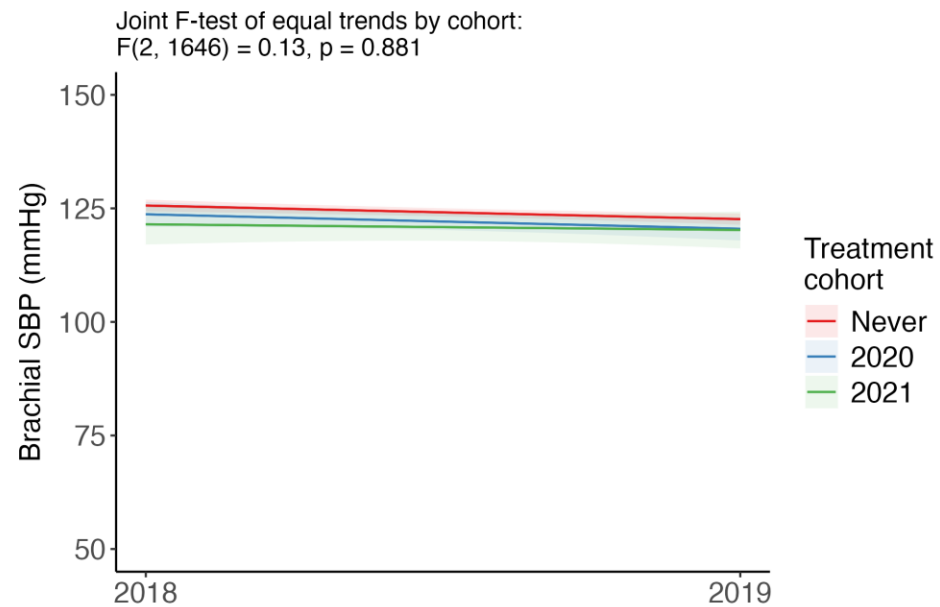
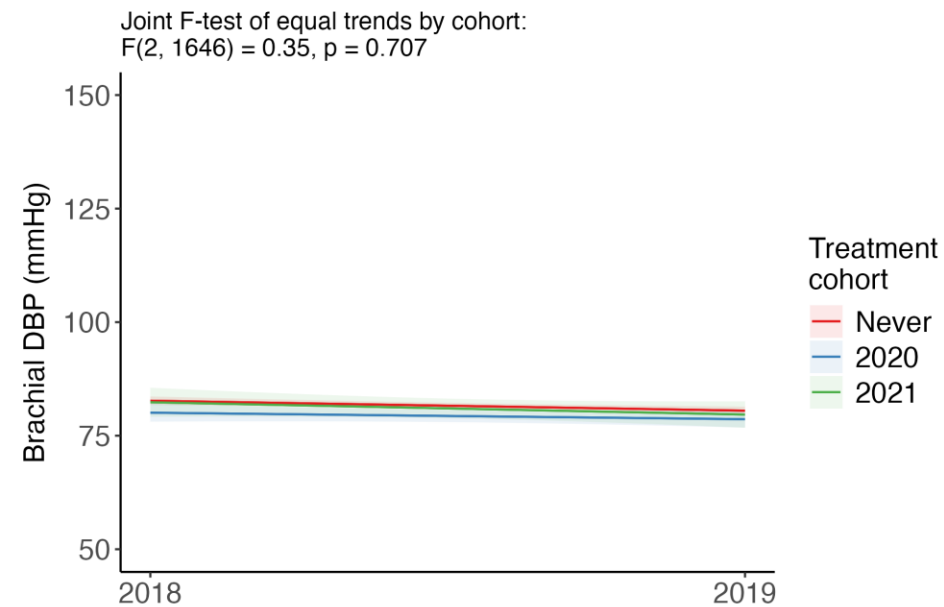
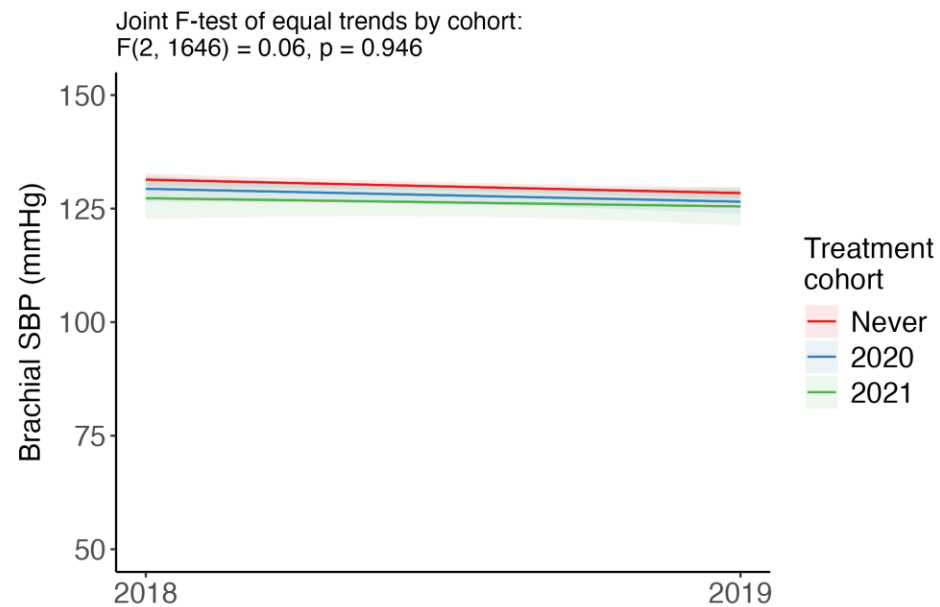
- Winter $\text{PM}_{2.5}$ still above air quality guidelines (AQG) in rural Beijing.



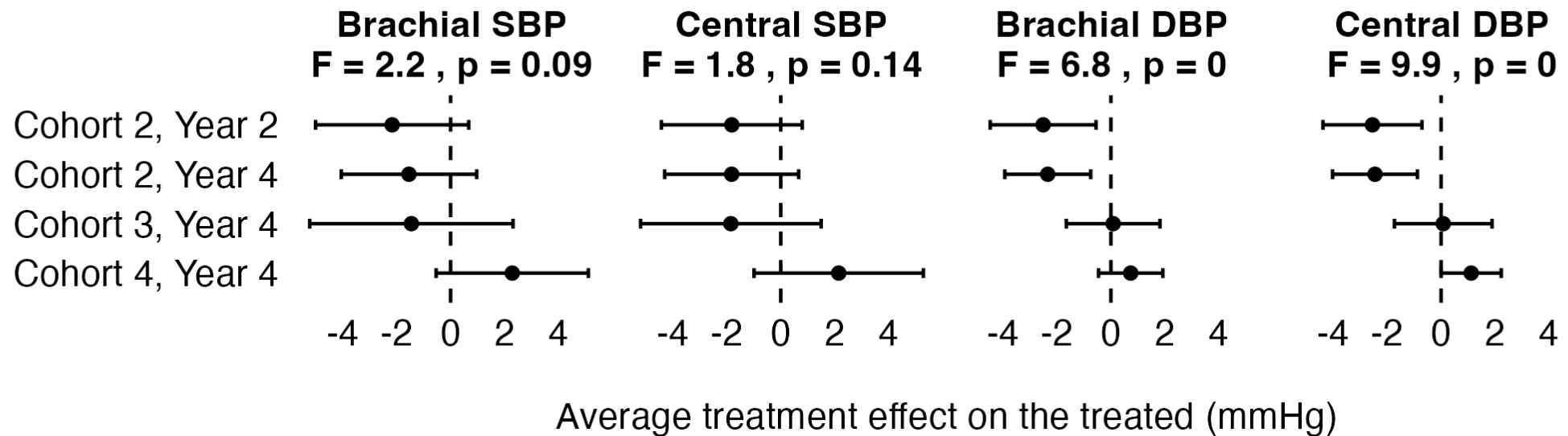
Context for the Clean Heating Policy

- Indoor temperatures below WHO guidelines in rural Beijing.





Heterogeneity of the total effects



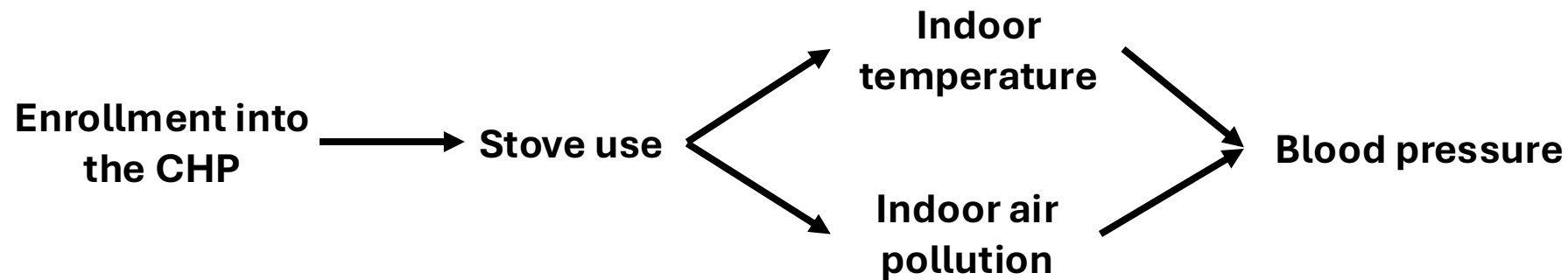
Studies of clean energy interventions

- Randomized trials, observational studies, natural experiments
- Increase the accessibility and affordability of less-polluting energy sources (i.e., providing clean fuels, improved stoves)
- Smaller sample size ($n = 28$ to 605)
- Few population-based evaluations
 - Pre-post studies
 - Couldn't account for secular trends

Assumptions for mediation

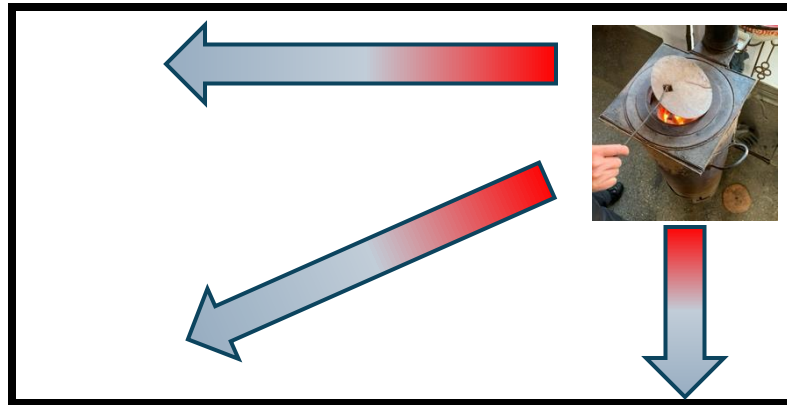
ID Assumptions for CDE and PE:

1. No exposure-outcome confounding
2. No mediator-outcome confounding
3. No exposure-mediator confounding



Heating with coal stove vs. electric heat pump

COAL



ELECTRIC

