

# DEVELOPING ENVIRONMENTAL INDICATORS FOR ASTHMA EXACERBATION MANAGEMENT IN SINGAPORE

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## Introduction

### Problem Description



**1 in 10** Singaporeans suffer from **Lifetime Asthma**, resulting in an estimated **annual economic burden of \$2.09 billion**

Asthma outcomes are multifaceted, a complex interplay of medical and **non-medical factors** — collectively known as **Social Determinants of Health (SDOHs)**, revealed to **account for up to 80% of health outcomes**.



**SDOHs:** "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" (World Health Organization, 2013)

### Project Aims & Objectives

To (i) **synthesise** a **representation** of environmental SDOHs impacting asthma patients in Singapore, and (ii) generate **evidence-based insights** to inform **more precise** and **targeted asthma management interventions**, by:

(i) Utilising **open-source** data to **develop** and **validate methodological approaches** for **quantifying environmental SDOH factors** that influence asthma exacerbation risk; and

(ii) Conduct **statistical analysis** to **identify key environmental risks**, thereby establishing the foundation for targeted interventions.

### Data Sources & Characteristics



**Public housing** postal codes were extracted exclusively from the public housing dataset to form a **master open-source database**.



Daily PSI and pollutant readings of each region (North, South, East, West, Central) were **aggregated from 2017 to 2018**.



**2019 LandUse MasterPlan** used to calculate the **nearest Euclidean distance** between **each postal code** and **land use areas** (Roads, Green spaces, Business 1, Business 2, Religion).

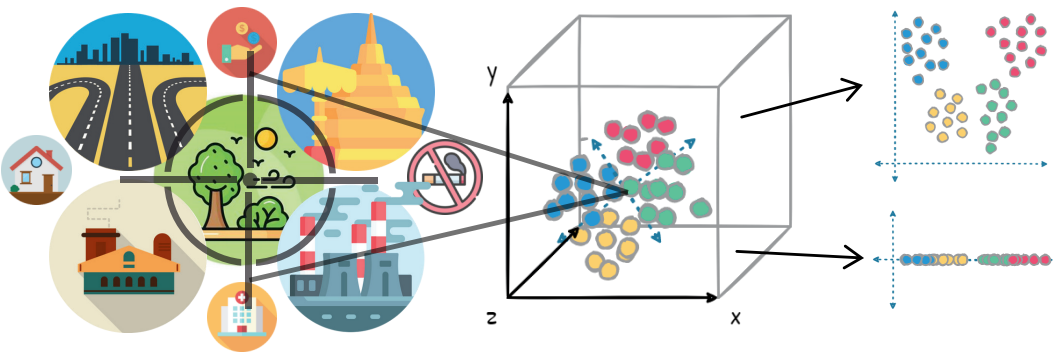


Data of **21,215** patients and their 2019 exacerbation counts, filtered to **15,214** patients residing in public housing.

## Methodology I: Indicator Creation

### Principal Component Analysis (PCA)

**Dimensionality Reduction (DR)** technique that transforms a set of correlated features into a new set of uncorrelated variables, known as **Principal Components (PCs)**, while preserving maximal variance.



E.g. **100 or more** SDOH factors, of unknown individual importance, **all compressed** into a mere few **Principal Components (PCs)**

## Methodology II: Indicator Validation

### (a) Construct Validation

Validate if the PCs obtained are able to **represent** the **selected environmental SDOH variables**.

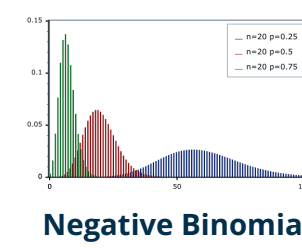
- 01 Select Reference Standard**  
Construct concordance with the **Pollutants Standard Index (PSI)**
- 02 Geospatial Reconciliation**  
Mapping of postal codes to regions (East, West, North, South, Central)
- 03 Correlation Analysis**  
Use **Pearson Correlation** to examine exposure-response relationships
- 04 Methodological Adaptation**  
There are only **five** PSI (NEA) regions, hence, **high data interdependency**
  - Deprioritised use of p-value
  - Prioritised use of  $r: (|r| \geq 0.75) \approx \text{strong}$

RIGOUR . RELEVANCE. UTILITY

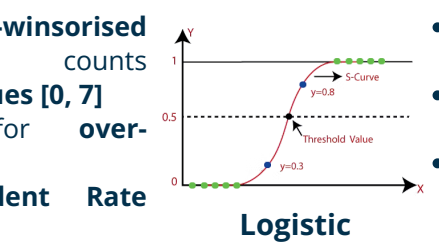
| Extracted Example of Mapped Patient Dataset |          |     |                 |     |            |               |           |
|---------------------------------------------|----------|-----|-----------------|-----|------------|---------------|-----------|
| Postal                                      | District | ... | distance_temple | ... | PSI_Region | PC1_Score_Rev | PC2_Score |
| 520351                                      | East     |     | 0.95441299      |     | 79         | 1.715537      | 2.317094  |
| 750493                                      | North    |     | 1.80400358      |     | 94         | -4.048429     | -0.252622 |
| ...                                         | ...      | ... | ...             | ... | ...        | ...           | ...       |

### (b) End-Use Validation

Apply output-validated indicator to **SingHealth patient data**; check for **over-dispersion** and **excess-zero counts**; fit to **regression models** to **validate** relationship between **indicator scores & exacerbation counts**.



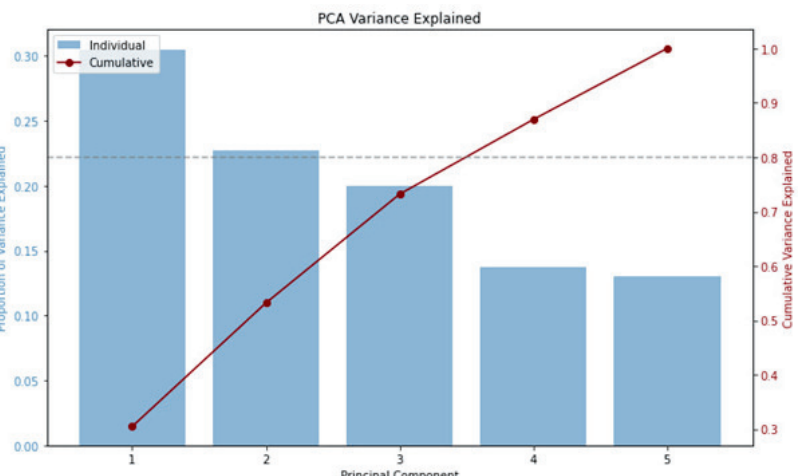
• Uses **top 5%-winsorised** exacerbation counts (2019) of values **[0, 7]**  
• Accounts for **over-dispersion**  
• Yields **Incident Ratios (IRRs)**



• Uses **binary** counts of values **0 or 1**  
• Accounts for **excess-zero counts**  
• Yields **Odds Ratios (ORs)**

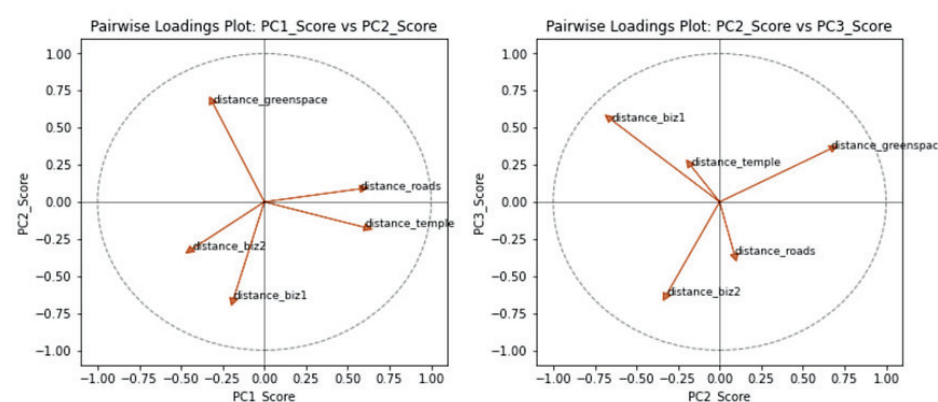
## Results & Discussion

### PC Selection & Indicators Creation



**Three PCs** retained using Kaiser criterion (eigenvalue > 1):  
• To ensure consistent interpretability of PC scores, the coefficients of PC1 loadings were **reversed**

| Feat. / PC                                     | PC1           | PC2            | PC3            |
|------------------------------------------------|---------------|----------------|----------------|
| Distance to nearest temple                     | <b>0.5987</b> | -0.1711        | 0.2419         |
| Distance to nearest CAT1 road                  | <b>0.5722</b> | 0.0880         | -0.3511        |
| Distance to nearest "Business_1" labelled zone | -0.1841       | <b>-0.6503</b> | 0.5536         |
| Distance to nearest "Business_2" labelled zone | -0.4310       | -0.3162        | <b>-0.6205</b> |
| Distance to nearest greenspace                 | -0.3074       | <b>0.6634</b>  | 0.3559         |
| Individual PC Eigenvalue                       | 1.5250        | 1.1356         | 1.0004         |



PCs validate the hypothesised **inverse relationship** between **green spaces** and **pollution sources**.

### Validation Against PSI & Its Constituents

#### Reversed PC1 (Urban\_Pollution)

- Strongly correlated with  $\text{SO}_2$  ( $r=0.86$ ), attributed to vehicular emission and religious burning

#### PC2 (Greenspace\_Mitigation)

- Strongly correlated with  $\text{CO}$  ( $r=0.76$ ) &  $\text{SO}_2$  ( $r=-0.79$ )
- Partially aligned expectations, as high  $\text{CO}$  levels could be attributed to combustion patterns from light industrial PM, but contradict expectations where  $\text{SO}_2$  levels are low despite increasing distance from green spaces

#### PC3 (Industrial\_Pollution)

- Strongly correlated with  $\text{PM}_{10}$  ( $r=-0.98$ ) &  $\text{PM}_{2.5}$  ( $r=-0.77$ )
- Activities within the "Business\_2" zones (labelled by URA), does not effectively capture correlations against environmental pollutants such as  $\text{PM}_{10}$  &  $\text{PM}_{2.5}$

### Validation Against Patients' Exacerbation Counts

| Negative Binomial Regression Results |         |        |                 |                 |
|--------------------------------------|---------|--------|-----------------|-----------------|
| Parameter                            | Coeff   | IRR    | 90% CI          | p-value         |
| Urban_Pollution                      | 0.0366  | 1.0373 | 1.0211 — 1.0538 | <b>1.28E-04</b> |
| Greenspace_Mitigation                | 0.0033  | 1.0033 | 0.9857 — 1.0214 | 0.7615          |
| Industrial_Pollution                 | -0.0397 | 0.9610 | 0.9458 — 0.9766 | <b>4.84E-05</b> |

| Logistic Regression Results |         |        |                 |                 |
|-----------------------------|---------|--------|-----------------|-----------------|
| Parameter                   | Coeff   | OR     | 90% CI          | p-value         |
| Urban_Pollution             | 0.0682  | 1.0707 | 1.0424 — 1.7862 | <b>2.83E-05</b> |
| Greenspace_Mitigation       | -0.0162 | 0.9839 | 0.9544 — 1.0147 | 0.3846          |
| Industrial_Pollution        | -0.0048 | 0.9952 | 0.9682 — 1.0234 | 0.7774          |

**Significant p-values (<0.05)** demonstrate **indicators' success** in quantifying the **relationship against patients' asthma exacerbation counts**.

## Conclusion

### Key Findings

- **Urban\_Pollution:** **IRR=1.037, OR=1.07** — Each unit increase **raises** exacerbation counts by **3.7%** and odds of experiencing exacerbation (counts  $\geq 1$ ) by **7%**.
- **Greenspace\_Mitigation:** No significant relationship with asthma exacerbation.
- **Industrial\_Pollution:** **IRR=0.9610** — Each unit increase **reduces** exacerbation counts by **3.9%**

### Significance of Findings

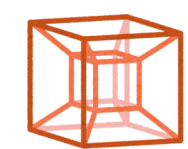
- Strategic urban environmental interventions should be implemented
  - Measures, beyond green spaces, should be explored to find a better representation of the mitigating factors of pollutants
- Asthma exacerbation has a more complex and nuanced relationship with "Business\_2" labelled zones, necessitating further studies

## Limitations & Future Work



**Regionally limited patient data:** SingHealth facilities concentrated in the **East** and **North-East** regions

- Collaborate with additional healthcare providers to construct a more balanced distribution of patients across different regions



**Limited scope of SDOH:** only environmental factors explored despite multiple facets/dimensions of SDOHs of Asthma

- Incorporate other dimensions (i.e. socioeconomic, behavioural etc.)



**Temporal limitations:** only single-year, single-valued patient exacerbation data are available

- Longitudinal cohort studies of patients spanning multiple years, even decades, provides more robust temporal insights

