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Research Idea Exchange

Thank you very much for pursuing this important research.

Most commenters have agreed that \$1 million will not go far enough to yield significant results. I am encouraged by the written suggestions from Redwood Energy and the recommendations of and potential to collaborate with the experts from the statewide asthma collaborative who spoke during the March 2nd workshop (Dr. Balmes and Dr. Hamilton (?) from the Central Valley). Embedding the range replacement study within a large, ongoing, research-oriented asthma program as well as recruiting households from sizable, deed-restricted, regulated affordable housing would effectively leverage your funds.

Including dwellings with multiple families in one unit (or otherwise maximizing number of residents and of children with asthma per square foot of living space) and recruiting only households that eat a minimum proportion of home-cooked meals will increase the chances of detecting an effect. Control and intervention groups should be matched as well as possible for these factors.

Children with asthma should serve as their own controls to a certain extent (before vs after stove replacement), but a non-intervention control group is also needed, because there are significant year-to-year differences in asthma exacerbation risk factors, most notably due to wild fires. The control subjects could be much fewer than the intervention group, and should live in the same buildings or neighborhoods as intervention subjects in order to achieve similar exposures outside the home.

I am concerned about the information provided during the workshop by the Central Valley asthma program speaker (Dr. Hamilton?) that some families who were given electric ranges had them removed and went back to gas ranges due to higher utility bills. Despite the higher per-family study cost, I think the researchers must provide ranges with induction rather than resistance coil elements. These low income families must not be saddled with the higher than necessary utility bills generated by resistance coil elements.

As Dr. Balmes said during the workshop, it would not be ethical to not offer electric stoves to the control families at the end of the study. However, I think the researchers should also allow both the intervention and the control families, with the benefit of study results, to choose either an electric stove or their original gas stove at the end of the study. This allows more autonomy for the families; avoids the risk of causing them the expense of replacing their study-supplied range with another gas range if they want to go back to gas; potentially aids in recruiting subjects; and provides another data point (how many intervention families choose to continue with the electric range).

Thank you, again, for soliciting this important study and for allowing feedback on study design.

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