

# Prioritising actions

Mike Holland  
[mike.holland@emrc.co.uk](mailto:mike.holland@emrc.co.uk)

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which schools?

how many schools?

by when?

technical or behavioural?

what to measure?

which effects?

how much to spend?

what do we want to achieve?

what have we missed?

does 'one size fit all'?

why schools?

how do we rate priorities?

## Potential for misallocation of resource

Well motivated parents, pupils, etc wanting action

Pressure on spending budgets at end of year

Lots of people promoting different products

Variability in the needs of schools

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schools?**

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by  
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what do we want  
to achieve?

what have we  
missed?

**why  
schools?**

how do we rate  
priorities?

Homes?

Where does  
prioritisation  
start?

Institutions?

- **Schools?**
- Hospitals?
- Care homes?



# Why Schools?

- Sensitive population
- Motivated population of pupils, teachers and parents
- Lessons learned can be used in other settings

# Are we focussing on the right schools?

- For pilot activities?
  - Schools expressing interest
  - Schools with identifiable problems
- For later rollout perhaps prioritise by?
  - Monitored pollution levels
  - Deprivation index
  - Type of building
  - Etc.

Review

## Poverty and child health in the UK: using evidence for action

Sophie Wickham<sup>1</sup>, Elspeth Anwar<sup>1</sup>, Ben Barr<sup>1</sup>, Catherine Law<sup>2</sup>, David Taylor-Robinson<sup>1, 2</sup>

Correspondence to Dr David Taylor-Robinson, Department of Public Health and Policy, Whelan Building, University of Liverpool, Liverpool, UK; [David.Taylor-Robinson@liverpool.ac.uk](mailto:David.Taylor-Robinson@liverpool.ac.uk)

### Abstract

There are currently high levels of child poverty in the UK, and for the first time in almost two decades child poverty has risen in absolute terms. Child poverty is associated with a wide range of health-damaging impacts, negative education and adverse long-term social and psychological outcomes. The poor health associated with child poverty limits child and development, leading to poor health and life chances in adulthood. This article outlines some key definitions of child poverty, reviews the links between child poverty and a range of health, developmental, behavioural and social outcomes for children, describes gaps in the evidence base and provides an overview of current policies relevant to child poverty in the UK. Finally, the article outlines how child health professionals can take action by (1) supporting policies to reduce child poverty, (2) providing services that reduce the health consequences of child poverty and (3) measuring and understanding the impact of action.

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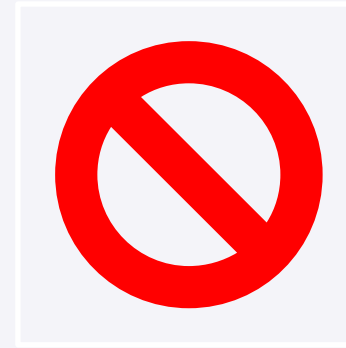
**how do we rate priorities?**



# What are we trying to achieve?



Improve the school environment  
Gain the most benefit for available  
resource  
Quickly



Avoid harm

# Benefits of actions

Reduced pollution

Improved health

Reduced absenteeism

Educational attainment

Influencing behaviour

Other benefits?

# Possible harms

- Bringing pollutants into school:
  - Cleaning products
  - Building products
  - Furniture
  - Furnishings
- Increasing energy use
- Making buildings 'unfriendly'
- Wasting resource
- ....

Accept that  
many  
measures  
are not  
burden-free

Many measures have  
negative aspects

- Energy use
- Waste generation (filters, liquid wastes...)
- PFAS in insulation, heat pumps
- Material properties may be worse for more environmentally friendly goods

Understand pros and cons

Investigate better options

Make informed choices

# How do we measure benefits of improved air quality in schools?

- Pollutant monitoring?
- Absenteeism?
- Use of asthma medication?
- Educational attainment?
- Staff opinion?
- Other measures?

## Risk Attitude and Air Pollution: Evidence From Chess

*Tinbergen Institute Discussion Paper 2020-027/VIII*

26 Pages • Posted: 18 Jun 2020

Joris Klingen

VU University Amsterdam

Jos N. van Ommeren

Vrije Universiteit Amsterdam, School of Business and Economics; Tinbergen Institute

Date Written: May 20, 2020

### Abstract

Medical research suggests that particulate matter (PM) increases stress hormones, therefore increasing the feeling of stress, which has been hypothesized to induce individuals to take less risk. To examine this, we study whether PM increases the probability of drawing in chess games using information from the Dutch club competition. We provide evidence of a reasonably strong effect: A 10 $\mu$ g increase in PM10 (33.6% of mean concentration) leads to a 5.8% increase in draws. Our results demonstrate that air pollution causes individuals to take less risk.

**Keywords:** air pollution, particulate matter, cognitive ability, risk taking

**JEL Classification:** Q53, D81, I18

**Suggested Citation:**

Klingen, Joris and van Ommeren, Jos N., Risk Attitude and Air Pollution: Evidence From Chess (May 20, 2020). Tinbergen Institute Discussion Paper 2020-027/VIII, Available at SSRN: <https://ssrn.com/abstract=3609237> or <http://dx.doi.org/10.2139/ssrn.3609237>

## ABSTRACT

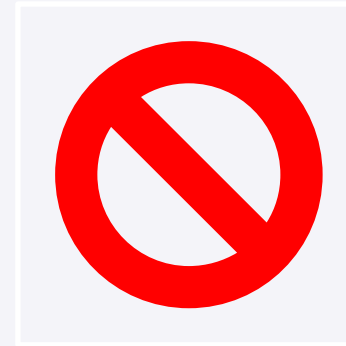
### Indoor Air Quality and Cognitive Performance\*

This paper studies the causal impact of indoor air quality on the cognitive performance of individuals using data from official chess tournaments. We use a chess engine to evaluate the quality of moves made by individual players and merge this information with measures of air quality inside the tournament venue. The results show that poor indoor air quality hampers cognitive performance significantly. We find that an increase in the indoor concentration of fine particulate matter (PM2.5) by 10  $\mu$ g/m<sup>3</sup> increases a player's probability of making an erroneous move by 26.3%. The impact increases in both magnitude and statistical significance with rising time pressure. The effect of the indoor concentration of carbon dioxide (CO<sub>2</sub>) is smaller and only matters during phases of the game when decisions are taken under high time stress. Exploiting temporal as well as spatial variation in outdoor pollution, we provide evidence suggesting a short-term and transitory effect of fine particulate matter on cognition.

# What are we trying to achieve?



Improve the indoor environment, gaining the most benefit for available resource **quickly**



Avoid harmful actions

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## Understanding costs

Purchase price

Installation costs

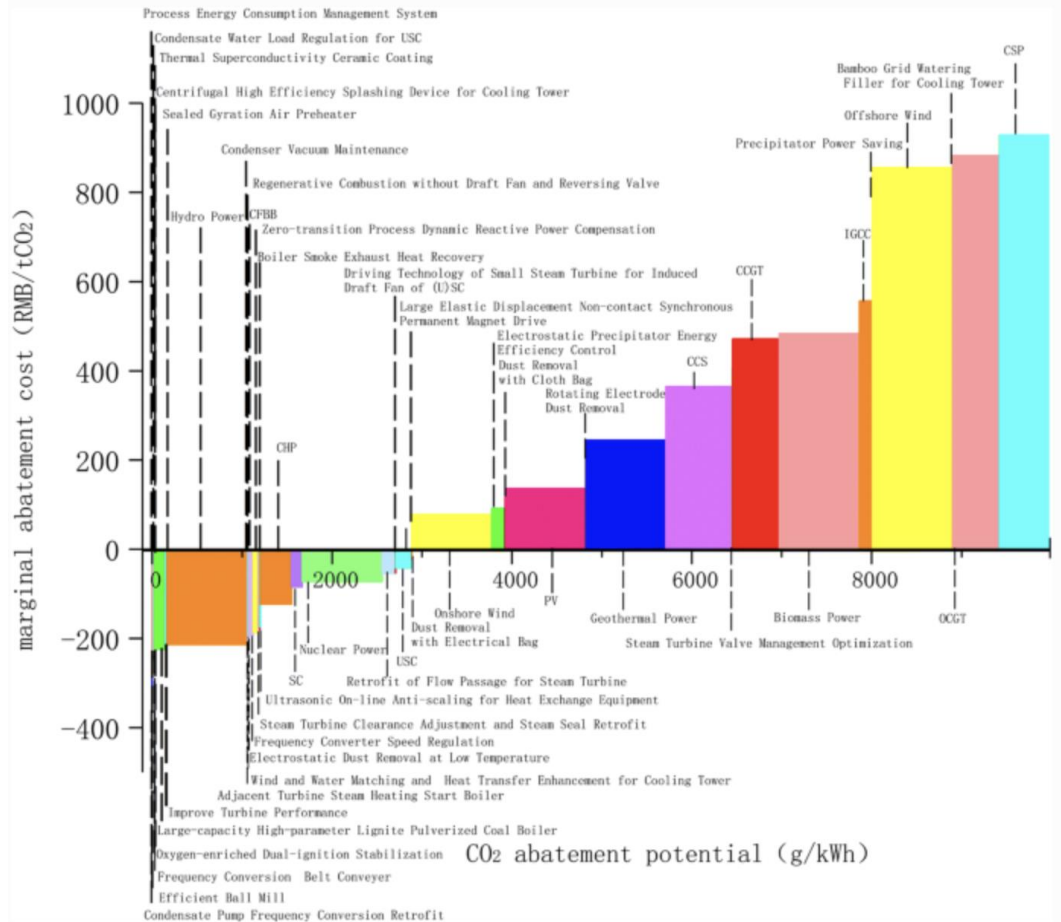
Running costs

- Servicing
- Repair
- Electricity, etc.



# Marginal abatement cost curves

Fig. 1



# MAC curves

Accounting for  
uncertainty?

One dimensional view  
of benefit

Coverage of  
behavioural measures

# Available tools

Cost effectiveness  
(MAC curves)

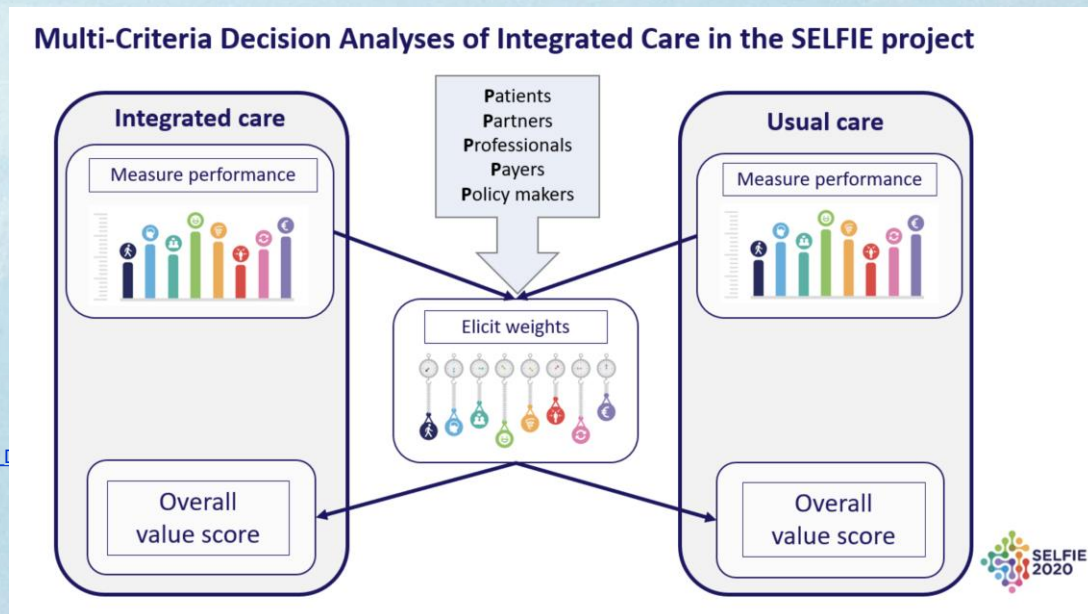
Cost-benefit  
analysis

Multi-criteria  
decision analysis

# MCDCA (multi-criteria decision analysis)

- Identify impacts
- Quantify or describe impacts for each option
- Define weights for each impact
- Combine data on impacts and weights to provide an overall score for each option
- Rank options
- Consider how alternative views affect rankings

- Example of MCDA methods in Chapter 3 of [https://wedocs.unep.org/bitstream/handle/20.500.11822/9566/Planning\\_Prof](https://wedocs.unep.org/bitstream/handle/20.500.11822/9566/Planning_Prof)



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# Issues of time

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- We agree that air quality is a problem, so action is needed now
- Important to get the right measures in
  - More research needed in some areas
  - Stratification approach?
- Need to consider future policy and technical developments