Health Canada Santé Canada

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# Environmental and Workplace Health

## Wind Turbine Noise and Health Study: Summary of Results

### Background and Rationale

The Government of Canada is committed to protecting the health and well-being of Canadians. Jurisdiction for the regulation of noise is shared across many levels of government in Canada. Health Canada's mandate with respect to wind power includes providing science-based advice, upon request, to federal departments, provinces, territories and other stakeholders on the potential impacts of wind turbine noise (WTN) on community health and well-being. Provinces and territories, through the legislation they have enacted, make decisions in relation to areas including installation, placement, sound levels and mitigation measures for wind turbines.

Globally, wind energy is relied upon as an alternative source of renewable energy. In Canada wind energy capacity has grown from approximately 137 Megawatts (MW) in 2000 to just over 8.5 Gigawatts (GW) in 2014 (CANWEA, 2014). At the same time, there has been concern from some Canadians living within the vicinity of wind turbine installations that their health and well-being are negatively affected from exposure to WTN.

The scientific evidence base in relation to WTN exposure and health is limited, which includes uncertainty as to whether or not low frequency noise (LFN) and infrasound from wind turbines contributes to the observed community response and potential health impacts. Studies that are available differ in many important areas including methodological design, the evaluated health effects, and strength of the conclusions offered.

In July 2012, Health Canada announced its intention to undertake a large scale epidemiology study in collaboration with Statistics Canada (*Statistics Canada Official Title: Community Noise and Health Study*). The study was launched to support a broader evidence base on which to provide federal advice and in acknowledgement of the community health concerns expressed in relation to wind turbines.

### Research Objectives and Methodology

The objectives of the study were to:

- Investigate the prevalence of health effects or health indicators among a sample of Canadians exposed to WTN using both self-reported and objectively measured health outcomes;
- Apply statistical modeling in order to derive exposure response relationships between WTN levels and self-reported and objectively measured health outcomes; and,
- Investigate the contribution of LFN and infrasound from wind turbines as a potential contributing factor towards adverse community reaction.

The study was undertaken in two Canadian provinces, Ontario (ON) and Prince Edward Island (PEI), where there were a sufficient number of homes within the vicinity of wind turbine installations. The study consisted of three primary components: an in-person questionnaire, administered by Statistics Canada to randomly selected participants living at varying distances from wind turbine installations;

collection of objectively measured outcomes that assess hair cortisol, blood pressure and sleep quality; and, more than 4000 hours of WTN measurements conducted by Health Canada to support the calculation of WTN levels at residences captured in the study scope. To support the assessment and reporting of data, and permit comparisons to other studies, residences were grouped into different categories of calculated outdoor A-weighted WTN levels as follows: less than 25 dB; 25-<30dB; 30-<35dB; 35-<40dB; and greater than or equal to 40 dB[1].

Detailed information on Health Canada's *Wind Turbine Noise and Health Study* methodology, including the 60-day public consultation and peer review process is available on the Health Canada website. The detailed methodology for the study is also available in the peer reviewed literature (*Michaud et al., Noise News International, 21(4): 14-23, 2013*).

## Preliminary Research Findings[2]

Health Canada has completed its preliminary analysis of the data obtained. Research findings are presented below in accordance with the study component in which they were obtained i.e. in-person, self-report questionnaire findings, objectively measured responses, and noise measurements and calculations. As with other studies of this nature, a number of limitations and considerations apply to the study findings including:

- results may not be generalized to areas beyond the sample as the wind turbine locations in this study were not randomly selected from all possible sites operating in Canada;
- results do not permit any conclusions about causality; and,
- results should be considered in the context of all published peer-reviewed literature on the subject.

### A. *Study Population and Participation*

The study locations were drawn from areas in ON and PEI where there were a sufficient number of homes within the vicinity of wind turbine installations. Twelve (12) and six wind turbine developments were sampled in ON and PEI, representing 315 and 84 wind turbines respectively. All potential homes within approximately 600 m of a wind turbine were selected, as well as a random selection of homes between 600 m and 10 km. From these, one person between the ages of 18 and 79 years from each household was randomly selected to participate.

The final sample size consisted of 2004 potential households. Of the 2004 locations sampled, 1570 were found to be valid dwellings[3] of which a total of 1238 households with similar demographics[4] participated, resulting in an overall participation rate of 78.9%. Participation rate was similar regardless of one's proximity to wind turbines and equally high in both provinces. The high response rates in this study help to reduce, but not eliminate, non-response bias[5].

### B. *Self-Reported Questionnaire Results*

Results are presented in relation to WTN levels. For findings related to WTN annoyance, results are also provided in relation to distance to allow for comparisons with other studies. WTN is a more sensitive measure of exposure level and allows for consideration of topography, wind turbine characteristics and the number of wind turbines at any given distance. To illustrate, two similar homes may exist in similar environments located at the same distance from the nearest turbine operating in areas with 1 small and 75 large wind turbines respectively. These homes would be treated the same if the analysis was conducted using only distance to the nearest wind turbine, however they would be completely different in terms of their WTN exposure levels.

The following were not found to be associated with WTN exposure:

- self-reported sleep (e.g., general disturbance, use of sleep medication, diagnosed sleep disorders);
- self-reported illnesses (e.g., dizziness, tinnitus, prevalence of frequent migraines and headaches) and chronic health conditions (e.g., heart disease, high blood pressure and diabetes); and
- self-reported perceived stress and quality of life.

*While some individuals reported some of the health conditions above, the prevalence was not found to change in relation to WTN levels.*

*1. Self-reported Sleep*

Long-term sleep disturbance can have adverse impacts on health and disturbed sleep is one of the more commonly reported complaints documented in the community noise literature. Self-reported sleep disturbance has been shown in some, but not all, studies to be related to exposure to wind turbines.

The Pittsburgh Sleep Quality Index (PSQI) is a frequently used questionnaire for providing a validated measure of reported sleep pathology where scores can range from 0-21 and a global score of greater than 5 is considered to reflect poor sleep quality. The PSQI was administered as part of the overall questionnaire, which was supplemented with questions about the use of sleep medication, prevalence of sleep disorders diagnosed by a healthcare professional and how sleep disturbed people were in general over the last year.

Results of self-reported measures of sleep, that relate to aspects including, but not limited to general disturbance, use of sleep medication, diagnosed sleep disorders and scores on the PSQI, did not support an association between sleep quality and WTN levels.

*2. Self-reported Illnesses and Chronic Diseases*

Self-reports of having been diagnosed with a number of health conditions were not found to be associated with exposure to WTN levels. These conditions included, but were not limited to chronic pain, high blood pressure, diabetes, heart disease, dizziness, migraines, ringing, buzzing or whistling sounds in the ear (i.e., tinnitus).

*3. Self-reported Stress*

Exposure to stressors and how people cope with these stressors has long been considered by health professionals to represent a potential risk factor to health, particularly to cardiovascular health and mental well-being. The Perceived Stress Scale is a validated questionnaire that provides an assessment of the degree to which situations in one's life are appraised as stressful.

Self-reported stress, as measured by scores on the Perceived Stress Scale, was not found to be related to exposure to WTN levels.

*4. Quality of Life*

Impact on quality of life was assessed through the abbreviated version of the World Health Organization's Quality of Life scale; a validated questionnaire that has been used extensively in social studies to assess quality of life across the following four domains: Physical; Environmental; Social and Psychological.

Exposure to WTN was not found to be associated with any significant changes in reported quality of life for any of the four domains, nor with overall quality of life and satisfaction with health.

The following was found to be statistically associated with increasing levels of WTN:

- annoyance towards several wind turbine features (i.e. noise, shadow flicker, blinking lights, vibrations, and visual impacts).

*5 Annoyance*

*5.1 Community Annoyance as a Measure of Well-being*

The questionnaire, administered by Statistics Canada, included themes that were intended to capture both the participants' perceptions of wind turbines and reported prevalence of effects related to health and well-being. In this regard, one of the most widely studied responses to environmental noise is community annoyance. There has been more than 50 years of social and socio-acoustical research related to the impact that noise has on community annoyance. Studies have consistently shown that an increase in noise level was associated with an increase in the percentage of the community indicating that they are "highly annoyed" on social surveys. The literature shows that in comparison to the scientific literature on noise annoyance to transportation noise sources such as rail or road traffic, community annoyance with WTN begins at a lower sound level and increases more rapidly with increasing WTN.

Annoyance is defined as a long-term response (approximately 12 months) of being "very or extremely annoyed" as determined by means of surveys. Reference to the last year or so is intended to distinguish a long term response from one's annoyance on any given day. The relationship between noise and community annoyance is stronger than any other self-reported measure, including complaints and reported sleep disturbance.

*5.2 Community Annoyance Findings*

Statistically significant exposure-response relationships were found between increasing WTN levels and the prevalence of reporting high annoyance. These associations were found with annoyance due to noise, vibrations, blinking lights, shadow and visual impacts from wind turbines. In all cases, annoyance increased with increasing exposure to WTN levels.

The following additional findings in relation to WTN annoyance were obtained:

- At the highest WTN levels (≥ 40 dBA in both provinces), the following percentages of respondents were highly annoyed by wind turbine noise: ON-16.5%; PEI-6.3%. While overall a similar pattern of response was observed, the prevalence of WTN annoyance was 3.29 times higher in ON versus PEI (95% confidence interval, 1.47 - 8.68).
- A statistically significant increase in annoyance was found when WTN levels exceeded 35 dBA.
- Reported WTN annoyance was statistically higher in the summer, outdoors and during evening and night time.
- Community annoyance was observed to drop at distances between 1-2km in ON, compared to PEI where almost all of the participants who were highly annoyed by WTN lived within 550m of a wind turbine. Investigating the reasons for provincial differences is outside the scope of the current study.
- WTN annoyance significantly dropped in areas where calculated nighttime background noise

exceeded WTN by 10dB or more.

- Annoyance was significantly lower among the 110 participants who received personal benefit, which could include rent, payments or other indirect benefits of having wind turbines in the area e.g., community improvements. However, there were other factors that were found to be more strongly associated with annoyance, such as the visual appearance, concern for physical safety due to the presence of wind turbines and reporting to be sensitive to noise in general.

*5.3 Annoyance and Health*

- WTN annoyance was found to be statistically related to several self-reported health effects including, but not limited to, blood pressure, migraines, tinnitus, dizziness, scores on the PSQI, and perceived stress.
- WTN annoyance was found to be statistically related to measured hair cortisol, systolic and diastolic blood pressure.
- The above associations for self-reported and measured health endpoints were not dependent on the particular levels of noise, or particular distances from the turbines, and were also observed in many cases for road traffic noise annoyance.
- Although Health Canada has no way of knowing whether these conditions may have either pre-dated, and/or are possibly exacerbated by, exposure to wind turbines, the findings support a potential link between long term high annoyance and health.
- Findings suggest that health and well-being effects may be partially related to activities that influence community annoyance, over and above exposure to wind turbines.

### C. *Objectively Measured Results*

Objectively measured health outcomes were found to be consistent and statistically related to corresponding self-reported results. WTN was not observed to be related to hair cortisol concentrations, blood pressure, resting heart rate or measured sleep (e.g., sleep latency, awakenings, sleep efficiency) following the application of multiple regression models[6].

*1. Measures Associated with Stress*

Hair cortisol, blood pressure and resting heart rate measures were applied in addition to the Perceived Stress Scale to provide a more complete assessment of the possibility that exposure to WTN may be associated with physiological changes that are known to be related to stress.

Cortisol is a well-establish biomarker of stress, which is traditionally measured from blood and/or saliva. However, measures from blood and saliva reflect short term fluctuations in cortisol and are influenced by many variables including time of day, food consumption, body position, brief stress, etc., that are very difficult to control for in an epidemiology study. To a large extent, such concerns are eliminated through measurement of cortisol in hair samples as cortisol incorporates into hair as it grows. With a predictable average growth rate of 1 cm per month, measurement of cortisol in hair makes it possible to retrospectively examine months of stressor exposure. Therefore cortisol is particularly useful in evaluating the potential impact that long term exposure to WTN has on one of the primary biomarkers linked to stress.

The results from multiple linear regression analysis reveal consistency between hair cortisol concentrations and scores on the Perceived Stress Scale (i.e., higher scores on this scale were associated with higher concentrations of hair cortisol) with neither measure found to be significantly affected by exposure to WTN. Similarly, while self-reported high blood pressure (hypertension) was associated with higher measured blood pressure, no statistically significant association was observed between measured blood pressure, or resting heart rate, and WTN exposure.

*2. Sleep Quality*

Sleep was measured using the Actiwatch2$^{TM}$, which is a compact wrist-worn activity monitor that resembles a watch. This device has advanced sensing capabilities to accurately and objectively measure activity and sleep information over a period of several days. This device is considered to be a reliable and valid method of assessing sleep in non-clinical situations. The following measured sleep impacts were considered: sleep latency (how long it took to fall asleep); wake time after sleep onset (the total duration of awakenings); total sleep time; the rate of awakening bouts (calculates how many awakenings occur as a function of time spent in bed); and sleep efficiency (total sleep time divided by time in bed).

Sleep efficiency is especially important because it provides a good indication of overall sleep quality. Sleep efficiency was found to very high at 85% and statistically influenced by gender, body mass index (BMI), education and caffeine consumption.

The rates of awakening bouts, total sleep time or sleep latency were further found in some cases to be related to: age, marital status, closing bedroom windows, BMI, physical pain, having a stand-alone air conditioner in the bedroom, self-reports of restless leg syndrome and being highly annoyed by the blinking lights on wind turbines.

While it can be seen that many variables had a significant impact on measured sleep, calculated outdoor WTN levels near the participants' home was not found to be associated with sleep efficiency, the rate of awakenings, duration of awakenings, total sleep time, or how long it took to fall asleep.

### D. *Wind Turbine Noise Measures Results*

*Note - To support a greater understanding of the concepts included in this section, Health Canada has developed a short Primer on Noise.*

Scientists that study the community response to noise typically measure different sounds levels with a unit called the A-weighted decibel (dBA). The A-weighting reflects how people respond to the loudness of common sounds; that is, it places less importance on the frequencies to which the ear is less sensitive. For most community noise sources this is an acceptable practice. However, when a source contains a significant amount of low frequencies, an A-weighted filter may not fully reflect the intrusiveness or the effect that the sound may have (e.g. annoyance). In these cases, the use of a C-weighted filter (dBC) may be more appropriate because it is similar to the A-weighting except that it includes more of the contribution from the lower frequencies than the A-weighted filter.

*1. A- Weighted*

More than 4000 hours of WTN measurements conducted by Health Canada supported the calculations of A-weighted WTN levels at all 1238 homes captured in the study sample.

- Calculated outdoor A-weighted WTN levels for the homes participating in the study reached 46 dBA for wind speeds of 8m/s. This approach is the most appropriate to quantify the potential adverse effects of WTN. The calculated WTN levels are likely to be representative of yearly averages with an uncertainty of about +/- 5dB and therefore can be compared to World Health Organization (WHO) guidelines. The WHO identifies an annual outdoor night time average of 40 dBA as the level below which no health effects associated with sleep disturbance are expected to occur even among the most vulnerable people (WHO (2009) *Night Noise Guidelines for Europe*).

*2. Low Frequency Noise*

Wind turbines emit LFN, which can enter the home with little or no reduction in energy potentially resulting in rattles in light weight structures and annoyance. Although the limits of LFN are not fixed, it generally includes frequencies from between 20Hz and 200Hz. C-weighted sound levels can be a better indicator of LFN in comparison to A-weighted levels, and were calculated in order to assess the potential LFN impacts.

- Calculated outdoor dBC levels for homes ranged from 24 dBC and reached 63 dBC.
- Three (3)% of the homes were found to exceed 60 dBC[7].
- No additional benefit was observed in assessing LFN because C- and A-weighted levels were so highly correlated (r=0.94) that they essentially provided the same information. It was therefore not surprising that the relationship between annoyance and WTN levels was predicted with equal strength using dBC or dBA and that there was no association found between dBC levels and any of the self-reported illnesses or chronic health conditions assessed (e.g., migraines, tinnitus, high blood pressure, etc.)
- Sound pressure levels were found to be below the recommended thresholds for reducing perceptible rattle and the annoyance that rattle may cause.

As LFN is generally considered to be an indoor noise problem, it was of interest to better understand how much outdoor LFN makes its way into the home.

- At a selection of representative homes, Health Canada measurements showed an average of 14dB of outdoor WTN is blocked from entering a home at low frequencies (16 Hz - 100 Hz) with closed windows compared to an average reduction of 10dB with windows partially open.

### *3. Infrasound*

Long-term measurements over a period of 1 year were also conducted in relation to infrasound levels.

- Infrasound from wind turbines could sometimes be measured at distances up to 10km from the wind turbines, but was in many cases below background infrasound levels.
- The levels were found to decrease with increasing distance from the wind turbine at a rate of 3dB per doubling of distance beyond 1km, downwind from a wind turbine.
- The levels of infrasound measured near the base of the turbine were around the threshold of audibility that has been reported for about 1% of people that have the most sensitive hearing.

Due to the large volume of acoustical data, including that related to infrasound, analysis will continue over subsequent months with additional results being released at the earliest opportunity throughout 2015.

## Data Availability and Application

Detailed descriptions of the above results will be submitted for peer review with open access in scientific journals and should only be considered final following publication. All publications by Health Canada related to the study will be identified on the Health Canada website.

Raw data originating from the study is available to Canadians, other jurisdictions and interested parties through a number of sources: Statistics Canada Federal Research Data Centres, the Health Canada website (noise data), open access to publications in scientific journals and conference presentations. Plain language abstracts outlining the research and identifying the scientific journals where papers can be found will further be published to the Departmental website.

Health Canada's Wind Turbine Noise and Health Study included both self-reported and physically measured health effects as together they provide a more complete overall assessment of the potential impact that exposure to wind turbines may have on health and well-being.

Study results will support decision makers by strengthening the peer-reviewed scientific evidence base that supports decisions, advice and policies regarding wind turbine development proposals, installations and operations. The data obtained will also contribute to the global knowledge of the relationship between WTN and health.

1 Categories are mutually exclusive. Only six out of 1238 dwellings in the study were above 45dBA; an inadequate sample size to create an additional category.

2 A more detailed presentation of the results will be submitted for publication in scientific journals. Results should only be considered final following peer-review and publication in the scientific literature.

3 434 were not valid dwellings; upon visiting the address Statistics Canada noted that the location was either demolished for unknown reasons, under construction, vacant for unknown reasons, an unoccupied seasonal dwelling, residents were outside the eligible age range, or not a home at all.

4 Some minor differences were found with respect to age, employment, type of home and home ownership.

5 Non-response bias may be a problem depending upon the extent to which non participation is associated with the exposure of interest (in this case wind turbine exposure). This study did not include a non-response survey, however refusing to participate was not related to the distance between the resident and the nearest wind turbine.

6 This type of analysis identifies the personal and situational variables that best explain the variation observed in the objective measures after adjusting for all variables that are known to have an influence on the effects being assessed.

7 For sources that operate at night in rural environments, a dBC limit somewhere between 60 dBC and 65 dBC has been recommended to minimize community complaints/annoyance associated with LFN, See discussion in Broner (2011). A simple outdoor criterion for assessment of low frequency noise emission. Acoustics Australia Vol 39, Issue 1, pp 7-14.

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