



Queen Mary
University of London

Aircraft noise effects on health

Prepared for the Airports Commission

Dr Charlotte Clark
Centre for Psychiatry
Barts & the London School of Medicine
Queen Mary University of London

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1. Introduction

Recent years have seen an increase in the strength of the evidence linking environmental noise exposure (road, rail, airport and industrial noise) to health. The World Health Organization (WHO, 2011) recently estimated that between 1 and 1.6 million healthy life years (Disability-Adjusted Life Years) are lost annually because of environmental noise exposure¹, such as road traffic noise and aircraft noise, in high income western European Countries. The WHO estimated that each year 903,000 DALYS are lost due to sleep disturbance; 654,000 DALYS due to noise annoyance; 61,000 DALYS due to heart disease; and 45,000 DALYS due to cognitive impairment in children.

Aircraft noise negatively influences health if the exposure is long-term and exceeds certain levels (Basner et al., 2014). This review briefly summarizes the strength of the evidence for aircraft noise effects on cardiovascular health, sleep disturbance, annoyance, psychological well-being, and effects on children's cognition and learning, as well as briefly discussing guidelines for environment noise exposure. This evidence is related to the three shortlisted schemes for the new runway.

This is a selective review focusing on reviews assessing the strength of the evidence, as well as high quality, robust, large-scale epidemiological field studies of aircraft noise exposure, highlighting studies that have been conducted within the United Kingdom, where possible. It represents key studies within the field but should not be considered an exhaustive review. Studies of road traffic noise, as opposed to aircraft noise, have only been included where evidence for aircraft noise exposure is unavailable.

2. Aircraft noise effects on health: a review of recent evidence

2.1. Cardiovascular health

Over the past 10 years, evidence that aircraft noise exposure leads to increased risk for poorer cardiovascular health has increased considerably. A recent review, suggested that risk for cardiovascular outcomes such as high blood pressure (hypertension), heart attack, and stroke, increases by 7 to 17% for a 10dB increase in aircraft or road traffic noise exposure (Basner et al., 2014). A review of the evidence for children concluded that there were associations between aircraft noise and high blood pressure (Paunović et al., 2011), which may have implications for adult health (Stansfeld & Clark, 2015).

The HYENA study (HYpertension and Exposure to Noise near Airports) examined noise effects on the blood pressure (hypertension) of 4,861 people, aged 45-70 years, who had lived for over 5 years near 7 major European airports including London Heathrow; Amsterdam Schiphol; Stockholm Arlanda & Bromma; Berlin Tegel, Milan Malpensa; and Athens Eleftherios Venizelos (Jarup et al., 2008). High blood pressure was

¹ The range 1 to 1.6 million is given as it is not known if the effects for the different health outcomes are additive or if they might interact/co-occur.

assessed via measurements and medication use. The HYENA study found that a 10dB increase in aircraft noise at night (L_{night}) was associated with a 14% increase in odds for high blood pressure but day-time aircraft noise ($L_{\text{Aeq 16 hour}}$) did not increase the odds for high blood pressure (Jarup et al., 2008). The HYENA study did not find an association between day-time aircraft noise and high blood pressure which might be because many residents work away from home during the day-time, leading to potential mis-classification of their day-time aircraft noise exposure. The HYENA study also found that a 10dB increase in night-time aircraft noise was associated with a 34% increase in the use of medication for high blood pressure in the UK (Floud et al., 2011). The HYENA study is a high quality large-scale study of aircraft noise exposure effects on blood pressure, which includes a population sample around London Heathrow airport. One short-coming of the study is that it assesses noise and health at the same point in time, meaning that we cannot be sure whether noise exposure occurred before the poorer health outcomes, or whether the poorer health outcomes may have preceded the noise exposure.

A recent study around London Heathrow airport examined risks for hospital admission and mortality for stroke, coronary heart disease and cardiovascular disease for around 3.6 million people living near London Heathrow airport (Hansell et al., 2013). Both day-time ($L_{\text{Aeq 16 hour}}$) and night-time (L_{night}) aircraft noise exposure were related to increased risk for a cardiovascular hospital admission. Compared to those exposed to aircraft noise levels below 51dB in the day-time, those exposed to aircraft noise levels over 63dB in the day-time had a 24% higher chance of a hospital admission for stroke; a 21% higher chance of a hospital admission for coronary heart disease; and a 14% higher chance of a hospital admission for cardiovascular disease. These estimates took into account age, sex, ethnicity, deprivation and lung cancer mortality as a proxy for smoking. These results were also not accounted for by air pollution, which was adjusted for in the analyses. Similar effects were also found between aircraft noise exposure and mortality for stroke, coronary heart disease, and cardiovascular disease. The study concluded that high levels of aircraft noise were associated with increased risks of stroke, coronary heart disease, and cardiovascular disease for both hospital admissions and mortality in areas near Heathrow airport.

Further longitudinal evidence for an association between aircraft noise exposure and mortality from heart attacks comes from a large-scale Swiss study of 4.6 million residents over 30 years of age (Huss et al., 2010). This study found that mortality from heart attacks increased with increasing level and duration of aircraft noise exposure (over 15 years), but there were no associations between aircraft noise exposure and other cardiovascular outcomes including stroke or circulatory disease. The lack of association between aircraft noise and stroke differs from the findings of the similar study conducted around Heathrow airport, which did find an association of aircraft noise on stroke mortality (Hansell et al., 2013).

It is not uncommon for studies in this field to demonstrate some inconsistencies in the specific cardiovascular outcomes for which significant effects of aircraft noise associations are found. There are several explanations for this. Firstly, demonstrating environmental noise effects on cardiovascular disease requires very large samples.

Even in large samples effects may not be statistically significant, as the confidence intervals for the estimate of the effect can be wide, if the cardiovascular outcome does not have a high prevalence, e.g. incidence of stroke. Thus, studies vary in their sample size and in their ability to examine a range of cardiovascular outcomes. Secondly, with epidemiological studies, there is always the potential for residual confounding: the analyses may still not be taking into account all factors, which might be influencing the association between aircraft noise and cardiovascular disease. Thirdly, there is always the possibility of exposure mis-classification: the estimated aircraft noise exposure may be incorrect for some of the sample, which could influence the findings. For example, there is a limitation to using day-time aircraft noise exposure at home for adult samples, when they may work away from their home environment. Fourthly, there is variation in the level and range of aircraft noise exposures examined, which could explain differences between the studies. Despite these differences between the aircraft noise studies, the most recent meta-analysis of the field (Babisch, 2014) concluded that aircraft noise exposure was associated with increased risk for cardiovascular outcomes such as high blood pressure, heart attack and stroke.

It is biologically plausible that long-term exposure to environmental noise might influence cardiovascular health (Babisch, 2014). Figure 2.1. shows a model of proposed pathways between environmental noise exposure and cardiovascular diseases (Babisch, 2014). In brief, increased stress associated with noise exposure might cause physiological stress reactions in an individual, which in turn can lead to increases in established cardiovascular disease risk factors such as blood pressure, blood glucose concentrations, and blood lipids (blood fats). These risk factors lead to increased risk of high blood pressure (hypertension) and arteriosclerosis (e.g. narrowing of arteries due to fat deposits) and are related to serious events such as heart attacks and strokes (Babisch, 2014; Basner et al., 2014). The stress that triggers this pathway can operate directly via sleep disturbance or indirectly via interference with activities and annoyance.

To date, few studies have examined whether aircraft noise exposure influences metabolic risk factors for cardiovascular health, such as Type II diabetes, body mass index, and waist circumference. Such factors would lie on the proposed pathway between aircraft noise exposure and cardiovascular diseases. A recent study of long-term exposure to aircraft noise in Sweden found that exposure was associated with a larger waist circumference but less clearly with Type II diabetes and body mass index (Eriksson et al., 2014). This is an area of research where further evidence should be forthcoming in the next few years.

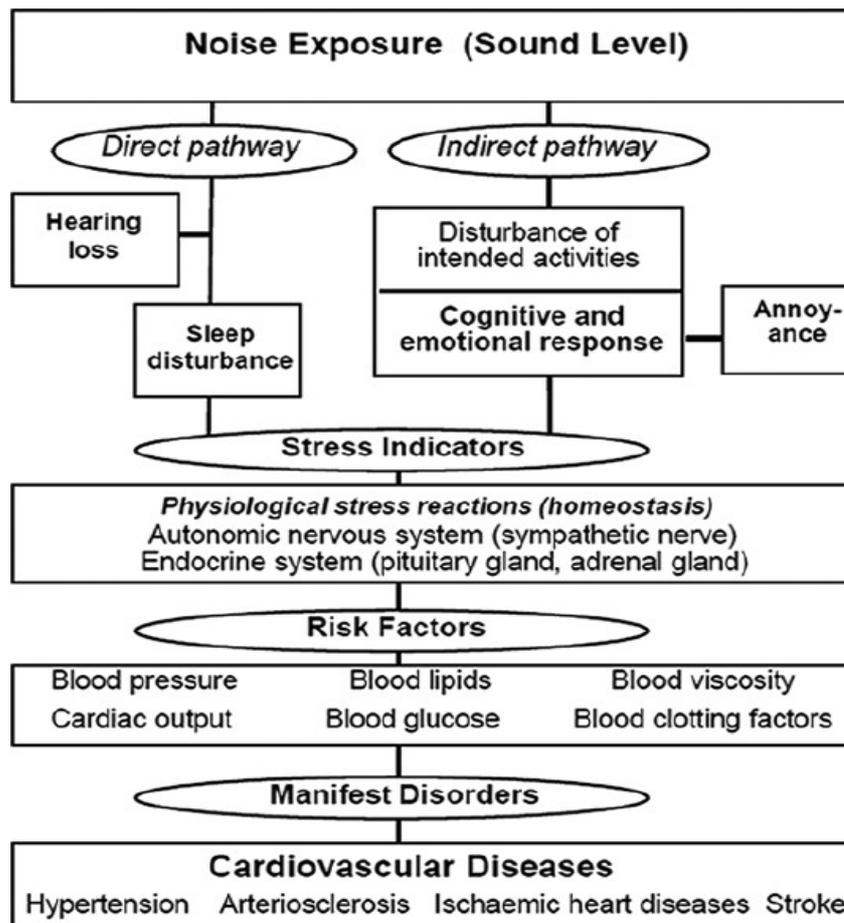


Figure 2.1. Pathways from environmental noise exposure to cardiovascular disease (Babisch, 2014).

2.2. Sleep disturbance

The WHO estimated sleep disturbance to be the most adverse non-auditory effect of environmental noise exposure (Basner et al., 2014; WHO, 2011). Undisturbed sleep of a sufficient number of hours is needed for alertness and performance during the day, for quality of life, and for health (Basner et al., 2014). Humans exposed to sound whilst asleep still have physiological reactions to the noise which do not adapt over time including changes in breathing, body movements, heart rate, as well as awakenings (Basner et al., 2014). The elderly, shift-workers, children and those with poor health are thought to be at risk for sleep disturbance by noise (Muzet, 2007).

The effect of night-time aircraft noise exposure has been explored for a range of sleep outcomes ranging from subjective self-reported sleep disturbance and perceived sleep quality, to more objective measures of interference with ability to fall asleep, shortened sleep duration, awakenings, and increased bodily movements as assessed

by polysomnography² (Michaud et al., 2007). Most evidence comes from studies of self-reported sleep disturbance. However, self-reported sleep disturbance outcomes are vulnerable to bias, as such measures are likely to be influenced by noise annoyance and other demographic factors (Clark & Stansfeld, 2011).

Reviews have concluded that there is evidence for an effect of night-time aircraft noise exposure on sleep disturbance from community based studies (Hume et al., 2012; Miedema & Vos, 2007). However, some reviews have concluded that the evidence is contradictory and inconclusive (Jones, 2009; Michaud et al., 2007), which might be explained by methodological differences between studies of noise effects on sleep disturbance. A meta-analysis of 24 studies, including nearly 23,000 individuals exposed to night-time noise levels ranging from 45-65dBA, found that aircraft noise was associated with greater self-reported sleep disturbance than road traffic noise (Miedema & Vos, 2007). However, another study, whilst confirming that aircraft noise was associated with greater self-reported sleep disturbance than road traffic noise, found that when polysomnography measures of sleep disturbance were analysed that road traffic noise was associated with greater disturbance than aircraft noise (Basner et al., 2011).

Polysomnography enables the assessment of noise effects on different stages of the sleep cycle. The average sleep cycle last between 90 to 110 minutes, and an individual experiences between four to six sleep cycles per night (Michaud et al., 2007). Figure 2.2. describes the duration and characteristics of each stage of the sleep cycle (Clark & Stansfeld, 2011) from wake, through non-rapid eye movement (NREM) stages 1 to 4, and rapid eye movement (REM) sleep. It is usual for people to move between NREM sleep stages several times before undergoing REM sleep. Slow-wave sleep (NREM stage 3 and 4) occurs more frequently in the first half of the night, and REM sleep propensity is greater in the second half of the night. Sleep disturbance is indicated by less stage 3, stage 4 and REM sleep, and by more wake and stage 1 sleep, as well as more frequent changes in sleep stage (Basner & Siebert, 2010).

There is evidence that aircraft noise influences the time spent in different sleep stages, with aircraft noise reducing slow-wave sleep (NREM Stage 4) and REM sleep and increasing NREM Stages 1, 2 & 3 (Basner et al., 2008; Swift, 2010). This evidence, taken with the increase in REM sleep in the later stages of the night might have implications for early morning (04.00-06.30 hours) flight operations at airports.

A laboratory study compared the potential effects of changes in the night-time curfew at Frankfurt airport on sleep disruption (Basner & Siebert, 2010), using polysomnography on 128 subjects over 13 nights. Three different operational scenarios were compared: scenario 1 was based on 2005 air traffic at Frankfurt airport which included night flights; scenario 2 was as scenario 1 but cancelled flights between 23.00-05.00 hours; scenario 3 was as scenario 1 but with flights between 23.00-05.00

² Polysomnography records biophysiological changes that occur during sleep, including brain waves using electroencephalography (EEG), eye movements using electroculography (EOG), muscle activity using electromyography (EMG), and heart rhythm using electrocardiography (ECG).

hours rescheduled to the day-time and evening periods. The study found that compared to the night without a curfew on night flights (scenario 1), small improvements were observed in sleep structure for the nights with curfew, even when the flights were rescheduled to periods before and after the curfew period. However, the change in the amount of time spent in the different sleep stages for the different scenarios was small, which might be explained by the small number of night-flights (on average 4 take-offs per hour) in the Frankfurt airport scenarios examined: larger effects may be observed for airports with a greater number of night-flights. The authors concluded that the benefits for sleep seen in the scenario involving rescheduling of flights rather than cancellation may be offset by the expected increase in air traffic during the late evening and early morning hours for those who go to bed before 22.30 or after 01.00 hours.

Wake	
Non-rapid eye movement (NREM)	
Stage 1	Light stage of sleep Lasts 5-10 minutes Bridge between wakefulness and sleep
Stage 2	Light stage of sleep Lasts around 20 minutes Brain waves of increased frequency Increased heart rate variability
Stage 3	Transition to deeper stages of sleep Increased amount of delta waves of lower frequency
Stage 4	Deepest stage of sleep Characterised by a greater number of delta waves
Rapid Eye Movement (REM) sleep	Typically starts 70-90 minutes after falling asleep Characterised by rapid eye movements Increases in brain activity Greater variability in respiration rate, blood pressure and heart rate

Figure 2.2. Stages of sleep, adapted from (Clark & Stansfeld, 2011).

The WHO Europe Night Noise Guidelines (WHO, 2009) were based on expert-consensus that there was sufficient evidence that nocturnal environmental noise exposure was related to self-reported sleep disturbance and medication use, and that there was some evidence for effects of nocturnal noise exposure on high blood pressure (hypertension) and heart attacks. The WHO Europe Night Noise Guidelines state that the target for nocturnal noise exposure should be 40 dB $L_{\text{night, outside}}$, which should protect the public as well as vulnerable groups such as the elderly, children, and the chronically ill from the effects of nocturnal noise exposure on health. The Night Noise Guidelines also recommend the level of 55 dB $L_{\text{night, outside}}$, as an interim target for countries wishing to adopt a step-wise approach to the guidelines. It is worth noting that the 40dB $L_{\text{night outside}}$ guideline represents a very low level of noise exposure, e.g. a refrigerator humming.

There have been fewer studies on aircraft noise exposure and sleep in children (Stansfeld & Clark, 2015), even though children are a group thought to be vulnerable to the effects of sleep disturbance (Pirrera et al., 2010). Drawing on studies of road traffic noise exposure in children, studies have suggested associations with sleeping problems (Tiesler et al., 2013), sleep quality (Ohrstrom et al., 2006) and sleepiness during the day (Ohrstrom et al., 2006) but not with difficulties falling asleep (Ohrstrom et al., 2006). However, these studies are limited by small samples and self-reports of sleep. Children sleep outside the typical hours used to denote night-time noise exposure around airports (e.g. L_{night} is typically 23.00 hours to 07.00 hours), so exposures during the hours of the evening and morning, which would fall within day-time exposure metrics may also be relevant when considering sleep disturbance effects for children.

2.3. Annoyance

Annoyance is the most prevalent community response in a population exposed to environmental noise. The term annoyance is used to describe negative reactions to noise such as disturbance, irritation, dissatisfaction and nuisance (Guski, 1999). Annoyance can also be accompanied by stress-related symptoms, leading to changes in heart rate and blood pressure, as described above. Acoustic factors, such as the noise source and sound level, account for only a small to moderate amount of annoyance responses: other factors such as the fear associated with the noise source, interference with activities, ability to cope, noise sensitivity, expectations, anger, attitudes to the source – both positive or negative, and beliefs about whether noise could be reduced by those responsible influence annoyance responses (WHO, 2000).

Annoyance scales are commonly used within European policy to measure the quality of life impact of environmental noise exposure on communities around airports. An International Standard is in place governing the measurement of annoyance in community surveys (Fields et al., 2001; ISO/TS, 2003), with questions typically taking the format “Thinking about the last year when you are at home, how much does the noise from aircraft bother, disturb or annoy you?” with responses ideally given on a 10 point scale with 0 being ‘not at all annoyed’ and 10 being “extremely annoyed”. This question is often reported as the % of the population “highly annoyed” or “annoyed”, where “highly annoyed” is 72% or more on the scale and “annoyed” is 50% or more on the scale.

Exposure to aircraft noise at 60dB L_{den} is estimated to be associated with 38% of the population reporting being “annoyed” and 17% being “highly annoyed” (EC, 2002). Exposure to aircraft noise at 65dB L_{den} is estimated to be associated with 48% of the population reporting being “annoyed” and 26% being “highly annoyed” (EC, 2002). However, in recent years, several studies have suggested that aircraft noise annoyance around major airports in Europe has increased (Babisch et al., 2009; Janssen et al., 2011; Schreckenberg et al., 2010), so the percentage of the population reporting being “annoyed” or “highly annoyed” at each noise exposure level may have

increased since these figures were put forward by the European Commission in 2002 (EC, 2002).

Annoyance responses can also increase in relation to a change in airport operations. A study around Zurich airport found that residents who experienced a significant increase in aircraft noise exposure due to an increase in early morning and late evening flight operations had a pronounced over-reaction of annoyance i.e. the annoyance reaction was greater than that which would be predicted by the level of noise exposure (Brink et al., 2008).

Children also report annoyance responses, although it is not known at what age children being to exhibit annoyance responses. The RANCH (Road traffic and Aircraft Noise exposure and children's Cognition and Health) study found that children aged 9-11 years of age living near London Heathrow, Amsterdam Schiphol, and Madrid Barajas airports, reported annoyance for aircraft noise exposure at school and at home (van Kempen et al., 2009). For school exposure the percentage of "highly annoyed" children increased from about 5.1% at 50dB $L_{Aeq\ 16\ hour}$, to 12.1% at 60dB $L_{Aeq\ 16\ hour}$.

2.4. Psychological health

Following on from annoyance, it has been suggested that long-term noise exposure might influence psychological health. However, overall the evidence for aircraft noise exposure being linked to poorer well-being, lower quality of life, and psychological ill-health is not as strong or consistent as for other health outcomes, such as cardiovascular disease. A recent study of 2300 residents near Frankfurt airport found that annoyance but not aircraft noise levels per se ($L_{Aeq\ 16\ hour}$, L_{night} , L_{den}) was associated with self-reported lower quality of life (Schreckenberget al., 2010).

Several studies of children around London Heathrow airport have shown no effect of aircraft noise at school on children's psychological health or cortisol levels (Haines et al., 2001a; Haines et al., 2001b; Stansfeld et al., 2009): we would expect cortisol levels to be raised in children with depression. However, there may be a small effect of aircraft noise on hyperactivity symptoms. The West London Schools Study of 451 children around Heathrow airport, aged 8-11 years found higher rates of hyperactivity symptoms for children attending schools exposed to aircraft noise exposure $>63\text{dB } L_{Aeq\ 16\ hour}$ compared with $<57\text{dB } L_{Aeq\ 16\ hour}$ (Haines et al., 2001a). A similar effect was observed in the RANCH study where 10dB $L_{Aeq\ 16\ hour}$ increase in aircraft noise exposure at school was associated with 0.13 increase in hyperactivity symptoms (Stansfeld et al., 2009). However, these increases in hyperactivity symptoms, whilst statistically significant, are extremely small and most likely not of clinical relevance. Aircraft noise exposure does not appear to be causing children to develop hyperactivity problems.

There have been fewer studies of aircraft noise effects on adult psychological health. The HYENA study, found that a 10dB increase in day-time ($L_{Aeq\ 16\ hour}$) was associated

with a 28% increase in anxiety medication use: similarly, a 10dB increase in night-time (L_{night}) aircraft noise was associated with a 27% increase in anxiety medication use. However, day-time and night-time aircraft noise exposure were not associated with sleep medication or anti-depressant medication use (Floud et al., 2011). Anxiety medication is prescribed for individuals experiencing levels of anxiety and worry that interfere with their ability to function effectively: they can also be prescribed for sleeping problems. A sub-study of the HYENA study found that salivary cortisol (a stress hormone which is higher in people with depression) was 34% higher for women exposed to aircraft noise $> 60\text{dB } L_{\text{Aeq } 24 \text{ hour}}$, compared to women exposed to less than $50\text{dB } L_{\text{Aeq } 24 \text{ hour}}$ (Selander et al., 2009). However, no association between aircraft noise and salivary cortisol was found for men.

2.5. Implications of the evidence for aircraft noise effects on health for the shortlisted options for a new runway

2.5.1. Populations exposed for each shortlisted option

This section considers the implications of the current evidence for aircraft noise effects on cardiovascular health, sleep disturbance, annoyance, and psychological health for the three shortlisted options for a new runway:

- Gatwick 2-R promoted by Gatwick Airport Limited (GAL).
- Heathrow-NWR promoted by Heathrow Airport Limited (HAL).
- Heathrow-ENR promoted by Heathrow Hub (HH).

Information relating to each of these options is taken from the “Noise: Baseline”, the “Noise: Local Assessment” and the “Noise: Local Assessment Addendum” reports prepared by Jacobs for the Airport Commission (all available on <https://www.gov.uk/government/organisations/airports-commission>).

The Commission has evaluated these shortlisted options in terms of populations exposed to several noise metrics including $L_{\text{Aeq } 16 \text{ hour}}$, $L_{\text{Aeq } 8 \text{ hour}}$, L_{den} , N70 & N60. Most of the evidence for aircraft noise effects on health has made use of average noise metrics such as $L_{\text{Aeq } 16 \text{ hour}}$ and $L_{\text{Aeq } 8 \text{ hour}}$. This section relates key messages from the evidence to the estimated populations exposed to $L_{\text{Aeq } 16 \text{ hour}}$ and $L_{\text{Aeq } 8 \text{ hour}}$ for each of the shortlisted options using the predefined exposure categories used by the Commission of >54 , >57 , >60 , >63 , >66 , >69 , and $>72\text{dB}$ for $L_{\text{Aeq } 16 \text{ hour}}$ and >48 , >51 , >54 , >57 , >60 , >63 , >66 , >69 , and $>72\text{dB}$ for $L_{\text{Aeq } 8 \text{ hour}}$.

The magnitude of the populations exposed to aircraft noise varies between the shortlisted options for each scheme and is nearly always greater in terms of the net population exposed in the Do-Something scenario compared with the Do-Minimum scenario.

2.5.1.1. Gatwick 2-R

For Gatwick-2-R, the estimated population exposed to day-time noise levels greater than 54dB $L_{Aeq\ 16\ hour}$ is 17,600 in 2030, 19,400 in 2040, and 24,600 in 2050. The estimated population exposed to night-time noise levels greater than 48dB $L_{Aeq\ 8\ hour}$ is 22,300 in 2030, 17,400 in 2040 and 18,600 in 2050.

Table 2.1. Estimated population exposed to levels greater than 54dB $L_{Aeq\ 16\ hour}$ and $L_{Aeq\ 8\ hour}$ in 2030, 2040, & 2050 for Gatwick 2-R.

	Gatwick 2-R		
	2030	2040	2050
Day-time			
54dB $L_{Aeq\ 16\ hour}$	17,600	19,400	24,600
57dB $L_{Aeq\ 16\ hour}$	4,900	5,300	7,200
60dB $L_{Aeq\ 16\ hour}$	1,700	1,900	2,800
63dB $L_{Aeq\ 16\ hour}$	400	500	800
66dB $L_{Aeq\ 16\ hour}$	<50	<50	200
69dB $L_{Aeq\ 16\ hour}$	<50	<50	<50
72dB $L_{Aeq\ 16\ hour}$	<50	<50	<50
Night-time			
48dB $L_{Aeq\ 8\ hour}$	22,300	17,400	18,600
51dB $L_{Aeq\ 8\ hour}$	6,500	5,200	5,400
54 dB $L_{Aeq\ 8\ hour}$	2,900	2,300	2,400
57dB $L_{Aeq\ 8\ hour}$	800	500	700
60dB $L_{Aeq\ 8\ hour}$	200	100	100
63dB $L_{Aeq\ 8\ hour}$	<50	<50	<50
66dB $L_{Aeq\ 8\ hour}$	<50	<50	<50
69dB $L_{Aeq\ 8\ hour}$	<50	<50	<50
72dB $L_{Aeq\ 8\ hour}$	<50	<50	<50

These estimates for the population exposed in the Do-Something scenario for Gatwick 2-R are higher than the estimates for the Do-Minimum scenario in 2030, 2040 and 2050. The differences in the 2030, 2040, and 2050 Do-Something scenario compared with the 2030, 2040, and 2050 Do-Minimum scenario are summarized below for day-time and night-time exposure:

2030 $L_{Aeq\ 16\ hour}$

- >54 dB: An increase of 9,600 (from 8,000 to 17,600)
- >57 dB: An increase of 2,700 (from 2,200 to 4,900)
- >60 dB: An increase of 600 (from 1,100 to 1,700)
- >63 dB: No discernible difference from (from 400 to 400)
- >66 dB: A reduction from 300 to <50
- >69 dB: A reduction from 200 to <50
- >72 dB: No discernible difference (from <50 to <50)

2040 L_{Aeq} 16 hour

- >54 dB: An increase of 12,000 (from 7,400 to 19,400)
- >57 dB: An increase of 3,100 (from 2,200 to 5,300)
- >60 dB: An increase of 1,000 (from 900 to 1,900)
- >63 dB: No discernible difference (from 500 to 500)
- >66 dB: A reduction from 300 to <50
- >69 dB: A reduction from 200 to <50
- >72 dB: No discernible difference (<50 to <50)

2050 L_{Aeq} 16 hour

- >54 dB: An increase of 17,000 (from 7,600 to 24,600)
- >57 dB: An increase of 4,400 (from 2,800 to 7,200)
- >60 dB: An increase of 1,600 (from 1,200 to 2,800)
- >63 dB: An increase of 300 (from 500 to 800)
- >66 dB: A reduction of 100 (from 300 to 200)
- >69 dB: A reduction from 200 to <50
- >72 dB: No discernible difference (from <50 to <50)

2030 L_{Aeq} 8 hour

- >48 dB: An increase of 10,600 (from 11,700 to 22,300)
- >51 dB: An increase of 900 (from 5,600 to 6,500)
- >54 dB: An increase of 1,200 (from 1,700 to 2,900)
- >57 dB: An increase of 200 (from 600 to 800)
- >60 dB: A reduction of 200 (from 400 to 200)
- >63 dB: A reduction from 300 to <50
- >66 dB: No discernible difference (from <50 to <50)
- >69 dB: No discernible difference (from <50 to <50)
- >72 dB: No discernible difference (from <50 to <50)

2040 L_{Aeq} 8 hour

- >48 dB: An increase of 6,300 (from 11,100 to 17,400)
- >51 dB: A reduction of 300 (from 5,500 to 5,200)
- >54 dB: An increase of 600 (from 1,700 to 2,300)
- >57 dB: A reduction of 100 (from 600 to 500)
- >60 dB: A reduction of 300 (from 400 to 100)
- >63 dB: A reduction from 300 to <50
- >66 dB: No discernible difference (from <50 to <50)
- >69 dB: No discernible difference (from <50 to <50)
- >72 dB: No discernible difference (from <50 to <50)

2050 L_{Aeq} 8 hour

- >48 dB: An increase of 7,400 (from 11,200 to 18,600)
- >51 dB: A reduction of 200 (from 5,600 to 5,400)
- >54 dB: An increase of 700 (from 1,700 to 2,400)
- >57 dB: An increase of 100 (from 600 to 700)
- >60 dB: A reduction of 300 (from 400 to 100)

- >63 dB: A reduction from 300 to <50
- >66 dB: No discernible difference (from <50 to <50)
- >69 dB: No discernible difference (from <50 to <50)
- >72 dB: No discernible difference (from <50 to <50)

2.5.1.2. Heathrow-NWR

For Heathrow-NWR-T, the estimated population exposed to day-time noise levels greater than 54dB $L_{Aeq\ 16\ hour}$ is 456,200 in 2030, 488,600 in 2040, and 491,900 in 2050. The estimated population exposed to night-time noise levels greater than 48dB $L_{Aeq\ 8\ hour}$ is 266,800 in 2030, 308,500 in 2040 and 295,800 in 2050.

Table 2.2. Estimated population exposed to levels greater than 54dB $L_{Aeq\ 16\ hour}$ and $L_{Aeq\ 8\ hour}$ in 2030, 2040, & 2050 for Heathrow-NWR-T.

	Heathrow-NWR-T		
	2030	2040	2050
Day-time			
54dB $L_{Aeq\ 16\ hour}$	456,200	488,600	491,900
57dB $L_{Aeq\ 16\ hour}$	237,100	249,900	249,300
60dB $L_{Aeq\ 16\ hour}$	128,200	137,000	140,600
63dB $L_{Aeq\ 16\ hour}$	38,300	41,300	42,900
66dB $L_{Aeq\ 16\ hour}$	1,200	11,800	10,900
69dB $L_{Aeq\ 16\ hour}$	900	900	800
72dB $L_{Aeq\ 16\ hour}$	<50	<50	<50
Night-time			
48dB $L_{Aeq\ 8\ hour}$	266,800	308,500	295,800
51dB $L_{Aeq\ 8\ hour}$	167,200	188,800	185,600
54 dB $L_{Aeq\ 8\ hour}$	72,200	95,700	88,600
57dB $L_{Aeq\ 8\ hour}$	11,600	18,100	12,100
60dB $L_{Aeq\ 8\ hour}$	900	2,400	900
63dB $L_{Aeq\ 8\ hour}$	200	200	200
66dB $L_{Aeq\ 8\ hour}$	<50	<50	<50
69dB $L_{Aeq\ 8\ hour}$	<50	<50	<50
72dB $L_{Aeq\ 8\ hour}$	<50	<50	<50

The differences in the 2030, 2040, and 2050 Do-Something scenarios compared with the 2030, 2040, and 2050 Do-Minimum scenarios are summarized below for day-time and night-time exposure. Generally, the estimates for the population exposed in the Do-Something scenarios for Heathrow-NWR-T in the day-time are higher than the estimates for the Do-Minimum scenarios in 2030, 2040 and 2050: there is an increase in the population exposed at the lower contour levels for $L_{Aeq\ 16\ hour}$ along with a slight reduction in the population exposed at the higher contour levels. For night-noise the population exposed to >48dB $L_{Aeq\ 8\ hour}$ is reduced for the Do-Something scenarios compared with the Do-Minimum scenarios at 2030, 2040 and 2050. In 2030 and 2040,

there is an increase in the population exposed to >51dB and >54dB L_{Aeq} 8 hour but reductions are estimated for all the other L_{Aeq} 8 hour exposure contours. For the 2050 scenario the number of the population exposed at night-time is reduced across all the contours.

2030 L_{Aeq} 16 hour

- >54 dB a decrease of 37,400 (from 493,600 to 456,200)
- >57 dB an increase of 15,900 (from 221,200 to 237,100)
- >60 dB an increase of 19,200 (from 109,000 to 128,200)
- >63 dB an increase of 3,100 (from 35,200 to 38,300)
- >66 dB an increase of 4,100 (from 7,900 to 12,000)
- >69dB a reduction of 1,200 (from 2,100 to 900)
- >72 dB no discernible difference (from <50 to <50)

2040 L_{Aeq} 16 hour

- >54 dB an increase of 28,000 (from 460,600 to 488,600)
- >57 dB an increase of 30,500 (from 219,400 to 249,900)
- >60 dB an increase of 33,200 (from 103,800 to 137,000)
- >63 dB an increase of 7,400 (from 33,900 to 41,300)
- >66 dB an increase of 4,700 (from 7,100 to 11,800)
- >69 dB a reduction of 1,200 (from 2,100 to 900)
- >72 dB no discernible difference (from <50 to <50)

2050 L_{Aeq} 16 hour

- >54 dB an increase of 56,100 (from 435,800 to 491,900)
- >57 dB an increase of 29,700 (from 219,600 to 249,300)
- >60 dB an increase of 36,800 (from 103,800 to 140,600)
- >63 dB an increase of 8,000 (from 34,900 to 42,900)
- >66 dB an increase of 3,200 (from 77,00 to 10,900)
- >69 dB a reduction of 1,300 (from 2,100 to 800)
- >72 dB no discernible difference (from <50 to <50)

2030 L_{Aeq} 8 hour

- >48 dB a reduction of 4,400 (from 271,200 to 266,800)
- >51 dB an increase of 15,900 (from 151,300 to 167,200)
- >54 dB an increase of 11,100 (from 61,100 to 72,200)
- >57 dB a reduction of 10,300 (from 21,900 to 11,600)
- >60 dB a reduction 3,000 (from 3,900 to 900)
- >63 dB a reduction of 1,100 (from 1,300 to 200)
- >66 – 72 dB no discernible differences (all remain at <50 in both scenarios)

2040 L_{Aeq} 8 hour

- >48 dB a reduction of 28,500 (from 337,000 to 308,500)
- >51 dB an increase of 4,200 (from 184,600 to 188,800)
- >54 dB an increase of 14,400 (from 813,00 to 95,700)
- >57 dB a reduction of 13,300 (from 31,400 to 18,100)
- >60 dB a reduction of 4,000 (from 6,400 to 2,400)

- >63 dB a reduction of 2,200 (from 2,400 to 200)
- >66 – 72 dB no discernible differences (all remain at <50 in both scenarios)

2050 L_{Aeq} 8 hour

- >48 dB a reduction of 7,730 (from 373,100 to 295,800)
- >51 dB a reduction of 11,800 (from 197,400 to 185,600)
- >54 dB a reduction of 600 (from 89,200 to 88,600)
- >57 dB a reduction of 21,800 (from 33,900 to 12,100)
- >60 dB a reduction of 6,200 (from 7,100 to 900)
- >63 dB a reduction of 2,400 (from 2,600 to 200)
- >66 – 72 dB no discernible differences (all remain at <50 in both scenarios)

2.5.1.3. Heathrow-ENR

For Heathrow-ENR-O (using the offset flight path results), the estimated population exposed to day-time noise levels greater than 54dB L_{Aeq} 16 hour is 480,300 in 2030, 488,900 in 2040 and 462,900 in 2050. The estimated population exposed to night-time noise levels greater than 48dB L_{Aeq} 8 hour is 263,800 in 2030, 298,900 in 2040 and 306,700 in 2050.

Table 2.3. Estimated population exposed to levels greater than 54dB L_{Aeq} 16 hour and L_{Aeq} 8 hour in 2030, 2040, & 2050 for Heathrow-ENR-O.

	Heathrow-ENR-O		
	2030	2040	2050
Day-time			
54dB L _{Aeq} 16 hour	480,300	488,900	462,900
57dB L _{Aeq} 16 hour	257,900	264,700	261,200
60dB L _{Aeq} 16 hour	157,500	164,400	165,500
63dB L _{Aeq} 16 hour	63,700	67,500	67,100
66dB L _{Aeq} 16 hour	17,100	17,700	17,800
69dB L _{Aeq} 16 hour	3,900	4,000	3,900
72dB L _{Aeq} 16 hour	600	700	600
Night-time			
48dB L _{Aeq} 8 hour	263,800	298,900	306,700
51dB L _{Aeq} 8 hour	177,400	193,800	197,200
54 dB L _{Aeq} 8 hour	87,800	107,300	110,300
57dB L _{Aeq} 8 hour	31,000	36,900	36,400
60dB L _{Aeq} 8 hour	4,900	6,800	6,200
63dB L _{Aeq} 8 hour	800	1,600	1,600
66dB L _{Aeq} 8 hour	200	300	200
69dB L _{Aeq} 8 hour	<50	100	<50
72dB L _{Aeq} 8 hour	<50	<50	<50

The number of people within the day-time $L_{Aeq\ 16\ hour}$ noise contours are greater in the Heathrow-ENR-O Do-Something scenarios, when compared to the Do-Minimum scenarios, for all of the assessment years considered. For night-noise the population exposed to $>48\text{dB } L_{Aeq\ 8\ hour}$ and $>63\ L_{Aeq\ 8\ hour}$ is reduced for the Do-Something scenario compared with the Do-Minimum scenario at 2030, 2040 and 2050, however, within the other exposure contours there are increases in the population exposed to night-noise.

2030 $L_{Aeq\ 16\ hour}$

- $>54\ \text{dB}$: A reduction of 13,300 (from 493,600 to 480,300)
- $>57\ \text{dB}$: An increase of 36,700 (from 221,200 to 257,900)
- $>60\ \text{dB}$: An increase of 48,500 (from 109,000 to 157,500)
- $>63\ \text{dB}$: An increase of 28,500 (from 35,200 to 63,700)
- $>66\ \text{dB}$: An increase of 9,200 (from 7,900 to 17,100)
- $>69\ \text{dB}$: An increase of 1,800 (from 2,100 to 3,900)
- $>72\ \text{dB}$: An increase from <50 to 600

2040 $L_{Aeq\ 16\ hour}$

- $>54\ \text{dB}$: An increase of 28,300 (from 460,600 to 488,900)
- $>57\ \text{dB}$: An increase of 45,300 (from 219,400 to 264,700)
- $>60\ \text{dB}$: An increase of 60,600 (from 103,800 to 164,400)
- $>63\ \text{dB}$: An increase of 33,600 (from 33,900 to 67,500)
- $>66\ \text{dB}$: An increase of 10,600 (from 7,100 to 17,700)
- $>69\ \text{dB}$: An increase of 1,900 (from 2,100 to 4,000)
- $>72\ \text{dB}$: A change from <50 to 700

2050 $L_{Aeq\ 16\ hour}$

- $>54\ \text{dB}$: An increase of 27,100 (from 435,800 to 462,900)
- $>57\ \text{dB}$: An increase of 41,600 (from 219,600 to 261,200)
- $>60\ \text{dB}$: An increase of 61,700 (from 103,800 to 165,500)
- $>63\ \text{dB}$: An increase of 32,200 (from 34,900 to 67,100)
- $>66\ \text{dB}$: An increase of 10,100 (from 7,700 to 17,800)
- $>69\ \text{dB}$: An increase of 1,800 (from 2,100 to 3,900)
- $>72\ \text{dB}$: A change from <50 to 600

2030 $L_{Aeq\ 8\ hour}$

- $>48\ \text{dB}$: A reduction of 7,400 (from 271,200 to 263,800)
- $>51\ \text{dB}$: An increase of 26,100 (from 151,300 to 177,400)
- $>54\ \text{dB}$: An increase of 26,700 (from 61,100 to 87,800)
- $>57\ \text{dB}$: An increase of 9,100 (from 21,900 to 31,000)
- $>60\ \text{dB}$: An increase of 1,000 (from 3,900 to 4,900)
- $>63\ \text{dB}$: A reduction of 500 (from 1,300 to 800)
- $>66\ \text{dB}$: An increase from <50 to 200
- $>69\ \text{dB}$: No discernible change (from <50 to <50)
- $>72\ \text{dB}$: No discernible change (from <50 to <50)

2040 $L_{Aeq\ 8\ hour}$

- >48 dB: A reduction of 38,100 (from 337,000 to 298,900)
- >51 dB: An increase of 9,200 (from 184,600 to 193,800)
- >54 dB: An increase of 26,000 (from 81,300 to 107,300)
- >57 dB: An increase of 5,500 (from 31,400 to 36,900)
- >60 dB: An increase of 400 (from 6,400 to 6,800)
- >63 dB: A reduction of 800 (from 2,400 to 1,600)
- >66 dB: An increase from <50 to 300
- >69 dB: An increase from <50 to 100
- >72 dB: No discernible change (from <50 to <50)

2050 L_{Aeq} 8 hour

- >48 dB: A reduction of 66,400 (from 373,100 to 306,700)
- >51 dB: A reduction of 200 (from 197,400 to 197,200)
- >54 dB: An increase of 21,100 (from 89,200 to 110,300)
- >57 dB: An increase of 2,500 (from 33,900 to 36,400)
- >60 dB: A reduction of 900 (from 7,100 to 6,200)
- >63 dB: A reduction of 1,000 (from 2,600 to 1,600)
- >66 dB: An increase from <50 to 200
- >69 dB: An increase from <50 to <50
- >72 dB: No discernible change (from <50 to <50)

2.5.2. Mitigation

All the schemes suggest mitigation activities for their schemes. Aspects to note are as follows:

- Gatwick 2-R: houses within the 60 L_{Aeq} 16 hour contour will be offered £3,000 towards double glazing and loft insulation for newly affected homes. Residents with a home within the 57dB L_{Aeq} 16 hour contour will be offered £1000 per annum – to qualify residents must have been living in the house before 1st January 2015.
- Heathrow-NWR: runway operations allow respite for local populations. Residents in the 60dB L_{Aeq} 16 hour contour will be offered full-costs for insulation; residents exposed to 55dB L_{den} will be offered a £3,000 contribution towards insulation.
- Heathrow ENR: the promoter is not advocating night-time operation of the extended runway and is also planning to reduce day-time exposure by use of noise preferential routing. This scheme will also offer full-costs for home insulation for residents in the 60dB L_{Aeq} 16 hour contour, with residents in the 55dB L_{den} contour offered a £3,000 contribution towards insulation.

In terms of mitigation, very little is understood in terms of how monetary payments or respite from exposure might influence the associations between aircraft noise and health. The health-benefits associated with many of these activities should not be assumed and need to be empirically tested. The impact of any mitigation scheme would ideally be evaluated to assess efficacy and cost-effectiveness.

2.5.3. Implications of the noise effects on health evidence for the proposed schemes

A brief consideration of the evidence for noise effects on health in relation to the three schemes is provided below:

- Aircraft noise exposure is associated with small increases in risk for poor cardiovascular health outcomes such as high blood pressure, heart attacks, and stroke, as well as with cardiovascular hospital admission and cardiovascular mortality, with effects observed for day-time (L_{Aeq} 16 hour) and night-time (L_{Aeq} 8 hour) exposure.
- Whilst the increase in risk observed between aircraft noise exposure and cardiovascular health is considered moderate, such increases in risk become important if a large population is exposed to aircraft noise.
- Night-noise is associated with self-reported sleep disturbance and with changes in sleep structure. Night-noise might also be particularly important for cardiovascular effects. Populations exposed to night-time noise could benefit from insulation of their home. It may also be beneficial to consider the use of curfews for night-noise flights: respite may also be effective but needs empirically evaluating.
- Aircraft noise exposure during the evening and early morning (outside the typical 23.00 to 07.00 8 hour night exposure metric) also has relevance for the health and sleep quality of the local population, and may be particularly relevant for children, the physically ill, and shift-workers. Therefore the impact of aircraft noise on the sleep of the local population may not be restricted only to the night-time period and insulation to the homes of populations exposed to day-time noise levels might also be beneficial.
- Consideration should be given to health monitoring of cardiovascular risk factors in the exposed population: for example, high blood pressure and cholesterol can be treated with medication to avoid more serious cardiovascular disease progression. This can probably be achieved through existing NHS Health Checks offered to individuals aged 40-74 by their GPs, which checks vascular and circulatory health.
- Aircraft noise annoyance responses are to be expected for children and adults and it should be borne in mind that annoyance responses in relation to exposure may be higher than predicted by the traditional annoyance curves. In particular, annoyance can increase in relation to operational changes; where populations become newly exposed to noise; where populations experience a step-change in exposure; and in response to early morning and evening flights. Monitoring of annoyance responses over the long-term using survey methods in the exposed population would be advisable. In particular, annoyance responses at different times of the day should be examined. Surveys assessing baseline annoyance, in terms of annoyance responses prior to the development of the new runway would

be useful for comparative purposes. Such monitoring would help the airport to identify any increases in annoyance related to operational decisions.

- Based on current evidence aircraft noise might be associated with decreased quality of life but is unlikely to be causing psychological ill-health. The increases in hyperactivity symptoms observed for children are small and unlikely to be of clinical significance in the population exposed. The evidence relating to aircraft noise effects on psychological health should be re-reviewed throughout the planning process, as further evidence becomes available.

3. Aircraft noise effects on children's cognition and learning

3.1. Reading and memory

Many studies have found effects of aircraft noise exposure at school or at home on children's reading comprehension or memory skills (Evans & Hygge, 2007). The RANCH study (Road traffic and Aircraft Noise and children's Cognition & Health) of 2844 9-10 year old children from 89 schools around London Heathrow, Amsterdam Schiphol, and Madrid Barajas airports found that aircraft noise was associated with poorer reading comprehension and poorer recognition memory, after taking social position and road traffic noise, into account (Stansfeld et al., 2005).

Figure 3.1 shows the exposure-effect relationship between aircraft noise at school and reading comprehension from the RANCH study (Clark et al., 2006), indicating that as aircraft noise exposure increased, performance on the reading test decreased. Reading began to fall below average at around 55dB $L_{Aeq\ 16\ hour}$ at school but as the association is linear, (thus there is no specific threshold above which noise effects begin) any reduction in aircraft noise exposure at schools should lead to an improvement in reading comprehension, supporting a policy to not only insulate schools exposed to the highest levels of aircraft noise. The development of cognitive skills such as reading and memory is important not only in terms of educational achievement but also for subsequent life chances and adult health (Kuh & Ben-Shlomo, 2004). In the UK, reading age was delayed by up to 2 months for a 5dB increase in aircraft noise exposure (Clark et al., 2006). The UK primary schools in the RANCH study ranged in aircraft noise exposure from 34dB $L_{Aeq\ 16\ hour}$ to 68 dB $L_{Aeq\ 16\ hour}$. If we take a 20dB difference in aircraft noise exposure between schools, the study would estimate an 8-month difference in reading age.

For primary school children, aircraft noise exposure at school and at home are very highly correlated: in the RANCH UK sample, this correlation was $r=0.91$ (Clark et al., 2006). Such a high correlation can make estimating the impact of aircraft noise exposure in both environments difficult. The RANCH study found that night-time aircraft noise at the child's home was also associated with impaired reading comprehension and recognition memory, but night-noise was not having an additional effect to that of day-time noise exposure on reading comprehension or recognition memory (Clark et al., 2006; Stansfeld et al., 2010). These findings suggest that indices

of aircraft noise exposure in the day-time in the school environment should be sufficient to capture effects. Further analyses of the UK RANCH sample found that these associations for aircraft noise exposure remained after taking co-occurring air pollution levels into account (Clark et al., 2012).

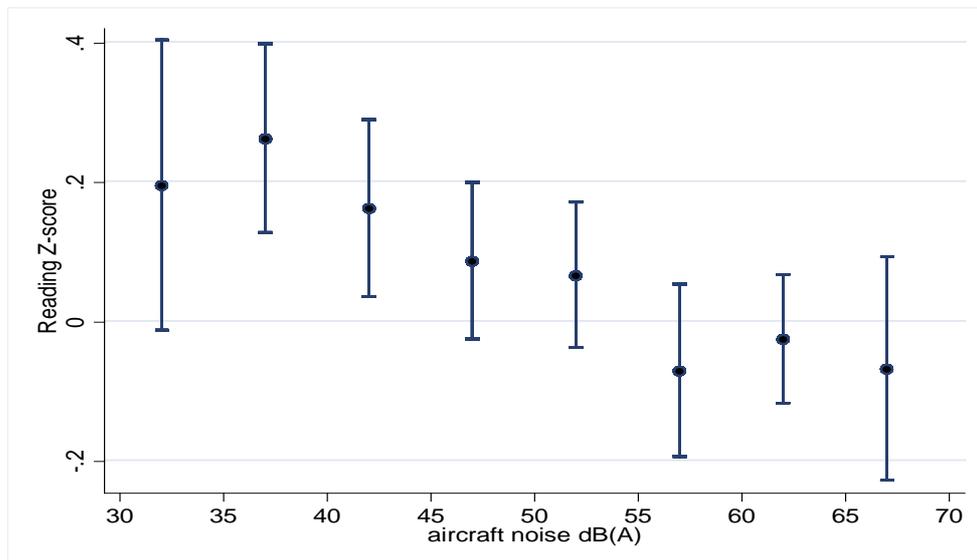


Figure 3.1. Exposure-effect relationship between aircraft noise exposure at school and reading comprehension in the RANCH study (Clark et al., 2006).

There are several ways in which aircraft noise could influence children’s cognition: lost teaching time - as a teacher may have to stop teaching whilst noise events occur; teacher and pupil frustration; annoyance and stress responses; reduced morale; impaired attention; children might tune out the aircraft noise and over-generalise this response to other sounds in their environment missing out on information; and sleep disturbance from home exposure which might cause performance effects the next day (Stansfeld & Clark, 2015).

Children spend a considerable amount of time at school in the playground. Play is thought to be important for children’s social, cognitive, emotional and physical development, as well as enabling relaxation between more formal teaching activities. Unfortunately, at this time, there is no empirical evidence upon which to draw conclusions about how aircraft noise exposure might impact upon children’s use of playground settings.

3.2. School intervention studies

Two studies of interventions to reduce or remove aircraft noise exposure at school are worth noting. The longitudinal Munich Airport study (Hygge et al., 2002) found that prior to the relocation of the airport in Munich, high noise exposure was associated with poorer long-term memory and reading comprehension in children aged 10 years. Two years after the airport closed these cognitive impairments were no longer

present, suggesting that the effects of aircraft noise on cognitive performance may be reversible if the noise stops. In the cohort of children living near the newly opened Munich airport impairments in memory and reading developed over the following two years.

A recent study of 6,000 schools exposed between the years 2000-2009 at the top 46 United States airports, (exposed to Day-Night-Average Sound Level of 55dB or higher) found significant associations between aircraft noise and standardised tests of mathematics and reading, after taking demographic and school factors into account (Sharp et al., 2014). In a sub-sample of 119 schools, they found that the effect of aircraft noise on children's learning disappeared once the school had sound insulation installed. This study supports a policy for insulating schools that may be exposed to high levels of aircraft noise associated with a new runway.

3.3. Implications of the evidence for aircraft noise effects on children's cognition and learning for the proposed schemes

It is clear from the research studies that aircraft noise exposure at school is associated with children's having poorer reading and memory skills. Further, evidence is emerging that confirms the use of insulation to mitigate against these effects, and which ever scheme is undertaken, there should be a commitment to insulate schools exposed to high levels of aircraft noise in the day-time.

Schools located near airports often also experience high levels of road traffic noise but it is important to appreciate that aircraft noise exposure still influences children's learning, even if road traffic noise exposure is high. The results presented for the RANCH study are the association for aircraft noise exposure, after taking road traffic noise into account (Clark et al., 2006).

For each of the shortlisted options an estimate of the change in the number of sensitive buildings, including schools, within each contour between the Do-Minimum and the Do-Something scenarios has been made. Below a summary is given of the difference in the number of schools in the Do-Minimum scenario and the Do-Something scenario for each scheme, focusing on day-time noise exposure which best represents exposure during the school day. It should be noted that these figures do not represent the total number of schools impacted by the schemes: the figures are restricted to schools whose exposure is changed by the scheme.

3.3.1. Gatwick 2-R

Gatwick Airport Limited (GAL) states that it hopes that no new noise sensitive buildings would be given planning consent in the areas with the highest noise contours. It is estimated that in 2030, compared with the Do-Minimum scenario, that there will be 5 additional schools exposed to $>54\text{dB } L_{\text{Aeq } 16 \text{ hour}}$; in 2040 there will be 7 additional schools exposed to $>54\text{dB } L_{\text{Aeq } 16 \text{ hour}}$; and in 2050 14 additional schools exposed to $>54\text{dB } L_{\text{Aeq } 16 \text{ hour}}$. There will also be a small reduction in the number of

schools exposed to >60dB and 63dB $L_{Aeq, 16 \text{ hour}}$ in 2030, 2040, and 2050: in 2030 there will also be a small reduction in the number of schools exposed to 57dB $L_{Aeq, 16 \text{ hour}}$.

The N70 metrics for the schools are at the lower end for all years, with schools mostly exposed to $N70 > 20$. These school exposed to aircraft noise associated with Gatwick 2-R would be at the lower-end of the N70 contours, but should be insulated to protect against effects on children's learning. There is a small reduction in the number of schools exposed to $N70 > 200$ in 2030, 2040, and 2050: small reductions are also seen for the number of schools exposed to $N70 > 100$ in 2030 and 2040, and for $N70 > 50$ in 2030.

Table 3.1. Number of schools in the Do-Something Scenarios for Gatwick 2-R compared with the Do-Minimum scenarios.

	Gatwick 2-R		
	2030	2040	2050
Day-time			
54dB $L_{Aeq, 16 \text{ hour}}$	5	7	14
57dB $L_{Aeq, 16 \text{ hour}}$	(1)	(1)	2
60dB $L_{Aeq, 16 \text{ hour}}$	(1)	(1)	(1)
63dB $L_{Aeq, 16 \text{ hour}}$	(2)	(2)	(1)
66dB $L_{Aeq, 16 \text{ hour}}$	0	0	0
69dB $L_{Aeq, 16 \text{ hour}}$	0	0	0
72dB $L_{Aeq, 16 \text{ hour}}$	0	0	0
N70			
$N70 > 20$	7	6	8
$N70 > 50$	(1)	2	2
$N70 > 100$	(1)	(1)	0
$N70 > 200$	(1)	(1)	(1)
$N70 > 500$	0	0	0

Numbers in parentheses indicate a reduction in the number of schools within that noise contour.

3.3.2. Heathrow-NWR

It is estimated that in 2030, compared with the Do-Minimum scenario, that there will be 49 fewer schools exposed to 54dB $L_{Aeq, 16 \text{ hour}}$. In 2040 it is estimated that there will be 12 additional schools exposed to >54dB $L_{Aeq, 16 \text{ hour}}$ and in 2050 24 additional schools exposed to >54dB $L_{Aeq, 16 \text{ hour}}$.

In 2030 there is a reduction of 2 in the number of schools exposed to $N70 > 20$. However, there are increases in the number of schools exposed to $N70 > 20$ in 2040 and 2050, and for $N70 > 50$, $N70 > 100$ and $N70 > 200$ in 2030, 2040 and 2050. There is also a small increase ($n=2$) in the number of schools exposed to $N70 > 500$ in 2040 and 2050. Schools experiencing a high number of events over 70dB would benefit from being included in insulation schemes.

Table 3.2. Number of schools in the Do-Something Scenarios for Heathrow-NWR-T compared with the Do-Minimum scenarios.

	Heathrow-NWR-T		
	2030	2040	2050
Day-time			
54dB L _{Aeq} 16 hour	(49)	12	24
57dB L _{Aeq} 16 hour	15	22	15
60dB L _{Aeq} 16 hour	17	22	23
63dB L _{Aeq} 16 hour	1	1	1
66dB L _{Aeq} 16 hour	2	3	4
69dB L _{Aeq} 16 hour	1	1	1
72dB L _{Aeq} 16 hour	0	0	0
N70			
N70>20	(2)	11	12
N70>50	6	11	9
N70>100	8	16	13
N70>200	4	10	14
N70>500	0	2	2

Numbers in parentheses indicate a reduction in the number of schools within that noise contour.

3.3.3. Heathrow-ENR

Using the offset flight path results, it is estimated that in 2030, compared with the Do-Minimum scenario, that there would be a reduction of 22 schools exposed to >54dB L_{Aeq} 16 hour in 2030. In 2040 it is estimated that there will be 25 additional schools exposed to >54dB L_{Aeq} 16 hour and in 2050 13 additional schools exposed to >54dB L_{Aeq} 16 hour.

Compared with the Do-Minimum scenario, there would be increase in the number of schools exposed to N70>20, with 16 additional schools exposed in 2030, 29 additional schools in 2040, and 19 additional schools in 2050. For the Heathrow-ENR-O scheme there is also an increase in the number of additional schools exposed to N70>50, N70>100, and N70>200 in 2030, 2040 and 2050. Schools experiencing a high number of events over 70dB would benefit from being included in insulation schemes.

Table 3.3. Number of schools in the Do-Something Scenarios for Heathrow-ENR-O compared with the Do-Minimum scenarios.

	Heathrow-ENR-O		
	2030	2040	2050
Day-time			
54dB L _{Aeq} 16 hour	(22)	25	13
57dB L _{Aeq} 16 hour	22	34	32

60dB L _{Aeq} 16 hour	36	40	39
63dB L _{Aeq} 16 hour	11	12	12
66dB L _{Aeq} 16 hour	3	2	3
69dB L _{Aeq} 16 hour	2	2	2
72dB L _{Aeq} 16 hour	0	0	0
N70			
N70>20	16	29	19
N70>50	19	25	24
N70>100	12	17	19
N70>200	23	27	27
N70>500	0	0	0

Numbers in parentheses indicate a reduction in the number of schools within that noise contour.

3.4. Discussion

The Gatwick 2-R scheme results in a small number of additional schools being exposed to >54dB L_{Aeq} 16 hour in each year. Both of the Heathrow schemes are initially associated with a reduction in the number of schools exposed to 54dB L_{Aeq} 16 hour (49 fewer schools for Heathrow-NWR and 22 fewer schools for Heathrow-ENR), but in subsequent years (2040 & 2050) both schemes would result in additional schools being exposed to 54dB L_{Aeq} 16 hour. The number of schools additionally exposed to 54dB L_{Aeq} 16 hour in 2040 is 12 for Heathrow-NWR and 29 for Heathrow-ENR. The number of schools additionally exposed to 54dB L_{Aeq} 16 hour in 2050 is 24 for Heathrow-NWR and 13 for Heathrow-ENR. Over-time both of the Heathrow schemes would result in a considerable increase in the number of schools in the surrounding area being exposed to aircraft noise. Both schemes also result in a small number of additional schools being exposed at the higher ends of the contours.

Whilst Gatwick impacts on fewer additional schools, funding for the insulation of schools additionally exposed to aircraft noise over the process of extending the airport operation (whether it be Gatwick 2R, Heathrow-NWR, or Heathrow-ENR) would need to be found. For example, at present the Heathrow-NWR scheme has £19 million included to insulate schools. Schools exposed would be insulated as they fell into the noise contours. Currently, schools around Heathrow airport are insulated if they are exposed to 63dB L_{Aeq} 16 hour. Consideration should be given, particularly for schools experiencing an increase in their average noise exposure and therefore subject to a step-change in exposure, to insulating schools exposed to a high level of aircraft noise. Consideration should also be given to including schools experiencing a high number of events over 70dB in the insulation programme. It is important that any insulation programme for schools is fully-funded and managed over the decades, as the number of schools affected by aircraft noise increases with the operation of some of the schemes, despite initially decreasing the number of schools exposed. Such a large-scale insulation plan of schools should also be evaluated empirically to ensure its effectiveness.

It is important to note that the figures in relation to the number of schools exposed to aircraft noise discussed in this section, do not include schools that may already be exposed to levels above 54dB $L_{Aeq\ 16\ hour}$ or $N70>20$ prior to the additional runway being commissioned, and/or which may already have been insulated via existing mitigation schemes. It is advisable that all schools within the contours identified as eligible for mitigation, whether newly exposed or already exposed to aircraft noise be offered access to the same insulation programme.

4. Guidelines for Environmental Noise Exposure

4.1. The WHO Community Noise Guidelines

There are recommended guidelines for environmental noise exposure levels. The most influential set of guidelines are those proposed by the World Health Organisation Europe back in 2000 (WHO, 2000), which were determined by expert panels evaluating the strength of the evidence and suggesting guideline values for thresholds for exposure in specific dwellings and for specific health effects. Below is a summary of the guideline levels suggested for dwellings, schools & pre-schools, hospitals, and parkland:

DWELLINGS

Day-time

- Indoors the dwelling during the day/evening – 35 dB $L_{Aeq\ 16\ hour}$
- Outdoor living areas - 55 dB $L_{Aeq\ 16\ hour}$ to protect the majority of people from being ‘seriously annoyed’ during the day-time.
- Outdoor living areas – 50 dB $L_{Aeq\ 16\ hour}$ to protect the majority of people from being ‘moderately annoyed’ during the day-time

Night-time

- Outside façades of the living spaces should not exceed 45 dB $L_{Aeq\ 8\ hour}$ and 60 dB L_{Amax} to protect from sleep disturbance.
- Inside bedrooms - 30 dB $L_{Aeq\ 8\ hour}$ and 45 dB L_{Amax} for single sound events to protect from sleep disturbance.

SCHOOLS & PRE-SCHOOL

- School playgrounds outdoors should not exceed 55 dB L_{Aeq} during play to protect from annoyance.
- School classrooms should not exceed 35 dB L_{Aeq} during class to protect from speech intelligibility and, disturbance of information extraction.
- The reverberation time in the classroom should be about 0.6 s.
- Pre-school bedrooms – 30 dB during sleeping time & 45 dB L_{Amax} for single sound events to protect from sleep disturbance.

HOSPITALS

Day-time

- Hospital ward rooms indoor values during the day-time/evening - 30 dB L_{Aeq} 16 hour to protect from sleep disturbance and interference with rest and recovery.

Night-time

- Hospital ward rooms indoor values at night - 30 dB L_{Aeq} 8 hour, together with 40 dB L_{Amax} to protect from sleep disturbance and interference with rest and recovery.

PARKLAND AND CONSERVATION AREAS

- Existing large quiet outdoor areas should be preserved and the signal-to-noise ratio kept low.

Below these noise levels, it is thought there are no detrimental effects on health.

The WHO Community Guidelines represent a 'precautionary principle' approach to environmental noise effects on health and the WHO Community Guidelines are often thought by policy makers and acousticians to be very difficult to achieve in practice. It is also worth noting that when these guidelines were established in the late 1990s the evidence-base for noise effects on cardiovascular health and children's cognition was much weaker and that these effects per se, did not inform the guidelines. The WHO plans to publish a revision of these guidelines in 2015, so it is worth stipulating that the revised guidelines should be considered in relation to school, home, hospital and any other settings affected by the new runway.

The number of hospitals identified as being impacted by aircraft noise is low for Gatwick-2R, Heathrow-NWR, and Heathrow-ENR, falling at the lower ends of the noise exposure contours. However, efforts to insulate these hospitals should be included in the planning consent for the successful scheme.

4.2. WHO Night Noise Guidelines

The WHO Europe Night Noise Guidelines (WHO, 2009) state that the target for nocturnal noise exposure should be 40 dB $L_{\text{night, outside}}$, which should protect the public as well as vulnerable groups such as the elderly, children, and the chronically ill from the effects of nocturnal noise exposure on health. The Night Noise Guidelines also recommend the level of 55 dB $L_{\text{night, outside}}$, as an interim target for countries wishing to adopt a step-wise approach to the guidelines.

4.3. Building Bulletin 93: Acoustic Design of Schools in the UK

For schools, it is also worth noting the requirements of recently updated Building Bulletin 93: Acoustic Design of Schools in the UK (DfE, 2015), which recommends external noise levels for new school buildings or refurbished school buildings should not exceed <60 dB $LA_{30 \text{ minutes}}$.

5. Conclusion

The health effects of environmental noise are diverse, serious, and because of widespread exposure, very prevalent (Basner et al, 2014). For populations around airports, aircraft noise exposure can be chronic. Evidence is increasing to support preventive measures such as insulation, policy, guidelines, & limit values. Efforts to reduce exposure should primarily reduce annoyance, improve learning environments for children, and lower the prevalence of cardiovascular risk factors and cardiovascular disease (Basner et al, 2014).

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