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“Exposure Track”—The Impact of Mobile-Device-Based Mobility Patterns on Quantifying Population Exposure to Air Pollution

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ABSTRACT: Air pollution is now recognized as the world’s single largest environmental and human health threat. Indeed, a large number of environmental epidemiological studies have quantified the health impacts of population exposure to pollution. In previous studies, exposure estimates at the population level have not considered spatially- and temporally varying populations present in study regions. Therefore, in the first study of its kind, we used measured population activity patterns representing several million people to evaluate population-weighted exposure to air pollution on a city-wide scale. Mobile and wireless devices yield information about where and when people are present, thus collective activity patterns were determined using counts of connections to the cellular network. Population-weighted exposure to PM$_{2.5}$ in New York City (NYC), herein termed “Active Population Exposure” was evaluated using population activity patterns and spatiotemporal PM$_{2.5}$ concentration levels, and compared to “Home Population Exposure”, which assumed a static population distribution as per Census data. Areas of relatively higher population-weighted exposures were concentrated in different districts within NYC in both scenarios. These were more centralized for the “Active Population Exposure” scenario. Population-weighted exposure computed in each district of NYC for the “Active” scenario were found to be statistically significantly ($p < 0.05$) different to the “Home” scenario for most districts. In investigating the temporal variability of the “Active” population-weighted exposures determined in districts, these were found to be significantly different ($p < 0.05$) during the daytime and the nighttime. Evaluating population exposure to air pollution using spatiotemporal population mobility patterns warrants consideration in future environmental epidemiological studies linking air quality and human health.

1. INTRODUCTION

A large number of epidemiological studies have been conducted, which quantify the health effects of population air pollution exposure. The negative human health effects associated with air pollution exposure are therefore widely documented in the literature. According to the World Health Organization, ambient air pollution contributes to approximately 3.7 million premature deaths annually, with particulate matter (PM) being of considerable concern. Among the different size classes of PM, PM$_{2.5}$ (aerodynamic diameter < 2.5 $\mu$m) shows the strongest and most consistent association with adverse health effects. There is considerable epidemiological evidence to suggest a relationship between acute exposure to PM$_{2.5}$ and increases in all-cause mortality, cardiovascular mortality, and respiratory-related mortality. Chronic exposure to PM$_{2.5}$ has also been linked to increased incidences of all-cause mortality.

Research suggests links between both short and long-term exposures to PM$_{2.5}$ and morbidity, and studies have provided evidence linking exposure to air pollutants such as ultrafine particles, oxides of nitrogen, ozone, carbon monoxide, volatile organic compounds and sulfur dioxide to health effects including respiratory illnesses and lung cancer.

Previous research linking air pollution exposure to human health effects, at the population level, has been carried out using a variety of methods incorporating time-series studies and spatial analyses. Many studies however are limited by a lack of high resolution daily exposure data and have used measurements from single or a small number of fixed-site

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monitors to assess air pollution exposure. Some studies such as by Kloog et al., which evaluated the acute and chronic effects of particles on hospital admissions in New England, addressed this by incorporating a PM$_{2.5}$ model, which accounted for the spatial variability of air pollution levels. Where air pollution modeling efforts have been applied, however, air pollution exposures have not been weighted according to spatially and temporally varying populations present in study regions. In spatial analyses linking population exposure to health impacts, population exposure estimates have not characterized or accounted for spatial and temporal population mobility patterns.

Several studies comparing personal exposure measurements to ambient monitoring at subject’s residences have revealed significant variances between concentrations at home addresses and personal exposure concentrations, and large discrepancies between subjects and between studies. Other research has indicated that varying activities and microenvironments are major determinants of personal exposures. Dons et al. showed that commuting accounts for most variability in personal exposures between people exposed to equal concentrations at their residential location. A small number of models have been developed to estimate population exposure to air pollution using varying spatiotemporal population mobility estimates. The Stochastic Human Exposure Model and Dose Simulation (SHEDS-PM) predicts population exposure to PM$^2$ and the Air Pollutants Exposure model (APEX), which is part of the EPA’s Total Risk Integrated Methodology (TRIM) model framework, predicts human health risks of air pollution exposure and inhalation. Whereas these models are useful for estimating population exposure to air pollution, the mobility patterns of individuals are either simulated or randomly assigned, rather than directly measured. There is a lack of research whereby human exposure to air pollution has been assessed using location data collected from mobile phones, and where it has, these studies have been limited in terms of very low numbers of participants.

Spatial and temporal human mobility patterns can be characterized based on mobile phone trace data and techniques to extract mobility information from mobile phone traces have progressed in recent times. Data sets that can be used for human mobility analyses include geographically and time-referenced Call Detail Records (CDRs) or counts of connections to the cellular network. These types of data sets may include millions of anonymized records of mobile phone and wireless device usage and can yield detailed information about the activity patterns of large populations, especially where mobile phone and wireless device penetration rates are high relative to the population. Studies have shown that mobile phone trace data can also represent individual mobility patterns and demonstrate advantages over traditional travel surveys used in human mobility studies, which are limited in terms of low response numbers, spatiotemporal scales, and limited update frequencies. To the author’s knowledge, a study applying extensive spatiotemporal population mobility estimates from mobile phone data in the assessment of population exposure to environmental pollution over a substantial study domain has not been conducted previously.

This aim of this study was to quantify population-weighted exposure to air pollution by combining extensive population activity patterns and air pollution measurements. This would be considered for a substantial study domain and human population over a significant time period. The specific aim was to use mobile device based mobility patterns representative of several million people and spatiotemporal PM$_{2.5}$ concentration level estimates to evaluate population-weighted exposure to PM$_{2.5}$ for New York City (NYC) and for 71 districts within the city. It was intended to improve the quantification of the spatial and temporal variations in population exposure to air pollution for potential application in future environmental epidemiological research studies.

2. METHODS

2.1. Study Protocol. Population-weighted PM$_{2.5}$ exposure in the NYC region was examined from April to July 2013. Population-weighted exposure was calculated as a function of air pollution concentration in an area and the proportion of the total population of NYC exposed in that area. The spatial domain studied included the boroughs of Manhattan, Staten Island, Brooklyn, Queens and the Bronx. The total area of NYC is 1214 km$^2$. The total population of NYC is approximately 8.5 million people (2010 figure from the US Census Bureau, 2016). 71 separate districts of NYC were studied (see Figure S1) and residential population statistics were attained for each of the districts. It was assumed that the hourly air quality level and the percentage of the total population present within each district were uniformly distributed. Each district had a geospatial centroid coordinate and hourly PM$_{2.5}$ parameter levels to be inferred or already associated if having an air quality monitoring station located in it. Two scenarios of population-weighted exposure to air pollution were compared. The first was air pollution exposure weighted by population activity counts deciphered using extensive mobile device usage records, herein referred to as “Active Population Exposure”. The second was air pollution exposure weighted by assuming people were always located at their home location, using a Census-defined spatial population distribution. This is referred to as “Home Population Exposure”. For the “Active” scenario, the population mobility data varied hourly in contrast to the “Home” scenario in which the population was stationary over time.

2.2. Particulate Matter. PM$_{2.5}$ concentration data was obtained from the New York City Community Air Survey (NYCCAS). The design and implementation of the NYCCAS urban air monitoring program, which was designed to characterize intraurban spatial gradients and complement regulatory monitoring for informing local air quality management, is described in. The NYCCAS monitors PM$_{2.5}$ and other criteria pollutant parameters at 155 locations throughout NYC during each season of the year (as shown in Figure S2). Data was collected over 2 week intervals at each of the 155 distributed locations once per season. Data was also collected at another five reference sites in two week periods year round for temporally adjusting distributed site data. These integrated sampling units provide high-quality air pollutant data, which exhibits significantly more geographic variation than is captured by regulatory monitoring.

Spatial distribution maps of air quality parameter levels were developed using the spatial interpolation technique of inverse-distance-weighting, as this had been used effectively in studies quantifying pollution exposures. PM$_{2.5}$ values were therefore interpolated from the NYCCAS monitoring stations to each of the 71 district centroids, for each 2-week interval. To obtain daily values for use in our study, the 2 week interval data was adjusted to yield daily variation. This was completed using 24-h concentration measurements obtained from a United States Environmental Protection Agency (U.S. EPA) fixed-site...
monitoring station centrally located in Manhattan, classified as appropriate for indicating population exposure to air pollution. Figure 1 shows boxplots of the resulting daily PM$_{2.5}$ concentration levels for each district within NYC. Details relating to the PM$_{2.5}$ concentrations as measured by the NYCCAS, and further adjusted for daily variability using data from the USEPA, for districts are shown in Figure S3.

2.3. Mobile Device Based Population Activity Patterns. Geographically and time-referenced mobile traffic data were used to quantify hourly percentages of the total population of NYC present in each of the 71 districts of the city throughout the study period. The specific data set used was 3G mobile traffic data accrued from several operators and this included data from all types of mobile devices such as phones.
and tablets. The data corresponded to several million subscribers which represented a statistically significant fraction of the total 3G mobile traffic in NYC (precise penetration rates are not given for confidentiality reasons). The data was assumed to be appropriate for extrapolating information about the spatial relative distribution of the entire population in terms of percentage of people that are present in certain areas. Included in the data set were counts related to data communication requests (phone-calls, SMS and passive data-requests). Normalized data which was aggregated at the cell tower level was provided, therefore users were anonymized. The service area of each cell tower which recorded information had a radius of approximately 100 m. To estimate population levels in different areas, the data corresponding to passive data-request activity were utilized. Passive data requests (such as applications running on the background of a phone automatically updating and syncing with the cellular network) track mobile devices without requiring active user interference. The data were spatially aggregated at the districts level (see Figure S1), aggregated hourly and then spatially normalized.

The data set enables the collective tracking of the spatial and temporal locations of the population of NYC. This would subsequently enable the assignment of corresponding air pollution exposures which also vary temporally and spatially. The population exposure computed would thus be compared to the traditional approach of assigning population exposures which assumes a stationary population distribution, derived using Census data.

Figure 2 shows the mean populations present in each district within NYC, detected using the mobile phone data and herein termed the “Active Population”. In this figure, a map of the mean nighttime population during the week (Monday—Friday), the mean daytime population determined during the week, and the mean difference between these daytime and nighttime populations are presented. A map of the Census population, herein termed the “Home Population” is also shown for comparison. Figure S4 shows boxplots of the “Active Population” along with the “Home Population” as a single point, for each district of NYC. Figure 3 shows the temporal variation of the number of people present in five separate districts selected from each of the five boroughs of NYC. It can be observed for District 17 in Manhattan, the number of people present peaks during the day, while in the other districts, the population present peaks during the night.

2.4. Population-Weighted Exposure. The population-weighted PM$_{2.5}$ exposures were computed for each district for both population scenarios of Active Population Exposure and Home Population Exposure. This enabled a relative comparison of populations exposure between the two scenarios. District level daily population-weighted exposure is defined as $E_i = \sum_{j=1}^{24} C_i P_{ij}$, where $E_i$ is the daily total population-weighted exposure for each district $i$, $C_i$ is the estimated concentration of PM$_{2.5}$ in district $i$ on each day, and $P_{ij}$ is the percent of the total population of NYC present in district $i$ at time $j$ (which is hour of the day) for both scenarios described already. Mann–Whitney U Tests were carried out to assess the statistical significance of differences between population weighted PM$_{2.5}$ exposures between scenarios. Weekday and nighttime population-weighted exposures were determined and compared also.

3. RESULTS

3.1. Relative Difference in Population-Weighted Exposures by District. Population-weighted exposures to PM$_{2.5}$ were computed separately for each district, for the Active Population Exposure and Home Population Exposure scenarios. The relative influence of the population-weighted PM$_{2.5}$ exposures per district of NYC were thus examined. Figure 4 portrays the mean population-weighted PM$_{2.5}$ exposures computed in each district of NYC. In some districts, the population-weighted PM$_{2.5}$ exposure in the case of the Active Population Exposure or the Home Population Exposure are negligible. This was due to the estimated population statistics, which were used to calculate population-weighted exposures, being negligible in the relevant district. Figure S5 shows boxplots of the population-weighted PM$_{2.5}$ exposures for each district within NYC for both scenarios of exposure, and the relative difference between these.

In the case of the Home Population Exposure, Figure 4 shows the districts where the mean population-weighted PM$_{2.5}$ exposures computed are relatively higher than the rest of NYC. These are located within Manhattan, Queens and Brooklyn. For example, in Manhattan, District 63 and 38 (Hudson Heights and Upper East Side), District 42 (Upper East Side), District 13 (Midtown East), and in District 68 (East Village), the mean population-weighted PM$_{2.5}$ exposures are relatively higher. In Queens, District 41 (Flushing, Murray Hill, College Point, and Whitestone), District 11 (Jamaica, Rochdale Village, St. Albans, and Addisleigh Park Historic District in Queens), and District 59 (Cambria Heights, Laurelton, and Springfield Gardens) have relatively higher mean population-weighted exposures to PM$_{2.5}$. In Brooklyn, Districts 55 and 53 (Astoria and Greenpoint), Districts 2 and 26 (Bensonhurst and Borough Park), and

![Figure 3](image-url)
Districts 28 and 12 (Flatlands and East New York) have also been identified.

For the Active Population Exposure, which utilizes mobile-phone-based spatiotemporal population distributions to estimate population-weighted PM$_{2.5}$ exposures, Figure 4 shows Districts 17 and 16 (Midtown Manhattan) as having relatively higher PM$_{2.5}$ population-weighted exposures than the remaining districts in NYC. A cluster of districts in West Queens and North-West Brooklyn (Districts 1, 69, 53, 14, 55, 7, 3, and 41) have been identified as having relatively higher population-weighted exposures. In addition, a group of districts in South-East Brooklyn and South-West Queens (Districts 2, 29, 36, 28, 22, 12, 70, and 11) were found to exhibit relatively higher population-weighted exposures than the other districts of NYC.

Some areas in East Queens and South East Brooklyn were identified as areas where relatively greater population-weighted exposure occurs when PM$_{2.5}$ exposure was weighted by the Census population statistics (see Figure 4). However, when PM$_{2.5}$ exposure was weighted according to mobile-phone-based population activity patterns, it can be seen that districts with higher relative influence on the total PM$_{2.5}$ population exposure are located in the lower region of Manhattan and more centralized areas of Brooklyn and Queens (Figure 4). In examining the relative changes in population-weighted PM$_{2.5}$ exposures calculated using a mobile phone based spatiotemporal population distribution (Active Population Exposure) compared with an exposure computed using a static Census-defined spatial population (Home Population Exposure), the largest increases in mean population-weighted exposures computed were observed in districts located in Lower Manhattan (Districts 16, 17, 8, and 50), and some districts of West Queens (Districts 14, 3, and 46) and North-East Brooklyn (Districts 69, 1, 15, 12, and 70) (Figure 4). District 17, which is located in Midtown Manhattan, was observed to have one of the lowest population-weighted PM$_{2.5}$ exposures of NYC when examining Home Population Exposure; however, it was ranked highest when examining Active Population Exposure. Differences in population-weighted PM$_{2.5}$ exposures computed in individual districts are shown in Figure S5 also.

Considering the population-weighted PM$_{2.5}$ exposures in the Active Population Exposure and the Home Population Exposure separately, the values computed for both were statistically significantly ($p < 0.05$) different in 68 of the 71 districts. The results of statistical tests assessing the differences in population-weighted PM$_{2.5}$ exposures between the two scenarios are shown in Table S1.
3.2. Relative Temporal Differences in Population-Weighted Exposures. In the case of the Active Population Exposure, Figure S6 shows the mean population-weighted PM$_{2.5}$ exposures computed during the daytime and the nighttime in districts within NYC, and the relative difference between the daytime and nighttime. The districts where the population-weighted PM$_{2.5}$ exposures are relatively higher are very clearly located within Midtown and Lower Manhattan, and centralized areas of Brooklyn and Queens. In analyzing population-weighted PM$_{2.5}$ exposure during the daytime and during the nighttime on weekdays, statistically significant ($p < 0.05$) differences occurred in 57 out of the 71 districts. During the weekend, statistically significant ($p < 0.05$) differences occurred in 31 out of 71 districts. These results are shown in Table S1.

3.3. Total Population Exposure for New York City. Figure 6 shows the daily cumulative population-weighted exposures determined for the Active Population Exposure scenario for the entire study duration. A similar graph for the Home Population Exposure is seen in the Supporting Information (Figure S7). Figure S8 enables a graphical comparison of the daily cumulative population-weighted exposures for two population scenarios. It can be seen that the Home Population Exposure and Active Population Exposure distributions are similar. However, more incidences of PM$_{2.5}$ values lower than 10 $\mu$g/m$^3$ in the Home scenario are observed in comparison to the Active scenario, in which more PM$_{2.5}$ exposure values greater than 10 $\mu$g/m$^3$ are seen.

4. DISCUSSION

The impact of urban mobility patterns determined using cellular network data, in evaluating population exposure to air pollution for a large study domain and human population has not been previously investigated. This study applied population activity patterns representative of several million people to
estimate population weighted exposure to air pollution in NYC. Spatiotemporal population statistics as defined by aggregated counts of connections to the cellular phone network, and PM$_{2.5}$ measurements were combined to estimate population-weighted PM$_{2.5}$ exposure, herein termed Active Population Exposure. This was compared to Home Population Exposure, which was calculated assuming a static Census-defined spatial population distribution.

The 71 districts of NYC were compared in terms of their relative contribution to the total population PM$_{2.5}$ exposure under both scenarios. When districts were examined on an individual basis, significantly different ($p < 0.05$) patterns of population-weighted PM$_{2.5}$ exposure were observed. In analyzing the Home Population Exposure, districts which contributed most to the overall population exposure of NYC tended to be located in areas of North-West and South-East Brooklyn, and within Queens. This was due to these districts having more residents than other areas according to the Census population estimates. However, when the Active Population Exposure was considered, districts with higher relative influence tended to be located in the lower regions of Manhattan and centralized areas of Brooklyn and centralized areas of Queens. This was a result of higher proportions of New Yorkers spending time in busy districts for employment, recreational, and social activities. For the Active Population Exposure scenario, the regions with relatively higher population-weighted exposures were concentrated in more distinct clusters of districts relative to the Home Population Exposure. This tentatively implies that efforts for reducing population exposure could be focused on these clusters of districts or regions within NYC. The relative differences between population-weighted exposures observed under varying population conditions, were larger where there were greater disparities between the number of people living in a region and the number of people most likely to spend time in an area, such as Lower Manhattan where a large increase was observed, and in West Queens and North-East Brooklyn.

By using varying spatiotemporal population metrics to investigate population exposure to air pollution, a new perspective on identifying areas of elevated population exposures is shown. Therefore, this research could aid in the prioritization of air pollution interventions (both infrastructural and policy orientated) for the protection of human health. Authorities could focus their air pollution monitoring and modeling efforts, for example by locating monitoring stations where populations are more likely to be exposed. Evidence suggests most air pollution interventions lead to health benefits, including reduced incidence of cardiovascular and respiratory mortality and morbidity.$^{64}$ In a review of the public health impacts of urban air pollution in 25 European cities, Pascal et al.$^{65}$ estimates that complying with the WHO guideline value of 10 $\mu$g/m$^3$ in annual mean PM$_{2.5}$ exposure would add up to 22 months of life expectancy at age 30, depending on the city. This corresponded to a total of 19,000 deaths delayed for the regions studied. Further to this, the associated predicted monetary gain was approximately €31 billion annually, including savings on health expenditures, absenteeism, and intangible costs, such as well-being, life expectancy, and quality of life. While evaluating where people are exposed to air pollution in the future using mobile phone based population activity estimates, this could assist in identifying where people are being exposed to levels above the WHO recommended limits. Appropriate actions could then be taken to reduce this number, that is, assigning resources to prioritized areas, thereby maximizing public health and related societal and economic benefits.

The use of spatially interpolated PM$_{2.5}$ data in place of an air quality model calibrated using real data was a study limitation. Also, in future studies, a pollutant exhibiting more spatial heterogeneity such as nitrogen dioxide, may offer further evidence of the importance of considering mobility patterns in evaluating population-exposure to air pollution. Although municipal air quality monitoring is important for indicating general levels of population exposure in urban environments, it is often supplemented by physical air quality models such as the Operational Street Pollution Model (OSPM)$^{66}$ or the ADMS

![Figure 6. Cumulative percentage of population and PM$_{2.5}$ exposure determined for the Active Population Exposure scenario for each day of the study period of 121 days.](image-url)
Urban72 to yield substantial spatial resolution. Techniques for estimating air pollution levels between monitoring sites include pollution dispersion,68 Land Use Regression (LUR)69 or hybrid models (satellite data and LUR).70 Real-time air quality monitoring using networks of sensors71 have received some attention in recent years although the effectiveness of their use for epidemiological studies has yet to be evaluated. Future research should investigate whether air pollution exposure weighted by mobile phone and wireless devices can provide spatiotemporal population distributions that can be used for prediction purposes.81

Further to this, separate surveys. The database contains various microenvironments obtained from the EPA Consolidated Human Activity Database (CHAD) which includes 22,000 diary days collated from 10 randomly assigned to each individual. These diaries were weighed at the census tract level and individual diaries were randomly assigned activity patterns derived from the EPA’s CHAD database. These models are functional for assessing human exposure to air pollution, however, some limitations such as the mobility patterns and activities of populations being randomly assigned, rather than being based on measured mobility estimates for the populations considered. As demonstrated in this study, cellular network data can be used to measure the mobility patterns of millions of people.

Therefore, in future work, it may be possible to combine both approaches to enhance population exposure modeling capabilities.

The research methodology described in this study will enable a better quantification of population exposure on a city-wide scale, and can be applied across larger geographical regions where relevant data exists. Other georeferenced digital phone traces can be used to decipher individual trajectories. Therefore, personal air pollution exposure studies could be conducted on cohorts incorporating locations of exposure through mobile phone and wireless device trace data. Accessible cellular network data are necessary for progressing research in light of the epidemiological and subsequent public health insights which can be gained. As ethical issues and concerns around individual data privacy emerge, however, appropriate stewarding and anonymization of data through spatial aggregation or otherwise needs to be ensured.

A novel perspective on population exposure is presented in this study, whereby population exposure to environmental air pollution is quantified using two dynamic variables, using spatiotemporal variations in air pollution levels to the metropolis. The study population distributions, supplementary figures portraying comparisons of population exposure scenarios, and temporal variation, and results of statistical tests evaluating exposure differences between scenarios (PDF).

**ASSOCIATED CONTENT**

Supporting Information

The Supporting Information is available free of charge on the ACS Publications website at DOI: 10.1021/acs.est.6b02385.

Information on study domain and NYCCAS monitoring sites, additional description of air pollution and population distributions, supplementary figures portraying comparisons of population exposure scenarios, and temporal variation, and results of statistical tests evaluating exposure differences between scenarios (PDF).

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Notes

The authors declare no competing financial interest. This study was conducted primarily at Massachusetts Institute of Technology.

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