EXPANDING THE EXPOSURE ASSESSMENT LANDSCAPE USING NEW INFORMATION TOOLS

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The Places in Which We Live, Work, and Play Influence Our Health





Nurses' Health Study Cohort

Began in 1976 with 121,701 female nurses aged 30-55

Originally from 11 States, have moved throughout the United States

Biennial questionnaires with disease and mortality follow-up

Residential mailing addresses geocoded from 1986-2018



Location of NHS residential addresses over follow-up



Nurses' Health Study II Cohort

Began in 1989 with 116,000 female nurses aged 25-42

Originally from 14 States, have moved throughout the United States

Biennial questionnaires with disease and mortality follow-up

Biennial addresses geocoded from 1989-2017



Location of NHS II residential addresses over follow-up



Health Professionals Follow-Up Study

Began in 1986 with 51,529 male health professionals (e.g., dentists, optometrists)

Biennial questionnaires with disease and mortality followup

Biennial addresses geocoded from 1986-2018



Location of HPFS mailing addresses over follow-up

guts

Growing Up Today Study

Children of NHSII participants

GUTS1 (N=16,882) enrolled in 1996, ages 9-14

GUTS2 (N=10,923) enrolled in 2004, ages 10-17

Complete follow-up questionnaires each year through age 18, every other year after age 18



Location of GUTS residential addresses over follow-up



PM_{2.5}

- Spatiotemporal model to predict monthly PM_{2.5} levels at any point (address) in the coterminous US
 - Generalized additive mixed models
 - EPA Air Quality Monitoring System data
 - Geospatial and meteorological predictors





Greenness

- Normalized Difference Vegetation Index (NDVI)
 - From Landsat satellite imagery
- Satellite measure of vegetation based on the wavelengths absorbed by photosynthetically active plants
- Available at 30m resolution every 16 days across the globe from 1984-present



Light at Night

- From the U.S Defense Meteorological Satellite Program's Operational Linescan System
- Satellite imagery to detect light at night in nighttime radiance units
- Annual averages at 1 km² resolution starting in 1990s





Noise

- From the US National Park Service model of outdoor noise, using noise monitor data from 2000 – 2014 and land use regression
 - 270 m² grid
 - Anthropogenic nighttime noise median, Ldn, Leq, and other metrics available







Mechanisms for Nature and Long-Term Health Outcomes





James et al. Environmental Health Perspectives. 2016.



Greenness and All-Cause Mortality in the Nurses' Health Study (N=108,630 from 2000-2008)

Cumulative Average Greenness in 250m	Fully Adjusted HR (95% Cl)
Greenness Quintile 1	Ref
Greenness Quintile 2	0.92 (0.86, 0.98)
Greenness Quintile 3	0.90 (0.84, 0.96)
Greenness Quintile 4	0.94 (0.88, 1.00)
Greenness Quintile 5	0.88 (0.82, 0.94)
P for Trend	0.002

Hazard ratios are adjusted for calendar time, age, race, smoking, individual SES, Census tract median home value and income

Growing Scientific Evidence for Health Benefits of Nature in an Exposomic Framework





Limitations of Epidemiologic Research on Nature and Health

Is "greenness" around the home the right measure?

What area around the home? Are we capturing contact with or exposure to nature?

We focus on vegetation, but what are the specific "active ingredients" in nature?

Without specificity, we are limited in causal inference and in policy relevance

What tools can we use to address these limitations?





Join



Nurses' Health Study 3 nhs3.org

Open cohort of 49,000+ nurses and nursing students ages 19-46 across the entire US Web-based questionnaires every six months **Participants open emails using predominantly smartphones**

Nurses' Health Study 3 Mobile Health Substudy

450 participants underwent seven-day sampling periods four times over a year

Fitbit device to measure steps, heart rate, and sleep at the minute-level

Custom smartphone app to measure location and administer questionnaires

Efficient, passive, objective, low-cost measurement of high spatial- and temporal-resolution data on health behaviors





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Digital Phenotyping in Epidemiological Cohorts



The collection of **smartphone-based** GPS, accelerometer, sleep and social network data

Beiwe Smartphone Study (N=2,394)





Date Filter ID Filter Switch View NHS3/GUTS Beiwe Substudy Dashboard ▼ (AII) Overview Last 2 years . **Raw Survey Submits** Raw GPS Data Vol. Raw Accelerometer Data Vol. g1iy5opn Date: April 15, 2022 Accelerometer Data Volume: 10 MB Oct 1.22 Jul 1, 22 Sep 1, 22 Nov 1, 22 Jul 1, 21 Oct 1.21 Jan 1, 22 Apr 1, 22 Jul 1, 22 Oct 1.21 Jan 1, 22 Apr 1, 22 Oct 1.22 Sep 1, 21 Nov 1, 21 Jan 1, 22 Mar 1, 22 May 1, 22 04 Android 105 Total Surveys Submitted 03 04 Total Volume Average Daily Volume Q1 02 03 Total Volume Average Daily Volume 214.3 GB 0.5371 MB 9.214 GB 22.34 MB -20,653

Massive Data Volumes



An illustration of GPS trajectories of a test subject over a year

Average follow-up of 195 days per participant

Averaged 12.7 valid hours of accelerometer data and 14.3 valid hours of GPS data (**430,000+ participant-days**)

23,000+ questionnaires completed with response rates range between 40%~50%

Collected data are currently under processing in **cloudbased servers** to derive environmental exposures and physical activity

Notes. Data summary as of November 1st, 2022. The data collection remains ongoing for ~50% of participants.

Potential Applications

14 months of GPS trajectories by day based on data from a test subject.



beiwe_id

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- Green Space
- Sleep
 Mosto
- Meats
- Stress and Enjoy
- Sitting
- Emotion
- Vegetables
- Physical Activity
- Beverages

Remote Assessment of Cognition through Smartphone Applications

Grants under review to incorporate the Ambulatory Research in Cognition (ARC) platform into Beiwe

Repeated testing in free-living environments

Reduces the impact of within-person variability

Improves measurement precision

Enhances assessment of ecologically valid cognitive function

Completed in 2 minutes or less

Timestamped and geotagged





Exposure Assessment through Deep Learning





Image-based Approaches to Spatial Factors and Health



Satellite-based data tell us little about the quality of natural and built environments



Geocoded street-level images provide insight into specific environmental features from an on-the-ground perspective



Machine learning approaches can segment specific components of an image for analysis













Deep Learning of Google Street View Images to Develop Novel Spatial Exposures

Process Google Street View Images



ldx

Name

Percentages

Deep Learning of Google Street View Images to Develop Novel Spatial Exposures



NHLBI-funded R01: Built Environment Assessment through Computer visiON (BEACON): Applying Deep Learning to Street-Level and Satellite Images to Estimate Built Environment Effects on Cardiovascular Health

Aim 1: GPS-Based



Peter James (Harvard Medical School), Perry Hystad, Andrew Larkin, Lizhong Chen (Oregon State), Steve Hankey (VA Tech), Wenwen Zhang (Rutgers), Esra Suel (ETH Zurich), Jaime Hart (Brigham and Women's Hospital), and Eric Rimm (Harvard TH Chan School of Public Health)

Disparities in Access to Green Space

- White neighborhoods have greater access to green space
- Exposure disparities persist over generations, possibly contributing to health disparities by race and socioeconomic status
- Greenspace may reduce health disparities





The Climate Crisis

Green space has massive co-benefits for human health and the health of natural systems

- Major carbon sink
 - Planting a half trillion trees could reduce atmospheric carbon by about 25 percent
 - Enough to negate about 20 years of human-produced carbon emissions at the current rate, or about half of all carbon emitted by humans since 1960
- Prevents soil erosion
- Provides substantial cooling in urban environments
- Counterpoint of wildfires

In the context of equity, low-income blocks have 15.2% less tree cover and are 1.5°C hotter than high-income blocks



Conclusions

Exposomic analyses account for multiple correlated exposures

Mobile health approaches add granularity on personalized exposures and health behaviors

Deep learning algorithms provide specific, time-varying, objective data on environmental exposures from unprecedented perspectives

These data combined may provide relevant, actionable information for planners, policy makers, and community members to design places that are optimal for health

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