Measuring long-term exposure to wildfire PM_{2.5} in California: Time-varying inequities in environmental burden

Joan A. Casey^{a,b,1} 📵, Marianthi-Anna Kioumourtzoglou^a 📵, Amy Padula^c 📵, David J. X. González^{d,e} 📵, Holly Elser^f 📵, Rosana Aguilera^g 📵, Alexander J. Northrop^h , Sara Y. Tartof , Elizabeth Rose Mayeda , Danielle Braun^{kl} , Francesca Dominici^k , Ellen A. Eisen^e , Rachel Morello-Frosch^{d,e,1}, and Tarik Benmarhnia^g

Edited by Garry D. Peterson, Stockholms Universitet, Stockholm, Sweden; received May 2, 2023; accepted January 13, 2024 by Editorial Board Member Carl Folke

Wildfires have become more frequent and intense due to climate change and outdoor wildfire fine particulate matter (PM_{2.5}) concentrations differ from relatively smoothly varying total PM_{2.5}. Thus, we introduced a conceptual model for computing long-term wildfire PM_{2.5} and assessed disproportionate exposures among marginalized communities. We used monitoring data and statistical techniques to characterize annual wildfire PM_{2.5} exposure based on intermittent and extreme daily wildfire PM_{2.5} concentrations in California census tracts (2006 to 2020). Metrics included: 1) weeks with wildfire $PM_{2.5} > 5 \mu g/m^3$; 2) days with non-zero wildfire $PM_{2.5}$; 3) mean wildfire $PM_{2.5}$ during peak exposure week; 4) smoke waves (≥2 consecutive days with >15 μg/m³ wildfire PM_{2.5}); and 5) mean annual wildfire PM_{2.5} concentration. We classified tracts by their racial/ethnic composition and CalEnviroScreen (CES) score, an environmental and social vulnerability composite measure. We examined associations of CES and racial/ethnic composition with the wildfire PM_{2.5} metrics using mixed-effects models. Averaged 2006 to 2020, we detected little difference in exposure by CES score or racial/ ethnic composition, except for non-Hispanic American Indian and Alaska Native populations, where a 1-SD increase was associated with higher exposure for 4/5 metrics. CES or racial/ethnic × year interaction term models revealed exposure disparities in some years. Compared to their California-wide representation, the exposed populations of non-Hispanic American Indian and Alaska Native (1.68×, 95% CI: 1.01 to 2.81), white (1.13×, 95% CI: 0.99 to 1.32), and multiracial (1.06×, 95% CI: 0.97 to 1.23) people were over-represented from 2006 to 2020. In conclusion, during our study period in California, we detected disproportionate long-term wildfire PM_{2.5} exposure for several racial/ethnic groups.

wildfires | particulate matter | environmental justice | American Indian or Alaska Native | California

Wildfires—anticipated to lengthen, strengthen, and expand due to the changing climate across the globe, including California (CA) (1–6)—produce extreme short-term fine particulate matter (PM_{2.5}) concentrations and lead to elevated long-term average exposures. For example, Sacramento, CA, logged the planet's worst 24-h average PM_{2.5} levels (263 µg/m³) during the 2018 Camp Fire (7, 8). Partially driven by wildfire smoke, the 2018 annual average PM_{2.5} concentration in Sacramento, CA (12.7 μg/m³), exceeded the United States Environmental Protection Agency's (US EPA) annual standard of 12 μg/m³. Moreover, while most of the United States has experienced steady declines in ambient PM_{2.5} concentrations since 2000, wildfire smoke has reversed this trend in the Western United States (9). Wildfire-prone parts of the Western United States have seen average concentrations of wildfire PM_{2.5} increase by >5 μ g/m³ between 2006 to 2010 and 2016 to 2020 (10).

Wildfires have substantial societal impacts. Studies report associations between elevated short-term wildfire $PM_{2.5}$ exposure and higher risk of adverse health outcomes, particularly respiratory disease (11-17). Further, >0.5% of all-cause deaths in 749 cities worldwide appear attributable to short-term wildfire PM_{2.5} exposure (15). The epidemiological literature addressing the health impacts of wildfire smoke has focused on short-term exposures almost exclusively (18–20). Yet, given the increasing frequency and intensity of such climate-sensitive exposures, assessing the possible health consequences of long-term intermittent and repeated wildfire exposure has become a pressing issue.

The US EPA describes the relationships of long-term total PM_{2.5} exposure (from all emission sources) with cancer, respiratory outcomes, and nervous system outcomes as likely causal, and the relationship with cardiovascular disease and all-cause mortality as causal (21). Virtually all epidemiologic studies contributing to the US EPA conclusions on the health impacts of long-term PM_{2.5} estimated exposure based on average long-term

Significance

Fine particulate matter (PM_{2.5}), which disproportionately affects disadvantaged US communities, varies relatively smoothly over time. In contrast, wildfire PM_{2.5} demontrates short-term extreme concentrations. We proposed five metrics for assessing long-term outdoor wildfire PM_{2.5} exposure for health and equity studies. Our California environmental justice analysis detected disparities in some years, but not study period-wide (2006 to 2020) for CalEnviroScreen (CES)identified disadvantaged communities. Notably, CES scores do not explicitly include racial/ethnic identity. Analyses spanning 2006 to 2020 revealed that Native American and Alaska Native, multiracial, and non-Hispanic white populations had consistently disproportionate outdoor wildfire PM_{2.5} exposure. Housing, occupational, behavioral, or economic constraints may result in larger actual disparities. Improved long-term wildfire PM_{2.5} exposure measurement can support health-equity-focused interventions and climate resilience.

Copyright © 2024 the Author(s). Published by PNAS. This article is distributed under Creative Commons Attribution-NonCommercial-NoDerivatives License 4.0 (CC BY-NC-ND).

¹To whom correspondence may be addressed. Email: jacasey@uw.edu or rmf@berkeley.edu.

This article contains supporting information online at https://www.pnas.org/lookup/suppl/doi:10.1073/pnas. 2306729121/-/DCSupplemental.

Published February 13, 2024.

PM_{2.5} concentrations. This may miss spikes in PM_{2.5} generated by episodic, short-lived events, like wildfires. Over the long term, wildfire PM_{2.5} concentrations are zero-inflated with low exposure in most months and high peaks of concentrations on some days, resulting in an annual average that does not reflect people's experiences of sporadic wildfire PM_{2,5} exposure. The nature of contemporary wildfire PM_{2.5} concentrations requires novel metrics to accurately capture the exposure pattern.

Researchers lack an agreed-upon framework to measure longterm wildfire PM_{2.5} exposure, hampering exposure and health studies of this increasingly important PM_{2.5} source. To date, studies of long-term wildfire air pollution often ignore the unique spatiotemporal patterning of wildfire PM_{2.5} concentrations. Many studies have defined exposure as a binary yes/no based on whether a participant lived near a major fire (22-25). Some have estimated wildfire-related air pollution exposure for a single wildfire event or season (26–30). To our knowledge, only two studies evaluated the relationship between long-term (≥ 1 y), time-varying wildfire PM_{2.5} concentrations and adverse health effects (31, 32). In their study on childhood exposure and mortality, Xue et al. estimated average wildfire PM_{2.5} concentration over various time periods (e.g., month of health outcome, 12 mo prior, in utero, etc.), and observed no association between average 12-mo prior or life-long wildfire PM_{2.5} concentrations and risk of infant or child mortality across multiple countries (31). Yu et al. reported associations between two-year average (lag0-1) wildfire PM_{2.5} concentrations and risk of all-cause and site-specific cancer mortality in Brazil (32).

New models of daily wildfire PM_{2.5} exposure make it possible to calculate alternative metrics that capture intermittent and variable wildfire PM_{2.5} concentrations (10, 33–35). Between 2016 to 2020, an annual average of 16.4 million U.S. residents lived in places where ambient wildfire PM_{2.5} exceeded 50 μg/m³ on at least 1 d (10). Traditional exposure assessment focuses on three domains: frequency, duration, and concentration (36). Similarly, the health effects of wildfire exposures depend on a combination of factors, including how often (frequency), how long (duration), and at which levels (concentration) these exposures occur. Deriving metrics that capture these distinct exposure domains is crucial. The health outcome of interest will dictate the most relevant metric. Cumulative exposure may be most appropriate for chronic disease outcomes like cancer, surpassed thresholds during sensitive developmental windows for birth outcomes, and spikes of exposure for acute respiratory effects.

In addition to biologically relevant exposure assignment for health studies of long-term wildfire PM_{2.5} exposure, exposure metrics matter for environmental justice (EJ) considerations. The White House Environmental Justice Advisory Council (WHEJAC) defines EJ communities as locations "with significant representation of persons of color, low-income persons, Indigenous persons, or members of Tribal nations, where such persons experience, or are at risk of experiencing, higher or more adverse human health or environmental outcomes" (37). A body of literature finds disproportionate exposure to total PM_{2.5} (38, 39) in EJ communities. These disparities likely arose due to racial segregation and other forms of systemic racism (40). The impact of wildfire exposure on EJ communities, however, is mixed. Recent US nationwide studies of wildfire PM_{2.5} have reported higher annual average wildfire PM_{2.5} concentrations among higher-income and non-Hispanic (NH) white populations (9, 10), while some older studies using threshold-based exposure metrics (e.g., annual wildfire $PM_{2.5} > 1.5 \mu g/m^3$) identified EJ concerns (41-43). Contradictory findings may be explained by year-to-year spatiotemporal variability in wildfire PM_{2.5} and the lack of consensus on best exposure metrics. Communities of color may face elevated wildfire PM_{2.5} concentrations as a result of

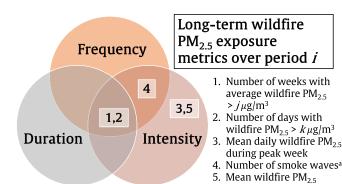


Fig. 1. Conceptual model for how to assess long-term exposure to wildfire PM_{2.5}. Our metrics capture aspects of three domains: frequency, duration, and intensity and we selected i = 1 (annual). Other researchers can vary certain parameters, for example, i could equal 1, 2, 3, etc. years; j, could equal 3, 5, 10, 25, etc. $\mu g/m^3$; k could equal 0, 1, 3, 5, etc. $\mu g/m^3$. 3We defined smoke waves as the number of instances of ≥ 2 consecutive days with $> 15 \mu g/m^3$ wildfire $PM_{2.5}$, which was close to the study area and period 90th percentile of wildfire PM_{2,5} concentration on days with any wildfire PM_{2,5}, similar to prior work by Liu et al. (41).

displacement driven by rising urban housing costs (44), leading to relocation into suburban wildland-urban interface (WUI) areas, or due to historical forced residence on federal Indian Reservations (45). In recent decades, population growth in the WUI has far outpaced that of other regions (3) and, in California, census tracts affected by wildfire burn zones had increasing percentages of people of color from 2010 to 2020 (46).

Studies focused on outdoor wildfire PM_{2.5} concentrations likely underestimate actual exposure disparities. Socioeconomic disempowerment can constrain housing and personal protective, occupational, and relocation choices. This may result in increased wildfire PM_{2.5} exposure via lower-quality housing with higher permeability to outdoor air pollution, inability to purchase and maintain air filtration systems, the need to continue work, even in unsafe conditions, and reduced ability to evacuate (47, 48). EJ communities face higher current total $PM_{2.5}$ and other pollutant exposures and worse projected climate exposures (49) and effects (50) due to a confluence of socioeconomic and racialized marginalization. Yet the lack of consensus on best metrics of long-term wildfire PM_{2.5} exposure leaves a gap in our understanding of the degree to which wildfire PM_{2,5} disproportionately affects these communities over time.

The Present Study. Increasing trends and more ubiquitous wildfire PM_{2,5} exposures necessitate long-term exposure assessment to better understand implications for chronic health effects and EJ. Here, we introduce a conceptual model (Fig. 1) for measuring long-term outdoor wildfire PM_{2.5} exposure, summarize trends in exposure metrics, and apply these metrics in an EJ analysis in CA from 2006 to 2020. Our EJ analysis assessed whether certain racial/ ethnic or socioeconomic groups experienced disproportionate wildfire PM_{2.5} exposure during the study period.

Results

In this study, we evaluated five metrics of long-term outdoor wildfire PM_{2.5} exposure from 2006 to 2020 in 7,919 California census tracts. Across the study period, census tracts experienced medians of 7 wk (IQR: 5, 16; maximum: 76) with average weekly wildfire $PM_{2.5}$ concentrations > 5 μ g/m³, 292 d (IQR: 276, 416; maximum: 1,696) with wildfire $PM_{2.5}$ concentrations > 0 $\mu g/m^3$, and three smoke waves (IQR: 2, 8; maximum: 42). The median of mean annual peak week wildfire PM_{2.5} concentration was 4.5 μg/ m³ (IQR: 3.9, 11; maximum: 31), and the median of mean annual wildfire PM_{2.5} concentration was 0.21 μg/m³ (IQR: 0.18, 0.54; maximum: 2.4). Rural tracts (n = 121) had higher wildfire $PM_{2.5}$ concentrations compared to urban tracts (n = 7,798) over the study period (SI Appendix, Table S1), for example, experiencing higher median peak week average concentrations (12 μg/m³ vs. 4.5 μ g/m³) and higher median counts of smoke waves (7 vs. 1). Rural tracts that overlapped with federally recognized Tribal Lands (SI Appendix, Fig. S1) had the highest wildfire PM_{2.5} concentrations (0.83 µg/m³ vs. 0.21 µg/m³ annual average in all tracts), while urban tracts that overlapped with federally recognized Tribal Lands had similar or lower wildfire PM_{2.5} concentrations than their non-Tribal counterparts (SI Appendix, Table S1 and Fig. S2).

Spatiotemporal Trends in Five Metrics of Outdoor Wildfire PM_{2.5} Exposure. We observed geographic, seasonal, and year-toyear variability in exposure, with generally higher exposures in Northern California, summer and fall months, and 2008, 2018, and 2020 (Fig. 2 and SI Appendix, Figs. S3 and S4). Interestingly, distinct patterns emerged by metric. For example, annual average wildfire PM_{2.5} exposure and mean concentration during the annual peak week were consistently higher in Northern California, while the number of days annually with non-zero wildfire PM_{2,5} concentrations was more evenly distributed across the state. When summarized across the study period, the Spearman correlation between the five metrics ranged from 0.81 (total days with nonzero wildfire PM_{2.5} concentration and mean peak-week wildfire $PM_{2.5}$ concentration) to 0.94 (mean annual wildfire $PM_{2.5}$ concentration and weeks with average wildfire $PM_{2.5} > 5~\mu g/m^3$) (SI Appendix, Fig. S5). When summarized annually, the Spearman correlation between metrics ranged from 0 (total weeks with average wildfire $PM_{2.5} > 5 \mu g/m^3$ and total smoke waves in 2010 and 2011) to 0.97 (mean annual wildfire PM_{2.5} concentration

and mean peak-week wildfire PM_{2.5} concentration in 2008). In the years with the highest mean annual wildfire PM_{2.5} exposures (2008, 2018, and 2020) vs. other years, Spearman correlations were higher, ranging from 0.74 to 0.97.

Descriptive Differences in Outdoor Wildfire PM_{2.5} Exposure by **CES Score**. Higher CES scores predominated in the Central Valley, parts of Southeast California, Los Angeles, Riverside, and the East Bay in the San Francisco Bay Area (SI Appendix, Fig. S6). When summarized over the whole study period, census tracts in the fourth quartile (disadvantaged communities) vs. the lower 3 quartiles of CES scores had similar long-term wildfire PM25 exposure, as measured by the five metrics (Fig. 3 and SI Appendix, Fig. S7). However, heterogeneities were observed by year of the study period. For example, in 2020, disadvantaged vs. non-disadvantaged communities (quartile 4 vs. 1 to 3 of CES score) had nearly the same 90th percentile peak-week wildfire PM_{2.5} concentration (56.7 vs. 56.4 μg/m³) but a higher 90th percentile count of the number of weeks with average wildfire $PM_{2.5} > 5 \mu g/m^3$ (11 wk vs. 9 wk). Fig. 3B illustrates the spatiotemporal variability in exposure using the mean peak week metric. In 2020, many tracts in Northern California and the San Joaquin Valley experienced a dual burden of community disadvantage and high mean peak week wildfire PM_{2.5} exposure, while in 2007 such doubly burdened tracts were primarily located in Southern California and the South San Francisco Bay Area (Fig. 3 and SI Appendix, Fig. S8).

Descriptive Differences in Outdoor Wildfire PM_{2.5} Concentration by Racial/Ethnic Composition. The relationship between census tract racial/ethnic composition and wildfire PM2,5 exposure also differed over time (Fig. 4 and SI Appendix, Figs. S9 and S10). Fig. 4A depicts the California-wide average census tract racial/ ethnic composition, with 41.6% NH white, 36.4% Hispanic, 12.5% NH Asian, 5.9% NH Black, 2.6% NH two or more

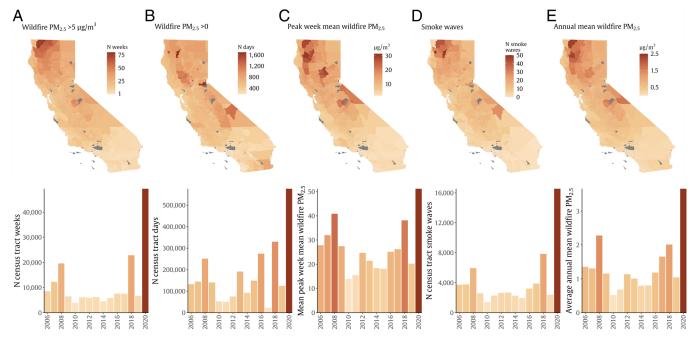


Fig. 2. Five metrics of census tract-level^a outdoor wildfire PM_{2.5} concentration summarized from 2006 to 2020. (A) Number of weeks with average wildfire $PM_{2.5} > 5 \mu g/m^3$; (B) Number of days with non-zero wildfire $PM_{2.5}$ concentrations; (C) Average of mean daily wildfire $PM_{2.5}$ concentration during the peak week; (D) Number of smoke waves^b; (E) Average of mean annual wildfire $PM_{2.5}$ concentration. ^aMaps include 7919 census tracts; gray census tracts indicate missing sociodemographic data; these tracts were not included in analyses. ^bWe defined smoke waves as the number of instances of \geq 2 consecutive days with > 15 $\mu g/m^2$ m³ wildfire PM_{2.5}, which was close to the study area and period 90th percentile of wildfire PM_{2.5} concentration on days with any wildfire PM_{2.5}, similar to prior work by Liu et al. (41).

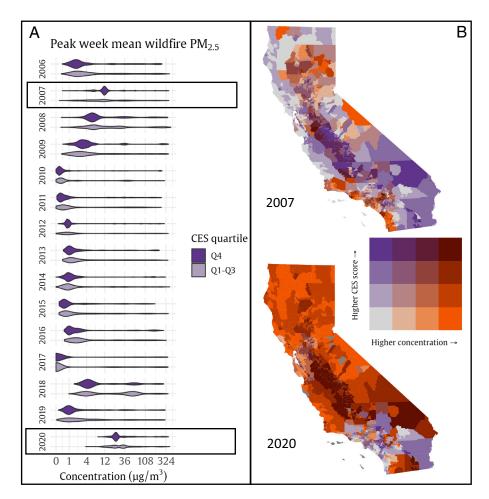


Fig. 3. Annual mean daily outdoor wildfire PM_{2.5} concentration during the peak week by CalEnviroScreen score in California from 2006 to 2020. (A) Temporal distribution of mean daily wildfire PM_{2.5} concentration during the peak week by CES quartile^a; (*B*) Bivariate spatial distribution of mean peak week wildfire PM_{2.5} concentration and CES quartile^a in 2007 and 2020. Higher CES scores indicate greater cumulative environmental and socioeconomic disadvantage. ^aCalEnvironScreen (CES) score data available from the California Office of Environmental Health Hazard Assessment: https://oehha.ca.gov/calenviroscreen was used to compute CES quartiles where quartile 4 indicates a disadvantaged community.

races, 0.5% NH American Indian or Alaska Native, and 0.6% other residents. When averaging from 2006 to 2020, NH white and NH American Indian and Alaska Native populations were disproportionately exposed as measured by all five metrics (SI Appendix, Fig. S10). However, different patterns emerged on a year-to-year basis and when using absolute vs. relative scales. Consider smoke waves in 2018 and 2020. On an absolute scale, the most exposed census tracts were predominately NH white in 2018 and Hispanic and NH white in 2020 (Fig. 4 D and E). On the relative scale, NH American Indian and Alaska Native residents were more disproportionately exposed in 2018 and 2020 compared with other racial/ethnic groups (Fig. 4 H and 1). In a secondary monthly level analysis restricted to 2020 (the year with the highest levels of wildfire PM_{2.5} exposure in our dataset), we observed varying exposure patterns by race/ethnicity (SI Appendix, Fig. S11). For example, disproportionate peak week wildfire PM_{2.5} exposure occurred for NH white populations in September and NH American Indian or Alaska Native populations in October.

In terms of relative exposure to annual mean wildfire PM_{2.5}, NH American Indian and Alaska Native populations faced disproportionately high exposure every year compared to their statewide representation [relative risk (RR) ranged from 1.02, 95% CI: 1.00, 1.04 in 2007 to 2.79, 95% CI: 2.70, 2.94 in 2012; 2006 to 2020

mean = 1.68, 95% CI: 1.02 to 2.79] (Fig. 5 and *SI Appendix*, Table S2). In most years, NH white populations were also disproportionately exposed (RR ranged from 0.99, 95% CI: 0.99, 1.00 in 2007 to 1.32, 95% CI: 1.31, 1.32 in 2012, 2006 to 2020 mean = 1.13, 95% CI: 0.99, 1.32) and multiracial (two or more races) populations (RR ranged from 0.97, 95% CI: 0.97, 0.97 in 2007 to 1.23, 95% CI: 1.23, 1.24 in 2018, 2006 to 2020 mean = 1.06, 95% CI: 0.97, 1.23). NH Asian, NH Black, and Hispanic populations generally had disproportionately low exposure (2006 to 2020 mean NH Asian RR = 0.87, 95% CI: 0.66, 1.10; NH Black RR = 0.91, 95% CI: 0.74, 1.01; Hispanic RR = 0.91, 95% CI: 0.76, 1.04).

Association between CES Score and Outdoor Wildfire PM_{2.5} **Exposure, Overall.** Using linear and negative binomial regression models adjusted for year, population density, and census tractcentroid latitude and longitude, we observed that averaged across 2006 to 2020, no difference existed in long-term wildfire PM_{2.5} exposure for 4 of 5 metrics comparing disadvantaged communities (census tracts that made up the highest quartile of CES score) to their non-disadvantaged counterparts (Fig. 6, orange estimates; SI Appendix, Table S2). Disadvantaged vs. non-disadvantaged communities had 0.3 (95% CI: 0.1, 0.4) more days with $>0 \mu g/m^3$ wildfire smoke annually, averaged from 2006 to 2020.

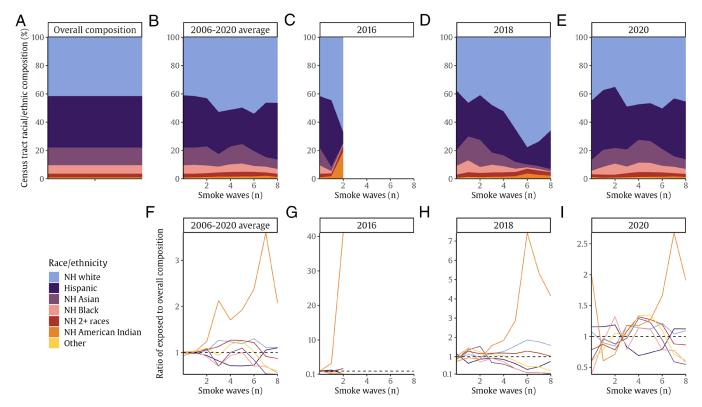


Fig. 4. Average absolute and relative census tract racial/ethnic composition by annual average count of smoke waves in California. Absolute racial/ethnic composition (A) overall in California using 2010 census data; and by annual count of smokes waves (B) on average from 2006 to 2020, (C) in 2016, (D) in 2018, and (E) in 2020. Ratio of the average percent of a racial/ethnic group exposed by annual count of smoke waves to the percent of the group in the state overall (F) on average from 2006 to 2020, (G) in 2016, (H) in 2018, (I) in 2020. The x-axis breaks are consistent across years with results restricted to the 99.9th percentile of annual smoke wave exposure (n = 8). Not all years had census tracts exposed to eight smoke waves, resulting in white space. ^aWe defined smoke waves as the number of instances of \geq 2 consecutive days with > 15 μ g/m³ wildfire PM_{2.5}, which was close to the study area and period 90th percentile of wildfire PM_{2.5} concentration on days with any wildfire PM_{2.5}, similar to prior work (41).

Association between CES Score and Outdoor Wildfire PM_{2.5} Concentration, by Year. The direction of the association between CES score and PM_{2.5} concentration varied annually. For annual average wildfire PM_{2.5} concentrations, quartile 4 vs. quartile 1 to 3 CES scores were associated with higher concentrations during 9 of 15 y, lower concentrations during 3 of 15 y, with no difference during 3 of 15 y (Fig. 6*E* and *SI Appendix*, Table S3*E*). The magnitude of the differences was generally small (<0.1 μ g/m³). The years 2016 and 2018 illustrate how census tracts with higher

CES scores can have lower concentrations 1 y and higher during another. During 2016, disadvantaged communities (measured via CES) had higher exposure as quantified by all five metrics. In 2018, the opposite was true, and disadvantaged communities had lower exposure on all five metrics. For example, during 2018, disadvantaged vs. non-disadvantaged census tracts had 11.6 µg/m³ (95% CI: -12.1, -11.1) lower wildfire PM_{2.5} concentrations during the peak week of exposure (Fig. 6C and SI Appendix, Table S3C).

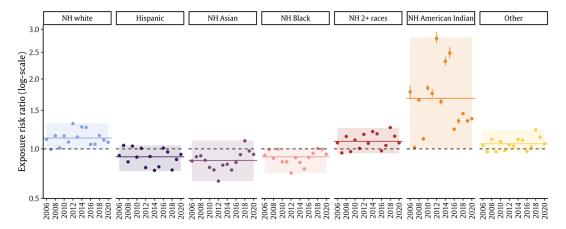


Fig. 5. Risk ratios and 95% CI for each racial/ethnic group for mean annual wildfire PM_{2.5} exposure by year, 2006 to 2020. A risk ratio greater than 1 (dashed line) indicates that racial/ethnic group *j* was over-represented among the exposed population, compared to their statewide representation, during year *y* and a risk ratio less than 1 indicates that racial/ethnic group *j* was under-represented among the exposed population, compared to their statewide representation, during year *y*. Solid colored horizontal lines and boxes represent the 2006 to 2020 mean risk ratio with 95% CI for each racial/ethnic group *j*. 95% CIs were calculated with bootstrapping. NH, non-Hispanic.

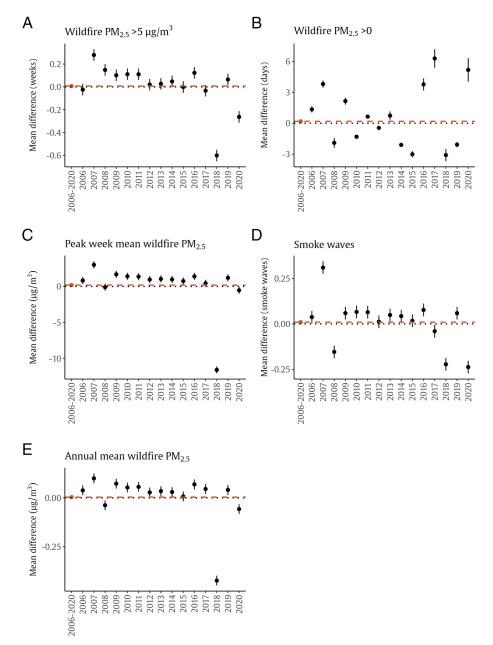


Fig. 6. Mean difference in long-term outdoor wildfire PM₂₅ concentration in CES score quartile 4 (disadvantaged communities) vs. quartiles 1 to 3 averaged across 2006 to 2020 (orange) and during each year (black). (\overline{A}) Number of weeks with average wildfire PM_{2.5} > 5 μ g/m³; (\overline{B}) Number of days with non-zero wildfire $PM_{2.5} \ concentrations; \ (C) \ Average \ of \ mean \ daily \ wild fire \ PM_{2.5} \ exposure \ during \ the \ peak \ week; \ (D) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ PM_{2.5} \ exposure \ during \ the \ peak \ week; \ (D) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ PM_{2.5} \ exposure \ during \ the \ peak \ week; \ (D) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ PM_{2.5} \ exposure \ during \ the \ peak \ week; \ (D) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ peak \ week; \ (D) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ peak \ week; \ (E) \ Number \ of \ smoke \ waves^a; \ (E) \ Average \ of \ mean \ annual \ wild fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ annual \ wild \ fire \ peak \ week; \ (E) \ Average \ of \ mean \ nual \ nual \ peak \ nual \ n$ PM_{2.5} concentration. Points represent the average marginal estimate of the difference in long-term wildfire PM2.5 exposure between census tracts in quartile 4 vs. quartiles 1 to 3 of CES score with lines (95% CI). The black horizontal dotted line at zero represents no difference in long-term wildfire PM2.5 exposure between high and low CES score census tracts. The orange horizontal dashed line represents the 2006 to 2020 mean difference in long-term wildfire PM2.5 exposure measure. Models were controlled for census tract level population density in 2010 (natural spline with 8 degrees of freedom) and census tract centroid latitude/longitude (tensor product with 20 degrees of freedom). ^aWe defined smoke waves as the number of instances of ≥ 2 consecutive days with > 15 μg/m³ wildfire PM_{2.5}, which was close to the study area and period 90th percentile of wildfire PM_{2.5} concentration on days with any wildfire PM_{2.5}, similar to prior work by Liu et al. (41). CES score, CalEnviroScreen score.

Association between CES Score and Wildfire PM_{2.5} Concentration, by Urban/Rural Status. In our secondary urban/rural stratified analysis, on average from 2006 to 2020, the CES score was associated with one metric in rural census tracts (weeks with average wildfire $PM_{2.5} > 5 \mu g/m^3$) and one metric in urban census tracts (days with any wildfire PM_{2.5}) (SI Appendix, Figs. S12 and S13). From 2006 to 2020 in rural tracts, disadvantaged tracts had 0.9 (95% CI: -1.4, -0.4) fewer weeks per year during which average wildfire PM_{2.5} exceeded 5 µg/m³ compared to their non-disadvantaged counterparts. Year by year, we continued to see variability in associations with urban tracts closely mirroring the main combined analysis and rural

tracts following similar patterns but exhibiting higher-magnitude differences. For example, in 2020, urban disadvantaged vs. nondisadvantaged census tracts (CES quartile 4 vs. 1 to 3) experienced an average of 4.7 (95% CI: 3.7, 5.7) more days with wildfire PM_{2.5} > 0 μg/m³; in rural areas, disadvantaged tracts had an average of 30.9 (95% CI: 15.9, 45.8) more days.

Association between Racial/Ethnic Composition and Outdoor Wildfire PM_{2.5} Exposure, Overall. In terms of racial/ethnic disparities in long-term wildfire PM_{2.5} exposure, we saw relatively limited and small differences in average exposure throughout the study period (2006 to 2020) in models that controlled for year, population density, and census tract centroid latitude and longitude (SI Appendix, Fig. S14). A 1-SD increase (1.4 percentage point increase) in the percent NH American Indian or Alaska Native population was associated with additional average exposure, for example, 0.60 (95% CI: 0.55, 0.64) more days each year where with >0 $\mu g/m^3$ wildfire PM_{2.5} and 0.20 $\mu g/m^3$ (95% CI: 0.13, 0.26) higher mean peak-week wildfire PM_{2.5} exposure. Higher proportions of other racial and ethnic groups were not associated with any wildfire PM_{2.5} exposure metric.

Association between Racial/Ethnic Composition and Outdoor Wildfire PM_{2.5} Concentration, by Year. Associations between racial/ethnic composition and wildfire PM_{2.5} were inconsistent across individual study years. For example, in 2020, a 1-SD increase in percent NH multiracial residents was associated with 0.53 (95% CI: 0.51, 0.55) more weeks with wildfire PM_{2.5} exposure $> 5 \,\mu \text{g/m}^3$, while in 2019, a 1-SD increase was associated with fewer weeks with wildfire PM_{2.5} exposure $> 5 \mu g/m^3$ (-0.07, 95% CI: -0.09, -0.05) (SI Appendix, Fig. S14). The consistent relative exposure disparities observed for American Indian and Alaska Native populations (with the RR metric) persisted in many years of the adjusted analyses. Associations were most consistent for weeks with wildfire $PM_{2.5}$ exposure >5 $\mu g/m^3$, non-zero wildfire PM_{2,5} days, and smoke waves for which in 7 to 9 of 15 y, a 1-SD increase with American Indian and Alaska Native populations were associated with higher exposure.

Association between Racial/Ethnic Composition and Outdoor Wildfire PM_{2.5} Concentration, by Urban/Rural Status. Averaged across the study period, we observed null or small-in-magnitude associations between census tract-level racial/ethnic composition and the five wildfire PM_{2.5} metrics in urban areas (SI Appendix, Fig. S15). For example, the urban NH white population had null exposure differences based on 3 metrics (weeks with wildfire $PM_{2.5} > 5 \mu g/m^3$, peak week exposure, and annual average wildfire PM_{2.5}) and lower exposure via non-zero days of wildfire PM_{2.5} and smoke waves. A 1-SD increase in urban NH white population was associated with 0.18 fewer days annually (95% CI: -0.24, -0.11) with non-zero wildfire PM_{2.5}. In rural areas period-wide (2006 to 2020), wildfire PM_{2.5} exposure was elevated for NH American Indian or Alaska Native (weeks with wildfire $PM_{2.5} > 5 \mu g/m^3$, days with non-zero wildfire PM_{2.5}, and smoke waves), Black (days with non-zero wildfire PM_{2.5}), and multiracial (weeks with wildfire $PM_{2.5} > 5 \mu g/m^3$ and annual average wildfire $PM_{2.5}$) populations (SI Appendix, Fig. S16). For example, a 1-SD increase in the NH multiracial population was associated with 0.05 μg/m³ (95% CI: 0, 0.11) higher annual average wildfire PM_{2.5} exposure. NH white populations were not disproportionately exposed on average in rural tracts. For two of the five metrics (weeks with wildfire PM_{2.5} $> 5 \mu g/m^3$, days with non-zero wildfire PM_{2.5}), an increase in the proportion Hispanic individuals was associated with lower 2006 to 2020 wildfire PM_{2.5} in rural areas. For example, a 1-SD increase in the Hispanic population was associated with 1.1 (95% CI: -2.3, 0.1) fewer days annually with any wildfire PM_{2.5}. Like our overall findings, we observed year-to-year variability in estimated associations in both urban and rural areas, with higher racial composition of every group being associated with more exposure in at least 1 y, and larger-in-magnitude differences in rural areas. For example, in 2020, a 1-SD increase in NH American Indian or Alaska Native population was associated with 2.4 μg/m³ (95% CI: 2.2, 2.7) higher peak-week wildfire PM_{2.5} concentration in urban areas and 4.4 μg/m³ (95% CI: 2.3, 6.5) higher concentrations in rural areas.

Sensitivity Analyses. We completed a sensitivity analysis using Childs et al. wildfire PM_{2.5} estimates (10) to compare with our model and to repeat analyses underlying Figs. 2-5. From 2006 to 2020, we found a high correlation between the two products (0.87), with higher correlations in urban areas and the San Joaquin Valley (SI Appendix, Fig. S17). Overall, we observed similar patterns in analyses repeated with the Childs et al. dataset, with year-to-year variability in which socioeconomic, racial, and ethnic groups were most exposed (SI Appendix, Figs. S18-S21). This illustrated our conclusions were robust to the use of two distinct wildfire PM_{2.5} products.

Discussion

In this study, we proposed distinct metrics to characterize repeated and intermittent exposure to outdoor wildfire PM_{2.5} that can be adapted and modulated to study various health and EJ impacts, as wildfires—a climate-sensitive exposure—become omnipresent in some locations. We applied these metrics to assess the EJ implications of long-term exposure to wildfire PM_{2,5} in California by analyzing associations across the 15-y study period and during each year using five metrics of wildfire PM_{2.5} exposure rather than relying on a single measure of exposure. We observed no difference in exposure averaged over the study period between disadvantaged and non-disadvantaged communities (as defined by CES) but, within individual years, disadvantaged or non-disadvantaged communities were often more exposed. Our analysis based on race/ ethnicity revealed that NH American Indian and Alaska Native populations were consistently 1.0 to 2.8× more likely and NH white and NH multiracial populations were 1.0 to 1.3× more likely to experience higher annual mean wildfire PM_{2.5} concentrations compared to their statewide representation. Stratifying by urban/rural status in regression modeling also showed higher exposures for NH American Indian and Alaska Native, multiracial, and—for non-zero wildfire PM_{2.5}—Black populations in rural areas. Every group faced disproportionate exposure in at least one year, exhibiting the spatiotemporal variability of wildfire PM_{2.5}. These disparities are relevant for future wildfire studies seeking to characterize health effects based on specific timeframes or for health endpoints with persistent disparities, particularly among communities facing disproportionate cumulative burdens from other environmental hazards and social stressors (51) or that lack agency or resources to protect themselves from wildfire PM_{2.5} exposure (10, 44). It remains unknown which elements of wildfire PM_{2,5} exposure (i.e., frequency, duration, or concentration) most substantially impact health. Our results highlight the importance of considering multiple exposure elements when characterizing intermittent and long-term wildfire-related PM2.5 exposure for health and equity studies.

Environmental exposures often follow a social gradient, wherein marginalized communities face disproportionately high exposures (52, 53). For example, long-term overall PM_{2.5} concentrations in the United States are higher in historically redlined communities, communities with lower income levels, and communities of color (38, 39, 54). Zoning, disproportionate siting, residential segregation, gentrification, and other pathways contribute to these observed disparities (52). Wildfire-specific PM_{2.5}, while not randomly distributed, is generated by wildfires with somewhat unpredictable sizes and locations, and smoke transport driven by various meteorological patterns. These characteristics may explain the less consistent evidence of disproportionate exposure to wildfire PM_{2.5} among racially or socioeconomically marginalized groups. Indeed, our results differed quite dramatically by year, with disadvantaged census tracts, as defined by CalEnviroScreen, experiencing mean annual wildfire PM_{2.5} concentrations that were 0.10 μg/m³ higher in some years and $0.42 \mu g/m^3$ lower in other years compared to non-disadvantaged tracts.

Some prior wildfire PM_{2.5} EJ analyses corroborate our results. Nationwide county-level studies using different exposure models and conducted during different time periods have reported a higher percentage of Black residents in areas exposed to >1.1 μ g/ m³ mean annual wildfire PM_{2.5} (2008 to 2012) (43), poorer counties experiencing more smoke waves (2004 to 2009) (41), and more vulnerable counties having higher mean annual wildfire $PM_{2.5}$ exposure but fewer extremely high (>35 µg/m³) wildfire PM_{2.5} days (2008 to 2012) (42). In a nationwide study, Burke et al. found that counties with a higher proportion of NH white residents had higher wildfire $PM_{2.5}$ concentrations (2006 to 2018) (9). Although this is consistent with our RR estimates, when using a regression framework, we did not observe period-wide disparities in wildfire PM_{2.5} concentrations for NH white populations in California. In a second nationwide study, Burke et al. observed no correlation between county-level wildfire PM_{2.5} and income (47). In the only other census tract-level study, Childs et al. compared two time periods and found limited socioeconomic or racial disparities in mean annual wildfire PM_{2.5} exposure from 2006 to 2010; however, from 2016 to 2020, this relationship shifted, and results showed an association between higher percentages of Hispanic and NH white residents and higher per capita income with higher exposure (10).

Prior US-based wildfire PM_{2,5} studies have not assessed disparities for American Indian and Alaska Native populations or multiracial (2+ races) people. In the Amazon, Indigenous territories experienced $0.64 \pm 0.21 \, \mu g/m^3$ greater smoke PM_{2.5} than the whole of South America from 2014 to 2019 (55). The Black Summer fires in Australia from 2019 to 2020 disproportionately affected areas with large Indigenous and socially disadvantaged populations (56). Our analyses also revealed considerable wildfire PM_{2.5} exposure disparities for American Indian and Alaska Native residents, especially on the relative scale, where each year this group was overrepresented among the exposed population relative to their statewide representation. Our results are consistent with Masri et al., who observed that California census tracts with higher proportions of American Indian and Alaska Native populations had more wildfires and burned acres from 2000 to 2020 (57) and with Davies et al., who found Native American populations overrepresented in communities high wildfire risk and low adaptative capacity (45). In the United States, American Indian, and Alaska Native populations tend to live in more rural communities, which may result in higher wildfire risk and related PM_{2.5} exposures. Indigenous peoples may also participate in prescribed or cultural burning that could increase wildfire PM25 exposure in the short-term (58). However, until recently, cultural burning activities carried significant liability, potentially limiting such activities until a new California law went into effect in 2022, removing liability risk for private citizens and Indigenous peoples who set controlled burns (59). Previous suppression of Indigenous land management practices in California likely also resulted in increased wildfire risks during our study period (60). Further work could improve understanding of how historical policies have resulted in the observed disparities for American Indian and Alaska Native people. Farrell et al. found that, during the processes of illegal land dispossession and forced migration, Indigenous peoples were forcibly moved to areas that are now more susceptible to climate extremes, including higher temperatures and wildfire risks (61).

Data from the Interagency Monitoring of PROtected Visual Environments (IMPROVE) network and other deployed monitors, generally, but not always (62), suggest that rural areas experience a greater burden of wildfire-generated PM_{2.5} (63). Likewise, we found that rural California census tracts often had 2× higher wildfire PM₂₅ exposure measured across the five metrics. Our study did not find that disadvantaged rural tracts, as defined by CES, were more exposed on average but did identify some exposure disparities, particularly for American Indian/Alaska Native and multiracial people, in rural California tracts. Such analysis is important because fewer wildfire studies focused on rural areas or the wildland-urban interface have evaluated environmental injustice (44). Evidence also suggests that environmental justice considerations are rarely accounted for in decisions related to wildfire hazard reduction strategies and activities in federal forest lands (64). In addition to higher exposure, rural communities—given their economic reliance on tourism, agriculture, and construction, immersion in natural environments, and reduced healthcare access—may additionally face heightened risk of adverse health outcomes from wildfire smoke exposure (65).

Our California study builds upon the prior wildfire studies by centering EJ questions, using daily estimates of wildfire PM_{2,5} concentration, and evaluating patterns of long-term exposure inequities across the study period and by year. We presented a coherent conceptual model for estimating long-term exposure to wildfire PM_{2.5}, though other metrics of exposure exist and may yield different results in terms of temporal and demographic patterns of exposure burden. We used CES, which consists of approximately 20 indicators, and wildfires contribute to elevated levels of two of the environmental exposure indicators (66, 67): average total PM_{2.5} concentrations and summer average daily maximum 8-h ozone concentrations. This could increase the association between exposure and outcome. Our observed EJ findings could also underestimate true exposure disparities as persistently marginalized individuals face constraints to health-protective behaviors (47), including lower income and housing quality, less access to health messaging, and ability to mitigate work-related exposures, particularly for outdoor workers, for example in construction (68). In Northern California, members of the Hoopa Valley Tribe, who did not evacuate when a large fire affected their land, cited occupational (45%) and economic (12%) reasons (69). We estimated outdoor wildfire PM_{2.5} concentrations, not wildfire impacts on air quality indoors, where people spend most of their time (70). Low-cost air quality sensors (e.g., PurpleAir sensors) could help provide part of this information, though they are disproportionately located in wealthier communities (47, 71, 72). Evidence suggests that populations in wealthier counties more often Google "air filter" and stay fully indoors at home on heavy wildfire smoke days compared to populations in lower-income counties (47). These differences, as well as other factors like pre-existing health conditions, may explain stronger relationships observed between wildfire smoke exposure and adverse health effects among older adults and persistently marginalized racial/ ethnic groups (41, 73, 74). We did not assess differences in associations by, for example, air basins with different air quality and meteorological characteristics, though preliminary research suggests EJ-related disparities may be more pronounced in some regions (71) and we did observe differences in patterns of exposure by urban/rural tract status. While we assessed associations across our study period and by each year, we did not consider trends over time (e.g., whether disparities are worsening). We observed year-to-year fluctuations in associations and given expected increases in population exposures to wildfire smoke, future research can help identify spatiotemporal trends and communities where interventions to mitigate wildfire smoke-related exposures are most needed, for example, due to higher rates of underlying chronic health conditions and co-exposures to other environmental hazards and social stressors that may enhance vulnerability to the adverse health effects of wildfire-related PM_{2.5} (16, 41, 45). Finally, our study was restricted to California. Different exposure patterns likely exist elsewhere, which future research could investigate.

While, to date, the vast majority of climate and health studies have focused on quantifying the short-term impacts of climatesensitive exposures, including wildfires, extreme heat, or floods, on acute outcomes such as emergency department visits or premature mortality, little evidence exists regarding the potential impact of long-term health impacts of climate-sensitive exposures, which mostly focused on mental health outcomes (75, 76). Existing studies linking long-term exposures such as floods or droughts to mental health have limitations related to exposure assessment (77). As climate-sensitive exposures become omnipresent, it is essential to better characterize and understand the long-term impacts and design robust epidemiological studies considering the unprecedented and ever-changing nature of such exposures. In this study, we provided a conceptual framework for measuring multiple elements of long-term exposure to wildfire PM_{2.5}, a key contribution to public health research because wildfire-related PM_{2.5} continues to make up a larger portion of total $PM_{2.5}$ exposure in the Western United States (9) and is becoming more common elsewhere (42, 78). Our framework for quantifying various dimensions of wildfire smoke exposure can easily be adapted to other extreme and episodic climate-sensitive exposures, which are no longer exceptional or rare. These exposure metrics can be integrated into a time-to-event framework, that has been used extensively for traditional long-term exposure to air pollution for example (79, 80), to analyze the long-term effects of time-varying exposure to wildfires or other climate-sensitive exposures on various chronic diseases such as dementia, cardiovascular diseases, or cancer incidence. Such exposure metrics can support a new generation of epidemiology studies to evaluate unique challenges posed by climate change on human health and elucidate opportunities to inform public health interventions with benefits to health equity.

Materials and Methods

Study Design and Conceptual Model. We conducted analyses within 2010 California census tract boundaries, excluding 33 (0.4%) tracts with no recorded population. We identified EJ communities using CalEnviroScreen (CES) 3.0 and 4.0. These tools do not include data on census tract-level racial/ethnic composition, so we supplemented with race/ethnicity data from the 2010 Decennial US Census (81, 82). We derived daily census tract-level outdoor wildfire PM_{2.5} concentrations for 2006 to 2020 (see details below) using satellite imagery, monitored concentrations, and machine learning-based multiple imputation (35).

Building upon principles from exposure science to include measures of frequency, duration, and concentration (36, 83), we developed a conceptual model of long-term outdoor wildfire PM_{2.5} exposure (Fig. 1). Domains included frequency (number of exposures within a time period), duration (how long exposed), and intensity (level of exposure). We summarized exposure metrics at the annual level, but other researchers could adopt alternative time frames (e.g., month, 5-y period) depending on the research question.

Data and Metrics.

Outdoor wildfire PM_{2.5} exposure metrics. Our team previously developed methods to estimate daily outdoor wildfire PM_{2.5} (35) and applied the same methodology for census tract-level concentrations. Briefly, we fit an ensemble of machine learning models using monitored PM_{2.5} concentrations and a wide range of predictors for PM_{2.5}, such as aerosol optical depth, land cover, and meteorological conditions, to estimate daily concentrations of PM_{2.5}. We then isolated daily wildfire smoke PM_{2.5} from total PM_{2.5} by using the National Oceanic and Atmospheric Administration Hazard Mapping System, fire perimeter data from CalFIRE, and spatiotemporal imputation techniques to predict plausible values of PM_{2.5} that would have been observed in the absence of wildfire smoke in a given day in a given census tract (64). This model had an R² of 0.78 using hold-out test validation overall (35) and when restricted to lower levels of wildfire PM_{2.5} (below 50 μg/m³, SI Appendix, Fig. S22). We used these daily wildfire smoke PM_{2.5} predictions to compute the five metrics of long-term wildfire PM_{2.5} exposure across California census tracts from 2006 to 2020:

- The number of weeks each year for which mean wildfire PM_{2.5} concentrations exceeded 5 μ g/m³.
- The number of days each year for which wildfire PM_{2.5} concentrations were
- The mean daily wildfire PM_{2.5} concentration during the peak week of exposure for each year.
- The number of smoke waves each year.
- The mean annual wildfire PM_{2.5} concentration.

We defined smoke waves as the number of instances of ≥ 2 consecutive days with $> 15 \mu g/m^3$ wildfire PM_{2.5}, which was close to the study area and period 90th percentile of wildfire PM_{2.5} concentration on days with any wildfire PM_{2.5}, similar to prior work (84).

Environmental burden and population vulnerability. The California Office of Environmental Health Hazard Assessment originally developed CES in 2010 to measure the cumulative impact of environmental exposures and social vulnerability factors to "support the incorporation of equity and environmental justice goals into policymaking" (85). Our study relied on census tract-level scores from versions 3.0 and 4.0 of CES. CES 3.0 included 20 indicators based on data from 2006 to 2015 in two components: Pollution Burden [environmental exposures (n = 7 metrics) and effects (n = 5 metrics)] and Population Characteristics [sensitive populations (n = 3 metrics) and socioeconomic factors (n = 5 metrics)] (86) (SI Appendix, Supplementary Methods). CES 4.0 added children's lead risk from housing as an additional environmental exposure and otherwise updated indicators from CES 3.0 using data from 2009 to 2020 (81). We linked CES 3.0 data to 2006 to 2012 wildfire $PM_{2.5}$ estimates and CES 4.0 data to 2013 to 2020 estimates. The final relative CES ranging from 0 to 100 is calculated as follows:

$$\left(\begin{array}{l} \frac{\sum \text{exposures}_{\text{percentile}}}{n_{\text{exposures}} \quad \text{indicators} \times 10} + \left(\frac{\sum \text{environmental effects}_{\text{percentile}}}{2} \right) \\ n_{\text{environmental}} \quad \text{effects} \quad \text{indicators} \times 10 \end{array} \right) \\ \times \frac{\sum \text{sensitive populations}_{\text{percentile}}}{n_{\text{sensitive populations indicators}} \times 10} \\ + \frac{\sum \text{socioeconomic factors}_{\text{percentile}}}{n_{\text{socioeconomic factors}} \quad \text{indicators}} \times 10 \\ + \frac{\sum \text{socioeconomic factors}_{\text{percentile}}}{n_{\text{socioeconomic factors}} \quad \text{indicators}} \times 10 \\ \end{array}$$

The CES datasets included information on 8,035 California census tracts (99.7% of 8,057 total tracts). Our final dataset included the 7,919 census tracts (98.3%) with non-missing CES 3.0 and 4.0 scores (we excluded the 93 tracts missing in both datasets, the 13 missing in CES 3.0 only, and the 10 missing in CES 4.0 only) (81, 86).

The California Environmental Protection Agency (CalEPA) uses CES to allocate proceeds from the state's cap-and-trade program; other state agencies also target funding with this tool (87). We used CES to identify disadvantaged California communities disproportionately burdened by multiple sources of pollution and social vulnerability (i.e., both environmentally and socially disadvantaged). California state agencies often designate communities with the highest 25% of CES scores as disadvantaged. We adopted this threshold in our analyses and compared disadvantaged census tracts in the highest CES quartile to those in quartiles 1 to 3. Notably, CES does not include a measure of census tract-level racial/ethnic composition. Studies have, however, shown a correlation between worse CES score and a higher percentage of people of color in California census tracts (88), which might be expected given underlying structural causes of environmental racism (51, 53).

We additionally considered census tract racial/ethnic composition related to wildfire PM_{2.5} exposure, following prior studies (9, 10, 43). We treat race/ethnicity not as a biological but as a social construct and hypothesize that certain racial/ ethnic groups might experience disproportionate wildfire PM_{2.5} exposure due to systemic racism, which might constrain choices about where individuals could live. Communities of color may face higher wildfire PM_{2.5} concentrations due to displacement into suburban wildland-urban interface (WUI) areas related to rising urban housing costs (44) or historical forced residence on federal Indian Reservations (45). For these analyses, we used the 2010 decennial census tractlevel data on race/ethnicity (82), as these estimates have smaller margins of error compared to the American Community Survey data (89). We calculated the percent of individuals in each California census tract self-identifying in the following categories: Hispanic, NH white, NH Black, NH Asian, NH American Indian or Alaska Native, and NH of two or more races. For analyses, we used continuous percentages of each racial/ethnic group within a census tract.

Statistical Analysis. We first computed Spearman correlations between the five metrics of long-term wildfire PM_{2.5} exposure overall and for each year and generated univariate maps of the wildfire PM_{2.5} concentrations, CES scores, and racial/ethnic composition of census tracts. Second, we constructed summary maps to highlight census tracts with 1) high CES scores, 2) high proportions of people of color, and 3) high long-term wildfire PM_{2.5} exposures. Third, we visualized changes in metrics of long-term wildfire exposure by the sociodemographic variables of interest over time. Fourth, we generated bivariate maps of annual mean wildfire PM_{2.5} (quartiles) and CES scores (quartiles) to identify locations with a dual burden of wildfire PM_{2.5} and community disadvantage. Fifth, we plotted census tract racial/ethnic composition by levels of the five wildfire metrics we proposed. In absolute plots, we showed the average racial/ethnic composition in percents at different levels of wildfire PM_{2.5} exposure. In relative plots, we showed the ratio of the average census tract level composition for a specific racial/ethnic group at a specific wildfire PM_{2.5} exposure level during a specific time period (average across 2006 to 2020 or annual) to the average statewide census tract level composition for a specific racial/ethnic group. Sixth, we estimated summary statistics of exposure to high annual average wildfire PM_{2.5} concentrations by racial/ ethnic group for each year in the study period. We estimated exposure risk ratios to $evaluate\ whether\ specific\ racial/ethnic\ groups\ had\ disproportion at ely\ high\ exposure$ to wildfire PM_{2.5} using the following equation:

$$RR_{jy} = \frac{\frac{\sum_{i=1}^{n} \omega_{iy} p_{ij}}{\sum_{i=1}^{n} p_{ij}}}{\frac{\sum_{i=1}^{n} \omega_{iy} t_{i}}{\sum_{i=1}^{n} t_{i}}},$$

where ω_{iv} is the annual average wildfire PM_{2.5} in census tract *i* during year *y*; ρ_{ii} is the population of racial/ethnic group *j* in census tract *i*; *t* is the total population in census tract i; and n is the total number of census tracts. A risk ratio greater than 1 indicates that racial/ethnic group j was over-represented among the exposed population, compared to their statewide representation, during year y. A risk ratio less than 1 indicates that racial/ethnic group j was under-represented among the exposed population, compared to their statewide representation, during year y. We estimated CIs for these RRs using 100 bootstrap samples, randomly resampling with replacement days and census tracts from the full dataset. In each bootstrap sample, we estimated annual wildfire PM_{2.5} and recalculated the RRs. We used the 2.5th and 97.5th percentiles of the bootstrap sample race/ethnic and annual distributions for the 95% CIs.

We estimated the associations between the binary CES score [with 0 representing quartiles 1 to 3 and 1 representing quartile 4 (disadvantaged community)] as the explanatory variable and the five metrics of long-term wildfire PM_{2.5} as the dependent variable over the study period. We fit linear mixed models for number of weeks with mean wildfire $PM_{2.5} > 5 \mu g/m^3$, mean peakweek wildfire PM_{2.5}, number of smoke waves, and mean annual wildfire PM_{2.5} and negative binomial models number of non-zero wildfire PM_{2.5} days. We conducted a similar analysis, replacing the CES score with each binary racial/ ethnic composition variable [e.g., 1 = quartile 4 (high percentage of NH Black individuals); 0 = quartiles 1 to 3]. Models included a categorical variable for year to account for time trends, census tract-level population density in 2010 (natural spline with 8 degrees of freedom), and each census tract centroid's latitude/longitude (tensor product with 20 degrees of freedom) to account for spatial dependence of observations (SI Appendix, Fig. S23). We ran comparable models for racial/ethnic composition using six separate models with a term for each racial or ethnic group as the explanatory variable. To test for changes in the association between CES score or racial/ethnic composition and the five metrics of long-term wildfire PM_{2.5} from 2006 to 2020, we added an interaction term between the categorical year variable and the binary CES score variable or the racial/ethnic composition variable.

We completed three secondary analyses. First, we categorized census tracts as urban or rural based on the US Department of Agriculture Rural-Urban Commuting Area Codes [urban = levels 1 to 9 (metropolitan, micropolitan, and small town); rural = level 10] (90) and repeated our main analyses. Second, we identified tracts that overlapped with federally recognized Tribal Lands using US Census data (91) and compared the distribution of our five annual exposure metrics across urban, rural, and Tribal (any overlap with Tribal Land) tracts. Third, we evaluated within-year racial and ethnic differences in exposure during 2020, the year with the highest wildfire PM_{2.5} concentrations. For this analysis, we replicated Fig. 4 at the monthly level. In a sensitivity analysis, we also tested the robustness of our results to the use of alternative daily wildfire PM_{2.5} estimates (10), since no wildfire PM_{2.5} gold standard exists. While the two products aim to isolate the amount of daily PM_{2.5} attributable to wildfire smoke in a given location, they rely on distinct methods. We interpolated the Childs et al. product at the census tract population-weighted centroids as done in Aguilera et al. 2023 (10). Then, we compared our model to that of Childs et al. and repeated our main analysis using their estimates. Analyses were conducted using R Statistical Software, version 4.1.2 (92). Code to run analyses is available at https://github.com/joanacasey/ longterm-wildfire-pm.git.

Data, Materials, and Software Availability. Wildfire PM25 data have been deposited in Harvard Dataverse (TBD). Previously published data were used for this work [CalEnviroScreen: California Office of Environmental Health Hazard Assessment. Uses of CalEnviroScreen. https://oehha.ca.gov/calenviroscreen/howuse. Published 2022. Accessed 8 November 2022. Census data: (82). https://doi. org/10.18128/D050.V12.0. Published 2018. Accessed 10 October 2020].

ACKNOWLEDGMENTS. We thank Ms. Elizabeth M. Blake for her assistance in proofing the manuscript. This work was funded, in part, by the National Institute on Aging (RF1AG071024) and the National Institute of Environmental Health Sciences (P30ES007033, P30ES009089, R01ES031261, and R01 ES030616).

Author affiliations: aDepartment of Environmental Health Sciences, Columbia University Mailman School of Public Health, New York, NY 10032; Department of Environmental and Occupational Health, University of Washington School of Public Health, Seattle, WA 98195; ^cDepartment of Obstetrics, Gynecology and Reproductive Sciences, Program on Reproductive Health and the Environment, University of California San Francisco, CA 94143; ^dDepartment of Environmental Policy, Science, and Management, University of California, Berkeley, CA 94720; ^eDivision of Environmental Health Sciences, School of Public Health, University of California, Berkeley, CA 94704; ^fDepartment of Neurology, Hospital of the University of Pennsylvania, Philadelphia, PA 19104; ^gScripps Institution of Oceanography, University of California San Diego, La Jolla, CA 92037; Vagelos College of Physicians and Surgeons, Columbia University, New York, NY 10032; Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, CA 91101; ^IDepartment of Epidemiology, University of California Los Angeles Fielding School of Public Health, Los Angeles, CA 90095; ^kDepartment of Biostatistics, Harvard TH Chan School of Public Health, Boston, MA 02115; and ^IDepartment of Data Science, Dana-Farber Cancer Institute, Boston, MA 02215

Author contributions: J.A.C., M.-A.K., A.P., D.J.X.G., R.A., S.Y.T., E.R.M., F.D., E.A.E., R.M.-F., and T.B. designed research; J.A.C. performed research; J.A.C. and A.J.N. analyzed data; D.B. helped compile study data; and J.A.C., M.-A.K., A.P., D.J.X.G., H.E., R.A., A.J.N., S.Y.T., E.R.M., D.B., F.D., E.A.E., R.M.-F., and T.B. wrote the paper.

The authors declare no competing interest.

This article is a PNAS Direct Submission. G.D.P. is a guest editor invited by the Editorial

M. D. Hurteau, A. L. Westerling, C. Wiedinmyer, B. P. Bryant, Projected effects of climate and development on California wildfire emissions through 2100. Environ. Sci. Technol. 48, 2298-2304 (2014).

P. E. Dennison, S. C. Brewer, J. D. Arnold, M. A. Moritz, Large wildfire trends in the western United States, 1984-2011. Geophys. Res. Lett. 41, 2928-2933 (2014).

V. C. Radeloff et al., Rapid growth of the US wildland-urban interface raises wildfire risk. Proc. Natl. Acad. Sci. U.S.A. 115, 3314-3319 (2018).

J. T. Abatzoglou, A. P. Williams, Impact of anthropogenic climate change on wildfire across western US forests. Proc. Natl. Acad. Sci. U.S.A. 113, 11770-11775 (2016).

D. J. Wuebbles et al., "Climate Science Special Report: Fourth National Climate Assessment (NCA4), Volume I" (Agronomy Rep., vol. 8, 2017).

D. Bowman et al., Human exposure and sensitivity to globally extreme wildfire events. Nat. Ecol. Evol. 1, 58 (2017).

- J. Masters, Smoke from CampFire making sacramento the most polluted city on earth. Weather Underground. (2018). https://www.wunderground.com/cat6/Smoke-Camp-Fire-Making-Sacramento-Most-Polluted-City-Earth. Accessed 15 February 2023.
- B. A. Vaziri A, Wildfire smoke chokes Bay Area, creating worst air quality in the world. San Francisco Chronicle. (2018). https://www.sfchronicle.com/california-wildfires/article/Bay-Area-awakens-tosmoky-skies-as-wildfires-rage-15495018.php. Accessed 6 April 2023.
- M. Burke et al., The changing risk and burden of wildfire in the United States. Proc. Natl. Acad. Sci. U.S.A. 118, e2011048118 (2021).
- M. L. Childs et al., Daily local-level estimates of ambient wildfire smoke PM2.5 for the contiguous US. Environ. Sci. Technol. **56**, 13607–13621 (2022).
- 11. H. Chen, J. M. Samet, P. A. Bromberg, H. Tong, Cardiovascular health impacts of wildfire smoke exposure. Part Fibre Toxicol. 18, 2 (2021).
- S. M. Holm, M. D. Miller, J. R. Balmes, Health effects of wildfire smoke in children and public health tools: a narrative review. J. Expo. Sci. Environ. Epidemiol. 31, 1-20 (2021).
- C. E. Reid et al., Critical review of health impacts of wildfire smoke exposure. Environ. Health Perspect. 124, 1334-1343 (2016).
- C. E. Reid, M. M. Maestas, Wildfire smoke exposure under climate change: Impact on respiratory health of affected communities. Curr. Opin. Pulm. Med. 25, 179-187 (2019).
- G. Chen et al., Mortality risk attributable to wildfire-related PM2.5 pollution: A global time series study in 749 locations. Lancet Planet. Health 5, e579-e587 (2021).
- I. C. Hanigan, F. H. Johnston, G. G. Morgan, Vegetation fire smoke, indigenous status and cardiorespiratory hospital admissions in Darwin, Australia, 1996-2005: A time-series study. Environ. Health 7, 42 (2008).
- 17. B. Wen, Y. Wu, R. Xu, Y. Guo, S. Li, Excess emergency department visits for cardiovascular and respiratory diseases during the 2019-20 bushfire period in Australia: A two-stage interrupted timeseries analysis. *Sci. Total Environ.* **809**, 152226 (2022).
- E. Grant, J. D. Runkle, Long-term health effects of wildfire exposure: A scoping review. J. Climate Change Health 19, 5012 (2021).
- C. Black, Y. Tesfaigzi, J. A. Bassein, L. A. Miller, Wildfire smoke exposure and human health: Significant gaps in research for a growing public health issue. Environ. Toxicol. Pharmacol. 55, 186-195 (2017).
- Y. Gao et al., Long-term impacts of non-occupational wildfire exposure on human health: A systematic review. Environ. Pollut. 320, 121041 (2023).
- US Environmental Protection Agency, "Integrated Science Assessment (ISA) for Particulate Matter" (Final Report, EPA/600/R-19/188, Washington DC, 2019). https://assessments.epa.gov/isa/ document/&deid=347534. Accessed 19 August 2023.
- 22. A. Orr, C. A. L. Migliaccio, M. Buford, S. Ballou, C. T. Migliaccio, Sustained effects on lung function in community members following exposure to hazardous PM2.5 levels from wildfire smoke. Toxics 8, 53 (2020).
- 23. T. B. Paveglio, C. Kooistra, T. Hall, M. Pickering, Understanding the effect of large wildfires on residents' well-being: What factors influence wildfire impact? Forest Sci. 62, 59-69 (2016).
- V. Papanikolaou, D. Adamis, J. Kyriopoulos, Long term quality of life after a wildfire disaster in a rural part of Greece. Open J. Psych. 2, 164 (2012).
- K. Lee et al., Impact of wildfire smoke exposure on health in Korea. Yonsei Med. J. 63, 774-782 (2022).
- Y. Kim, S. Knowles, J. Manley, V. Radoias, Long-run health consequences of air pollution: Evidence from Indonesia's forest fires of 1997. Econ. Hum. Biol. 26, 186-198 (2017).
- N. N. Balasooriya, J. S. Bandara, N. Rohde, Air pollution and health outcomes: Evidence from black saturday bushfires in australia. Soc. Sci. Med. 306, 115165 (2022).
- A. Ontawong, S. Saokaew, B. Jamroendararasame, A. Duangjai, Impact of long-term exposure wildfire smog on respiratory health outcomes. Expert. Rev. Respir. Med. 14, 527-531 (2020).
- E. L. Landguth et al., The delayed effect of wildfire season particulate matter on subsequent influenza season in a mountain west region of the USA. Environ. Int. 139, 105668 (2020).
- J. Korsiak et al., Long-term exposure to wildfires and cancer incidence in Canada: A population-30 based observational cohort study. Lancet Planet Health 6, e400-e409 (2022).
- T. Xue et al., Associations between exposure to landscape fire smoke and child mortality in low-income and middle-income countries: A matched case-control study. Lancet Planet. Health 5, e588-e598 (2021).
- P. Yu et al., Exposure to wildfire-related PM2.5 and site-specific cancer mortality in Brazil from 2010 to 2016: A retrospective study. PLoS Med. 19, e1004103 (2022).
- K. O'Dell, B. Ford, E. V. Fischer, J. R. Pierce, Contribution of wildland-fire smoke to US PM2.5 and its influence on recent trends. Environ. Sci. Technol. 53, 1797-1804 (2019).
- T. Y. Wilmot, D. V. Mallia, A. G. Hallar, J. C. Lin, Wildfire activity is driving summertime air quality degradation across the western US: a model-based attribution to smoke source regions. Environ. Res. Lett. 17, 114014 (2022).
- R. Aguilera et al., A novel ensemble-based statistical approach to estimate daily wildfire-specific PM(2.5) in California (2006–2020). Environ. Int. 171, 107719 (2023).
- M. J. Nieuwenhuijsen, "Introduction to exposure assessment" in Exposure Assessment in Environmental Epidemiology, M. J. Nieuwenhuijsen, Ed. (Oxford University Press, 2015). 10.1093/ med/9780199378784.003.0001.
- 37. White House Environmental Justice Advisory Council, "Justice 40 Climate and Economic Justice Screening Tool & Executive Order 12898 Revisions, Interim Final Report" (2021). https://www. $epa.gov/sites/default/files/2021-05/documents/whejac_interim_final_recommendations_0.pdf. \\$ Accessed 9 February 2023.
- A. Jbaily et al., Air pollution exposure disparities across US population and income groups. Nature 601, 228-233 (2022).
- J. Liu et al., Disparities in air pollution exposure in the United States by race/ethnicity and income, 1990-2010. Environ. Health Perspect. 129, 127005 (2021).
- 40. R. Morello-Frosch, R. Lopez, The riskscape and the color line: Examining the role of segregation in environmental health disparities. Environ. Res. 102, 181-196 (2006).
- 41. J. C. Liu et al., Who among the elderly is most vulnerable to exposure to and health risks of fine particulate matter from wildfire smoke? Am. J. Epidemiol. 186, 730-735 (2017).
- A. G. Rappold, J. Reyes, G. Pouliot, W. E. Cascio, D. Diaz-Sanchez, Community vulnerability to health impacts of wildland fire smoke exposure. Environ. Sci. Technol. 51, 6674-6682 (2017).
- N. Fann et al., The health impacts and economic value of wildland fire episodes in the U.S.: 2008-2012. Sci. Total Environ. 610-611, 802-809 (2018).

- 44. A. S. Thomas, F. J. Escobedo, M. R. Sloggy, J. J. Sanchez, A burning issue: Reviewing the sociodemographic and environmental justice aspects of the wildfire literature. PLoS One 17, e0271019
- I. P. Davies, R. D. Haugo, J. C. Robertson, P. S. Levin, The unequal vulnerability of communities of color to wildfire. PLoS One 13, e0205825 (2018).
- K. Yadav, F. J. Escobedo, A. S. Thomas, N. G. Johnson, Increasing wildfires and changing sociodemographics in communities across California, USA. Int. J. Disaster Risk Reduc. 98, 104065 (2023)
- M. Burke et al., Exposures and behavioural responses to wildfire smoke. Nat. Hum. Behav. 6, 1351-1361 (2022).
- 48. B. Batdorf, T. K. McGee, Wildfire smoke and protective actions in Canadian indigenous communities. Atmosphere 14, 1204 (2023).
- U.S. Environmental Protection Agency, "Climate Change and Social Vulnerability in the United States-A Focus on Six Impacts" (2021). https://www.epa.gov/system/files/documents/2021-09/ climate-vulnerability_september-2021_508.pdf. Accessed 24 August 2022.
- R. Morello-Frosch, O. K. Obasogie, The climate gap and the color line-racial health inequities and climate change. N Engl. J. Med. 388, 943-949 (2023).
- R. Morello-Frosch, M. Zuk, M. Jerrett, B. Shamasunder, A. D. Kyle, Understanding the cumulative impacts of inequalities in environmental health: Implications for policy. Health Aff. (Millwood) 30, 879-887 (2011).
- D. Taylor, Toxic Communities (New York University Press, New York and London, 2014).
- R. J. Brulle, D. N. Pellow, Environmental justice: Human health and environmental inequalities. Annu. Rev. Public Health 27, 103-124 (2006).
- H. M. Lane, R. Morello-Frosch, J. D. Marshall, J. S. Apte, Historical redlining is associated with present-day air pollution disparities in U.S. cities. Environ. Sci. Technol. Lett. 9, 345-350 (2022).
- 55. E. X. Bonilla et al., Health impacts of smoke exposure in South America: increased risk for populations in the Amazonian Indigenous territories. Environ. Res. Health 1, 021007 (2023)
- 56. R. H. Nolan et al., What do the Australian black summer fires signify for the global fire crisis? Fire 4, 97 (2021).
- S. Masri, E. Scaduto, Y. Jin, J. Wu, Disproportionate impacts of wildfires among elderly and lowincome communities in California from 2000-2020. Int. J. Environ. Res. Public Health 18, 3921
- T. Marks-Block, W. Tripp, Facilitating prescribed fire in northern california through indigenous governance and interagency partnerships. Fire 4, 37 (2021).
- California State Legislature, SB-332, Civil liability: Prescribed burning operations: gross negligence (2021). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB332. Accessed 4 March 2023.
- C. A. Knight et al., Land management explains major trends in forest structure and composition over the last millennium in California's Klamath Mountains. Proc. Natl. Acad. Sci. U.S.A. 119, e2116264119 (2022).
- 61. J. Farrell et al., Effects of land dispossession and forced migration on Indigenous peoples in North America. Science 374, eabe4943 (2021).
- S. H. L. Woo, J. C. Liu, X. Yue, L. J. Mickley, M. L. Bell, Air pollution from wildfires and human health vulnerability in Alaskan communities under climate change. Environ. Res. Lett. 15, 094019 (2020)
- D. A. Jaffe et al., Wildfire and prescribed burning impacts on air quality in the United States. J. Air. Waste Manag. Assoc. 70, 583-615 (2020).
- M. D. Adams, S. Charnley, The environmental justice implications of managing hazardous fuels on federal forest lands. Ann. Am. Assoc. Geogr. 110, 1907-1935 (2020).
- A. Humphreys, E. G. Walker, G. N. Bratman, N. A. Errett, What can we do when the smoke rolls in? An exploratory qualitative analysis of the impacts of rural wildfire smoke on mental health and wellbeing, and opportunities for adaptation BMC Public Health 22, 41 (2022).
- C. E. Reid et al., Associations between respiratory health and ozone and fine particulate matter during a wildfire event. Environ. Int. 129, 291-298 (2019).
- C. E. Buysse, A. Kaulfus, U. Nair, D. A. Jaffe, Relationships between particulate matter, ozone, and nitrogen oxides during urban smoke events in the western US. Environ. Sci. Technol. 53, 12519-12528 (2019).
- C. Zuidema et al., Potential impacts of Washington State's wildfire worker protection rule on construction workers. Ann. Work Expo. Health 66, 419-432 (2022).
- J. A. Mott et al., Wildland forest fire smoke: Health effects and intervention evaluation, Hoopa, California, 1999. West J. Med. 176, 157-162 (2002).
- Y. Liang et al., Wildfire smoke impacts on indoor air quality assessed using crowdrefrefsourced data in California. Proc. Natl. Acad. Sci. U.S.A. 118, e2106478118 (2021).
- A. L. Kramer et al., Environmental justice analysis of wildfire-related PM(2.5) exposure using lowcost sensors in California. Sci. Total Environ. 856, 159218 (2023).
- S. Masri, Y. Jin, J. Wu, Compound risk of air pollution and heat days and the influence of wildfire by SES across California, 2018–2020: Implications for environmental justice in the context of climate change. Climate 10, 145 (2022).
- R. Thilakaratne et al., Wildfires and the changing landscape of air pollution-related health burden in California. Am. J. Respir. Crit. Care Med. 207, 887–898 (2022), 10.1164/rccm.202207-13240C.
- C. Sorensen et al., Associations between wildfire-related PM(2.5) and intensive care unit admissions in the United States, 2006-2015. Geohealth 5, e2021GH000385 (2021).
- F. Charlson *et al.*, Climate change and mental health: A scoping review. *Int. J. Environ. Res. Public Health* **18**, 4486 (2021).
- P. Cianconi, S. Betro, L. Janiri, The impact of climate change on mental health: A systematic descriptive review. Front. Psychiatry 11, 74 (2020).
- A. Massazza, A. Teyton, F. Charlson, T. Benmarhnia, J. L. Augustinavicius, Quantitative methods for climate change and mental health research: Current trends and future directions. Lancet Planet Health 6, e613-e627 (2022).
- R. Munoz-Alpizar et al., Multi-year (2013-2016) PM2. 5 wildfire pollution exposure over North America as determined from operational air quality forecasts. Atmosphere 8, 179 (2017).
- Q. Di et al., Air pollution and mortality in the medicare population. N. Engl. J. Med. 376, 2513-2522
- J. Weuve et al., Exposure to air pollution in relation to risk of dementia and related outcomes: An updated systematic review of the epidemiological literature. Environ. Health Perspect. 129, 96001 (2021)

- 81. L. August et al., CalEnvironScreen 4.0. (2021). https://oehha.ca.gov/media/downloads/calenviroscreen/report/calenviroscreen40reportf2021.pdf. Accessed 8 November 2022.
- S. Manson, J. Schroeder, D. V. Riper, S. Ruggles, IPUMS National Historical Geographic Information System: Version 13.0 [Database] (University of Minnesota, Minneapolis, 2023). http://doi. org/10.18128/D050.V12.0. Accessed 10 October 2022.
- US Environmental Protection Agency, Exposure Assessment Tools by Routes-Inhalation (2022). https://www.epa.gov/expobox/exposure-assessment-tools-routes-inhalation. Accessed 8 November
- 2022.

 J. C. Liu *et al.*, Wildfire-specific fine particulate matter and risk of hospital admissions in urban and rural counties. *Epidemiology* **28**, 77–85 (2017).

 L. Cushing *et al.*, Racial/ethnic disparities in cumulative environmental health impacts in California: Evidence from a statewide environmental justice screening tool (CalEnviroScreen 1.1). *Am. J. Public Health* **105**, 2341–2348 (2015).

 J. Faust *et al.*, CalEnvironScreen 3.0. (2017). https://oehha.ca.gov/media/downloads/calenviroscreen/report/ces3report.pdf. Accessed 11 November 2022.

- 87. California Office of Environmental Health Hazard Assessment, Uses of CalEnviroScreen (2022). https://oehha.ca.gov/calenviroscreen/how-use. Accessed 8 November 2022.
- Office of Environmental Health Hazard Assessment-California EPA, Analysis of race/ethnicity and CalEnviroScreen 4.0 Scores (2022). https://oehha.ca.gov/media/downloads/calenviroscreen/ document/calenviroscreen40raceanalysisf2021.pdf. Accessed 11 November 2022.

- document/calenviroscreen40raceanalysist/2021.pdt. Accessed 11 November 2022.

 S. E. Spielman, D. Folch, N. Nagle, Patterns and causes of uncertainty in the American Community Survey. Appl. Geogr. 46, 147–157 (2014).

 United States Department of Agriculture, Rural-Urban Commuting Area Codes (2019). https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/. Accessed 6 July 2023.

 US Census Bureau, TIGER/Line Shapefiles and TIGER/Line Files Technical Documentation: Chapter 3-Geographic Shapefile Concepts Overview (2018). https://www2.census.gov/geo/pdfs/maps-data/data/tiger/tgrshp2018/TGRSHP2018_TechDoc_Ch3.pdf. Accessed 6 July 2023. 2023.
- 92. R Core Team, R: A language and environment for statistical computing (Version 4.2.2, R Foundation for Statistical Computing, Vienna, Austria, 2022), https://www.R-project.org/.