

Cumulative Exposures to Environmental and Socioeconomic Risk Factors in Milwaukee County, Wisconsin

John K. Kodros^{1#}, Ellison Carter², Oluwatobi Oke^{2&}, Ander Wilson³, Shantanu H. Jathar¹ and Sheryl Magzamen^{4,5}

¹Department of Mechanical Engineering, Colorado State University, Fort Collins, CO, USA

²Department of Civil and Environmental Engineering, Colorado State University, Fort Collins, CO, USA

³Department of Statistics, Colorado State University, Fort Collins, Colorado, USA

⁴Department of Environmental and Radiological Health Sciences, Colorado State University, Fort Collins, CO, USA

⁵Department of Epidemiology, Colorado School of Public Health, Colorado State University, Fort Collins, CO, USA

*Correspondence to: John K. Kodros (jjkodros.research@gmail.com)

[#]Now at Clarity Movement, Berkeley, CA, USA

[&]Now at Building Energy and Environment Division, National Institute of Standards and Technology, Gaithersburg, Maryland, USA.

Key Points

- We examine cumulative exposures to multiple pollutants and their association with socioeconomic and racial disparities in Milwaukee County
- We highlight census block groups that are most vulnerable to pollution and low SES, which can be prioritized for regulatory interventions
- People of color in Milwaukee County are not just exposed to high pollution, they are often exposed within the context of low SES

Plain Language Summary

Our study focused on Milwaukee County, Wisconsin, where we examined how people in this region were exposed to different types of pollutants. We found that areas with the highest levels of pollution (e.g., lead, nitrogen dioxide) had a higher proportion of Black residents and those residents also experienced social and economic challenges (e.g., unemployment, poverty, and low education). Our work adds to the growing evidence that patterns of pollution and economic challenges are not random, but rather, racially and socially structured. By understanding these patterns, we can develop policies that reduce pollution in these areas and improve the health for residents in these overburdened communities.

34 **Abstract**

35 The environmental justice literature demonstrates consistently that low-income and minority
36 communities are disproportionately exposed to environmental hazards. In this case study, we examined
37 cumulative multipollutant, multidomain, and multimatrix environmental exposures in Milwaukee County,
38 Wisconsin. We identified spatial hot spots in Milwaukee County both individually and through clusters
39 across a profile of environmental pollutants that span regulatory domains and matrices of exposure, as
40 well as socioeconomic indicators. The most sensitive cluster within the urban area was largely
41 characterized by low socioeconomic status (SES) and an overrepresentation of the Non-Hispanic Black
42 (NHB) population relative to the county as a whole. In this cluster, average pollutant concentrations were
43 equivalent to the 78th percentile in county-level blood lead levels, 67th percentile in county-level NO₂, 79th
44 percentile in county-level CO, and 78th percentile in county-level air toxics while simultaneously having
45 an average equivalent to the 62nd percentile in county-level unemployment, 70th percentile in county-level
46 population rate lacking a high school diploma, 73rd percentile in county-level poverty rate, and 28th
47 percentile in county-level median household income. The spatial patterns of pollutant exposure and SES
48 indicators suggested that these disparities were not random but were instead structured by socioeconomic
49 and racial factors. Our case study, which combines environmental pollutant exposures, sociodemographic
50 data, and clustering analysis, provides a roadmap to identify and target overburdened communities for
51 interventions that reduce environmental exposures and consequently improve public health.

52 53 **1. Introduction**

54 Previous research has established an association between health risks and exposure to various
55 anthropogenic environmental pollutants. Ambient air pollution has been consistently associated with an
56 array of adverse health impacts and is one of the leading risk factors contributing to morbidity and
57 premature mortality (Dockery et al., 1993; Bell et al., 2004; Miller et al., 2007; Apte et al., 2018). As a
58 result, the US Environmental Protection Agency (EPA) enforces national ambient air quality standards
59 (NAAQS) for six common air pollutants (“criteria air pollutants”), which are known to have adverse
60 health effects (EPA, 2023a). In addition to the criteria air pollutants, the EPA also mandates the reporting
61 of emissions of hundreds of chemicals with known cancer-causing or chronic/acute health effects (EPA,
62 2023b). Other exposure matrices are also known to have health risks. Lead exposure, which may occur
63 through air, water, paint, or soil, has been shown to adversely impact intelligence quotient scores
64 (Bellinger et al. 1992; Lanphear et al. 2005), school performance (Kordas et al. 2007; Magzamen et al.
65 2015), prosocial behavior (Wright et al. 2008; Amato et al. 2013), and cardiovascular disease
66 (Chowdhury et al. 2018; Lamas et al. 2021).

67 Current regulations are often based on single pollutant exposures, which do not consider the
68 possible synergistic effects of cumulative exposures (Mauderly and Samet, 2009; Benka-Coker et al.,
69 2020). Individuals are rarely exposed to single pollutants in isolation (e.g., Molitor et al. (2011)). Instead,
70 people and communities are commonly exposed to numerous pollutants within a regulatory domain (e.g.,
71 different criteria air pollutants such as, PM_{2.5} and O₃) as well as multiple pollutants across regulatory
72 domains (for instance, criteria air pollutants and air toxics) (Benka-Coker et al., 2020). Further,
73 individuals may be exposed to environmental pollutants across multiple exposure matrices (e.g., air and
74 water). These cumulative multipollutant, multidomain, and multimatrix exposures may lead to complex
75 health responses not captured by considering single exposure to pollutants. Complicating matters,
76 interventions are rarely designed to target multidomain and multimatrix exposures.

77 Environmental epidemiology has increasingly considered exposures within the context of
78 socioeconomic status (SES) (O'Neill et al., 2003). A wealth of literature has illustrated the relationship
79 between SES and health (e.g., Adler et al. (1993); Isaacs and Schroeder (2004); Lynch et al. (2004)), as
80 well as the concept that low SES and negative environmental exposures are interrelated (Magzamen et al.,
81 2008). This association may occur because individuals living in areas of low SES may be exposed to
82 higher concentrations of environmental pollutants and/or may be more susceptible to environmental
83 pollutants (O'Neill et al., 2004). In addition to SES, numerous studies have highlighted disparities in
84 exposure to environmental pollutants across racial and ethnic lines (Morello-Frosch and Jesdale, 2006;
85 Clark et al., 2014; Jbailey et al., 2022). Furthermore, recent modeling work suggests that Black and
86 Hispanic populations in the US are exposed to a higher air pollution exposure burden relative to the
87 expected exposure originating from emissions associated with these population groups (Tessum et al.,
88 2019; Tessum et al., 2021). These racial and ethnic disparities in exposure may contribute to higher rates
89 of adverse health outcomes among communities of color (Apelberg et al., 2005; Hill et al., 2011).

90 Communities of color and low SES are exposed to higher concentrations of environmental
91 pollutants and are more susceptible to the effects of this exposure (Clark et al. 2014; Tessum et al. 2021).
92 Recently, several methodological approaches have been proposed to address the independent and joint
93 contribution of environmental exposures and social factors to health outcomes (Martenies et al. 2019;
94 Martenies et al. 2022a; Martenies et al. 2022b; Martenies et al. 2023). Identification of relevant social or
95 environmental factors associated with disease outcomes are an important pathway to identify effective
96 intervention and mediation strategies to improve health. Informed by earlier work (Molitor et al., 2011;
97 Lalloué et al., 2014; Shrestha et al., 2016), it is necessary to develop indicators that highlight communities
98 of high risk due to elevated cumulative exposure to environmental pollutants and/or low SES. For
99 instance, CalEnviroScreen develops an index based on percentile rankings across a set of environmental
100 and social indicators (Faust et al., 2014).

101 Comprehensive interventions that address multidomain and multimatrix exposures and adaptable
102 to varying demographic and SES contexts are scarce. In this study, we examine associations between
103 environmental exposures known to have adverse health risks and demographic and SES indicators across
104 multiple pollutants, domains, and matrices. We focus on the urban/suburban area of Milwaukee County,
105 Wisconsin. We highlight communities with cumulative exposures to elevated concentrations of
106 environmental pollutants and indicators of low SES status that can be prioritized for regulatory
107 interventions. In Section 2, we outline the environmental pollutants, SES indicators, and statistical
108 methodology used here. In Section 3, we examine geographical distributions across the profile of
109 environmental pollutants and SES indicators, and the local and global clustering of these risk factors. We
110 share our conclusions and study limitations in Section 4.

111

112 **2. Methods**

113 ***2.1 Study Area***

114 Milwaukee County, Wisconsin (shown in the inset in Figure S1) includes the city of Milwaukee
115 and the suburban area outside it. Milwaukee County is the most racially diverse county in the state of
116 Wisconsin, with a Black population fraction over twice as high as the national average (US Census
117 Bureau, 2022). Milwaukee County has a history of poor environmental pollution. It was designated a
118 NAAQS maintenance area for 24-hr PM_{2.5} in 2016 (Southeastern Wisconsin Regional Planning
119 Commission, 2016) and received an ‘F’ grade for O₃ from the American Lung Association’s 2016 State
120 of the Air report (American Lung Association, 2016). In 2014, the city of Milwaukee had the highest
121 prevalence of lead poisoning in Wisconsin (which rates among the states with the highest incidence of
122 childhood lead poisoning in the US) (Wisconsin Department of Health Services, 2014).

123

124 ***2.2 Environmental Pollutants***

125 We examined the cumulative exposure to blood lead levels (BLL), five of the six criteria air
126 pollutants, and inhalation toxicity-weighted summed concentrations of air toxics. These pollutants
127 spanned regulatory exposure domains and exposure matrices. We used measurements and estimates of
128 pollutants in the year 2015 (the most recent year for all data sources) at the census block group (CBG)
129 resolution (the highest resolution estimates offered for all data sources). The dataset at the individual level
130 for BLL consisted of samples collected from children who were part of the Healthy Homes and Lead
131 Poisoning Surveillance system (HHPSS) overseen by the Wisconsin Department of Health Services,
132 Division of Public Health Services. The participants were children aged five or below, living in
133 Milwaukee County between 2015 and 2019. These data, which received ethics approval from the
134 Wisconsin Division of Public Health data governance board, encompassed information such as the child's

135 test ID, test date, test type, age at testing, gender, race, primary address, and BLL. BLL were determined
136 through venous or capillary testing methods. Some of the BLL values were reported with unknown
137 sampling methods. Therefore, to avoid duplicating samples, if a child had multiple BLL tests, the highest
138 BLL obtained from the venous test was retained since the venous test has been reported to give the most
139 reliable BLL result than the capillary method (Parson et al., 1993; Schlenker et al., 1994; Sargent and
140 Dalton, 1996; Holtrop et al., 1998; Cantor et al., 2019). When venous tests were absent, the highest value
141 from capillary tests was retained. If the testing method was unspecified, the result was still included in the
142 analysis, accounting for less than 2% of the total test data. Following data preprocessing, the BLL of
143 95,659 children in Milwaukee County were assessed, with 71,162 residing within the city of Milwaukee.
144 We aggregate measurements to the CBG resolution. We note substantial variability in measurements of
145 BLL within CBGs (Figure S2).

146 Estimates of criteria air pollutants (CO, NO₂, PM_{2.5}, O₃, PM₁₀, and SO₂) were taken from the
147 Center for Air, Climate and Energy Solutions (CACES) land use regression model; for details refer to
148 Kim et al. (2015). Estimates of air toxics come from the EPA's Risk-Screening Environmental Indicators
149 (RSEI) model (EPA, 2023c). RSEI aggregates data collected from the Toxic Release Inventory. We used
150 the sum of the concentrations of all chemicals in each CBG weighted by toxicity (i.e., the concentration
151 multiplied by the relative inhalation toxicity weight summed over all chemicals in the CBG). Thus, this
152 analysis was sensitive to estimates of both concentration of each chemical as well as its toxicity.

153

154 ***2.3 Demographic and Socioeconomic Data***

155 To examine the association of cumulative environmental exposure with SES and racial/ethnic
156 disparities, we downloaded data from the 5-year American Community Survey available from the US
157 Census Bureau (US Census Bureau, 2022). We used estimates of the percent of the population 16 years or
158 older within the civilian labor force that is unemployed, percent of the population older than 25 years
159 without a high school diploma, median household income, and percent of the population living below the
160 poverty line. These risk factors have been used in previous studies as measures of social vulnerability
161 (Martenes et al. 2019). To examine disparities along racial and ethnic lines, we used the percent of the
162 population in each CBG identifying as non-Hispanic White (NHW) and non-Hispanic Black (NHB). We
163 focused on these two groups due to the historical record of racial residential segregation in Wisconsin
164 between NHW and NHB populations.

165

166 ***2.4 Statistical Analysis***

167 To investigate the degree of spatial structure in the dataset, we calculated measures of global and
168 local spatial autocorrelation. We reported Moran's I as our metric for global spatial autocorrelation

169 (Moran, 1948). Moran's I was normalized to range from -1 to +1 with values closer to +1 indicating a
170 greater degree of positive spatial autocorrelation. Further, we calculated Local Indicators of Spatial
171 Association using Local Moran's I to identify statistically significant hot and cold spots across
172 environmental pollutants and SES indicators (Anselin, 1995). This measure of local spatial
173 autocorrelation identifies geographic clusters with high (low) values beyond what we would expect by
174 random chance. Statistical significance was assessed at the 95th percentile confidence interval. Both local
175 and global spatial autocorrelation were calculated using queen-adjacent spatial weights matrices. Spatial
176 statistics were done in Python using the PySAL package (Rey and Anselin, 2010). We quantified
177 inequality in environmental pollutants and SES indicators using the Gini index. The Gini index ranges
178 from 0 to 1 with higher values indicating a greater degree of inequality. This index, borrowed from
179 economic studies (Gini, 1936), has also been used frequently in previous studies investigating disparities
180 in environmental pollutants (e.g., Levy et al., 2006).

181 To identify clusters of vulnerable populations across a profile of environmental pollutants and
182 SES indicators, we used K-means clustering. As input features, we used standardized values for all
183 environmental pollutants and SES indicators with all features weighted equally. We did not include
184 demographic or geographic data as inputs to the clustering algorithm to explore the degree to which
185 spatial and demographic factors are associated with the predicted clusters. The number of predicted
186 clusters was to some degree subjective. We chose three clusters as this number demonstrated consistent
187 environmental social profiles across the clusters. In addition, the three predicted clusters occupied a
188 roughly spatially homogeneous region.

189

190 **3. Results**

191 ***3.1 Geographic Distribution of Environmental Pollutants and Socioeconomic Indicators***

192 Annual (year 2015) mean concentrations of BLL, criteria air pollutants, and air toxics exhibited
193 substantial spatial structure across Milwaukee, County; though, the spatial patterns differed by pollutant
194 (Figure 1 and Table 1). The highest concentrations of BLL, CO, NO₂, PM_{2.5}, and air toxics occurred
195 within the city of Milwaukee (Figure 1), while O₃ and PM₁₀ had slightly lower concentrations in this area
196 relative to other parts of the county. For SO₂, the highest concentrations were found both inside and
197 outside the Milwaukee city limits. Pollutants generally exhibited weak (less than 0.4) paired correlations
198 with the exception of CO and NO₂ (0.72), CO and O₃ (-0.65), and NO₂ and PM_{2.5} (0.64) (Figure S4).

199 All pollutants exhibited a high degree of spatial structure (evidenced by Moran's I measure of
200 global spatial autocorrelation) across Milwaukee County, as expected based on known differences in
201 emissions across an urban area (Table 1). Children residing in the census tract in the metropolitan area of
202 the city of Milwaukee, particularly in older housing stock with a median housing age of 94 years

203 (interquartile range = 48 years), exhibited elevated BLLs. These aged residences may contain lead-based
204 paints in multiple layers of painted surfaces, despite the absence of lead in the topmost paint layer.
205 Additionally, a significant majority of these residential homes, approximately 90% are equipped with lead
206 service lines, which are major sources of childhood lead poisoning. Mixing ratios of NO₂ exhibited the
207 highest degree of spatial structure, with elevated concentrations along major roadways. While on-road
208 sources mostly emit NO, some of this NO is rapidly converted to NO₂. Emissions of CO are also likely
209 associated with traffic and urban sources. In contrast, PM_{2.5} was spatially heterogeneous, which includes a
210 mixture of primary (e.g., elemental carbon) and secondary (e.g., ammonium nitrate, ammonium sulfate)
211 species. Annually-averaged measurements from the EPA's Chemical Speciation Network in Milwaukee
212 reported a normalized PM_{2.5} mass composition of organic carbon (37%, by mass), nitrate (26%), sulfate
213 (18%), and ammonium (11%) ions, and elemental carbon (8%). PM₁₀ and SO₂ could have been higher in
214 some pockets outside the city due to the presence of specific emissions sources. O₃ is a regional pollutant
215 formed from photochemical reactions and, hence, exhibited less variability across the county. The spatial
216 pattern of toxicity-weighted concentrations of air toxics was strongly dependent on the location of the
217 point sources (e.g., factories).

218 In addition to deleterious environmental exposure, the city of Milwaukee remains one of the most
219 segregated areas in the United States (Johnston 2022). An analysis of 2000 census data for cities over 1
220 million residents indicated that Milwaukee was the most segregated city in the United States, where Black
221 residents are concentrated in the central city (Frey 2018). Further, according to analyses conducted by the
222 Center for Economic Development at University of Wisconsin-Milwaukee, Milwaukee's Black
223 community faces myriad social challenges: median Black household income in Milwaukee is 42% that of
224 a NHW household, the largest racial disparity in the country. Additionally, Milwaukee has the second-
225 lowest Black homeownership rate among the nation's largest metropolitan areas at approximately 27.2
226 percent (Levine 2020). Over 72% of Black schoolchildren in Milwaukee attend hypersegregated schools,
227 the highest rate in the country, and significantly higher than the percentage 30 years ago (Levine 2020).

228 To quantify the degree of spatial inequality in environmental pollutants, we calculated the Gini
229 coefficient for each pollutant for Milwaukee County. A value of the Gini coefficient of 0 indicates perfect
230 equality with increasing values indicating a higher degree of inequality (with a maximum of 1). We
231 calculated the Gini coefficient based on the distribution of annual means in the CBGs for each pollutant.
232 BLL and air toxics had by far the highest degree of inequality across the county, 0.2 and 0.3, respectively.
233 The criteria air pollutants generally had low Gini coefficients, ranging from 0.006-0.09. O₃ had the lowest
234 measure of inequality (0.006) consistent with the low spatial variability in concentration across the
235 county.

236 Similar to the environmental pollutants, the SES indicators also exhibited a high degree of spatial
237 structure where indications of low SES were concentrated in the center of the city of Milwaukee (Table 1
238 and Figure 1). These indicators were moderately correlated (with the absolute value of the paired
239 correlations ranging from 0.34-0.67) (Figure S4). The Gini coefficient was high for all indicators
240 considered here, ranging from 0.3 to 0.5, indicating a high degree of spatial inequality across Milwaukee
241 County.

242

243 *3.2 Local Hot and Cold Spots for Environmental Pollutants and SES Indicators*

244 We identified statistically significant geographic hot and cold spots of individual environmental
245 pollutants and SES indicators. BLL, CO, NO₂, and PM_{2.5} showed a similar geographic distribution, with a
246 hot spot (a region of elevated values) in the center of the county (and roughly the center of the city of
247 Milwaukee) and cold spots (low values) around the northern and southern parts of the county (Figure 2).
248 BLL in the elevated clusters were 49% higher than the county average, indicating an important area of
249 elevated exposure and associated health risk to this pollutant. In contrast, the average concentrations of
250 CO, NO₂, and PM_{2.5} in the elevated clusters were only moderately higher than the county average: 8%,
251 15%, and 6%, respectively. Air toxics, which displayed the greatest variability across the state (Table 1),
252 were 165% higher in the elevated cluster on average than in the county average. There were 503 CBGs
253 identified as a hotspot for at least one of BLL, CO, NO₂, PM_{2.5}, and air toxics (Figure S5). While the hot
254 spots for BLL, CO, NO₂, PM_{2.5}, and air toxics had roughly similar patterns, only eight CBGs,
255 representing less than 1% of the county population, were considered a statistically significant hot spot for
256 all these pollutants. While central Milwaukee clearly showed a risk of cumulative exposure across
257 environmental pollutants, the individual hot and cold spots were not necessarily overlapping when
258 considering all pollutants.

259 The pattern of hot and cold spots for O₃, PM₁₀, and SO₂ was notably different than for the other
260 environmental pollutants (Figure 2). O₃ displayed the opposite pattern, with a cluster of low
261 concentrations in the center of the county, likely due to titration by urban NO emissions. The variability
262 of O₃ across the county was much lower than for the other pollutants considered here (Table 1). In
263 contrast, PM₁₀ and SO₂ did not show a homogenous area in central Milwaukee of either high or low
264 concentrations. This was likely caused by the spatial pattern of emissions for these pollutants. PM₁₀ is
265 commonly associated with resuspension of mineral dust and may be linked to natural emissions or
266 agriculture while SO₂ is linked to the use of coal and petroleum at electric utilities and industrial facilities.

267 Similarly, the SES indicators showed regions of low SES in central Milwaukee; though, the
268 spatial patterns of these hot spots were varied. The clusters indicating low SES (the hot spots for

269 unemployment, lower education, and poverty and the cold spot for median household income) were on
270 average 110 -160% higher than the county average (and 48% lower for the median household income).

271 There was a clear difference in the demographics across CBGs in clusters with elevated values
272 compared to lower values of environmental pollutants. In the local clusters with elevated values for BLL,
273 CO, NO₂, PM_{2.5}, and air toxics the NHB population proportion ranged from 34-62% (the 66th-74th
274 percentile in the county), while the NHW population proportion in these same CBGs ranged from 11%-
275 42% (23rd-44th percentile across the county). Conversely, in clusters of low values for these pollutants the
276 NHB population percent ranged from 9%-14% while the NHW population ranged from 71%-75%.

277

278 *3.3 Clustering Across the Profile of Environmental Pollutants and SES Indicators*

279 To identify the most vulnerable residential areas, we performed K-means clustering across the
280 profile of environmental pollutants and SES indicators. While geographic information was not included in
281 the clustering algorithm, we selected 3 clusters of roughly homogeneous spatial extent. The selection of
282 the number of clusters was subjective to some degree. We chose this number of clusters as it provided
283 insight into geographic areas of elevated values across the profile of environmental pollutants and
284 consistent low SES indicators. We show alternate choices of the number of clusters in Figure S6.

285 The three clusters chosen showed consistent environmental and social profiles. The first cluster
286 was located in the center of the county and was characterized by the highest BLL (the average was
287 equivalent to the 78th percentile in county-level BLL), NO₂ (67th percentile), CO (79th percentile), and air
288 toxics (78th percentile) across the three clusters considered here (Table 2 and Figure 3). The third cluster,
289 located in the northern/southern parts of the county, had the lowest concentrations of these pollutants
290 (ranging from the 13th-28th percentile across the pollutants). PM_{2.5} (46th percentile in county-level
291 concentrations) and SO₂ (48th percentile) also showed elevated concentrations in the first cluster;
292 however, their concentrations were on average higher in the second cluster, which was geographically
293 sandwiched between the first and third clusters. Still, concentrations of PM_{2.5} and SO₂ were clearly
294 elevated in the first and second clusters relative to the third cluster. O₃ showed a different trend with the
295 lowest concentration in the first cluster and highest in the third cluster. This was consistent with the
296 moderate anticorrelation of O₃ with NO₂.

297 Similarly, the first cluster showed a consistent social profile of low SES indicators. This cluster
298 had the highest rate of unemployment (an average rate equivalent to the 62nd percentile across the county),
299 highest rate of people without a high school degree (70th percentile), lowest median household income
300 (28th percentile), and highest rate of poverty (73rd percentile) relative to the other two clusters (Table 2
301 and Figure 3). Demographic data were not included in fitting the clustering algorithm; however, applying
302 the predicted labels to this data clearly showed a pattern across racial and ethnic lines (Table 2 and Figure

303 3). The first cluster, characterized by elevated BLL, NO₂, CO, air toxics, PM_{2.5} and SO₂, had the lowest
304 population fraction of NHW (30th percentile in the county) and the highest population fraction of NHB
305 (63rd percentile). Of the total NHB population in Milwaukee County, a plurality resided in the first cluster
306 (46%) compared to 43% in the second cluster and 11% in the third cluster. On the other hand, only 8% of
307 the NHW resided in the first cluster.

308 The CBGs that made up the first cluster experience elevated multipollutant, multidomain, and
309 multimatrix exposures to environmental pollutants. Moreover, this cluster was characterized by low SES
310 with an overrepresentation of the NHB population (relative to the rest of the county). The environmental
311 and social profile of this area indicated the most vulnerable population to exposure to environmental
312 pollutants.

313

314 **4. Discussion**

315 Across the United States, environmental justice communities, in both urban and rural areas,
316 contend with multiple environmental pollutants from multiple domains. Residential segregation due to
317 discriminatory mortgage lending practices (Home Owners Loan Corporation or “redlining”) have resulted
318 in historically minoritized communities residing in close proximity to industrial sources of pollution,
319 traffic related air pollution from roadways, and lack of beneficial resources for health, such as green
320 spaces (Kowalski et al., 2023; Nardone et al., 2021). Yet, within reason, environmental regulatory
321 strategies in the United States have been developed to focus on interventions within the same regulatory
322 domain (e.g., air, water). As a result, they are not intentionally designed to address the cumulative and
323 synergistic effects of exposure to multiple pollutants nor the systemic nature of exposure disparities.
324 Tools that leverage existing data resources for the identification of localized spatial clusters of high
325 cumulative exposures lead to better identification of at-risk communities where investments could be
326 made to address multiple systemic disparities at once through place-based, multi-pronged interventions.
327 Here, we applied a novel approach to identify vulnerable populations where regulatory interventions
328 across multiple domains could be braided to reduce exposure to a wider range of environmental pollutants
329 than would be achieved by a single regulatory domain. The first cluster, characterized by high pollutant
330 concentrations, low SES, and high representation of NHB residents represents an exemplar output of this
331 approach to cluster analysis, i.e., a high-risk population in need of interventions across multiple regulatory
332 domains. If implemented with data resources like existing and emerging federal (e.g., EPA EJ Screen;
333 <https://www.epa.gov/ejscreen>) and state (e.g., CalEnviroScreen; <https://oehha.ca.gov/calenviroscreen>)
334 environmental screening and mapping tools, the approach presented here may also be useful in other
335 settings where the spatial structure of environmental exposures, socioeconomic factors, and racial/ethnic
336 demographics overlaps. Furthermore, this example may be also the most useful for urban areas where

337 there is a legacy of lead pollution as well as air pollution from anthropogenic (e.g., transportation, oil and
338 gas) sources.

339 We note several limitations in this analysis. First, we weighted all environmental pollutants
340 equally in this analysis; however, the health risks due to exposure to each in isolation are likely unequal.
341 Moreover, we note that the association between exposure and health risk also varies by health outcome
342 being considered (e.g., hospital admissions for asthma compared to stroke). Second, application of this
343 approach to other cities may not result in clear spatial designations. In our analysis, predicted clusters
344 tended to be spatially homogeneous, reflecting the underlying distributions of the environmental
345 pollutants and SES indicators. Third, when determining local individual clusters, the hot and cold spots
346 were determined relatively and may not necessarily indicate high or low values in a broader context.
347 Finally, we note that the modeled criteria air pollutants from the CACES land use regression model were
348 developed and aggregated at the national level (Kim et al. 2015). Quantitative comparisons of this model
349 at high spatial resolution are limited by lack of high-spatial resolution monitoring data, which highlights a
350 need for enhanced monitoring of multiple pollutants.

351 The study described has several notable strengths as well. First, the study took comprehensive
352 approach by considering multiple environmental pollutants across different domains and matrices. This
353 approach was more reflective of real-world conditions where individuals are exposed to a mix of
354 pollutants rather than a single pollutant. This study went beyond just examining multipollutant exposures
355 by also considering SES and racial disparities. This allowed for a more nuanced understanding of
356 environmental health risks and how they intersected with social and ethno-racial factors. Another strength
357 of this study was the use of spatial analysis techniques, such as Moran's I and Local Indicators of Spatial
358 Association, which provided a detailed understanding of the geographic distribution of environmental
359 pollutants and SES indicators. This helped identify hotspots of exposure and vulnerability. Further, the
360 application of K-means clustering to identify vulnerable populations across a profile of environmental
361 pollutants and SES indicators was a novel approach. This can help prioritize areas for intervention and
362 policy action. The use of the Gini coefficient to quantify spatial inequality in environmental pollutant
363 exposures and SES indicators was a significant strength. Another strength was the use of multiple data
364 sources in a localized context. The study's focus on Milwaukee County, Wisconsin, allowed for a detailed
365 examination of environmental, socioeconomic, and racial disparities in a specific geographic context.
366 This can provide valuable insights for local policymakers and stakeholders. Lastly, the study integrated
367 data from multiple sources, including measurements and estimates of pollutants, demographic and
368 socioeconomic data from the US Census Bureau, and data from the Healthy Homes and Lead Poisoning
369 Surveillance system. This allowed for a more comprehensive analysis of environmental exposures and
370 their social determinants using publicly available datasets.

371 In conclusion, this study provided valuable insights into the spatial distribution of environmental
372 pollutant exposure and its association with SES and racial disparities in Milwaukee County. The findings
373 underscore the need for comprehensive interventions that address multipollutant, multidomain, and
374 multimatrix exposures, particularly in communities with low SES and high minority populations. Future
375 research should focus on understanding the health impacts of cumulative exposure to multiple pollutants
376 and developing effective strategies to reduce these exposures and mitigate their health effects.

377

378 **5. Data Availability**

379 No new data were generated as part of this work. The BLL data were collected as part of the
380 Healthy Homes and Lead Poisoning Surveillance system (HHLPS) overseen by the Wisconsin
381 Department of Health Services. Household BLL data may be made available after careful consultation
382 with all co-authors, partners, and stakeholders. The criteria air pollutant data were downloaded from
383 <https://www.caces.us/data>, the air toxics data were downloaded from <https://www.epa.gov/rsei>, and
384 socioeconomic and demographic data were downloaded from <https://data.census.gov/cedsci/>.

385

386 **6. Supporting Information**

387 Additional information about the study area, demographic distribution, pairwise correlations, and
388 sensitivity to clustering assumptions.

389

390 **7. Author Contributions**

391 JK, SHJ, and SM designed the study. OO and EC provided the blood lead level data. JK analyzed
392 and visualized the data. JK, EC, and SM wrote the paper with contributions from all co-authors.

393

394 **8. Acknowledgements**

395 This publication was developed under Assistance Agreement No. R839278 awarded by the U.S.
396 Environmental Protection Agency (EPA) to Colorado State University (SM). EPA does not endorse any
397 products or commercial services mentioned in this publication. The views expressed in this article are
398 those of the authors and do not necessarily represent the views or policies of the U.S. EPA. EC
399 acknowledges support of the JPB Environmental Health Fellowship Award.

400

401 **References**

402 Adler, N. E., Boyce, W. T., Chesney, M. A., Folkman, S., and Syme, S. L.: Socioeconomic inequalities in
403 health. *No easy solution.*, 269, 3140–3145, 1993.

404 American Lung Association. *State of the Air 2016*. Chicago, IL: American Lung Association; 2016.

405 Anselin, L.: Local Indicators of Spatial Association—LISA, *Geogr. Anal.*, 27, 93–115,
406 <https://doi.org/https://doi.org/10.1111/j.1538-4632.1995.tb00338.x>, 1995.

407 Apte, J. S., Brauer, M., Cohen, A. J., Ezzati, M., & Pope III, C. A.: Ambient PM_{2.5} reduces global and
408 regional life expectancy, *Environmental Science & Technology Letters*, 5(9), 546-551,
409 <https://doi.org/10.1021/acs.estlett.8b00360m>, 2018.

410 Bell, M. L., McDermott, A., Zeger, S. L., Samet, J. M., and Dominici, F.: Ozone and short-term mortality
411 in 95 US urban communities, 1987-2000., 292, 2372–2378, <https://doi.org/10.1001/jama.292.19.2372>,
412 2004.

413 Benka-Coker, W., Hoskovec, L., Severson, R., Balmes, J., Wilson, A., and Magzamen, S.: The joint
414 effect of ambient air pollution and agricultural pesticide exposures on lung function among children with
415 asthma, *Environ. Res.*, 190, 109903, <https://doi.org/10.1016/j.envres.2020.109903>, 2020.

416 Cantor, A.G., Hendrickson, R., Blazina, I., Griffin, J., Grusing, S. and McDonagh, M.S.: Screening for
417 elevated blood lead levels in childhood and pregnancy: updated evidence report and systematic review for
418 the US Preventive Services Task Force. *JAMA*, 321(15), pp.1510-1526, doi:10.1001/jama.2019.1004,
419 2019.

420 Clark, L. P., Millet, D. B., and Marshall, J. D.: National Patterns in Environmental Injustice and
421 Inequality: Outdoor NO₂ Air Pollution in the United States, *PLoS One*, 9, e94431, 2014.

422 Dockery, D. W., Pope, C. A., Xu, X., Spengler, J. D., Ware, J. H., Fay, M. E., Ferris, B. G., and Speizer,
423 F. E.: An Association between Air Pollution and Mortality in Six U.S. Cities, *N. Engl. J. Med.*, 329,
424 1753–1759, <https://doi.org/10.1056/NEJM199312093292401>, 1993.

425 Environmental Protection Agency, <https://gispub.epa.gov/air/trendsreport/2023/#home>, Last Accessed:
426 August 14, 2023a.

427 Environmental Protection Agency, <https://www.epa.gov/toxics-release-inventory-tri-program>, Last
428 Accessed: August 14, 2023b.

429 Environmental Protection Agency, <https://www.epa.gov/rsei>, Last Accessed: August 14, 2023c.

430 Faust, J., August, L., Alexeeff, G., Bangia, K., Cendak, R., Cheung-Sutton, E., Cushing, L., Galaviz, V.,
431 Kadir, T., Leichty, J. and Milanes, C.: California Communities Environmental Health Screening Tool,
432 Version 2.0 (CalEnviroScreen 2.0): Guidance and Screening Tool. Office of Environmental Health
433 Hazard Assessment, 2014.

434 Gini, C.: On the measure of concentration with special reference to income and statistics. Colorado
435 College Publication, General Series 208.1 (1936): 73-79.

436 Hill, T. D., Graham, L. M., and Divgi, V.: Racial Disparities in Pediatric Asthma: A Review of the
437 Literature, *Curr. Allergy Asthma Rep.*, 11, 85–90, <https://doi.org/10.1007/s11882-010-0159-2>, 2011.

438 Holtrop, T.G., Yee, H.Y., Simpson, P.M. and Kauffman, R.E.: A community outreach lead screening
439 program using capillary blood collected on filter paper. *Archives of pediatrics & adolescent medicine*,
440 152(5), pp.455-458, doi: 10.1001/archpedi.152.5.455, 1998.

441 Isaacs, S. L. and Schroeder, S. A.: Class - the ignored determinant of the nation's health., *N. Engl. J.*
442 *Med.*, 351, 1137–1142, <https://doi.org/10.1056/NEJMsb040329>, 2004.

- 443 J., A. B., J., B. T., and H., W. R.: Socioeconomic and Racial Disparities in Cancer Risk from Air Toxics
444 in Maryland, *Environ. Health Perspect.*, 113, 693–699, <https://doi.org/10.1289/ehp.7609>, 2005.
- 445 Jbaily, A., Zhou, X., Liu, J., Lee, T.-H., Kamareddine, L., Verguet, S., and Dominici, F.: Air pollution
446 exposure disparities across US population and income groups, *Nature*, 601, 228–233,
447 <https://doi.org/10.1038/s41586-021-04190-y>, 2022.
- 448 Kim, S.-Y., Bechle, M., Hankey, S., Sheppard, L., Szpiro, A. A., and Marshall, J. D.: Concentrations of
449 criteria pollutants in the contiguous U.S., 1979 – 2015: Role of prediction model parsimony in integrated
450 empirical geographic regression, *PLoS One*, 15, e0228535, 2020.
- 451 Levy, J. I., Chemerynski, S. M., and Tuchmann, J. L.: Incorporating concepts of inequality and inequity
452 into health benefits analysis, *Int. J. Equity Health*, 5, 2, <https://doi.org/10.1186/1475-9276-5-2>, 2006.
- 453 Lynch, J., Smith, G. D., Harper, S., and Hillemeier, M.: Is income inequality a determinant of population
454 health? Part 2. U.S. National and regional trends in income inequality and age- and cause-specific
455 mortality., *Milbank Q.*, 82, 355–400, <https://doi.org/10.1111/j.0887-378X.2004.00312.x>, 2004.
- 456 Magzamen, S., Havlena, J., and Kanarek, M.: Patterns of Residential Mobility Among Lead Poisoned
457 Children in Wisconsin, 19, 2008. Mauderly, J. L. and Samet, J. M.: Is there evidence for synergy among
458 air pollutants in causing health effects?, *Environ. Health Perspect.*, 117, 1–6,
459 <https://doi.org/10.1289/ehp.11654>, 2009.
- 460 Martenies, S. E., Allshouse, W. B., Starling, A. P., Ringham, B. M., Glueck, D. H., Adgate, J. L.,
461 Dabelea, D., and Magzamen, S.: Combined environmental and social exposures during pregnancy and
462 associations with neonatal size and body composition: the Healthy Start study., 3,
463 <https://doi.org/10.1097/EE9.0000000000000043>, 2019.
- 464 Martenies, S. E., Hoskovec, L., Wilson, A., Moore, B. F., Starling, A. P., Allshouse, W. B., Adgate, J. L.,
465 Dabelea, D., and Magzamen, S.: Using non-parametric Bayes shrinkage to assess relationships between
466 multiple environmental and social stressors and neonatal size and body composition in the Healthy Start
467 cohort., *Environ. Health*, 21, 111, <https://doi.org/10.1186/s12940-022-00934-z>, 2022.
- 468 Martenies, S. E., Zhang, M., Corrigan, A. E., Kvit, A., Shields, T., Wheaton, W., Bastain, T. M., Breton,
469 C. V., Dabelea, D., Habre, R., Magzamen, S., Padula, A. M., Him, D. A., Camargo, C. A. J., Cowell, W.,
470 Croen, L. A., Deoni, S., Everson, T. M., Hartert, T. V., Hipwell, A. E., McEvoy, C. T., Morello-Frosch,
471 R., O'Connor, T. G., Petriello, M., Sathyanarayana, S., Stanford, J. B., Woodruff, T. J., Wright, R. J., and
472 Kress, A. M.: Associations between combined exposure to environmental hazards and social stressors at
473 the neighborhood level and individual perinatal outcomes in the ECHO-wide cohort., *Health Place*, 76,
474 102858, <https://doi.org/10.1016/j.healthplace.2022.102858>, 2022.
- 475 Miller, K. A., Siscovick, D. S., Sheppard, L., Shepherd, K., Sullivan, J. H., Anderson, G. L., and
476 Kaufman, J. D.: Long-Term Exposure to Air Pollution and Incidence of Cardiovascular Events in
477 Women, *N. Engl. J. Med.*, 356, 447–458, <https://doi.org/10.1056/NEJMoa054409>, 2007.
- 478 Molitor, J., Su, J. G., Molitor, N.-T., Rubio, V. G., Richardson, S., Hastie, D., Morello-Frosch, R., and
479 Jerrett, M.: Identifying Vulnerable Populations through an Examination of the Association Between
480 Multipollutant Profiles and Poverty, *Environ. Sci. Technol.*, 45, 7754–7760,
481 <https://doi.org/10.1021/es104017x>, 2011.
- 482 Moran, P. A. P.: The Interpretation of Statistical Maps, *J. R. Stat. Soc. Ser. B*, 10, 243–251, 1948.

483 Morello-Frosch, R. and Jesdale, B. M.: Separate and Unequal: Residential Segregation and Estimated
484 Cancer Risks Associated with Ambient Air Toxics in U.S. Metropolitan Areas, *Environ. Health Perspect.*,
485 114, 386–393, <https://doi.org/10.1289/ehp.8500>, 2006.

486 O’Neill, M. S., Jerrett, M., Kawachi, I., Levy, J. I., Cohen, A. J., Gouveia, N., Wilkinson, P., Fletcher, T.,
487 Cifuentes, L., and Schwartz, J.: Health, wealth, and air pollution: advancing theory and methods.,
488 *Environ. Health Perspect.*, 111, 1861–1870, <https://doi.org/10.1289/ehp.6334>, 2003.

489 Parsons, P.J., Raciti, K. and Esernio-Jenssen, D.: Evaluation and improvement of sample collection
490 procedures for the determination of blood lead. Third semi-annual report to the Center for Environmental
491 Health and Injury Control, 1993.

492 Rey, S. J. and Anselin, L.: PySAL: A Python library of spatial analytical methods, in: *Handbook of*
493 *applied spatial analysis*, Springer, 175–193, 2010.

494 Sargent, J.D. and Dalton, M.A.: Rethinking the threshold for an abnormal capillary blood lead screening
495 test. *Archives of pediatrics & adolescent medicine*, 150(10), pp.1084-1088,
496 [doi:10.1001/archpedi.1996.02170350086015](https://doi.org/10.1001/archpedi.1996.02170350086015), 1996.

497 Schlenker, T.L., Fritz, C.J., Mark, D., Layde, M., Linke, G., Murphy, A. and Matte, T.: Screening for
498 pediatric lead poisoning: comparability of simultaneously drawn capillary and venous blood samples.
499 *Jama*, 271(17), pp.1346-1348, [doi:10.1001/jama.1994.03510410058033](https://doi.org/10.1001/jama.1994.03510410058033), 1994.

500 Southeastern Wisconsin Regional Planning Commission. Fifty-fifth Annual Report. Waukesha, WI:
501 Southeastern Wisconsin Regional Planning Commission; 2016.

502 Tessum, C. W., Apte, J. S., Goodkind, A. L., Muller, N. Z., Mullins, K. A., Paoletta, D. A., Polasky, S.,
503 Springer, N. P., Thakrar, S. K., Marshall, J. D., and Hill, J. D.: Inequity in consumption of goods and
504 services adds to racial–ethnic disparities in air pollution exposure, *Proc. Natl. Acad. Sci.*, 116, 6001–
505 6006, <https://doi.org/10.1073/pnas.1818859116>, 2019.

506 Tessum, C. W., Paoletta, D. A., Chambliss, S. E., Apte, J. S., Hill, J. D., and Marshall, J. D.: PM2.5
507 pollutants disproportionately and systemically affect people of color in the United States, *Sci. Adv.*, 7,
508 eabf4491, <https://doi.org/10.1126/sciadv.abf4491>, 2021.

509 US Census Bureau, <https://www.census.gov/quickfacts/table/PST045216/00>, Last Accessed: August 14,
510 2023.

511 Wisconsin Department of Health Services: Report on Childhood Lead Poisoning in Wisconsin. Madison,
512 WI2016, 2014.

513

514 *Table 1. Summary statistics (annual mean, standard deviation as well as the 5th, 25th, 50th, 75th, and 95th*
 515 *percentile) in 2015 and global spatial autocorrelation (Moran's I) for blood lead levels, criteria air*
 516 *pollutants, air toxins, and socioeconomic indicators across Milwaukee County, Wisconsin.*

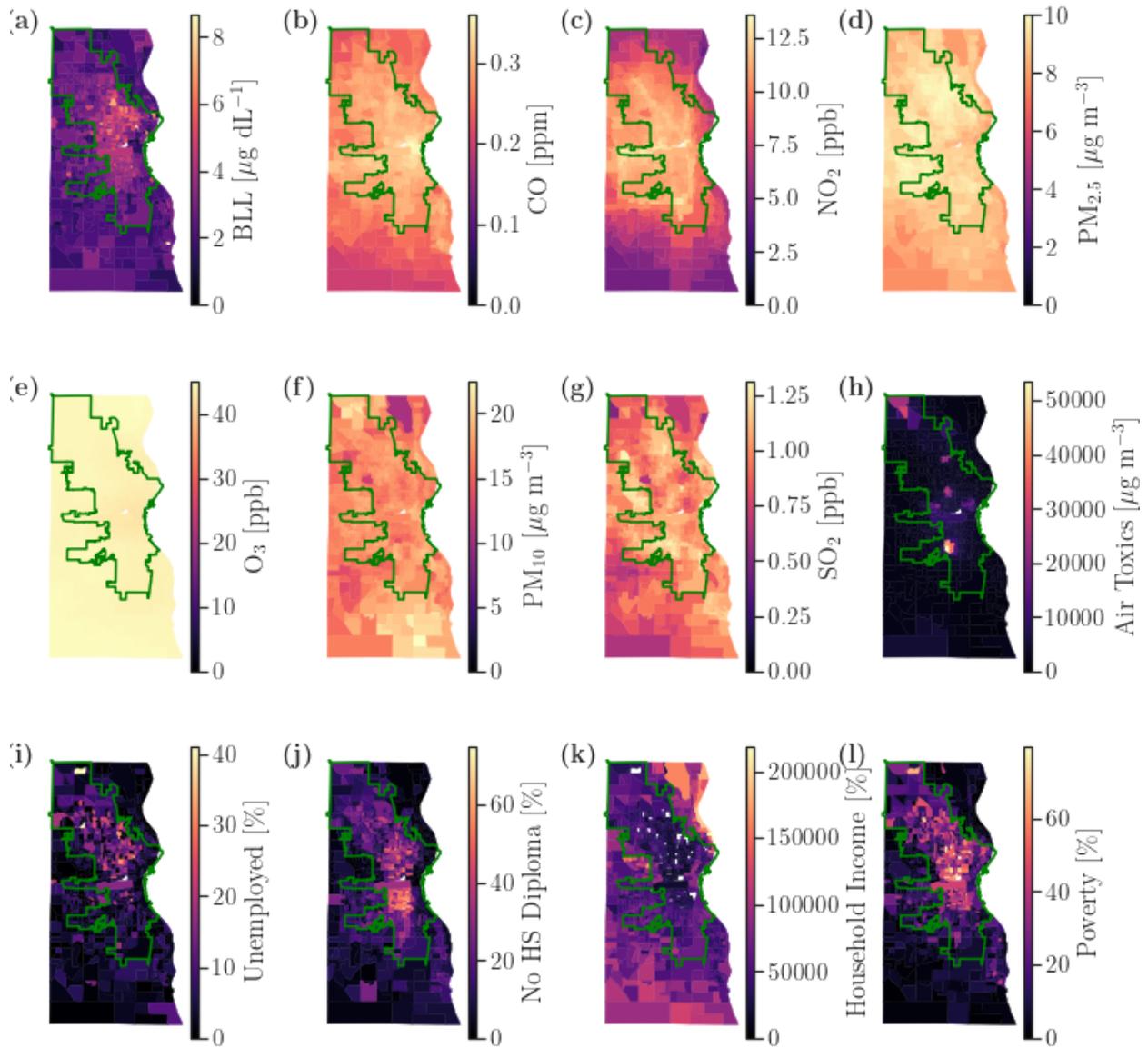
Pollutant	Mean	SD	5th	25th	50th	75th	95th	Moran's I	Gini
BLL [$\mu\text{g dL}$]	2.99	1.18	1.54	2.13	2.73	3.66	5.17	0.51	0.21
CO [ppm]	0.29	0.02	0.25	0.28	0.29	0.31	0.32	0.85	0.04
NO ₂ [ppb]	10.1	1.74	6.53	9.13	10.7	11.3	11.9	0.93	0.09
PM _{2.5} [$\mu\text{g m}^{-3}$]	9.17	0.48	8.28	8.88	9.25	9.53	9.83	0.82	0.03
O ₃ [ppb]	44.1	0.46	43.2	43.8	44.1	44.4	44.7	0.96	0.01
PM ₁₀ [$\mu\text{g m}^{-3}$]	17.2	1.32	15.2	16.3	17.1	17.9	19.4	0.61	0.04
SO ₂ [ppb]	1.01	0.12	0.8	0.93	1.02	1.10	1.20	0.70	0.07
Air Toxics [$\mu\text{g m}^{-3}$]	4070	3760	1970	2400	3080	4550	7890	0.56	0.32
Unemployed [%]	6.29	6.61	0.00	1.65	4.35	8.51	20.29	0.26	0.53
No HS diploma [%]	17.1	13.9	1.42	6.59	13.6	23.6	48.2	0.69	0.44
Household Income [USD]	55,000	30,000	20,000	35,000	50,000	68,000	109,000	0.61	0.28
Poverty [%]	20.3	17.1	1.27	6.19	15.3	32.0	51.9	0.55	0.46

517

518 *Table 2. The average percentile ranking for blood lead levels, criteria air pollutants, air toxins,*
 519 *demographic indicators, and socioeconomic indicators across the three predicted clusters.*

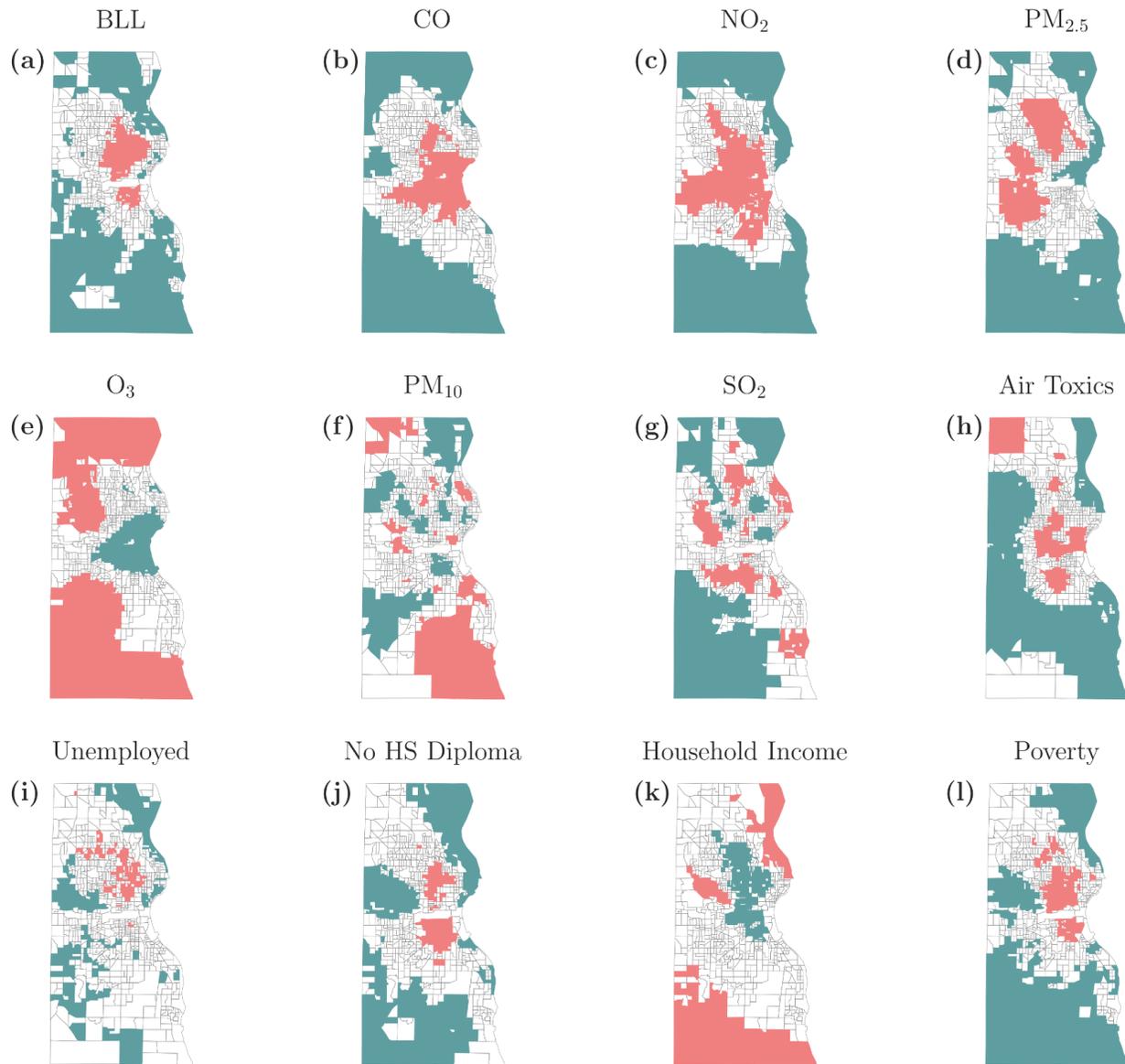
Variable	Cluster 1	Cluster 2	Cluster 3
BLL	0.78	0.42	0.28
CO	0.79	0.47	0.17
NO ₂	0.67	0.56	0.13
PM _{2.5}	0.46	0.67	0.17
O ₃	0.21	0.59	0.69
PM ₁₀	0.37	0.56	0.54
SO ₂	0.48	0.58	0.35
Air toxics	0.78	0.43	0.27
% NHW	0.30	0.53	0.72
% NHB	0.63	0.50	0.33
% Unemployed	0.62	0.48	0.38
No high school diploma	0.70	0.46	0.32
Median Income	0.28	0.54	0.71
% Below Poverty	0.73	0.45	0.30

520

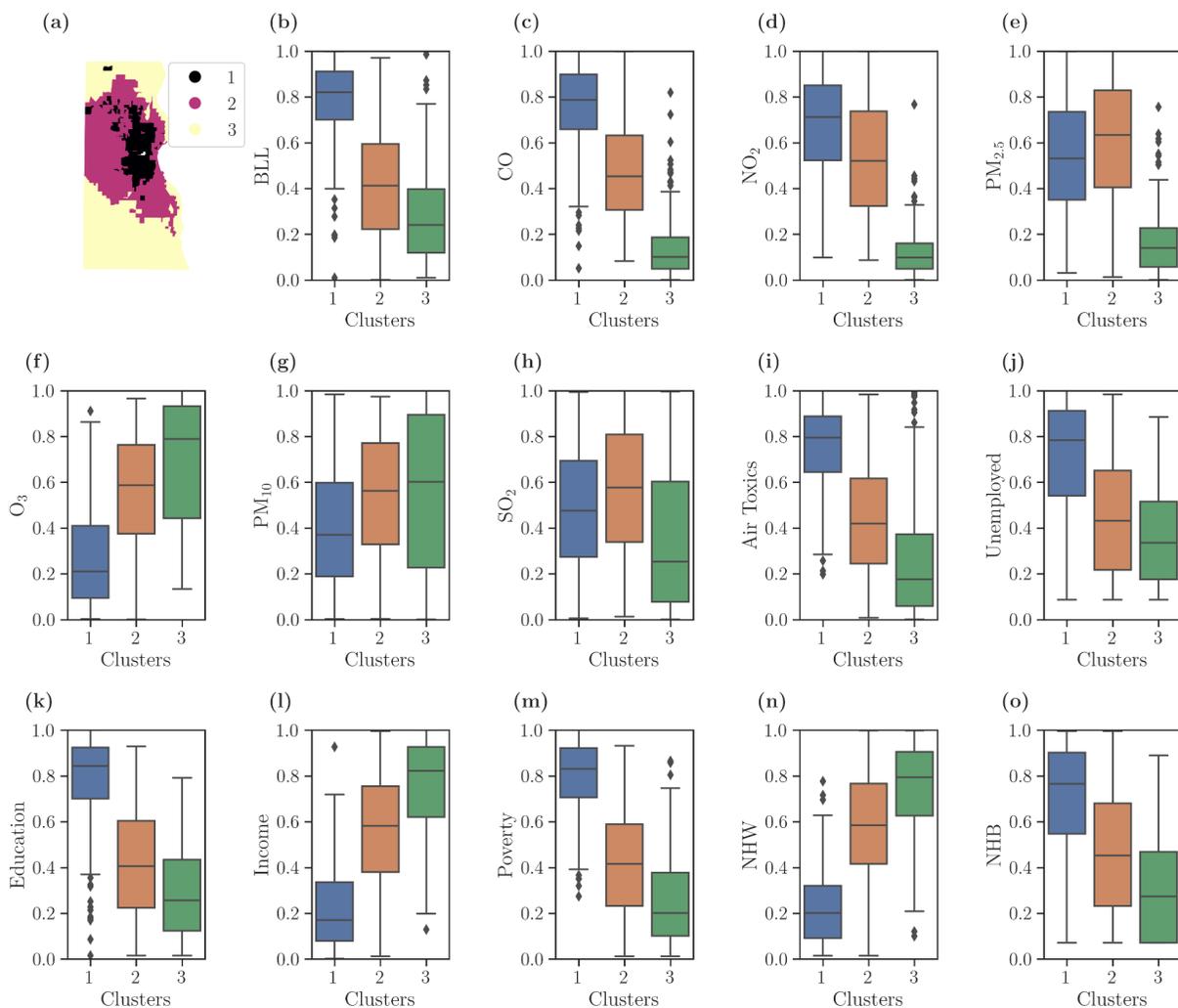


522
 523
 524
 525
 526
 527
 528

Figure 1. Annual mean year 2015 values in Milwaukee County, Wisconsin of (a) blood lead levels, (b) CO, (c) NO₂, (d) PM_{2.5}, (e) O₃, (f) PM₁₀, (g) SO₂, (h) air toxics as well as socioeconomic factors (i) unemployment rate, (j) percent of the population without a high school diploma, (k) median household income, (l) percent of the population below the poverty line. The green polygon shows the municipal boundary of the city of Milwaukee, Wisconsin.



529
 530 *Figure 2. Statistically significant local clusters of high values (red) and low values (blue) for (a) blood*
 531 *lead levels, (b) CO, (c) NO₂, (d) PM_{2.5}, (e) O₃, (f) PM₁₀, (g) SO₂, (h) air toxics, (i) unemployment rate, (j)*
 532 *percent of the population without a high school diploma, (k) median household income, (l) percent of the*
 533 *population below the poverty line in Milwaukee County.*
 534



535
 536 *Figure 3. (a) Geographic distribution of K-means cluster predictions and distribution of annual mean*
 537 *values (expressed as a percentile ranking) across the three predicted clusters for (b) blood lead levels, (c)*
 538 *CO, (d) NO₂, (e) PM_{2.5}, (f) O₃, (g) PM₁₀, (h) SO₂, (i) air toxics, (j) percent unemployed, (k) percent*
 539 *without a high school diploma, (l) median household income, (m) percent below the federal poverty line,*
 540 *(n) percent of the population identifying as non-Hispanic White, (o) percent of the population identifying*
 541 *as non-Hispanic Black. Environmental pollutants (b-i), SES indicators (j-m), and population racial*
 542 *groups (n-o) are expressed as percentile rankings.*