
Composite Environmental Exposure Social Vulnerability and Chest Pain: A Survey

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Abstract

This survey paper explores the intricate relationships between composite environmental exposures, social vulnerabilities, and health outcomes, with a focus on chest pain. It underscores the significance of integrating interdisciplinary frameworks to understand how these factors influence public health. The study employs advanced methodologies, including Bayesian hierarchical models and machine learning techniques, to assess the impact of traffic-related air pollution and socio-economic determinants on cardiovascular health. Key findings reveal that marginalized communities face heightened risks due to disproportionate exposure to environmental pollutants and limited healthcare access. The paper highlights the necessity of data-driven public health strategies that incorporate geographic and socio-economic data to mitigate health disparities. It also emphasizes the role of innovative statistical models in enhancing the analysis of epidemiological data. Case studies illustrate the practical applications of these findings, demonstrating the importance of precise exposure assessment and socio-economic data integration in informing public health interventions. The paper concludes with policy implications and future research directions, advocating for comprehensive strategies that address the complex interactions between environmental exposures, social vulnerabilities, and health outcomes. By leveraging advanced analytical tools and diverse data sources, the research aims to inform more effective public health strategies and promote equitable health outcomes across populations.

1 Introduction

1.1 Significance of Composite Environmental Exposure

Understanding composite environmental exposure is crucial for assessing its effects on health outcomes, particularly chest pain. This concept encompasses simultaneous exposure to various environmental factors, which can disproportionately affect vulnerable populations. The integration of Big Data science is essential for addressing health disparities, highlighting the need to analyze these exposures in relation to health outcomes [1]. Social vulnerabilities play a predictive role in community health outcomes, especially regarding public health threats like COVID-19 [2].

Research emphasizes the necessity of identifying exposure patterns linked to sources, product usage, or behaviors that lead to harmful environmental chemical mixtures [3]. Evaluating the relationship between spot urine sample concentrations and longer-term averages of short-lived environmental chemicals is vital for health outcome assessments [4]. Numerous epidemiological studies have established a connection between long-term exposure to traffic-related air pollutants (TRAP) and particulate matter less than 2.5 μm in diameter (PM_{2.5}) with increased cardiovascular disease (CVD) risks [5].

Natural or quasi-experiments offer valuable frameworks for examining health outcomes related to such exposures, enabling the evaluation of events or interventions that are difficult to manipulate experimentally [6]. The combined effects of ozone and temperature, exacerbated by climate change,

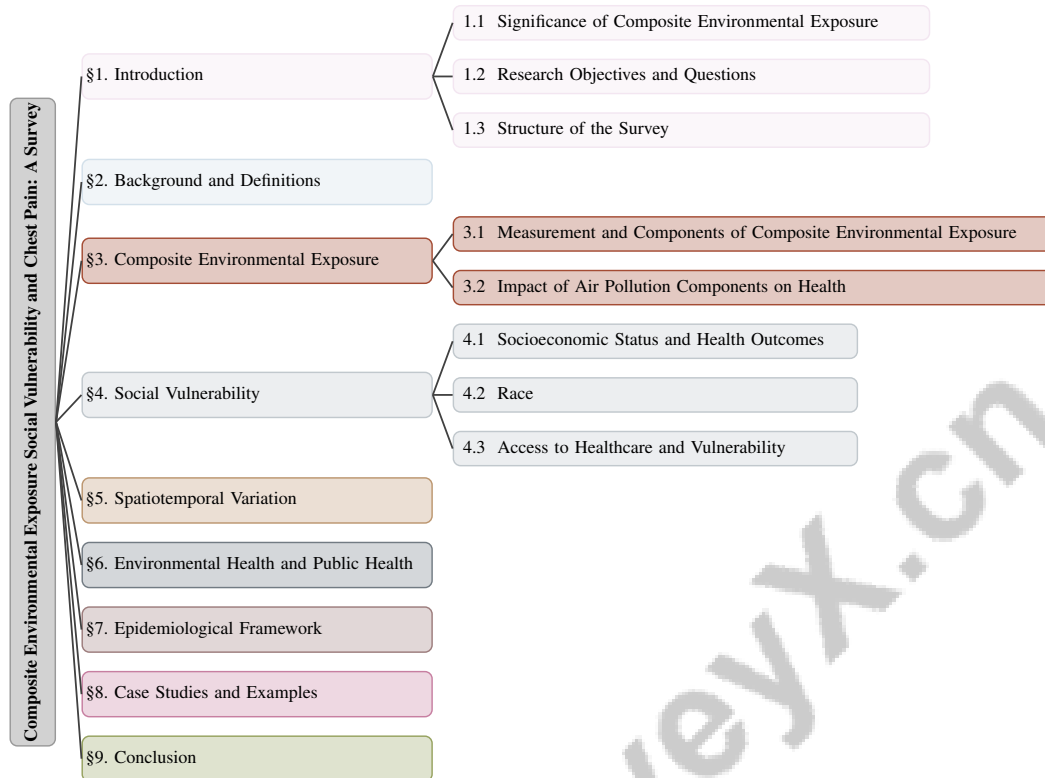


Figure 1: chapter structure

pose significant public health risks, necessitating a thorough understanding of these interactions [7]. Furthermore, population-wide datasets provide insights into the health status of large populations, aiding public health officials in making informed, data-driven decisions [8].

Instrumental variable (IV) estimation methods are integral for accurately estimating causal effects, particularly with dichotomous outcomes [9]. Assessing cumulative spatial exposure to extensive environmental health hazards is essential for accurately evaluating health risks, especially concerning diseases like childhood diarrheal illness [10]. The role of environmental chemicals is particularly significant in breast cancer progression and metastasis [11].

These insights collectively underscore the necessity of understanding composite environmental exposure within public health and epidemiology. By exploring the complex interplay of environmental, social, and cultural factors, researchers can better predict and address health outcomes such as chest pain. For instance, a study in northern Tanzania identified a significant lack of awareness regarding cardiac causes of chest pain, leading many individuals to forgo hospital care. This underscores the need for educational interventions to enhance community knowledge and promote appropriate health-seeking behaviors. Additionally, employing advanced machine learning techniques and big data can refine public health strategies, ensuring equitable and effective interventions to mitigate health disparities related to environmental influences [12, 13, 14].

1.2 Research Objectives and Questions

This survey aims to explore the intricate relationships among various environmental exposures, social vulnerabilities, and health outcomes, focusing on the perception and management of chest pain in northern Tanzania, where community awareness of cardiac causes is notably low, resulting in inadequate healthcare-seeking behavior [15, 16, 14]. The objectives aim to deepen understanding of these interactions through innovative methodologies and data-driven approaches.

A significant objective is to evaluate the effects of street-level variations in traffic-related air pollution (TRAP) exposure on cardiovascular events within neighborhoods, enhancing our understanding of localized environmental health impacts [5]. Additionally, the study seeks to investigate the

implications of differential privacy-affected population counts on small-area disease mapping models, particularly in accurately characterizing health inequities [17].

The survey aims to advance the application of machine learning techniques in public health, specifically through the development of adaptive resource allocation algorithms to predict workload changes and adjust resource distribution accordingly [18]. This underscores the potential of artificial intelligence in optimizing public health decision-making processes.

Another key objective is to explore healthcare-seeking behaviors for chest pain and identify common community explanations for chest pain among residents of northern Tanzania, emphasizing the importance of understanding local health perceptions and behaviors [14]. The study also intends to identify subpopulations vulnerable to chemical exposures and estimate the effects of interventions within these groups, addressing health disparities [19].

Furthermore, the research will assess the impact of utilizing Google Street View imagery and AI methods on public health decision-making, reflecting the integration of novel data sources and technologies in health research [13]. It aims to fill knowledge gaps at the intersection of Big Data and health disparities, particularly targeting racial-ethnic minorities and socioeconomically disadvantaged groups [1].

The survey will also explore social vulnerability indicators at the US county level and their predictive capabilities for community health outcomes, contributing to a better understanding of how social factors influence public health [2]. Through these objectives, the survey aspires to provide a comprehensive understanding of the factors influencing chest pain and inform public health strategies to mitigate these risks.

1.3 Structure of the Survey

The survey is systematically structured to provide a thorough examination of the interdisciplinary framework encompassing composite environmental exposure, social vulnerability, and chest pain. It begins with an introduction that outlines the significance of these factors in public health and epidemiology, followed by a detailed exploration of core concepts and definitions related to environmental exposure, social determinants, and health outcomes. This foundational section sets the stage for subsequent analyses of specific components such as air pollution and socioeconomic factors.

The survey then delves into the measurement and components of composite environmental exposure, emphasizing the impact of air pollution on health, particularly chest pain. The examination of social vulnerability includes a comprehensive analysis of factors such as socioeconomic status, race, ethnicity, and healthcare access to understand their roles in contributing to health disparities. This analysis is crucial as it reveals how social determinants influence health outcomes, particularly in disadvantaged populations, and highlights the importance of addressing these issues to improve healthcare quality and equity. Additionally, integrating standardized demographic and social determinant data into electronic health records can enhance public health surveillance and inform targeted interventions aimed at reducing health disparities [15, 1].

A section on spatiotemporal variation investigates geographic and temporal factors affecting chest pain incidents, highlighting the role of digital epidemiology in understanding these dynamics [20]. The intersection of environmental and public health is discussed, focusing on data-driven strategies for improving public health outcomes through innovative methodologies such as machine learning and predictive modeling.

The survey incorporates an epidemiological framework, presenting methodologies and statistical models that enhance the analysis of complex data. This includes the use of deep learning techniques to analyze satellite images for predicting mortality rates at the county level, demonstrating the integration of advanced technologies in health research [21].

Finally, the survey concludes with case studies and examples illustrating the practical implications of the research findings, followed by a discussion on policy implications and future research directions. The organization of the survey is designed to leverage Big Data opportunities, focusing on standardized data collection and diverse population engagement to address health disparities [1]. Through this structured approach, the survey aims to provide a holistic understanding of the factors influencing chest pain and inform effective public health strategies. The following sections are organized as shown in Figure 1.

2 Background and Definitions

2.1 Chest Pain and Health Outcomes

Chest pain serves as a crucial indicator of cardiovascular disease (CVD), encompassing both fatal and non-fatal events, and is significantly influenced by environmental and social factors. Extensive research links environmental exposures, particularly traffic-related air pollution (TRAP), to adverse cardiovascular health impacts, with studies highlighting street-level variations in TRAP exposure as pivotal to understanding cardiovascular event incidence [5]. Methodologies like Bayesian Non-parametric Nonnegative Matrix Factorization (BN2MF) enhance the quantification of uncertainties associated with environmental exposures, providing deeper insights into their effects on health outcomes, including chest pain [3].

The relationship between chest pain and environmental factors extends to exposure mixtures, where correlated exposures complicate health outcome assessments. Socioeconomic disparities exacerbate these complexities, as marginalized communities often face heightened exposure to vehicular emissions and combustion particles, increasing risks for conditions like atherosclerosis and myocardial infarction [14]. Identifying critical exposure periods, such as during pregnancy, is essential, as air pollution can adversely affect fetal development through mechanisms like DNA methylation [22].

Community perceptions of chest pain significantly influence its assessment and management, with local understandings often attributing chest pain to environmental or infectious causes, diverging from medical perspectives that recognize its cardiac origins [14]. This discrepancy underscores the need for comprehensive public health strategies that address both environmental and social determinants of health.

2.2 Social Determinants of Health (SDoH)

Social determinants of health (SDoH) encompass a range of social, economic, and environmental factors that profoundly affect health outcomes, including the prevalence and severity of chest pain. Understanding SDoH is crucial for addressing health disparities across populations. Socioeconomic disadvantages, such as poverty and limited educational access, correlate with increased chronic conditions, including those presenting as chest pain [12]. Integrating SDoH into health research is essential for a comprehensive approach to these disparities.

Research indicates that social vulnerabilities, particularly concerning socioeconomic status and race, are linked to heightened risks of adverse health outcomes. For example, communities in the GBM delta face increased vulnerability to environmental hazards, exacerbated by climate change and subsidence, illustrating the broader implications of SDoH on health [23]. Additionally, systemic neglect of public health resources, intertwined with socioeconomic factors, contributes to significant health disparities, emphasizing the need for targeted public health interventions [24].

Initiatives like the Urban Population Health Observatory (UPHO) exemplify efforts to integrate SDoH indicators with population health data, enhancing public health surveillance and response capabilities [17]. This integration is vital for understanding how social inequalities shape disease dynamics and health outcomes, particularly concerning chest pain [1]. Advanced methodologies, including natural language processing, further highlight the relevance of SDoH in predicting health outcomes, such as suicidal behaviors, which are strong indicators of health conditions [16].

The impact of racialized economic segregation on health outcomes, notably premature mortality, underscores the intricate relationship between social determinants and health [2]. Various social factors, including housing conditions, income, and psychological influences, further illustrate this relationship. Addressing SDoH challenges necessitates innovative approaches to data integration and analysis, ensuring accuracy and granularity while addressing privacy concerns related to geo-referenced data. Overcoming these challenges will enable more informed public health strategies, leading to effective interventions that mitigate the impact of social determinants on health outcomes like chest pain.

In recent years, the exploration of composite environmental exposure has gained significant attention due to its implications for public health. This review aims to synthesize the current methodologies and findings within this domain. Figure 2 illustrates the hierarchical structure of key concepts related to composite environmental exposure, focusing on measurement methodologies, components,

and the health impacts of air pollution. Specifically, it categorizes statistical models, assessment stages, advanced techniques, health risks, innovative methods, and critical exposure periods, thereby providing a comprehensive overview of the field. Such a structured representation not only aids in understanding the complexity of environmental exposures but also highlights areas for future research and intervention strategies.

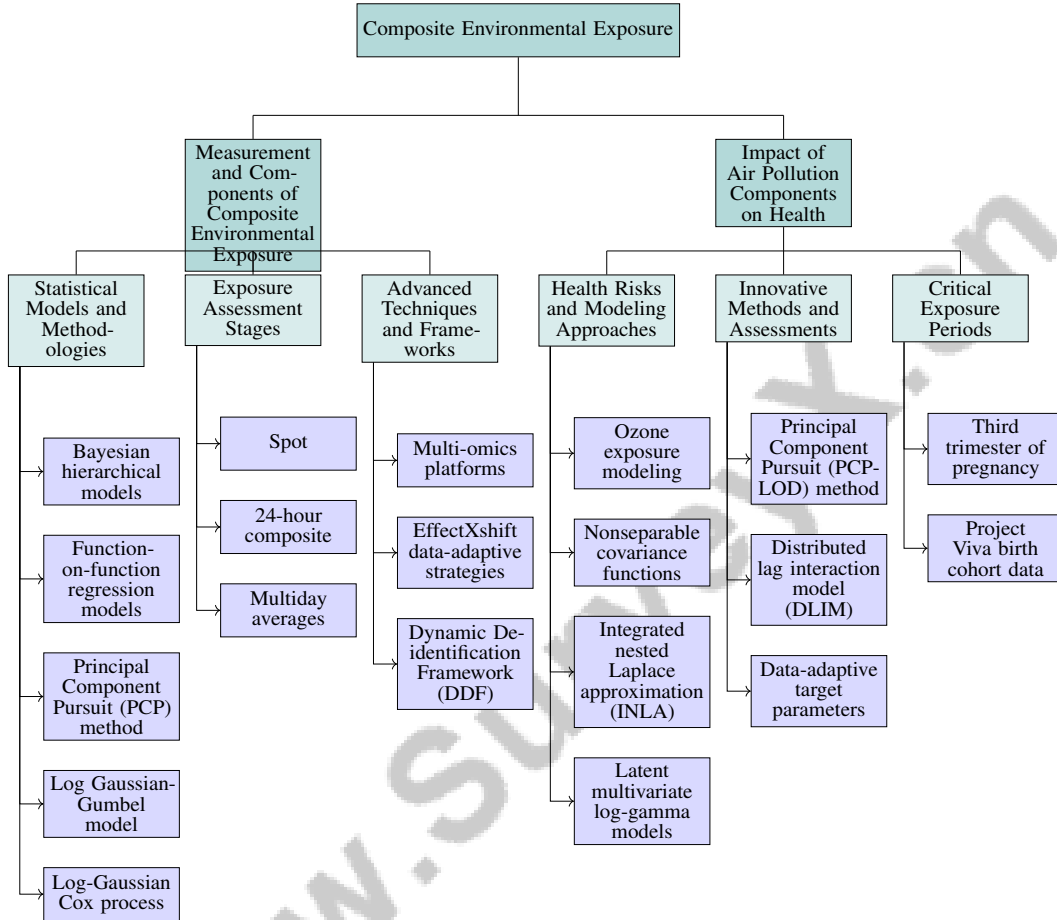


Figure 2: This figure illustrates the hierarchical structure of key concepts related to composite environmental exposure, focusing on measurement methodologies, components, and the health impacts of air pollution. It categorizes statistical models, assessment stages, advanced techniques, health risks, innovative methods, and critical exposure periods, providing a comprehensive overview of the field.

3 Composite Environmental Exposure

3.1 Measurement and Components of Composite Environmental Exposure

Composite environmental exposure measurement involves sophisticated statistical models and methodologies to accurately assess interactions among various pollutants and their health impacts. Bayesian hierarchical models play a crucial role by accounting for individual and regional variability, thereby improving the understanding of health outcomes related to environmental exposures [17]. These models enable detailed analysis of spatial and temporal pollutant distribution, facilitating precise assessments of health risks.

Exposure assessment is organized into stages based on sample types—spot, 24-hour composite, and multiday averages—essential for evaluating environmental exposure variability and correlations over time, thus providing insights into health effects [22]. Function-on-function regression models

identify epigenetic regions sensitive to pollutants like PM_{2.5} by analyzing DNA methylation data and time-varying exposure covariance structures.

Incorporating multi-omics platforms into assessments is vital for understanding biological responses to environmental exposures, categorizing biological data to elucidate pathways through which pollutants affect health [19]. Data-adaptive strategies, such as EffectXshift, use cross-validated targeted maximum likelihood estimation (TMLE) to estimate causal effects on continuous exposures, providing a robust framework for analyzing pollutants' health implications.

The Principal Component Pursuit (PCP) method, including PCP-LOD, decomposes exposure data into a low-rank matrix identifying patterns and a sparse matrix capturing unique events, enhancing understanding of composite environmental exposures [25]. The log Gaussian-Gumbel model exemplifies innovative approaches allowing shared spatio-temporal interactions between PM_{2.5} and ozone, offering insights into complex pollutant interactions.

Advanced spatial modeling techniques, such as the log-Gaussian Cox process, capture the spatial extent of environmental hazards and varying risk intensities, improving exposure modeling and providing insights into geographic health risk distribution [26]. The Dynamic De-identification Framework (DDF) integrates privacy considerations in exposure data analysis through simulations estimating privacy risks and adapting data-sharing policies.

3.2 Impact of Air Pollution Components on Health

Air pollution components, such as ozone and particulate matter (PM), significantly impact health, particularly cardiovascular conditions like chest pain. Figure 3 illustrates the primary components of air pollution impacting health, focusing on ozone's effect on cardiovascular pathways, PM_{2.5}'s spatial-temporal risks, and advanced exposure measurement methods. Ozone exposure affects biological pathways linked to cardiovascular diseases, necessitating precise modeling to capture temporal dynamics [27]. Nonseparable covariance functions for ozone modeling enhance predictive performance, improving understanding of daily and seasonal exposure variations and health impacts [28].

Particulate matter, especially PM_{2.5}, poses critical health risks. Accurate health impact assessments require advanced modeling approaches to capture PM_{2.5} exposure's spatial and temporal variations. The integrated nested Laplace approximation (INLA) for Bayesian inference effectively captures these variations, enhancing understanding of PM_{2.5} exposure's relationship with cardiovascular health risks [8]. Latent multivariate log-gamma models further improve estimation and predictive accuracy by utilizing the shared structure of health responses to air pollution [29].

Accurate environmental exposure measurement methodologies, including air pollution, are crucial for health impact assessment. The PCP-LOD method demonstrates superior performance in recovering true patterns in environmental mixtures, especially when data is below the detection limit, underscoring the importance of precise exposure measurement [30]. This precision is essential for understanding pollutant spatial distribution and interactions with health determinants.

Innovative modeling approaches, such as the distributed lag interaction model (DLIM), account for individualized exposure-time-response functions, adapting based on continuous modifying variables [31]. This enhances causal interaction assessments between air pollution components and health outcomes, providing insights into temporal exposure effects. Data-adaptive target parameters in semiparametric methods facilitate identifying interactions between environmental exposures and health outcomes [32].

Evaluating PM_{2.5} exposure during critical periods, like the third trimester of pregnancy using Project Viva birth cohort data, highlights the importance of understanding exposure windows and their long-term health implications [22]. Comprehensive air pollution impact assessments are crucial for informing public health strategies to mitigate adverse cardiovascular health effects, particularly chest pain.

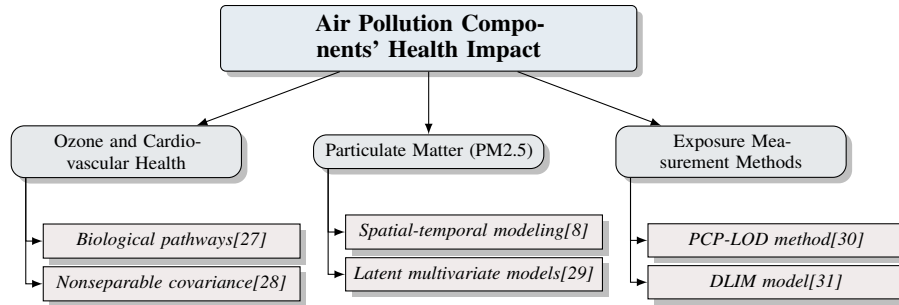


Figure 3: This figure illustrates the primary components of air pollution impacting health, focusing on ozone’s effect on cardiovascular pathways, PM2.5’s spatial-temporal risks, and advanced exposure measurement methods.

4 Social Vulnerability

4.1 Socioeconomic Status and Health Outcomes

Socioeconomic status (SES) significantly influences health outcomes, particularly conditions like chest pain, through a complex interplay of environmental and social factors. Disparities across socioeconomic strata manifest in differential exposure to pollutants and healthcare accessibility, with marginalized communities facing heightened risks. Non-White and low-income populations are disproportionately exposed to vehicular air pollution, exacerbating cardiovascular risks. High-resolution monitoring in Oakland, CA, reveals that long-term exposure to traffic-related air pollutants, such as nitrogen dioxide and black carbon, elevates cardiovascular event risks, notably among the elderly. Similarly, research in Los Angeles highlights that areas with lower White populations and reduced driving rates experience increased pollution exposure, a consequence of historically biased urban planning. These findings underscore the need for targeted urban planning and transport policies to address environmental injustice in vulnerable communities [33, 5].

Figure 4 illustrates the impact of socioeconomic status on health outcomes, categorized into environmental exposure, social vulnerabilities, and healthcare access, highlighting key factors and research findings. SES-related health disparities are further complicated by social vulnerabilities impacting health during environmental crises. CDC’s social vulnerability indices demonstrate SES’s broader implications for public health resilience, particularly during power outages [34]. Additionally, low community awareness of cardiac conditions linked to chest pain leads to inappropriate healthcare-seeking behaviors, emphasizing SES’s role in shaping health outcomes [14]. Innovative methodologies, such as quantile g-computation, provide robust frameworks for estimating SES’s impact on health outcomes, offering unbiased estimates and enhancing understanding of treatment effect heterogeneity influenced by socioeconomic factors [16].

Geographic analyses reveal that areas with high concentrations of low-income Black residents face increased risks of premature death, highlighting SES’s pivotal influence on health disparities related to environmental exposures and healthcare access. Disadvantaged communities encounter systemic barriers—poverty, discrimination, and inadequate healthcare—that intensify vulnerability to adverse health outcomes. Integrating demographic and social determinant data into health research and interventions is crucial for addressing these unique challenges, fostering a more equitable healthcare landscape [35, 1, 17]. A comprehensive understanding of SES, environmental exposures, and healthcare access, informed by innovative methodologies, is vital for accurately capturing socioeconomic influences on health.

4.2 Race, Ethnicity, and Health Disparities

Race and ethnicity are critical determinants of health disparities, particularly concerning conditions like chest pain, reflecting systemic inequities in health outcomes. Racial and ethnic minorities face differential exposure to environmental risks and healthcare access challenges, often rooted in residential segregation and socioeconomic disadvantages. Evidence shows racial and ethnic minorities are more likely to reside in areas with higher levels of environmental pollutants, such as

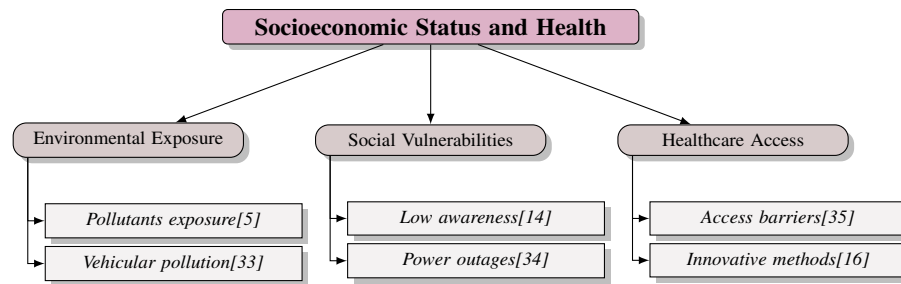


Figure 4: This figure illustrates the impact of socioeconomic status on health outcomes, categorized into environmental exposure, social vulnerabilities, and healthcare access, highlighting key factors and research findings.

traffic-related air pollution (TRAP), linked to adverse cardiovascular outcomes, including chest pain [5]. The compounded effects of environmental exposures and social vulnerabilities exacerbate health disparities, increasing the incidence and severity of chest pain and other cardiovascular conditions [14].

Unequal healthcare access further affects chest pain management and outcomes for racial and ethnic minorities. Barriers to timely and appropriate healthcare result in delayed diagnoses and treatments for cardiovascular conditions, compounded by cultural and linguistic obstacles that compromise care quality and patient outcomes [19]. Methodological innovations, such as social vulnerability indices, offer insights into health disparities experienced by racial and ethnic minorities, identifying communities at greater risk due to a combination of social, economic, and environmental factors [2]. Integrating these indices with health data enhances understanding of the complex interactions between race, ethnicity, and health disparities, informing targeted public health interventions to reduce inequities in chest pain outcomes.

Addressing health disparities linked to race and ethnicity requires a comprehensive strategy that considers these determinants' multifaceted nature. Public health initiatives should prioritize reducing environmental exposures and improving healthcare access for racial and ethnic minorities, essential for addressing systemic health disparities driven by social and economic disadvantages. Tailored interventions that consider the unique challenges faced by disadvantaged communities, such as limited access to health-protective resources and increased exposure to harmful environmental factors, are crucial for achieving health equity. Leveraging Big Data to analyze social determinants and health outcomes can provide valuable insights for targeted interventions, ultimately fostering better health outcomes for these populations [36, 35, 1, 14, 17].

4.3 Access to Healthcare and Vulnerability

Access to healthcare critically influences health outcomes, shaping population vulnerability to conditions such as chest pain. Disparities in healthcare access, driven by socioeconomic factors, geographic location, and systemic inequities, contribute to health vulnerabilities. The availability of healthcare resources, including medical facilities and professionals, impacts individuals' ability to receive timely and effective treatment for cardiovascular conditions, affecting the incidence and severity of chest pain [14]. Geographic distribution of healthcare facilities plays a pivotal role in access, with rural and underserved urban areas often facing limited medical services. This spatial inequity is compounded by transportation barriers that restrict care access, particularly in emergencies involving chest pain [34]. Economic barriers, such as high service costs and lack of insurance coverage, disproportionately affect low-income populations, exacerbating their vulnerability to adverse health outcomes [5].

Innovative healthcare delivery approaches, such as telemedicine and mobile health clinics, have emerged to overcome access barriers, providing remote and on-site services to vulnerable populations. These interventions are particularly valuable for communities with limited healthcare access, ensuring timely diagnosis and management of conditions like chest pain [19]. Integrating technology in healthcare delivery enhances access and improves health outcomes by facilitating continuous monitoring and personalized treatment plans. Disparities in healthcare-seeking behaviors among different socioeconomic and racial groups further illustrate healthcare access's role in shaping health

outcomes. Marginalized communities may exhibit lower healthcare utilization rates due to distrust in medical systems or cultural barriers, resulting in delayed treatment and poorer health outcomes [14]. Addressing these disparities requires targeted public health interventions prioritizing equitable access to healthcare services, ensuring that all individuals, regardless of socioeconomic status or geographic location, can access necessary care.

5 Spatiotemporal Variation

5.1 Geographic Influences on Health Outcomes

Geographic location plays a pivotal role in shaping health outcomes related to environmental exposures, influencing the types and levels of risks individuals encounter. Variations in climate, urbanization, and proximity to pollution sources significantly impact the prevalence and severity of conditions like chest pain. Advanced modeling techniques, such as Bayesian zero-inflated negative binomial models, offer nuanced insights into spatial and temporal variations in health outcomes by incorporating spatial and temporal random effects through Gaussian processes [37].

The significance of geographic influences is further highlighted by studies on social vulnerabilities during environmental crises, like wildfires. Analysis of GPS data from the Kincade Fire illustrates how geographic context affects evacuation behaviors and health outcomes, emphasizing the importance of understanding health vulnerabilities in relation to geographic factors [38]. Urban areas often experience higher levels of air pollution due to traffic and industrial activities, with pollutants like PM_{2.5} and ozone linked to increased cardiovascular risks, including chest pain. Conversely, rural areas face challenges related to limited healthcare access and infrastructure, complicating the management of health conditions [5].

Addressing geographic influences on health outcomes necessitates a comprehensive strategy that examines the spatial distribution of environmental exposures, healthcare resources, socio-economic factors, and chronic disease patterns. Recent research advocates for the development of vulnerability indices that assess health outcomes in relation to environmental hazards like extreme heat and air pollution, while uncovering geo-clustered patterns of chronic conditions associated with socio-economic disadvantages. Integrating diverse data sources and methodologies allows public health planners to identify vulnerable areas and allocate resources effectively to mitigate health disparities [39, 40]. Public health strategies should prioritize addressing geographic disparities in environmental exposures to ensure equitable healthcare access across regions. Employing advanced spatial modeling techniques and comprehensive data analysis can elucidate the complex interactions between geographic location and health outcomes, ultimately informing more effective public health interventions.

5.2 Temporal Dynamics in Health Data

Analyzing temporal dynamics in health data is essential for identifying patterns and trends associated with chest pain and other cardiovascular conditions. Temporal variations in environmental exposures, such as air pollution and temperature, significantly influence the incidence and severity of chest pain, necessitating comprehensive analysis to inform public health strategies. Advanced statistical approaches, including time-series analysis and spatio-temporal modeling, are crucial for capturing the dynamic nature of health data, enabling researchers to identify critical exposure periods and their health implications [5].

The importance of incorporating temporal dynamics is exemplified by distributed lag models (DLMs) and distributed lag interaction models (DLIMs), which assess the delayed effects of environmental exposures on health outcomes. These models offer insights into the cumulative impact of pollutants like PM_{2.5} and ozone on cardiovascular health by evaluating exposure-response relationships over time [31]. By integrating temporal lags and interactions, researchers gain a deeper understanding of the incidence patterns of chest pain and their connections to environmental factors.

Temporal dynamics also play a critical role in evaluating the effectiveness of public health interventions aimed at reducing the burden of chest pain. Analyzing temporal trends in healthcare utilization and access informs the development of targeted interventions that address the specific needs of populations during peak pollution periods or extreme weather events [13]. Utilizing real-time data

and predictive modeling enhances the ability to monitor and respond to temporal changes in health outcomes, facilitating timely public health responses.

Moreover, the temporal aspects of health data are integral to understanding the long-term effects of environmental exposures on health outcomes. Longitudinal studies tracking individuals over extended periods provide valuable insights into the chronic impacts of environmental factors on chest pain and cardiovascular health. Such studies underscore the importance of considering both short-term and long-term temporal dynamics when evaluating health risks associated with environmental exposures [22].

6 Environmental Health and Public Health

6.1 Environmental Exposures and Health Risks

Benchmark	Size	Domain	Task Format	Metric
DAS[17]	4,000	Public Health	Disease Rate Estimation	Mortality Rate Ratio, Standardized Mortality Ratio
TRAP[5]	3,000,000	Environmental Health	Cardiovascular Event Risk Assessment	Hazard Ratio
RCT-Survey[41]	30,000	Public Health	Targeting Efficiency Evaluation	Precision,
DL-CVD[42]	2,164,872	Cardiovascular Disease	Risk Prediction	R-squared, Harrell's C
ETE[43]	151,001	Public Health	Cause-Specific Mortality Analysis	Relative Risk, Confidence Interval
EDC[44]	1301	Environmental Health	Health Outcome Prediction	Accuracy, F1-score
SDOH-Benchmark[16]	6,122,785	Public Health	Nested Case-control Study	Adjusted Odds Ratios, Confidence Intervals

Table 1: The table presents a comprehensive overview of various benchmarks used to assess health risks associated with environmental exposures. It details the size, domain, task format, and metrics used for each benchmark, highlighting the diverse methodologies employed in public and environmental health research. These benchmarks are critical for understanding disease rate estimations, cardiovascular risk assessments, and cause-specific mortality analyses among other health-related outcomes.

A multidisciplinary approach is crucial for assessing health risks linked to environmental exposures, incorporating advanced statistical models, spatial analysis, and social determinants. The Bayesian generative semiparametric model effectively evaluates health risks from environmental hazards by considering cumulative exposure and spatial variability [10]. This approach is essential for understanding the interactions between pollutants and health outcomes. Integrating geographic and socioeconomic data enhances risk assessments, as demonstrated in studies evaluating health risks from power outages during severe weather events [17]. These assessments underscore the need for public health preparedness by capturing the spatial and temporal dynamics of health risks, facilitating precise evaluations of exposure-related health outcomes. The implementation of differential privacy in census data is significant for health inequity studies, emphasizing the importance of accurate, secure data in public health research [17].

Air pollution, particularly ambient PM2.5, poses significant health risks. Studies reveal synergistic effects of ozone and temperature, increasing mortality risks on high-temperature days [5]. Mobile monitoring captures fine-scale air pollution variations, crucial for understanding localized health impacts. Advanced modeling techniques like Function-on-Function Regression (FFR) outperform traditional methods in identifying susceptibility windows to PM2.5 exposure during pregnancy, highlighting their relevance in epigenetic research [22]. The detrimental effects of air pollution on mortality are further elucidated through methodologies capturing treatment effect heterogeneity, offering insights into health risks from environmental exposures [19]. The EffectXshift method identifies vulnerable subpopulations and estimates differential impacts of chemical exposures, contributing to a nuanced understanding of environmental health risks. Integrating multi-omics and geospatial data enhances precision and predictive capabilities in health monitoring, facilitating targeted public health interventions [19].

Understanding the socioeconomic dimensions of environmental exposures, such as racialized economic segregation, is critical for informing public health strategies aimed at reducing premature mortality. Patterns of social vulnerabilities predict COVID-19 death rates, illustrating the health risks

linked to socio-economic conditions [2]. Applying innovative statistical methods to analyze complex exposome data yields significant insights into health outcomes, enabling the identification of specific built environment features associated with health risks and informing targeted public health strategies [1]. Table 1 provides a detailed overview of key benchmarks utilized in evaluating health risks related to environmental exposures, illustrating the breadth of methodologies and metrics applied in the field.

6.2 Data-Driven Public Health Strategies

Data-driven strategies are essential for enhancing public health outcomes related to environmental and social factors. The use of synthetic data that accurately reflects population metrics while ensuring robust privacy protections marks a significant advancement in public health research. This approach enhances the utility of public health data and safeguards sensitive information, facilitating targeted interventions based on accurate population health metrics [45].

The Structural Causal Influence (SCI) framework elucidates how specific social groups influence disease spread, enabling more focused and effective public health interventions. By identifying causal pathways through which social factors affect health outcomes, the SCI framework supports the design of interventions addressing the root causes of health disparities, ultimately enhancing public health outcomes [46]. Advanced statistical models and machine learning techniques play a pivotal role in analyzing complex datasets, allowing for the identification of patterns and trends that inform public health strategies. These methodologies facilitate the prediction of health outcomes based on environmental exposures and social determinants, enabling resource allocation to areas and populations in greatest need.

The integration of real-time data analytics significantly enhances the capacity to monitor and respond to emerging public health threats through advanced methodologies leveraging diverse data sources, such as street view imagery and infectious disease surveillance data. For example, dynamic frameworks for de-identifying person-level data enable near-real-time sharing while preserving privacy, thereby improving public awareness and response capabilities during health crises. Additionally, innovative approaches like Compressive Population Health (CPH) utilize spatial correlations for cost-effective population health monitoring, ensuring interventions are based on accurate, up-to-date community health information [47, 13, 26].

Implementing data-driven strategies in public health requires integrating diverse data sources, including environmental monitoring systems, electronic health records with standardized demographic and social determinants, and social indicators. This multifaceted approach aims to address health disparities while leveraging machine learning techniques to analyze the interplay of cultural, social, and environmental factors affecting community health [12, 1]. Such a comprehensive strategy provides a holistic view of the factors influencing health outcomes, enabling the development of multifaceted interventions addressing both environmental and social determinants. By harnessing the power of Big Data and advanced analytics, public health officials can design strategies that are effective and equitable, ensuring improved health outcomes for all populations.

7 Epidemiological Framework

7.1 Innovative Statistical Models

Method Name	Modeling Techniques	Interpretability Enhancement	Temporal and Spatial Analysis
DLIM[31]	Penalized Spline Approaches	Individualized Exposure-response	Ambient Pm2.5 Exposure
WAP[29]	Bayesian Hierarchical Model	Shared Spatial Basis	Joint Spatial Dependence
IXS[32]	Ensemble Machine Learning	Interpretable Results	Spatial Analysis
ReGNN[48]	Neural Networks	Interpretability OF Regnn	Daily Pm2.5
ZINB-NNGP[37]	Bayesian Framework	Flexible Framework	Spatial And Temporal

Table 2: This table provides a comprehensive overview of various advanced statistical models employed in the analysis of environmental exposures and health outcomes. It categorizes each method based on their modeling techniques, approaches to enhance interpretability, and capabilities in temporal and spatial analysis. Such detailed classification aids in understanding the strengths and applications of each model in epidemiological research.

Table 2 presents an organized summary of innovative statistical models, highlighting their methodological frameworks and contributions to improving interpretability and spatial-temporal analysis in environmental health studies. Advanced statistical models such as regression-guided neural networks (ReGNN) and Bayesian multiple index models (BMIM) are pivotal in dissecting the intricate relationships between environmental exposures and health outcomes like chest pain. ReGNN effectively identifies population heterogeneity in health risks, revealing vulnerabilities to environmental hazards, particularly air pollution, while BMIM leverages prior toxicological knowledge to enhance risk assessments of pollutant mixtures. These methodologies not only refine insights into individual susceptibility but also bolster the interpretability and accuracy of studies, thereby shaping public health strategies [48, 49].

The Distributed Lag Interaction Model (DLIM) innovatively extends traditional Distributed Lag Models (DLMs) by integrating continuous modifying variables, allowing for detailed examination of temporal dynamics in exposure effects and their cumulative health impacts [31].

The Weighted Average Product (WAP) model, employing a Bayesian hierarchical framework with conjugate priors, addresses the correlated nature of environmental exposures and health outcomes, thereby enriching the comprehension of their interactions [29].

Integrating ensemble machine learning with cross-validated targeted maximum likelihood estimation (TMLE) marks a significant advancement in semiparametric analysis, enhancing the identification and estimation of interactions between exposures and health outcomes, even amidst traditional model misspecification [32].

Recurrent Graph Neural Networks (ReGNN) advance epidemiological modeling by combining neural networks with moderated multiple regression frameworks, generating latent representations of predictors interacting with a focal predictor. This approach unveils population heterogeneity in health outcomes and identifies subgroups susceptible to environmental exposures [48].

The Bayesian zero-inflated negative binomial model, utilizing Gaussian processes for nonparametric Bayesian inference, provides a robust framework for analyzing count data with excess zeros, such as health outcomes. This model effectively captures spatial and temporal variations, enhancing the understanding of geographic influences on health outcomes [37].

Furthermore, methodologies integrating pattern mining with interactive visual dashboards offer innovative means to engage with social vulnerability data, facilitating exploration and analysis of social determinants of health and their epidemiological impacts [2].

7.2 Methodological Innovations

Epidemiological research has progressed considerably through methodological innovations that elucidate complex interactions between environmental exposures and health outcomes. Semiparametric discovery and estimation methods are particularly notable for their robustness in handling multiple exposures, providing interpretable results that enhance understanding of interactions affecting health outcomes like chest pain [32].

The development of a socio-economic vulnerability index, constructed via Principal Component Analysis (PCA), categorizes research by identifying key socio-economic factors contributing to vulnerability in delta communities, offering a comprehensive framework for assessing social determinants of health [23]. Integrating these indicators into epidemiological models allows for a more nuanced account of health disparities.

These methodological advancements not only improve the accuracy and interpretability of epidemiological analyses but also aid in identifying vulnerable populations and crafting targeted public health interventions. By employing cutting-edge statistical methodologies alongside a comprehensive understanding of socio-economic factors, epidemiological research can more effectively address challenges posed by environmental exposures and social vulnerabilities. This approach enhances the detection of population heterogeneity in health risks related to environmental hazards, enabling policymakers to better mitigate social vulnerabilities during public health emergencies, such as the COVID-19 pandemic. Moreover, enhancing data sharing practices and standardizing epidemiological data will fortify informed decision-making in public health initiatives [2, 48, 50].

8 Case Studies and Examples

8.1 Case Studies and Real-world Applications

Case studies elucidate the complex interplay between environmental exposures, social vulnerabilities, and health outcomes, particularly in conditions like chest pain. In urban settings, high-resolution spatio-temporal data has been pivotal in demonstrating how traffic-related air pollution (TRAP) exacerbates cardiovascular health issues, highlighting the need for precise exposure assessments in urban planning and public health interventions [5]. In delta communities, socio-economic determinants of health are intensified by environmental exposures, with a socio-economic vulnerability index derived from Principal Component Analysis (PCA) revealing critical health disparities. This underscores the importance of integrating socio-economic factors into health assessments to inform targeted public health strategies [23].

In northern Tanzania, machine learning methodologies predict healthcare-seeking behaviors related to chest pain by analyzing community perceptions and access patterns. This research illustrates the potential of artificial intelligence in optimizing resource allocation and improving health outcomes in resource-limited settings, emphasizing the significance of local health perceptions in public health intervention design [14]. Furthermore, predictive models combining environmental monitoring data with socio-economic indicators identify subpopulations at increased risk of adverse health outcomes due to chemical exposures, guiding public health decisions to mitigate health disparities in marginalized communities [19].

These case studies demonstrate the transformative potential of integrating big data science, machine learning, and innovative optimization techniques into actionable strategies for addressing public health challenges, such as health disparities among minority populations. By leveraging advanced methodologies and diverse data sources, researchers and public health officials can devise more effective interventions to alleviate the impacts of environmental exposures and social vulnerabilities on health outcomes like chest pain [12, 1, 13, 51].

8.2 Impact of Social Vulnerabilities in Disaster Scenarios

Social vulnerabilities significantly influence health outcomes during disasters, often exacerbating the effects of environmental and socio-economic stressors on marginalized populations. These vulnerabilities, rooted in socio-economic disparities, limited resource access, and systemic inequities, can lead to disproportionate health impacts during and after disasters. Social vulnerability indices, such as those developed by the CDC, provide critical insights into the varied effects of disasters on communities, highlighting the need for targeted public health interventions [2].

Marginalized communities face heightened risks due to pre-existing vulnerabilities like poverty and inadequate healthcare access, which can impede disaster preparedness and response, leading to increased morbidity and mortality. For instance, during the Kincade Fire, GPS data analysis revealed significant disparities in evacuation behaviors across socio-economic groups, illustrating how social vulnerabilities influence health outcomes during environmental emergencies [38]. In communities marked by high racial and economic segregation, the compounded effects of social vulnerabilities and environmental exposures are particularly pronounced. These populations often experience greater exposure to environmental hazards, such as air pollution, exacerbating health conditions like chest pain during disasters. Integrating socio-economic data with environmental monitoring provides a comprehensive understanding of these dynamics, facilitating the development of targeted interventions to mitigate health risks [5].

The systemic neglect of public health resources in marginalized communities can result in inadequate disaster response and recovery efforts, further entrenching health disparities. Addressing these challenges requires a multifaceted approach that enhances community resilience, improves healthcare access, and ensures equitable resource distribution during disaster scenarios [24].

9 Conclusion

9.1 Policy Implications and Interventions

The survey highlights the critical need for policy interventions that address the intricate interactions between environmental exposures and social vulnerabilities impacting health outcomes, with a particular focus on chest pain. Tailored disaster preparedness strategies are essential for mitigating disparities in flood exposure among vulnerable populations, emphasizing the necessity of strategic planning to reduce environmental risks. These strategies should aim to enhance community resilience and ensure equitable access to resources, thereby alleviating health disparities exacerbated by environmental crises.

Implementing Community Population Health (CPH) offers a promising approach for cost-effective population health monitoring, necessitating policy adaptations to support innovative data collection methods. This approach enables policymakers to prioritize interventions, directing resources toward communities most susceptible to adverse health outcomes due to environmental and social factors.

Incorporating geographic and socioeconomic factors into public health strategies for infectious disease risk assessments is a potential policy implication, fostering a comprehensive health risk management approach. Moreover, policy reforms should focus on enhancing methodological standards in epidemiological research, thereby improving the credibility of studies related to environmental health and informing robust public health interventions.

The survey's findings on environmental justice issues, particularly those affecting vulnerable communities exposed to flood risks, underscore the need for policy changes and interventions to address these disparities. Policymakers should consider implementing stricter regulations and public awareness campaigns to mitigate exposure to environmental hazards, ultimately improving health outcomes.

Future research should aim to refine clustering methods to capture local and global contamination patterns, enhance data collection in under-sampled areas, and improve the interpretability of machine learning model outputs. These advancements will deepen the understanding of the interactions between environmental exposures and health outcomes, guiding the creation of healthier environments.

9.2 Future Research Directions

Future research should focus on developing advanced methodologies and integrating diverse data sources to address existing gaps in understanding composite environmental exposure, social vulnerability, and health outcomes like chest pain. Investigating the long-term health effects of traffic-related air pollution (TRAP) using larger cohorts and comprehensive datasets that account for temporal exposure variations could provide insights into the chronic impacts of TRAP on cardiovascular health. Additionally, expanding the application of Function-on-Function Regression (FFR) methods to a broader range of environmental exposures and genomic regions may elucidate the biological mechanisms underlying these associations.

Incorporating non-linear covariate effects and employing advanced models, such as spatiotemporal joint analysis of PM_{2.5}, could enhance exposure assessments and health outcome predictions. Optimizing computational efficiency and exploring data-adaptive methods for other environmental exposures and health outcomes could significantly advance the understanding of environmental health risks.

Research should also prioritize community awareness of cardiac conditions, investigate the causes of chest pain, and analyze healthcare-seeking behaviors across diverse African contexts. This focus is crucial for understanding local health perceptions and enhancing public health interventions. Moreover, improving data collection methods for underrepresented populations and fostering trust within communities are essential steps toward addressing health disparities and ensuring equitable outcomes.

Integrating geospatial information and leveraging AI/ML for data analysis may provide valuable insights into health risk distribution, informing more effective public health strategies. Strengthening algorithm robustness against data anomalies and integrating cloud resource management systems could expand their applicability and enhance the accuracy of epidemiological forecasts.

Finally, enhancing social vulnerability dashboards for temporal analysis and expanding datasets to include additional relevant factors could offer a comprehensive understanding of the temporal dynamics of social vulnerabilities and their health impacts. These research directions will deepen the understanding of the interactions between environmental exposures and social vulnerabilities, ultimately contributing to more effective public health strategies and reducing health disparities across populations.

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References

- [1] Xinzhi Zhang, Eliseo J Pérez-Stable, Philip E Bourne, Emmanuel Peprah, O Kenrik Duru, Nancy Breen, David Berrigan, Fred Wood, James S Jackson, David WS Wong, et al. Big data science: opportunities and challenges to address minority health and health disparities in the 21st century. *Ethnicity & disease*, 27(2):95, 2017.
- [2] Darius Coelho, Nikita Gupta, Eric Papenhausen, and Klaus Mueller. Patterns of social vulnerability – an interactive dashboard to explore risks to public health on the us county level, 2023.
- [3] Elizabeth A. Gibson, Sebastian T. Rowland, Jeff Goldsmith, John Paisley, Julie B. Herbstman, and Marianthi-Anna Kiourmourtzoglou. Bayesian non-parametric non-negative matrix factorization for pattern identification in environmental mixtures, 2021.
- [4] Lesa L Aylward, Sean M Hays, and Angelika Zidek. Variation in urinary spot sample, 24 h samples, and longer-term average urinary concentrations of short-lived environmental chemicals: implications for exposure assessment and reverse dosimetry. *Journal of exposure science & environmental epidemiology*, 27(6):582–590, 2017.
- [5] Stacey E Alexeeff, Ananya Roy, Jun Shan, Xi Liu, Kyle Messier, Joshua S Apte, Christopher Portier, Stephen Sidney, and Stephen K Van Den Eeden. High-resolution mapping of traffic related air pollution with google street view cars and incidence of cardiovascular events within neighborhoods in oakland, ca. *Environmental Health*, 17:1–13, 2018.
- [6] Frank de Vocht, Srinivasa Vittal Katikireddi, Cheryl McQuire, Kate Tilling, Matthew Hickman, and Peter Craig. Conceptualising natural and quasi experiments in public health, 2020.
- [7] Ander Wilson, Ana G. Rappold, Lucas M. Neas, and Brian J. Reich. Modeling the effect of temperature on ozone-related mortality, 2014.
- [8] Dorota Młynarczyk, Carmen Armero, Virgilio Gómez-Rubio, and Pedro Puig. Bayesian analysis of population health data, 2021.
- [9] Stijn Vansteelandt, Jack Bowden, Manoochehr Babanezhad, and Els Goetghebeur. On instrumental variables estimation of causal odds ratios, 2012.
- [10] Rob Trangucci, Jesse Contreras, Jon Zelner, Joseph N. S. Eisenberg, and Yang Chen. Bayesian methods for modeling cumulative exposure to extensive environmental health hazards, 2024.
- [11] Meriem Koual, Céline Tomkiewicz, German Cano-Sancho, Jean-Philippe Antignac, Anne-Sophie Bats, and Xavier Coumoul. Environmental chemicals, breast cancer progression and drug resistance. *Environmental Health*, 19:1–25, 2020.
- [12] Vishwali Mhasawade, Yuan Zhao, and Rumi Chunara. Machine learning in population and public health, 2020.
- [13] Miao Zhang, Salman Rahman, Vishwali Mhasawade, and Rumi Chunara. Impact on public health decision making by utilizing big data without domain knowledge, 2024.
- [14] Julian T Hertz, Deng B Madut, Revogatus A Tesha, Gwamaka William, Ryan A Simmons, Sophie W Galson, Francis M Sakita, Venance P Maro, Gerald S Bloomfield, John A Crump, et al. Perceptions of chest pain and healthcare seeking behavior for chest pain in northern tanzania: a community-based survey. *PloS one*, 14(2):e0212139, 2019.
- [15] Simon Crequit, Konstantinos Chatzistergiou, Gregory Bierry, Sakina Bouali, Adelaïde Dupre La Tour, Naima Sgihouar, and Bruno Renevier. Association between social vulnerability profiles, prenatal care use and pregnancy outcomes. *BMC pregnancy and childbirth*, 23(1):465, 2023.
- [16] Avijit Mitra, Richeek Pradhan, Rachel D Melamed, Kun Chen, David C Hoaglin, Katherine L Tucker, Joel I Reisman, Zhichao Yang, Weisong Liu, Jack Tsai, and Hong Yu. Associations between natural language processing (nlp) enriched social determinants of health and suicide death among us veterans, 2022.

-
- [17] Yanran Li, Brent A. Coull, Nancy Krieger, Emily Peterson, Lance A. Waller, Jarvis T. Chen, and Rachel C. Nethery. Impacts of census differential privacy for small-area disease mapping to monitor health inequities, 2023.
- [18] Veronica J. Berrocal, Alan E. Gelfand, and David M. Holland. A bivariate space-time downscaler under space and time misalignment, 2010.
- [19] David McCoy, Wenxin Zhang, Alan Hubbard, Mark van der Laan, and Alejandro Schuler. Data-adaptive identification of effect modifiers through stochastic shift interventions and cross-validated targeted learning, 2024.
- [20] Sara Mesquita, Lília Perfeito, Daniela Paolotti, and Joana Gonçalves-Sá. Digital epidemiology after covid-19: impact and prospects, 2023.
- [21] Joshua J. Levy, Rebecca M. Lebeaux, Anne G. Hoen, Brock C. Christensen, Louis J. Vaickus, and Todd A. MacKenzie. Longevity associated geometry identified in satellite images: Sidewalks, driveways and hiking trails, 2020.
- [22] Michele Zemlenyi, Mark J. Meyer, Andres Cardenas, Marie-France Hivert, Sheryl L. Rifas-Shiman, Heike Gibson, Itai Kloog, Joel Schwartz, Emily Oken, Dawn L. DeMeo, Diane R. Gold, and Brent A. Coull. Function-on-function regression for the identification of epigenetic regions exhibiting windows of susceptibility to environmental exposures, 2019.
- [23] Shouvik Das, Sugata Hazra, Anisul Haque, Munsur Rahman, Robert J Nicholls, Amit Ghosh, Tuhin Ghosh, Mashfiquis Salehin, and Ricardo Safra De Campos. Social vulnerability to environmental hazards in the ganges-brahmaputra-meghna delta, india and bangladesh. *International Journal of Disaster Risk Reduction*, 53:101983, 2021.
- [24] Rodrick Wallace and Deborah Wallace. Resilience reconsidered: Case histories from disease ecology, 2003.
- [25] Jianan Pan, Kunyang He, Kai Wang, Qing Mu, and Chengxiu Ling. Spatio-temporal joint analysis of pm2.5 and ozone in california with inla, 2024.
- [26] J. Thomas Brown, Chao Yan, Weiye Xia, Zhijun Yin, Zhiyu Wan, Aris Gkoulalas-Divanis, Murat Kantarcioglu, and Bradley A. Malin. Dynamically adjusting case reporting policy to maximize privacy and utility in the face of a pandemic, 2022.
- [27] Jaime E Mirowsky, Martha Sue Carraway, Radhika Dhingra, Haiyan Tong, Lucas Neas, David Diaz-Sanchez, Wayne Cascio, Martin Case, James Crooks, Elizabeth R Hauser, et al. Ozone exposure is associated with acute changes in inflammation, fibrinolysis, and endothelial cell function in coronary artery disease patients. *Environmental health*, 16:1–10, 2017.
- [28] Philip A. White and Emilio Porcu. Modeling daily seasonality of mexico city ozone using nonseparable covariance models on circles cross time, 2018.
- [29] Zhixing Xu, Jonathan R. Bradley, and Debajyoti Sinha. Latent multivariate log-gamma models for high-dimensional multi-type responses with application to daily fine particulate matter and mortality counts, 2019.
- [30] Elizabeth A. Gibson, Junhui Zhang, Jingkai Yan, Lawrence Chillrud, Jaime Benavides, Yanelli Nunez, Julie B. Herbstman, Jeff Goldsmith, John Wright, and Marianthi-Anna Kioumourtzoglou. Principal component pursuit for pattern identification in environmental mixtures, 2021.
- [31] Danielle Demateis, Kayleigh P. Keller, David Rojas-Rueda, Marianthi-Anna Kioumourtzoglou, and Ander Wilson. Penalized distributed lag interaction model: Air pollution, birth weight and neighborhood vulnerability, 2024.
- [32] David B. McCoy, Alan E. Hubbard, Alejandro Schuler, and Mark J. van der Laan. Semiparametric discovery and estimation of interaction in mixed exposures using stochastic interventions, 2024.
- [33] Geoff Boeing, Yougeng Lu, and Clemens Pilgram. Local inequities in the relative production of and exposure to vehicular air pollution in los angeles, 2023.

-
- [34] Vivian Do, Heather McBrien, Nina M Flores, Alexander J Northrop, Jeffrey Schlegelmilch, Mathew V Kiang, and Joan A Casey. Spatiotemporal distribution of power outages with climate events and social vulnerability in the usa. *Nature communications*, 14(1):2470, 2023.
- [35] Andrew M Subica and Brandon J Brown. Addressing health disparities through deliberative methods: Citizens’ panels for health equity. *American Journal of Public Health*, 110(2):166–173, 2020.
- [36] Priyank Lathwal, Parth Vaishnav, and M. Granger Morgan. Environmental injustice in america: Racial disparities in exposure to air pollution health damages from freight trucking, 2022.
- [37] Qing He and Hsin-Hsiung Huang. A framework of zero-inflated bayesian negative binomial regression models for spatiotemporal data, 2024.
- [38] Yuran Sun, Ana Forrister, Erica D. Kuligowski, Ruggiero Lovreglio, Thomas J. Cova, and Xilei Zhao. Social vulnerabilities and wildfire evacuations: A case study of the 2019 kincade fire, 2024.
- [39] Aiden Price, Kerrie Mengersen, Michael Rigby, and Paula Fiévez. Creating a spatial vulnerability index for environmental health, 2024.
- [40] Eun Kyong Shin, Youngsang Kwon, and Arash Shaban-Nejad. Geo-clustered chronic affinity: pathways from socio-economic disadvantages to health disparities, 2019.
- [41] Eric Potash. Randomization bias in field trials to evaluate targeting methods, 2018.
- [42] Sebastiano Barbieri, Suneela Mehta, Billy Wu, Chrianna Bharat, Katrina Poppe, Louisa Jorm, and Rod Jackson. Predicting cardiovascular risk from national administrative databases using a combined survival analysis and deep learning approach, 2020.
- [43] Sara Lopes de Moraes, Ricardo Almendra, and Ligia Vizeu Barrozo. Impact of heat waves and cold spells on cause-specific mortality in the city of sao paulo, brazil, 2021.
- [44] Léa Maitre, Jean-Baptiste Guimbaud, Charline Warembourg, Nuria Güil-Oumrait, The Exposome Data Challenge Participant Consortium, Paula Marcela Petrone, Marc Chadeau-Hyam, Martine Vrijheid, Juan R. Gonzalez, and Xavier Basagaña. State-of-the-art methods for exposure-health studies: results from the exposome data challenge event, 2022.
- [45] Harrison Quick. Improving the utility of poisson-distributed, differentially private synthetic data via prior predictive truncation with an application to cdc wonder, 2021.
- [46] Sudam Surasinghe, Swathi Nachiar Manivannan, Samuel V. Scarpino, Lorin Crawford, and C. Brandon Ogbunugafor. Structural causal influence (sci) captures the forces of social inequality in models of disease dynamics, 2024.
- [47] Dawei Chen, Jiangtao Wang, Wenjie Ruan, Qiang Ni, and Sumi Helal. Enabling cost-effective population health monitoring by exploiting spatiotemporal correlation: An empirical study, 2020.
- [48] Jong Woo Nam, Eun Young Choi, Jennifer A. Ailshire, and Yao-Yi Chiang. Unveiling population heterogeneity in health risks posed by environmental hazards using regression-guided neural network, 2024.
- [49] Glen McGee, Ander Wilson, Brent A Coull, and Thomas F Webster. Integrating biological knowledge in kernel-based analyses of environmental mixtures and health, 2022.
- [50] Geoffrey Fairchild, Byron Tasseff, Hari Khalsa, Nicholas Generous, Ashlynn R. Daughton, Nileena Velappan, Reid Priedhorsky, and Alina Deshpande. Epidemiological data challenges: planning for a more robust future through data standards, 2018.
- [51] Isaac Slavitt. Prioritizing municipal lead mitigation projects as a relaxed knapsack optimization: a method and case study, 2022.

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