

1 **Mapping Heat Vulnerability and Temperature Monitoring**
2 **Sensor Suitability in Rhode Island**

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6 —— **Abstract** ——

7 Heat vulnerability across Rhode Island was evaluated at the block group level, integrating
8 socio-demographic, housing, health, temperature, and landcover data to construct a heat
9 vulnerability index (HVI), utilizing a principal component analysis. Results revealed
10 substantial spatial heterogeneity, with higher vulnerability concentrated in urban centers,
11 while rural areas generally showed lower risk. Suitability analysis for temperature sensors
12 placement highlighted gaps in current monitoring infrastructure and identified optimal
13 locations to enhance coverage, equity, and future adaptation.

14

15 **1 Introduction and Background**

16 Globally, temperatures are expected to rise between 2.5-2.9 °C, without any current
17 emission reduction plans (Bell et al., 2024). Extreme heat events, as a result of climate
18 change, have doubled since the 1980s, coupled with increased duration, frequency, and
19 intensity (Bell et al., 2024; Khatana et al., 2022). New England is equally experiencing
20 notable warming trends, with an average increase in annual temperatures by 1.5 °C from
21 1900 to 2020 (Young & Young, 2021). In 2020, Rhode Island experienced three heat waves,
22 in addition to 23 days above 90 degrees, and in 2022, two heat waves and 16 days above 90
23 (Resilient Rhody, 2024).

24 Nevertheless, climate change is additionally expected to impact human health via
25 direct and indirect pathways (Bell et al., 2024; Burkart et al., 2021). In Rhode Island alone,
26 increases in daily maximum temperatures (75 to 85 °F) were associated with 1.3 and
27 23.9% higher rates of all-cause and heat-related ED visits (Kingsley et al., 2015), and
28 increased EMS encounters (Moretti et al., 2021).

29 However, vulnerability to heat is not evenly distributed. Marginalized communities,
30 such as racial/ethnic groups and/or low-income populations, tend to face higher heat-
31 related risks (Bell et al., 2024). Likewise, the built environment plays a role in heat
32 exposure, with a lack of proper cooling indoors, a ratio of buildings to open space, and the
33 absence of greenery all contributing to increased intensity of effects (GP et al., 2024;
34 Somvanshi et al., 2025). A study done at Yale University (Manware et al., 2022) developed a
35 heat vulnerability index (HVI) at a census tract level across the contiguous U.S., offering a

36 framework for identifying populations at risk. While census tract-level results provide
37 critical results for national-scale assessments, they can obscure important heterogeneity,
38 particularly in smaller states like Rhode Island. Block groups provide finer spatial
39 resolution that allows for more precise identification of vulnerable populations and risk
40 hotspots.

41 At the same time, the growing number of extreme heat events highlights the
42 importance of a robust monitoring infrastructure. Rhode Island currently lacks such a
43 network, leaving notable gaps in monitoring localized heat exposure. Expanding sensor
44 coverage is therefore crucial to capture neighborhood-level variability and ensure equitable
45 representation and protection for communities at higher risk. Therefore, this study aims to
46 evaluate heat vulnerability across Rhode Island at a finer spatial resolution and determine
47 temperature sensor placement that would maximize monitoring effectiveness and equity.

48

49 **2 Methods and Data**

50 The study site included the entire state of Rhode Island, and analysis was performed on a
51 block group level. Data was selected based on peer-reviewed literature and the Manware et
52 al., 2022 study, and included demographic, economic, social, housing, diabetes,
53 temperature, and landcover. Each was aggregated or calculated at the block group level.

54 **2.1 Socio-Demographic and Housing Data**

55 All socio-demographic and housing data were collected from the American Community
56 Survey (ACS) 5-Year Estimates from 2018-2022. Variables included Hispanic or Latino, non-
57 Hispanic African American or Black, elderly population, individuals living below poverty
58 levels, individuals living alone, elderly and living alone, and limited English proficiency.
59 Housing variables consisted of homes built before 1980. Manware et al., 2022 included
60 foreign-born and disability variables, but due to data accessibility, these were excluded. The
61 prevalence of diabetes was determined by gathering sex-specific county-level diabetes data
62 from the Center for Disease Control (CDC). Data was combined with block group ACS age
63 (individuals over 20) and sex distributions to estimate the number of diabetic adults per
64 block group. Totals were summed and divided by the adult population to calculate 5-year
65 averages.

66 **2.2 Air Temperature Data**

67 2-m height air temperature data were collected from NASA's Daymet (Version 4, 1 km²)
68 dataset. 4-year averages of summer air temperature (June 1 to August 31, between 2018
69 and 2022) were calculated for each grid cell and aggregated at the block group level by
70 using the area-weighted mean. The 20-year most frequent temperature (MFT) was

71 determined for temperature data between January 1, 2002, and December 31, 2022. Data
72 was obtained from NASA's Daymet dataset, and monthly averages were extracted due to
73 data availability. Modal temperatures were calculated per grid cell and aggregated at the
74 block group level by using the area-weighted mean. Heat exposure was computed by taking
75 the difference between summer averages and the 20-year MFT.

76 **2.3 Landcover Variables**

77 Landcover usage, tree canopy cover, and impervious surface percentages were obtained
78 from the National Land Cover Database (NLCD). Proportion of land classified as "high
79 density," average tree canopy cover, and impervious surface. The fraction of non-green
80 space was calculated by the relative area not covered by deciduous forest, evergreen forest,
81 mixed forest, shrub/scrub, herbaceous, grassland, hay/pasture, cultivated crops, woody
82 wetlands, and emergent herbaceous wetlands. All were determined on a block group level.
83 The average enhanced vegetation index (EVI) was determined using NASA's MOD13A2
84 Version 6 (MODIS, 250 m²) product. 4-year averages of summer months (June 1 to August
85 31, between 2018 and 2022) were calculated using 16-day scores and aggregated at the
86 block group level by using the area-weighted mean.

87 **2.4 Calculating HVI**

88 HVI was constructed using the methodology provided by Manware et al., 2022. Principal
89 component analysis (PCA) with varimax rotation was used to reduce multicollinearity
90 among the input variables and to identify the dominant dimensions of heat vulnerability.
91 Three components were retained based on standard PCA criteria (Eigenvalue > 1, scree
92 break, and cumulative variance explained), representing: (1) Socioeconomic &
93 Environmental Exposure; (2) Elderly/Social Isolation; (3) Heat Exposure & Underlying
94 Conditions. Normalized factor scores were rescaled from 1 to 6 based on deviation from the
95 mean. Scores were summed to produce an index ranging from 3 to 18.

96 **2.5 ADI Scores**

97 Area Deprivation Index (ADI) for Rhode Island was obtained from Neighborhood Atlas
98 (CITE), to further assess heat disparities. ADI and HVI scores were compared on a block
99 group basis, using a hexbin visualization.

100 **2.6 Station Locations**

101 Locations of temperature sensors and weather stations were collected from the National
102 Oceanic and Atmospheric Administration (NOAA), the National Weather Service (NWS),
103 and Brown University's Network for Environmental Sensing & Technology (NEST). Stations
104 were filtered out to those that collected air temperature (on a minute, hourly, or daily basis)
105 and had long-term contemporary data (20+ years of continuous data, or actively recoding).

106 **2.7 Suitability for Sensor Placement**

107 Selection of novel temperature sensing stations was accomplished on a state- and city-wide
108 basis. State proposed sites guided by spatial rational (e.g., current placement of active
109 stations) rather than quantitative criteria or analysis. Site suitability for additional
110 temperature sensors in Providence was created using a multi-criteria analysis (MCA) based
111 on four criteria: (1) distance to sidewalks, (2) distance to buildings, (3) tree canopy cover,
112 and (4) solar radiation. Sidewalk, building footprint, and tree canopy cover spread were
113 obtained from the Providence GIS Hub. Solar radiation (e.g., aspect) was calculated using a
114 digital elevation model (DEM) collected from the U.S. Geological Survey (USGS). Criteria
115 were determined using guidelines provided by the NWS (NWS, 2016). Areas within direct
116 proximity to sidewalks (considering potential utility or light poles available for sensor
117 attachment, and accessibility factor), away from buildings, not directly under canopy
118 spread, and south-facing (for optimal direct sunlight) were scaled as most preferable. All
119 four components were equally weighed. Final selection for new locations considered
120 suitability results, in addition to current station placement and HVI scores.

121

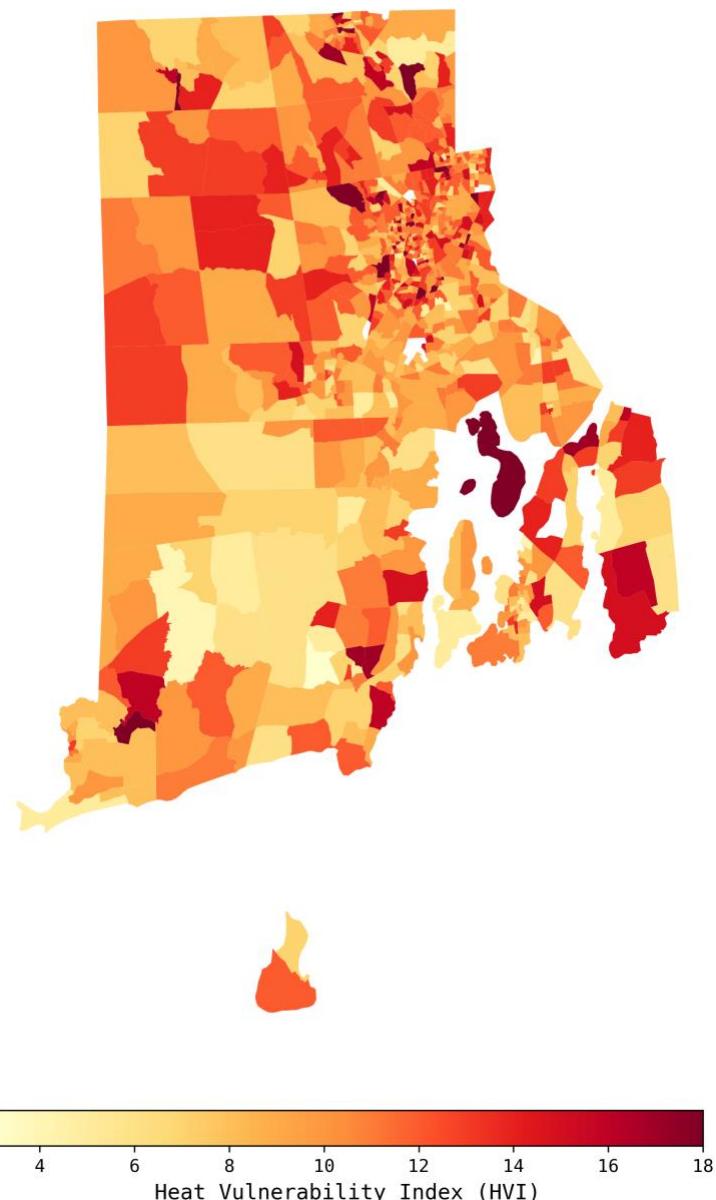
122 **3 Key Findings**

123 Findings of the analysis reveal a spatial heterogeneity of heat vulnerability across the state.
124 HVI values ranged from 0 to 18, with a mean and STD of 10.50 and ± 3.14 , respectively
125 (Figure 1). Vulnerability varies around Rhode Island, but higher values are clustered around
126 the northern portion and around more urbanized regions. As such, urban centers, including
127 Providence and Pawtucket, were determined to have higher vulnerability due to coupled
128 socio-economic and environmental stressors, while rural areas had generally lower
129 vulnerability. Higher ADI scores were concentrated around Woonsocket, Providence,
130 Pawtucket, and Warwick. While certain block groups had equally high ADI and HVI values,
131 there was a weak correlation between the two factors (Pearson correlation = 0.158) (Figure
132 2).

133 Current weather stations in Rhode Island are concentrated along the western and
134 southern portions of the state, predominantly lining the coast and in urban centers. With
135 the exception of one station (North Foster), there is a disparity in stations more inland and
136 in rural areas. The suitability analysis with and without building footprint consideration
137 revealed several highly suitable spots for sensors, including around Brown University's
138 campus, Fox Point, Wayland, Olneyville, Valley, Washington Park, and Charles (Figure 3).

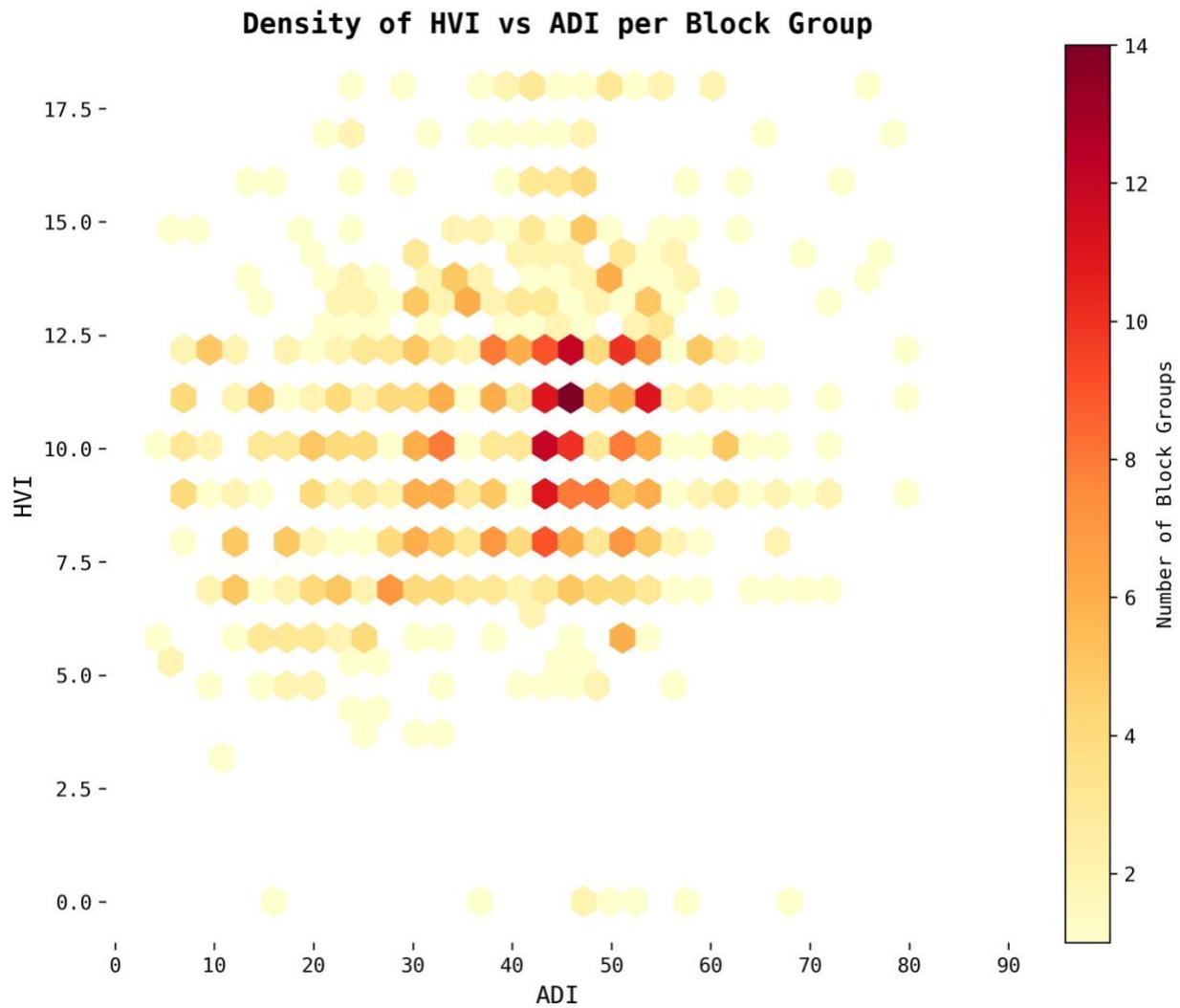
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Heat Vulnerability Index (HVI)



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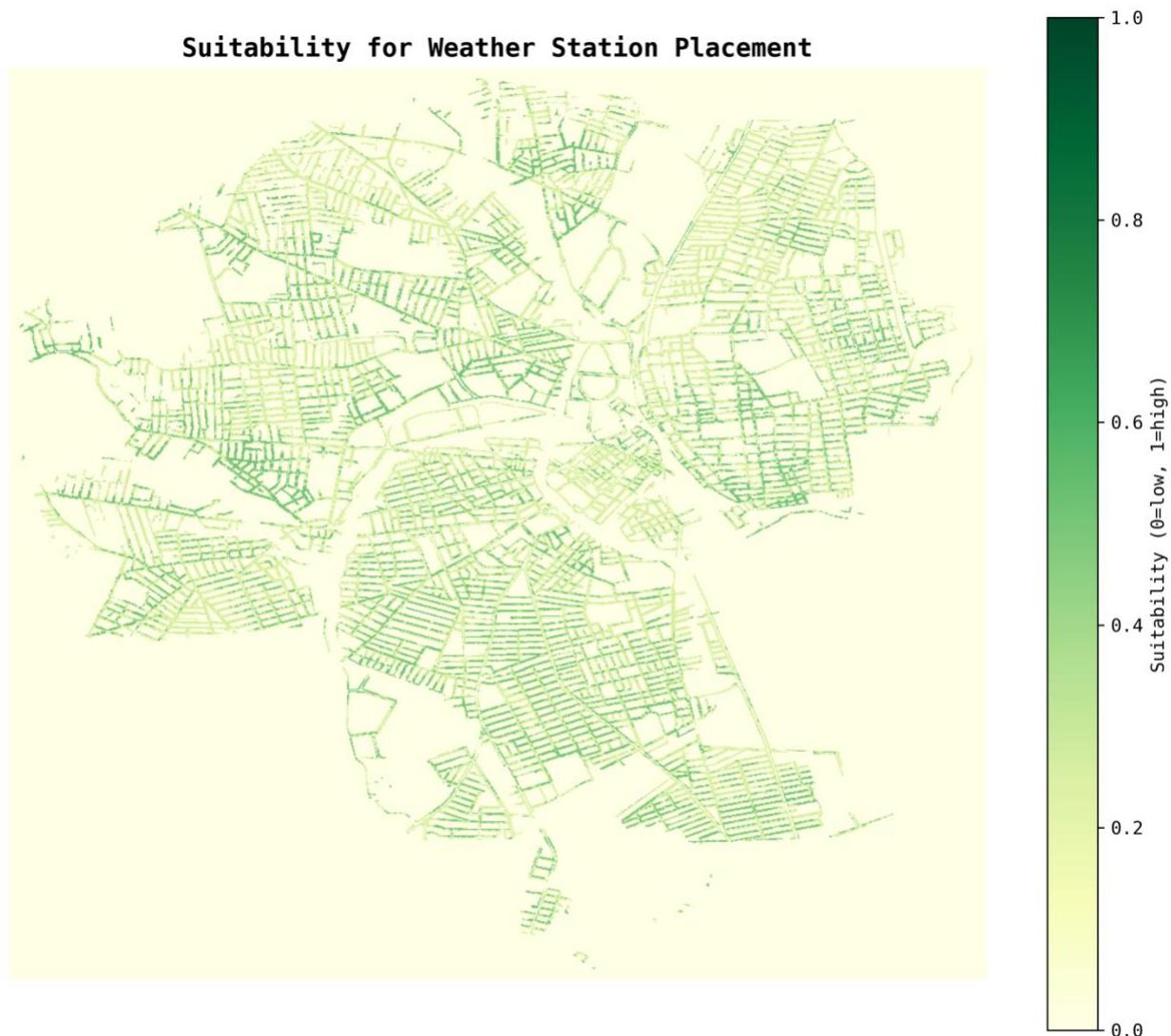
141 **Figure 1** Calculated heat vulnerability index (HVI) across Rhode Island.



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143 **Figure 2** Hexbin plot of HVI and ADI scores across block groups in Rhode Island.

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146 **Figure 3:** Suitability analysis across Providence, Rhode Island (*building distance criteria included*).

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148 **4 Discussion and Conclusion**

149 Utilizing block groups allowed for a fine-scale analysis of heat vulnerability across Rhode
150 Island. As such, vulnerability was not uniform, and a smaller level of geometry revealed
151 underlying clusters. Overall, based on current station locations, suitability analysis, and
152 HVI scores, across the state, placement around Woonsocket, Hopkinton, Gloucester, and
153 Coventry, and in Providence, nearby Elmwood, Charles/Pawtucket, Elmhurst, College Hill,
154 and Wayland/Fox Point should be considered. Nevertheless, local communities should be
155 likewise consulted regarding placement, to be comprehensively represented.

156 Further studies should incorporate other variables when calculating the HVI score
157 and consider utilizing projected heat and temperature trends to assess potential
158 vulnerability. Having baseline metrics could aid in facilitating and driving adaptation
159 strategies.

160

161 **5 Geoethics**

162 When working with socio-demographic and health-related data, issues of privacy violation
163 need to be considered. Geomasking and/or aggregating individual-level data on a large
164 geography, such as block groups or census tracts, can reduce such concern. Nevertheless,
165 smaller geographies can make certain populations more identifiable. Furthermore, certain
166 data may come with constraints, such as ACS data, where missing values, misreporting, and
167 changes in surveying methodologies may bring a margin of error. Overall, by identifying
168 vulnerable populations and recommending strategic sensor deployment, this project seeks
169 to advance resilience and environmental justice.

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171 ————— **References** —————

- 172 1 Bell, M. L., Gasparrini, A., & Benjamin, G. C. (2024). Climate change, extreme heat, and health. *New
173 England Journal of Medicine*, 390(19), 1793-1801.
- 174 2 Khatana, S. A. M., Werner, R. M., & Groeneveld, P. W. (2022). Association of extreme heat with all-cause
175 mortality in the contiguous US, 2008-2017. *JAMA Network Open*, 5(5), e2212957-e2212957.
- 176 3 Young, S. S., & Young, J. S. (2021). Overall warming with reduced seasonality: Temperature
177 change in New England, USA, 1900–2020. *Climate*, 9(12), 176.
- 178 4 *Resilient Rhody*. Resilient Rhody | Climate Change. (2024, December).
179 <https://climatechange.ri.gov/resilient-rhody>
- 180 5 Burkart, K. G., Brauer, M., Aravkin, A. Y., Godwin, W. W., Hay, S. I., He, J., ... & Stanaway, J. D. (2021).
181 Estimating the cause-specific relative risks of non-optimal temperature on daily mortality: a two-part
182 modelling approach applied to the Global Burden of Disease Study. *The Lancet*, 398(10301), 685-697.
- 183 6 Kingsley, S. L., Eliot, M. N., Gold, J., Vanderslice, R. R., & Wellenius, G. A. (2015). Current and projected
184 heat-related morbidity and mortality in Rhode Island. *Environmental health perspectives*, 124(4), 460.
- 185 7 Moretti, K., Gallo Marin, B., Soliman, L., Asselin, N., & Aluisio, A. (2021). Increased temperatures are
186 associated with increased utilization of Emergency Medical Services in Rhode Island. *Rhode Island
187 Med J*, 104, 24-8.
- 188 8 Kenny, G. P., Tetzlaff, E. J., Journeyay, W. S., Henderson, S. B., & O'Connor, F. K. (2024). Indoor
189 overheating: a review of vulnerabilities, causes, and strategies to prevent adverse human health
190 outcomes during extreme heat events. *Temperature*, 11(3), 203-246.

- 191 9 Somvanshi, A., Schulze, J., & Talebsafa, S. (2025). Urban heat typologies: impact of heatwaves on
192 urban built environment and heat stress risk to the elderly in Darmstadt, Germany. *City and*
193 *Environment Interactions*, 100231.
- 194 10 Manware, M., Dubrow, R., Carrión, D., Ma, Y., & Chen, K. (2022). Residential and race/ethnicity
195 disparities in heat vulnerability in the United States. *GeoHealth*, 6(12), e2022GH000695.
- 196 11 Personal weather station - siting. (2016, August 11).
197 <https://www.weather.gov/media/epz/mesonet/CWOP-Siting.pdf>