

Supporting Information

Assessing Air Quality and Public Health Benefits of New York City's Climate Action Plans

Sarah Johnson^{1}, Jay Haney², Lia Cairone³, Christopher Huskey¹, Iyad Kheirbek⁴*

¹ New York City Department of Health and Mental Hygiene, Bureau of Environmental Surveillance and Policy, 125 Worth Street, CN-34E, New York, New York 10014, United States;

² ICF International, 126 Indian Hills Drive, Novato, California 94949, United States

³ New York City Mayor's Office of Sustainability, 253 Broadway – 14th Floor, New York, New York 10007, United States

⁴ C40 Cities Climate Leadership Group Inc., 120 Park Avenue - Floor 23, New York, New York 10017, United States

Supporting information includes 7 pages, 5 figures, and one table.

Figure S1. Flow chart of project components.

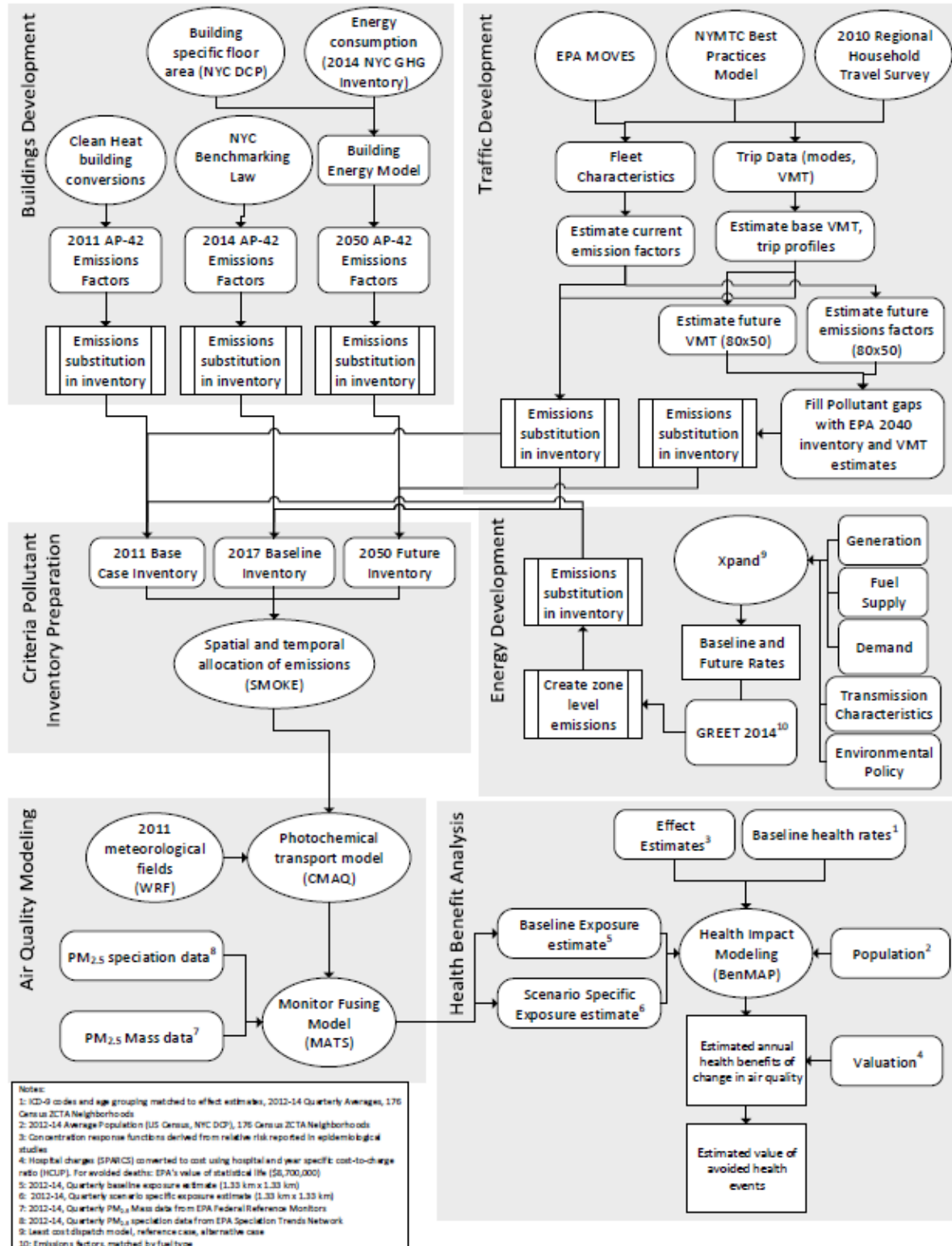


Table S1. Epidemiological studies used in estimating health benefits in BenMAP.

Endpoint	Age Range	Location	Qualifier	Effect Estimate	Reference
Emergency Room Visits, Asthma	0-99	New York City	Warm/cool seasons	Relative risk of 1.23 (April-September) and 1.04 (October-March) per 25.4 $\mu\text{g}/\text{m}^3$ and 21.7 $\mu\text{g}/\text{m}^3$ respective increase in $\text{PM}_{2.5}$,	Ito K, Thurston G, Silverman R. 2007.
Hospitalizations through ED, Chronic Lung Disease	20-64	Los Angeles county	Year-round	2.2% increase in daily chronic respiratory disease hospitalizations per 10 $\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$	Moolgavkar, S.H. 2000.
Hospitalizations through ED, Respiratory	65-99	26 U.S. Communities	4 seasons	1.79% (Winter), 4.34% (Spring), 1.26% (Summer), 1.52% (Fall) increase in respiratory disease hospitalizations per 10 $\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$	Zanobetti, A., M. Franklin and J. Schwartz. 2009.
Hospitalizations through ED, Cardiovascular	40-99	New York City	Warm/cool seasons	0.8% (April-September) and 1.1% (October-March) increase in daily cardiovascular disease hospitalizations per 10 $\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$	Ito K, Mathes R, Ross Z, Nadas A, Thurston G, Matte T. 2011.
Mortality, All Cause	30-99	116 US Cities	Year-round	Relative risk of 1.056 per 10 $\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$.	Krewski, D., Jerrett, M., Burnett, R. T., Ma, R., Hughes, E., Shi, Y., ... & Thun, M. J. (2009).
Mortality, All Cause	25-99	6 Eastern Cities	Year-round	Relative risk of 1.14 per 10 $\mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$	Lepeule, J., Laden, F., Dockery, D., & Schwartz, J. (2012).

Figure S2. Spatial variation modeled by CMAQ compared to NYCCAS monitored values at intersecting locations and 2-week sampling periods. Spearman correlation coefficient.

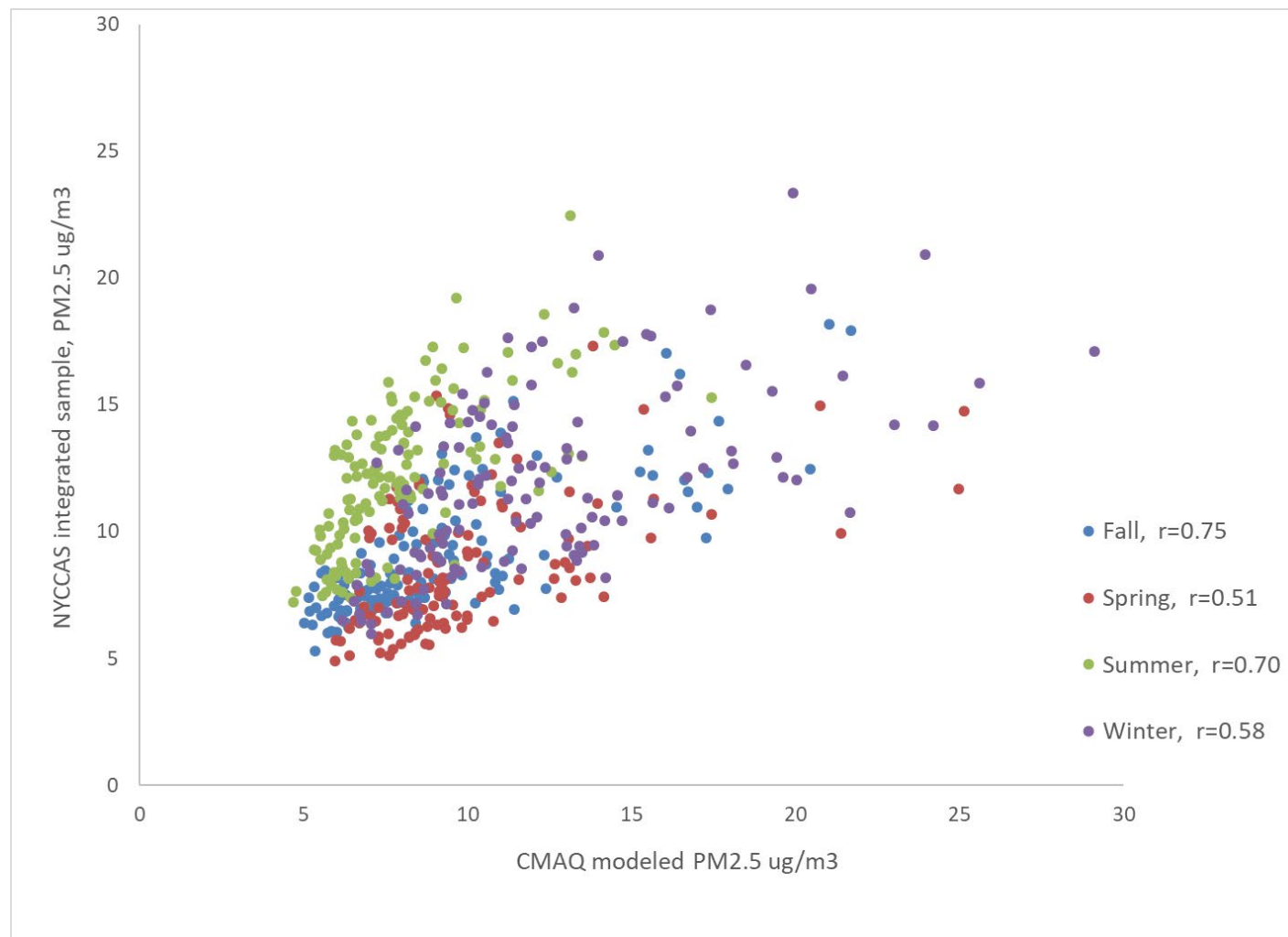


Figure S3. Census Tract counts of buildings burning No. 4 fuel oil as of 2019, NYC DEP permit data.

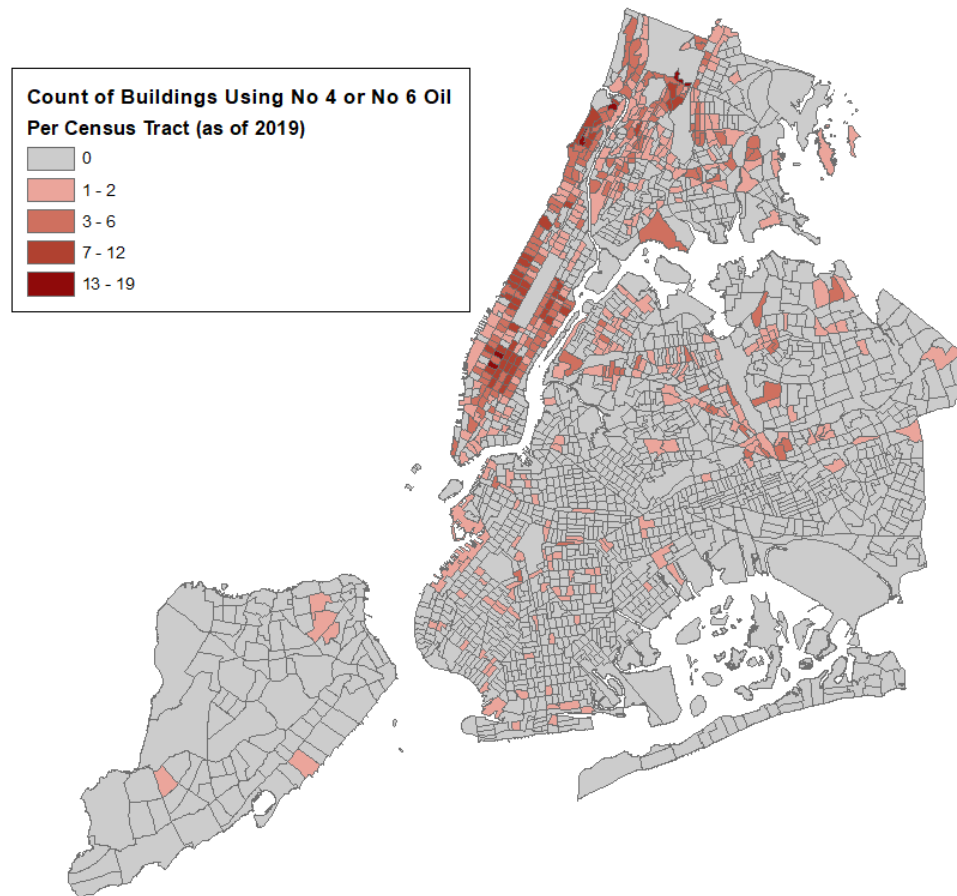
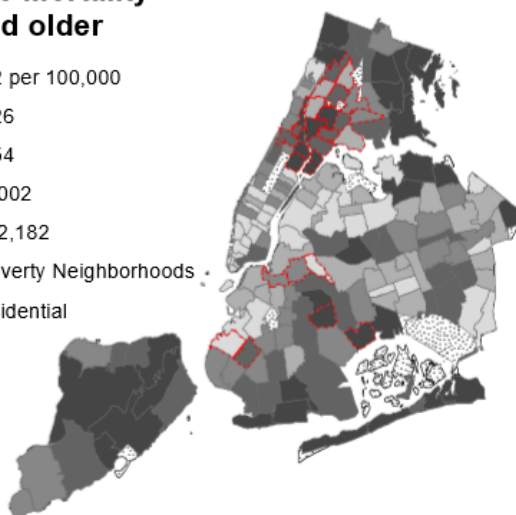
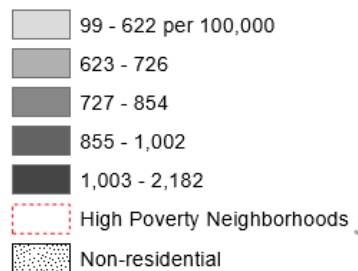
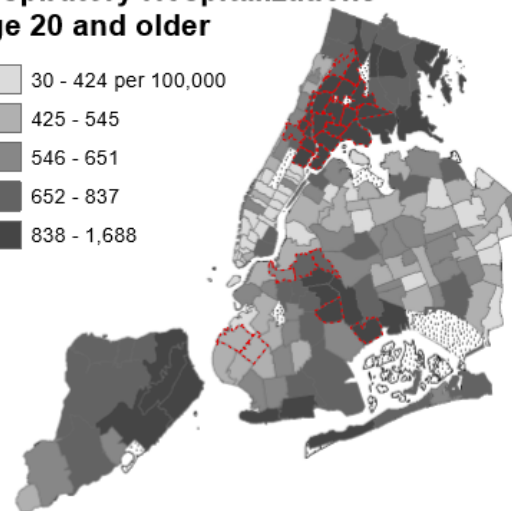
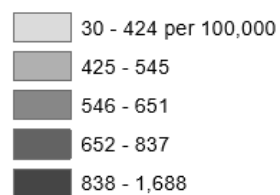


Figure S4. Baseline health outcome rates by ZCTA, 2012-2014 annual average.

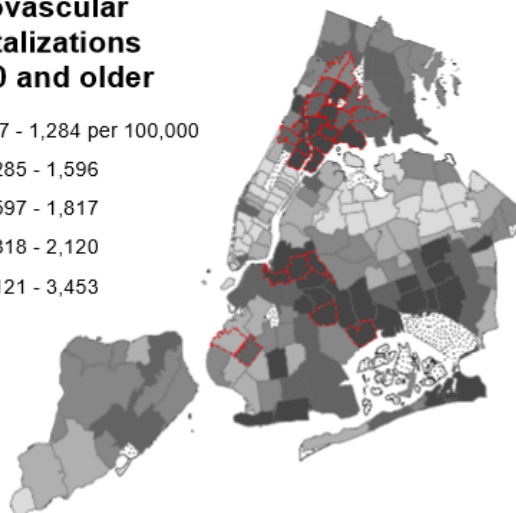
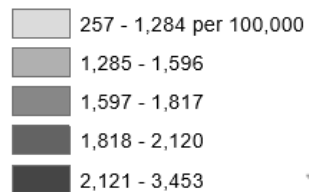
**All - Cause Mortality
Age 25 and older**



**Respiratory Hospitalizations
Age 20 and older**



**Cardiovascular
Hospitalizations
Age 40 and older**



**Asthma ED Visits
All ages**

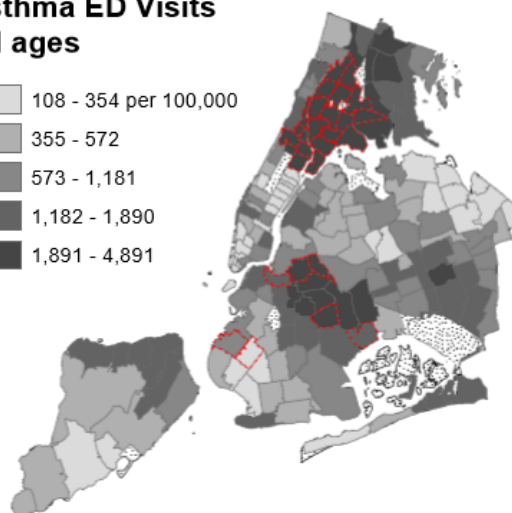
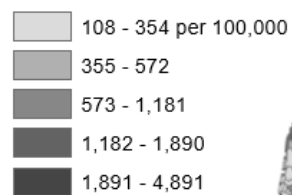


Figure S5. Spatial Pattern of avoided asthma ED visits by scenario.

