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Estimates Down to Earth**

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Bringing Satellite-Based Air Quality Estimates Down to Earth

Meredith Fowlie, Edward Rubin, and Reed Walker *

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Abstract

We use state-of-the-art, satellite-based $\text{PM}_{2.5}$ estimates to assess the extent to which the EPA’s existing, monitor-based measurements over- or under-estimate true exposure to $\text{PM}_{2.5}$ pollution. Treating satellite-based estimates as truth implies a substantial number of “policy errors”—over-regulating areas that comply with air quality standards and under-regulating other areas that appear to violate standards. We investigate the health implications of these apparent errors and highlight the importance of accounting for prediction error in satellite-based estimates. Uncertainty in “policy errors” increases substantially when we account for these underlying prediction errors.

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Particulate matter pollution poses serious health risks—particularly for children, the elderly, and sensitive populations. In the U.S., air pollution regulations have increasingly focused on smaller particles, such as those less than 2.5 micrometers ($\text{PM}_{2.5}$). These regulations are enforced using ambient air pollution measurements, collected from the EPA’s air-quality monitoring network.

The network of regulatory-grade monitors is spatially sparse; more than 80 percent of U.S. counties do not contain a $\text{PM}_{2.5}$ monitor. Coarse measurements of air-pollution concentrations can lead to significant gaps in our understanding of the burden of exposure for certain areas. These gaps have potentially important implications for the design and implementation of existing air-quality regulations.

Recent advances in satellite technology, combined with advances in prediction techniques—e.g., machine learning—may relax some of these information constraints. For instance, a growing suite of satellite observations of aerosol optical depth (AOD) make it possible to estimate ground-level concentrations of $\text{PM}_{2.5}$ at fine spatial resolutions ($<1\text{km}$). Social scientists are increasingly using these satellite-based estimates of $\text{PM}_{2.5}$ concentrations to analyze the health and economic impacts of ambient pollution exposure (e.g., Sullivan and Krupnick (2018), Voorheis (2016), Di et al. (2017)).

This paper uses two state-of-the-art, satellite-based $\text{PM}_{2.5}$ data products (Di et al., 2016; van Donkelaar et al., 2019) to assess the extent to which the EPA’s existing, monitor-based measurements over- or under-estimate true exposure to $\text{PM}_{2.5}$ pollution. We show that regulatory-grade monitor measurements fail to capture a significant amount of spatial variation in the satellite-based estimates. Treating satellite-based estimates as truth would imply a substantial number of “policy errors” by the EPA —over-regulating certain areas that are already in compliance with the Clean Air Act (CAA) National Ambient Air Quality Standards (NAAQS) and under-regulating other areas that, according to the satellite-based estimates, are in violation of the standards. Somewhat counter-intuitively, we show that re-calibrating existing policies to capture more spatially resolved measures of pollution exposure need not improve health outcomes overall.

We also highlight the importance of accounting for prediction error in satellite-based estimates. These highly spatially resolved datasets offer the potential for new and important insights into the distribution and impacts of air quality. However, these data are estimates of the true $\text{PM}_{2.5}$ concentration at a location and contain prediction or forecast errors. The forecast errors associated with these satellite-based data products have largely been ignored by the social-science research community, and many of our original conclusions in regards to “policy errors” become substantially more uncertain.

1 Pollution-Concentration Measurement and Estimation

The U.S. EPA directly measures surface $\text{PM}_{2.5}$ concentrations using *in situ*, filter-based monitors. Together these monitors form a precise but spatially sparse network of $\text{PM}_{2.5}$ measurements that is fairly expensive to maintain. Recent work in atmospheric, computer, and environmental sciences offers the potential to extend the spatial coverage of $\text{PM}_{2.5}$ measurements.

By combining satellite-based measures of AOD with chemical-transport modeling and land characteristics, researchers are able to estimate ground-level concentrations of $\text{PM}_{2.5}$ at high levels of spatial disaggregation. Further, the *in situ* EPA monitors provide training data for statistical models—mitigating bias and increasing precision in these satellite-based estimates.

We obtained two data products that estimate annual $\text{PM}_{2.5}$ concentrations in the continental United States at a high spatial resolution. First, Di et al. (2016) use a neural network to predict daily $\text{PM}_{2.5}$ concentrations at nationwide $1\text{ km} \times 1\text{ km}$ grid cells over the period 2000 to 2015. Second, van Donkelaar

et al. (2019) combine satellite remote-sensing data with chemical transport modeling and geographically weighted regression to predict annual $\text{PM}_{2.5}$ concentrations at 1-kilometer resolution 1998–2016. We spatially intersect both sets of data with U.S. Census block-group (CBG) boundary files from the year 2000. Appendix Figures 2a and 2b plot estimated $\text{PM}_{2.5}$ concentrations for 2005 by Di et al. (2016) and van Donkelaar et al. (2019), respectively.

2 Policy Context

The United States’ Clean Air Act National Ambient Air Quality Standards (NAAQS) specify maximum allowable concentrations for common air pollutants (e.g., $\text{PM}_{2.5}$ and lead). Compliance (*attainment*) within NAAQS is determined using monitor-based *design values*. For $\text{PM}_{2.5}$, each EPA monitor is used to construct two design values: a 3-year annual average concentration and a 3-year average of the annual 98th percentile of 24-hour concentrations. If either design value exceeds its respective NAAQS $\text{PM}_{2.5}$ threshold, the EPA classifies the monitor’s jurisdiction (usually its county) as *non-attainment*. Areas that fail to meet these standards must take steps to improve air quality (e.g., mandatory pollution abatement technologies for air pollution point sources).

Our analysis focuses on the 1997 $\text{PM}_{2.5}$ NAAQS, which set an annual-average standard of $15 \mu\text{g}/\text{m}^3$ and a 24-hour standard of $65 \mu\text{g}/\text{m}^3$. Following court challenges, these 1997 standards were enacted in 2005. Virtually all non-attainment designations from the 1997 standard occurred due to violations of the annual (versus 24 hour) standard.¹ We use the satellite-based estimates to construct design values for each CBG, and we compare these design values to the *de jure*, county-level design values (i.e., design values based on the maximum EPA monitor readings within the county).

We first use EPA AQS monitors to construct the 3-year annual average design values for all 685 counties that had monitors in 2005. Counties that do not have a monitor receive a design value of 0 and are accordingly classified as in attainment. Next, we use the satellite-based estimates constructed by Di et al. (2016) and van Donkelaar et al. (2019) to construct the 3-year annual average design values for every CBG in 2005. Figure 1 summarizes the relationship between the satellite-based design values and the corresponding monitor-based design values. Figure 1a explores these relationships using the Di et al. (2016) data, whereas Figure 1b plots the monitor versus van Donkelaar et al. (2019) data. The distribution to the left of each figure shows the extent of variation in satellite-based estimates in counties with no EPA monitor.

These figures illustrate the striking variation in satellite-based measurements for counties that share the same monitor-based, county-wide design value. Recall that the monitor-based, county-wide design value is the only piece of information that the EPA currently uses to regulate counties under NAAQS. If we assume that these satellite-based estimates are precise and unbiased, these figures suggest that the county-level, monitor-based design values are a very crude proxy for true pollution concentrations in many locations.

However, some of the observed variation in satellite-based estimates likely reflects prediction errors, rather than true variation in underlying $\text{PM}_{2.5}$ concentrations. Ideally, our analysis would account for both bias and uncertainty in these estimates. We explore the extent of prediction errors by focusing on the 911 CBGs equipped with an EPA monitor, comparing the satellite-based estimates to the EPA monitor readings for the same area. Appendix Figures 3a and 3b provide a sense of the range of satellite-

¹In contrast, violations of the current standards (enacted in 2009) were mostly triggered by violations of the 24-hour standard. We cannot construct these design values using annual satellite-based estimates, so we focus on the earlier standard.

based estimates we observe across CBGs with similar monitor readings. The range of these estimates, particularly at higher measured $\text{PM}_{2.5}$ concentrations, is significant.

Regulatory-grade monitors measure pollution concentrations directly and with high precision at a particular location. If we assume that spatial variation within a CBG is minimal, we can interpret the difference between monitor-based design values and the satellite-based design values as prediction errors for the 911 CBGs that have a monitor. However, there are over 215,000 CBGs without a monitor, so we try to forecast the prediction errors for these CBGs “out of sample.” We begin by regressing the “in-sample” prediction errors on a set of seven CBG-level observable variables.² We use this regression model to predict errors in the satellite-based predictions—for both in-sample (the 911 CBGs that contain a monitor) and out-of-sample predictions (the more than 215,000 CBGs without a monitor). We use the standard error from this regression model to create a 95% prediction interval for each CBG pollution estimate.³ We will use these prediction intervals below to better understand the extent to which our conclusions are sensitive to this measure of satellite-based estimation uncertainty.

3 Nonattainment Designations, Revisited

We distinguish between two types of attainment designation “errors”. A “Type 1” error (i.e., False Positive) occurs if the 3-year annual average of satellite-based estimates of $\text{PM}_{2.5}$ concentrations in a CBG falls below the NAAQS standard of $15 \mu\text{g}/\text{m}^3$, but the associated county-level, EPA monitor-based design value exceeds this threshold. Conversely, a “Type 2” error (i.e., False Negative) occurs if the estimated CBG pollution concentration exceeds the regulatory standard, whereas the associated county-level, monitor-based design value does not.

3.1 Policy “Errors”

Panel A of Table 1 summarizes the results of this classification exercise using the Di et al. (2016) satellite data, whereas Panel C presents results using van Donkelaar et al. (2019) $\text{PM}_{2.5}$ estimates. We first calculate designation errors assuming that the satellite-based estimates provide an unbiased and precise estimate of true $\text{PM}_{2.5}$ concentrations. We then incorporate uncertainty stemming from prediction errors, using the lower and upper bounds of the 95% prediction interval to compute designation errors. Numbers in parentheses report results using the lower and upper estimates, respectively.

Panels A and C in Table 1 show how populations are distributed across correctly classified and misclassified attainment designations, respectively. Column (1) shows that a majority of the population live in areas that have been correctly designated as in attainment based upon year-2005 design values (satellite-based point estimates imply around 78% fall into this category). Column (4) shows that the share of the population living in properly designated non-attainment areas is much smaller. We find Type 1 errors (Column (2)) are much more prevalent than Type 2 errors (Column (3)). 11-14% of the population live in areas that are designated as non-attainment using the *de jure* monitor measurement but are associated with satellite-based estimates of $\text{PM}_{2.5}$ concentrations that fall below the NAAQS limits. Only 1-2% of the population live in areas that appear to exceed the NAAQS threshold (using

²The CBG-level explanatory variables in this regression are: The monitor-based $\text{PM}_{2.5}$ estimate, total population, the share of the population that is white, the share of the population that is rural, minimum and maximum elevation, and land area.

³For this simple thought exercise, we are assuming that the regression error is independent of the x’s, normally distributed, with zero mean, and constant variance.

either satellite-based data product), but are classified as “attainment” under the *de jure*, monitor-based NAAQS policy. Estimates in parentheses show how the relative importance of Type 1 and Type 2 errors is sensitive to the prediction interval bounds we use. Intuitively, when we use the lower bound of the 95% prediction interval for the satellite data, we are more likely to see CBGs misclassified as non-attainment based on *de jure* monitor readings when “true” pollution concentrations, as measured by satellites, meet the standard (i.e., Type 1 errors). When we use the upper bound of the 95% prediction intervals from the satellite data, we see more CBGs designated as in-attainment based on monitor-readings when satellite-based estimates exceed the NAAQS threshold (Type 2 errors).

3.2 Health Implications

The vast majority of the damages associated with $\text{PM}_{2.5}$ exposure are mortality related. Panels B and D of Table 1 use the satellite-based estimates of $\text{PM}_{2.5}$ concentrations to estimate the likely health implications of the classification errors we have identified.

To assess the mortality impacts of our findings, we adopt an approach similar to the regulatory impact analyses conducted by the EPA which is based on estimated concentration-response (or “hazard”) functions. These functions relate $\text{PM}_{2.5}$ exposure to mortality risk. Importantly, the scientific evidence on health impacts has yet to identify a safe threshold for $\text{PM}_{2.5}$ exposure.⁴ In contrast, the threshold-based design of NAAQS is most consistent with marginal damages that are low or zero below the threshold and high above. This mismatch between the structure of the NAAQS and the underlying concentration-response relationship has important implications when assessing the health implications of designation errors. In particular, it implies that Type 1 errors (i.e., over-regulation) generate potentially significant benefits in the form of reduced mortality.

Panels B and D of Table 1 summarize estimated annual mortality benefits associated with a $1 \mu\text{g}/\text{m}^3$ reduction in $\text{PM}_{2.5}$ concentrations. “Lower” estimates of deaths avoided are based on Krewski et al. (2009). “Higher” estimates are based on Lepeule et al. (2012). See Appendix A for more details. We speculate that moving a county into non-attainment would induce a reduction in annual average concentrations of at least $1 \mu\text{g}/\text{m}^3$. To put this assumption in perspective, Sullivan and Krupnick (2018) estimate that a non-attainment classification under the 2012 standard reduced pollution concentrations by more than $2 \mu\text{g}/\text{m}^3$.

Satellite-based point estimates imply that the mortality implications of Type 1 errors (i.e., reduction in mortality from regulating areas already in compliance) may be much more consequential than the foregone mortality benefits associated with Type 2 errors (i.e., the mortality increase associated with failing to regulate areas that are out of compliance). Panel B of Table 1 suggests that when using the higher hazard ratio parameters of Lepeule et al. (2012), 335 deaths resulted from a failure to designate areas exceeding the NAAQS threshold as non-attainment, whereas 1,982 deaths were avoided as a consequence of designating areas that met the standard as non-attainment. The estimates from Panel D are qualitatively similar. However, these results are sensitive to which prediction-interval bounds we use. In other words, our estimated prediction errors suggest significant uncertainty underlies these estimated mortality impacts of Type 1 and Type 2 errors.

⁴In fact, there is some evidence that the mortality-related benefits from incremental reductions in $\text{PM}_{2.5}$ concentrations may be *higher* at lower concentrations U.S. EPA (2018).

4 Conclusion

Newly available, spatially resolved pollution data present a host of new opportunities—for both research and policy. We use state-of-the-art satellite estimates to assess the extent to which the limited network of EPA monitors leads to over and/or under detection of violations of $\text{PM}_{2.5}$ standards.

We arrive at the surprising conclusion that using more spatially disaggregated measures of $\text{PM}_{2.5}$ concentrations to determine NAAQS attainment need not be welfare improving, relative to the current status-quo. The reason is twofold. First, we find that a significant share of the population is living in areas where satellite-based estimates of pollution concentrations fall below the NAAQS threshold, but EPA monitor-based design values exceed the threshold (i.e., these populations received health benefits from “over-regulation”). In contrast, the share of the population living in areas where the reverse appears to be true is small. Second, the design of the NAAQS standards poorly approximate the underlying damage function. This implies that marginal benefits from pollution reductions are significant in areas that meet NAAQS standards.

Finally, it is important to recognize that satellite-based estimates of pollution concentrations are not direct measures. Prediction error appears to be economically significant, and the error structure is poorly understood. In general, satellite estimates appear to be biased down at higher $\text{PM}_{2.5}$ concentrations, which could explain the prevalence of what appear to be “Type 1” designation errors. We conclude that further work exploring the precision, bias, and limits of these estimates remains important to understanding the health and policy implications of spatial heterogeneity in pollution exposure.

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Tables and Figures

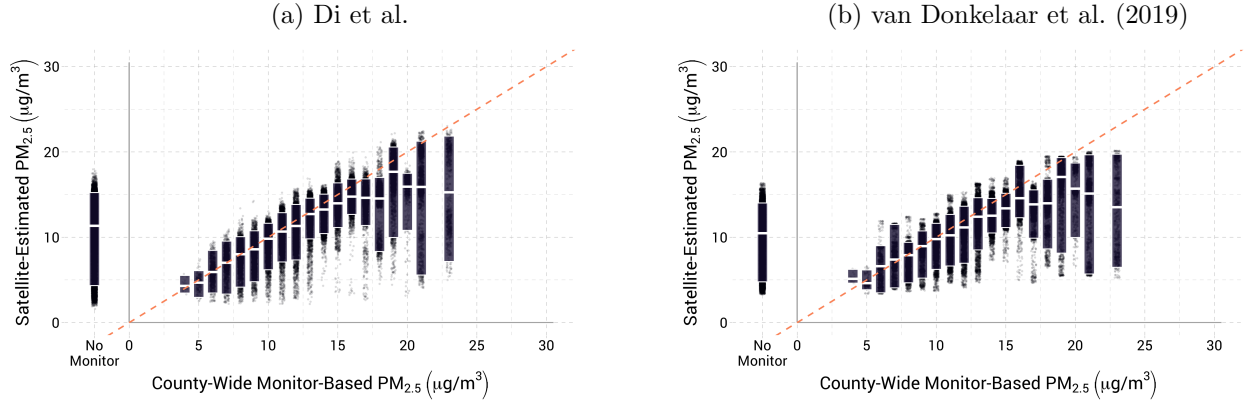


Figure 1: Comparing PM_{2.5} Measurements: Monitor-Based vs. Satellite-Based Estimates

NOTES: These figures plot the relationship between satellite-based design values and monitor-based design values in 2005. An observation is a Census block group. The graphs show the variation in satellite-based design values for each level of monitor design values. The distribution to the left of each figure shows the variation in satellite-based estimates in counties with no EPA monitor. Source: Authors, Di et al. (2016), van Donkelaar et al. (2019), EPA-AQS.

Table 1: Comparing NAAQS Designation: Monitors and Satellite-Based Estimates

Monitor Designation:	Satellite Attain		Satellite Nonattain	
	Attain (1)	Nonattain (2)	Attain (3)	Nonattain (4)
Panel A: Population Summary (Di et al.)				
Population (millions)	234.3 (239.7, 111.7)	33.1 (29.2, 0.2)	5.7 (0.3, 128.3)	29.9 (33.8, 62.9)
Population share	77.3% (79.1%, 36.9%)	10.9% (9.6%, 0.1%)	1.9% (0.1%, 42.3%)	9.9% (11.2%, 20.8%)
Panel B: Mortality Impacts (Di et al.)				
Avoided deaths	4,640	694	116	614
Lower estimate	(4,748, 2,201)	(651, 5)	(8, 2,556)	(657, 1,303)
Avoided deaths	13,489	1,982	335	1,726
Higher estimate	(13,802, 6,448)	(1,868, 14)	(22, 7,376)	(1,840, 3,694)
Panel C: Population Summary (van Donkelaar et al.)				
Population (millions)	238.8 (240.0, 106.2)	42.3 (43.8, 0.2)	1.2 (0.0, 133.8)	20.8 (19.3, 62.8)
Population share	78.8% (79.2%, 35.0%)	14.0% (14.5%, 0.1%)	0.4% (0.0%, 44.2%)	6.9% (6.4%, 20.7%)
Panel D: Mortality Impacts (Van Donkelaar et al.)				
Avoided deaths	4,733	883	23	425
Lower estimate	(4,757, 2,080)	(949, 5)	(0, 2,676)	(359, 1,302)
Avoided deaths	13,758	2,532	66	1,175
Higher estimate	(13,824, 6,097)	(2,721, 15)	(0, 7,727)	(987, 3,693)

NOTES: These estimates come from comparing satellite-based estimates to EPA AQS monitor data. We spatially intersect the Di et al. and van Donkelaar et al. estimates with census block groups to provide the relevant demographic characteristics and baseline mortality rates. The column NAAQS classifications are based on the 2005 3-year Annual Design Values, calculated at (i) the county-level for EPA monitors or (ii) at the census block-group level for the satellite-based estimates. Avoided death estimates come from two concentration-response functions: lower estimate (Krewski et al., 2009) and higher estimate (Lepeule et al., 2012).

A Appendix: Concentration-Response Functions

Concentration-response (or “hazard”) functions relate exposure to concentrations of a $PM_{2.5}$ to risk of negative health impacts. Notably, no safe threshold has been identified, and some research suggests that marginal benefits from abatement are *decreasing* in baseline concentrations (see, for example, Krewski et al. (2009)). Here, we follow the EPA standard for Regulatory Impact Analysis and assume a log-linear functional form over the range of $PM_{2.5}$ concentrations we observe.

These functions are typically estimated using random-effects Cox proportional-hazard models. Log-linear specifications regress the natural log of mortality risk on $PM_{2.5}$ concentration levels:

$$\ln(\lambda(X, PM_{2.5})) = \ln(\hat{\lambda}) + X'\beta + \gamma PM_{2.5},$$

where $\hat{\lambda}$ is the baseline mortality risk; X is a matrix of covariates that presumably affect mortality; and $PM_{2.5}$ is the pollution concentration level. We are primarily interested in γ which captures the estimated average effect of an incremental change in $PM_{2.5}$ concentrations on mortality (conditional on X).

Taking the ratio of two hazard functions identifies the relative mortality risk (RR) or hazard ratio (HR) between a relatively high concentration of pollution and a low concentration:

$$HR = \frac{\lambda(X, PM_{2.5}')}{\lambda(X, PM_{2.5}'')} = \exp(\gamma(PM_{2.5}'' - PM_{2.5}'))$$

Note that, using the log-linear function of the concentration-response function, an incremental change in pollution concentration will lead to the same value of the hazard ratio, regardless of the baseline level of the concentration.

We use these hazard ratios to evaluate, for a given location, the impact of an incremental change in air pollution concentrations (relative to the baseline concentrations we observe). To implement this empirically, we use mortality relative risk (RR) ratios estimated by two influential studies.

- Krewski et al. (2009) analyze a large, ongoing American Cancer Society Cancer Prevention Study of mortality in adults initiated in 1982. Krewski et al. (2009) incorporate additional years of follow-up and include refinements of statistical methods and incorporate sophisticated control of bias and confounding. Data analyzed included all causes, cardiopulmonary disease (CPD), ischemic heart disease (IHD, reduction of blood supply to the heart, potentially leading to heart attack), lung cancer, and all remaining causes.
When estimating PM mortality impacts based on the Krewski et al. (2009) study, the U.S. EPA applies mortality risk coefficients stratified by educational attainment. We follow this approach.⁵
- In another influential study, Lepeule et al. (2012) estimate cause-of-death specific hazard ratios. We use these cause-of-death-specific estimates from this study to construct our ‘high’ mortality impact estimates.

We estimate the census block group mortality rates using the average annual deaths in county i divided by the county population. Following the literature, we focus exclusively on mortality rates associated with cardiovascular diseases, ischemic heart disease and cerebrovascular disease, and respiratory complications. We estimate the mortality impacts of an incremental (i.e., $1 \mu g/m^3$) reduction in $PM_{2.5}$ concentrations as:

$$\begin{aligned} \Delta Deaths_{ij} &= Pop_{ij} \cdot \lambda_{ij} \left[1 - \frac{1}{HR_j(C_i - 1)} \right] \\ &= Pop_{ij} \cdot \lambda_{ij} [1 - \exp(-\gamma_j)], \end{aligned}$$

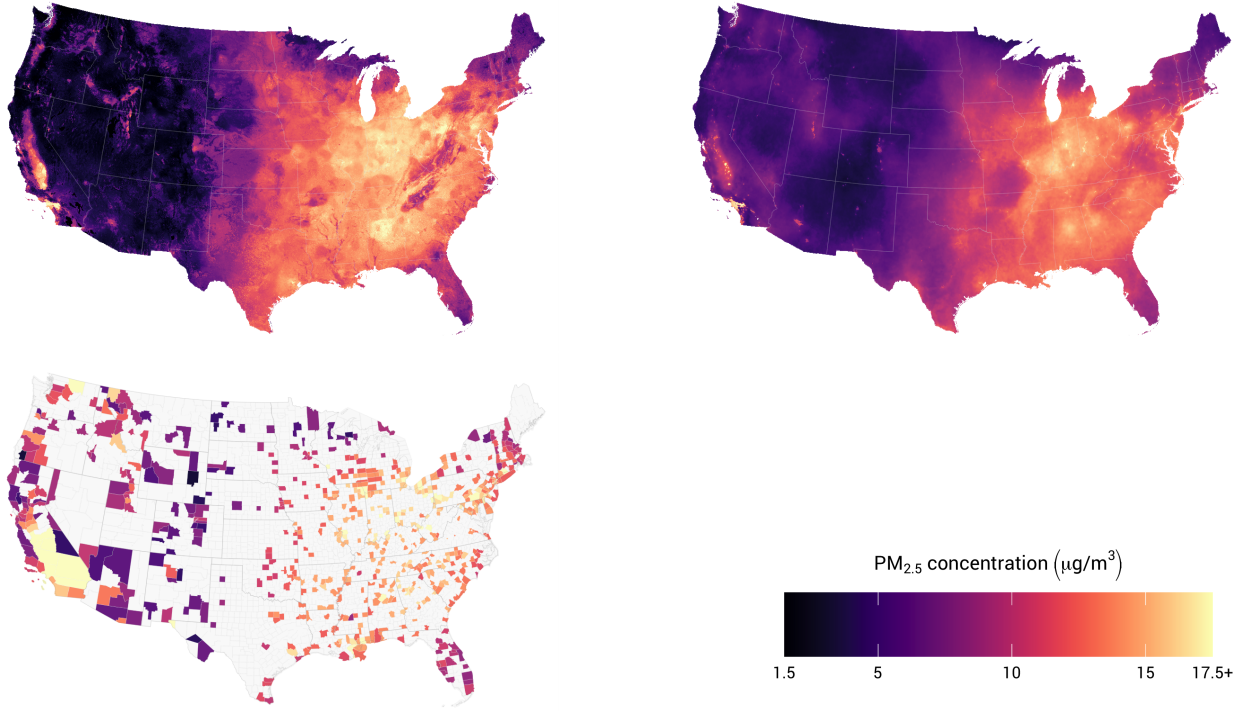
where i denotes county and j denotes the population cohort.

⁵Krewski et al. (2009) find that educational attainment is inversely related to mortality risk. Populations with lower levels of education are more vulnerable to $PM_{2.5}$ related mortality.

B Appendix Figures

(a) Di et al.

(b) van Donkelaar et al.



(c) EPA Monitor-Based Measurements

Figure 2: Satellite-Based PM_{2.5} Measurements and EPA AQS Monitoring Network, 2005

NOTES: These figures display the 2005 annual mean pollution concentrations from Di et al. (2016), van Donkelaar et al. (2019), EPA-AQS monitors, respectively. We winsorized the EPA monitor data above their 95th percentile (17.5).

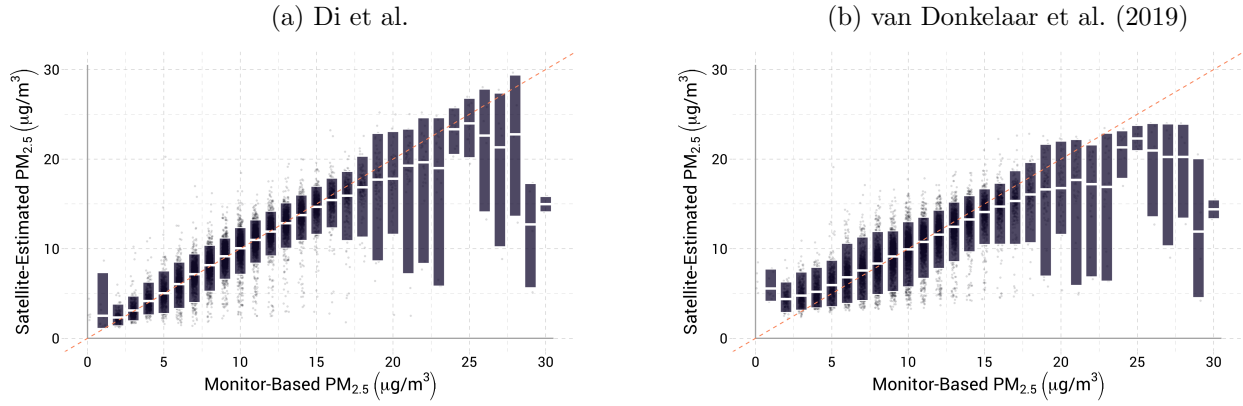


Figure 3: Comparing PM_{2.5}: Monitors' Measurements vs. Satellite-Based Estimates

NOTES: These figures display the relationships between satellite-based pollution measurements and monitor based pollution measurements for the 911 census block groups that contain an EPA PM_{2.5} monitor. The blue boxes depict the range of estimates (2.5th–97.5th percentiles) from the satellite-based datasets (y axis) for the given PM_{2.5} level measured by the EPA-AQS monitor (x axis). Source: Authors, Di et al. (2016), van Donkelaar et al. (2019), EPA-AQS.