Identifying Disparities in the Relationship between Neighborhood Walkability and Active Transportation Crashes Within South Carolina



Anna Chupak, BS, Shirelle Hallum, MPH, Kelsey Thomas, BA, Eleanor Witherspoon, Erin Looney, BS, Andrew Kaczynski, PhD

Arnold School of Public Health, University of South Carolina

American Public Health Association Annual Meeting

November 14th, 2023



STUDY TEAM



ANDY KACZYNSKI, PhD Principal Investigator



SHIRELLE HALLUM, MPH Project Manager



ANNA LOUISE CHUPAK, BS Graduate Assistant



ERIN LOONEY, BS Graduate Assistant







ELEANOR WITHERSPOON, BS

Undergraduate Assistant

Background

• Infrastructure supports for walking and bicycling in communities is associated with a range of health benefits:





Improving cardiovascular health

Strengthening muscles & bones

Increasing focus, mood & memory

ocus, Boosting immune mory system function



Preventing & managing common health problems







- Rates of physical activity are lower among people from socioeconomically disadvantaged backgrounds, potentially due to poor infrastructure and other barriers to active transportation
- Little research has evaluated how characteristics of the built environment are associated with pedestrian and bicyclist safety, or how this association may differ by neighborhood disadvantage

Purpose



To examine the relationship between neighborhood walkability and pedestrian and bicyclist crashes, including variations by social vulnerability across census tracts in South Carolina



Aim 1: Examine the relationship between neighborhood walkability & pedestrian crashes



Aim 2: Examine the relationship between neighborhood walkability & bicyclist crashes



Aim 3: Assess how the relationship between walkability & pedestrian crashes vary by social vulnerability



Aim 4: Assess how the relationship between walkability & bicyclist crashes vary by social vulnerability









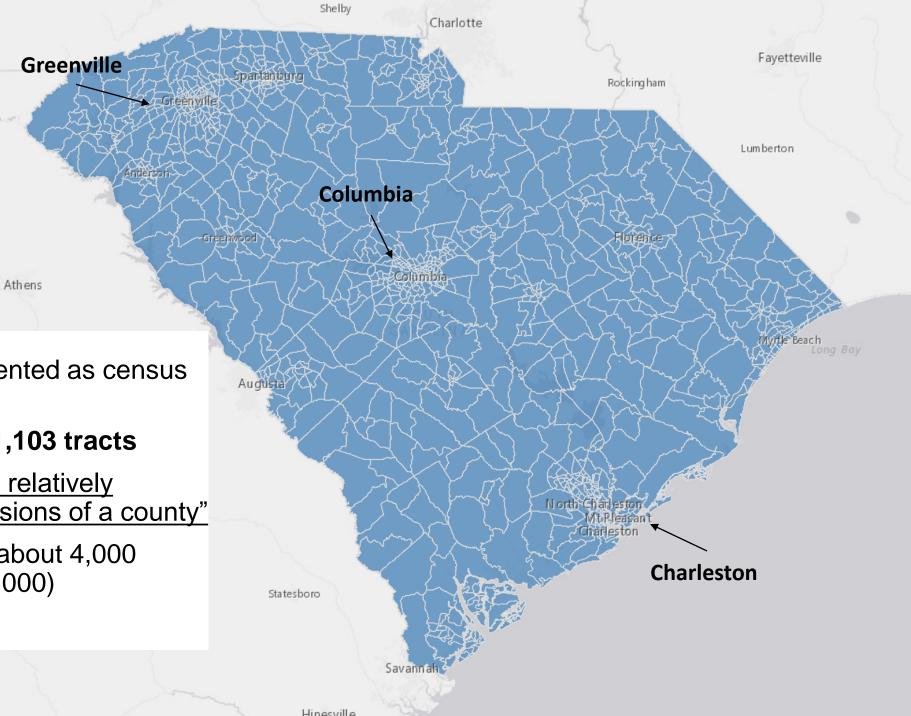




Setting

- Southeastern U.S. State of South Carolina (SC)
 - Population = **5,282,634**
 - Area = 30,064.3 square miles.
- Diverse in race, ethnicity, age, income & education
 - 68.9% White
 - 26.3% Black/AA
 - 6.6% Hispanic/Latino
 - 21.2% < 18 years-old
 - 19.1% > 65 years-old
 - Median household income in 2021 = \$58,234
 - ~14.0% below the poverty level
 - 88.8% ≥ a high school education

Setting

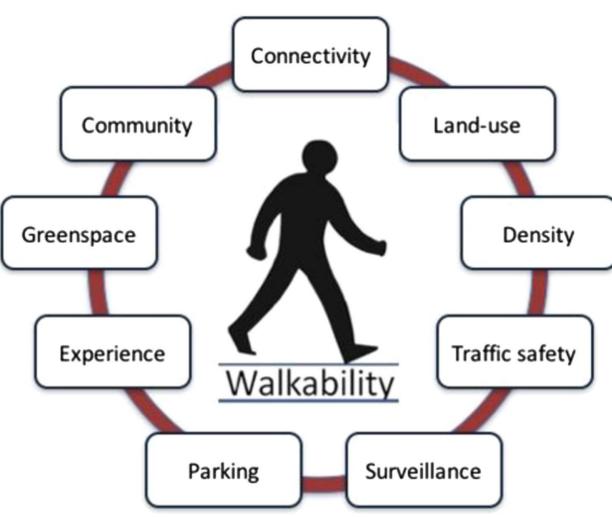


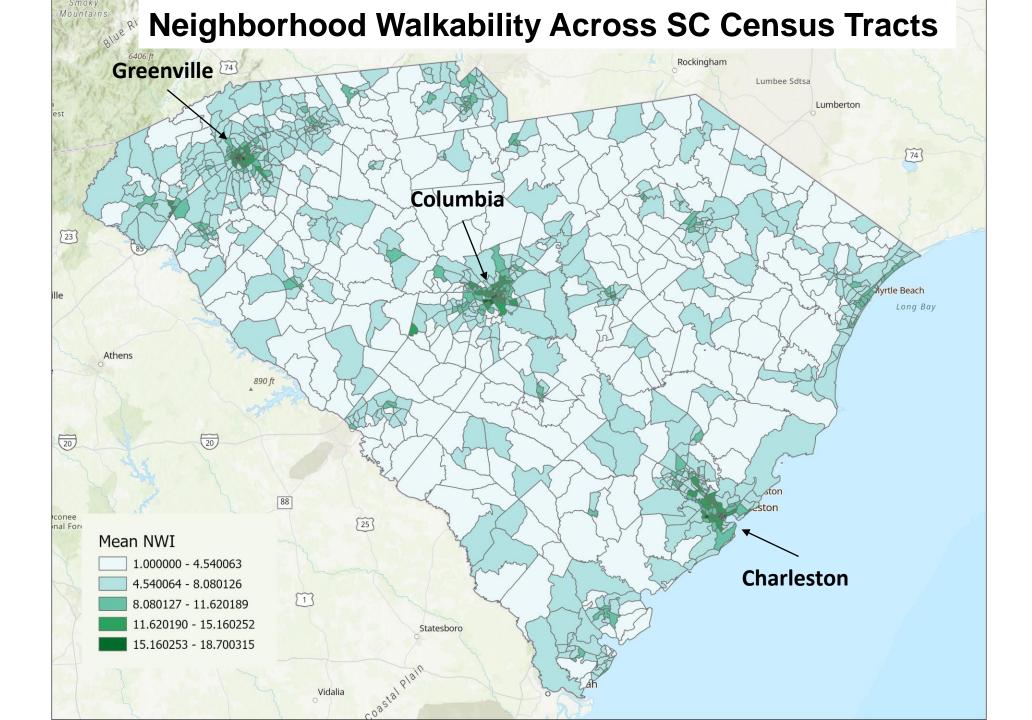
- Neighborhoods were represented as census tracts
- SC encompasses a total of 1,103 tracts
- U.S. Census Bureau, <u>"small, relatively</u> permanent statistical subdivisions of a county"
- On avg. each tract contains about 4,000 inhabitants (Range=1,200-8,000)

Measures

Neighborhood Walkability

- "A place that is easy to walk around, such as to stores, work, and other places"
- Measured by the EPA National Walkability Index (NWI)
 - Systematically compares locations based on their neighborhood supports for walking
 - Includes measures of intersection density, proximity to transit, and land-use diversity
 - Ranks block groups from 1 to 20 (lowest to highest walkability)
 - Census tract NWI = NWI averaged across block groups within tract





Measures Pedestrian & Cyclist Crashes

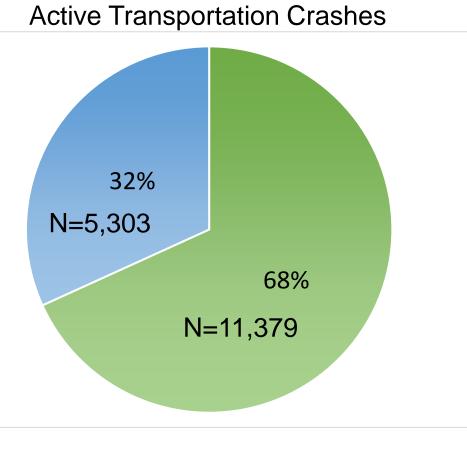


- Compiled 2011-2021 crash data and imported into ArcGIS
- Compiled Crash Data

Calculated

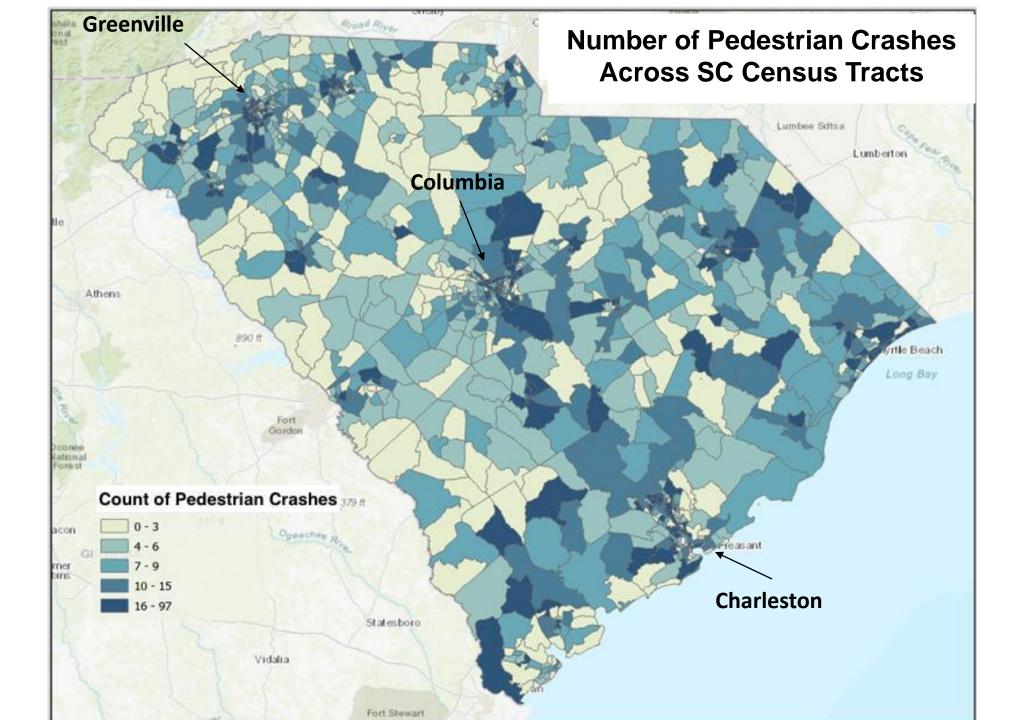
Crash Scores

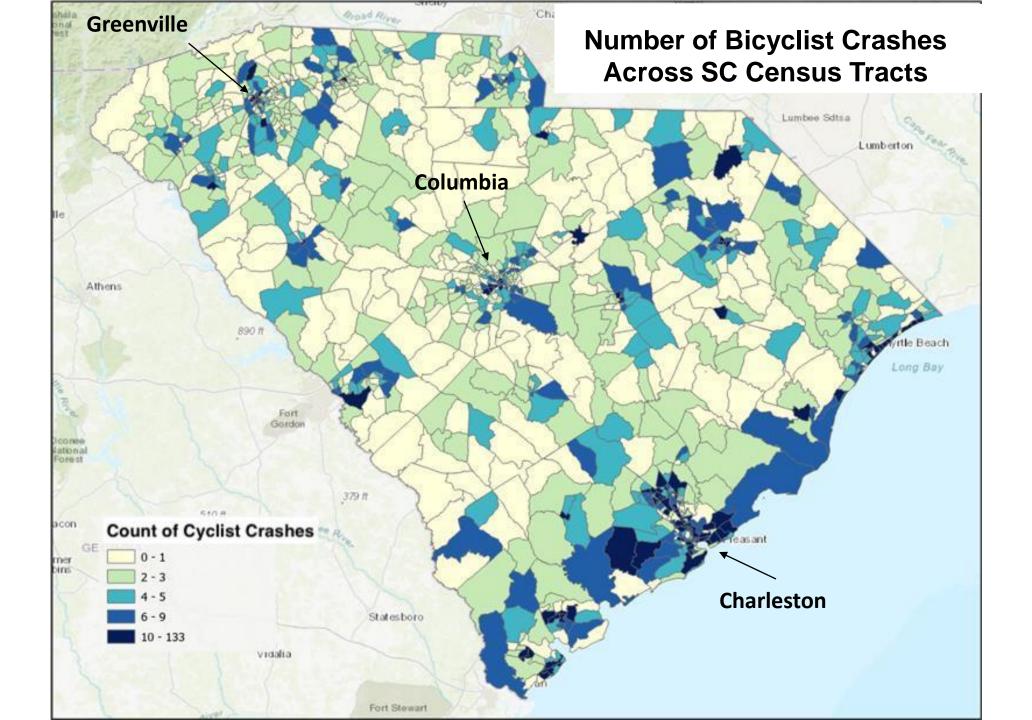
- Geocoded 10,688 (93.9%) pedestrian crashes
- Geocoded 4,802 (90.6%) bicyclist crashes
- Used Streetlight data to estimate avg. number of walking & bicycling trips in each census tract per year
- Crash score = total # of crashes in census tract/annual average daily trips



- Pedestrian
- Cyclist



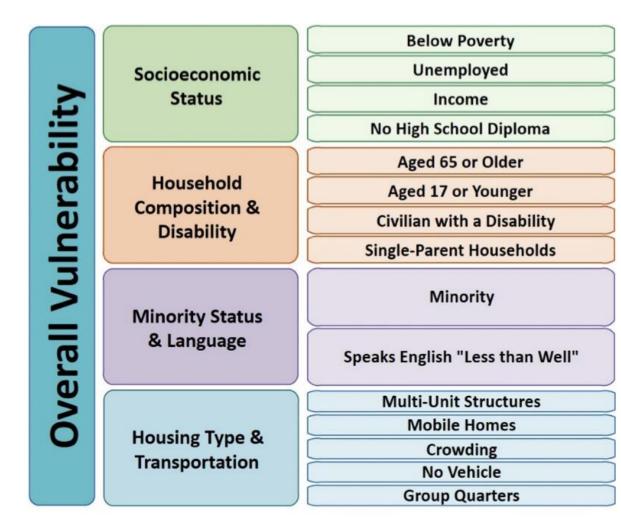


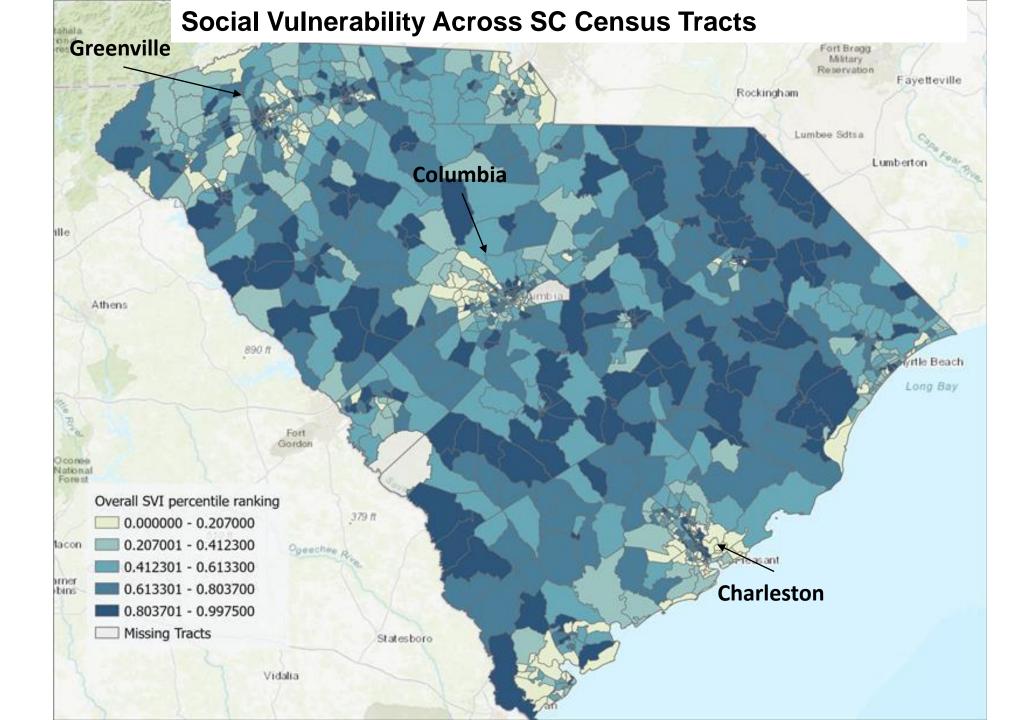


Measures

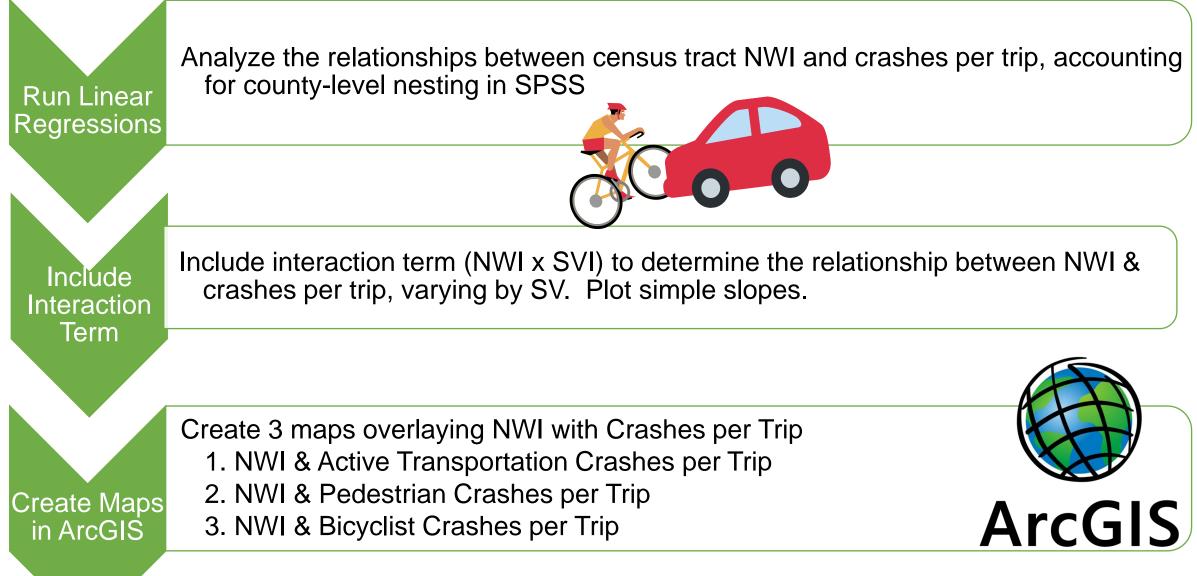
Social Vulnerability

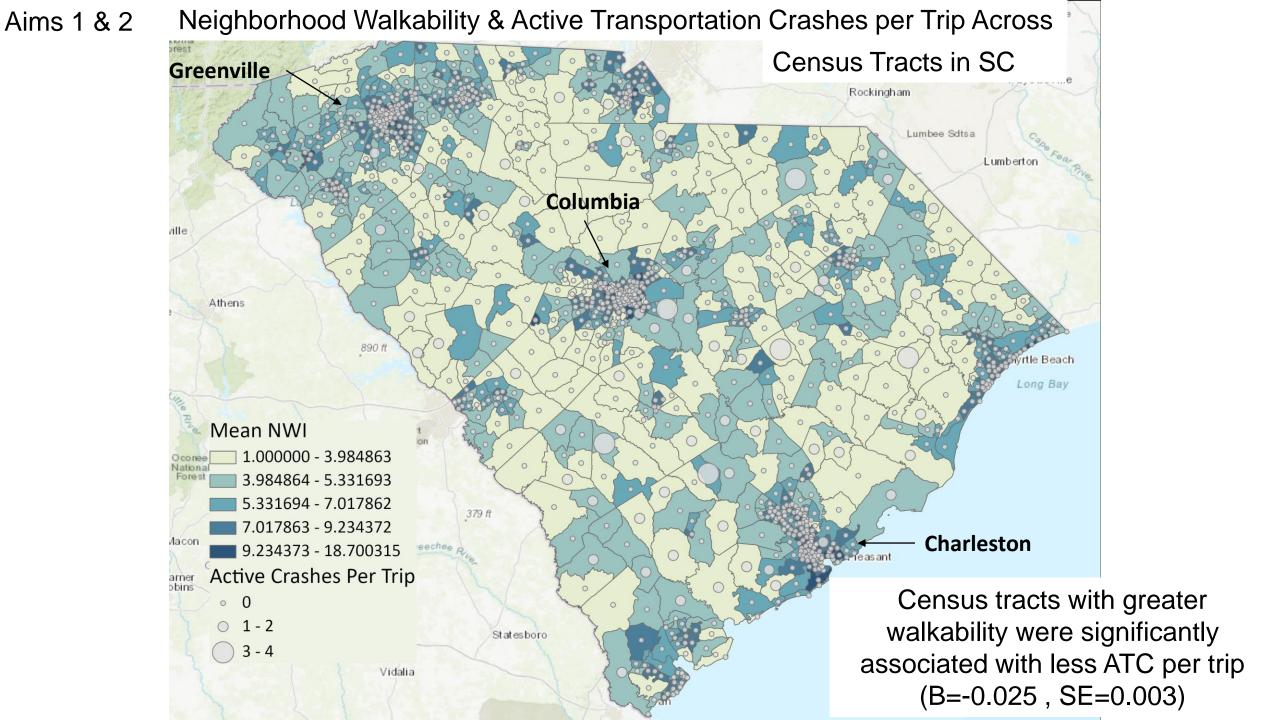
- Measured by the CDC Social Vulnerability Index (SVI)
- "Resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks"
- Comprised of 4 dimensions and 15 social factors
- Overall SVI percentile rank = sum of percentile ranking values of the 4 dimensions

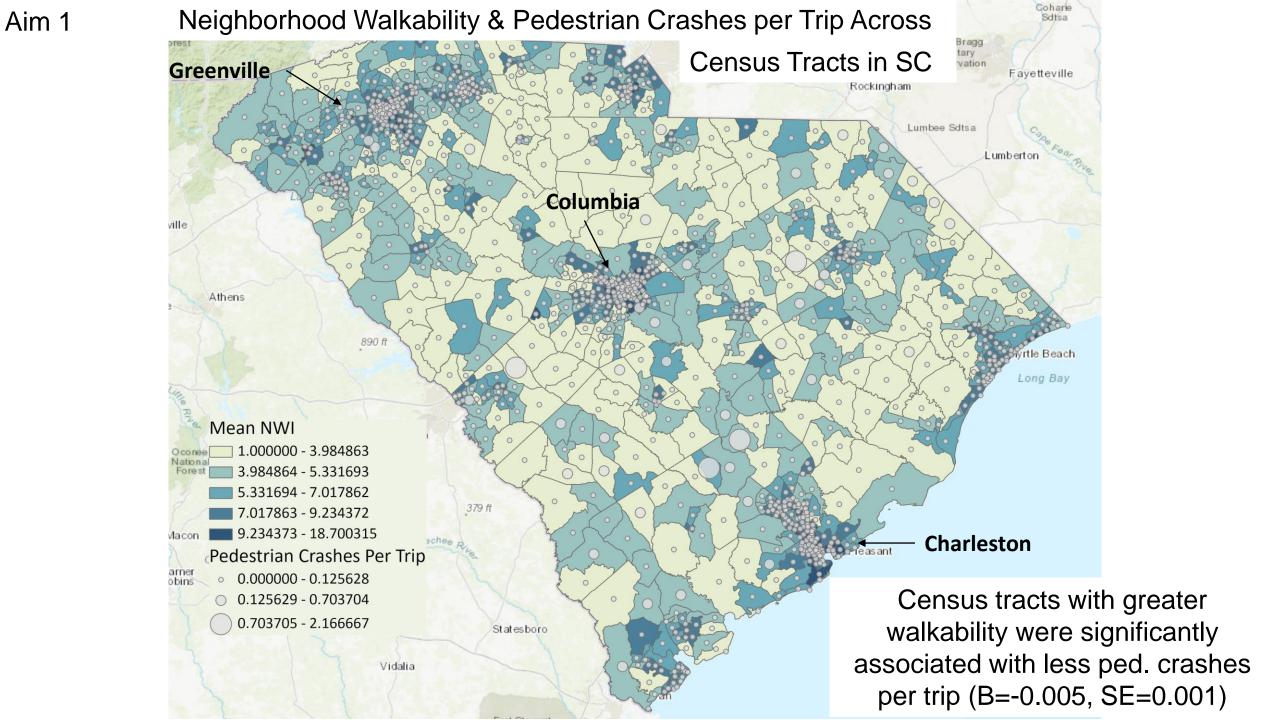


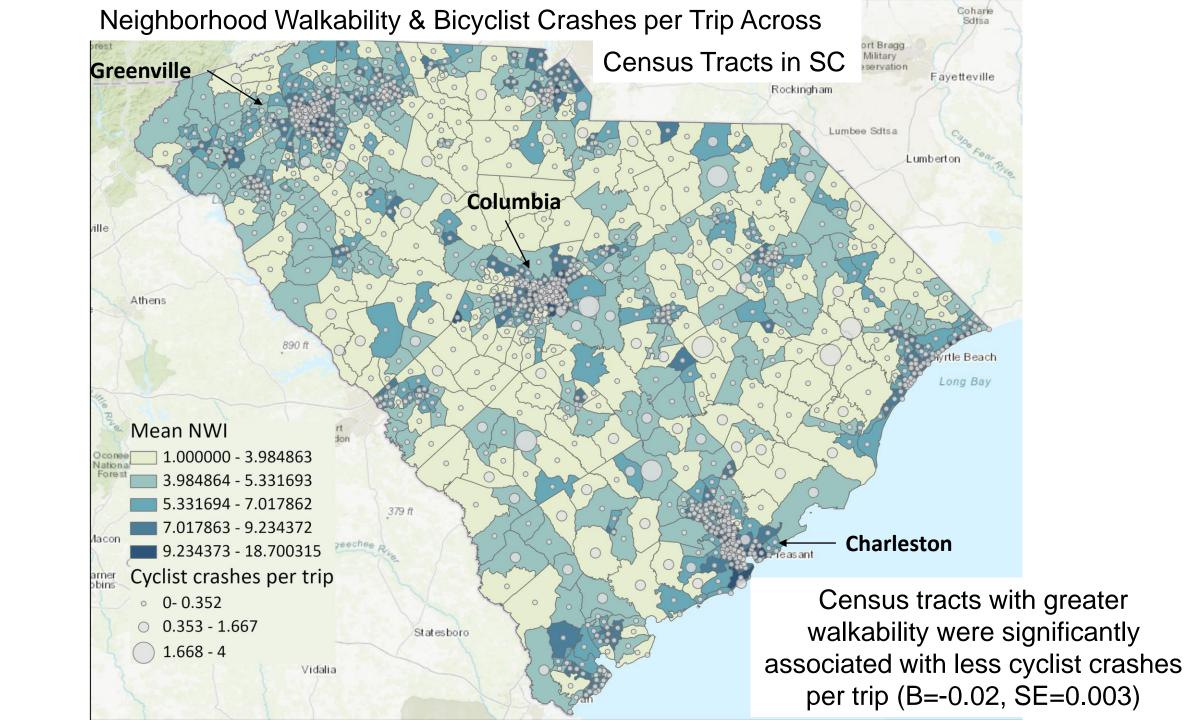


Analyses



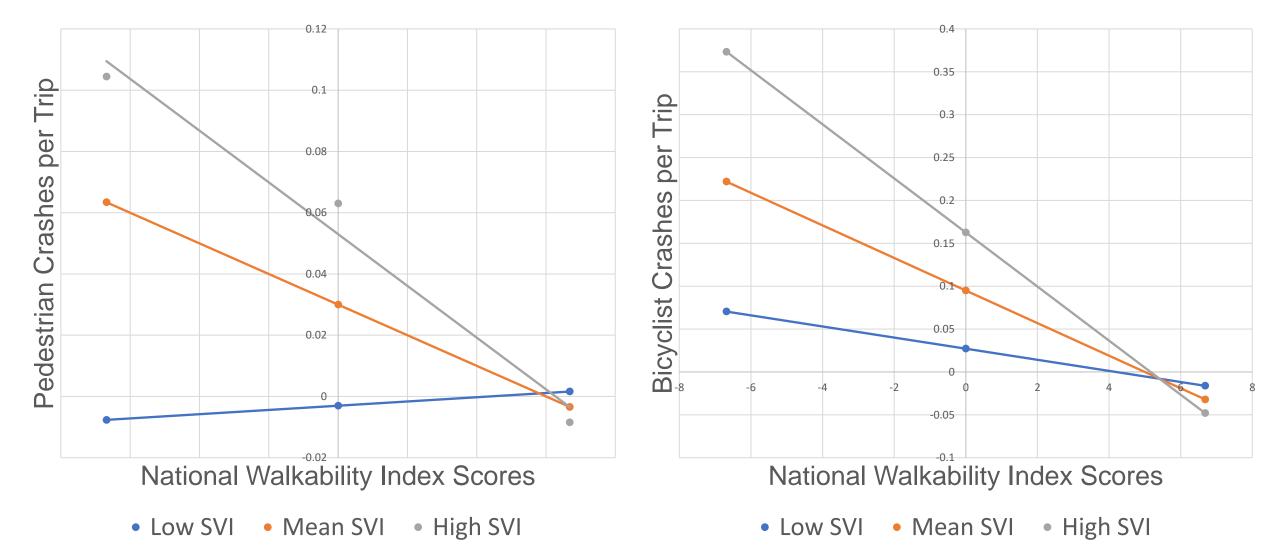






Aim 2

Aims 3 & 4: Relationship Between Neighborhood Walkability and Crashes
 per Trip Varying by Social Vulnerability across Census Tracts in SC



Census tracts with *greater walkability* were significantly associated with *less crashes per trip* And this relationship was *strongest* in tracts with *greater social vulnerability*

Conclusion

Improvement in neighborhood walkability was associated with less crashes per trip, with even stronger relationships among census tracts with greater SV.

Limitations

- Cross-sectional data limits ability to establish causality.
- May not be generalizable to outside SE U.S.
- Neighborhoods may span multiple tracts

Strengths

- Large and diverse sample size
- Compilation of over a decade of crash data
- Used well-established measures from the EPA and CDC

Next Steps

- Create map of relationship between NWI and crash data → mark areas with *low NWI* and *high SV*
- Analyze relationship between NWI and crash severity, varying by SV







Implications

Future Research

- Examine micro-scale attributes of walkability (e.g., streetlights)
- Conduct a longitudinal data analysis
- Consider individual factors (e.g., race/ethnicity)
- Include other relevant variables related to crash risk (e.g., traffic volume)

Practice

- Help identify tracts in SC in need of infrastructure improvements to address pedestrian & bicyclist safety
- Inform policies promoting walkability
- Facilitate greater physical activity → reduce chronic diseases → ensure safe and equitable environments for all





Denver
Deserves
Sidewalks







Thank you to the USC Big Data Health Science Center Excellence Initiative Program for their generous support!



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Thank you to the BEACH Lab Study Team!



For any questions, contact Anna Chupak: alchupak@email.sc.edu