## Calibrating the ITHIM Tool in Nashville Tennessee

Geoffrey P Whitfield, PhD MEd Epidemic Intelligence Service Officer National Center for Environmental Health Healthy Community Design Initiative

Leslie Meehan, AICP Director of Healthy Communities Nashville Area Metropolitan Planning Organization



National Center for Environmental Health

Division of Emergency and Environmental Health Services

# **Policy:** Public Opinions

Nashville Area Metropolitan Planning Organization



Transformer Frank Frank Manual Anteropolan Planas of Manual Antoropolan Planas of Manual Antoropolan Planas of Manual An **#1** A Bold, New Vision for Mass Transit

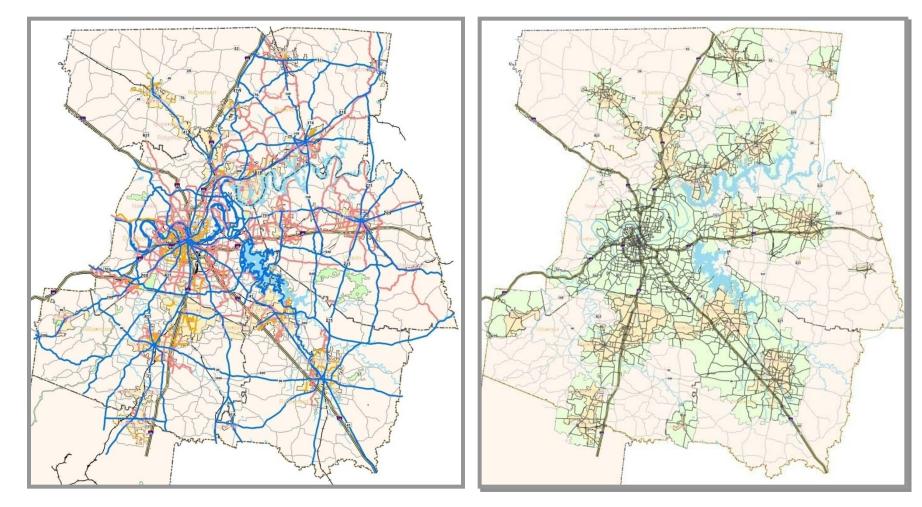
**#2** Support for Active Transportation & Walkable Communities

> **#3** Preservation & Enhancement of Strategic Roadways

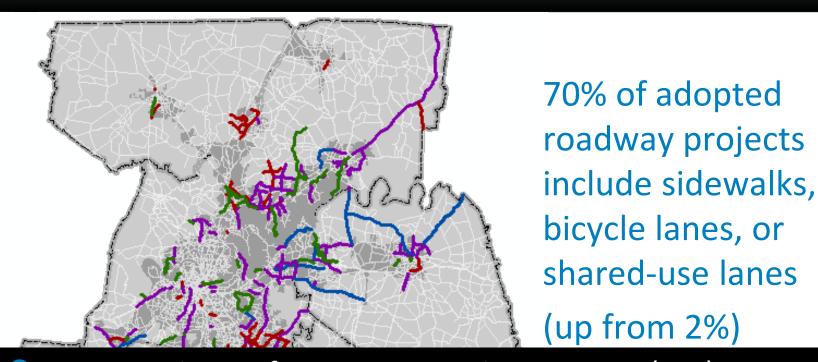
# **Plan:** Regional Vision for Non-Motorized Modes

Bikeways

Sidewalks



## **Projects: More Complete Streets**



 Programming Surface Transportation Program (STP): 70% to Complete Streets 15% to Active Transportation 10% to Transit 5% to ITS (Intelligent Transportation Systems)

empo.ord

nasnvi

## **Data Collection:** Middle Tennessee Transportation and Health Study

#### Transportation, Physical Activity and Health Data Collection and Analysis

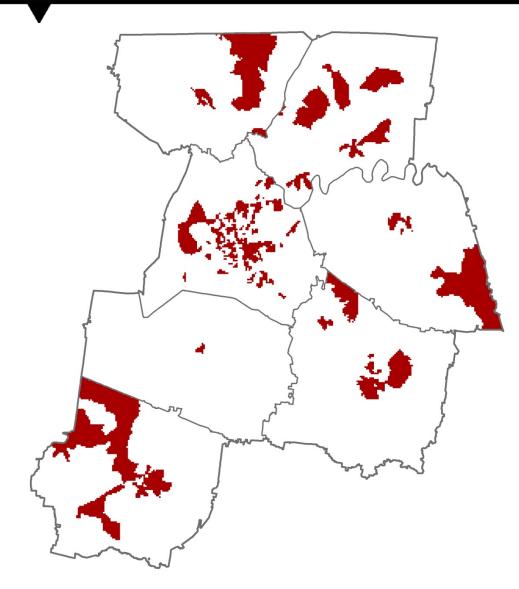






#### www.middletnstudy.com

# **Prioritization: Health Priority Areas**



#### Health Priority Areas 3 out of 4:

- Poverty
- Unemployment
- Carless Household
- Aging (over age 65)

### **CDC and Transportation Partnerships**

#### The Healthy Community Design Initiative

- At the National Center for Environmental Health
- Focus on built environment and health
- The design of communities impacts the health of residents, including chronic diseases, injuries, and environmentally-mediated illness

#### Community design elements include:

- <u>Transportation</u> systems
- Public spaces
- Zoning



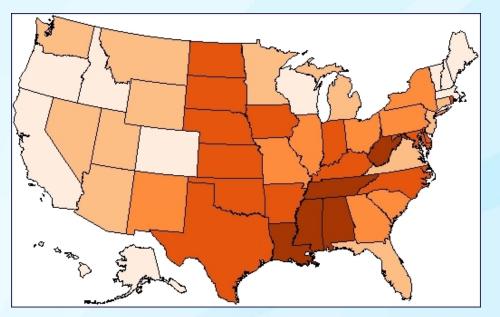
## **Community Design Challenges**

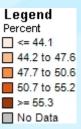




### **Inactivity in Tennessee**

- 2013: 62% do not meet aerobic physical activity guidelines
  - National rank: 49<sup>th</sup>





- Nashville area slightly better (2011): 57%
- Tennesseans have 4<sup>th</sup> highest prevalence of obesity (33.7%)

Physical inactivity: 2013 and 20122 BRFSS; obesity: 2013 BRFSS

### **Diseases and Exposures**

Physical Activity	Air Pollution	Collisions
Ischemic Heart Disease	Respiratory Infections	Auto ]
Depression	Cardiovascular Disease	Bicycle
Dementia	Hypertensive Heart Disease	Pedestrian - MODE
Diabetes	Inflammatory Heart Disease	Bus
Colon Cancer	Lung Cancer	Truck
Breast Cancer	Respiratory Disease (kids)	Highway
All-Cause Mortality	Stroke	Arterial ROAD
		Local
		Fatal ] on (FDIT
	Non-Fatal SEVERIT	

#### **Comparative Risk Assessment**

For each disease (and by age and sex), ITHIM uses comparative risk assessment:

$$PAF = \frac{\int_{X\min}^{X\max} RR(x)B(x) - \int_{X\min}^{X\max} RR(x)S(x)}{\int_{X\min}^{X\max} RR(x)B(x)}$$

**Extensive data on baseline diseases and exposures is critical!** 

PAF = Population Attributable Fraction. RR= Relative Risk. B=Baseline. S=Scenario

#	Item Definition	Units	Strata
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

#	Item Definition	Units	Strata
1	Per capita mean daily travel distance	Miles/Person/Day	Mode
2	Per capita mean daily travel time	Min/Person/Day	Mode
3	Per capita mean daily AT time (ratio)	Dimensionless	Walk, Bike
4	SD of mean daily active travel time	Min/Person/Day	Walk, Bike
5	Walk speed	Miles/Hour	None
6	Personal travel distance and time	Miles & Hours/Day	Drive, Passenger
7	Ratio daily per capita bicycling to walking	Dimensionless	None
8			
9			
10			
11			
12			
13			
14			

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8	Vehicle miles traveled	Miles/Day	Mode, Road type				
9	Emissions of PM <sub>2.5</sub> per vehicle mile traveled	µg / m³	None				
10							
11							
12							
13							
14							

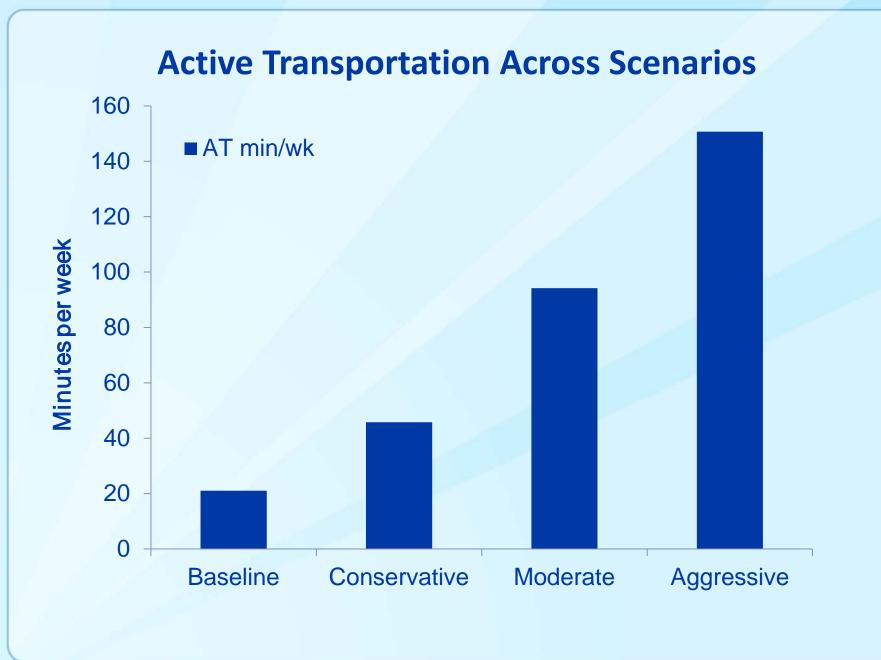
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10	Disease-specific mortality rate (Ratio)	Dimensionless	Age, Sex, Disease				
11	Proportion of colorectal cancers at the colon	%	None				
12	Serious and fatal injuries from collisions	Injuries	Mode (2), Road type				
13							
14							

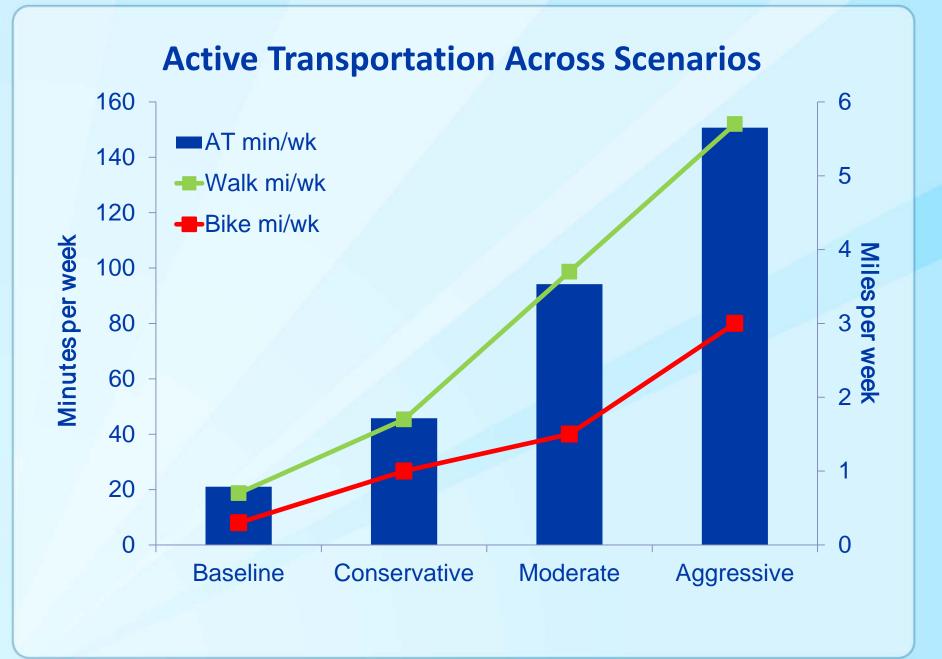
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11	Proportion of colorectal cancers at the colon	%	None					
12	Serious and fatal injuries from collisions	Injuries	Mode (2), Road type					
13	Per capita non-travel physical activity	MET-hours/Week	Travel PA, Age, Sex					
14	Population Distribution	Percent	Age, Sex					

### **Scenarios**

After calibration, three scenarios were developed

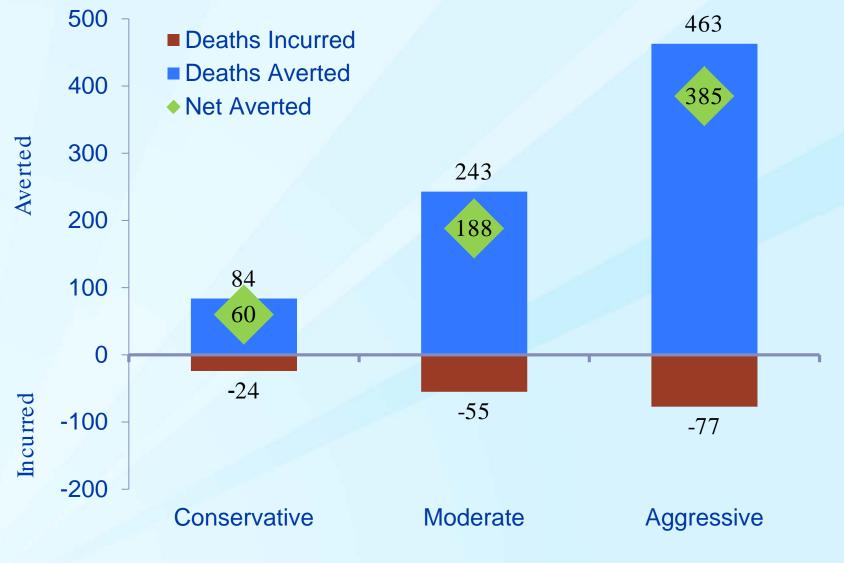
- 1. Conservative: Three additional minutes per day of active transportation
- 2. Moderate: Ten additional minutes per day of active transportation
- 3. Aggressive: The average person meets activity guideline through active transportation



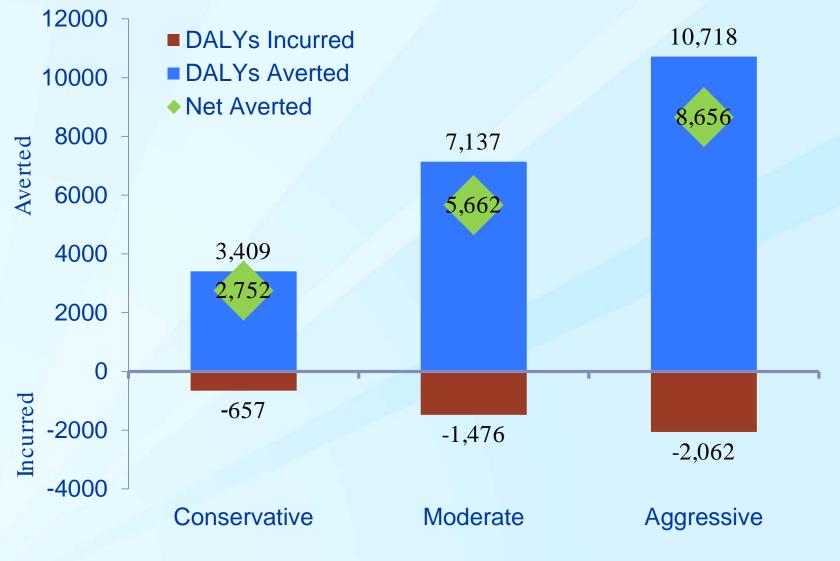


## **OUTPUTS**

## Change in Deaths by Scenario



## **Change in DALYs by Scenario**



### **Health Outcome Detail**

	Breast Cancer Colon C				інр		IHD Depres		Dementia				Hypertensive Heart Disease		ncer	Acute Resp Infections	Inflammatory Heart Disease Resp		Resp [	Diseases	Road Traff	Road Traffic Injuries		otal	All- cause mor		Tot	tal		
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Moderate Scenario	Change in disease burden		Change in DALYs per year
Cardiovascular Diseases	31.3%	ſ	4326
Diabetes	11.2%	ł	1252
Depression	2.7%	ſ	460
Dementia	3.9%		879
Breast cancer	2.8%		124
Colon Cancer	2.6%	ſ	94
Collisions	13.8%	1	1476

### **Traffic Injury Burden**

Baseline injury burden is accrued with existing built environment

Prediction of increased burden may argue for new infrastructure

-Amplification of "safety in numbers"



Photo credit: Michael Rankin, source: http://safety.fhwa.dot.gov/ped\_bike/tools\_solve/walkways\_trifold/

### **Economic Impact Analysis**



### Conclusions

- Comprehensiveness → data needs
- ITHIM calibration in Nashville was a collaborative effort
- ITHIM provided Nashville with detailed estimates of health and economic impacts

# Conclusion

ITHIM helping translate message of health impacts of transportation.

- Moderate Scenario:
  - Additional 10 Minutes of walking or bicycling a day
  - Reduce Cardiovascular Disease by 21% and Diabetes by 8%
  - \$200 million a year saved in health spending (\$300 million yr/TIP)
- ITHIM will be incorporated into the MPO Activity Based Model (ABM) to help calculate future benefits of increased bicycle, pedestrian and transit travel.

## Visit HCDI:

## www.cdc.gov/healthyplaces

#### <u>Acknowledgements</u>

<u>CDC</u> Arthur Wendel

<u>Nashville MPO</u> Leslie Meehan Michael Skipper

ITHIM Developers Neil Maizlish James Woodcock

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Environmental Health

Division of Emergency and Environmental Health Services

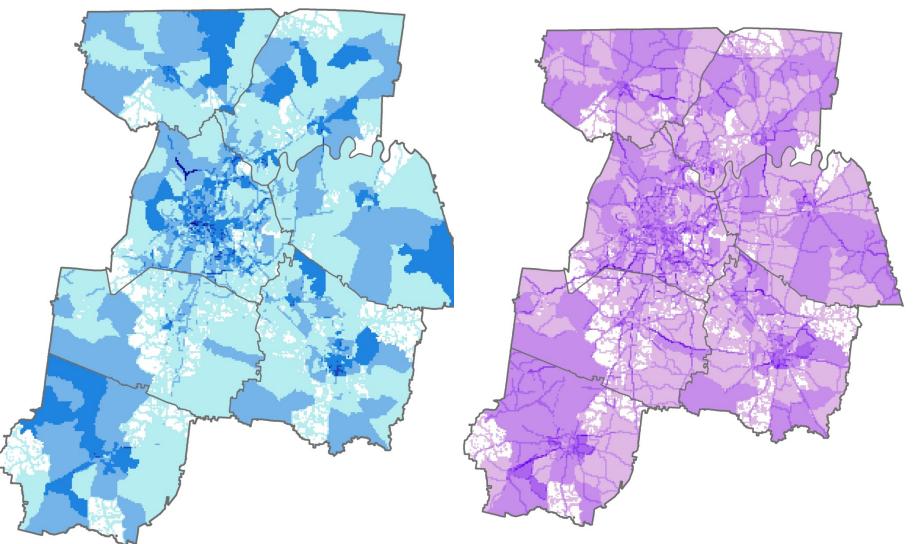
# xdh5@cdc.gov



## **EXTRA SLIDES**



# Composite Bike/Ped Priority Areas



# Bikeways, Sidewalks Greenways

#### **Bicycle and Pedestrian Routes**

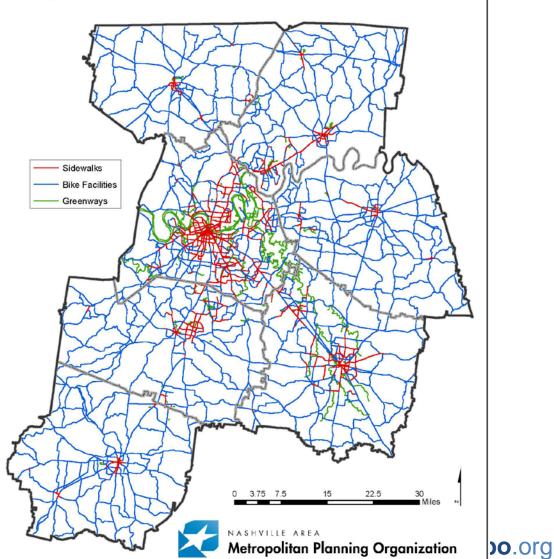
<u>2015</u> Sidewalks - 505 miles

#### Bikeways –423 miles

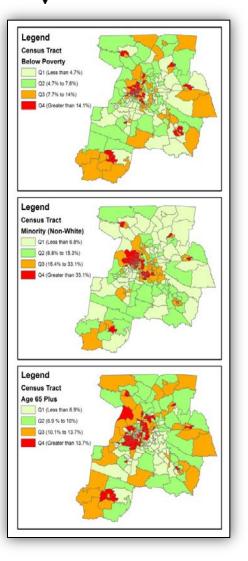
(bike lanes, buffered bike lanes, bike routes and sharrows)

#### Greenways –185 miles

(greenways, multi-use trails and park trails)



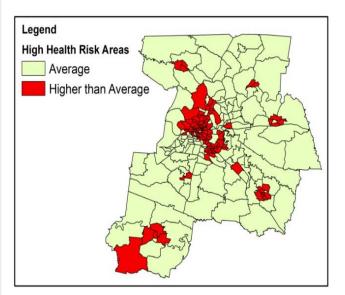
## **Prioritizing Projects – Health Analysis**



There is a strong link between the lack of physical activity and health (e.g. heart disease, obesity, and other chronic conditions).

Research has also shown certain population groups have a higher disparity. These groups include:

- Low Income
- Minority
- Older Adults (over 65)



### Example – Physical Activity and Ischemic Heart Disease

	% of Pop at P	A Level				
Relative Risk	BAU	Scenario				
1.00 (ref)	50%	5%				
0.67	30%	7.5%				
0.56	10%	12.5%				
0.33	7%	55%				
0.22	3%	20%				
ghted Average"risk":	0.79	0.40				
Attributable Fraction:		(0.79-0.40)/0.79 = 0.49				
ge in Disease Burden:	0.49 * Current DALYs					
	1.00 (ref) 0.67 0.56 0.33 0.22 ghted Average "risk": Attributable Fraction:	1.00 (ref) 50%   0.67 30%   0.56 10%   0.33 7%   0.22 3%   ghted Average "risk": 0.79				

Courtesy of Neil Maizlish, California Department of Public Health

