

Healthy Performance Measures: Health Impact Modeling in Nashville, TN

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Epidemic Intelligence Service Officer
National Center for Environmental Health
Healthy Community Design Initiative

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:**
 - Transportation systems
 - Public spaces
 - Zoning

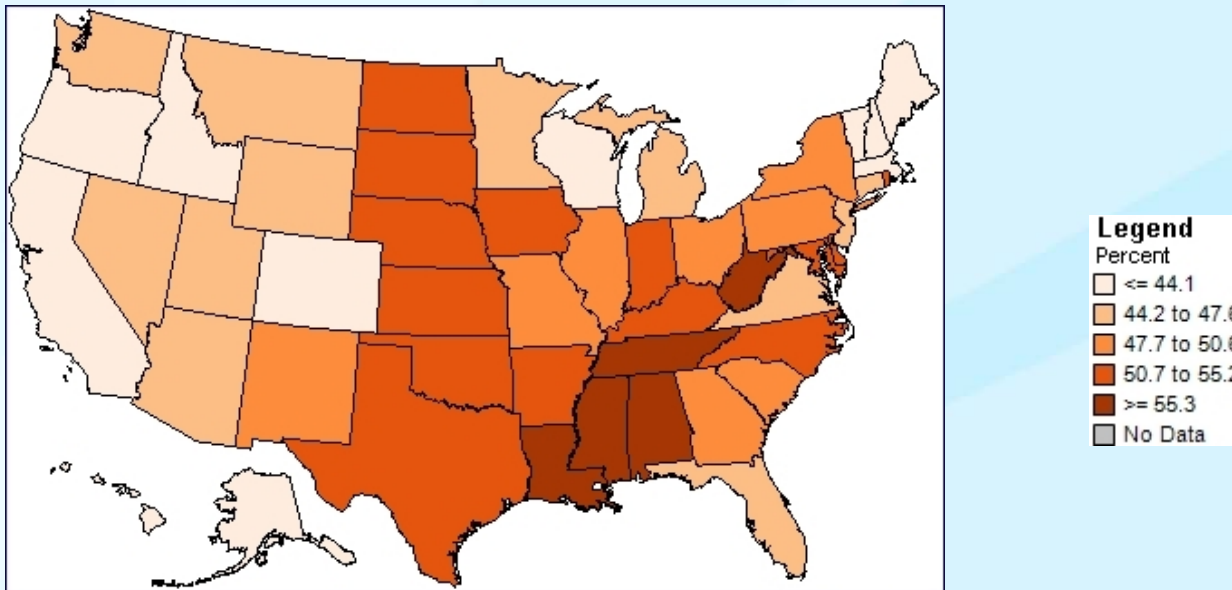


Community Design Challenges



Inactivity in Tennessee

- **2013: 62% do not meet aerobic physical activity guidelines**
 - National rank: 49th



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

Nashville Area Metropolitan Planning Organization

- **Public opinion survey**
 - Walking, bicycling, transit
- **Revised project scoring**
 - 70% included bike/ped
- **Data collection and use**
 - Middle Tennessee Transportation and Health Survey
 - High health impact areas
 - Health impact modeling

Middle Tennessee Transportation and Health Study

Welcome About the Study Invited to Join? Report Travel FAQs Materials Contact Us

Step 1
Invited to join? Complete a Household Questionnaire.
[Start Here](#)

Step 2
Record your travel on your assigned day using your travel log.
[Learn More...](#)

Step 3
After your travel date, please report your travel information.
[Report Travel](#)

Step 4
If selected, complete the additional Health Survey.
[Take Health Survey](#)

Welcome! The Middle Tennessee Transportation and Health Study is sponsored by the Nashville Metropolitan Planning Organization, the Clarksville Urbanized Area Metropolitan Planning Organization, and the Tennessee Department of Transportation. If you have received a participation letter, please [Start Here](#) to begin the survey.

Every day, thousands of people move through the middle Tennessee region—in cars, on buses, by foot, on bikes. To plan for the projects of *tomorrow*, we need to understand how you travel *today*. Your participation in this important survey will help improve the future of transportation for all of us.

“ITHIM” Tool

Integrated Transportation and Health Impact Modeling Tool

James Woodcock, PhD at Cambridge

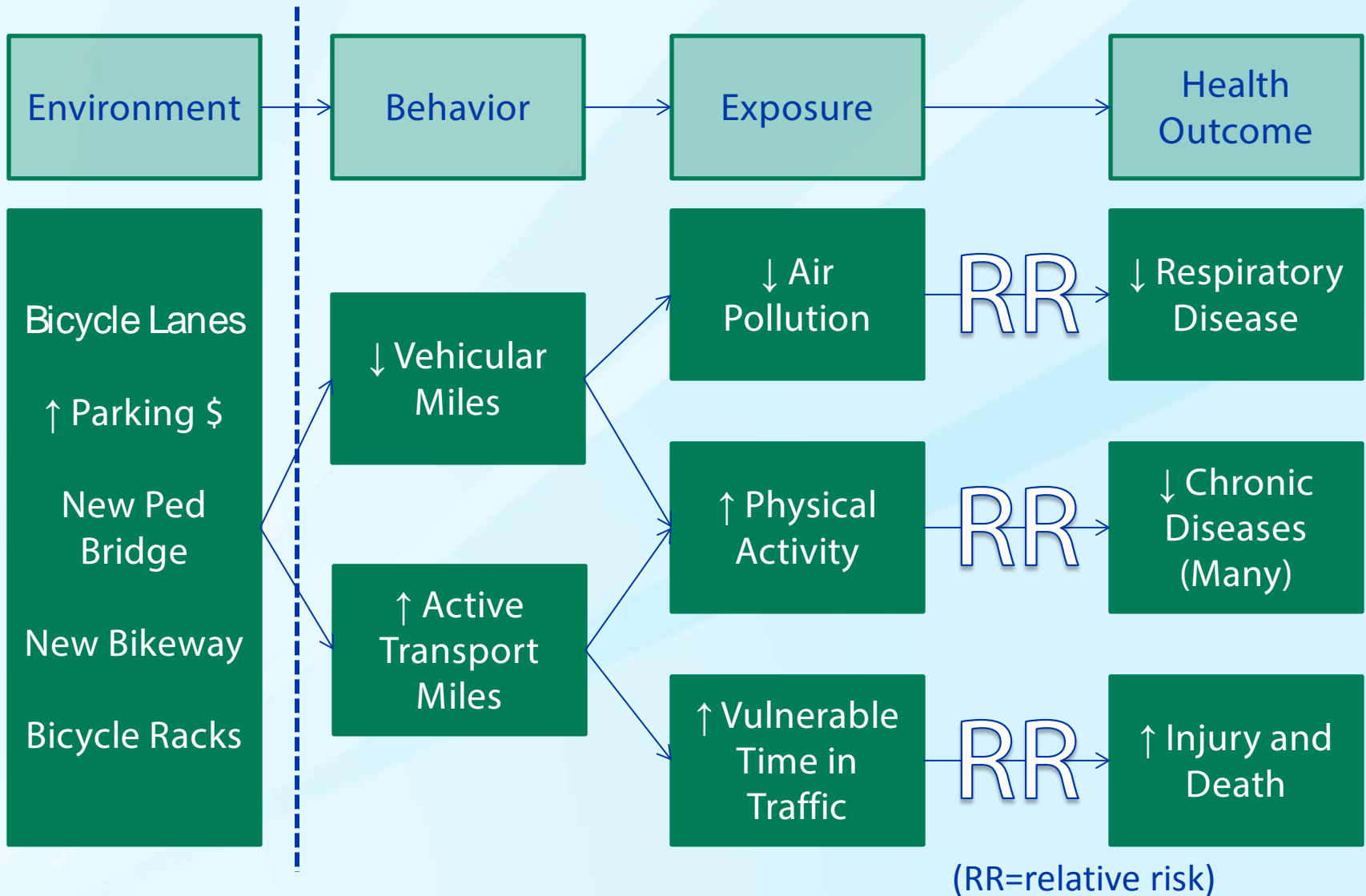


Neil Maizlish, PhD at California Department of Health

Computes impacts across three areas:

- **Physical activity**
- **Air pollution**
- **Crashes**

ITHIM Model Schematic



Diseases and Exposures

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

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

#	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
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9	Emissions of PM _{2.5} per vehicle mile traveled	µg / m ³	None
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			

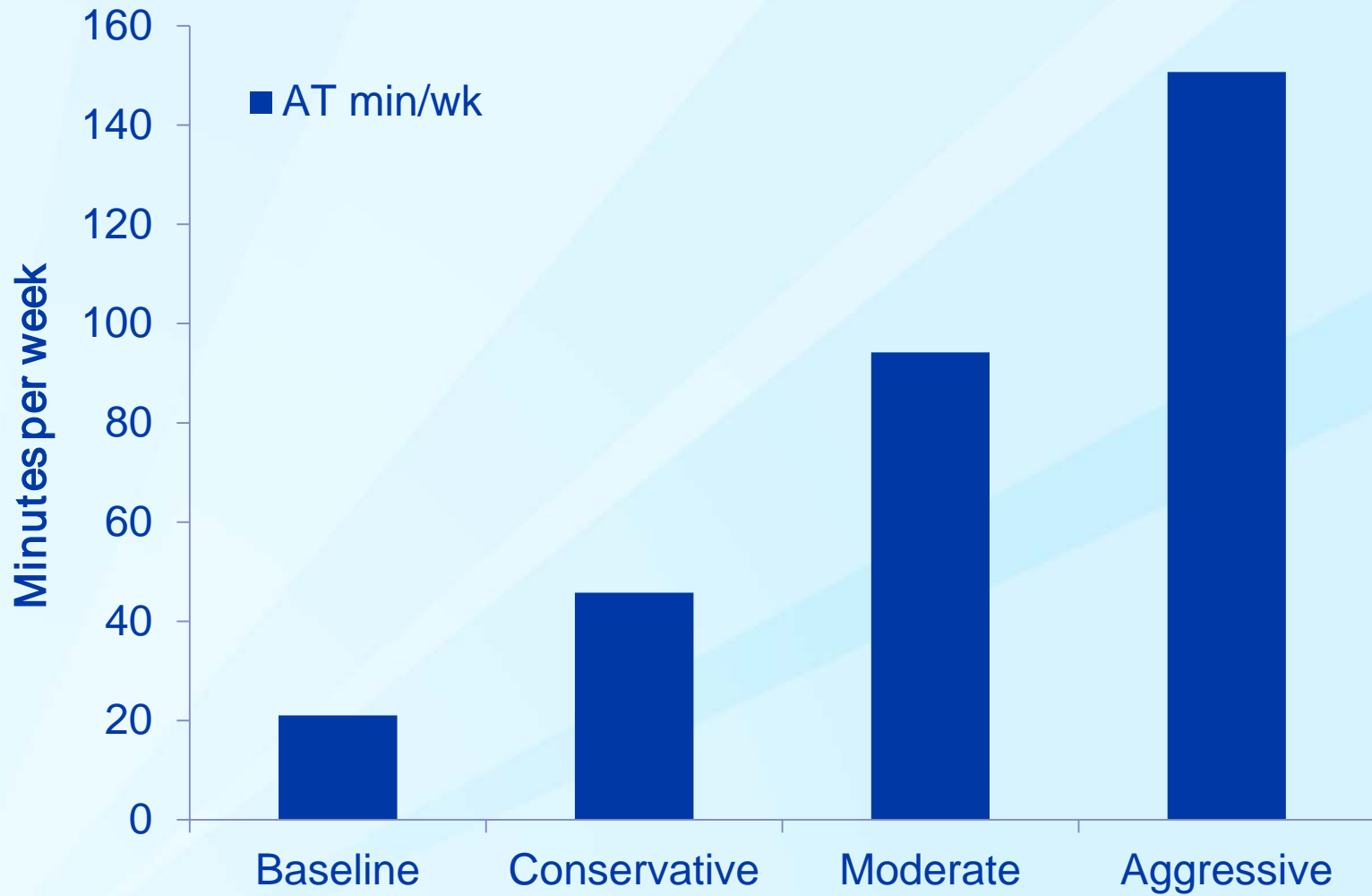
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13	Per capita non-travel physical activity	MET-hours/Week	Travel PA, Age, Sex
14	Population Distribution	Percent	Age, Sex

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**

Active Transportation Across Scenarios

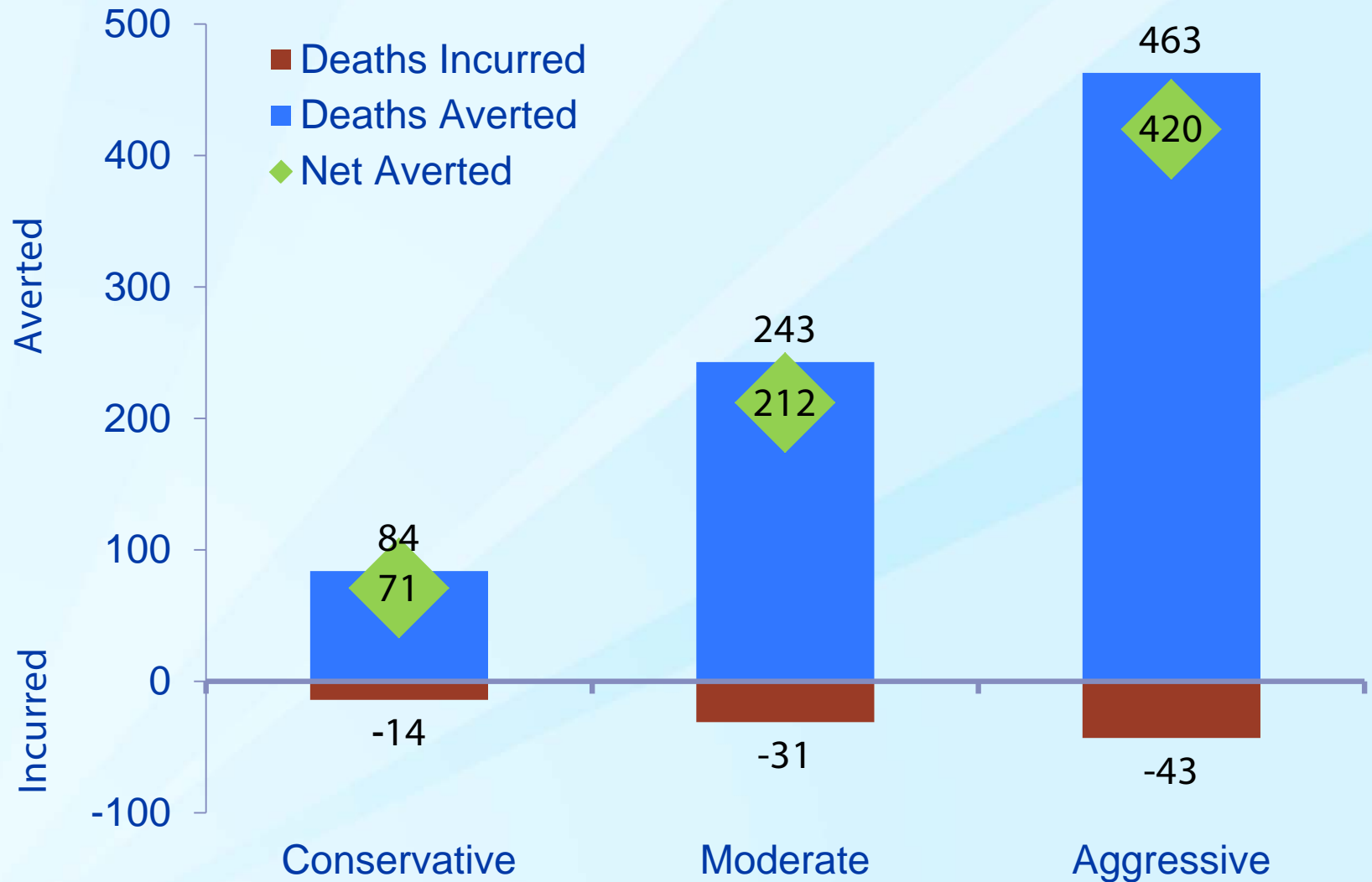


Active Transportation Across Scenarios

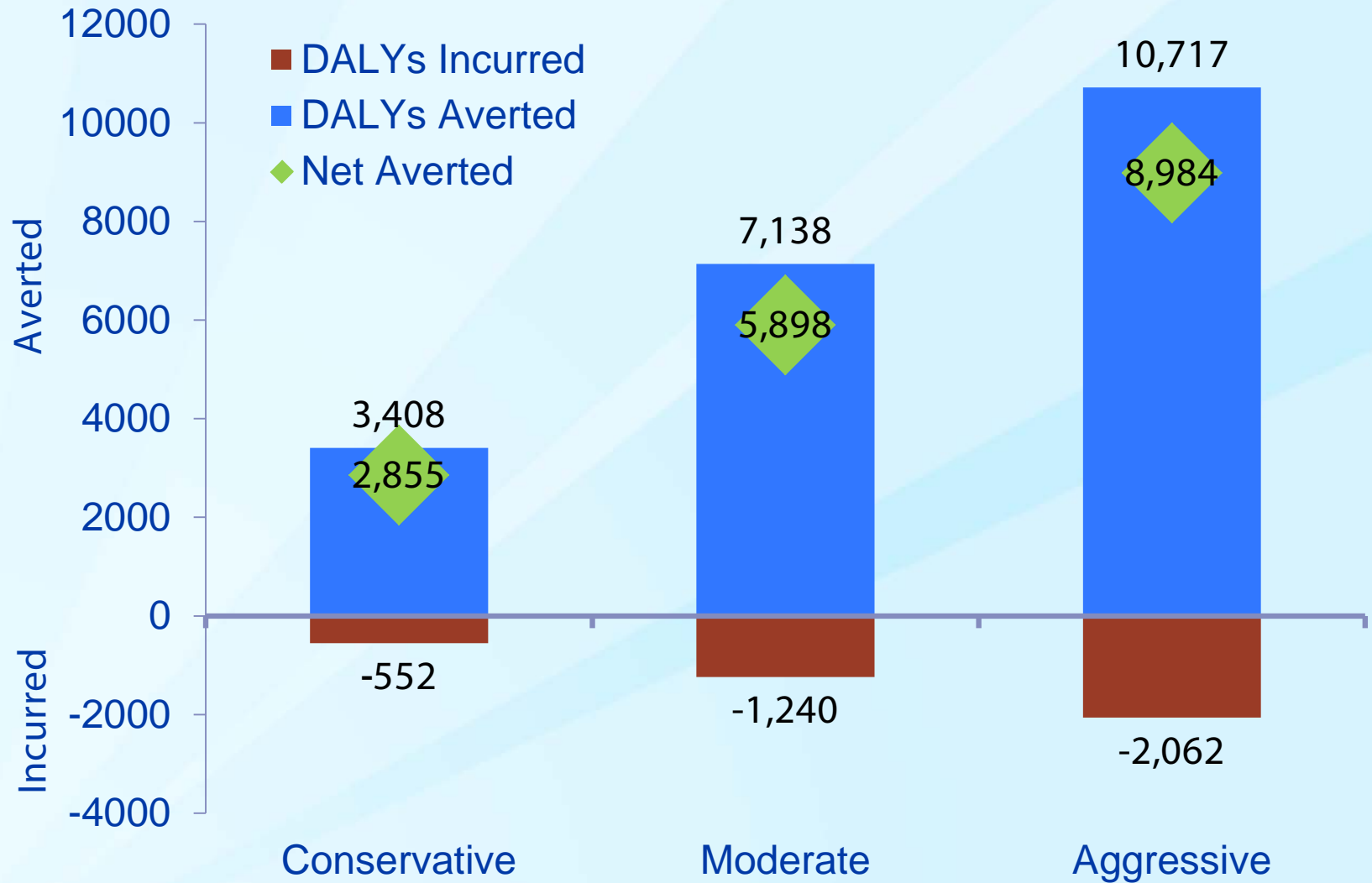


OUTPUTS

Change in Deaths by Scenario



Change in DALYs by Scenario



Moderate Scenario	Change in disease burden	Change in DALYs per year
Cardiovascular Diseases	10.4%	1442
Diabetes	11.2%	1252
Depression	2.7%	460
Dementia	3.9%	879
Breast cancer	2.8%	124
Colon Cancer	2.6%	94
Collisions	13.8%	1240

Traffic Injury Burden

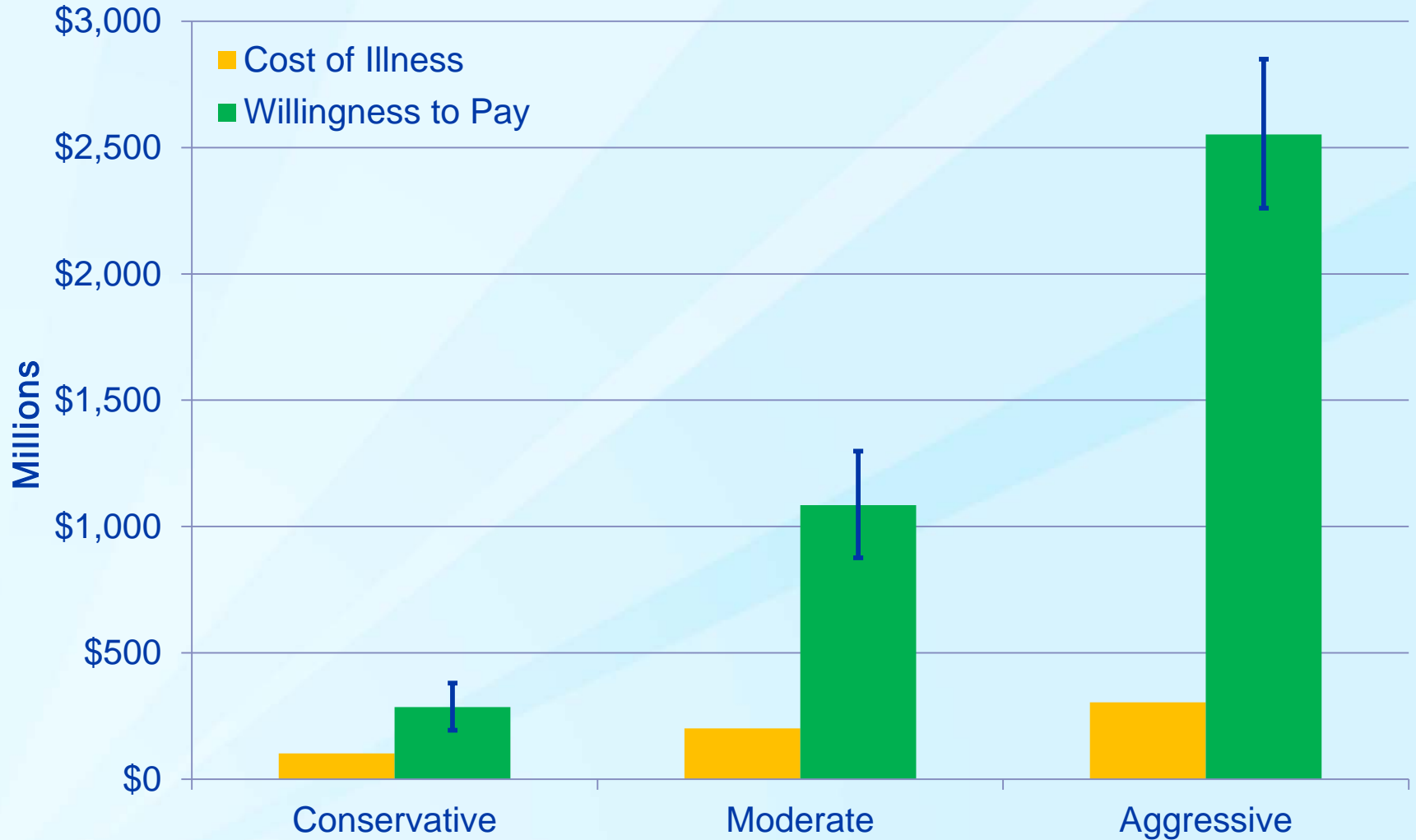
Baseline injury burden is accrued with existing built environment

Prediction of increased burden may argue for new infrastructure

-Amplification of “safety in numbers”



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**

Visit HCDCI:

www.cdc.gov/healthyplaces

Acknowledgements

CDC

Arthur Wendel

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Michael Skipper

ITHIM Developers

Neil Maizlish

James Woodcock

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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

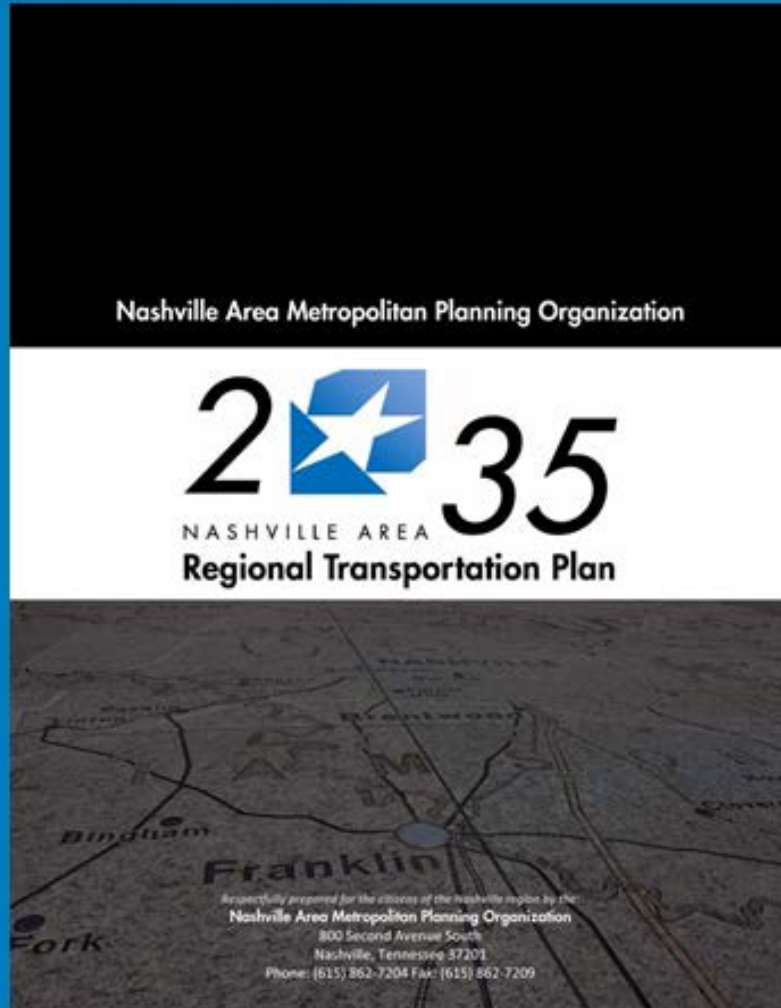
Division of Emergency and Environmental Health Services



EXTRA SLIDES



Policy: Public Opinions



#1

A Bold, New Vision
for Mass Transit

#2

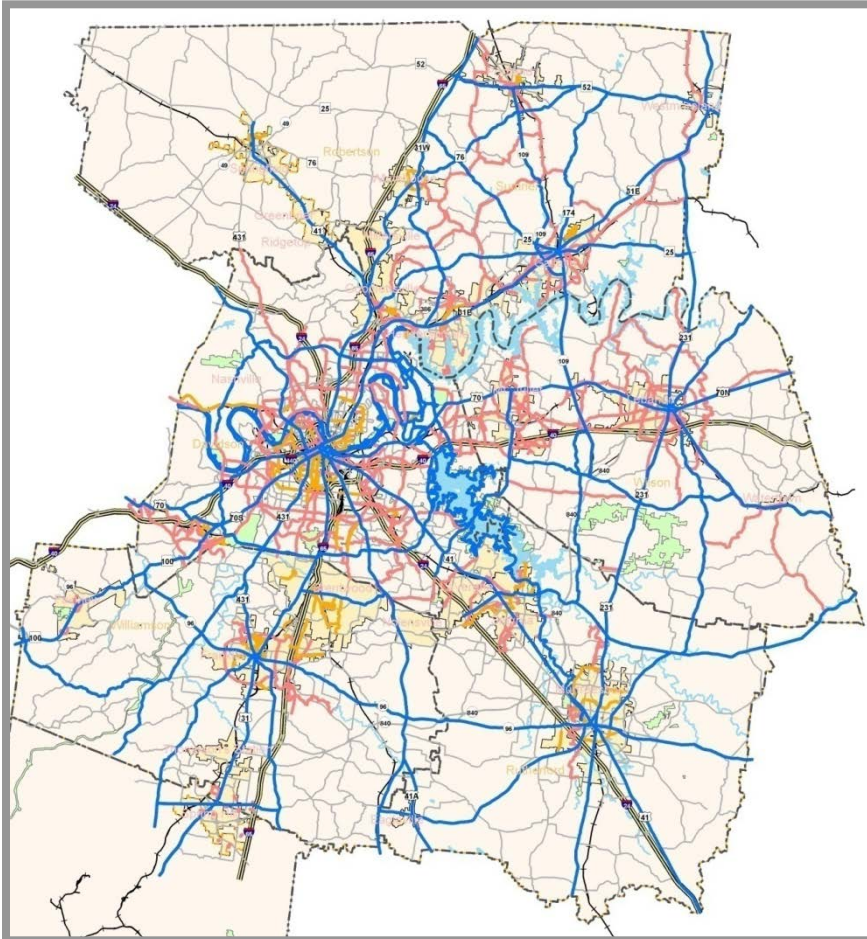
Support for
Active Transportation
& Walkable Communities

#3

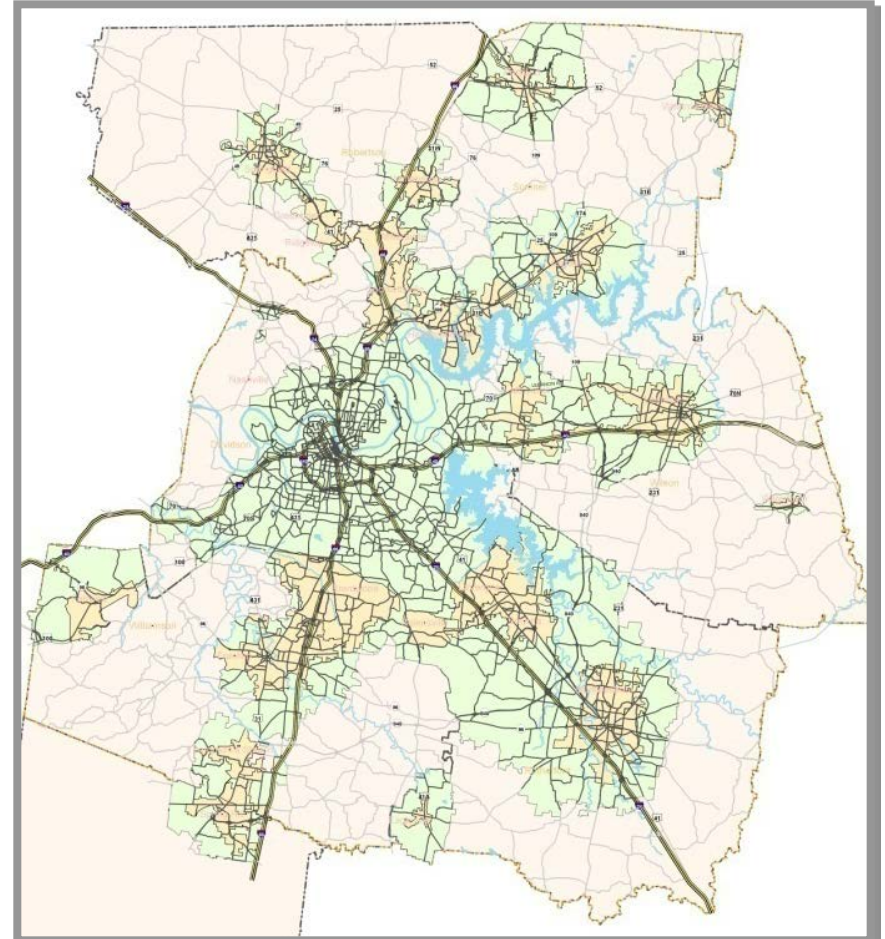
Preservation &
Enhancement of
Strategic Roadways

Plan: Regional Vision for Non-Motorized Modes

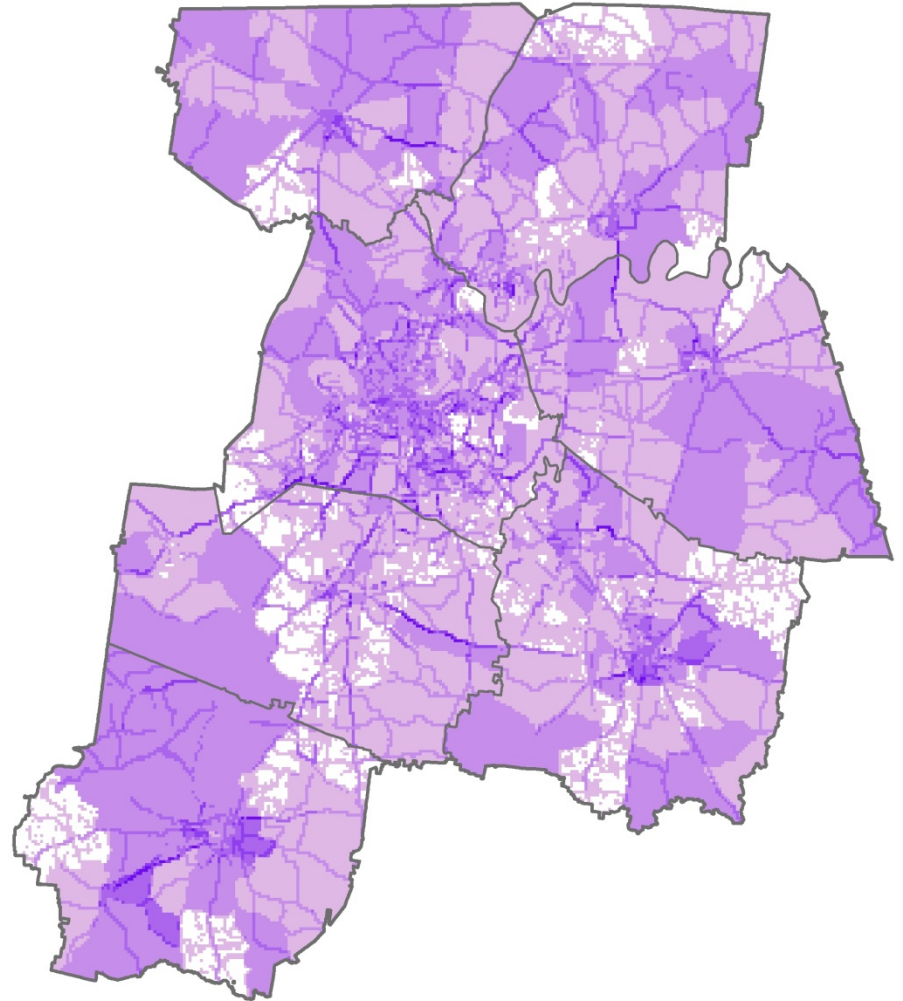
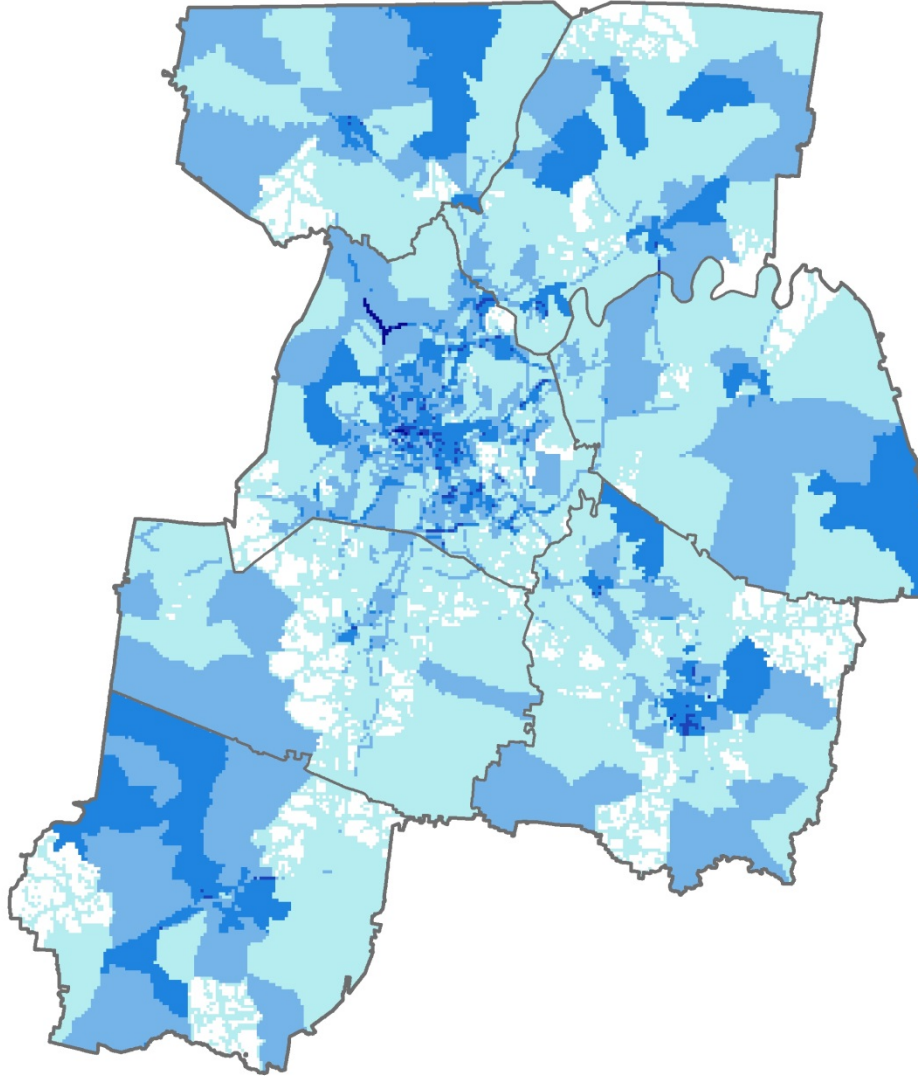
Bikeways



Sidewalks



Composite Bike/Ped Priority Areas



Bikeways, Sidewalks Greenways

2015

Sidewalks - 505 miles

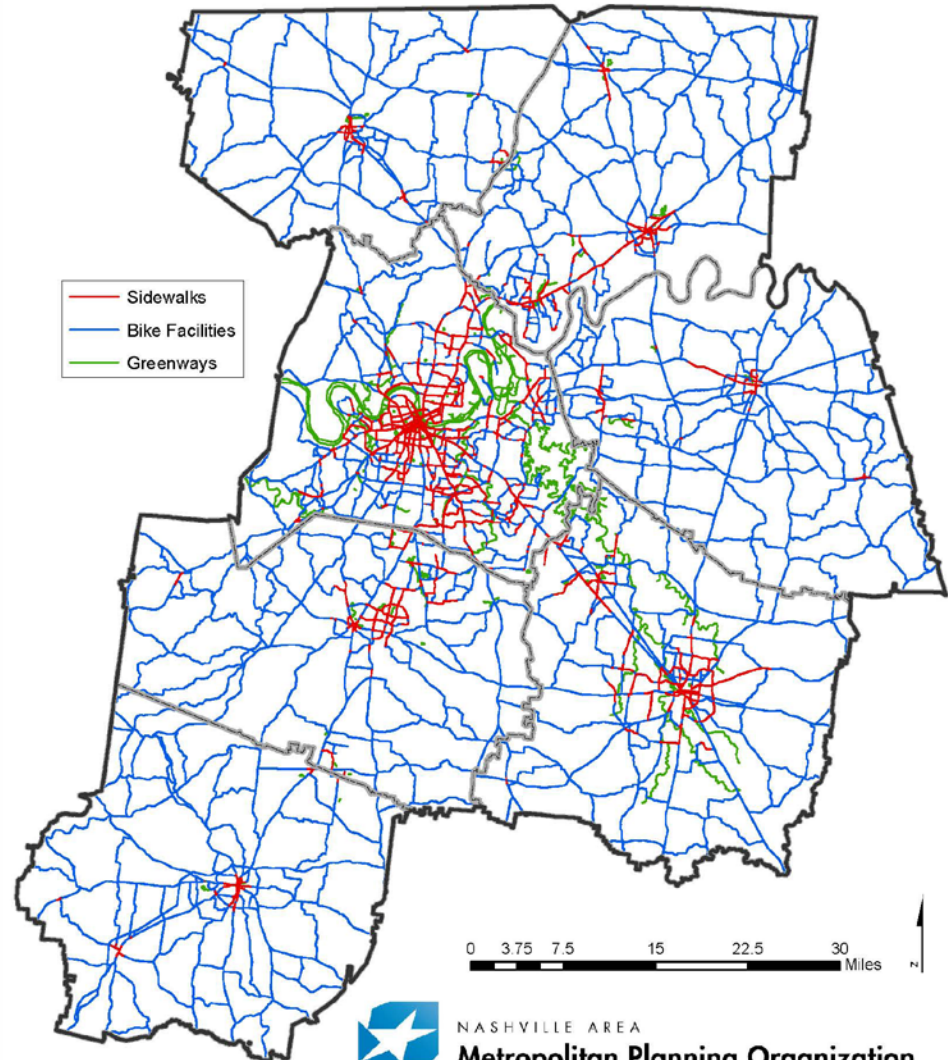
Bikeways –423 miles

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

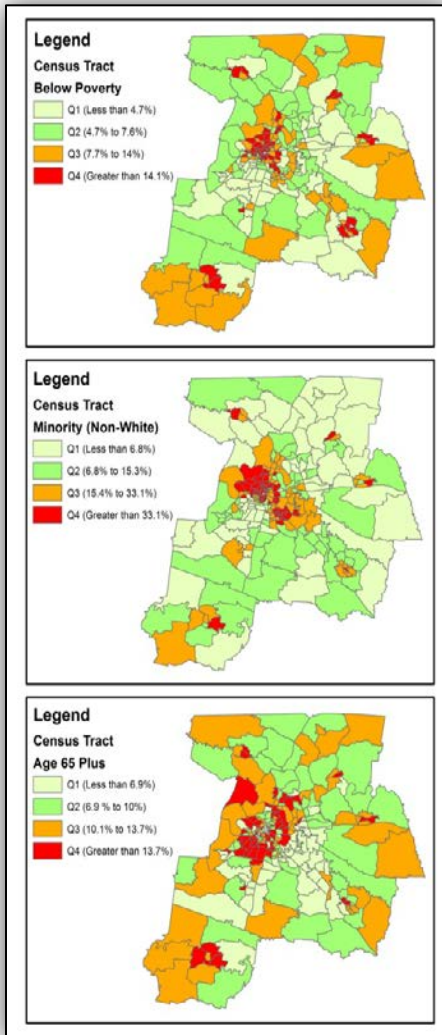
Greenways –185 miles

(greenways, multi-use trails and park trails)

Bicycle and Pedestrian Routes



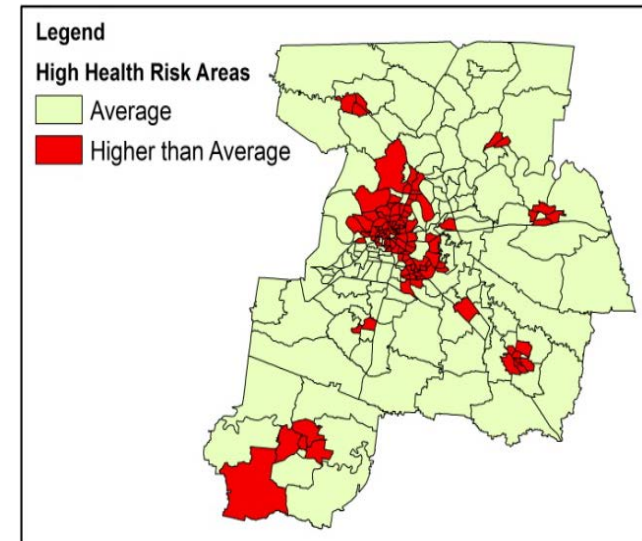
Prioritizing Projects – Health Analysis



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

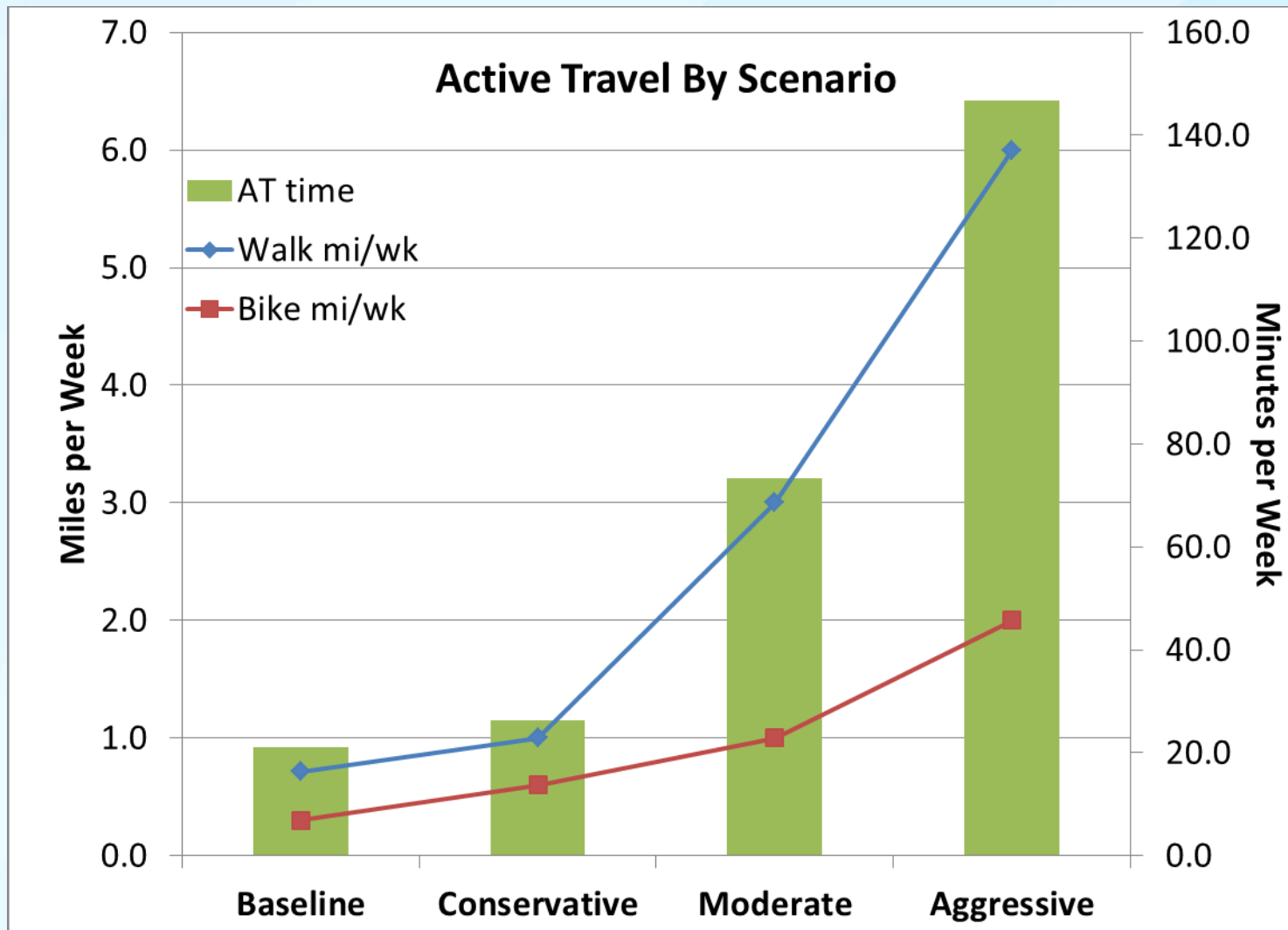
Research has also shown certain population groups have a higher disparity. These groups include:

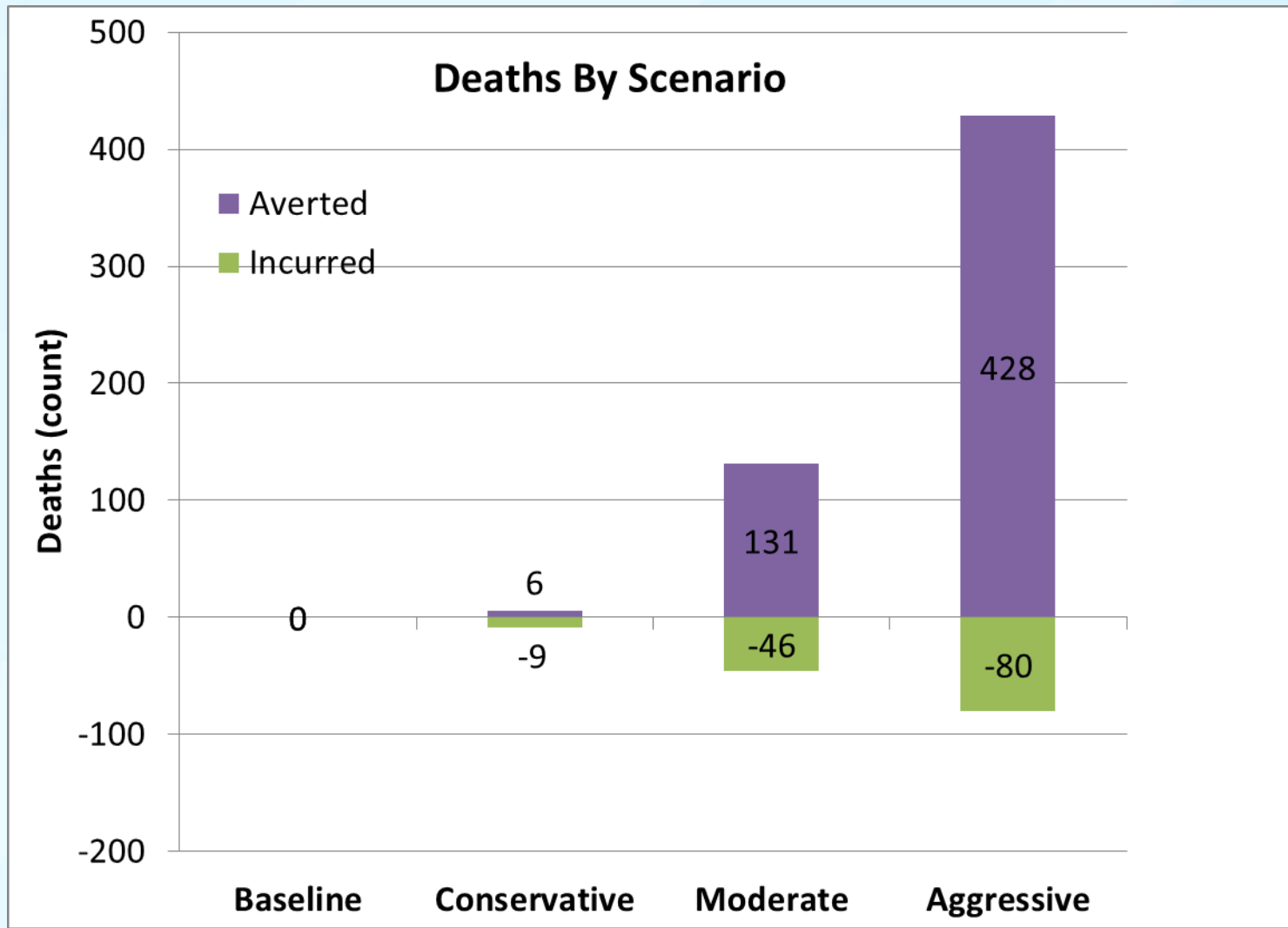
- Low Income
- Minority
- Older Adults (over 65)



Example – Physical Activity and Ischemic Heart Disease

PA – min/day	Relative Risk	% of Pop at PA Level	
		BAU	Scenario
0	1.00 (ref)	50%	5%
1-9	0.67	30%	7.5%
10-19	0.56	10%	12.5%
20-39	0.33	7%	55%
40+	0.22	3%	20%
Weighted Average “risk”:		0.79	0.40
Population Attributable Fraction:		$(0.79-0.40)/0.79 = 0.49$	
Change in Disease Burden:		$0.49 * \text{Current DALYs}$	





Comparative Risk Assessment

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

$$PAF = \frac{\int_{Xmin}^{Xmax} RR(x)B(x) - \int_{Xmin}^{Xmax} RR(x)S(x)}{\int_{Xmin}^{Xmax} RR(x)B(x)}$$

Extensive data on baseline diseases and exposures is critical!

