

Portrait of the Ambulatory Disabled in Philadelphia



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INTRODUCTION

Philadelphia has one of the highest disability rates of all large US cities. The 1990 American with Disabilities Act (ADA) decreased disparity between nondisabled and disabled Philadelphians. However, ongoing geographic segregation of resources needed by disabled communities illustrates the work remaining to make Philadelphia more equitable. This presentation outlines areas of geographic segregation in the Philadelphia ambulatory disabled community and how they overlap with community resources.

METHODS

We examined the social context of disability in Philadelphia, using Geographic Information Systems (GIS). GIS enables spatial analysis of population-level data. We obtained demographic and socioeconomic variables at the census tract level from the U.S. Census Bureau (American Community Survey). We obtained public infrastructure data from OpenStreetMap and City of Philadelphia GIS Hub. We obtained data on neighborhood health centers from the Philadelphia Department of Public Health. We obtained data on accessible transit stations from Septa public transit web portal. Proximity to grocery outlets and overlay with food deserts was obtained from the USDA food access research atlas. We used choropleth mapping to visualize the spatial distribution of each variable. We used hot spot analysis to identify statistically significant clusters of disability prevalence.

RESULTS

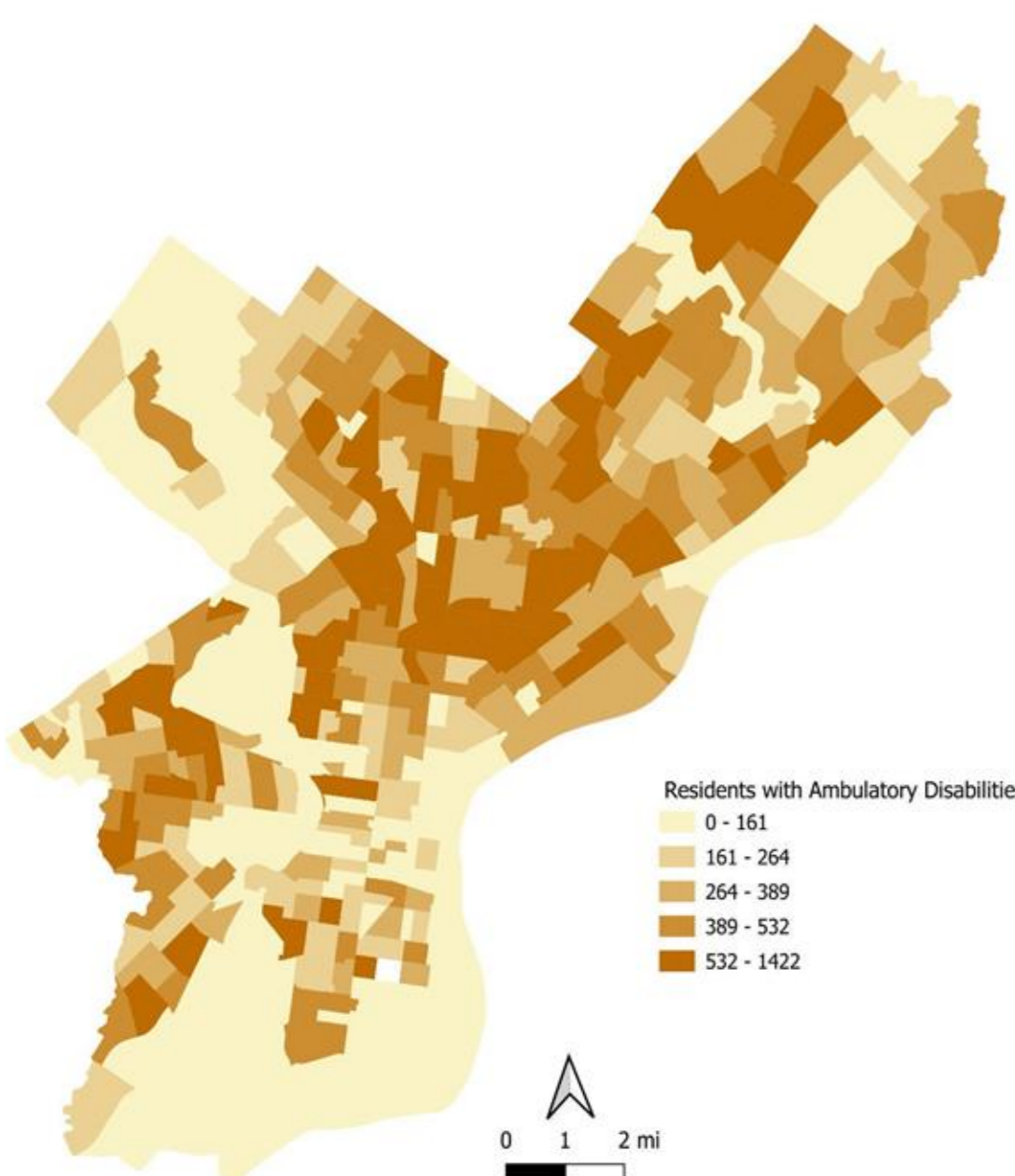


Figure 1: The ambulatory disabled population of Philadelphia is geographically segregated into census tracts with high rates of poverty in North and Northeast Philadelphia

RESULTS

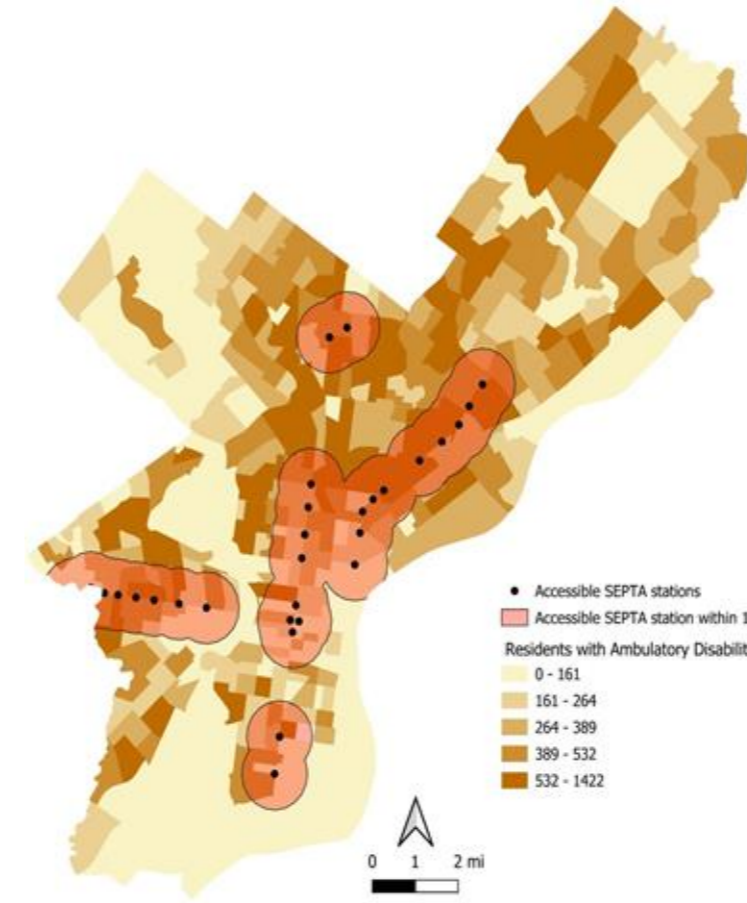


Figure 2: High density populations of the ambulatory disabled in North and Northeast Philadelphia lack accessible public transportation within 1 mile of home.

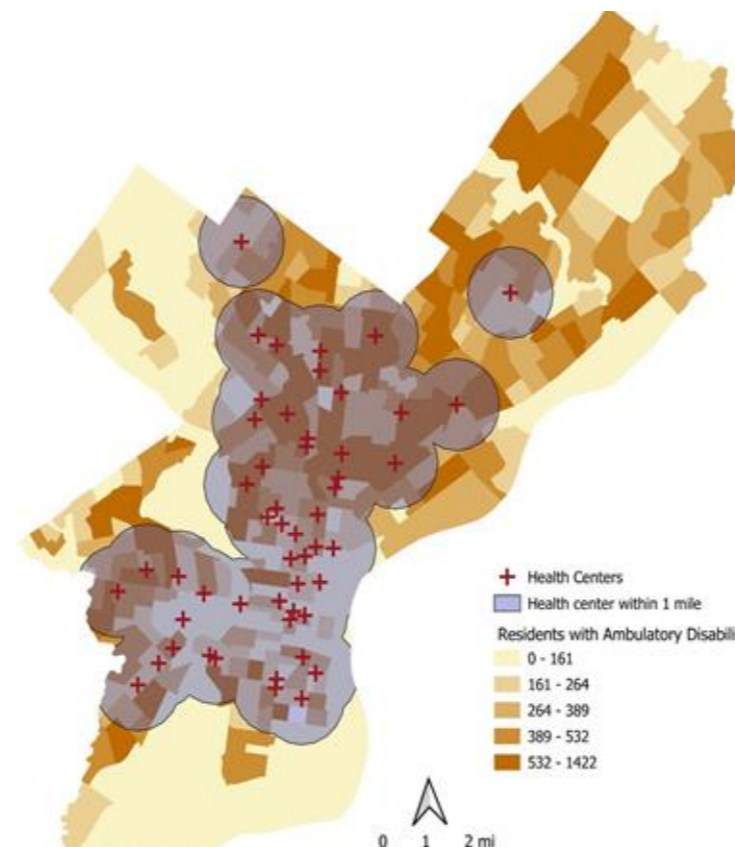


Figure 3: High density populations of the ambulatory disabled in Northeast Philadelphia lack access to public health clinics within 1 mile of home.

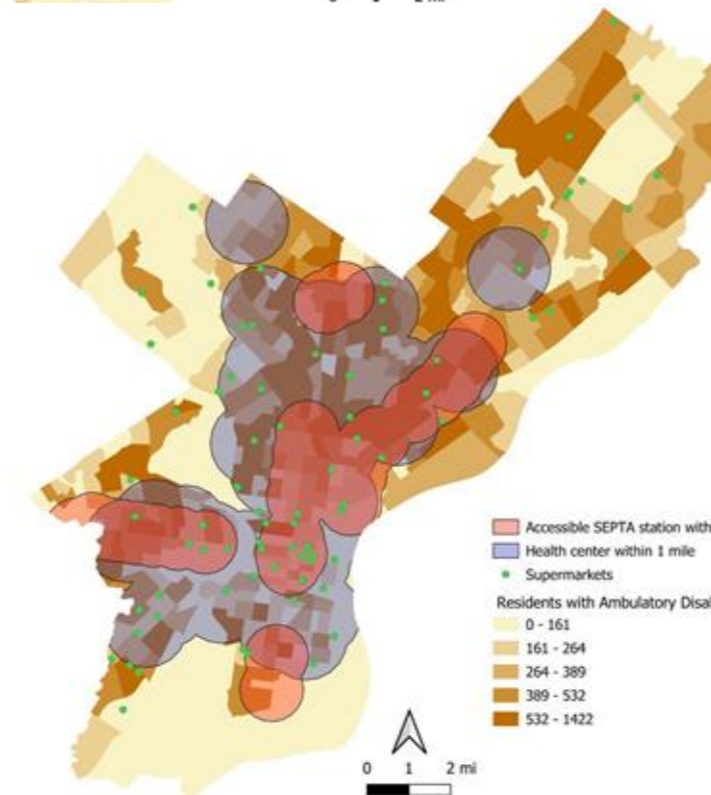


Figure 4: High density populations of the ambulatory disabled in Northeast Philadelphia lack access to a supermarket.

DISCUSSION

The ambulatory disabled population of Philadelphia is geographically disproportionately segregated into census tracts with high rates of poverty and limited access to accessible transit stops, usable sidewalks, community health clinics, and grocery outlets. Northeast Philadelphia has amongst the highest rates of ambulatory disabled populations and lacks access to many critical community resources.

CONCLUSION

Insight into the geospatial distribution of disabled communities and its relation to community resources allows more informed public policy decisions on resource allocation and planning.

REFERENCES

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