

An aerial, high-angle view of a futuristic urban landscape. The city is characterized by numerous tall, modern skyscrapers with glass facades. Many of these buildings have extensive green roofs, which appear to be used for urban agriculture, with various plants and trees visible. The city is interspersed with green spaces, including parks and small bodies of water. The overall aesthetic is clean, modern, and sustainable, with a focus on integrating nature into the urban environment. The lighting suggests a bright, sunny day, with long shadows cast by the buildings.

# Urban Food Production

Week-3 – Integrated Analytical Exploration

CS896 Capstone Project | Lokesh Das

Team 9:

Boddupalli Navya

Mallikarjun Maguluri

Venkata Subba Rao Are

# Core Dataset: PLACES Census Tracts

The foundation of our health burden analysis is the PLACES Census Tract data, providing detailed local health metrics.

## Selected Health Indicators:

- Obesity
- Diabetes
- High Blood Pressure
- Stroke
- Physical Inactivity
- Smoking
- Healthcare Access



*Visual representation of the seven core health metrics used to calculate community vulnerability.*



# Data Validation & Cleaning Workflow

To ensure the reliability of our health burden insights, we implemented a rigorous three-step data cleaning pipeline:

- **Uniqueness Verification:** Confirmed all TractFIPS are unique with zero duplicates detected in the final set.
- **Missing Value Handling:** Applied `dropna()` to remove incomplete records, ensuring analysis consistency.
- **Type Conversion:** Standardized all health indicators into numeric formats for accurate statistical computation.



*Methodological workflow for preparing raw PLACES data for analytical modeling.*

# Descriptive Statistics

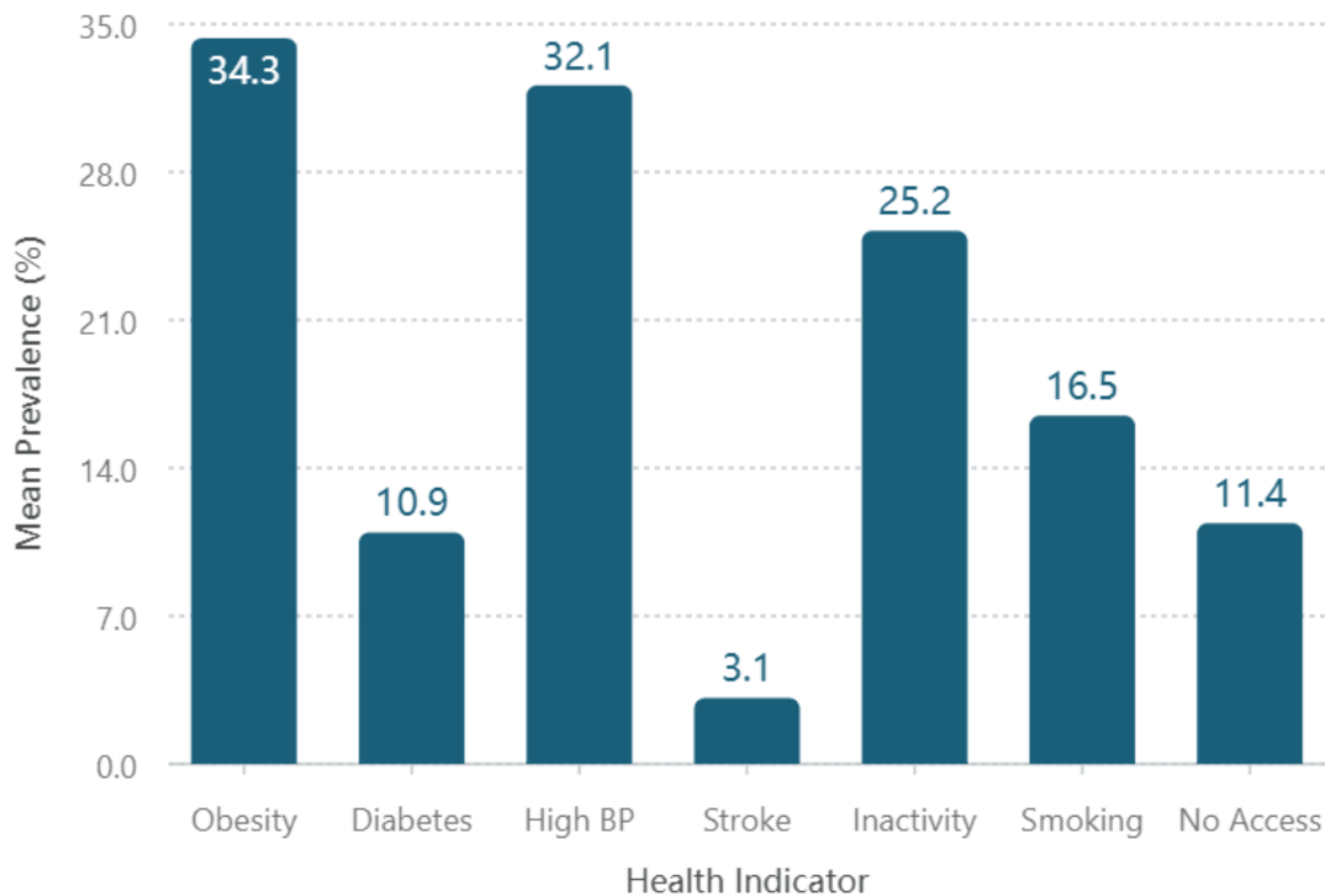
Total Census Tracts Analyzed

**68,172**

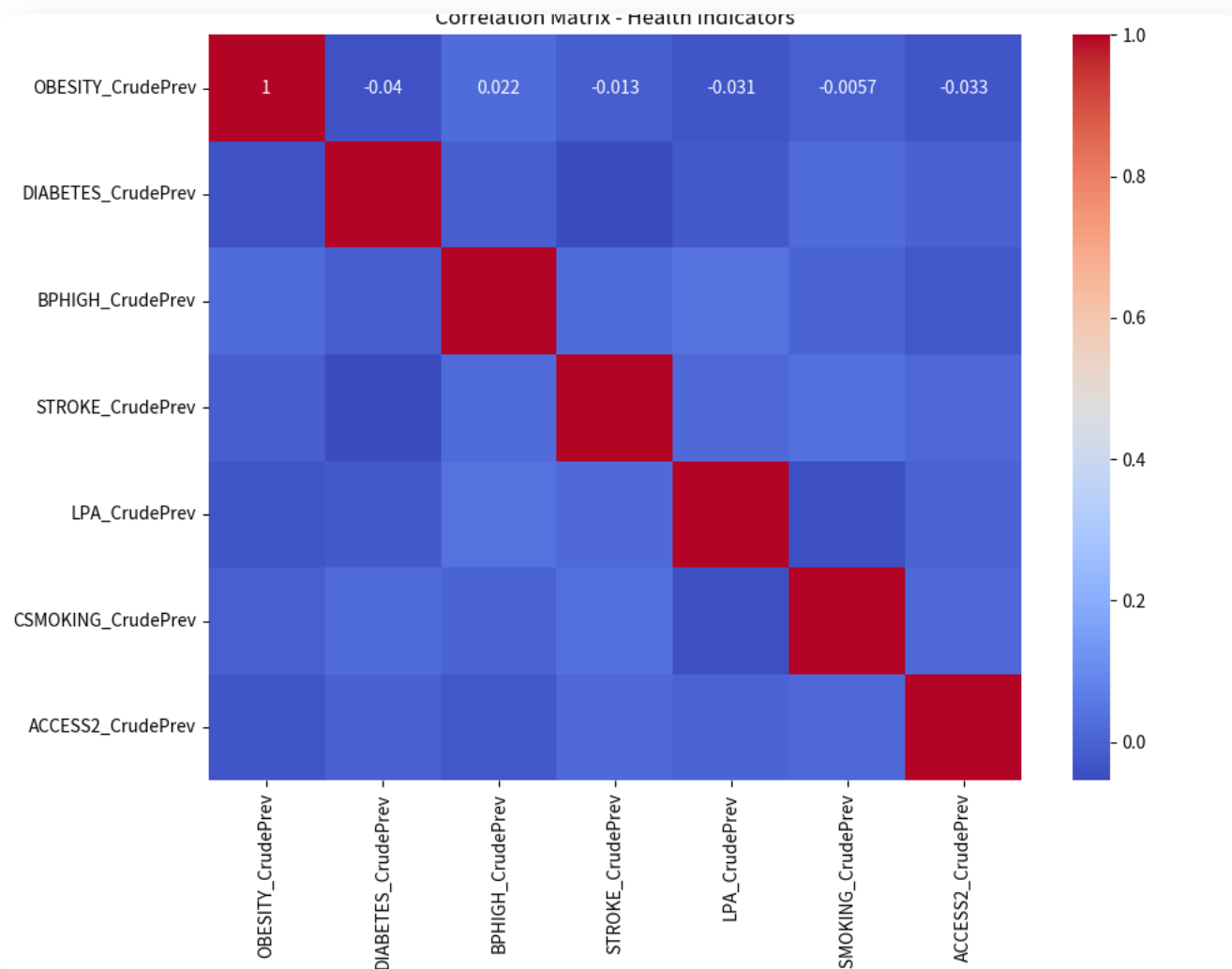
## High-Level Mean Metrics:

- **Obesity:** 34.3%
- **High BP:** 32.1%
- **Physical Inactivity:** 25.2%

The data reflects a significant chronic disease burden across the United States, with obesity and hypertension being the most prevalent conditions.



# Correlation & Risk Factor Analysis

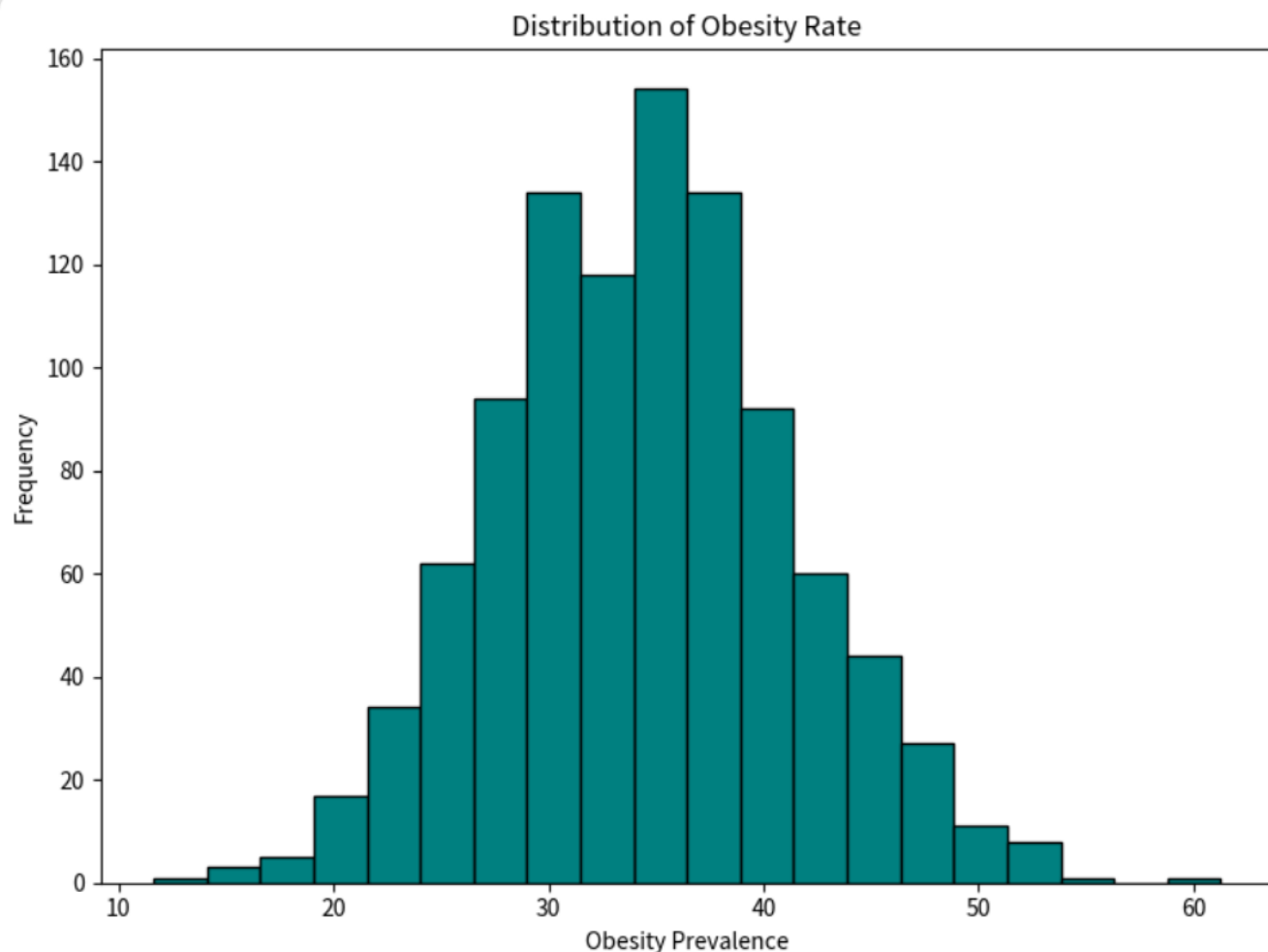


## Key Findings:

Health risks do not occur in isolation but cluster strongly within specific tracts.

- **Obesity ↔ Diabetes:** High positive correlation indicating comorbid patterns.
- **Inactivity ↔ Obesity:** Strong link reinforcing physical activity as a key driver.
- **Smoking ↔ Chronic Conditions:** Consistent association across multiple disease states.

# Distribution Analysis & Normalization Need



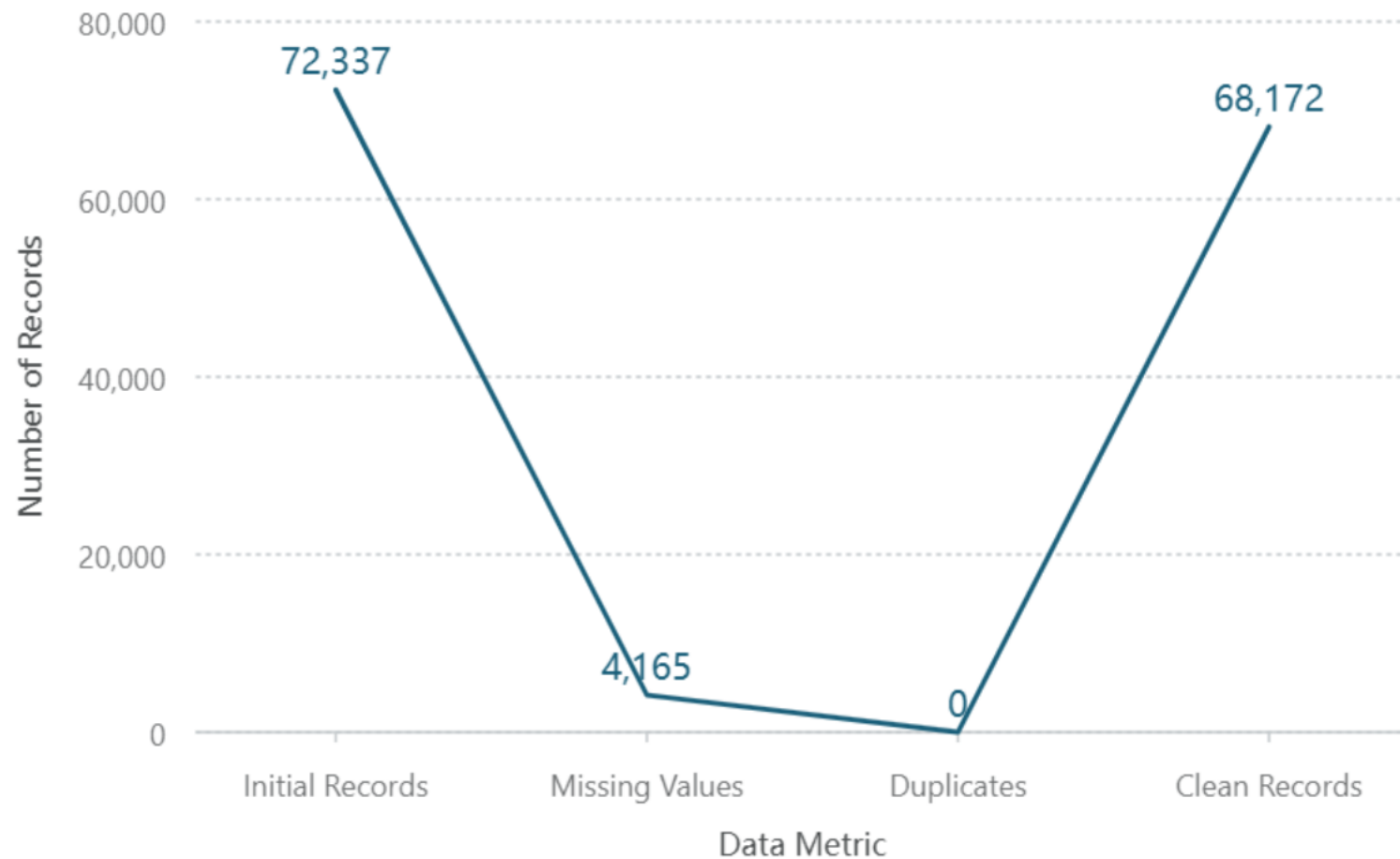
## Addressing Variable Skewness:

Exploratory histograms revealed that several health indicators exhibit non-normal distributions and varying scales.

## Why Normalize?

- Prevents variables with higher raw values from dominating the composite score.
- Ensures each indicator contributes proportionately to the final vulnerability assessment.
- Facilitates direct comparison across diverse health metrics.

# Data Integrity & Cleaning Results



## Quality Metrics:

- **Initial Records:** 72,337
- **Missing Values:** 4,165
- **Duplicate IDs:** 0

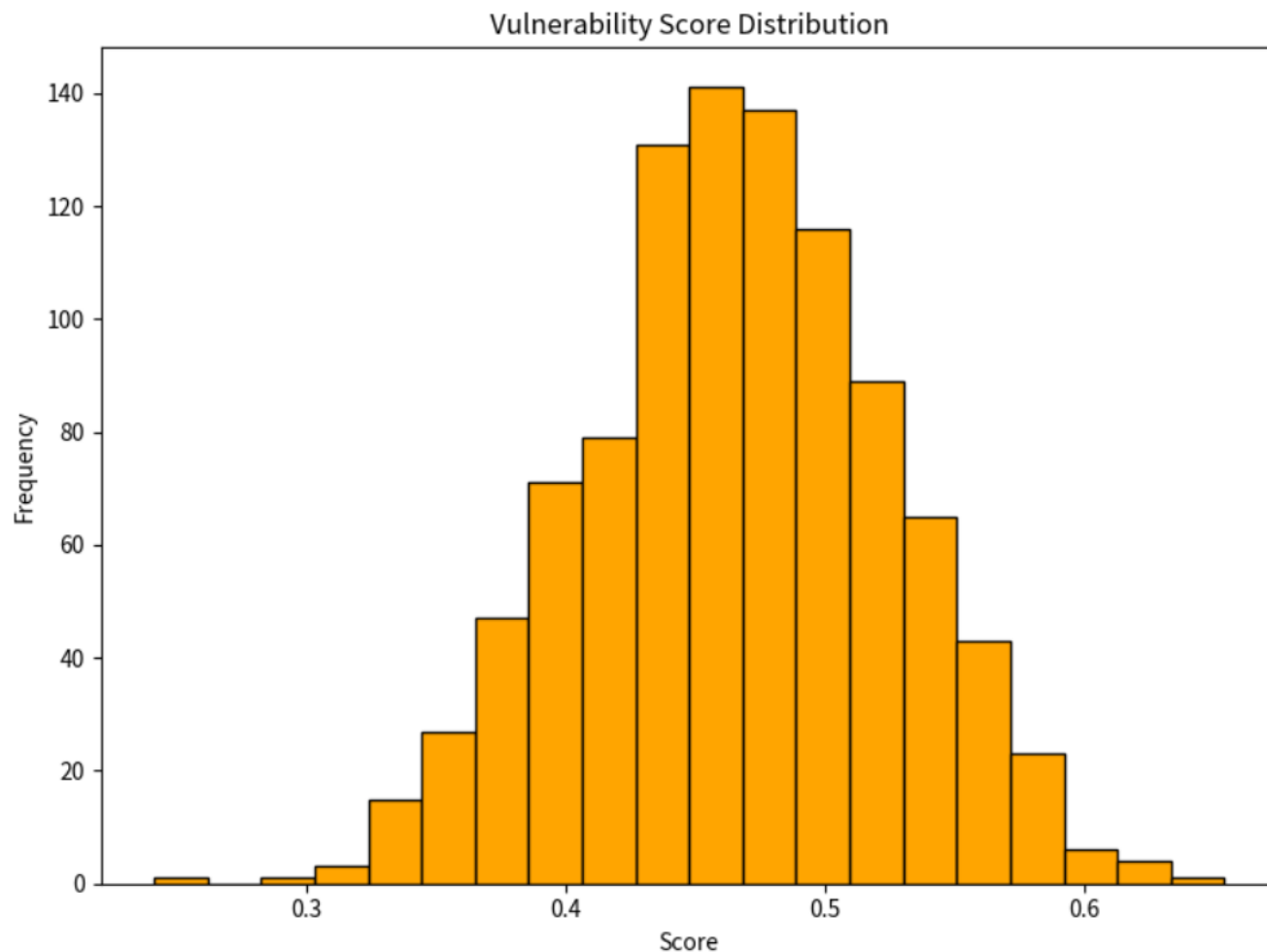
The rigorous cleaning process verified unique TractFIPS for all entries, resulting in a high-integrity analytical dataset.

# Vulnerability Score Development

## Quantifying Community Risk:

We developed a Composite Vulnerability Score to synthesize multiple health burdens into a single actionable metric.

- **Method:** Averaged normalized health indicators per tract.
- **Ranking:** Tracts were ranked by score to identify priority areas.
- **Outcome:** Clear identification of high-burden zones for targeted urban farming interventions.





# Key Outcomes & Next Steps

## Week 3 Summary:

- Cleaned and validated tract-level dataset.
- Identified significant health risk clusters.
- Developed preliminary Vulnerability Index.

## Looking Ahead:

The foundation is set for **Week-4 Suitability Modeling**, where we will translate these scores into site-specific recommendations.

**Thank You!**