

findSVI: an R package to calculate the Social Vulnerability Index at multiple geographical levels

Heli Xu¹, Ran Li¹, and Usama Bilal^{1,2}

¹ Urban Health Collaborative, Drexel Dornsife School of Public Health, Philadelphia, PA, United States of America ² Department of Epidemiology and Biostatistics, Drexel Dornsife School of Public Health, Philadelphia, PA, United States of America ¶ Corresponding author

DOI: [10.xxxxxx/draft](https://doi.org/10.xxxxxx/draft)

Software

- [Review](#)
- [Repository](#)
- [Archive](#)

Editor: Øystein Sørensen

Reviewers:

- @epiben

Submitted: 04 March 2024

Published: unpublished

License

Authors of papers retain copyright and release the work under a Creative Commons Attribution 4.0 International License ([CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)).

Summary

The Social Vulnerability Index (SVI) was created by the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) as a tool to assess the resilience of communities in preparation for public health crisis (Flanagan et al., 2011). In the event of public health emergencies, communities with higher SVI are considered more vulnerable, i.e., more likely to suffer serious consequences such as mortality/physical injuries, displacement and economic loss. The Geospatial Research, Analysis, and Services Program (GRASP) maintains the SVI database and updates the SVI every two years (Disease Control et al., 2021).

The SVI uses 16 variables from the American Community Survey (ACS) (Flanagan et al., 2011). These 16 variables are grouped into 4 themes/domains: Socioeconomic Status, Household Characteristics, Racial & Ethnic Minority Status and Housing Type & Transportation. For each variable, percentile ranks are calculated and aggregated (summed) for each theme and all themes for a geographic level of interest, which are used to generate another set of percentile ranks for a geographic unit as the theme-specific and overall SVIs. The CDC/ATSDR provides the SVI at the census tract and county levels, with percentiles calculated with respect to each state and the entire United States of America.

The main aim of the findSVI R package is to extend the application of CDC/ATSDR SVI methodology to more geographic levels and to utilize more up-to-date ACS data. Leveraging the tidycensus R package (Walker & Herman, 2024), findSVI allows data retrieval from American Community Survey for any year from 2012 to 2021, with more options for geographic levels (e.g., zip code tabulation areas or ZCTAs, places) and regions of reference for percentile calculations (e.g., county-specific, multiple states). In addition, findSVI provides an efficient SVI analysis workflow for requests involving multiple year-state pairs that need to be ranked separately. Apart from returning the result as an SVI data frame, findSVI also supports output as an SVI table with simple feature geometry for spatial analysis in R and other Geographic Information Systems tools.

Statement of Need

The SVI is a widely used indicator to measure the differential impact of public health crisis on communities with different socioeconomic and demographic characteristics. In addition to facilitating effective planning of social services and public assistance for disasters (Flanagan et al., 2018; Schmidt et al., 2021), the SVI has also provided a valuable metric for characterizing the relationships between social vulnerability and various health outcomes, such as surgical outcomes (Hyer et al., 2021; Paro et al., 2021), environmental exposure-related illness (Do et al., 2023; Lehnert et al., 2020), cardiovascular diseases (Bevan et al., 2022; Ibrahim et al.,

2023; Khan et al., 2021), as well as COVID-19 in recent years (Hughes et al., 2021; Karaye
& Horney, 2020; Khazanchi et al., 2020; Tsai et al., 2022). In particular, CDC/ATSDR SVI
has been used to examine spatial and racial/ethnic inequities in COVID-19 resources and the
disproportionate impact of COVID-19 on vulnerable communities (Bilal et al., 2021; Bilal,
Jemmott, et al., 2022; Bilal, Mullachery, et al., 2022; Gaynor & Wilson, 2020; Islam et al.,
2021; Mullachery et al., 2022).

However, many of the applications above had to recalculate the census-tract level SVI to match
their units of analysis (Bilal et al., 2021; Bilal, Jemmott, et al., 2022; Bilal, Mullachery, et al.,
2022), including ZCTAs, a unit of analysis for which public health data tends to be available
quicker in public health emergencies (Bilal et al., 2021). With findSVI, the workflow involved
in obtaining SVI can be streamlined and standardized for a specific research question. Provided
with year(s), region(s) of reference and a geographic level of interest, findSVI retrieves the
required variables from the US Census Bureau data and calculates SVI for communities in the
specified area. Furthermore, with its features to retrieve ACS data at more flexible geographic
levels and for more recent years, findSVI offers researchers more options for using SVI to
accurately reflect the region/year of focus for both association studies and spatial analyses.

Functionality

Basic usage of retrieving Census data and computing SVI for a region at a geographic level
can be found in the vignette [Introduction to findSVI](#). In addition, [Validation of SVI Results](#)
contains a reference table of the SVI variables and ACS variables across available years and
a comparison between SVI database and findSVI calculations. Examples involving spatial
analyses with SVI are included in [Mapping SVI for Spatial Analysis](#) and [Geographic Context
of SVI](#). An example of using findSVI to study social vulnerabilities and health outcomes is
also included in [SVI and health outcome](#), where the association between SVI and COVID-19
hospitalizations in Philadelphia is explored with maps and a scatter plot.

FindSVI makes use of the tidycensus package (Walker & Herman, 2024) for Census data
retrieval, dplyr (Wickham et al., 2023), purrr (Wickham & Henry, 2023), stringr (Wickham,
2023), tidyr (Wickham et al., 2024), tidyselect (Henry & Wickham, 2024b), rlang (Henry
& Wickham, 2024a) packages for data manipulation and cli (Csárdi, 2023) package for
user-friendly error messages.

References

- Bevan, G., Pandey, A., Griggs, S., Dalton, J. E., Zidar, D., Patel, S., Khan, S. U., Nasir,
K., Rajagopalan, S., & Al-Kindi, S. (2022). Neighborhood-level social vulnerability and
prevalence of cardiovascular risk factors and coronary heart disease. *Current Problems in
Cardiology*, 101182. <https://doi.org/10.1016/j.cpcardiol.2022.101182>
- Bilal, U., Jemmott, J. B., Schnake-Mahl, A., Murphy, K., & Momplaisir, F. (2022). Racial/eth-
nic and neighbourhood social vulnerability disparities in COVID-19 testing positivity,
hospitalization, and in-hospital mortality in a large hospital system in pennsylvania: A
prospective study of electronic health records. *The Lancet Regional Health–Americas*, 10.
<https://doi.org/10.1016/j.lana.2022.100220>
- Bilal, U., Mullachery, P. H., Schnake-Mahl, A., Rollins, H., McCulley, E., Kolker, J., Barber, S.,
& Diez Roux, A. V. (2022). Heterogeneity in spatial inequities in COVID-19 vaccination
across 16 large US cities. *American Journal of Epidemiology*, 191(9), 1546–1556. <https://doi.org/10.1093/aje/kwac076>
- Bilal, U., Tabb, L. P., Barber, S., & Diez Roux, A. V. (2021). Spatial inequities in COVID-19
testing, positivity, confirmed cases, and mortality in 3 US cities: An ecological study. *Annals
of Internal Medicine*, 174(7), 936–944. <https://doi.org/10.7326/M20-3936>

- 89 Csárdi, G. (2023). *Cli: Helpers for developing command line interfaces*. <https://cli.r-lib.org>
- 90 Disease Control, C. for, Toxic Substances, P. A. for, Disease Registry/ Geospatial Research,
91 Analysis, & Program, S. (2021). *CDC/ATSDR SVI data and documentation download*.
92 https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html
- 93 Do, V., McBrien, H., Flores, N. M., Northrop, A. J., Schlegelmilch, J., Kiang, M. V., & Casey,
94 J. A. (2023). Spatiotemporal distribution of power outages with climate events and social
95 vulnerability in the USA. *Nature Communications*, 14(1), 2470. <https://doi.org/https://doi.org/10.1038/s41467-023-38084-6>
- 96
- 97 Flanagan, B. E., Gregory, E. W., Hallisey, E. J., Heitgerd, J. L., & Lewis, B. (2011). A social
98 vulnerability index for disaster management. *Journal of Homeland Security and Emergency*
99 *Management*, 8(1), 0000102202154773551792. <https://doi.org/https://doi.org/10.2202/1547-7355.1792>
- 100
- 101 Flanagan, B. E., Hallisey, E. J., Adams, E., & Lavery, A. (2018). Measuring community
102 vulnerability to natural and anthropogenic hazards: The centers for disease control and
103 prevention's social vulnerability index. *Journal of Environmental Health*, 80(10), 34.
104 <https://pubmed.ncbi.nlm.nih.gov/32327766/>
- 105 Gaynor, T. S., & Wilson, M. E. (2020). Social vulnerability and equity: The disproportionate
106 impact of COVID-19. *Public Administration Review*, 80(5), 832–838. <https://doi.org/10.1111/puar.13264>
- 107
- 108 Henry, L., & Wickham, H. (2024a). *Rlang: Functions for base types and core r and 'tidyverse'*
109 *features*. <https://rlang.r-lib.org>
- 110 Henry, L., & Wickham, H. (2024b). *Tidysselect: Select from a set of strings*. <https://tidysselect.r-lib.org>
- 111
- 112 Hughes, M. M., Wang, A., Grossman, M. K., Pun, E., Whiteman, A., Deng, L., Hallisey,
113 E., Sharpe, J. D., Ussery, E. N., Stokley, S., & others. (2021). County-level COVID-19
114 vaccination coverage and social vulnerability—united states, december 14, 2020–march
115 1, 2021. *Morbidity and Mortality Weekly Report*, 70(12), 431. <https://doi.org/http://dx.doi.org/10.15585/mmwr.mm7012e1>
- 116
- 117 Hyer, J. M., Tsilimigras, D. I., Diaz, A., Mirdad, R. S., Azap, R. A., Cloyd, J., Dillhoff, M.,
118 Ejaz, A., Tsung, A., & Pawlik, T. M. (2021). High social vulnerability and “textbook
119 outcomes” after cancer operation. *Journal of the American College of Surgeons*, 232(4),
120 351–359. <https://doi.org/10.1016/j.jamcollsurg.2020.11.024>
- 121 Ibrahim, R., Salih, M., Gomez Tirambulo, C. V., Takamatsu, C., Lee, J. Z., Fortuin, D., & Lee,
122 K. S. (2023). Impact of social vulnerability and demographics on ischemic heart disease
123 mortality in the united states. *JACC: Advances*, 2(7), 100577. <https://doi.org/https://doi.org/10.1016/j.jacadv.2023.100577>
- 124
- 125 Islam, S. J., Nayak, A., Hu, Y., Mehta, A., Dieppa, K., Almuwaqqat, Z., Ko, Y.-A., Patel, S.
126 A., Goyal, A., Sullivan, S., & others. (2021). Temporal trends in the association of social
127 vulnerability and race/ethnicity with county-level COVID-19 incidence and outcomes in
128 the USA: An ecological analysis. *BMJ Open*, 11(7), e048086. <https://doi.org/10.1136/bmjopen-2020-048086>
- 129
- 130 Karaye, I. M., & Horney, J. A. (2020). The impact of social vulnerability on COVID-19 in the
131 US: An analysis of spatially varying relationships. *American Journal of Preventive Medicine*,
132 59(3), 317–325. <https://doi.org/10.1016/j.amepre.2020.06.006>
- 133 Khan, S. U., Javed, Z., Lone, A. N., Dani, S. S., Amin, Z., Al-Kindi, S. G., Virani, S. S.,
134 Sharma, G., Blankstein, R., Blaha, M. J., & others. (2021). Social vulnerability and
135 premature cardiovascular mortality among US counties, 2014 to 2018. *Circulation*, 144(16),
1272–1279. <https://doi.org/https://doi.org/10.1161/CIRCULATIONAHA.121.054516>
- 136

- 137 Khazanchi, R., Beiter, E. R., Gondi, S., Beckman, A. L., Bilinski, A., & Ganguli, I. (2020).
138 County-level association of social vulnerability with COVID-19 cases and deaths in the
139 USA. *Journal of General Internal Medicine*, 35, 2784–2787. <https://doi.org/10.1007/s11606-020-05882-3>
140
- 141 Lehnert, E. A., Wilt, G., Flanagan, B., & Hallisey, E. (2020). Spatial exploration of the CDC's
142 social vulnerability index and heat-related health outcomes in georgia. *International Journal*
143 *of Disaster Risk Reduction*, 46, 101517. <https://doi.org/10.1016/j.ijdrr.2020.101517>
- 144 Mullachery, P. H., Li, R., Melly, S., Kolker, J., Barber, S., Roux, A. V. D., & Bilal, U. (2022).
145 Inequities in spatial accessibility to COVID-19 testing in 30 large US cities. *Social Science*
146 *& Medicine*, 310, 115307. <https://doi.org/10.1016/j.socscimed.2022.115307>
- 147 Paro, A., Hyer, J. M., Diaz, A., Tsilimigras, D. I., & Pawlik, T. M. (2021). Profiles in social
148 vulnerability: The association of social determinants of health with postoperative surgical
149 outcomes. *Surgery*, 170(6), 1777–1784. <https://doi.org/10.1016/j.surg.2021.06.001>
- 150 Schmidt, H., Weintraub, R., Williams, M. A., Miller, K., Buttenheim, A., Sadecki, E., Wu, H.,
151 Doiphode, A., Nagpal, N., Gostin, L. O., & others. (2021). Equitable allocation of COVID-
152 19 vaccines in the united states. *Nature Medicine*, 27(7), 1298–1307. <https://doi.org/https://doi.org/10.1038/s41591-021-01379-6>
153
- 154 Tsai, T. C., Jacobson, B. H., Orav, E. J., & Jha, A. K. (2022). Association of community-level
155 social vulnerability with US acute care hospital intensive care unit capacity during COVID-19.
156 *Healthcare*, 10, 100611. <https://doi.org/https://doi.org/10.1016/j.hjdsi.2021.100611>
- 157 Walker, K., & Herman, M. (2024). *Tidycensus: Load US census boundary and attribute data*
158 *as 'tidyverse' and 'sf'-ready data frames*. <https://walker-data.com/tidycensus/>
- 159 Wickham, H. (2023). *Stringr: Simple, consistent wrappers for common string operations*.
160 <https://stringr.tidyverse.org>
- 161 Wickham, H., François, R., Henry, L., Müller, K., & Vaughan, D. (2023). *Dplyr: A grammar*
162 *of data manipulation*. <https://dplyr.tidyverse.org>
- 163 Wickham, H., & Henry, L. (2023). *Purrr: Functional programming tools*. <https://purrr.tidyverse.org/>
164
- 165 Wickham, H., Vaughan, D., & Girlich, M. (2024). *Tidyr: Tidy messy data*. <https://tidyr.tidyverse.org>
166