USE OF A COMMUNITY-UNIVERSITY ENVIRONMENTAL JUSTICE PARTNERSHIP TO EXAMINE ENVIRONMENTAL HEALTH DISPARITIES IN NORTH CHARLESTON, SOUTH CAROLINA

Sacoby Wilson, University of South Carolina, USA
Herb Fraser-Rahim, Low-Country Alliance for Model Communities, USA
Erik Svendsen, University of South Carolina, Columbia, USA
Hongmei Zhang, University of South Carolina, Columbia, USA
Edith Williams, University of South Carolina, Columbia, USA
LaShanta Rice, University of South Carolina, Columbia, USA
Dayna Campbell, University of South Carolina, Columbia, USA

Background and Aims: The Lowcountry Alliance for Model Communities (LAMC), a community-based organization in North Charleston, SC, developed a partnership with the University of South Carolina to study and address local environmental justice and health issues. The objective of this study is to assess spatial disparities in exposure and health for LAMC neighborhoods and other disadvantaged neighborhoods in Metropolitan Charleston.

Methods: Data on the spatial location of EPA regulated facilities and other land uses regulated by the state of South Carolina was obtained. Additional data on air pollution, asthma, diabetes, heart disease, and cancer were obtained from 1998 to 2008 for Metropolitan Charleston. ArcGIS 9.3 was used to map the distribution of facilities, air pollution, and disease rates. Chloropleth maps were created to show the relationship between facility location and demographic composition (percent non-white, percent poverty, percent high school education). The spatial coincidence, spatial approximation, and cumulative distance functions were used to assess spatial disparities in the distribution of environmental hazards and land uses by race/ethnicity and socioeconomic status. SAS 9.2 was used to assess differences in the distribution of pollution-emitting facilities and land uses, pollution levels, and health outcomes at the census tract and census block group levels.

Results: Preliminary analyses have shown that there are spatial disparities in the distribution of environmental hazards and land uses in Metropolitan Charleston based on race and socioeconomic status.

Conclusions: There are racial/ethnic and SES exposure and health disparities in Metropolitan Charleston. Additional work should be performed to explore the linkages between exposure to hazards and pollution and health disparities.