AMORE Project

ENABLING DATA-DRIVEN URBAN AND HEALTH SERVICES PLANNING

Use of open data to reveal the links between traffic congestion, accessibility, and equity



Data is displayed in

knowledge.

and the shortest journey new services to for the traffic congestion optimize accessibility. levels. The concept was Shows the populations tested in Cali, Colombia and sectors within a (2.25m) using three travel time threshold. life-saving health services: haemodialysis, Predicts accessibility radiotherapy, changes for adding and tertiary-care services in one or two emergencies. optimal sectors.

millions of travel time measurements between residential zones and those of health services. Uses anonymized and georeferenced population and housing data from the census with granularity that allows for accurate assessments.

The concept addresses evidence gaps and reveals inequities hidden in plain sight.

Data and analyses are disaggregated by sociodemographic characteristics, providing an equity perspective. For example, showing differences by age, place of residence, sexual identification, ethnicity, highest level of educa tion attained, marital status, or economic stratum of the housing unit.

maps and descriptive statistics for non-specialized stakeholders to interpret and communicate.

The approach was tested in a collaborative research project.

(e.g., demographics, infrastructure, traffic).

as conditions change

Supports continuous planning and monitoring of accessibility.

It can be used to inform accessibility analyses, prioritization, follow-up, and impact assessments.

Reveals the extent by which traffic congestion reduces accessibility.



EXPANSIVE CAPACITY

- ▶ The participatory process and the platform can be adapted and tested for other services, sectors, and stakeholders.
- > Potential for integration of additional data layers (e.g., insurance provider, availability of services).
- The project developed an emerging concept using a participatory approach.
- Points at specific solutions predicting their impact and offering means for accountability.





Low-income

Middle-income

High-income

20%

69%

72%

62%

79%

72%

64%

84%

95%

221,296

645,076

147,229

471,239

93,891

485

42.662

51,349

36,563

Geographical Accessibility by Car to Haemodialysis Peak Traffic Hours 6-12 July 2020, Cali, Colombia

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