Introduction

• Health is often thought of as a strictly physical or biochemical phenomenon, but it is more nuanced than that.
• Several socioeconomic factors play into an individual’s health status.
• Some of these socioeconomic determinants of health are: income, race, highest level of education, gender, and sexual preference.

Objective of the Study

The primary purpose of this study was to use individual health data from residents of the DC area in order to highlight socioeconomic health disparities in environments where they are perhaps most prevalent: the American city.

Methods

• The first step of this project was to secure and familiarize myself with D.C. specific health data.
• After I acquired the data, I spent the early days of my research re-teaching myself R syntax, as I had not coded in some time.
• I, then, began analyzing the data, creating data visualizations, and running statistical tests to show significant differences in health indicators and status across socioeconomic demographics.

The Study

• At this stage of the project, I focused on indicators of health rather than disease prevalence.
• Data on these health indicators were provided by Professor Michael Bader of American University in The 2016 DC Area Survey (DCAS 2016).
• The DC Area Survey is a pilot survey conducted through mail by American University in tandem with the SSRS aiming to aggregate a wide variety of data concerning neighborhoods in and surrounding DC.

• For the purposes of this study, a health indicator can be defined as a factor that tends to cause an individual to have better or worse health outcomes.
• Some of the health indicators that this study focused on were: whether or not the subject had access to a primary care provider, whether or not the subject had visited the ER in the past 6 months, the subject’s type of health insurance if any, and the subject’s self-reported health status.

Discussion

• There are apparent differences in the studied health indicators when compared across socioeconomic factors.
• It is important to study this relationship in order to garner a more complete understanding of health before society can work towards achieving true health equity.

Further Research

• Do socioeconomic determinants display similar effects on actual disease rates in individuals?
• Can the influence of social factors on health be effectively modeled?

Acknowledgements

I would like to take time to thank all the individuals and organizations that have supported me and my research, specifically Professor Simon Levin, Professor Ramanan Laxminarayan, Dr. Michael Bader, CDDEP, the EEB department, the American Studies Department, The Office of Undergraduate Research, and the Center for Health and Wellbeing.