| Variable | Value |
| --- | --- |
| Person | R\_2rPCP3AwSSZfMhU |
| Country | United States |
| Age | 22 |
| Gender | Cisgender Man |
| Sexual Orientation | Heterosexual |
| Race | White/European |
| Minority Statuses | No Minority Identities/None/None of Above/Blank/Priveleged Identity Listed |
| Qualitative Data | I grew up in the rural mountains of North Carolina. While I now attend medical school and have had a solid socioeconomic standing while growing up. My school and community was severely underserved. The community does not hold many of the important specialties, especially when concerning pediatric care. More so, mental health initiatives and counseling help is extremely limited in the area and can lead to challenges throughout the community.   For example, I was required to travel close to 200 miles round trip in order to receive treatment for a pediatric bleeding disorder as a child. The closest PICU is the same distance and has led to significant challenges for both my family and even more throughout the community. Emergency medicine is the highest risk in the area as transport can lead to poor health outcomes, particularly due tot he isolation associated with the community. The areas tobacco and drug problems are a extremely significant as well, as a result of previous tobacco industry in the area, lack of resources to mental and physical health, poor education system, and low socioeconomic status.   Watauga county has the largest socioeconomic disparity in the state of N.C. this translates to a food insecurity rate approaching 25-33%, an astounding number. This further complicates health in the region. |