

EQUIHEALTH: IMPROVING ACCESS TO HEALTHCARE FOR MARGINALIZED COMMUNITIES



Group Members:

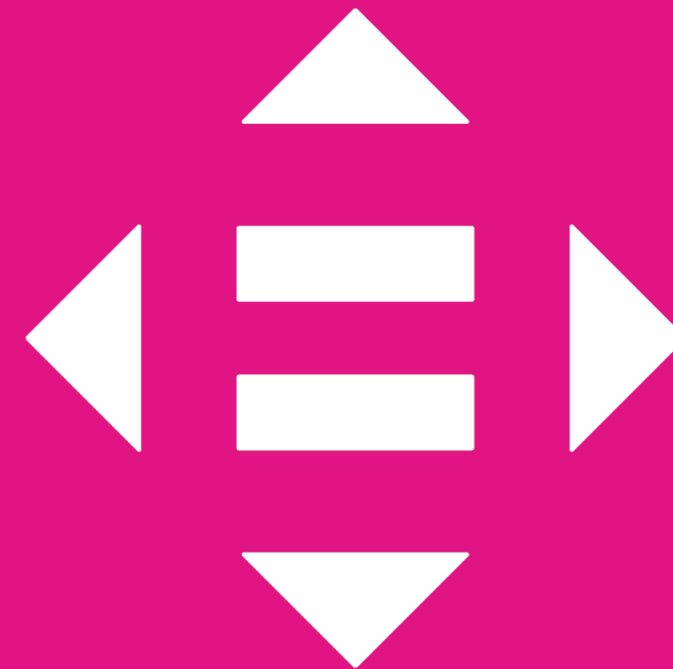
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SUSTAINABLE DEVELOPMENT GOALS

3 GOOD HEALTH
AND WELL-BEING



10 REDUCED
INEQUALITIES



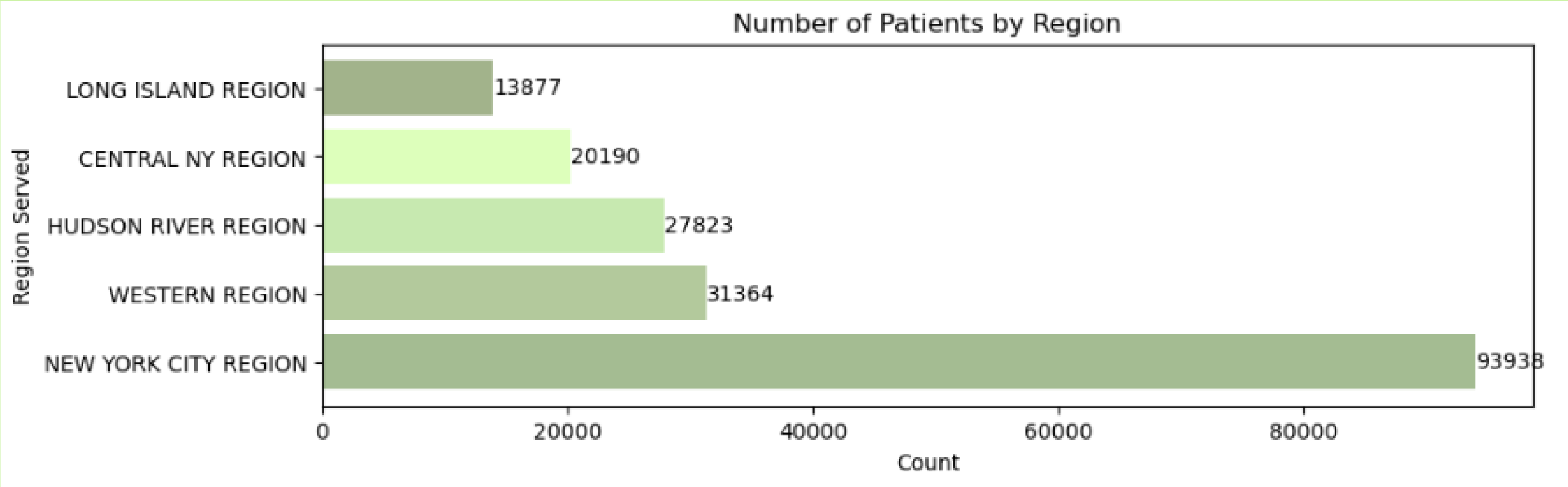
PROBLEM STATEMENT

How can we develop comprehensive strategies and implement effective policies to ensure equitable access to quality healthcare for marginalized communities, breaking the cycle of healthcare disparities and promoting health and well-being for all?



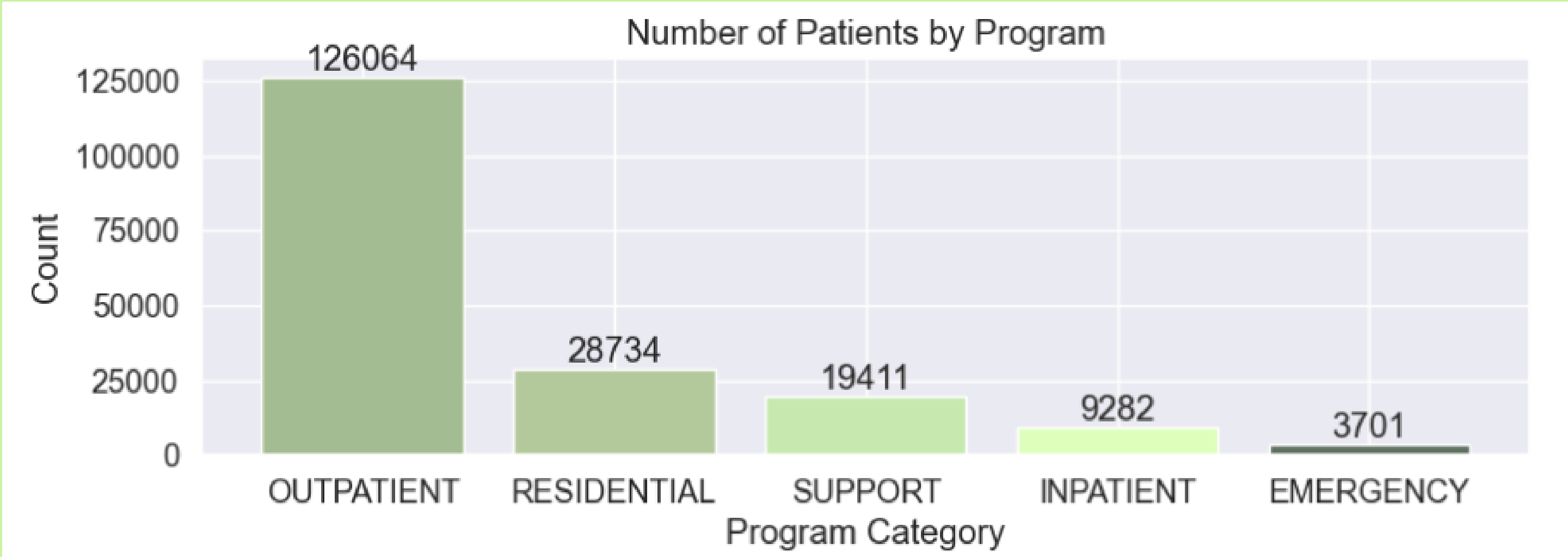
VISUALIZATIONS AND FINDINGS

NUMBER OF PATIENTS BY REGION



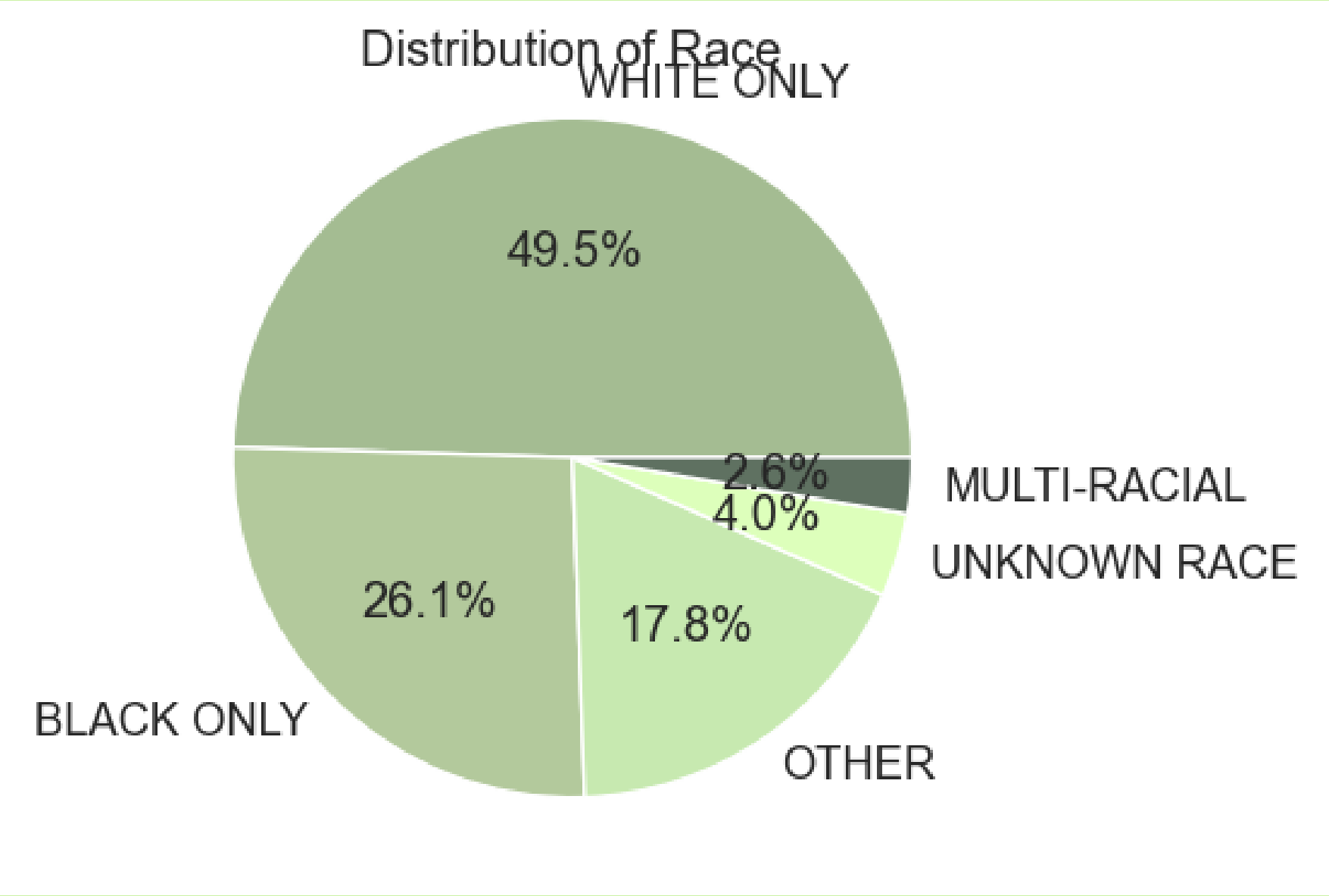
The graph shows the number of instances for each region, indicating the level of demand for healthcare services. While New York City Region has the highest number of instances, suggesting high demand, other regions such as Long Island, Central NY, Hudson River, and Western have relatively lower numbers, indicating potential areas for improvement in accessibility and healthcare service utilization.

NUMBER OF PATIENTS BY PROGRAM



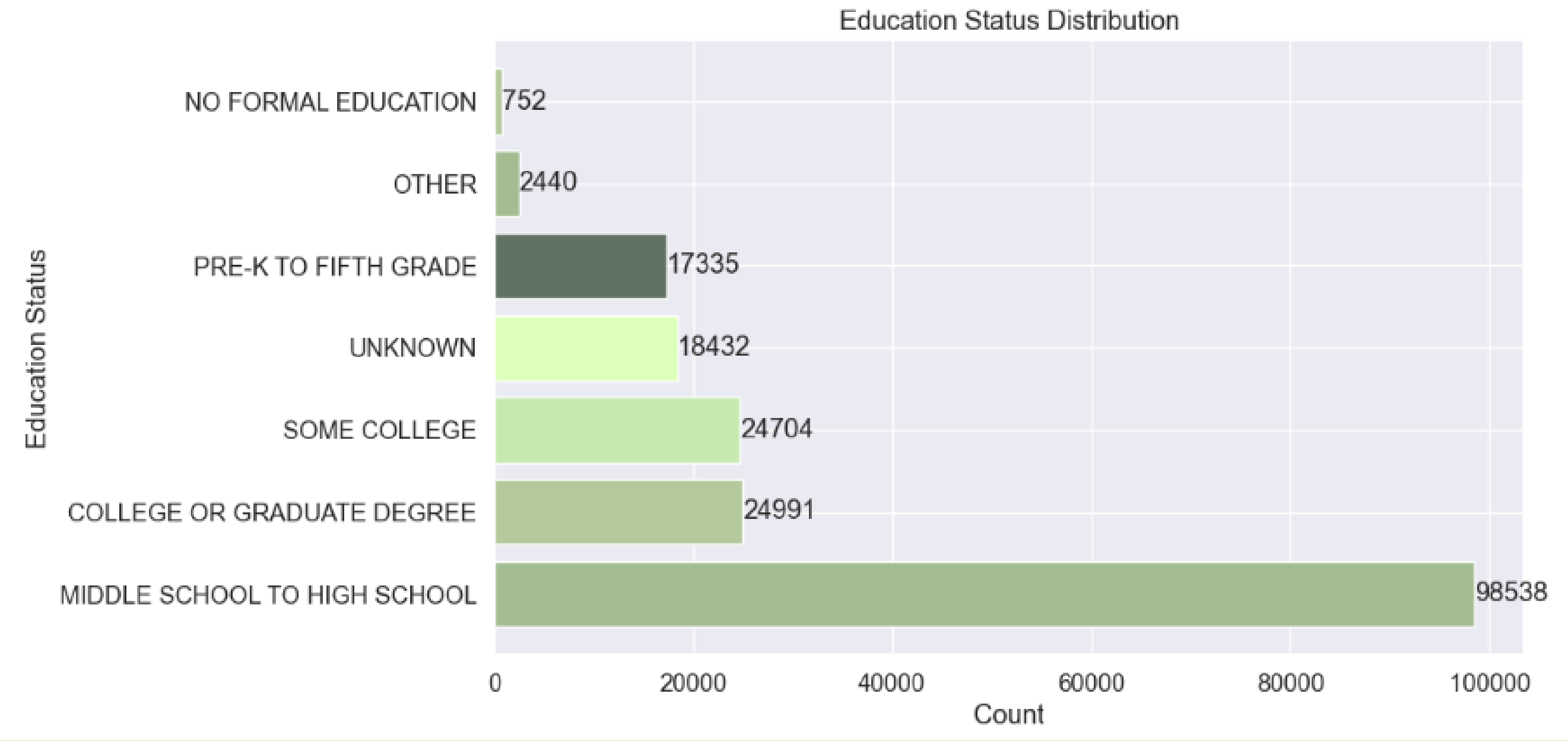
The distribution of program categories in the dataset provides insights into the utilization of healthcare services. Outpatient care has the highest number of instances, indicating its widespread utilization. This suggests that many individuals seek healthcare through outpatient services, which may include regular check-ups, consultations, and minor treatments. Residential, Support, Inpatient, and Emergency care have relatively lower numbers, indicating areas where accessibility or awareness can be improved.

NUMBER OF PATIENTS BY RACE



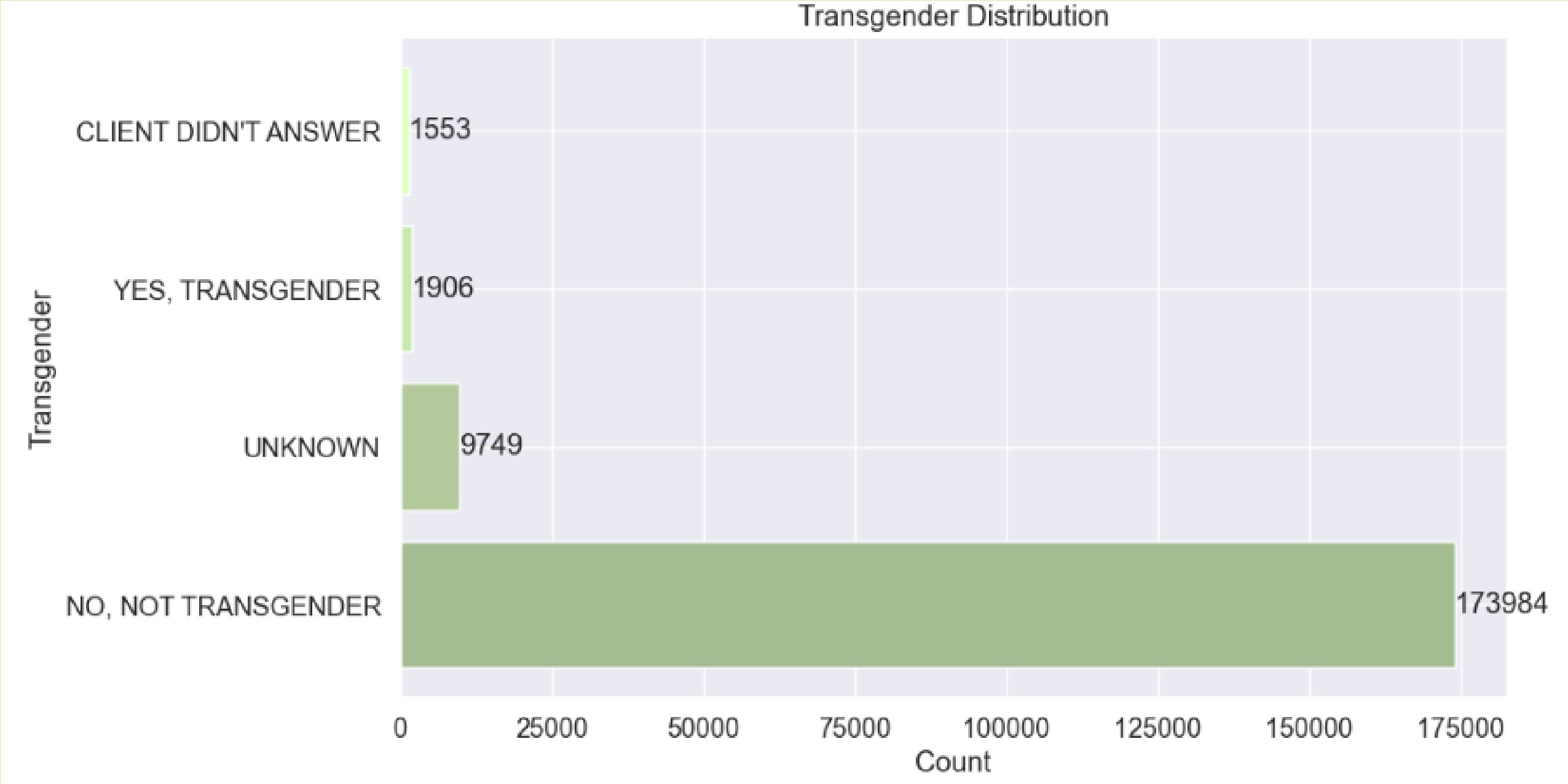
The pie chart illustrates the distribution of race in the dataset, providing insights into the racial diversity of the patients. It shows that the majority (49.5%) identify as White Only, followed by Black Only (26.1%), Multi-Racial (2.6%), Unknown Race (4.0%), and Other (17.8%). Analyzing the racial composition is important for addressing healthcare disparities and ensuring equitable access to services for all racial groups.

NUMBER OF PATIENTS BY EDUCATION STATUS



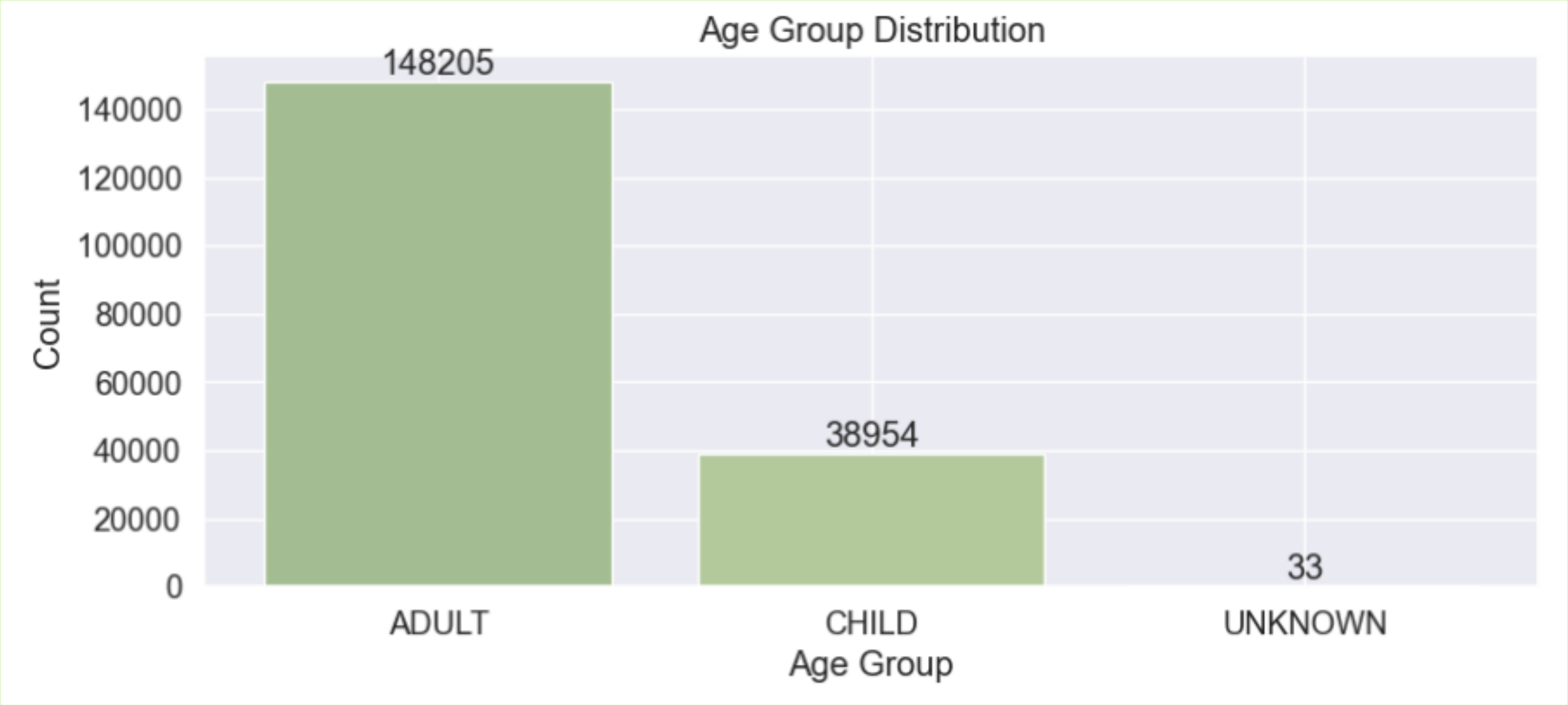
The graph depicts the distribution of education status among the patients in the dataset. It provides insights into the educational backgrounds of the individuals accessing healthcare services. The data shows that the highest number of patients have completed Middle School to High School (98,538), followed by College or Graduate Degree (24,991) and Some College (24,704). Pre-K to Fifth Grade (17,335) and Unknown (18,432) education statuses also have notable representation.

TRANSGENDER DISTRIBUTION



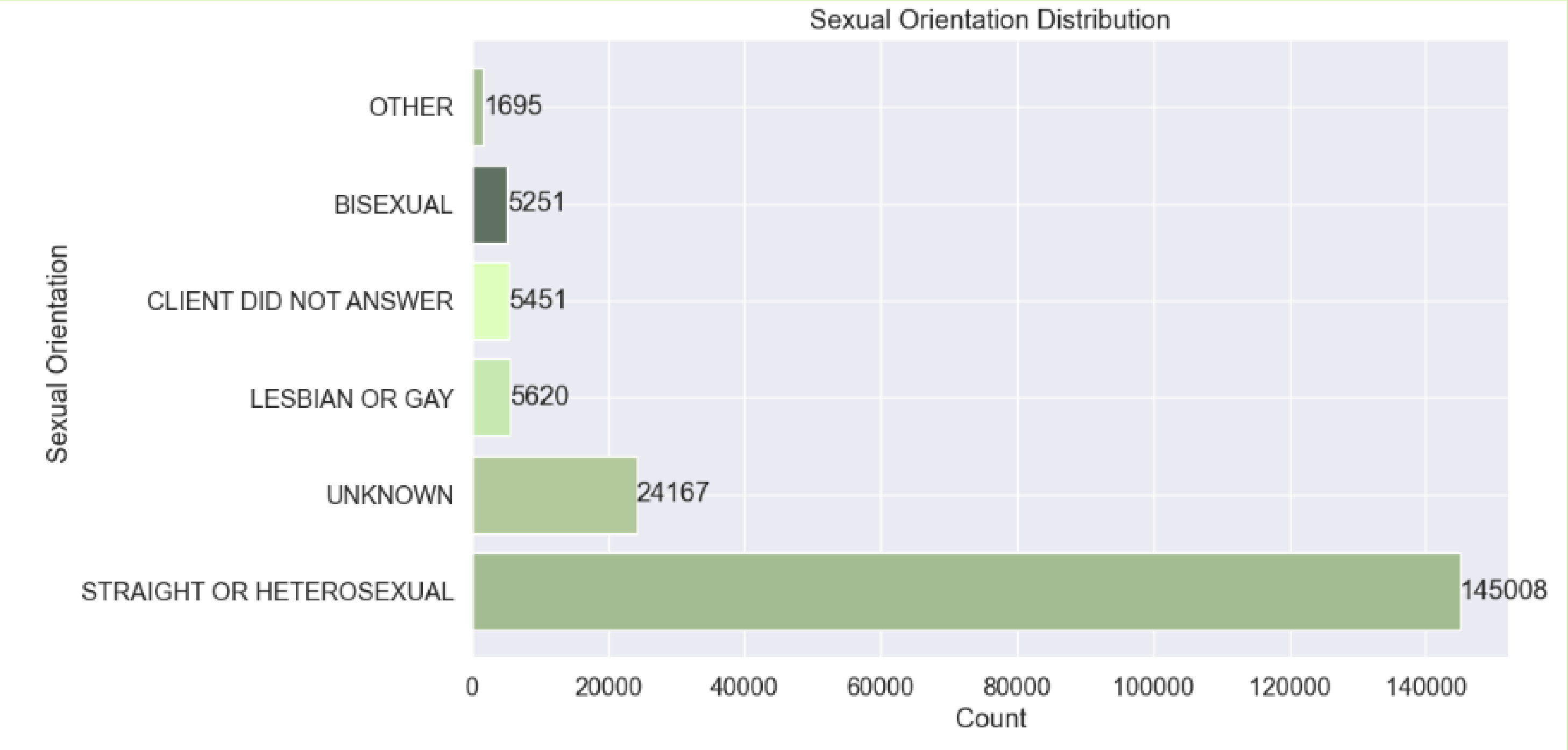
The graph displays the distribution of transgender individuals in the dataset. It indicates that a portion of patients chose not to answer or had an unknown transgender status, while a significant number identified as transgender. The majority of patients indicated that they are not transgender. This information emphasizes the need for inclusive and culturally sensitive healthcare for individuals of all gender identities.

AGE GROUP DISTRIBUTION



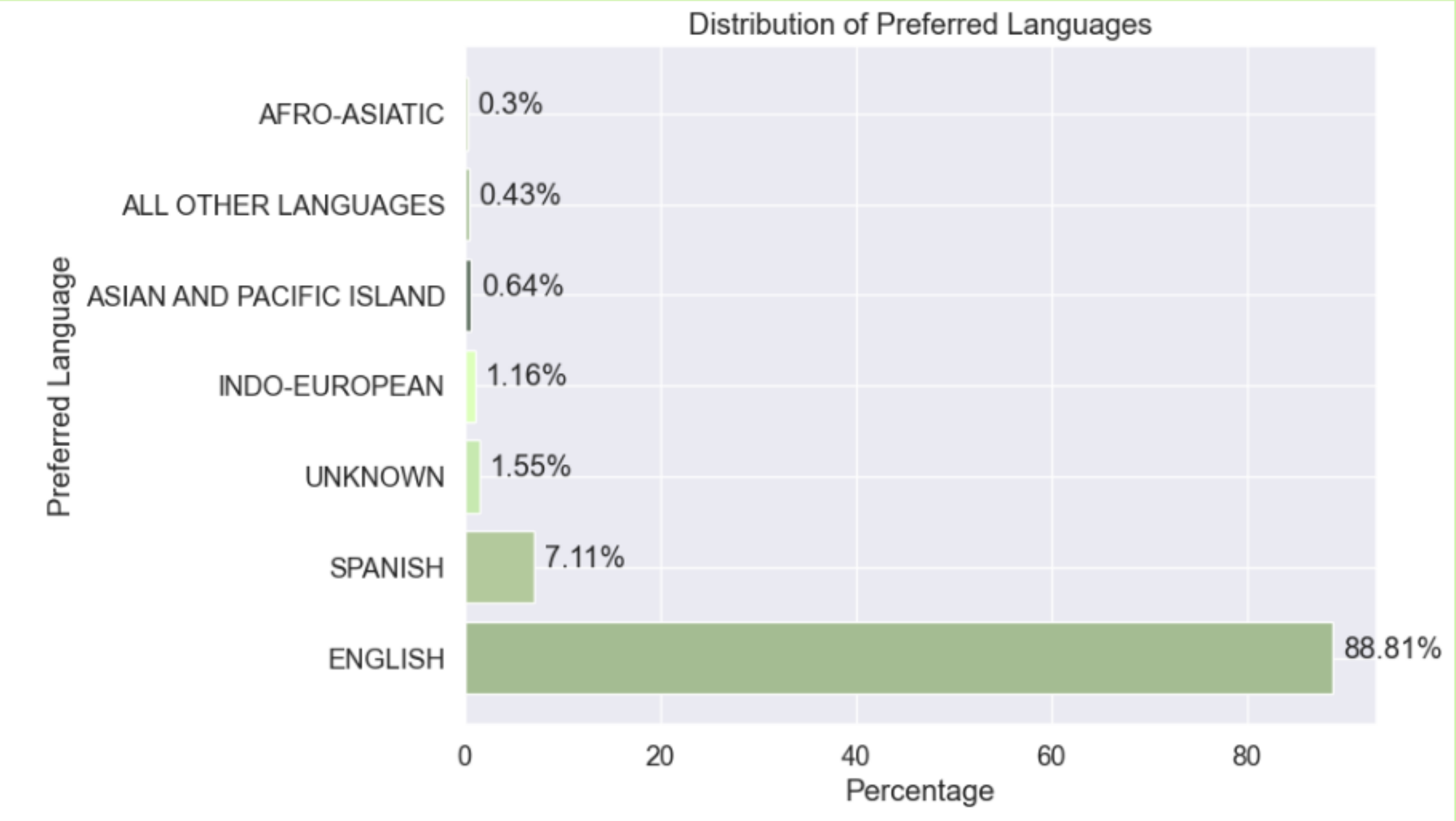
The graph represents the distribution of patients across different age groups. The majority of patients fall into the "Adult" category, indicating a higher number of adults seeking healthcare services. There is also a significant number of patients categorized as "Child." Only a small number of patients have an unknown age group. Understanding the distribution of patients across age groups is crucial for developing age-specific healthcare interventions and addressing the unique healthcare needs of different age cohorts.

SEXUAL ORIENTATION DISTRIBUTION



The graph displays the distribution of patients' sexual orientations. The majority of patients identify as "Straight or Heterosexual" indicating a predominant sexual orientation among the population.

DISTRIBUTION OF PREFERRED LANGUAGES



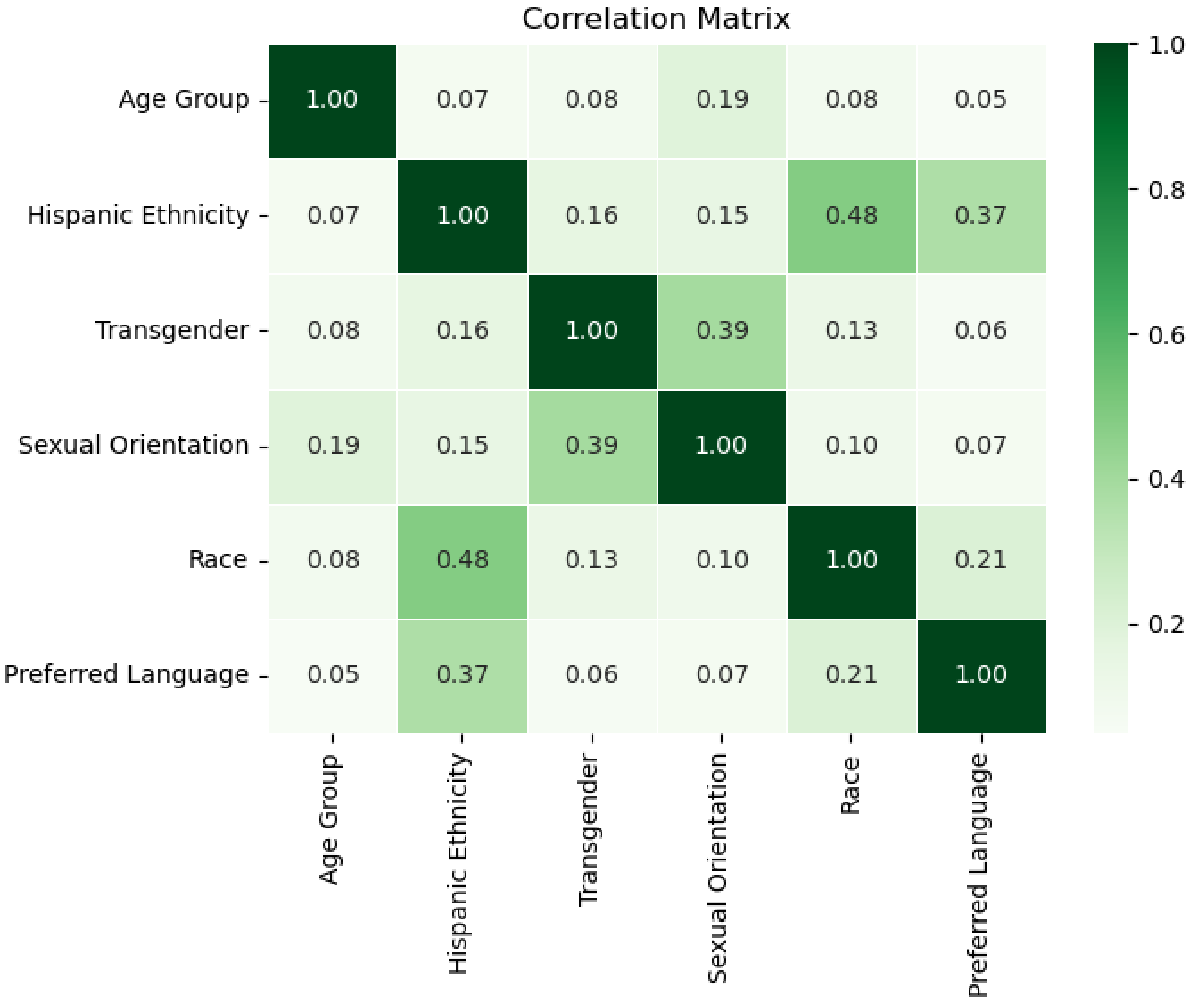
The graph illustrates the distribution of preferred languages among the dataset. The majority of individuals, approximately 88.81%, prefer to communicate in English. Spanish is the second most common preferred language, accounting for 7.11% of the dataset. Indo-European languages make up 1.16% of the preferences, while Asian and Pacific Island languages represent 0.64%. Additionally, all other languages account for 0.43%, Afro-Asiatic languages for 0.3%, and the remaining 1.55% of individuals have an unknown preferred language.

PROGRAM CATEGORY VS REGION

		Program Category vs. Region				
		CENTRAL NY REGION	HUDSON RIVER REGION	LONG ISLAND REGION	NEW YORK CITY REGION	WESTERN REGION
Program Category	EMERGENCY	0.10	0.13	0.08	0.50	0.19
	INPATIENT	0.14	0.24	0.10	0.41	0.11
	OUTPATIENT	0.11	0.14	0.06	0.52	0.17
	RESIDENTIAL	0.06	0.12	0.09	0.60	0.13
	SUPPORT	0.17	0.23	0.10	0.27	0.23
		CENTRAL NY REGION	HUDSON RIVER REGION	LONG ISLAND REGION	NEW YORK CITY REGION	WESTERN REGION
		Region Served				

In the "Residential" program category, the data highlights the dominance of the "NEW YORK CITY REGION" with the highest proportion of 0.603. This implies that this region has a greater prevalence of residential healthcare services or facilities, which cater to long-term care or assisted living needs.

CORRELATION MATRIX



SOLUTIONS AND RECOMMENDATIONS

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- Prioritize cultural competence and language diversity by offering interpretation services and multilingual healthcare materials.
 - Create safe and inclusive spaces for patients of all sexual orientations through training healthcare professionals and promoting inclusive policies.
 - Address regional disparities by allocating resources, services, and programs equitably across different regions.

SOLUTIONS AND RECOMMENDATIONS

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- Enhance data collection and analysis systems to capture comprehensive demographic information.
 - Implement targeted strategies to improve healthcare access for marginalized communities based on age, sex, race, sexual orientation, and preferred language.

THANK YOU!