**Disparities in Access to Facilities that Promote Health and Well-Being in Washington, DC Neighborhoods**

**Introduction/Business Problem**

Washington, DC is a racially and economically diverse city and the capital of the United States. Historically, the population of Washington has been majority African-American, but the demographics of the city are changing rapidly. The local economy has grown markedly in recent years, propelled by large increases in U.S. federal government activity. The population of the city has grown significantly during the past two decades, and a large percentage of new immigrants are younger, more upwardly mobile, and more racially diverse than many longer-term residents.

Despite these substantial changes, there remain major differences in the racial and socioeconomic composition of different areas of the city. For example, neighborhoods in the western end of the city generally house people who are Caucasian, have college degrees, are working professionals, and earn higher than average salaries. In contrast, neighborhoods on the eastern side, particularly east of the Anacostia River, typically contain residents of color who are less extensively educated and have lower incomes. For many years, residents of these latter areas (Wards 7 and 8) have expressed concerns that they receive fewer city services, have higher crime rates, and have access to fewer amenities (both public and private) than in wealthier areas of the District of Columbia. The lack of grocery stores selling fresh foods, drug stores, and health care facilities has been of particular concern. Studies have shown that this lack of or limited access to high quality food (i.e., “food deserts”) and other amenities that promote health and well-being is not uncommon in less affluent areas of the United States.

As a long-standing resident of the greater Washington, DC area and a person with substantial professional interest in human health and environmental quality, I wish to determine whether and to what extent there are significant spatial disparities in access to goods and services that influence the health and well-being of area citizens. Ensuring that all citizens are not only willing, but able, to pursue a healthy lifestyle is a key component of making our society more resilient, fair, and sustainable. Doing so requires, as an initial step, developing an understanding of where access to key goods and services by all residents of a particular community is adequate and where it is not.

The purpose of this study is to determine whether there are in fact substantial differences in convenient access to providers of goods and services that tend to promote good health and well-being across defined neighborhoods across Washington, DC as well as in the presence of entities that may have detrimental effects on residents’ health. To address these issues, I will examine location information on both public and private sector entities that can reasonably be considered to have either positive or negative impacts on the health and well-being of neighborhood residents, and then compare and contrast the patterns observed in wealthier (and whiter) areas of the city with those found in poorer (and less white) neighborhoods. Examples of entities that would be expected to promote good health and/or prosperity include supermarkets, parks and athletic fields, doctor’s offices, houses of worship, and banks. Examples of entities that might limit or detract from the health and well-being of residents include bars, waste management facilities, and check cashing services.