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Health Care

Local social epidemiologist aims to dismantle social structure through data



Elizabeth Walsh is a public health statistician and social epidemiologist for the Kansas City Health Department. Walsh, who was recently named an honoree for The de Beaumont Foundation's 40 Under 40 in Public Health award, produces data-driven stories to highlight health inequalities.

MORGAN MILLER PHOTOGRAPHY 2017



By Lily Lieberman Staff Writer, Kansas City Business Journal

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[Elizabeth Walsh](#) is a public health statistician and social epidemiologist for the Kansas City Health Department. She was recently named an honoree for [The de Beaumont Foundation's inaugural 40 Under 40 in Public Health](#) award. Among many of her responsibilities, Walsh creates reports that compile complex statistical data to increase knowledge of how social factors influence health outcomes.

"With these newsletters, my hope is that if i just open the eyes of one person, then I did my job. I got to somebody. I woke them up a little bit," Walsh said.

Below is a Q&A with Walsh on what she does and why she does it.

What does a social epidemiologist do?

"Traditional epidemiologists study disease patterns in the population. So in social epidemiology, we look at a person's social contexts and how those patterns of social context impacts a person's house as well as a community's home. We look at things like poverty, housing prices, racial concentrations and how those social status types of factors can impact health and report on it."

How do you come up with your reports?

"We do a lot of mapping and compare those to other patterns within the city. When we create these maps and look at infant mortality, low birth weight, death rates or emergency department visit rates and we overlay that with social factors like poverty, median income, housing costs and where people of color are concentrated, we see the same patterns," Walsh said. "We know that that's not by accident. So when I'm thinking about these projects, I'm thinking 'OK, how can I produce data and tell a data story that's going to help dismantle these structures that we put in place so many years ago.'"

How does Kansas City compare to its peer cities?

"I would say Kansas City probably has the most prominent segregation divide – that Troost line is just really prominent. But when we look at other cities in the Midwest like Milwaukee, Chicago and the Twin Cities, everybody has these same types of problems. Everybody has their pockets where they have vulnerable populations concentrated."

What are you working on right now?

"Right now I spend about half of my day working on an analysis using these new ICD 10 CRM codes which are hospital diagnosis codes related to social determinants of health. This is something new since Oct. 1, 2015. It's something that we're really interested in because never before has there been an opportunity to diagnose something like poverty or living in an unstable family situation. We now have about two years worth of data and we're looking to see if there are trends. We want to identify those high-poverty and high-stress areas and our most vulnerable populations so we can better target prevention efforts. That way, we can assist hospitals and partner with area safety-net providers to work on the the patterns that we're seeing."

What was your lowest career point and how did you overcome that?

"There is a time where I sat in my boss's office and I cried. That was the summer of 2016 and I had just come back from this class on health equity, but the class was basically 'how racism makes people sick.' That was when there was so much media attention around the shooting of unarmed black men by police. And at the time, I was working on a newsletter that was about drowning and heat-related deaths of which there are about two a year in the city. I just sat in my boss's office and cried. I was like, 'Why am I writing about this when there are innocent men being shot just because they're driving while black?' She just looked at me asked, 'Well what do you want to do about it?' And I said I wanted to write about it. So from that low point, I went to this incredibly high point where started working on this series on institutional racism in Kansas City and how that impacts health. I've now produced five newsletters on that and have three more to go."

What are you working on next?

"There's been a lot written about criminal justice and racism, but we've been trying to focus on this exclusively from the health perspective. We have a lot of people who are sick who are going to jail and then because of how the system is set up, they stay sick and then that also impacts their family. We have this cycle. And this cycle about keeping sick people sick happens in every single facet. It happens with education and when we're talking about economic opportunity and jobs and social status in this city. So criminal justice is just another component of this cycle where we're keeping people sick. It's really difficult to get data on that."

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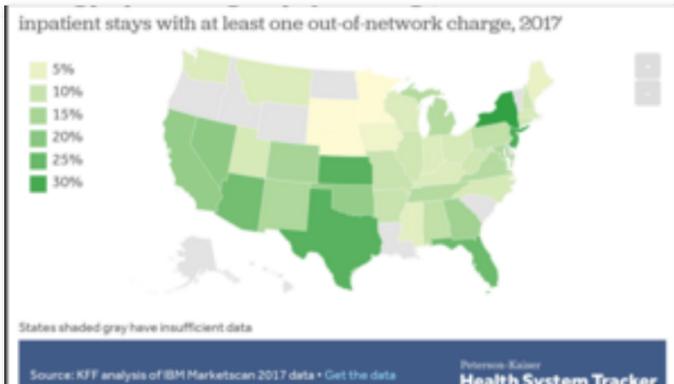
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