

This past winter break, my mind pondered on how I would spend my first college summer. My first semester at Duke consisted of a Medical Ethics class, where I explored issues related to social determinants of health (SDOH) as well as cultural competency. Becoming involved in the Student Collaborative on Health Policy (SCOHP) helped me understand how I can create an impact in these timely topics through policy. From these experiences and as a child of Cuban immigrants, I knew that I had an interest in improving the efficacy of healthcare delivery among Latinx patients. I began to connect with Latinx healthcare workers at Duke Health by attending weekly sessions of the LATIN-19 advocacy group. Session by session, I became informed on issues pervading the Latinx community during COVID-19, such as vaccine hesitancy, food and housing insecurity, and language barriers in the healthcare system. I realized that I wanted to embark on a career in health policy this upcoming summer in order to gain real-world experience in issues that I find of utmost importance and care deeply for.

On the first day of the internship, I virtually met my mentor, Dr. Rushina Cholera. After getting to know one another, she introduced me to three different projects that I had the opportunity to collaborate on. This offered me the ability to work with various undergraduates, graduate students and faculty on initiatives that would advance my skills and interests in the field. I discovered the power of weekly working meetings with faculty in order to discuss questions that I had come across or troubleshoot any challenges I had in my research. It was extremely beneficial to have fellow undergraduates attend my weekly check-ins, as I was able to learn about the different projects that they were working on. This format allowed me to not only engage in projects that directly related to my initial interests, but also discover other health policy topics.

One of the three projects was a new initiative that Rushina had not yet explored. After having conversations with other faculty and stakeholders on the use of social risk indices during COVID testing and vaccine allocation, Rushina was interested in evaluating the indices that are available and how they are used to address health equity. I found the opportunity to engage in this project extremely exciting as we would have the ability to make an impact in an area that had not yet received sufficient attention. I sought out to take a deeper dive into all of the social risk indices that exist, what variables they consist of, what SDOH domains they address, what's missing and how they can improve.

From time to time throughout the summer, I found that I had to remind myself of the importance of the work that I am doing. In a research project that Rushina and I essentially started from scratch at the beginning of ten weeks, it was difficult to see the impact of the work that I am doing. If I had to sum up a quick one-line on what I did this summer with the social risk indices project, it would simply be: I compared social risk indices. It doesn't sound like something you can do for eight or ten weeks. However, I didn't realize how much work goes behind spearheading a project. At the beginning of the summer, I didn't know what a social risk index was. I spent the first few weeks combing through the websites of different social risk indices trying to understand their purpose and their scope. I crafted lengthy tables comparing the purpose, data availability, geographic units, and variables that each index consists of. I conducted literature reviews to explore which social risk indices have been used in health research to predict health outcomes. I dedicated days to learning how to use a statistical

program that I had not utilized before, Stata, to analyze healthcare data. I recently began a case study where I assessed health data at the census tract and block group level to evaluate how different indices predict preterm birth outcomes.

Truth be told, I was surprised to experience how slow research can be, especially in a newly created project in an area with very limited analysis available. Yet, I've internalized that my goal this summer was not to address every single project aim. Instead, it was to take a step in the right direction in integrating ethics, policy, and social implications into my scientific research. I am confident that by taking the initiative to compare social risk indices, I did just that. The work that I contributed to this project has set the stage for my future plans in health policy research. Rushina and I hope to submit a commentary in the upcoming months that outlines policy recommendations for utilizing social risk indices in health systems and health research. I also strive to continue evaluating health data to determine which indices are best at improving health equity in distinct scenarios.

I am extremely grateful to my mentor Dr. Rushina Cholera and all of the faculty at the Duke Margolis Center for Health Policy for coordinating an engaging, invaluable summer and guiding me through all things related to health policy.