Things People are Hoping for
Out of the Center for Health Disparities

1. Datasets, specifically ability to link study data to social measures and broader labor/economic, population/census, etc. statistics that are normally heavily restricted.

2. Having regular exposure to the latest material/latest state of the field.

3. Expert consultation about best strategies for conducting studies that bridge the link between epidemiology and economics or sociology/looking for Co-Is on such multidisciplinary work.

4. Looking for new collaborators in other centers/depts.
Potential X-level Ideas

1. Define the American Sociome
   - Doing community-based participatory research to identify how people are adapting to settings of deprivation in ways that may improve health in other communities: learn from community strategies being introduced by communities for themselves
   - While national datasets map out health diagnoses and mortality, can we link this data in an intensive, multi-level way to key characteristics of social, economic, household, neighborhood, etc., data to mine?

2. Create a Stanford System for learning from Communities
The main thing for the disparities group is that we ultimately want to make social and economic datasets be highly linkable at very small-area geocodes:

Defining an American ‘sociome’ to link with other studies/health datasets so that researchers can move beyond just using zip code as a proxy for neighborhood factors and have rich data on social and economic conditions of patients/participants in studies.