



## **Graduate School Statement of Purpose Example for Public Health (893 words)**

*During the first year of my undergraduate degree, I took a small course entitled “Third World Development” taught by three rather radical and lively professors from Trinidad, Chile, and Lebanon, respectively. This course, despite its passé title, existed to deconstruct our notions of ‘otherness’ by illustrating the deep connectedness of issues, people, and nations. This theme of ‘connectedness’ is threaded through my research and work history under various labels and theories. My undergraduate research was dedicated to understanding the ways and means of political participation for women in remote Northeast India. I became curious about the role of women as informal politicians within their small collectives where survival literally hinges on connectivity. My time in observation of these women opened me to the idea that health and wellness can emerge from places facing serious food insecurity, poor shelter, corruption, and long distances from the center of national power. The extent to which women could draw upon their collective power and roles as givers of care in order to lobby local governments and participate legitimately in the polity was the very definition of their empowerment.*

*During my graduate work at [x] University, public health approaches to vulnerable populations were of particular interest to me. It became clear, during my fieldwork with care providers for women who sell sex and do high-risk drugs in downtown East side, that vulnerable populations around the world often have more in common with each other than with the ‘dominant’ or non-excluded populations. My research led to my questions about the role of social capital, defined in this case as a public good comprised of relationships and networks, in leading to better health outcomes amongst highly marginalized urban women. The mechanisms through which both groups of women, in Northeast India and downtown Vancouver, became able to rely on or reject peers, givers of aid or care, and the social and political systems in which they were enmeshed, are very similar. I have witnessed how health outcomes can be a partial function of connectedness for women on the periphery.*

*Public health has proven the best venue through which I can search for explicit, concrete evidence that individual and population welfare can be socially determined, by access to and power to make choices regarding housing, education, employment, income, political participation, nutrition, and transportation. I see the centrality of connectedness, to institutions and peers, to the processes that enable an individual to access, choose, and influence. My current work as a policy analyst with the Public Health Agency within the Strategic Initiatives and Innovations Directorate is focused largely on reducing health inequalities by mobilizing action on particular social determinants of health. While this work is important and generally on point, I suspect that the United States and Canada may benefit from exploring the micro-level ‘enablers’ of change with respect to the social determinants of health. These enablers, including social networks as a form of social capital, are sometimes lumped, and incorrectly so, with the more tangible determinants, such as housing and nutrition. I see these enablers as characteristics of favorable environments in which health can be positively affected: in families, neighborhoods, schools, communities, etc.*



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*My proposed dissertation research would fall into the broader goals of studying the social mechanisms by which parental social connections impact the eating behavior of their children as well as the way in which these mechanisms may vary across local neighborhoods. My particular interest is the potentially causal nexus between maternal social networks, neighborhood environments, and the transmission of eating behaviors to children. In effect, my role would be to help operationalize maternal adversity and identify potential moderators on the effects of maternal adversity on obesity and eating behaviors of children.*

*I am drawn to [X] University School of Kinesiology and Health Studies specifically due to Dr. Spencer Moore's background in medical anthropology and current work with social network analytic techniques. The application of network theory analytical techniques will be a new endeavor for me, but I am attracted to the study of populations that are not necessarily bound by their geography but by common circumstances, such as maternal adversity, and, potentially, common health effects related to obesity and food behaviors. I want to understand the links between the nature and degree of ties between low-income women and how these ties affect norms related to obesity and food.*

*The School of Kinesiology and Health Studies is an excellent institution that is well-equipped to support new graduate students interested in innovative ways to explore social challenges. It is here that Dr. Moore is developing an important critical mass surrounding this way of examining social networks as enablers of obesity and food behavior outcomes among marginalized women and their young children.*

*My prior individual research experiences were qualitative in nature, relying on grounded theory and warranted assertion analysis techniques common to sociological research. I have experience as a research assistant on a larger project studying large, linked quantitative databases of provincial health and corrections data in my home state. Also, I have a sufficient course work history in statistics and epidemiology to be able to make the leap to more advanced quantitative techniques, given access to graduate courses on the subject. Social network analysis is a fascinating way of quantifying social capital and social networks and I am very enthusiastic about the opportunity to study these methods and methodologies under Dr. Moore.*