Rounding out the conversation

Use this worksheet to chart the shape of the conversation that you're orchestrating in your annotated bibliography. By this point, you should be able to identify which source(s) will serve you in which capacities. Articulating that here will also help you to determine where there are gaps in your research that you will need to address. Please note that you may identify multiple uses for any given source (so that a source may appear in more than one block).
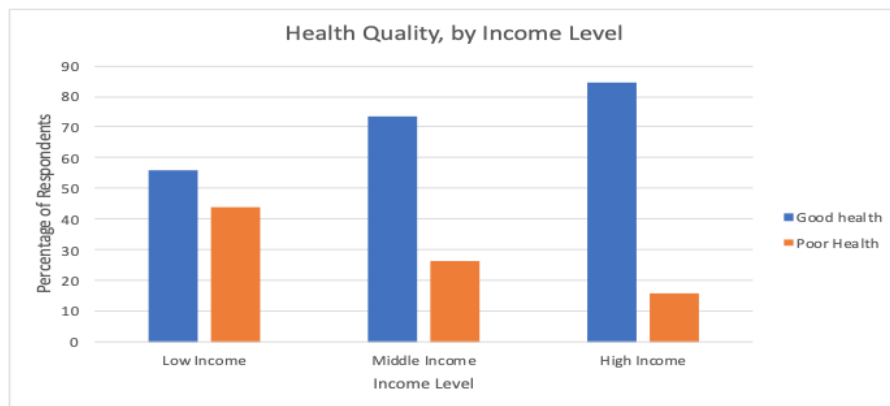
Source(s) that provide examples/ illustrations I can explore	Source(s) that provide useful vocabulary or theory I can borrow	Source(s) that complicate my thinking—raise questions or issues that I need to explore further
• https://www.epi.org/blog/racial-disparities-in-income-and-poverty-remain-largely-unchanged-amid-strong-income-growth-in-2019/ • https://www.pewresearch.org/social-trends/2019/04/09/views-of-racial-inequality/ • https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/racial-wage-gaps-persistence-poses-challenge.aspx •	• https://health.gov/healthypeople/objectives-and-data/social-determinants-health • https://www.ywcaworks.org/blogs/firesteel/tue-07212020-0947/what-medical-racism • https://www.vox.com/2015/4/30/8520305/systemic-racism-video • https://www.businessinsider.com/us-systemic-racism-in-charts-graphs-data-2020-6#black-americans-are-underrepresented-in-high-paying-jobs-3 • https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/ • https://www.cdc.gov/healthequity/racism-disparities/index.html • •	• https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Source(s) that represent influential thinking on the subject (i.e. seminal works and/or those by respected scholars)	Source(s) that I want to counter in some way	Source(s) whose thinking I really appreciate—whose values, language, approach have been formative for my project
• https://www.nber.org/papers/w23733 • https://journals.sagepub.com/doi/abs/10.2190/HS.44.3.b • https://link.springer.com/article/10.1007/s13524-019-00773-7 •	• https://www.forbes.com/sites/jemimamcevoy/2021/04/25/sen-lindsey-graham-tells-fox-he-doesnt-believe-systemic-racism-exists-in-the-us/?sh=3fe9c1a4f92b •	Honestly, I value all of my sources. They have all educated me though different angles that have sparked new ideas and connections. I was having a hard time picking one because I think they all are important pieces of a bigger puzzle I am trying to put together.

** A screenshot from my own research report about the General Social Survey that establishes a relationship between quality of health and income

Results

My study examined if income, level of education, race and sex affect an individual's quality of health. The first crosstabulation I composed consisted of Health_R and Income_R. The null hypothesis was "there is no relationship between a respondent's income and health quality". The alternative hypothesis was "respondents with a greater income are more likely to have a good quality of health". The results indicated a majority of respondents have good health quality (72.2%), whereas 27.8% have a poor quality of health. 84.4% of respondents with a good quality of health have a high income, compared to 73.3% of respondents that have a middle income, compared to 56.1% of respondents that have a low income. This is a statistically significant difference, as indicated by the p-value of <.001 which is smaller than the 0.05 significance threshold. Because of this, we can reject the null hypothesis. The data are consistent with research hypothesis, which states that respondents with a greater income are more likely to have a better health quality. This could potentially be explained by the fact that money can buy resources. This could be health insurance, medical appointments and treatments, and nutritious food. The data from the crosstabulation are shown in the bar graph below. (See Appendix 1)

N = 1444, X^2 = 77.355, p = <.001