

★★★★★ SPIRIT OF 1848: FINAL APHA 2018 PROGRAM ★★★★★
(ver 8/9/18)

The Spirit of 1848 is happy to share our final program for the American Public Health Association’s 146th Annual Meeting and Expo (APHA; San Diego, CA, November 10-14, 2018). The official conference theme is: “*Creating the Healthiest Nation: Health Equity Now.*” Our Spirit of 1848 radical rendition is: **“Collective struggles for health equity: activists, allies & adversaries – past, present, and future.”**

We planned our Spirit of 1848 program during yet another troubled year, one in which the Trump administration and its allies have intensified their assaults on social justice and the people’s health in the US and worldwide. They have been giving new platforms to, and advancing the agenda, of: (a) the 1% and their avaricious agenda of increased privatization, tax cuts for the wealthy, and starvation of vital social services and government programs that protect the people’s health; (b) the alt-right and other white supremacists, neo-Nazis, and anti-immigrant and anti-Islamic zealots; (c) religious fundamentalists who would deny sexual and reproductive rights to women & LGBTQ/SGM communities; and (d) corporations whose profits derive from despoiling the world and the ecosystems which are the habitat for us humans and the myriad species with whom our lives are intertwined. Seeking to establish a world of “alternative facts,” the Trump administration and its allies have also trashed scientific evidence and targeted scientific agencies and researchers whose work stands in the way of their political and economic agenda.

And of course, the Trump Administration and its promoters and minions have not gone unopposed. Both in the US and globally, there has been intense resistance and organizing to oppose this horrific agenda, including within the public health community. Hence our Spirit of 1848 sessions, which emphasize the collective struggle for health equity, and keep an eye on who benefits from, and not just who is harmed by, this injustice. We seek to sharpen analysis to understand better who are the allies, activists, and adversaries – so that we can advance an agenda for social justice & public health.

In approaching this work, we draw on the keen insight of Raymond Williams (1921-1988), a radical English cultural theorist and activist, who remarked, during the heyday of the anti-nuclear campaigning in the 1970s, that for this fight to succeed, it requires:

- (a) being clear on what we are for, not just what we are against, and
- (b) **“making hope practical, rather than despair convincing”**

See: Williams R. The politics of nuclear disarmament. (1980). In: Williams R. *Resources of Hope: Culture, Democracy, and Socialism*; edited by Robin Gable. London: Verso, 1989.

For those of you who like to know session layout, it will follow the new APHA conference & time format:

Monday of APHA	8:30 am to 10:00 am	Spirit of 1848 Special Activist Session: “A Chicago case example of public health professionals allying with and training community members for the collective struggles for health equity”
	10:30 am to 12 noon	Spirit of 1848 Social History of Public Health session: “Health justice at the border/land: critical historical perspectives on struggle for the people’s health in the transnational political economy of Alta/Baja California”
	3:00 pm to 4:30 pm	Spirit of 1848 Politics of Public Health Data session: “Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity”
Tuesday of APHA	8:30 am to 10:00 am	Spirit of 1848 Progressive Pedagogy session: “Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health”
	10:30 am to 12 noon	Spirit of 1848 Integrative Session (integrates the 3 foci of the Spirit of 1848): “Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow”
	1:00 pm to 2:00 pm	Spirit of 1848 Social Justice & Public Health Student Poster Session
	6:30 pm to 8:00 pm	Spirit of 1848 labor/business meeting

Below we provide our program preview in 3 versions:

- 1) the session titles only
- 2) the session titles and titles of the presentations included in each session
- 3) the session titles, titles of presentations and their abstracts

All Spirit of 1848 sessions will be in the San Diego Convention Center (SDCC).

You can also obtain information on sessions via the APHA website:

<https://www.apha.org/events-and-meetings/annual/schedule>

Later this summer, the final program, along with a 1-page flyer (two-sided) that you can download, will be available on our website, at: <http://spiritof1848.org/>

We look forward to seeing you at our sessions in this fall!

★★★★★ PROGRAM PREVIEW: 3 VERSIONS ★★★★★

1) SESSION TITLES ONLY

SPIRIT OF 1848 SESSIONS

► *Monday, November 12, 2018*

■ 8:30 am to 10:00 am

A Chicago case example of public health professionals allying with and training community members for the collective struggles for health equity. (Session 3070.0; San Diego Conference Center (SDCC), Room 8)

■ 10:30 am to 12 noon

Health justice at the border/land: critical historical perspectives on struggle for the people's health in the transnational political economy of Alta/Baja California. (Session 3183.0; SDCC, Room 8)

■ 3:00 pm to 4:30 pm

Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity (Session 3398.0; SDCC, Room 8)

► *Tuesday, November 13, 2018*

■ 8:30 am to 10:00 am

Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health (Session 4068.0 SDCC, Room 8)

■ 10:30 am to 12 noon

Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow. (Session 4194.0; SDCC, Room 8)

■ 1:00 pm to 2:00 pm

Spirit of 1848 social justice & public health student poster session (Session 4227.0; SDCC Hall)

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 438.0; SDCC, Room 5B)

CO-SPONSORED SESSIONS: on the Tuesday of APHA (Nov 13), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety (OHS) section. The party will be from 8-11 pm, there will be live music from a local band, and it will take place at the Sherman Heights Community Center (2258 Island Ave, San Diego, CA; 619-232-5181). Tickets will be available at the OHS booth and at the door.

2) SESSION TITLES & PRESENTATION TITLES (speaker names: *in bold*)

SPIRIT OF 1848 SESSIONS

► *Monday, November 12, 2018*

■ 8:30 am to 10:00 am

A Chicago case example of public health professionals allying with and training community members for the collective struggles for health equity. (Session 3070.0; San Diego Conference Center (SDCC), Room 8)

8:30 am – Introduction to the activist session **Catherine Cubbin, PhD**, and Rebekka M. Lee, ScD

8:35 am -- **A Chicago case example of public health professionals allying with community members for the collective struggles for health equity – Susan Avila, RN MPH; James E. Bloyd, MPH; Ilda Hernandez, CHW; Sahida Martinez, CHW; Linda Rae Murray MD, MPH, FACP; Itedal Shalabi**

9:30 am – Q&A

■ 10:30 am to 12 noon

Health justice at the border/land: critical historical perspectives on struggle for the people's health in the transnational political economy of Alta/Baja California. (Session 3183.0; SDCC, Room 8)

10:30 am -- Introduction: **Health Justice at the Border/Land: Critical Historical Perspectives on Struggles for the Peoples' Health in the Transnational Political Economy of Alta/Baja California – Marian Moser Jones, PhD, MPH**

10:35 am – **Agriculture, Violence, and Indigenous Mexican Migration from Cold War Oaxaca to the U.S.-Mexico Pacific Coast – Jorge Ramirez, PhD**

10:55 am – **Day Laborers as Change Agents in the Fight for Better Working Conditions – Loyda Alvarado**

11:15 am – **Cutting through the fog of war: A public health approach to violence in Mexico – Everard Meade, PhD**

11:35 am – Q&A

■ 3:00 pm to 4:30 pm

Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity (Session 3398.0; SDCC, Room 8)

3:00 pm – Introduction – **Data for collective action: Empirical evidence about structural determinants of health to aid struggles for health equity – Nancy Krieger, PhD; Craig Dearfield, PhD; Zinzi Bailey, ScD, MSPH; Catherine Cubbin, PhD**

3:05 pm - **Shifting from neighborhood disadvantage to neighborhood disinvestment: Structural racism, residential segregation, and health disparities – Zinzi Bailey, ScD, MSPH and Sharrelle Barber, ScD, MPH**

3:25 pm -- **Using anti-racism approaches to study the health implications of racism – Kia Skrine Jeffers, PhD, RN, PHN and Chandra L. Ford, PhD, MPH, MLIS**

3:45 pm – **Structural Racism in Policing and Mass Incarceration: A Driver of Health Disparities in Black and Latinx Communities -- Sharon Washington, Ed.D., MPH and Robert Fullilove, Ed.D., MS**

4:05 pm – Q&A

► **Tuesday, November 13, 2018**

■ **8:30 am to 10:00 am**

Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health (Session 4068.0; SDCC, Room 8)

8:30 am -- Introduction—Making hope practical: Progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health equity. Lisa Moore, DrPH, Rebekka M. Lee, ScD, and **Vanessa Simonds, ScD**

8:35 am -- Leaders in Health Community Training Program: Building Capacity for Health Equity. **Rebekka M. Lee, ScD**, Ra'Shaun Nalls, MPA, and Hila Bernstein, MPH Candidate

8:50 am -- Building Local Knowledge and Power to Advance Health Equity through Justice Reinvestment Strategies in Three California Counties. Diane Aranda, MPA, **Tamisha Walker**, Noha Aboelata, Dr., Danielle Mahones, and Dee Emmert, MDiv

9:05 am -- Advocating for collective action to increase food security among immigrants: An online training for the public health workforce. **Emilia Vignola, MSPH**, Emily Franzosa, MA, DrPH, Samantha Cinnick, MPH, CHES, CPH, Nicholas Freudenberg, PhD, and Marita Murrman, EdD, MS

9:20 am -- Environmental Learning for Change: Student Connections Empower Action. **Trina Mackie, PhD, MSPH**

9:35 am – Q&A

■ **10:30 am to 12 noon**

Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow. (Session 4194.0; SDCC, Room 8)

10:30 am -- Introduction to: Taking on adversaries & creating new allies in the collective struggle for health equity: Insights from initiatives from across the public health rainbow. **Nancy Krieger, PhD**

10:35 am -- Engaging Law and Global Health to Achieve Health Equity in these Troubled Times. **Sofia Gruskin, JD MIA**

10:45 am -- Building Health Equity in LA County. **Barbara Ferrer, Ph.D., MPH, M.Ed**

10:55 am -- Disrupting the Narrative - Including data on Low Income Asian Americans and Pacific Islanders. **Lisa Hasegawa, S.M.**

11:05 am -- Racial Equity for Native Communities in Public Health Work. **Hannabah Blue, M.S.**

11:15 am -- Lessons from grass roots organizers on building alliances across differences in the fight for health equity. **Meredith Minkler, DrPH, MPH**

11:25 am -- Democratic Governance in Jackson, Mississippi: Building Government from the Ground Up. **Makani Themba**

11:35 am – Q&A

■ **1:00 pm to 2:00 pm**

Spirit of 1848 social justice & public health student poster session (Session 4227.0; SDCC)

Poster 1 -- Hearts, Minds and Human Rights: Police attitudes towards people who use drugs as a structural determinant of enforcement practices that drive HIV risk in Tijuana, Mexico. **Pieter Baker, MPH**

Poster 2 -- Vicarious Racism Stress Exposure and Disease Activity among African American Women with Systemic Lupus Erythematosus: The Black Women's Experiences Living with Lupus (BeWELL) Study. *Connor Martz, B.S.*, Thomas Fuller-Rowell, Ph.D., Amani Nuru-Jeter, Ph.D., M.P.H., Erica Spears, Ph.D., Evelyn Hunter, Ph.D., S. Sam Lim, MD, M.P.H., Cristina Drenkard, MD, Ph.D., and David Chae, Sc.D., M.A.

Poster 3 -- Conceptualizing and measuring gentrification: A methodological challenge with consequences for public health. *Abigail Cartus, MPH*

Poster 4 -- Equity Collective: Student-led activism to promote equity and inclusion in the Health Behavior Department of UNC's Gillings School of Global Public Health. *Margaret Gichane, MSPH*, Ida Griesemer, MSPH, Shynah James, Melissa Luong, Yesenia Merino, MPH, Varsha Subramanyam, B.A, Leah Taraskiewicz, and Deshira Wallace, MSPH

Poster 5 – Health disparities in gentrified communities: the ongoing fight for health equality and social justice of minority residents in Harlem. *Tasnim Ahmad, MPH(c)*, Beverley Chang, MPH(c), Alyson Clarke, MPH(c), Brittany Daughtry, MPH(c), Maya Lloyd, MPH(c).

Poster 6 -- Oppression and Violence in Birth Care: Preliminary Analysis and Public Health Implications. *Elisabeth Bolaza, MPH, PhD(c)*

Poster 7 -- Multiracial people and representation in data: A political economy analysis. *David A. Stupplebeen, MPH*

Poster 8 -- Examining the complexity of researching racial/ethnic disparities in Hawai'i - a "minority majority" state. *Rebecca Delafield, MPH, PhD(c)*, Ann Chang, MPH, MD, Tetine Sentell, PhD, Jennifer Elia, DrPH, and Catherine M. Pirkle, PhD

Poster 9 -- Barriers and enablers of healthy food access among low-income Afro-Caribbeans in Crown Heights, Brooklyn. *Antara Afrin, BA, MPH(c)*, Yasmeen Mohammad, BA, MPH(c), Khady Ndiaye, BA, MPH(c), and Brandon Yarde

Poster 10 - Public Health Activism Supporting Reproductive Justice for Incarcerated Women in the U.S . *Gladys Reyes*

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 438.0; SDCC, Room 5B)

CO-SPONSORED SESSIONS: on the Tuesday of APHA (Nov 13), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety (OHS) section. The party will be from 8-11 pm, there will be live music from a local band, and it will take place at the Sherman Heights Community Center (2258 Island Ave, San Diego, CA; 619-232-5181). Tickets will be available at the OHS booth and at the door.

3) SESSION TITLES & PRESENTATION TITLES & ABSTRACTS (speakers' names: in bold)

SPIRIT OF 1848 SESSIONS

► *Monday, November 12, 2018*

■ 8:30 am to 10:00 am

A Chicago case example of public health professionals allying with and training community members for the collective struggles for health equity. (Session 3070.0; San Diego Conference Center (SDCC), Room 8)

8:30 am – Introduction to the activist session **Catherine Cubbin, PhD**, and Rebekka M. Lee, ScD

Welcome and introduction to the special activist session and its presenters.

8:35 am -- A Chicago case example of public health professionals allying with community members for the collective struggles for health equity – Susan Avila, RN MPH; James E. Bloyd, MPH; Ilda Hernandez, CHW; Sahida Martinez, CHW; Linda Rae Murray MD, MPH, FACP; Itedal Shalabi

Inspired by the Public Health Actions for Immigrant Rights guide, a coalition of health workers and community allies in Chicago have been organizing to pressure the Cook County Health and Hospitals System (CCHHS) to meet six demands to Protect Immigrant Health Now! Two promotoras de salud-Community Health Workers from Enlace Chicago provided testimony at the September 1, 2017 meeting of the CCHHS Board, marking a milestone in this campaign. Four additional leaders of the Public Health Woke coalition will join the two promotoras on the panel. They will describe the coalition's collection of new data, use of the social media tool Thunderclap, relationship-building, analysis of local power structures, and the ethical duties of public health professionals in the context of mass deportation. The Co-Founder and Executive Director of Arab-American Family Services will describe her experience as an ally, and the importance of centering immigrant voices in the fight for sanctuary health care for immigrants and all marginalized people; The role of Cook County Commissioner Jesús 'Chuy' García's 7th District Health Task Force will be described; A Past-President of APHA (faculty at UIC School of Public Health and National Collaborative for Health Equity Board Member) will discuss the historical commitment of Cook County, Illinois, to provide health care to all people; and a leader with the Collaborative for Health Equity Cook County will moderate and guide one participatory activity. This session will emphasize audience participation & dialogue.

9:30 am – Q&A

■ 10:30 am to 12 noon

Health justice at the border/land: critical historical perspectives on struggle for the people's health in the transnational political economy of Alta/Baja California. (Session 3183.0; SDCC, Room 8)

10:30 am -- Introduction: Health Justice at the Border/Land: Critical Historical Perspectives on Struggles for the Peoples' Health in the Transnational Political Economy of Alta/Baja California – Marian Moser Jones, PhD, MPH

Alta/Baja California - the border/land that spans California and Mexico - lies at the heart of transnational and U.S. debates over immigrant and migrant workers' struggles for health equity. In this session, we are bringing together agents of historical change and professional historians to address how migrant and immigrant communities in Alta/Baja California have fought for their rights to collective health and well-being, land, and social citizenship. The panelists will address how people, communities and movements have confronted formidable adversaries such as corporations, landowners, and government actors; resisted restrictive immigration policies and oppressive labor conditions through informal and formal collective actions; and built alliances locally and/or across borders to empower and strengthen their communities and the peoples' health. The overall aim of the session is to draw upon these case studies in order to illuminate and inspire contemporary movements for health equity/health justice across geographic, political, and cultural boundaries.

10:35 am – Agriculture, Violence, and Indigenous Mexican Migration from Cold War Oaxaca to the U.S.-Mexico Pacific Coast – Jorge Ramirez, PhDc

Since the 1980s the agricultural regions of the Pacific Coast in Baja California, Mexico and California, U.S have shifted towards Indigenous southern Mexicans as laborers. The large presence of these communities has generated anthropological and sociological studies that consider the unique aspects of Indigenous Mexican migrants, particularly of the Mixtec and Zapotec people from Oaxaca, Mexico. In conversation with this literature and through a long-range historical study of migrant departure, this presentation emphasizes the Indigenous Triqui people from Oaxaca, Mexico whose experience with violence since the 1930s enables a window into the relationship between western Oaxaca and the agricultural regions of the U.S.-Mexico Pacific Coast. To investigate this, the talk analyzes the meaning of Indigeneity alongside capitalist expansion and systemic violence within the context of Mexican state-formation and the Cold War period. Ultimately, it seeks to grasp at the ways in which the Indigenous Triqui people confronted, navigated, and survived amidst a rapidly changing and violent world in southern Mexico and in their migration process along the U.S.-Mexico Pacific Coast.

10:55 am – Day Laborers as Change Agents in the Fight for Better Working Conditions – Loyda Alvarado

Day laborers are among the most vulnerable labor groups in the U.S. because they are often hired to perform very hazardous jobs. Reports show that migrant workers are injured, suffer illnesses, and die on the job at a higher rate than native-born workers because they undertake more dangerous jobs with little or no training at all. Language and cultural barriers, improper training, lack of personal protective equipment (PPE), citizenship status, informality of work arrangements, and rank exploitation further undermine the ability of immigrant day laborers to work safely. In addition, misunderstandings of governmental agencies usually compound the problem. Unaware of where to turn and fearful of losing their jobs, most migrant workers do not report hazards on the job to OSHA or to employers. Some remain silent even after they have suffered a work-related injury or illness because they fear retaliation. To respond to this crisis, day laborer organizations and worker centers all over the country have emerged. They have become legitimate worker rights and workforce development institutions. They improve wages and working conditions, build

strong ties with organized labor, hold employers accountable for their abuses, and make official labor institutions more accessible to day laborers. Through local campaigns, and the day laborer community leading those campaigns, the fight has led to national victories. The presenter will shed light on how the National Day Laborer Organizing Network and its Workers' Rights Project led the fight to improve the working conditions of day laborers through education and empowerment of workers themselves.

11:15 am – Cutting through the fog of war: A public health approach to violence in Mexico – Everard Meade, PhD

Since Mexican President Felipe Calderón declared a war against drug traffickers in Mexico in 2006, an unprecedented wave of violence has rippled across the country. More than 150,000 people have been killed and 30,000 forcibly disappeared. Hundreds of journalists, elected officials, and activists have been assassinated. Torture and rape have become systemic and routine. Mexico ranks 66 out of 69 countries surveyed for the Global Impunity Index, and dead last in human rights. While homicide declined from 2012 to 2015, it shot back up during 2016 and 2017, and many categories of interpersonal violence continued to worsen during the lull in homicides. The violence has spilled over into Central America, exacerbating a regional refugee crisis, just as the opioid epidemic in the United States has spilled over into Mexico. A decade into this war, it's difficult to decipher the basic moral arc of the conflict, much less to identify any tangible successes. What would happen if we were to change the approach to violence prevention from one of security and drug enforcement to one of public health? This paper examines three key aspects of such a paradigm shift: 1) new interpretations of existing data on violence; 2) anecdotal evidence of effective violence prevention based on a public health model; and 3) potential policy modalities for scaling up public health approaches.

11:35 am – Q&A

■ 3:00 pm to 4:30 pm

Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity (Session 3398.0; SDCC, Room 8)

3:00 pm – Introduction – Data for collective action: Empirical evidence about structural determinants of health to aid struggles for health equity – Nancy Krieger, PhD; Craig Dearfield, PhD; Zinzi Bailey, ScD, MSPH; Catherine Cubbin, PhD

This introductory presentation will open The Spirit of 1848 Politics of Public Health Data session, including empirical presentations of analyses of structural determinants of population health (quantitative, qualitative, mixed methods) geared towards producing evidence for action. Calling on the insight of cultural theorist and activist Raymond Williams, the fight for health equity "now" requires: (a) being clear on what we are for, not just what we are against, and (b) "making hope practical, rather than despair convincing." Empirical analyses for health equity are no exception from this. In this light, we introduce presentations that (1) include historically-grounded structural analyses of the societal determination of health inequities and/or health equity, and (2) show how such analyses can be done, as opposed to provide critiques without concrete analyses. The focus of the different presentations is primarily on racism and health, with applicability to such issues as: (a) struggles over neoliberalism and public disinvestment and their impacts on health inequity; (b) struggles over city budget and planning policies (including in relation to housing and gentrification) and their long-term health consequences; (c) struggles over health care financing and profits and their implications for health inequities, using health expenditure data; (d) the health impact of militarization of the police; and (e) how structural changes for equity (outside as well as in public health and other health arenas) can promote health equity.

3:05 pm - Shifting from neighborhood disadvantage to neighborhood disinvestment: Structural racism, residential segregation, and health disparities – Zinzi Bailey, ScD, MSPH and Sharrelle Barber, ScD, MPH

A key mechanism of structural racism in the United States operates through the ongoing residential segregation of marginalized racialized groups. The term "segregation" implies passive separation as opposed to deliberate and sustained restraint of resources and opportunities consistent with the nation's history as a colonial-settler, slaveholding republic. Redlining is an oft-used example of how the Home Owner's Loan Corporation systematically concentrated resources into White suburbs and hastening the decay of the Black and Brown "inner city" neighborhoods. This set the stage for "color-blind" distribution of resources over time resulting in targeted environmental hazards, inadequate healthcare, inadequate education, state-sanctioned violence, and municipal disinvestment. However, by focusing on neighborhood disadvantage, the indicators we use to assess potential neighborhood effects on health and health disparities inadvertently serve to normalize and legitimize adverse outcomes for people of color. Further, this approach often stigmatizes communities and inhibits community mobilization. Through concrete examples, this presentation will provide a feasible empirical approach to advancing health equity by focusing instead on neighborhood disinvestment.

3:25 pm -- Using anti-racism approaches to study the health implications of racism – Kia Skrine Jeffers, PhD, RN, PHN and Chandra L. Ford, PhD, MPH, MLIS

Frontline public health professionals are uniquely situated to conduct research on the health implications of racism. Many of these professionals work closely with racial/ethnic minority communities, which affords them opportunities to observe directly or hear about the social injustices members of these communities' experience. A crucial next step is providing them with the knowledge

and tools needed to study racism effects. While a variety of research approaches exist, those that adhere to anti-racism principles are preferred. Anti-racism approaches move beyond merely documenting racism to account for the power differentials that are embedded in research processes and partnerships. Thomas and colleagues urge all persons engaged in this “fourth generation” of health equity research—whether academic researchers, public health practitioners, or members of community-based organizations—to use Public Health Critical Race Praxis (PHCRP) to identify the root causes of observed racial/ethnic health inequities. Although Critical Race Theory is an excellent tool for conducting theory-informed research on racial phenomena; PHCRP is the only research approach, to our knowledge, that offers a structured way to apply CRT’s anti-racism principles to research. In this presentation, we explain why it is important for public health professionals to be involved with research on the health implications of racism. PHCRP involves an explicit anti-racism orientation and it incorporates critical race theory in each aspect of the research process. Therefore, we introduce the PHCRP approach, describe how to apply its anti-racism principles at each stage of the research process, and illustrate its application to two studies.

3:45 pm – Structural Racism in Policing and Mass Incarceration: A Driver of Health Disparities in Black and Latinx Communities -- Sharon Washington, Ed.D., MPH and Robert Fullilove, Ed.D., MS

With US prisons incarcerating large numbers of individuals from communities that have high background rates of health disparities, the revolving door from community to prison and then to community again contributes significantly to the health burdens that exist in these communities. The overrepresentation of Black and Latinx individuals in state and federal prisons and among those who are under community supervision fits the criteria used to define structural racism. At every level of engagement with the criminal justice system, Blacks and Latinos are more likely than Whites to be [1] in communities with high levels of police surveillance; [2] to be arrested and do time in a jail; [3] to accept a plea bargain and do some time in prison with a felony conviction; [4] to be sentenced to a long term in prison; [5] and to return to a community with a significant overrepresentation of formerly incarcerated persons of color. The social, economic and political disadvantage associated with being currently or formerly incarcerated extends to patterns of morbidity and mortality, particularly with respect to infectious diseases such as HIV/AIDS. The high rates of HIV infection in Black and Latinx communities, for example, have been associated with the significant numbers of community members who are arrested for drug-related offenses, spend time in prison, are released back into the community, and then return to prison as recidivists. Despite a legacy of profiling, targeting, and bondage, marginalized communities have and continue to organize and resist systemic oppression and cultivate collective healing.

4:05 pm – Q&A

► Tuesday, November 13, 2018

■ 8:30 am to 10:00 am

Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health (Session 4068.0; SDCC, Room 8)

8:30 am -- Introduction—Making hope practical: Progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health equity. Lisa Moore, DrPH, Rebekka M. Lee, ScD, and **Vanessa Simonds, ScD**

This presentation will provide context for our session critically examining pedagogy that enhances capacity for civic engagement in the collective struggle for health equity, including capacity to identify the relevant adversaries as well as allies and activists. Presentations in this session will demonstrate how such pedagogy can be carried out, as well as student-led presentations offering a critical analysis of the pedagogy they wish to be part of that may not be currently part of their educational programs. A key concern is how to teach about health inequities that “makes hope practical,” in a way that enables those who are learning to expand their political analysis and understanding of context so as to build up solidarity to challenge inequities, rather than becoming overwhelmed and despairing. The presentations in this session may focus on pedagogic initiatives that variously include (separately or jointly): teachers (i.e., train teachers to teach such material and approaches); students (high school; undergraduates; graduate); community activists, community organizations, and community members; government employees (whether in public health agencies, other state agencies, or in the legislative or executive branches of government); or other groups. We are also aware that we are encouraging this focus in a time of intensive struggle over the meaning of “free speech” and threats to academic freedom, and will also seek presentations that discuss practical ways to engage with these struggles within educational institutions, framed by analysis of adversaries, allies, & activists.

8:35 am -- Leaders in Health Community Training Program: Building Capacity for Health Equity. **Rebekka M. Lee, ScD**, Ra’Shaun Nalls, MPA, and Hila Bernstein, MPH Candidate

Building the capacity of community members is essential for promoting health equity. The 8-week Leaders in Health program at the Harvard T.H. Chan School of Public Health aims to strengthen existing community health initiatives and empower individuals through an introductory training in public health. In alignment with this session’s theme of “making hope practical”, Leaders in Health aims to build the concrete skills of community activists, local health department employees, and practitioners from community-based organizations through discussion-based activities. Content of the training includes the basics of community-based

participatory research, program planning, and evaluation. Participants use a change tool throughout the course to directly apply the course content to their current work. The training culminates with each participant presenting a project that they plan to implement using course content. The training, co-sponsored by the Office of Diversity and Inclusion and the Prevention Research Center on Nutrition and Physical Activity, has trained 45 community practitioners across five cohorts. In 2017, a student independent study component, which emphasizes co-learning between current masters students and training participants, was added. This presentation will describe how the program is carried out, including details on recruitment and an application process that ensures diverse participants, lesson plans implemented, and examples of power and privilege discussions. It will also feature the firsthand account from a past community participant on how the course content was used to successfully challenge health inequities within greater Boston.

8:50 am -- Building Local Knowledge and Power to Advance Health Equity through Justice Reinvestment Strategies in Three California Counties. Diane Aranda, MPA, *Tamisha Walker*, Noha Aboelata, Dr., Danielle Mahones, and Dee Emmert, MDiv

Mass incarceration is recognized as a major determinant of health, particularly for communities of color in the U.S. Black and Latinx communities across the United States are heavily policed and face more severe consequences when caught in the criminal justice system. Contact with the carceral system contributes to poor individual health outcomes, weakens family and community bonds, limits access to benefits and services, and erodes opportunities for gainful employment. Mass incarceration is a major driver of health inequity. In California and across the county, directly impacted communities are challenging growing public investment in punitive systems that undermine community health and safety. Community leaders are highlighting destructive patterns of local public investment whereby elected officials approve increases to police budgets while reducing investments in the services and supports that are known to protect community health and well-being, leading to increases in crime, which further boosts the argument for more policing and jails. The proposed session will highlight the work of community organizers in three California counties to develop effective campaigns to challenge the growth of local law enforcement apparatus. Speakers will share how capacity was built among residents to understand and advocate on local budgets. In addition, community leaders devised sophisticated narrative strategies to challenge common assumptions about community safety and to build broad support for investments based on shared values. Representatives from each community will discuss the wins achieved and the challenges that continue to hamper efforts to create a more radical shift in public investments for health equity.

9:05 am -- Advocating for collective action to increase food security among immigrants: An online training for the public health workforce. *Emilia Vignola, MSPH*, Emily Franzosa, MA, DrPH, Samantha Cinnick, MPH, CHES, CPH, Nicholas Freudenberg, PhD, and Marita Murrman, EdD, MS

While immigrant access to public benefits has long been the subject of national debate, intensified anti-immigrant policies and threats to restrict food and other assistance programs have increased existing barriers to healthy, affordable food among low-income immigrants. Due to limited human and financial resources, siloed programming, and limits on public employees' political advocacy, health departments and other public agencies usually rely on downstream strategies such as educational campaigns to reduce immigrant food insecurity, rather than taking on the root causes of this issue. As part of a national online health equity training curriculum, a course was developed to help health department workers overcome these barriers by (1) expanding their practice to promote health equity by supporting immigrant access to healthy food; (2) identifying underlying causes of food insecurity among immigrants, including exclusionary eligibility restrictions, repressive immigration enforcement, and poverty wages; and (3) leveraging the strength of existing community coalitions and political and social movements through partnerships that promote immigrant inclusion, fair labor, and other political and living conditions that promote immigrants' health. The training focuses on case examples of concrete strategies used by state and local health departments and community partners, with opportunities for learners to reflect on their own work and develop practical action plans. This approach, which is currently being evaluated, reinforces the value of smaller-scale strategies, while advocating that collective action can help health departments amplify their efforts, maximize their resources, and serve immigrant populations more effectively than when they act alone.

9:20 am -- Environmental Learning for Change: Student Connections Empower Action. *Trina Mackie, PhD, MSPH*

The environmental health course at the Master of Public Health Program at Touro University California is intentionally taught with an emphasis on environmental justice. Students learn about a breadth of environmental health risks through individual community case studies. They discuss and identify the elements of injustice and the context for its creation. They consider cases in their own local communities, and their discussion sections are designed to elicit dialogue on strategies for change. Together students routinely identify the need for environmental health content in primary education, which was absent for most of them. They then have an opportunity to work for change, taking what they have learned into 6th-8th grade classrooms at a local elementary school in Vallejo through the Student Environmental Empowerment (SEE) Project. Vallejo is one of the most diverse cities in the United States and has a history of environmental pollution. The elementary school involved in SEE also serves an ethnically diverse, low income population. Low-income communities and communities of color are at increased risk and exposure to environmental pollutants, but engaging and empowering youth can contribute to change and risk reduction. Connecting graduate students with middle-school students strengthens the power of the message on opportunities for improving environmental health for both. TUC masters students are involved in teaching and making environmental health relevant to middle-school students, serving as role-models and helping them identify actions they can take to create change in their homes, schools and communities.

■ 10:30 am to 12 noon

Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow. (Session 4194.0; SDCC, Room 8)

10:30 am -- Introduction to: Taking on adversaries & creating new allies in the collective struggle for health equity: Insights from initiatives from across the public health rainbow. Nancy Krieger, PhD

In a time of reactionary political backlash, as epitomized by the Trump Administration, our session's purpose is to help spur more inspired and effective strategic and tactical thinking among advocates for public health and social justice. In doing so, we draw on a critical insight of Raymond Williams (1921-1988) who, in the heyday of the 1970s anti-nuclear campaigning, remarked on the necessity of "making hope practical, rather than despair convincing." Following a vitriolic campaign, the Trump Administration and its minions have been relentlessly advancing a national & global agenda that: (1) attacks regulations that protect people's health & environmental health; (2) accelerates privatization and slashes taxes for corporations & the wealthy, while starving vital government programs and services that protect the people's health; (3) gives a platform to alt-right, white supremacist, neo-Nazi, nationalist, anti-immigrant, and anti-Islamic zealots; and (4) supports religious fundamentalists and their attacks on reproductive and sexual rights. One could readily despair. However, making hope practical, there is also intense resistance to the Trump Administration agenda, within the US and globally. In this spirit of defiant activism infused by hope and grounded in a vision of a better world, our session's six panelists will each share brief presentations (10 minutes/person) on their reflections and insights about how, during the past year, they have creatively and doggedly taken on adversaries and built new alliances for the work of health equity & social justice more broadly, whether at the local, national, or global levels (or all three!).

10:35 am -- Engaging Law and Global Health to Achieve Health Equity in these Troubled Times. Sofia Gruskin, JD MIA

For this panel I will discuss an example of work I have led this past year to foster evidence-based dialogue, research and action on the implications of the Trump administration's policies on select law and health topics. From the local to the global, and from climate change to immigrant health, this work is helping to set a multi-disciplinary research agenda relevant to students and faculty across my university, and partners both inside and outside the United States. Carrying out this work has required engaging with people with different priorities and concerns, and building new forms of alliance. Drawing on this work, I offer some critical reflections and insights about how public health professionals and advocates can effectively articulate positions and build alliances that simultaneously: (1) oppose destructive agendas that attack policies, regulations, and rights needed to protect public health; (2) take on who supports these agendas and why; and (3) offer a practical and hopeful agenda for promoting health equity, infused by a vision for a more just and sustainable world.

10:45 am -- Building Health Equity in LA County. Barbara Ferrer, Ph.D., MPH, M.Ed

For this panel, I will discuss an example of work I have supported this past year to establish a Center for Health Equity within the County of Los Angeles that promotes racial, social and economic justice. Carrying out this work has required building a broad alliance across public and private sectors that can tackle policy, systems and practice transformations, using strategies that diminish the claims of those standing in opposition and/or fearful of needed changes. Drawing on this work, I offer some critical reflections and insights about how public health officials and advocates can effectively articulate positions and build alliances that simultaneously: (1) use data to identify and promote the telling of authentic stories that amplify community voices and experiences related to marginalization and oppression; (2) identify policies, systems and practices that promote/further the inequitable distribution of power, resources, and opportunities; and (3) offer a practical and hopeful agenda for building health equity and justice.

10:55 am -- Disrupting the Narrative - Including data on Low Income Asian Americans and Pacific Islanders. Lisa Hasegawa, S.M.

For this panel I will discuss the work I have led for the past fifteen years striving for visibility and inclusion of low income and underserved Asian American and Pacific Islander (AAPI) communities using affordable housing strategies and place based neighborhood preservation and community development tools. Carrying out this work has required both taking on adversaries in federal government agencies as well as real estate and financial services sectors, and building new alliances with other national organizations working in other communities of color. Drawing on this work, I offer some critical reflections and insights about how public health professionals and affordable housing advocates can effectively articulate positions and build alliances that simultaneously: (1) oppose destructive agendas like recent tax reform efforts that attacked policies, regulations, and rights needed to protect public health; (2) take on those who are continuing to argue for trickle down, free market approaches to economic growth; and (3) push forward a multi-sector advocacy front that promotes health, wealth and economic equity, and neighborhoods that are more just and sustainable.

11:05 am -- Racial Equity for Native Communities in Public Health Work. *Hannabah Blue, M.S.*

For this panel I will discuss an example of work I have led this past year for health equity, regarding inclusion of Native American considerations and data. I will address intersectionality within Native American communities and issues, affecting health disparities in these populations. I will present Indigenous frameworks for equity. Carrying out this work has required both taking on adversaries and building new alliances. Drawing on this work, I offer some critical reflections and insights about how public health professionals and advocates can effectively articulate positions and build alliances that simultaneously: (1) oppose destructive agendas that attack policies, regulations, and rights needed to protect public health; (2) take on who supports these agendas and why; and (3) offer a practical and hopeful agenda for promoting health equity, infused by a vision for more just and sustainable world.

11:15 am -- Lessons from grass roots organizers on building alliances across differences in the fight for health equity. *Meredith Minkler, DrPH, MPH*

Last year, amid the federal assault on so much of what progressive public health stands for, three co-workers and I had the opportunity to meet with and learn from 130 grassroots community organizers in regional convenings across the county about strategies that work, the enormity of the challenges they and their communities face, and the allies and adversaries that must be involved in the struggle for genuine equity and health equity. Each convening was planned and run by one of the of the top base building and leadership organizations in the country (the Center for Popular Democracy, PICO National Network, the Center for Community Change, and the Praxis Project) and funded by the Robert Wood Johnson Foundation. This presentation will share, largely in their own words, key themes and lessons that emerged, particularly regarding core concerns in today's sociopolitical context, and strategies for building alliances across differences in the fight for change. Among these is the harm done by allies and adversaries who skim the surface of "health equity," ignoring in such foundational dimensions as racial equity and social justice, while privileging narrowly defined health concerns over community priorities such as mass incarceration, voter suppression, and immigrant rights. Organizers' critical reflections on frequent re-traumatization in oppressed communities and the challenges of partnering with white allies without losing power will be shared, as will their words on the value of forging equitable alliances with progressive public health as a strategy for making hope practical in today's world.

11:25 am -- Democratic Governance in Jackson, Mississippi: Building Government from the Ground Up. *Makani Themba*

For this panel, I will examine the work to build People's Assemblies - a form of grassroots governance - in the City of Jackson, Mississippi. The work to develop these assemblies has required that we address local opposition while we build alliances that go both wide and deep and the infrastructure to keep allies engaged. Drawing on this work, I will offer some critical reflections and analysis about how public health professionals and advocates can effectively articulate positions and build alliances that simultaneously: (1) oppose destructive agendas that attack policies, regulations, and rights needed to protect public health; (2) take on who supports these agendas and why; and (3) offer a practical and hopeful agenda for promoting health equity, informed by this experience.

11:35 am – Q&A

■ 1:00 pm to 2:00 pm

Spirit of 1848 social justice & public health student poster session (Session 4227.0; SDCC)

Poster 1 -- Hearts, Minds and Human Rights: Police attitudes towards people who use drugs as a structural determinant of enforcement practices that drive HIV risk in Tijuana, Mexico. *Pieter Baker, MPH*

Background: In Tijuana, people who inject drugs (PWID) interact frequently with police. Policing practices such as confiscation, arrest for syringe possession and physical altercations persist as structural determinants of HIV risk among PWID. Little is known about how officer attitudes toward PWID influence policing practices. This analysis evaluates the role of officer internalized human rights norms related to PWID on self-reported enforcement behaviors. Methods: From February 2015-May 2016, Tijuana police officers (n=1,806) self-administered surveys on occupational safety, legal knowledge, attitudes toward PWID and policing behaviors that impact PWID health. Univariate associations between officers' attitudes and policing practices related to HIV were measured using logistic regression. Results: Officers were mostly male (85.9%) with median age 38 years (IQR:32-44) and median 11 years working as police (IQR:8-18). One in four (24.6%) held views antithetical to basic human rights norms, as measured by agreement with the statement: "Drug users do not deserve to be treated as people." Officers reporting this attitude were more likely to confiscate syringes (OR: 1.32, 95%CI: 1.06, 1.64), arrest for syringe possession (OR: 1.42, 95%CI: 1.14, 1.78) and had physical altercations with PWID (OR: 1.44, 95%CI: 1.11, 1.86). Conclusions: To be recognized as a person is a universally recognized human right. Police attitudes inconsistent with human rights are associated with harmful policing practices, but such practices are modifiable. Contributing to the growing evidence of the nexus between health and human rights of vulnerable groups, these findings support police interventions as means to mitigate structural HIV risk among PWID.

Poster 2 -- Vicarious Racism Stress Exposure and Disease Activity among African American Women with Systemic Lupus Erythematosus: The Black Women's Experiences Living with Lupus (BeWELL) Study. *Connor Martz, B.S.*, Thomas Fuller-Rowell, Ph.D., Amani Nuru-Jeter, Ph.D., M.P.H., Erica Spears, Ph.D., Evelyn Hunter, Ph.D., S. Sam Lim, MD, M.P.H., Cristina Drenkard, MD, Ph.D., and David Chae, Sc.D., M.A.

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with clinical manifestations that wax and wane often unpredictably. African American women are most afflicted with SLE and experience worse disease outcomes compared to White women. Racism-related factors may impact SLE given its sensitivity to psychosocial stress. Previous research has established associations with interpersonal discrimination; yet facets of racism going beyond the immediate target remain understudied. This study examined the association between self-reported vicarious racism stress, conceptualized as indirect or “secondhand” exposure to racism, and disease activity among African American women with SLE. We used multivariable linear regression examining associations between vicarious racism and disease activity among 437 African American women from Atlanta, Georgia with documented diagnosis of SLE, recruited to the Black Women's Experiences Living with Lupus (BeWELL) Study (2015-2017). Vicarious racism was measured using four items assessing distress from hearing about or witnessing others' experiences of racism. SLE activity was measured using the Systemic Lupus Activity Questionnaire, a validated self-report measure of SLE-related symptoms in the past three months. Controlling for demographic, socioeconomic, and health-related covariates, vicarious racism stress was positively associated with disease activity ($b=1.73$, 95% confidence interval= $0.53-2.92$). This study provides evidence that similar to interpersonal experiences of discrimination, vicarious exposure to racism may also have detrimental consequences for health. Results suggest that the increasing perpetration and visibility of racism, and a broader hostile racial climate are potential risk factors for poorer health among African American women with SLE.

Poster 3 -- Conceptualizing and measuring gentrification: A methodological challenge with consequences for public health. *Abigail Cartus, MPH*

Gentrification, an inescapable process in cities worldwide, is variably and vaguely defined. Even the Centers for Disease Control, which recognized gentrification as a public health issue in its Healthy Community Design Initiative (no longer funded), failed to define gentrification in a clear or actionable way for public health research (its definition: “the transformation of neighborhoods from low value to high value”). This presentation takes as a starting point that existing and popular definitions of gentrification conceal the fundamental cause of phenomenon: the state-facilitated movement of investment and development capital. Gentrification of a single neighborhood is often racially coded, such that the impacts of gentrification on individuals may be almost completely opposite according to race as well as socioeconomic status. Existing literature on the impact of gentrification on individual and population health is sparse, but does point to health effects related to stress and disruption of social networks. Given this and given the ubiquity of gentrification processes, it is critical that public health professionals develop ways to measure gentrification for health disparities research. An appropriate theoretical framework for understanding and defining gentrification is a fundamental starting point to address the methodological challenge of this complex exposure. This presentation will explore issues related to the definition and measurement of gentrification for health disparities research through: 1) a survey of the methodologies used in the existing literature, 2) the development of a theoretical definition of gentrification for health disparities research, and 3) proposal and evaluation of novel measurement strategies for public health research.

Poster 4 -- Equity Collective: Student-led activism to promote equity and inclusion in the Health Behavior Department of UNC's Gillings School of Global Public Health. *Margaret Gichane, MSPH*, Ida Griesemer, MSPH, Shynah James, Melissa Luong, Yesenia Merino, MPH, Varsha Subramanyam, B.A, Leah Taraskiewicz, and Deshira Wallace, MSPH

Background: Academic institutions can be challenging environments for students of color, as evidenced by student reports of marginalization, tokenization, frustration, and fatigue. Historically, groups of students have emerged to advocate for learning environments that are actively anti-racist, inclusive, and equitable. Methods: The Equity Collective is a student-led initiative in the Department of Health Behavior (HB) at the UNC Gillings School of Global Public Health that aims to advance social justice and equity in the HB community. The group aims to achieve this by identifying forms of institutional racism and organizing key stakeholders to eliminate racism and oppression against historically marginalized populations within the school. Results: The Collective's initiatives encompass research, advocacy, and practice. To understand student perspectives, we have launched a qualitative study documenting the racialized experiences of student of color. Advocacy efforts have led to a successful petition for a school-wide Health Equity concentration, increased representation of scholarship by people of color in Master's level coursework, and a commitment from the department to fund student scholarships for racial equity training. Practice-based activities have included organizing a faculty workshop on teaching for equity and racial identity caucuses for students. Conclusion: Student activism plays an important role in the development and institutionalization of equity within academia. The Equity Collective is an example of the power of student organizing to confront and address racism embedded within public health training. The Collective's efforts have led to structural and cultural shifts within a school of public health.

Poster 5 – Health disparities in gentrified communities: the ongoing fight for health equality and social justice of minority residents in Harlem. *Tasnim Ahmad, MPH(c)*, Beverley Chang, MPH(c), Alyson Clarke, MPH(c), Brittany Daughtry, MPH(c), Maya Lloyd, MPH(c).

Historically marginalized communities of color in New York City, such as Harlem, continue to experience rapid social changes as a result of gentrification. This process leads to adverse health outcomes for the community, including increased rates of diabetes, asthma, cardiovascular disease, and obesity. Such health outcomes suggest that gentrification is indeed a social determinant of health and must be addressed as a public health issue. Community zoning often results in the displacement of longtime residents or limited access to imperative resources and services. The affected neighborhood experiences a shift in characteristics, leading to increasingly poor health outcomes for residents that often are not provided for within standard health promotion and disease prevention services. Efforts to combat these resulting inequities would benefit from an interdisciplinary approach, one that includes a partnership with residents and local activist groups, such as Right to the City and Take Action NYC. With at least 15 New York City communities currently being gentrified, public health officials must seek to protect and provide for those who still reside in these communities but cannot afford to live comfortable, healthy lives. Using neighborhood observations and an adapted PhotoVoice approach, we will identify the risk and protective factors related to these visible health inequities, assess concerns and perspectives of current Harlem residents, discuss previous and current efforts made by activists and other community entities in the fight for health equity and social justice in Harlem, and identify next steps for public health officials that link social justice and health equity

Poster 6 -- Oppression and Violence in Birth Care: Preliminary Analysis and Public Health Implications. *Elisabeth Bolaza, MPH, PhD(c)*

Birthing people have reported subtle and overt oppression and violence including intimidation, coercion, neglect, forced interventions, and physical assault. However, the prevalence and range of such birth experiences, and the relationships between oppressive/violent birth experiences and post-partum maternal health outcomes have not been studied through a public health lens. Emerging birth justice activism has begun to draw greater attention the ways birthing people, especially people of color, people in poverty, LGBTQI+, youth, undocumented, incarcerated, and other marginalized groups are systematically dispossessed of their civil and human rights in birth. Inequities put these groups at elevated risk of harm and death, as evidenced by maternal morbidity and mortality data. This poster provides an exploratory literature review of institutionalized birth oppression and violence synthesized with a policy analysis of birth care delivery contextualized by birth social justice advocacy and activism. Policies and procedures in birth care are analyzed for their impact on the autonomy and rights of birthing people. Solutions being pursued by birth justice activists, as well as their public health implications, are presented and analyzed.

Poster 7 -- Multiracial people and representation in data: A political economy analysis. *David A. Stupplebeen, MPH*

Multiracial people, or people who identify as two or more races, are a growing population in the US. The proportion of people who identify as multiracial is projected to nearly triple between 2010 and 2060. Although a handful of articles exist on multiracial people indicating possible health disparities, many of these articles combine multiracial people into a single category, masking differences among the various multiracial groups. This paper examines how data collection and the "multiracial" classification has been handled from a political economy (Minkler, Wallace, & McDonald, 1995) perspective, and how this may contribute to obscuring health disparities for multiracial people. This paper first examines how multiracial categorizations were developed by the US Census through the current "check all that apply" data collection schema, and how these issues of racial classification have been ported to the health sector. The paper then examines the power and class dynamics that framed the fight around collecting multiracial data at the federal level in the US and health research, including opposition to collection of data related to multiracial people by national organizations. An analysis of the state's contribution to masking multiracial data and efforts around data disaggregation are discussed. The author concludes with recommendations for moving data collection forward for multiracial people.

Poster 8 -- Examining the complexity of researching racial/ethnic disparities in Hawai'i - a "minority majority" state. *Rebecca Delafield, MPH, PhD(c)*, Ann Chang, MPH, MD, Tetine Sentell, PhD, Jennifer Elia, DrPH, and Catherine M. Pirkle, PhD

BACKGROUND: Since its establishment as part of the United States (U.S), Hawai'i has been a "minority majority" state. This setting provides a unique context in which to examine health disparities by race/ethnicity. For many health indicators in Hawai'i, some non-White racial/ethnic groups whose data are rarely disaggregated in national reports have better health outcomes compared to Whites. Here, we describe the complexity of researching racial/ethnic disparities in the diverse state of Hawai'i. **METHODS:** Case study of a research project that retrospectively investigated factors contributing to racial/ethnic disparities in cesarean delivery. Methods for the investigation required determining which racial/ethnic groups to include and their definitions. These considerations are critical in a state where 23.7% of the population identifies as more than one race and where Whites share "dominant" positions based on social and economic influence with other groups. **RESULTS:** A comparison of birth certificate to hospital records revealed that 15% of hospital records listed race as unknown/blank and over 40% of our population of interest had their race misclassified. Birth certificate data indicated 38% of patients self-identified as more than one race. Considering how and who defines racial/ethnic groups and conducting context specific power/privilege analyses may improve strategies aimed at addressing racial/ethnic health inequities. **CONCLUSION:** This work provides insights for examining racial/ethnic health disparities within communities that are increasingly mixed or where racialized power dynamics are shifting. Expanding our discussions about race is vital as demographic shifts in the U.S. result in greater diversity and where racism continues to impact

health.

Poster 9 -- Barriers and enablers of healthy food access among low-income Afro-Caribbeans in Crown Heights, Brooklyn. Antara Afrin, BA, MPH(c), Yasmeen Mohammad, BA, MPH(c), Khady Ndiaye, BA, MPH(c), and Brandon Yarde

Minority populations in the United States are faced with myriad barriers to healthy living, such as accessing nutritious foods. Research has shown that location and economic status are key social determinants of whether the foods necessary for a healthy diet are accessible and affordable. Individuals of Afro-Caribbean descent make up a significant proportion of the population of Crown Heights, a segment of Brooklyn, New York. This project seeks to identify the barriers and enablers of healthy food access among low-income Afro-Caribbeans in Crown Heights. Auto-ethnographic, community-engaged, and participatory approaches will frame our knowledge production. First, we will conduct a neighborhood observation using a checklist tool in order to record the amenities and disamenities in the neighborhood, such as supermarkets, bodegas, community centers, and faith-based institutions. Next, we will conduct an adapted PhotoVoice project, where we as student researchers and native New Yorkers will serve as co-scholars to reflect the neighborhood's strengths and community's concerns through photography and related narratives in hopes of influencing advocacy and policy. We hope to assess community perspectives about nutrition and health, the availability of and proximity to healthy food options, and suggestions for culturally-appropriate and practical interventions to improve health. By identifying the perceived barriers and enablers to healthy food access among low-income Afro-Caribbeans in Crown Heights, this project aims to inform future public health interventions for improving this minority population's quality of life.

Poster 10 - Public Health Activism Supporting Reproductive Justice for Incarcerated Women in the U.S . Gladys Reyes

Women continue to collectively fight for equal rights, persisting that "the personal is political." Current issues such as the #MeToo movement, the Time's Up movement, and the women's march are raising attention on the national political landscape in the efforts of addressing sexism and sexual harassment. The Trump administration not only represents sexist conduct, but facilitate legislation allowing for the reduction of reproductive health care services and threaten reproductive justice for all women on a national scale. Examples of these political changes are demonstrated through: religious organizations excluding birth control coverage from insurance plans, the closure of several abortion clinics around the nation, and the inhumane conditions for menstruation and birthing in correctional facilities. Women who are incarcerated are most vulnerable to the state's restrictive policies concerning their rights to pregnancy, mothering, and abortion. This population also depicts racial disparities as African American women make up a disproportionately high percentage of the prison and jail population, as compared to White women in custody. This research project will conduct a methodological analysis of the academic literature demonstrating how social justice activists, community-based organizations, and other public health entities are addressing the capitalistic patriarchal government controlling incarcerated female bodies. Through critical feminist, critical race, and political economy perspectives, this research project will focus on what is currently being done to challenge these reproductive injustices for incarcerated women in the U.S.

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 483.0; SDCC, Room 5B)

CO-SPONSORED SESSIONS: on the Tuesday of APHA (Nov 13), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety (OHS) section. The party will be from 8-11 pm, there will be live music from a local band, and it will take place at the Sherman Heights Community Center (2258 Island Ave, San Diego, CA; 619-232-5181). Tickets will be available at the OHS booth and at the door.