

★★★★★ SPIRIT OF 1848: PREVIEW OF APHA 2019 PROGRAM ★★★★★  
(ver 5/21/19)

The Spirit of 1848 is happy to share a preview of our final program for the American Public Health Association’s 147<sup>th</sup> Annual Meeting and Expo (APHA, Philadelphia, PA, November 2-6, 2019). The official conference theme is: “Creating the Healthiest Nation: For Science. For Action. For Health.” Our Spirit of 1848 radical rendition is: **Fighting Forward: Radical Science and Health Justice.**

Motivating our theme is recognition that:

- (1) it is not enough to be “for science,” because scientists are people, people do science, and the social production of scientific knowledge – along with the very definitions of “science” – are inevitably shaped by societal context, including conflicts over justice, dignity, and rights, as exemplified by the long legacy of scientific racism vs. anti-racist science; and
- (2) it is not enough to be “for health” without engaging with **health justice**, by which we mean the many interlocking types of justice that shape the people’s health and extent of health inequities – e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, and electoral justice – to name a few!

-- Our scientific sessions will accordingly feature critical and historically-informed presentations that address the links between radical science and the many kinds of justice required for health justice, in the US and globally.

-- We continue to note with concern the latent nationalism lurking in the phrasing of the APHA general theme of “creating the healthiest nation” which has appeared as the prefix to each annual meeting’s specific theme for the past few years – and we once again ask: why not instead have the goal be: “creating the healthiest world”?

--Additionally, because **2019 marks the 25<sup>th</sup> anniversary of the Spirit of 1848**, some celebration and critical reflection is in order, which we will provide via our integrative session and via a **shared Social Hour with Public Health Awakened!**

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

Monday of APHA (Nov 4, 2019)	8:30 am to 10:00 am	<b>Spirit of 1848 Special Activist Session: Radical science and activism challenging political threats to health justice</b>
	10:30 am to 12 noon	<b>Spirit of 1848 Social History of Public Health session: Anti-racist and anti-colonialist science for health justice: critical historical perspectives</b>
	3:00 pm to 4:30 pm	<b>Spirit of 1848 Politics of Public Health Data session: Radical science for health justice</b>
Tuesday of APHA (Nov 5, 2019)	8:30 am to 10:00 am	<b>Spirit of 1848 Progressive Pedagogy session: Fighting forward: pedagogies that promote and create a radical science for health justice</b>
	10:30 am to 12 noon	<b>Spirit of 1848 Integrative Session</b> (integrates the 3 foci of the Spirit of 1848): <b>Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice</b>
	1:00 pm to 2:00 pm	<b>Spirit of 1848 Social Justice &amp; Public Health Student Poster Session</b>
	Special social hour: 5:00 – 7:00 pm	<b>Shared Social Hour with Public Health Awakened – with toast to 25 years of the Spirit of 1848 at 5:30 pm!</b>
	6:30 pm to 8:00 pm	<b>Spirit of 1848 labor/business meeting</b>

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 Philadelphia Convention Center (PCC).

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 4, 2019*

##### ■ 8:30 am to 10:00 am

*Radical science and activism challenging political threats to health justice.* (Session 3068.0; Philadelphia Conference Center (PCC), Room 201A)

##### ■ 10:30 am to 12 noon

*Anti-racist and anti-colonialist science for health justice: critical historical perspectives.* (Session 3180.0; PCC Room 201A)

##### ■ 3:00 pm to 4:30 pm

*Radical science for health justice* (Session 3390.0; PCC Room 201A)

#### ► *Tuesday, November 5, 2019*

##### ■ 8:30 am to 10:00 am

*Fighting forward: pedagogies that promote and create a radical science for health justice* (Session 4066.0; PCC Room 201A)

##### ■ 10:30 am to 12 noon

*Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice* (Session 4188.0; PCC Room 201A)

##### ■ 1:00 pm to 2:00 pm

*Spirit of 1848 Social Justice & Public Health Student Poster session* (Session 4214.0; PCC Hall AB)

##### ■ 5:00 pm to 7:00 pm

*Spirit of 1848 Caucus shared Social Hour with Public Health Awakened – with toast to 25 years of the Spirit of 1848 at 5:30 pm!* (Location: TBD)

##### ■ 6:30 pm to 8:00 pm

*Spirit of 1848 Caucus Labor/Business Meeting* (Session 439.0; PCC Room 201A)

**CO-SPONSORED SESSIONS:** on the Tuesday of APHA (Nov 5), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section. Tickets will be sold in advance on-line, and we will post the link to the website for the tickets, plus info on the time & place, later this summer.

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

### SPIRIT OF 1848 SESSIONS

► **Monday, November 4, 2019**

■ **8:30 am to 10:00 am**

**Radical science and activism challenging political threats to health justice** (Session 3068.0; Philadelphia Conference Center (PCC), Room 201A)

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

**8:35 am – Environmental and climate justice as civil rights – *Jacqueline Patterson, MSW, MPH, Director, NAACP Environmental and Climate Justice Program***

**8:55 am – *Science for the People*: visions for science in the service of grassroots campaigns – *fern MacDougal, MSc* and *Alice Elliott, MSc*, *Science for the People Action Network Working Group***

**9:15 am – Q&A**

■ **10:30 am to 12 noon**

**Anti-racist and anti-colonialist science for health justice: critical historical perspectives** (Session 3180.0; PCC Room 201A)

**10:30 am -- Introduction: Anti-racist and anti-colonialist science for health justice: critical historical perspectives – *Marian Moser Jones, PhD, MPH***

**10:35 am – W.E.B. Du Bois and *The Philadelphia Negro*: swimming upstream in the age of racial science – *Amy Hillier, PhD***

**10:55 am – Public health, religion, and anti-racist activism: the work and life of Dr. Virginia M. Alexander, a Black Quaker physician-activist – *Vanessa Gamble, MD, PhD***

**11:15 am – Race science and the hazards of genetic determinism in the words and deeds of James Watson and Charles Davenport – *Nathaniel Comfort, PhD***

**11:35 am – Q&A**

■ **3:00 pm to 4:30 pm**

**Radical science for health justice** (Session 3390.0; PCC Room 201A)

**3:00 pm – Introduction – Radical science for health justice – *Zinzi Bailey, ScD, MSPH*, Catherine Cubbin, PhD, Craig Dearfield, PhD, Nancy Krieger, PhD**

**3:05 pm – Racist epidemiology and abolitionist possibility: the case of aluminum worker health – *Elizabeth McClure, MS*, Pavithra Vausdevan, PhD**

**3:20 pm – State-sponsored violence and pregnant women and mothers with opioid use disorders – *Alice Fiddian-Green, MPH, PhDc***

**3:35 pm – Sick and segregated: the association between childhood asthma and historic housing discrimination in Kansas City – *Brynne Musser, MPH***

**3:50 pm – How healthcare gentrification drives health injustice: implications for access to healthcare services and jobs in 4 mid-sized cities – *Emily Franzosa, MA, DrPH*, Helen Cole, DrPH, MPH**

4:05 pm – Q&A

► **Tuesday, November 5, 2019**

■ **8:30 am to 10:00 am**

**Fighting forward: pedagogies that promote and create a radical science for health justice** (Session 4066.0; PCC Room 201A)

**8:30 am -- Introduction—Fighting forward: pedagogies that promote and create a radical science for health justice.** *Vanessa Simonds, ScD*, Rebekka M. Lee, ScD, Lisa Moore, DrPH

**8:35 am – Decolonizing evidence: learning from a multi-year partnership between the Anti-Eviction Mapping Project and San Francisco State University’s Master of Public Health Program.** *Maureen Rees, MPH*, Adrienne Hall, MPH, Maria Acosta, MPH, Laura Mamo, PhD

**8:50 am – Advancing an anti-racist agenda in local government.** Jenna Gaarde, MPH, *Zea Malawa, MD, MPH*, Solaire Spellens, MPH

**9:05 am – Zine development as a pedagogical tool for critically evaluating how social justice and epidemiology relate.** Danielle Gartner, MS, PhDc, *Jessica Islam, MPH, PhDc*, Corinna Keeler, BA, PhDc, Katherine LeMasters, MPH, Elizabeth McClure, MS, PhDc, Arbor Quiest, MSPH, PhDc, Adrien Wilke, MSPH, PhDc

**9:20 am – Disrupting public health education: a social justice pedagogy.** *Keilah Jacques, MSW*, Sophia Geffen, MPH, Julia Rocher, MPH, MSW

9:35 am – Q&A

■ **10:30 am to 12 noon**

**Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice** (Session 4188.0; PCC Room 201A)

**10:30 am – Introduction to: “Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice.”** *Nancy Krieger, PhD*

**10:35 am – A brief history of the Spirit of 1848 Caucus – 25 years of fighting forward for radical science and health justice.** *Nancy Krieger, PhD*

**10:50 am -- Advancing health justice: critical reflections – for law, policy, reproductive justice, biological citizenship, and race, science and society.** *Dorothy E. Roberts, JD*

**10:55 am -- Advancing health justice: critical reflections – for empirical research on social determinants of health.** *Ana Diez Roux, MD, PhD, MPH*

**11:00 am -- Advancing health justice: critical reflections – for Indigenous health.** *Karina L. Walters, PhD*

**11:05 am – Advancing health justice: critical reflections – for LGBTQ+ populations.** *Sari Reisner, ScD, MA*

**11:10 am – Spirit of 1848 subcommittee reflections on “Fighting forward for radical science & health justice”**

- **Activism:** *Catherine Cubbin, PhD*, Rebekka Lee, ScD, Jerzy Eisenberg-Guyot, PhDc
- **Social History of Public Health:** *Anne-Emanuelle Birn, ScD, MA*, Marian Moser Jones, PhD, Luis Avilés, PhD, Miranda Worthen, MPhil, PhD
- **Politics of Public Health Data:** *Zinzi Bailey, ScD, MSPH*, Catherine Cubbin, PhD, Craig Dearfield, PhD, Nancy Krieger, PhD
- **Progressive Pedagogy:** *Vanessa Simonds, ScD*, Lisa Moore, DrPH, Rebekka Lee, ScD
- **Student Poster:** *Jerzy Eisenberg-Guyot, PhDc*, Nylca Munoz, JD, Jennifer Tsai, MEd, MDc, Monique Hosein, MPH, DrPHc

11:30 am – Critical dialogue (Q&A). *Nancy Krieger, PhD (moderator)*

11:55 am – Celebrating 25 years of the Spirit of 1848 – join in singing “Where All Can Truly Thrive”

■ 1:00 pm to 2:00 pm

**Spirit of 1848 Social Justice & Public Health Student Poster session** (Session 4214.0; PCC Hall AB)

Poster 1 – Associations between breastfeeding duration and overweight/obese among children aged 4-10: a focus on racial/ethnic minority children in California. *Christian Vazquez, MSW, PhDc*, Catherin Cubbin, PhD

Poster 2 – Framing health behavior and structure: a critical discourse analysis of commonly assigned social and behavioral health science textbooks within Master of Public Health coursework in the US. *Marisa Westbrook, MPH, PhDc*, Michael Harvey, DrPH, Margaret McGladrey, PhD

Poster 3 – Promoting social justice within cross-cultural exchange programs: Fulbright student researchers reflect on experiences in India. *Divya Patil, MPH*, Hannah Hulshult, BA, Rachel Maggi, BA

Poster 4 – Using a theoretical model informed by Reproductive Justice to support nonprofits toward internal integrity. *Noelle Fries, MPHc*

Poster 5 – Unaffordable water in the United States: a public health & health equity issue. *Mariana Sarango, MPH, PhDc*

Poster 6 – Relationship between fear since the change in presidential administration and anxiety and depression among undocumented university students. *Reid Whaley*, Marie-Claude Couture, PhD, Dellanira Valencia-Garcia, PhD, Erin Grinshteyn, PhD

Poster 7 – Political economy of the opioid epidemic: a social justice approach to an evolving public health crisis. *Mari Matsumura, MPHc*, Michael Harvey, DrPH

Poster 8 – Racial and ethnic disparities in work-related exposures: what is the role of occupational segregation? *Devan Hawkins, MS*

Poster 9 – Queering public health data: lessons from a queer feminist approach to critical data studies. *Maureen Rees, MPH*

Poster 10 – Assessing the unique vulnerability of Puerto Rican neighborhoods to violence in inner-city Philadelphia: putting epidemiology and ethnography into conversation for anti-racist research. *Joseph Friedman, MPH*, Philippe Bourgois, PhD

■ 5:00 pm to 7:00 pm

**Spirit of 1848 Caucus shared Social Hour with Public Health Awakened** – with toast to 25 years of the Spirit of 1848 at 5:30 pm! (Location: TBD)

■ 6:30 pm to 8:00 pm

**Spirit of 1848 Caucus Labor/Business Meeting** (Session 439.0; PCC Room 201A)

**CO-SPONSORED SESSIONS:** on the Tuesday of APHA (Nov 5), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section. Tickets will be sold in advance on-line, and we will post the link to the website for the tickets, plus info on the time & place, later this summer.

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

#### SPIRIT OF 1848 SESSIONS

##### ► **Monday, November 4, 2019**

##### ■ **8:30 am to 10:00 am**

**Radical science and activism challenging political threats to health justice** (Session 3068.0; Philadelphia Conference Center (PCC), Room 201A)

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

The activist session, with invited presentations, will focus on themes of “Radical science and activism challenging political threats to health justice.” The focus will be on radical science, activism, and advocacy defending the production and use of scientific evidence vital to protecting the people’s health and rectifying health inequities. Such science and evidence are facing serious political attacks by the Trump Administration, right-wing organizations, corporations, and religious fundamentalists, singly and combined. The invited presentations will focus on: (1) environmental and climate justice, and (2) the revival of *Science for the People*. After the presentations, there will be 45 minutes for open discussion.

**8:35 am – Environmental and climate justice as civil rights – Jacqueline Patterson, MSW, MPH, Director, NAACP Environmental and Climate Justice Program**

The NAACP strengthens the capacity of state and local leadership to: 1) **Strengthen the Regulatory, Policy and Corporate Responsibility Landscape for Environmental Protection**—Due to the undue influence of polluting industries over policy making, our current federal, state, and local regulatory and policy standards for pollution are less than stringent, under monitored, and sporadically enforced at best. Corporate overreach and industry disregard for taking responsibility for the environmental and human impacts of their practices must be addressed. 2) **Ensure that the Economic Engine That is Driving Our Energy Transition is Based on Justice and Equity**—Advance ambitious goals for energy efficiency and clean energy and couples energy focused advocacy with economic justice policies including local hire provisions and Disadvantaged Business Enterprise Provisions (for minority and women owned businesses) to ensure that the new energy economy has our communities in the lead rather than it being another economy that is built on our backs with our cheap labor and in our communities without benefits. 3) **Bolster Community Resilience and Sustainability**— Through supportive policies and programming, ensure that communities are prepared for current and future impacts of climate change while advancing community design that uplifts community wellbeing and strengthens cooperative, local economies and is simultaneously anchored in low-carbon, low methane infrastructure and operations to mitigate against the further advancement of climate change. Also, implement demonstration EcoDistricts for whole community approaches as well as individual projects including zero waste projects, local food initiatives, community owned solar, disaster resilience, etc.

**8:55 am – Science for the People: visions for science in the service of grassroots campaigns – fern MacDougal, MSc and Alice Elliott, MSc, Science for the People Action Network Working Group**

Some of the most vital fights for justice are waged by frontline communities with ad hoc community organization and campaigns that engage in high levels of confrontation and direct-action tactics. These frontline organizers, frequently poor communities and communities of color, often have less access to technical expertise than established nonprofits, but may still desperately need skills such as water quality testing, environmental permits reviews, ecological assessments, statistical analyses, and others. Those established in academia or scientific professions often possess not only needed skills but also access to labs, equipment, graduate students, and funding.

*Science for the People*, in its advocacy for science that serves the public interest instead of military or corporate interests, seeks to prefigure this role by using our skills directly in the service of grassroots struggles. We are aware that scientific “experts” too often fail to recognize the expertise of frontline communities and activists. As such, we are dedicated to taking the lead from organizers who understand the local campaign strategy, community needs, and political landscape. Since the fall of 2018, we have been building a database cataloging the skills and resources that our members and sympathetic scientists and engineers have to contribute. As our network grows, we will pair its members with environmental, social, and climate justice campaigns. While socially-informed research and advocacy within academia are important, we believe that direct engagement with those on the environmental frontlines is one of the most important ways for scientists to stand in solidarity with vital grassroots social movements.

**9:15 am – Q&A**

■ 10:30 am to 12 noon

**Anti-racist and anti-colonialist science for health justice: critical historical perspectives** (Session 3180.0; PCC Room 201A)

**10:30 am -- Introduction: Anti-racist and anti-colonialist science for health justice: critical historical perspectives**  
– **Marian Moser Jones, PhD, MPH**

Presentations for this session will focus on critical histories of anti-racist and anti-colonialist science in connection to struggles for health justice and social justice. This session occurs at the confluence of several notable “anniversaries.” It has been 500 years since the systematic enslavement of Africans in Europe’s “New World” colonies began, and 400 years since the British Empire formally initiated its policy of enslaving West Africans to reap riches from its North American and Caribbean colonies. This solicitation comes 100 years after a wave of anti-Black mob violence (race “riots”) roiled the United States, threatening urban African-American communities formed during the Great Migration; and it arrives as the world commences the fraught centennial of the interwar period, during which eugenics and racial science achieved unprecedented centrality in the functioning of modern states and empires, deeply marking the international world order. We are ever cognizant that this session comes at a time when violent white supremacy is once again resurgent in the Americas and Europe, driving police-military policy, immigration policy, and other policies; and at a time when some scientists are again advancing once-discredited theories of race as a biological construct.

**10:35 am – W.E.B. Du Bois and *The Philadelphia Negro*: swimming upstream in the age of racial science – Amy Hillier, PhD**

The white women of the College Settlement Association invited a young W.E.B. Du Bois to Philadelphia in 1896 to study the “negro problem”—the failure of Black residents to conform to their ideas of political and economic progress. Despite the patronizing and racist nature of the job offer, Du Bois responded enthusiastically, leaving his faculty position at Wilberforce College to take up an 18-month study of Blacks living in Philadelphia’s Seventh Ward. Using data he collected through surveys, interviews, and observation in conjunction with archival research, Du Bois reframed the idea of the “Negro problem” to be the problem that Negroes faced rather than caused. Published in 1899 by the University of Pennsylvania and largely ignored by scholars of that time, *The Philadelphia Negro* is now recognized as a classic within the fields of sociology, urban studies, social work, and public health.

Using the lens of critical race theory, this presentation will focus on the ways that Du Bois’ mixed-methods analysis systematically challenged the racist science of the day in explaining racial disparities in health, employment, education, and housing. It then considers the implications for current public health research and practice, particularly what “swimming upstream” looks like in making sense of and challenging the enduring racial disparities in urban areas. This presentation will also describe the public history project, *The Ward*, that uses interactive mapping, a documentary, board game, oral histories, walking tour, and mural to teach the enduring lessons of *The Philadelphia Negro* about social science and humanity.

**10:55 am – Public health, religion, and anti-racist activism: the work and life of Dr. Virginia M. Alexander, a Black Quaker physician-activist – Vanessa Gamble, MD, PhD**

Philadelphian Dr. Virginia M. Alexander (1899-1949) was a pioneering African American physician-activist and prominent Quaker. Her achievements included a medical degree from the Woman’s Medical College of Pennsylvania, a masters of public health from Yale (the first Black woman to receive a degree from its medical school) and an appointment as the first African American member of the Race Relations Committee of the Society of Friends in Philadelphia.

In this presentation I will analyze Alexander’s life and anti-racism work, focusing on her 1935 research investigation of the social, economic, and health conditions of her North Philadelphia neighborhood. This project illuminates how she linked her religious affiliation, public health research, and anti-racist activism to improve the health of African Americans. Her interest in research-based activism and the critical role of socioeconomic factors on health reflected, in part, the influence of W.E. B. Du Bois with whom she had a close personal and professional relationship. Alexander conceived her study at a July 1935 meeting of the Institute of Race Relations, a seminar organized by Quakers to develop scientific strategies to combat racism. She used qualitative and quantitative methods to examine the health status of Black Philadelphians and the professional status of Black physicians. I will analyze the report’s findings and its impact on efforts to battle medical racism in Philadelphia, then will discuss how Alexander’s work and life provides an historical example of what it has meant to lead a professional career at the intersection of public health, research, and social justice.

**11:15 am – Race science and the hazards of genetic determinism in the words and deeds of James Watson and Charles Davenport – Nathaniel Comfort, PhD**

In 2007, James Watson, co-discoverer of the DNA double helix and for 40 years the director of Cold Spring Harbor Laboratory, told a reporter that he was “inherently gloomy about the prospect of Africa” because “all our social policies are based on the fact that their intelligence is the same as ours – whereas all the testing says not really.” The moment triggered a 12-year public

descent for the man who was once the most famous and powerful living scientist. Yet a century before, Charles Davenport, also director of Cold Spring Harbor, underwent a similar rise and fall. As the leader of the Progressive-era eugenics movement, Davenport pressed for measures to stem the propagation of the “unfit”—especially those he deemed “mentally defective.” By the 1930s, he had descended into a bigoted pseudoscience, obsessed with race and intelligence. He died, disgraced, in 1944.

The parallels between Davenport and Watson are striking; the differences, revealing. They had similarly long-term, intimate relationships with Cold Spring Harbor. Genetic determinism made, then broke both men. Both fell from grace by leaning on outmoded science to reinforce prejudices about race and intelligence. Watson has never advocated sterilizing the unfit. But in Watson's case, the stakes of genetic determinism were higher: Today's genetic testing, assisted reproductive technology, and genetic engineering make the self-direction of human evolution more plausible. In this paper, I compare Watson's and Davenport's views in context and examine anti-racist critiques of each, to draw inferences about the causes and implications of genetic-determinist scientific racism.

## 11:35 am – Q&A

## ■ 3:00 pm to 4:30 pm

**Radical science for health justice** (Session 3390.0; PCC Room 201A)

### 3:00 pm – Introduction – radical science for health justice – **Zinzi Bailey, ScD, MSPH**, Catherine Cubbin, PhD, Craig Dearfield, PhD, Nancy Krieger, PhD

This session seeks to feature conceptual and empirical presentations of analyses (whether quantitative, qualitative, or mixed methods) for radical science for health justice that are context-aware and historically-informed. The foci for the selected presentations address:

- anti-racist empirical analyses of health injustice in relation to workers' health, community health, and historical and current residential segregation;
- radical science analyses of state-sponsored violence;
- radical science for collective action, protest, and accountability, particularly for use in social movements; &
- the impact of the radical inclusion of marginalized populations, as scientists and as study participants, on scientific questions and analyses.

### 3:05 pm – Racist epidemiology and abolitional possibility: the case of aluminum worker health – **Elizabeth McClure, MS**, Pavithra Vausdevan, PhD

This collaborative project addresses the possibilities and limits of occupational epidemiology in supporting struggles for environmental justice through a case study of aluminum smelting. We focus on illness and toxic exposure among Black workers and their families in Badin, North Carolina, a primary aluminum smelting plant site for Alcoa, in operation from 1915 to 2007. We argue that despite the discipline's history of efforts to address health inequities, published epidemiology literature on aluminum smelting functions as a white methodology in collusion with racial capitalism. The current occupational epidemiology literature published about aluminum smelting does not reflect concerns voiced by our community collaborators regarding the extent of harm caused by occupational exposure to toxins, nor does it include analyses of race or gender disparities due to discriminate labor divisions. Here, we discuss the development of a collaborative project in response to residents' questions about disparate health outcomes of toxic exposure in the workplace. We briefly outline two analyses underway, including a cohort study using Alcoa's company records and a comparison of mortality rates to the general population using union records. Supplementing these conventional epidemiological methods, we discuss a third approach developed in collaboration with community members: an open-ended household survey designed to gather qualitative data regarding former workers' job histories, medical histories, and concerns related to toxic exposures and discrimination at the smelting plant. We illustrate how such a method may both broaden the scientific knowledge base and support organizing towards developing an abolitional approach to epidemiology.

### 3:20 pm – State-sponsored violence and pregnant women and mothers with opioid use disorders – **Alice Fiddian-Green, MPH, PhD**

**Background:** Pregnant and parenting women with opioid use disorders (OUD) are a rapidly growing and highly stigmatized population in the U.S. Despite substantial increases in funding for individual-level prevention efforts that increase access to medications for opioid use disorders (MOUD; e.g., methadone, buprenorphine, and naltrexone) approximately 20% of people with OUD engagement in treatment. Treatment rates are lowest for women. We aimed to identify critical turning points that directly influence treatment engagement and relapse among pregnant women and mothers with OUD.

**Methods:** We conducted 30 in-depth interviews with pregnant women and mothers in treatment for OUD (n=20), and clinicians and staff providing services to people with OUD (n=10) across two counties in Massachusetts in 2018. Using grounded theory, we inductively identified major themes and selected illustrative quotations.

**Findings:** Key critical turning points that influence OUD and treatment trajectories among pregnant women and mothers include: 1) the experience of civil commitment to treatment, and the policies and procedures inherent to the process (e.g., shackling and withholding of MOUDs) and 2) loss of custody and intergenerational family separation via the criminal justice and/or foster care systems.

**Conclusion:** A radical science that yields health justice must examine the “epistemologies of ignorance” (Tuana 2006) around the categorization of “risk,” and assess the state-sponsored violence interwoven into the treatment and management of OUD among pregnant women and mothers. There is an immediate need for community-partnered efforts to assess and potentially de-implement the harmful practices identified in this project.

### **3:35 pm – Sick and segregated: the association between childhood asthma and historic housing discrimination in Kansas City – Brynne Musser, MPH**

Sociologists have coined the term “hypersegregation” in an attempt to describe the complex, multidimensional effects of racial and ethnic segregation measured by unevenness, clustering, isolation, concentration and centralization. Hypersegregated communities experience a higher risk of negative health outcomes. (White & Borrell, 2011) When coupled with the persistent weathering effects of racism and discrimination, African American hypersegregated communities are burdened by extremely disparate rates of chronic disease, including asthma. (D. Acevedo-Garcia & Osypuk, 2008) Although not often acknowledged, the origins of segregation, and ultimately hypersegregation, can be traced back to federal policy and discriminatory banking practices by the Home Owners Loan Corporation (HOLC). (A. E. Hillier, 2003) This research uses geographic information systems to examine 1) the distribution of 2010 childhood asthma incidents in the Kansas City Metro 2) asthma prevalence and severity within the boundaries of discriminatory HOLC lending maps and 3) the 2010 demographic makeup of historic HOLC maps. Results showed that historically all White neighborhoods ranked favorably by the HOLC remain predominantly White. Asthma encounters in these areas are proportionally less severe, and have the lowest risk ratios for total and severe encounters. In contrast, the areas that were ranked unfavorably by HOLC and ultimately denied loans had the highest rates of total asthma encounters per capita, severe asthma encounters per capita and highest percent of severe vs. controlled encounters. In each HOLC boundary, Black asthma patients were over-represented when compared to the total population.

### **3:50 pm – How healthcare gentrification drives health injustice: implications for access to healthcare services and jobs in 4 mid-sized cities – Emily Franzosa, MA, DrPH, Helen Cole, DrPH, MPH**

Local hospitals have historically been a cornerstone of community health, reducing poverty and social inequity by providing neighborhood residents access to both essential healthcare and stable middle-class jobs. However, as funding and reimbursement policies increasingly drive the consolidation of health networks into “megasystems”, systems are closing less-profitable hospitals in lower-income neighborhoods in favor of more profitable specialty practices, often sited in gentrifying areas. This trend of “healthcare gentrification” results in changes in the type of and spatial distribution of care to favor wealthier residents while potentially excluding the more vulnerable, as well as layoffs and transitions to different, often lower-paying healthcare jobs with less union density. Our analysis uses spatial data to examine the impact of recent hospital closures or restructurings and the rise of for-profit urgent care clinics and freestanding ERs on access to care and jobs between 2012 and 2017. We also draw on demographic, uninsurance and job market data from the American Community Survey, chronic disease data from the CDC’s 500 cities project, and key informant interviews to examine these effects in four mid-sized cities: two in states that have not expanded Medicaid under the ACA (Dallas, 700 workers laid off from Garland hospital, 22.1% of residents uninsured; and Atlanta, 521 workers transitioned from WellStar Health to contracting agency; 12.8% of residents uninsured) and two that have (Philadelphia, 675 workers laid off from St. Joseph’s Hospital, 10.6% of residents uninsured; and Seattle, 550 workers laid off from Swedish Health Services, 6.0% of residents uninsured).

### **4:05 pm – Q&A**

#### **► Tuesday, November 5, 2019**

#### **■ 8:30 am to 10:00 am**

**Fighting forward: pedagogies that promote and create a radical science for health justice** (Session 4066.0; PCC Room 201A)

#### **8:30 am -- Introduction—Fighting forward: pedagogies that promote and create a radical science for health justice. Vanessa Simonds, ScD, Rebekka M. Lee, ScD, Lisa Moore, DrPH**

This session will include practical presentations that focus on pedagogy that enhances capacity for teaching and organizing with radical science for health justice. This includes the pedagogies that are being (re)developed through decolonizing epistemologies and other ways of re-framing knowledge and voice. We call for work that shows 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 focus is on how radical science for equity needs to influence both what we teach and how we

teach it. Sound-bite “science” has been used to rationalize the destruction of people and the planet. We need to share practical tools for understanding the world and creating sustainable change. The selected presentations address pedagogic initiatives that variously include (separately or jointly): teachers (i.e., train teachers to teach such material and approaches); students (undergraduates & graduate); community activists, community organizations, and community members; and government employees (whether in public health agencies, other state agencies, or in the legislative or executive branches of government). The pedagogic initiatives discussed connect with current social movements involving reproductive justice, environmental and climate justice, economic justice, restorative criminal justice and racial justice, primarily within the US.

**8:35 am – Decolonizing evidence: learning from a multi-year partnership between the Anti-Eviction Mapping Project and San Francisco State University’s Master of Public Health Program. *Maureen Rees, MPH, Adrienne Hall, MPH, Maria Acosta, MPH, Laura Mamo, PhD***

Oral histories are powerful tools rendering marginalized voices visible and elevating counter-narratives that are non-reductive. Public health students, in building their methodological skillset, have an opportunity to critically assess research perspectives and question who is considered an “expert.” Activist-academic partnerships provide a platform for shaping students’ engagement with research while contributing to broader social justice efforts. In the Fall 2016 and 2018 semesters, students in San Francisco State University’s graduate-level Public Health Inquiry course partnered with representatives from the Anti-Eviction Mapping Project (AEMP) - a data-visualization, data analysis, and storytelling collective - to analyze 16 oral histories from the Narratives of Displacement Oral History Project. The partnership provided students with hands-on experience in design, use, and analysis of qualitative data with an antiracist, feminist, and decolonial lens and a focused analysis of political economies of health amidst rapid displacement. The partnership provided AEMP with newly transcribed oral histories and compiled reports of health-related themes in the data, which contributed to AEMP’s capacity to document the myriad impacts of gentrification and displacement in the Bay Area. By promoting this critical lens in the first semester, the partnership establishes a precedent for students to question knowledge production throughout their graduate school journeys and places their work as students in a broader context with real potential for impact. As a result of the partnership thus far, at least three former students have continued working with AEMP to promote a public health lens in the collective’s analysis of gentrification and displacement and continue this academic partnership.

**8:50 am – Advancing an anti-racist agenda in local government. *Jenna Gaarde, MPH, Zea Malawa, MD, MPH, Solaire Spellen, MPH***

- Interpersonal and institutional racism can negatively impact healthcare and public health service delivery leading to poor health outcomes among populations that endure significant health disparities. While the history and practices of our nation’s healthcare system are rooted in racism, most public health professionals and providers do not have a clear sense of what it means to advance anti-racism in practice.
- San Francisco Department of Public Health’s Maternal, Child & Adolescent Health’s section is advancing an anti-racist agenda. Through a staff-led Racial Equity Committee, the section has worked towards a culture shift with efforts spanning workforce development to direct service quality improvement. This session will provide an overview of our core values in this work, and provide examples:
  - 1.) Beyond didactics: Implementing tools and action steps
  - 2.) Challenging power & privilege: Recognizing our own power and privilege in our system and challenging others
  - 3.) Accountability & measurement: Conducting ongoing evaluation, assessments, and quality improvement
  - 4.) Sustainability: Building infrastructure and embedding within our programs and initiatives
  - 5.) Normalizing conversations about race: building our stamina to engage in difficult conversations and receive racial feedback
  - 6.) Doing our own work: Naming white silence, assigning homework, and holding ourselves accountable.
- We will conclude the session with an overview of Racism as a Root Cause approach and its four criteria, which were developed by the presenters. We will apply the framework to multiple health disparities to develop potential interventions to address racism as a root cause.

**9:05 am – Zine development as a pedagogical tool for critically evaluating how social justice and epidemiology relate. *Danielle Gartner, MS, PhDc, Jessica Islam, MPH, PhDc, Corinna Keeler, BA, PhDc, Katherine LeMasters, MPH, Elizabeth McClure, MS, PhDc, Arbor Quiest, MSPH, PhDc, Adrien Wilke, MSPH, PhDc***

We are representatives of the Epidemiology and Justice Group (Epi & Justice) at the University of North Carolina, Chapel Hill. As a student-run group, we teach each other; advocate for equity and the basic principles of public health in our department; and support research on the history and philosophy of epidemiology, community-led public health principles and practice, and justice-focused epidemiology. Our group coalesced around a desire to incorporate explicit considerations of justice and equity into our epidemiological work, which we often found to be missing from our coursework and mentored research. To cultivate and make space for a more inclusive field of epidemiology, we came together to create a zine (pronounced ‘zeen’), a non-commercial and self-published booklet. Our zine takes collective action to challenge traditional and modern epidemiology and is the first step towards creating slow, transformative change in our classrooms. The goals of our zine are to refine our own ideas about epidemiology and its limitations, build community around these ideas, and outwardly spread knowledge in an accessible

format. We worked collectively on a set of zine pages that addressed these goals, creating handmade pages with quotes, figures, and writing that reflect on the language and tools of epidemiology, history of epidemiologic thought, public health ethics in epidemiology, and more. In this session, we will share our zine and reflect on its development process. Attendees will learn about creating a zine as a tool to build a stronger relationship between public health and social justice.

**9:20 am – Disrupting public health education: a social justice pedagogy. Keilah Jacques, MSW, Sophia Geffen, MPH, Julia Rocher, MPH, MSW**

A cultural shift is underway in the field of public health. Social justice activists, health professionals, and the Council on Education for Public Health have all called for the integration of social justice concepts and competencies into public health education. In response to this call for action, the Student Outreach Resource Center (SOURCE) of Johns Hopkins Bloomberg School of Public Health has undertaken a multi-year project to develop and implement a social justice pedagogy for public health education. A 43-member Social Justice Task Force comprised of students, faculty, and staff laid the foundation for this pedagogy through 16 collective impact design sessions. SOURCE has developed guiding documents, core competencies, and a curriculum toolkit for this new social justice pedagogy. Core competencies for faculty and students include: Power and Privilege Identification, Social Justice Identity Formation, and Formulating Actions for Change. Curriculum guidelines include tools that orchestrate learning, action, and reflection for personal development, in addition to practical resources that demonstrate key skills such as how to diversify syllabi, and how to disrupt hierarchies of power in the classroom. Current public health pedagogies lack directive for addressing the systemic causes of health inequities (e.g. structural violence, racism, and discrimination). Our hope is that educators can use these tools to create more equitable classrooms that model the just environment that public health professionals strive to create.

**9:35 am – Q&A**

**■ 10:30 am to 12 noon**

**Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice.** (Session 4188.0; PCC Room 201A)

**10:30 am – Introduction to: “Passion, politics, and public health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice.” Nancy Krieger, PhD**

This session will celebrate and reflect critically on the 25<sup>th</sup> anniversary of the Spirit of 1848 Caucus, which we founded in 1994. We will call it: **“Passion, Politics, and Public Health: celebrating 25 years of the Spirit of 1848 – for radical science and health justice.”** The session will include:

- (1) a brief history of the Spirit of 1848 Caucus;
- (2) reflections from four key health justice scholars and advocates about key challenges ahead for critical work for health justice: Dorothy Roberts, Ana Diez Roux, Karina Walters, and Sari Reisner;
- (3) engagement with these reflections by Spirit of 1848 coordinating committee members, on behalf of their subcommittees; &
- (4) a celebration of 25 years of passion, politics, and public health, done in true Spirit of 1848 style! This session will be organized by the Spirit of 1848 Coordinating Committee, led by its chair.

**10:35 am – A brief history of the Spirit of 1848 Caucus – 25 years of fighting forward for radical science and health justice. Nancy Krieger, PhD**

My presentation provides a brief history of the Spirit of 1848 Caucus, which we founded 25 years ago, in 1994, at the 122<sup>nd</sup> annual meeting of APHA, held in Washington, DC. We emerged out of organizing for the National Rainbow Coalition and the 1988 Jesse Jackson presidential campaign. Informed by a Rainbow approach, our intent was to link *“Politics, Passion, and Public Health,”* with our goal being to “form a network concerned with social inequalities in health” and to create a place for those of us linking social justice & public health “to talk more with other people working to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity, and age affect the public’s health.” We envisioned ourselves as a platform, to create space for & elevate voices urging critical thinking & action, and to lead by calling forth these voices via our critical sessions, which focus on: (1) the social history of public health, (2) the politics of public health data, and (3) progressive pedagogy. To bring in the next generation, we sponsor a student poster session for social justice & public health, and since 2016 we have been organizing a practice-oriented health justice activist session. Our Spirit of 1848 listserv fosters sharing critical information about social justice & public health. I will review key examples of the kinds of sessions we have organized and efforts we have galvanized for health justice, with an eye on the critical work ahead.

**10:50 am -- Advancing health justice: critical reflections – for law, policy, reproductive justice, biological citizenship, and race, science and society. Dorothy E. Roberts, JD**

In this presentation, I will share some thoughts on critical work needed to advance health justice, especially regarding law and policy as they relate to reproductive justice, biological citizenship, and race, science, and society overall.

**10:55 am -- Advancing health justice: critical reflections – for empirical research on social determinants of health.**

**Ana Diez Roux, MD, PhD, MPH**

In this presentation, I will share some thoughts on critical work needed to advance health justice, especially regarding key conceptual and methodological challenges for empirical research on social determinants of health.

**11:00 am -- Advancing health justice: critical reflections – for Indigenous health. Karina L. Walters, PhD**

In this presentation, I will share some thoughts on critical work needed to advance health justice, especially regarding Indigenous health.

**11:05 am – Advancing health justice: critical reflections – for LGBTQ+ populations. Sari Reisner, ScD, MA**

In this presentation, I will share some thoughts on critical work needed to advance health justice, especially regarding health disparities and inequities in lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) populations.

**11:10 am – Spirit of 1848 subcommittee reflections on “Fighting forward for radical science & health justice”**

• **Activism: Catherine Cubbin, PhD**, Rebekka Lee, ScD, Jerzy Eisenberg-Guyot, PhDc

In this short presentation, the Spirit of 1848 activist sub-committee will briefly reflect on their work to advance health justice in relation to practical activism for public health workers and will engage with the critical challenges raised by the session panelists (Roberts, Diez Roux, Walters, Reisner).

• **Social History of Public Health: Anne-Emanuelle Birn, ScD, MA**, Marian Moser Jones, PhD, Luis Avilés, PhD, Miranda Worthen, MPhil, PhD

In this short presentation, the Spirit of 1848 social history of public health sub-committee will briefly reflect on their work to advance health justice in relation to understanding the social history of public health and will engage with the critical challenges raised by the session panelists (Roberts, Diez Roux, Walters, Reisner).

• **Politics of Public Health Data: Zinzi Bailey, ScD, MSPH**, Catherine Cubbin, PhD, Craig Dearfield, PhD, Nancy Krieger, PhD

In this short presentation, the Spirit of 1848 politics of public health data sub-committee will briefly reflect on their work to advance health justice in relation to analyzing the politics of public health data and will engage with the critical challenges raised by the session panelists (Roberts, Diez Roux, Walters, Reisner).

• **Progressive Pedagogy: Vanessa Simonds, ScD**, Lisa Moore, DrPH, Rebekka Lee, ScD

In this short presentation, the Spirit of 1848 progressive pedagogy sub-committee will briefly reflect on their work to advance health justice in relation to developing progressive public health pedagogy and will engage with the critical challenges raised by the session panelists (Roberts, Diez Roux, Walters, Reisner).

• **Student Poster: Jerzy Eisenberg-Guyot, PhDc**, Nylca Munoz, JD, Jennifer Tsai, MEd, MDc, Monique Hosein, MPH, DrPHc

In this short presentation, the Spirit of 1848 student poster sub-committee will briefly reflect on their work to advance health justice in relation to elevating the vision and voices of the next generation of public health students and workers and will engage with the critical challenges raised by the session panelists (Roberts, Diez Roux, Walters, Reisner).

**11:30 am – Critical dialogue (Q&A). Nancy Krieger, PhD (moderator)**

To promote critical dialogue about fighting forward for radical science & health justice, we will have 25 minutes for open dialogue between participants on the session panel and those attending our session – to raise questions, spark ideas, and galvanize action!

**11:55 am – Celebrating 25 years of the Spirit of 1848 – join in singing “Where All Can Truly Thrive”**

In true Spirit of 1848 style, to build connection and solidarity, we will conclude with the invitation for all to join in singing “Where All Can Truly Thrive” – words by Makani Themba, set to “Down by the Riverside.”

■ **1:00 pm to 2:00 pm**

**Spirit of 1848 social justice & public health student poster session** (Session 4214.0; PCC Hall AB)

**Poster 1 – Associations between breastfeeding duration and overweight/obese among children aged 4-10: a focus on racial/ethnic minority children in California. Christian Vazquez, MSW, PhDc**, Catherin Cubbin, PhD

Research on the association between breastfeeding and childhood obesity and research on racial/ethnic differences in breastfeeding both show inconsistencies in the literature. The current study examines: 1) whether immigrant Hispanic women have higher rates of breastfeeding compared to non-Hispanic women, and 2) whether children who were breastfed longer are less likely to be overweight/obese among all groups, and particularly among children born to immigrant Hispanic women. The study builds on prior literature using representative data (Geographic Research On Wellbeing study (GROW, 2012-2013)) and focusing on an age group that has not been well studied. The final sample includes 2,675 mother/child dyads. Logistic regression was used to investigate the odds of child obesity ( $\geq 95^{\text{th}}$ %) and child overweight ( $\geq 85^{\text{th}}$ %) in a series of models: unadjusted, demographic, socioeconomic status, and full model. Interactions between race/ethnicity and breastfeeding duration were also examined. African-American (9.54%) and white (32.8%) women had the lowest and highest rates of ever breastfeeding, respectively. White women breastfed the longest (10.52 months) and U.S.-born Hispanic women breastfed the shortest (7.05 months), on average. Children of African-American or Hispanic mothers had the highest rates of being overweight/obese (26-27%), followed by children of white mothers (20%). No differences were found between breastfeeding duration and child's weight status, nor was there a significant interaction between mother's race/ethnicity and breastfeeding duration on child's weight status; however, mother's own weight status was a significant driver of child's weight status. These results provide evidence that interventions need to address family behaviors, and not just the child's.

**Poster 2 – Framing health behavior and structure: a critical discourse analysis of commonly assigned social and behavioral health science textbooks within Master of Public Health coursework in the US. *Marisa Westbrook, MPH, PhD*, Michael Harvey, DrPH, Margaret McGladrey, PhD**

The social and behavioral sciences 'address the behavioral, social, and cultural factors related to individual and population health and health disparities over the life course.' Recent research suggests an inordinate focus on behavioral framing of health and disease within graduate-level social and behavioral science coursework, which risks neglecting social and structural frames essential for social justice. This research seeks to better understand how behavior, health, and health disparities are framed within coursework through a critical discourse analysis of social and behavioral science textbooks commonly assigned within MPH programs. Commonly assigned textbooks were identified by analyzing publicly available syllabi (N=50), which were identified through a systematic search of all CEPH-accredited MPH program websites and via popular search engines (i.e. Google). Subsequent content analysis informed by critical discourse analysis methods was conducted to examine how behavior, health, and health disparities are framed within commonly assigned textbooks. Prominent themes will be identified and described. Analysis is currently ongoing and will be completed by summer 2019. Following from the premise that textbooks are instruments for ideologically shaping students and broader disciplines rather than simply sources of objective and authoritative knowledge, this research extends critical thinking within public health to the content of popular textbooks through critical discourse analysis methods. This form of inquiry is well developed in the context of many other professional disciplines, such as education and nursing, but to our knowledge has not been applied in the context of public health textbooks.

**Poster 3 – Promoting social justice within cross-cultural exchange programs: Fulbright student researchers reflect on experiences in India. *Divya Patil, MPH*, Hannah Hulshult, BA, Rachel Maggi, BA**

Amongst public health students in the United States, there is a rising interest in participating in volunteer, teaching, and research opportunities abroad. Students are finding such opportunities through nonprofit organizations, religious groups, and United States government programs. With more than 50 years of history, the Fulbright Program has established itself in over 160 countries around the world and has sponsored thousands of students, teachers, and academics to engage with schools, communities, and research institutions through activities that promote mutual, cross-cultural exchange. As recent Fulbright student researchers in India, we reflect on aspects of the Fulbright Program that create an environment for public health research that supports social justice, such as host country mentorship and guidance, partnership with key stakeholders, and maintaining accountability via institutionally recognized guidelines for ethical human subjects data collection. We also provide personal insights on challenges faced while conducting research in an unfamiliar language and observing the cultural and social norms of our host country. We conclude by suggesting additional considerations that future participants of similar international engagement programs, as well as the programs themselves, can incorporate for further enhancement of social justice principles. As the world becomes increasingly interconnected, we recognize the importance of investing in relationships with communities outside of the United States and supporting historically disenfranchised voices. By prioritizing social justice, international programs can train the next generation of public health researchers to mindfully engage with the communities around them, leading to a more equitable society.

**Poster 4 – Using a theoretical model informed by Reproductive Justice to support nonprofits toward internal integrity. *Noelle Fries, MPHc***

**Issue:** With ambitious missions and scarce funding, nonprofits rarely have resources to devote internally. Oftentimes, this unwittingly creates working environments that are in opposition to what organizations are fighting for externally, perpetuating forms of oppression within the organization itself leading to a loss of staff morale, burnout, and high turnover. The future of public health is threatened without addressing these enduring concerns across organizations.

**Description:** Through research within several service delivery organizations in New York City, a theoretical model was created using mixed methods insight from more than 100 staff of various organizations, while consulting Reproductive Justice and organizational change literature.

**Lessons Learned:** To effectively promote public health, health promotion needs to be practiced and fostered in service delivery and non-profit organizations. Health promotion devoid of analysis of systemic oppression, social determinants, and accountability is insufficient. Many nonprofits need support in applying a justice approach internally. More resources that engage critical race and social justice are necessary to address organizational injustice, lessening morale, and high turnover. A combination of lessons from Reproductive Justice, intersectional justice movements, and organizational change literature is helpful to tangibly create a more just model for work environments.

**Recommendations:** A theoretical model is proposed to begin addressing urgent issues of internal misalignment, staff attrition, and low morale. Social service organizations and the field of public health as a whole must earnestly prioritize internal justice in upcoming strategic plans and allocate proper resources to more holistically support their staff.

#### **Poster 5 – Unaffordable water in the United States: a public health & health equity issue. *Mariana Sarango, MPH, PhD***

Increasingly unaffordable household water in the United States (Mack & Wrase, 2017) poses a threat to population health. Unaffordability of water increases nonpayment-related water shutoffs, which consequently may result in higher rates of water-related or infectious illnesses (e.g. shigellosis) (Plum et al., 2017). Furthermore, households burdened by unaffordable water may face difficult spending trade-offs that require them to prioritize costly water bills over other basic needs (e.g. nutritious foods, medical care) (Amirjadji et al., 2013). Initial inquiry has identified racial/ethnic inequities in access to affordable water (Butts & Gasteyer, 2011) and in burden of shutoffs (e.g. Grant, 2017) in states such as California, Michigan and Massachusetts. We contribute to the existing equity and water affordability research in the U.S. by assessing whether water unaffordability and shutoffs 1) are more likely to burden communities of color across 18 urban areas in the United States, and 2) are associated with selected health behaviors and outcomes (e.g. food insecurity, healthcare utilization, hand-washing frequency, water consumption). We will conduct multilevel regression using data from the Survey of Water Indicators and Socioeconomic Status (SWISSH) and the U.S. Census Bureau to explore these associations. With water costs continuing to rise, it is a critical time to examine the overall population health impacts of increasingly unaffordable water and to consider the relevant health equity implications.

#### **Poster 6 – Relationship between fear since the change in presidential administration and anxiety and depression among undocumented university students. *Reid Whaley, Marie-Claude Couture, PhD, Dellanira Valencia-Garcia, PhD, Erin Grinshteyn, PhD***

**Background:** We assessed associations between fear compared to one year ago (October 2016) and the change in presidential administration and anxiety and depression among undocumented university students.

**Methods:** An online survey of university students was done in Fall 2017. Fear since October 2016 and fear since the change in presidential administration were measured independently among undocumented students (n=32). Response categories were less fear, equal fear, and more fear. Anxiety and depression were assessed using the GAD-7 and PHQ-9 and dichotomized using standard cutoffs. Bivariate analyses were run using chi-square tests.

**Results:** Undocumented students reported more fear in the past year ( $p=0.007$ ) and the subsequent change in presidential administration ( $p<0.0001$ ) than U.S. citizens. Higher rates of anxiety and depression were found among U.S. citizens, but undocumented students with anxiety reported greater fear since the change in administration. Most notably, 100% of undocumented students with anxiety reported more fear since October 2016, and 87.5% of undocumented students with anxiety reported more fear since the change in administration, though results were not significant likely due to a small sample (n=32). No significant results were found regarding depression prevalence as a result of the administration change, also likely due to a small sample size.

**Conclusions:** Fear and mental health outcomes were associated with increased fear in the past year and change in administration among undocumented students. It is vital for public health professionals to understand the effect of the political climate on undocumented student populations.

#### **Poster 7 – Political economy of the opioid epidemic: a social justice approach to an evolving public health crisis. *Mari Matsumura, MPHc, Michael Harvey, DrPH***

**Background:** The US opioid epidemic is an evolving public health crisis and authorities are struggling to respond effectively. While many responses narrowly address patient behavior or provider prescribing habits, adopting the political economy framework can inform structural understandings and responses to the crisis. The framework centers the role of class conflict, corporate interests, and political economic systems in shaping health inequalities. This research applies the framework to the US opioid epidemic to explore its structural drivers.

**Methods:** A scoping literature review of research on the US opioid epidemic was conducted querying mainstream public health journals. Additionally, newspaper and magazine articles, reports, and court filings were also queried. Structural drivers of the epidemic were identified and grouped into four domains.

**Results:** These domains include: 1) the role of pharmaceutical companies in generating demand by distorting medical knowledge, influencing provider prescription habits, and misrepresenting safety risk to patients; 2) the limited mandate and corporate capture of public regulators (i.e. the Food and Drug Administration and the Drug Enforcement Agency) that rendered them incapable of properly monitoring the healthcare industry; 3) the uncoordinated and inequitable healthcare system that was unable to monitor prescription opioid use, provide alternative forms of pain management, or treat opioid use disorders; and 4) the neoliberal socio-political environment that increased susceptibility to substance use disorders.

**Discussion:** Novel perspectives are required to address the US opioid epidemic. The political economy of health framework reveals actionable insights for researching and addressing the evolving crisis from a social justice perspective.

### **Poster 8 – Racial and ethnic disparities in work-related exposures: what is the role of occupational segregation?**

**Devan Hawkins, MS**

**Background:** The segregation of racial and ethnic minorities into specific occupational roles has a long and pernicious history in the United States. This study seeks to determine the impact of this occupational segregation today by examining how occupational exposures known to impact health differ according to race and ethnicity and to what extent these differences are related to occupational segregation.

**Methods:** Using data from the 2015 National Health Interview Survey, the prevalence of self-reported occupational exposures by race-ethnicity categories were examined among a representative sample of workers in the United States. The relationship between these exposure and occupational segregation was examined by modeling the interaction between occupation worked and race-ethnicity categories.

**Results:** The prevalence of work-related exposures varied widely according to race and ethnicity. Asian and Hispanic workers were more likely to report being worried about losing their jobs compared to white workers. Black workers were less likely to report working regular day shifts compared to white workers. Black and Hispanic workers were also more likely to report unsafe conditions, physical exertion, and frequent standing at work compared to white workers. Occupational segregation accounted for some, but not all of these differences.

**Conclusion:** The role that occupational segregation plays in health disparities deserves further attention. Differences in reported exposures by race-ethnicity within occupational categories also should be examined.

### **Poster 9 – Queering public health data: lessons from a queer feminist approach to critical data studies. Maureen Rees, MPH**

In public health, numbers drive resource allocation, policy decisions, and healthcare and research priorities, all of which impact the health of communities and individuals. The LGBTQ population in the United States experiences a number of social and health disparities and suffers from a paucity of data to inform and support action to address those disparities. An absence of epidemiological data can easily imply that no problem exists rather than call into question data collection methods. The purpose of this literature review is to explore how traditionally valued survey and surveillance methods within the public health field reflect and reproduce social power and knowledge by obscuring the LGBTQ community as a whole and the smaller sub-populations within it. Critiques from critical data studies provide a framework for understanding how data are situated in the social world both in creation and in use, while a queer feminist lens provides an additional level of power analysis and guidance for intervention in the status quo by questioning positionality, bringing to light what and whom are absent, and questioning the practice of categorization in the first place. A critical approach to data and knowledge formation, particularly with a queer feminist lens, can help to ensure that the field is not only acknowledging who is absent in public health data but also taking action to mitigate invisibility by advocating for inclusion as well as valuing alternative forms of knowledge production that are ultimately more reflective of the complexities of individual and community identities.

### **Poster 10 – Assessing the unique vulnerability of Puerto Rican neighborhoods to violence in inner-city Philadelphia: putting epidemiology and ethnography into conversation for anti-racist research. Joseph Friedman, MPH, Philippe Bourgois, PhD**

We spent six years collecting ethnographic data in Philadelphia's impoverished, majority Puerto Rican neighborhoods. We subsequently hypothesized that these areas experience higher levels of violence than other communities with similar levels of poverty. To test this quantitatively, we combined geo-referenced incidents of narcotics and violence data from the Philadelphia police department with sociodemographic census data. We employed graphing, mapping, and Poisson regression to test our ethnographically derived hypotheses about the social and racial dynamics of violence in Philadelphia.

We find that the poverty-crime gradient is much steeper in Puerto Rican neighborhoods than in predominantly white or black areas. Ethnographic and quantitative data suggest this reflects the unique role of these neighborhoods in housing the key narcotics markets of Philadelphia. The extreme levels of narcotics trade and violence observed in Puerto Rican neighborhoods are a distal product of the contemporary Puerto Rican colonial diaspora to inner-city America, including the systemic exclusion of Puerto Ricans from formal employment, and the emergence of Puerto Rican areas as a highly-profitable racial meeting ground for narcotics sales, which violate de facto apartheid logic in hyper-segregated Philadelphia. We also find that violence-narcotics gradients vary by race, where Puerto Rican areas paradoxically exhibit the most violence but also have less carnage for a given level of drug trade relative to majority-Black areas.

We propose that a marriage of epidemiology and ethnography offers substantial potential for conducting anti-racist research. Geospatially and racially nuanced epidemiology provides quantification of disparities which can then be explained structurally and humanized with ethnography.

■ 5:00 pm to 7:00 pm

**Spirit of 1848 Caucus shared Social Hour with Public Health Awakened – with toast to 25 years of the Spirit of 1848 at 5:30 pm!** (Location: TBD)

■ 6:30 pm to 8:00 pm

**Spirit of 1848 Caucus Labor/Business Meeting** (Session 439.0; PCC Room 201A)

**CO-SPONSORED SESSIONS:** on the Tuesday of APHA (Nov 5), we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section. Tickets will be sold in advance on-line, and we will post the link to the website for the tickets, plus info on the time & place, later this summer.