

★★★★★ SPIRIT OF 1848: FINAL APHA 2020 PROGRAM ★★★★★
(ver 8/2920)

The Spirit of 1848 is happy to share a preview of our final program for the American Public Health Association's 148th Annual Meeting and Expo, October 24-28, 2020 – which, due to COVID-19, will be 100% on-line (virtual, with all times referring to MOUNTAIN TIME (daylight savings), i.e., the time for Denver, CO – which is UTC-6).

Link to 1848 sessions: <https://apha.confex.com/apha/2020/meetingapp.cgi/Program/1988>

Link to overall APHA program: <https://apha.confex.com/apha/2020/meetingapp.cgi/Home/0>

-- Notes:

1) The APHA 2020 annual meeting was initially going to be in San Francisco, CA. Once COVID-19 hit, initial plans were for the conference to continue, at a reduced scale, on-site, and be a hybrid meeting (including both in-person and on-line presentations). However, on June 10, 2020, APHA announced that the conference would need to be 100% virtual.

2) The ON-LINE conference will have its program attuned to MOUNTAIN TIME (daylight savings) (e.g., for Denver, CO) – and ALL TIMES in the program refer to MOUNTAIN TIME (MDT) – which is UTC-6

-- Note: when you go to the APHA program website, you can see the program in EITHER Mountain Time (MDT) OR your own time zone

-- for a website that easily lets you see the time zones across the US states & territories, see:

<https://www.time.gov/>

-- remember that the APHA conference will still be on **daylight savings time** (the clocks don't switch back to standard time until November 1, 2020)

3) For APHA updates on the conference, see: <https://www.apha.org/events-and-meetings/annual>

4) Regarding COVID-19: since the start of the pandemic, The Spirit of 1848 listserv has been very active in providing a stream of information pertaining to COVID-19 and health justice – and we are jointly sponsoring, with Public Health Awakened, our: [COVID-19 & Health Justice Resource Page](#)

Turning to the APHA program:

a) The official APHA conference theme – “**Creating the Healthiest Nation: Preventing Violence**” – was set long before COVID-19 made its appearance, and long before the current and ongoing US & global protests against police brutality and structural racism. Sparking these protests was the police murder of George Floyd on May 26 in Minneapolis, MN, coupled with lack of accountability for the police killing of Breonna Taylor on March 13 in Louisville, KY, and the white vigilante murder of Ahmaud Arbery on February 23, 2020 in Glynn County, GA.

b) Our Spirit of 1848 radical rendition (also set long before COVID-19 and the current surge of protests and organizing for an anti-racist world in which Black lives matter and structural racism is abolished) is:

“Political Power & The People’s Health: Countering Structural Violence & Promoting Health Justice.”

Motivating our theme at the time we proposed it – in mid-December 2019 -- was recognition that:

(1) It is essential to address the structural systems that foster violence -- for whose benefit, at whose cost – at multiple levels, ranging from state-sanctioned use of force by the military and police to interpersonal violence (in public, at home) to self-harm, with expressions of such violence ranging from physical to cultural and psychological.

(2) It is essential to distinguish between use of force to dominate, exploit, and oppress, as opposed to use of force for self-defense and self-preservation, with the uses, respectively, of coercive force and of self-defense taking place at multiple levels (e.g., national, community, household, individual).

(3) APHA 2020 will take place just a week before the US 2020 elections, thus putting the spotlight on links between political power & the people’s health – and, related, the urgency of progressive mobilizing for the vote and fighting against

voter suppression (see, for example, the new series in *The Guardian*, launched on Nov 7, 2019, re “The Fight to Vote” – see: <https://www.theguardian.com/us-news/series/the-fight-to-vote>)

-- And also: once again, 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”?!?

For those of you who like to know session layout, it follows the new APHA conference & time format (with times in red the “conference time” of MOUNTAIN TIME – which is equivalent to UTC-6):

Sunday of APHA (Oct 25, 2020)	3-6 pm PDT 4-6 pm MDT 5-7 pm CDT 6-8 pm EDT	“Resistance and Connection” Social Hour – Spirit of 1848 + Public Health Awakened https://bit.ly/resistanceandconnection
Monday of APHA (Oct 26, 2020)	7:30-10 am PDT 8:30-10 am MDT 9:30-11 am CDT 10:30-12 noon EDT	Spirit of 1848 Activist Session: <i>Organizing Against Structural Injustice & for Health Justice (Session 3056.0)</i>
	9:30-11 am PDT 10:30-12 pm MDT 11:30 am-1 pm CDT 12:30-2 pm EDT	Spirit of 1848 Social History of Public Health session: <i>Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020 (Session 3146.0)</i>
	2-3:30 pm PDT 3-4:30 pm MDT 4-5:30 pm CDT 5-6:30 pm EDT	Spirit of 1848 Politics of Public Health Data session: <i>Public Health Data & Structural Violence: From Big Data and Countering Algorithmic Bias to Confronting State and Corporate Surveillance (Session 3313.0)</i>
Tuesday of APHA (Oct 27, 2020)	7:30 - 9 am PDT 8:30-10 am MDT 9:30-11 am CDT 10:30-12 noon EDT	Spirit of 1848 Progressive Pedagogy session: <i>Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms (Session 4060.0)</i>
	9:30-11 am PDT 10:30-12 pm MDT 11:30- am -1 pm CDT 12:30-2 pm EDT	Spirit of 1848 Integrative session (integrates the 3 foci of the Spirit of 1848): <i>US Census 2020, Political Power & Resource: Health Equity Implications of New Differential Privacy Policy, Especially for Small Populations and Census Tract Data (Session 4156.0)</i>
	12-1 pm PDT 1-2 pm MDT 2-3 pm CDT 3-4 pm EDT	Spirit of 1848 Social Justice & Public Health Student Poster session (Session 4179.0)
	5:30-7 pm PDT 6:30-8 pm MDT 7:30-9 pm CDT 8:30-10 pm EDT	Spirit of 1848 labor/business meeting (Session 426.0)

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 on-line, with the time slots presented in **Mountain Time (daylight savings) (i.e., Denver, CO time, which is UTC-6)**. For the on-line program, see:

Link to 1848 sessions: <https://apha.confex.com/apha/2020/meetingapp.cgi/Program/1988>

Link to overall APHA program: <https://apha.confex.com/apha/2020/meetingapp.cgi/Home/0>

The final program, along with a 1-page flyer (two-sided) that you can download, is available on our website, at: <http://spiritof1848.org/>

We look forward to “seeing” you, virtually, at our sessions in this fall! – and while we are very disappointed we cannot be together in person, we will be together in spirit – of course the Spirit of 1848! -- and gain the energy and inspiration we need to continue to make progress in our work for health justice!

1) SESSION TITLES ONLY

NOTE: ALL TIMES REFER TO US MOUNTAIN TIME (MDT) (E.G., DENVER, CO)

SPIRIT OF 1848 SESSIONS

► **Sunday, October 25, 2020**

■ 4:00 pm to 6:00 pm

“Resistance and Connection” Social Hour -- Spirit of 1848 Caucus & Public Health Awakened
register at: <https://bit.ly/resistanceandconnection>

► **Monday, October 26, 2020**

■ 8:30 am to 10:00 am

Organizing Against Structural Injustice & for Health Justice. (Session 3056.0)

■ 10:30 am to 12 noon

Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020 (Session 3146.0)

■ 3:00 pm to 4:30 pm

Public Health Data & Structural Violence: From Big Data and Countering Algorithmic Bias to Confronting State and Corporate Surveillance (Session 3313.0)

► **Tuesday, October 27, 2020**

■ 8:30 am to 10:00 am

Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms (Session 4060.0)

■ 10:30 am to 12 noon

US Census 2020, Political Power & Resource: Health Equity Implications of New Differential Privacy Policy, Especially for Small Populations and Census Tract Data (Session 4156.0)

■ 1:00 pm to 2:00 pm

Spirit of 1848 Social Justice & Public Health Student Poster session (Session 4179.0)

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 426.0)

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

NOTE: ALL TIMES REFER TO US MOUNTAIN TIME (MDT) (E.G., DENVER, CO)

SPIRIT OF 1848 Sessions

► **Sunday, October 25, 2020**

■ **4:00 pm to 6:00 pm**

“Resistance and Connection” Social Hour -- Spirit of 1848 Caucus & Public Health Awakened

This is a social hour hosted by Public Health Awakened and Spirit of 1848. It will be a time to connect virtually with others working at the intersection of public health and social justice to plan, strategize, and just be in the company of each other. Please register to join.

register at: <https://bit.ly/resistanceandconnection>

► **Monday, October 26, 2020**

■ **8:30 am to 10:00 am**

Organizing Against Structural Injustice & for Health Justice. (Session 3056.0)

8:30 am – Introduction: Organizing against structural injustice and for health justice. Jerzy Eisenberg-Guyot, PhD, Catherine Cubbin, PhD, and Rebekka M. Lee, ScD

8:35 am – Overturning the toxic poverty narrative: Why it matters more than ever. Mary O’Hara

8:55 am – Organizing the gig economy for social justice. Vanessa Bain

9:15 am – Health not punishment. Amber Piatt, MPH

9:35 am – Q&A

■ **10:30 am to 12 noon**

Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020 (Session 3146.0)

10:30 am – Introduction to: “Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020,” Anne-Emanuelle Birn, ScD, MA

10:35 am – Indigenous allottees’ strategies of survival and resistance in northern California, past and present. Beth Rose Middleton-Manning, PhD

10:50 am – Forward to the past: How the Yanomami in Brazil have dodged conquest. Alcida Rita Ramos, PhD

11:05 am – Tepito exists because it resists: Economic and cultural strategies to resist urban displacement in a marginal neighborhood. Ernesto Aréchiba-Córdoba, PhD

11:20 am -- The dark side of prosperity in the San Francisco Bay Area. Richard Walker, PhD

11:35 am – Q&A

■ **3:00 pm to 4:30 pm**

Public Health Data & Structural Violence: From Big Data and Countering Algorithmic Bias to Confronting

State and Corporate Surveillance (Session 3313.0)

3:00 pm --- Introduction to: “Public health data & structural violence: From big data and countering algorithmic bias to confronting state and corporate surveillance.” *Zinzi Bailey, ScD*, Catherine Cubbin, PhD, Craig Dearfield, PhD, and Nancy Krieger, PhD

3:05 pm – California’s Medicaid population health management proposal: How the state’s use of risk assessment algorithms may further entrench health inequities. *Michelle Grisat, PhD* and Carmen Comsti, JD

3:25 pm – The racial health (in)equity implications of a machine-learning based tool for emergency department triage: Examining feature bias. *Stephanie Teeple, MD-PhD(c)*

3:45 pm – Queer risk data: an emerging material commodity in global PrEP science. *Amaya Perez-Brumer, PhD, MSc*

4:05 pm – Q&A

► **Tuesday, October 27, 2020**

■ 8:30 am to 10:00 am

Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms (Session 4060.0)

8:30 am – Introduction to: “Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms” – Lisa D. Moore, Dr PH, Rebekka M. Lee, ScD, Nylca Munoz, JD, DrPH, *Vanessa Simonds, ScD*

8:35 am – Health equity and advocacy: Institutions’ roles and responsibilities in making agents of social change. *Sophia Geffen, MPH*, Danny McCormick, MD, MPH, and Gaurab Basu, MD, MPH

8:50 am – Radical public health co-developed course: Epidemics of injustice – debunking 500 years of myth. *Jeni Herbert-Beirne, MPH, PhD*, Cheryl Conner, Richard David, Kelsey Arnold, Kate Craemer, Anna Yankelev, BS, MPH, MBA, and Linda Rae Murray, MD, MPH, FACP

9:05 am – Training teachers to resist: Critical pedagogy to survive the academy. Marty Martinson, DrPH, MEd, and *Savita Malik, MPH, EdD*

9:20 am – A pedagogy in health activism to combat mass incarceration. *Mark-Anthony Clayton-Johnson*, Shamsheer Samra, MD, MPhil, Jeremy Levenson, and Dennis Hsieh, MD, JD

9:35 am – Q&A

■ 10:30 am to 12 noon

US Census 2020, Political Power & Resources: Health Equity Implications of New Differential Privacy Policy, Especially for Small Populations and Census Tract Data (Session 4156.0)

10:30 am – Introduction to: “US Census 2020, political power & resources: Health equity implications of new differential privacy policy.” *Nancy Krieger, PhD*

10:40 am – Differential privacy and the 2020 decennial census (US Census Bureau). *Michael Hawes, PhD*

10:55 am – Studying social determinants of health using differentially private data. *Dave Van Riper*

11:10 am – The importance of accurate census counts for small populations for vital statistics: American Indians and Alaska Natives. *Randall Akee, PhD*

11:25 am – Discussant. *Mahasin Mujahid, PhD, MS*

11:35 am – Q&A

■ 1:00 pm to 2:00 pm [note: these posters can be viewed at other times too]

Spirit of 1848 Social Justice & Public Health Student Poster session (Session 4179.0)

Poster 1 – A demographic analysis of sterilizations performed under Michigan’s eugenic laws, 1929-1952. Kate O’Connor, MPH, PhD(c)

Poster 2 – Mental health implications of immigration detention in mixed status families: findings from a community-engaged storytelling study. Alexa Kort, BS, Naomi Marroquin, BA, Natalia Espina, BA, Juan Gudino, MPH, Isabella Reyes, BS, and Nicole Novak, PhD, MSc

Poster 3 – Advancing immigration justice through intersectional research design. Pietra Check, MPH, DrPH(c), Signe Flieger, PhD, MSW, Vanessa Martinez, PhD, Kenneth K.H Chui, PhD, MS/MSPH, and Fernando Ona, PhD

Poster 4 – Integrating structural violence and intersectionality in quantitative study design: multidimensional conceptual framing and approaches for health inequities research. Amelia Noor-Oshiro, MPH and Corbin Standley, MA

Poster 5 – Mino-pimatisiwin – an indigenous, integrative and (W)holistic theoretical research framework. Harlan Pruden, Two-Spirit Community Organizer, Travis Salway, PhD, Aidan Ablona, MPH, Theodora Consolacion, PhD, Jannie Leung, and Ryan Stillwagon, MA

Poster 6 – Reducing institutional barriers faced by transgender survivors of violence: development of the transgender anti-violence codebook. Nicky Tettamanti, BS

Poster 7 – Racial inequality in voting and health. Anna K. Hing, MPH

Poster 8 – Embodiment of carceral contexts: solitary confinement and self-injury in a Deep South prison system. David Cloud, JD, MPH

Poster 9 – Racism and health: exploring correctional control as an indicator of institutional racism. Lauren Ramsey, MPH

Poster 10 – Housing insecurity is associated with food insecurity: utilizing a more comprehensive measure of housing insecurity. Erin Nolen, MSW and Catherine Cubbin, PhD

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 426.0)

Come to a working meeting of THE SPIRIT OF 1848 CAUCUS. Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us to plan future sessions & projects!

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

NOTE: ALL TIMES REFER TO US MOUNTAIN TIME (MDT) (E.G., DENVER, CO)

SPIRIT OF 1848 Sessions

► **Sunday, October 25, 2020**

■ **4:00 pm to 6:00 pm**

"Resistance and Connection" Social Hour -- Spirit of 1848 Caucus & Public Health Awakened

This is a social hour hosted by Public Health Awakened and Spirit of 1848. It will be a time to connect virtually with others working at the intersection of public health and social justice to plan, strategize, and just be in the company of each other. Please register to join.

register at: <https://bit.ly/resistanceandconnection>

► **Monday, October 26, 2020**

■ **8:30 am to 10:00 am**

Organizing Against Structural Injustice & for Health Justice. (Session 3056.0)

8:30 am – Introduction: Organizing against structural injustice and for health justice. Jerzy Eisenberg-Guyot, PhD, Catherine Cubbin, PhD, and Rebekka M. Lee, ScD

The activist session, with invited presentations, will focus on "Organizing against structural injustice and for health justice," drawing on case examples from the San Francisco Bay Area. The invited presentations will cover: (1) prison-abolitionist organizing, (2) gig-worker organizing, and (3) activist health journalism. After the presentations, there will be 25 minutes for open discussion.

8:35 am – Overturning the toxic poverty narrative: Why it matters more than ever. Mary O'Hara

What does it mean to be poor in Britain and America? For decades the primary narrative about poverty in both countries is that it has been caused by personal flaws or 'bad life decisions' rather than policy choices or economic inequality. This misleading account has become deeply embedded in the public consciousness with serious ramifications for how financially vulnerable people are seen, spoken about and treated. Drawing on a two-year multi-platform initiative and her book: *The Shame Game: Overturning the toxic Poverty Narrative* (University of Bristol, Policy Press February 2020), this presentation by award-winning journalist and author Mary O'Hara, asks how we can overturn this portrayal once and for all and why it is vital that we do so to bring about positive policy action.

8:55 am – Organizing the gig economy for social justice. Vanessa Bain

For too long, drivers have been left to struggle while Uber and Lyft executives make millions. As Uber and Lyft continue to cut rates, drivers are forced to work 70-hour weeks, driving more to make the same amount of money.

Drivers are sleeping in their cars, struggling to put food on the table, and suffering the health consequences of countless hours behind the wheel. It is time for Uber and Lyft to change.

Drivers are standing up and their demands are clear: drivers want a living wage, benefits like health insurance and workers compensation and a real voice through a driver-led union.

Drivers are taking action together to hold Uber and Lyft accountable. Drivers have rallied, organized, lobbied and built community. Countless other app workers are standing up with us to demand their earned rights, privileges and pay. This presentation will describe how gig workers can build power to change the industry for drivers and all app workers in California.

9: 15 am – Health not punishment. Amber Piatt, MPH

The Human Impact Partners (HIP) Health Instead of Punishment Program works to build a society without prisons, jails, detention centers, or policing; a society in which all people are healthy and free and where resources are yielded to help and heal, not punish and hurt. To achieve these goals, HIP partners with grassroots groups and those most harmed by today's immigration and criminal legal systems to: 1) win policy and budget campaigns that advance community health and freedom, 2) build a base of public health workers advocating for the liberation of all people, 3) ensure accountability to equity in the implementation of policies and practices in the immigration and criminal legal systems, and 4) shift culture and activate narratives that nurture health equity.

■ 10:30 am to 12 noon

Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020 (Session 3146.0)

10:30 am – Introduction to: “Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020,” Anne-Emanuelle Birn, ScD, MA

This session presents critical historical perspectives on a range of struggles against genocide, racism, and hypercapitalism, in California, Brazil, and Mexico, revealing the crucial role of collective resistance and self-determination in survival and liberation.

10:35 am – Indigenous allottees’ strategies of survival and resistance in northern California, past and present. Beth Rose Middleton-Manning, PhD

From the 1887 Dawes or Allotment Act through the 1934 Indian Reorganization Act, Indian lands were allotted, resulting in either dividing and vastly reducing reservation lands, or recognizing limited Indigenous land tenure on the so-called public domain. In California and throughout the United States, many allotments were cancelled or sold, both with and without allottee permission. Allotment records in Bureau of Indian Affairs and General Land Office archives document attempted federal colonialism of Indigenous individuals and communities, as well as ongoing Indigenous resistance to such intrusions. *Upstream* focuses on the diverse legal, political, cultural, and socioeconomic strategies of survival and resistance by Indigenous allottees and their descendants in the face of seizure of the majority of their homelands; the specific ways in which federal agencies attempted to enact racialized and gendered colonialism on Indigenous peoples via allotment policy; and contemporary collaborative efforts to draw attention to mismanaged and illegally canceled allotments in order to gain restitution for descendants. By linking past policies to present conditions and processes through the lens of Indian allotment policy, *Upstream* attempts to contribute to the healing and recognition of communities and landscapes.

10:50 am – Forward to the past: How the Yanomami in Brazil have dodged conquest. Alcida Rita Ramos, PhD

The story I want to tell is starkly different from that of indigenous peoples in California and elsewhere in the world. It focuses on the Yanomami in Brazil who have lived through a series of epidemics in the past 20 years. Their first contact with the non-indigenous world dates to the mid-twentieth century. In the early 1990s, they were hard hit by a huge invasion of illegal placer miners who infested most of their territory, causing malaria to rage through village after village, leaving in their wake deaths, environmental devastation, and social disorientation. Yet, not only did they recover demographically, but maintained their cultural integrity fairly unscathed. A number of factors have contributed to this achievement: their vast territory (over nine million hectares) was officially demarcated; most invading adventurers did not settle in their land; Brazil’s government at the time heeded international pressure to “save the Yanomami”; and a number of emerging Non-governmental organizations worked intensely to protect the Yanomami from invisibility and annihilation. Nevertheless, the instability of the political and economic context, which surrounds them, poses innumerable threats to this fragile indigenous population.

11:05 am – Tepito exists because it resists: Economic and cultural strategies to resist urban displacement in a marginal neighborhood. Ernesto Aréchiba-Córdoba, PhD

Tepito exists because it resists is a slogan that can be read on the walls and heard in the streets of Tepito, a popular neighborhood in Mexico City. During the colonial period and well into the 19th century, Tepito was one of the “barrio de indios”, the Indian neighborhoods that surrounded the Spanish city. From 1868, the properties of the Indians were expropriated and their lands were incorporated into the urban fabric of the capital city. Since then, Tepito has been a marginal neighborhood, often conceived as a slum, characterized by its “vecindades”, collective dwellings or tenements, with high degrees of overcrowding and low quality of urban services. The neighborhood is also distinguished by the street market that occupies its space, where all kinds of merchandise are sold, often of dubious reputation. Its inhabitants are owners of a powerful neighborhood identity that has allowed them to resist various urban policies and initiatives aimed at exploiting the price of urban land and displacing their original population. In this presentation we will talk about the resistance strategies that have allowed the neighborhood to be maintained, as well as to consolidate a powerful popular culture, from the end of the 19th century to the beginning of the 21st century.

11:20 am -- The dark side of prosperity in the San Francisco Bay Area. Richard Walker, PhD

The San Francisco Bay Area is currently the jewel in the crown of capitalism—the tech capital of the world and a gusher of wealth from the Silicon Gold Rush. It has been generating jobs, spawning new innovation, and spreading ideas that are changing lives everywhere. It boasts of being the Left Coast, the Greenest City, and the best place for workers in the USA. So what could be wrong? It may seem that the Bay Area has the best of it in Trump’s America, but there is a dark side of success: overheated bubbles and spectacular crashes; exploding inequality and millions of underpaid workers; a boiling housing crisis and mass displacement; severe environmental damage all around the city; and a delusional tech elite complicit with the worst in American politics. The story of the Bay Area in the age of the tech boom has many chapters. It begins with the phenomenal concentration of IT and the fabulous economic growth of the region. On that rests the unimaginable wealth piling up for the 1%, the high incomes of Upper Classes, and a working class majority of color struggling to keep their heads above water. Furthermore, the urban area is beset by a massive building boom, a metropolis turned upside down, and

radically reworked class and racial spaces. Finally, there is the fantastical ideology of the tech titans to cover their capitalist tracks and the political fallout of the dramatic transformations of the city.

11:35 am – Q&A

■ 3:00 pm to 4:30 pm

Public Health Data & Structural Violence: From Big Data and Countering Algorithmic Bias to Confronting State and Corporate Surveillance (Session 3313.0)

3:00 pm --- Introduction to: “Public health data & structural violence: From big data and countering algorithmic bias to confronting state and corporate surveillance.” Zinzi Bailey, ScD, Catherine Cubbin, PhD, Craig Dearfield, PhD, and Nancy Krieger, PhD

This presentation seeks to frame the discrete, context-aware and historically-informed empirical and conceptual studies that will be presented by a number of scholars. Possible foci for presentations, all in relation to issues of health justice, might be: (1) conceptual framing of complexities of data collection in relation to measuring and quantifying the adverse health impacts of structural violence in its many forms; (2) uses of Big Data to counter structural violence by the state, as per how Black Data Matters is using big data to take on documenting police violence for accountability; (3) uses of Big Data to bring new light to analyzing health justice issues for “small” populations, e.g., American Indians and Alaska Natives; (4) critical analysis of the non-neutrality of algorithms and their role in entrenching health inequities, especially in relation to social services, health care, education, and the carceral state; (5) critical analysis of who owns the data and the erasures of privacy – by state and corporate surveillance, drones, devices that monitor people’s health and their every move, phone call, email, twitter exchange, and more; (6) public health threats associated with doxing, and with challenging on-line hate speech and violence; (7) coding and misclassification of deaths (in the US and elsewhere) due to violence, including after police brutality and after military actions; (8) the politics that undercut accurate monitoring of, research on, and interventions to address gun violence; and (9) analyses that link policies affecting voting rights, voter suppression, and political representation to health outcomes.

3:05 pm – California’s Medicaid population health management proposal: How the state’s use of risk assessment algorithms may further entrench health inequities. Michelle Grisat, PhD and Carmen Comsti, JD

California is preparing to submit a new proposal for its Medicaid program waiver, although it is not yet finalized. A population health focus with risk stratification will be a central feature. In its current form, the population health management proposal requires each health plan to stratify its enrollee population using both state-mandated risk tiers and their own algorithm, or a proprietary commercial algorithm, yet does not explain how they will interact.

In addition, despite acknowledging that focusing on utilization data may perpetuate structural inequalities, the proposal requires each health plan’s algorithm to be based, at least in part, on past utilization. Each health plan must submit a list of the data sources used to stratify its population, the algorithm (or its name if proprietary), and the method it used to analysis bias in the algorithm. The initial risk stratification will be based on available data supplemented by a subsequent individual risk assessment survey.

The author will discuss key concerns with California’s Medicaid proposal that include the use of proprietary risk stratification algorithms, differences among risk-stratification algorithms, and allowing health plans to evaluate their own algorithms for bias. The author will contextualize the discussion by providing an overview of the different types of health plans currently participating in California’s Medicaid program—including whether they are public or private, for-profit or not-for-profit—and outlining enforcement actions against the health plans for inappropriately denying care, disenrolling costly members, and other revenue-maximizing improprieties

3:25 pm – The racial health (in)equity implications of a machine-learning based tool for emergency department triage: Examining feature bias. Stephanie Teeple, MD-PhD(c)

There is increasing evidence that ‘artificial intelligence’ technologies inadvertently entrench social injustice across many sectors. One prominent scholarly response has been to conduct ‘algorithmic fairness’ research to declare a particular algorithmic ‘fair’ or ‘discriminatory’. However, purely technical assessments of this kind focus narrowly on the mathematical model and fail to appreciate the broader sociotechnical systems in which they are embedded. Moreover, current methods do not quantify the real-life impacts of these prediction models, which disproportionately affect people of marginalized identities. In response, this project examines the racial health equity implications of a machine learning-based clinical decision support tool for emergency department (ED) triage (E-Triage), currently in use in hospital settings. Specifically, we examine whether ‘feature bias’, or socially-patterned misclassification errors in predictor variables, contributes to differences in predictive performance of the E-Triage model for patients racialized as Black versus White.

Feature bias for this study is operationalized as under-diagnosis of five key medical conditions that are important predictors for the E-Triage model. For each of these medical conditions, the literature demonstrates underdiagnosis of Black patients compared to White due to structural barriers to quality healthcare. For this project, we fix the parameters of the E-Triage model and compare performance for Black versus White patients in (1) synthetic data with simulated feature bias (2) real

electronic health record (EHR) data. Performance metrics are calculated using a nonparametric pairwise bootstrap. This study challenges the conceptualization of 'objective' risk prediction models for health and highlights the social patterning of clinical data.

3:45 pm – Queer risk data: An emerging material commodity in global PrEP science. *Amaya Perez-Brumer, PhD, MSc*

BACKGROUND: The emergence of therapeutic prevention technologies (i.e., pre-exposure prophylaxis [PrEP]) alongside personalized diagnostic innovations (i.e., HIV self-testing) have emphasized prevention and, thus, shifted focus from individuals at-risk for HIV, to those *most* at-risk.

METHODS: Between 2016-2018, 50 in-depth interviews were conducted with Peruvian and American scientists/research staff engaged in HIV biomedical prevention research targeting people categorized as MSM and transgender women to query the practice of data measurement and collection. Audio files were transcribed verbatim and analyzed using Dedoose (v.6.1.18).

RESULTS: Narratives described the construction of queer risk data as a relational and subjective process, where the biomedical categories of “transgender women” and “MSM” were strategically deployed in line with the interests of the global HIV industry. Queer risk data was described as accruing both material (i.e., future grants, publications) and affective value (i.e., MSM researcher), yet, ability to leverage this commodity differed depending on whether the researcher originated from the US or Peru.

CONCLUSION: Findings suggest that emphasis on enumerative evidence on most-at risk has deeply implicated people categorized as MSM and transgender women, making queer risk data a material commodity that is traded on the global HIV biomedical marketplace. Unique to HIV in its 4th decade, queer risk data flattens sexual and gender diversity into categories devoid of cultural and social context, obscuring the historical and sociopolitical dynamics of HIV vulnerability. The contextual injustices that pattern health risks are inscribed onto biomedical identity categories and queer risk data itself, rendering structural solutions to prevent HIV inactionable.

4:05 pm – Q&A

► *Tuesday, October 27, 2020*

■ 8:30 am to 10:00 am

Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms (Session 4060.0)

8:30 am – Introduction to: “**Pedagogies for Survivance: Addressing Structural Violence in Its Many Forms**” – Lisa D. Moore, Dr PH, Rebekka M. Lee, ScD, Nylca Munoz, JD, DrPH, **Vanessa Simonds, ScD**

This session will include practical presentations that focus on pedagogy that enhances capacity for teaching and organizing for survivance, or active resistance against dominance, victimry, and structural violence. 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 in both: (1) diverse academic settings, e.g., universities and colleges (including community colleges), health professional schools (public health, nursing, medical, dental, veterinary, etc.), high schools, and elementary schools, and (2) training programs for community and workplace activists, organizations, and members. 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).

8:35 am – **Health equity and advocacy: Institutions’ roles and responsibilities in making agents of social change.** **Sophia Geffen, MPH**, Danny McCormick, MD, MPH, and Gaurab Basu, MD, MPH

This session will describe the creation of the Center for Health Equity Education and Advocacy (CHEEA) at Cambridge Health Alliance (CHA), a public academic health center in Cambridge, MA. CHEEA offers interprofessional health equity and advocacy oriented curricula to equip the next generation of healthcare professionals with the knowledge and skills to combat health inequity and structural violence. The center is committed to an approach that is values-driven, community-based, skills-oriented and interprofessional. CHEEA runs 5 major programs: 1) a health equity curriculum for interprofessional trainees from all CHA training programs; 2) a post-graduate health equity medical education fellowship; 3) a health equity summit for Boston based physicians before internship orientation; 4) a longitudinal health equity scholars program for mid-career professionals nationally; and (5) a health equity and advocacy course for internal medicine residents at CHA. Participants in CHEEA’s educational programs learn about topics in social medicine and research-based advocacy, including structural competency, immigration, racism, mass incarceration, LGBTQ health, media advocacy, and principles of community organizing. Experiential learning through direct engagement with our communities is also central to the educational method. The center is evaluating best practices and producing scholarship on health equity education so that other institutions can

implement similar programs. CHEEA's programs demonstrate the importance of innovative educational pedagogies for multidisciplinary health professionals. This session will share one academic health center's quest for social accountability and present a model for preparing the current and future health workforce with the will and skills to advocate for health equity.

8:50 am – Radical public health co-developed course: Epidemics of injustice – debunking 500 years of myth. Jeni Herbert-Beirne, MPH, PhD, Cheryl Conner, Richard David, Kelsey Arnold, Kate Craemer, Anna Yankelev, BS, MPH, MBA, and Linda Rae Murray, MD, MPH, FACP

Schools of Public Health (SPH) have the potential of preparing future public health practitioners and researchers to advance health justice through critical epistemological lenses, radical scientific methods, and reflective praxis; yet, current SPH curricula continue to emphasize positivist and reductionist frameworks emphasizing acontextual, depoliticized health behavior approaches to address public health problems rooted in systemic oppression. Through its curriculum praxis group, University of Illinois at Chicago SPH's Radical Public Health (RPH), a student-led organization focused on structural drivers of health inequity, is actively addressing SPH deficits in radical pedagogy through their course "Epidemics of Injustice: Debunking 500+ Years of Myth" (EofI). Co-created by Radical Public Health members, EofI 2020 was developed in response to calls for SPHs to mark the 400 years of slavery. EofI 2020 emphasizes histories of injustice, resistance, and struggles for liberation. Sessions focus on Indigenous history, structural racism, social construction of race (African presence in Mexico), the Chicago Race Riots and migration and health. Action Labs are incorporated into the course and give students the space and tools to work on addressing the injustices they learn about with tools not typically taught at SPHs. At RPH's insistence, the lectures are open and free for all, including students from other schools, faculty, and community members. The course draws undergraduates, masters and doctoral students from across the campus providing the opportunity for interdisciplinary learning. Evaluation metrics from enrolled students for last 3 years demonstrate increases in recognizing root causes, reflective praxis, and efficacy in taking action.

9:05 am – Training teachers to resist: Critical pedagogy to survive the academy. Marty Martinson, DrPH, MEd, and Savita Malik, MPH, EdD

Higher education is one of the few places in education where there is little to no moral imperative to learn the nuances of excellent teaching prior to getting hired. Furthermore, teacher training for university faculty is often limited to learning skills for building syllabi, learning objectives, assessments, and academic technologies. Such trainings don't acknowledge that the uncritical use of these skills and related pedagogies may contribute to structural violence in higher education and, specifically, to harms done to students and faculty when inequities are reinforced through microaggressions of stereotyping and through macro-aggressions of disciplinary practices that blame and criminalize rather than support students. Since 2017, the College of Health and Social Sciences (CHSS) and the Metro College Success Program (Metro) at San Francisco State University have collaborated to decolonize faculty training for new tenure track faculty in the College by creating a faculty learning community focused on teaching as a practice of community and reflection, and on the use of critical pedagogies to interrogate power, to value and engage students' experiences and voices, and ultimately, to support educational equity. The project had three key outcomes: 1) engage in teaching approaches that support educational equity; 2) build confidence, identity and a foundation as a critically reflective teacher and 3) foster community. Results showed that faculty participants reported feeling positively challenged to improve their teaching methods and approaches in support of equity, more grounded and focused as teachers, and committed to reflecting in community.

9:20 am – A pedagogy in health activism to combat mass incarceration. Mark-Anthony Clayton-Johnson, Shamsheer Samra, MD, MPhil, Jeremy Levenson, and Dennis Hsieh, MD, JD

background: Mass incarceration in the United States has far reaching consequences on population and individual health with direct implications for healthcare providers and trainees. A lack of public health and health infrastructure has been complicit in the criminalization of mental health and substance dependence. More recently, health and public health have even been used to justify carceral expansion. Despite this, education regarding the histories and health implications of mass criminalization and incarceration have remained outside the purview of most health training curricula.

description: Here we introduce a novel curriculum program aimed at preparing multidisciplinary health providers to combat mass incarceration through organizing and education in the two years preceding a vote on new jail construction. Health providers were organized under the guidance of a new organization entitled the "Frontline Wellness Network". Critical analysis of mass incarceration through a health based lens took place in three key spaces across Los Angeles County 1) Classroom education 2) Online Praxis Labs 3) In person discussions. The efforts were grounded in longstanding organizing in Los Angeles County that was ultimately successful in halting the construction of new jails, including a "mental health jail".

curricula: The curriculum was grounded in five pillars 1) Health risk of incarceration 2) Histories of health activism in social change 3) Contradictions between Carceral Principles and Healing Justice 4) Alternatives to local jail expansion 5) Engaging health providers with local activism.

recommendation: The increasingly prevalent use of healthcare to justify carceral expansion demands curricula to inform the response of health trainees.

9:35 am – Q&A

■ 10:30 am to 12 noon

US Census 2020, Political Power & Resources: Health Equity Implications of New Differential Privacy Policy, Especially for Small Populations and Census Tract Data (Session 4156.0)

10:30 am – Introduction to: “US Census 2020, political power & resources: Health equity implications of new differential privacy policy.” Nancy Krieger, PhD

This session will introduce public health professionals, researchers, advocates, activists, and policy analysts to a MAJOR change affecting public use of the 2020 decennial census data (& 2025 American Community Survey data): the new policy of differential privacy (DP), whereby the public use data will have controlled statistical “noise” introduced to protect people’s privacy, in a way that preserves accuracy at higher levels of geography. A trade-off, however, is that this means there will be less accurate data on small populations and small areas (e.g., census tracts).

Little is known about the public health and health equity implications of differential privacy. This session accordingly brings together relevant US Census officials and population science researchers to generate awareness about differential privacy and what it may mean for public health monitoring and health equity. Per our Spirit of 1848 policy, one or more members of the panel will *bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods*.

In my introduction, I will frame the significance of the panel and briefly flag key questions I wish to see addressed. Topics of concern include implications for: (1) counts (for denominators); (2) place (metrics to characterize areas, e.g., residential racial and income segregation); (3) time (for assessing temporal trends and temporal discontinuities in the data); and (4) counts for resources & representation (both critical societal determinants of health). I will then introduce the speakers and moderate the Q&A, which will include questions invited from diverse APHA Sections and Caucuses.

10:40 am – Differential privacy and the 2020 decennial census (US Census Bureau). Michael Hawes, PhD

The privacy risks associated with the publication of official statistics have increased significantly over the last decade, fueled by the proliferation of detailed, third-party data sources and technological advances that make re-identification of individuals in public data releases increasingly easy. This presentation will discuss the U.S. Census Bureau’s research into these emerging privacy threats, and the agency’s efforts to modernize its disclosure avoidance methods using differential privacy to ensure the confidentiality of individuals’ data. Differential privacy offers significant advantages over traditional disclosure avoidance methods for safeguarding individuals’ privacy, but the implementation of differential privacy at scale for the 2020 Decennial Census has potentially significant implications for the quantity and fitness-for-use of the data products to be released. This presentation will explore these challenges and implications for users of Census data.

10:55 am – Studying social determinants of health using differentially private data. Dave Van Riper

Social determinants of health (SDOH) describe the contexts into which individuals, households and families are embedded. Our daily lives shape and are shaped by these contexts. A substantial volume of public health scholarship has investigated the impact of these determinants on health outcomes, access to health care, and health care expenditures. It is critically important that SDOH metrics are correctly and accurately measured. Potential changes to decennial census data, often used to measure the demographic characteristics of our neighborhoods and environments, may inhibit our ability to make accurate measurements. The Census Bureau plans to use a new algorithm based on differential privacy to protect respondent privacy. This algorithm injects noise into the counts for all units of geography, including counties, cities, American Indian areas, census tracts, and census blocks. Noise injection protects privacy but at the cost of reduced accuracy. To assess the impact that noisy data may have on metrics used for SDOH research, I will examine correlations between commonly used SDOH metrics and health outcomes, including premature mortality and teen pregnancy. I will compute SDOH metrics from two data sources - the original 2010 Decennial Census and a differentially private version of 2010 Decennial data - for census tracts and counties. Comparing the correlations between two sets of census data and health outcomes data will provide insights into the impacts of this new privacy algorithm on public health research.

11:10 am – The importance of accurate census counts for small populations for vital statistics: American Indians and Alaska Natives. Randall Akee, PhD

In small populations, population counts and estimates are often difficult to discern in national surveys or data. In many circumstances, the US Census serves as the only viable, accurate and timely source of population counts. In this analysis, I examine the effect of proposed differential privacy methods on the US Census and the effect it has on the population counts for the smallest American Indian and Alaska Native (AIAN) populations. These population counts often serve as the denominator in calculating mortality or morbidity rates. Demonstration data for the 2010 US Census data with differential privacy methods implemented has indicated that the smallest of AIAN populations would suffer from the largest undercounts. As a result, this would mean that the denominators in vital statistics calculations for these populations would decrease proportionately more than for other, larger AIAN populations. I show how this would affect death rates and incidence of cancer for the smallest (relative to the larger) AIAN populations both on and off reservation locations. I employ data provided by the US Census Bureau’s demonstration data for the 2010 US Census and from IPUMS NHGIS data website. I will also use mortality and cancer incidence data from the CDC.

11:25 am – Discussant. Mahasin Mujahid, PhD, MS

My presentation, as discussant, will highlight key issues raised by the panel's presentations regarding differential privacy and the census, especially in relation to public health analysis and monitoring of health inequities.

■ 1:00 pm to 2:00 pm

Spirit of 1848 Social Justice & Public Health Student Poster session (Session 4179.0)

Poster 1 – A demographic analysis of sterilizations performed under Michigan’s eugenic laws, 1929-1952. Kate O’Connor, MPH, PhD(c)

Between 1923 and 1974, more than 3,800 Michiganders were sterilized under the state’s eugenic sterilization law as part of the nationwide campaign to improve the reproductive fitness of the population. Despite performing the fourth most eugenic sterilizations of any state, relatively little is known about the populations and communities in Michigan targeted by these laws.

Recently, a majority of these 3,800 sterilization records were discovered by this author and from these files, I have begun to collect and analyze patients’ demographic data. This project will be the first presentation and discussion of these demographic characteristics. The overwhelming majority of these sterilizations were conducted in state mental hospitals and disproportionately targeted women, immigrants, Native Americans, and the poor.

While sterilization data from western and southern states such as California and North Carolina have been the subject of significant research, the industrialized north has remained largely unstudied. Michigan is a missing but important part of national and international eugenics history due to the large numbers of legal and illegal immigrants that crossed over from Canada, especially following the passage of the Immigration Act of 1924. Preliminary analysis of these data reflects the xenophobic underpinnings to eugenics in this northern border state.

This history remains relevant as the legacy of eugenic policies and practices continues to influence health policy and interactions between vulnerable populations, healthcare professionals, and public health initiatives. Understanding this historical legacy and intergenerational trauma of state eugenic policies is important in informing contemporary reproductive and disability health and justice initiatives.

Poster 2 – Mental health implications of immigration detention in mixed status families: Findings from a community-engaged storytelling study. Alexa Kort, BS, Naomi Marroquin BA, Natalia Espina BA, Juan Gudino MPH, Isabella Reyes, BS, and Nicole Novak, PhD, MSc

background: The U.S. immigration system detains hundreds of thousands of individuals each year, and may harm mental health for detained immigrants and their families. Local immigration bail funds have emerged to mitigate harms of detention and organize for change.

methods: We used a community-engaged, qualitative storytelling method to examine the impact of immigration detention on mixed-status Iowa families. We collaborated with a community bail fund organization to design the study and invite eligible interviewees: adults who had been detained and their family members. We conducted anonymous, semi-structured interviews in English and Spanish (n=12 in February 2020; anticipated n=30). We recorded and transcribed interviews and systematically coded patterns in participants’ experiences during and after detention.

results: Immigration detention creates unwanted and forced separation for mixed-status families. In the detained individual’s absence, lost income and economic stress from legal costs (including bond) can produce shifts in family roles. Shifts in who earns money, cares for children, and attends school can lead to chronic emotional distress. Participants described symptoms of depression, anxiety, and trauma including loss of interest, paranoia and flashbacks. Financial and emotional stressors persisted for months or even years after release from detention, as did mental health symptoms. Receiving bail support mitigated, but did not fully alleviate, this distress.

discussion: Community bail funds join mixed status communities on the front lines of the immigration detention crisis. Community-partnered research can be a tool to document health harms of violent policies, hold power to account, and inform organizing for change.

Poster 3 – Advancing immigration justice through intersectional research design. Pietra Check, MPH, DrPH(c), Signe Fliieger PhD, MSW, Vanessa Martinez, PhD, Kenneth K.H Chui PhD MS/MSPH, and Fernando Ona, PhD

Not all Latinos are immigrants; not all immigrants are from Latin America. “Citizenship” in the US, and the experience of the rights it confers, represent a dynamic and constantly negotiated state for populations of color. Yet in much health research, particularly large quantitative data sets, reductive categories conceptualized as binary states such as “ethnicity” and “US citizen” purport to quantify complex, multifaceted realities and obscure the lived experiences of people of color. This mixed-methods, community-engaged study uses principles of intersectionality and critical race theory as a research design lens to disaggregate community health data to better understand the impacts of structural violence on an immigrant community.

Methods for operationalizing intersectionality in health research are still developing. This study centers the experiences of Latin American women workers in Massachusetts’ Pioneer Valley—women of color with identities shaped by overlapping systems of oppression, including immigration, globalized capitalism, gender, race/ethnicity, and language. A clinic-based

quantitative survey was designed to facilitate within-group analyses among “foreign-born Latinas.” The triangulation of interviews, focus groups, participant observation and fieldnotes amplify the stories of the particular lived experiences of recently-arrived Central American women. The goal of this research collaboration is to facilitate more responsive health programs. Analyses focus on how oppressive systems constrain women workers’ power, and how women shape and re-shape their social networks in the US to access survival resources and regain power over and in their lives. Additionally, analyses include methodological reflexivity to deepen understandings of how to operationalize intersectionality in this type of research.

Poster 4 – Integrating structural violence and intersectionality in quantitative study design: Multidimensional conceptual framing and approaches for health inequities research. *Amelia Noor-Oshiro, MPH* and Corbin Standley, MA

Intersectionality is yet to be explored as a critical framework through which to conceptualize, measure, and quantify the complexities of the adverse health impacts of structural violence. Current literature on structural violence lacks integration with intersectionality as a framework, leaving researchers with unanswered questions around how to methodologically encompass intersectional structural violence exposures through a multi-level socioecological approach for study designs. For quantitative data and study design in particular, there is imminent need on developing guidelines that attend to each step of the research process: the multidimensional conceptualization of populations with their congruent structural violence determinants; the measurement and analysis of group, subgroup, and individual identities; and the interpretation of differences between and within groups. We propose a step-by-step guide to purposefully and authentically incorporate intersectionality and structural violence into quantitative research by challenging the following assumptions: (1) assuming social identities are additive instead of multiplicative, (2) assuming social identities are mutually exclusive, (3) assuming that social identity categories capture the lived experience of oppression, and (4) assuming rank in social identities by assigning quantitative weight or value to certain social identities. There will be a focus on discussing the ontological underpinnings of quantitative methods and their suitability for investigating structural violence through an intersectional perspective. We aim to promote critical questions on how researchers (1) conceptualize the framing of intersectional structural violence, (2) engage in reflection of historical contexts of intersectional structural violence, and (3) more authentically and meaningfully capture individual and collective experiences of intersectional structural violence.

Poster 5 – Mino-pimatisiwin – an indigenous, integrative and (W)holistic theoretical research framework. *Harlan Pruden, Two-Spirit Community Organizer*, Travis Salway PhD, Aidan Ablona MPH, Theodora Consolacion PhD, Jannie Leung, and Ryan Stillwagon, MA

This study explores an Indigenous theoretical framework(s) (ITF) that centers Indigenous/Two-Spirit ways of being while honoring a transdisciplinary, collaborative and non-hierarchical sacred space of Indigenous and non-Indigenous researchers and community members.

Indigenous knowledge is relational knowledge in that it recognises that all things in creation are interrelated. Therefore a Cree/Nehiyô worldview: nanâwâpâhtamowin, “to search for something,” and mino-pimatisiwin, “relations guide good conduct, which in turn leads to mino-pimatisiwin,” “good living and healthy living” is employed. This is coupled with a transdisciplinary team, who have predominantly trained in western (positivist) methods, opens an opportunity to use a Two-Eyed seeing approach, where the strengths of Indigenous knowledge(s) and the strengths of western knowledge(s) and are placed in a relationship of mutual cultural respect, wherein the benefits of both worldviews to bring about mino-pimatisiwin.

Employing an ITF, ‘methodology’ and ‘method’ are disassociated, specifically western methodologies from quantitative methods, which enables methods to be more accessible and controllable by Indigenous rooted research. The quantitative methods used are determined iteratively and organically, in service of priority questions and/or needs identified by Indigenous/Two-Spirit communities and organizations. An exploratory descriptive analysis combined with Indigenous ways of knowing inform the specific analytical methods employed, e.g., in the selection of variables, measures of association.

Often theoretical frameworks deal with the what/work/output, whereas this ITF deals with who, members of the lab and broader communities, and the how, how we meet and work as together for improving the wellbeing of Two-Spirit people.

Poster 6 – Reducing institutional barriers faced by transgender survivors of violence: Development of the transgender anti-violence codebook. *Nicky Tettamanti, BS*

Background: Leaders in the anti-violence movement advocate for the inclusion of marginalized people in research, including a desire for cultural competence, an increase of reliance on victim’s voices, and a mixed-methods approach to understanding the lives of survivors of violence. The development and validation of a codebook created by members of the transgender community, utilizing surveys from transgender survivors of sexual assault, could meet their calls for community-led, mixed methods research.

Methods: 21 existing surveys from transgender people responding to previous experiences and how anti-violence social services could reduce barriers for transgender clients were analyzed. Content analysis methodology was utilized to make valid and replicable inferences through coding and interpreting of these surveys. Each survey was open coded line-by-line to induce categories, which guided a literature review. The codebook was created through a synthesis of the content analysis and the literature review.

Results: The codebook was mainly derived from the Gender Minority Stress and Resiliency Model. Internal stressors (internalized transphobia, negative expectations around gender identity, and concealment of gender identity), external stressors (gender-related discrimination, rejection, victimization, non-affirmation), resilience factors (community connected, and pride), and organizational barriers (trans services, outreach, training, policies, inclusive forms, community-collaboration, under-resources services) are key categories used to understand surveys or feedback forms from transgender survivors of violence.

Conclusion: Future research is required to test the reliability and validity of the codebook. By identifying critical barriers faced by transgender survivors of violence, we can begin to dismantle institutional and structural barriers affecting the health of transgender people.

Poster 7 – Racial inequality in voting and health. Anna K. Hing, MPH

Background: Few studies have identified how voting inequality is related to health. This study investigates how racial inequality in voting, as a form of structural racism, is connected to life expectancy (LE).

Objective: Using Robert Wood Johnson Foundation County Health Rankings Data 2019, this study examines how voting inequality is related to community conditions (segregation, air pollution, income inequality, and black child poverty) and if these community conditions mediate the relationship between voting inequality and LE (both black and white) at the county-level.

Methods: Ordinary least squares regression was used to examine the relationship between voting inequality (black voter turnout/white voter turnout) and community conditions, controlling for demographic and socioeconomic factors. Baron and Kenny's method was used to test mediation of voter suppression on white and black LE through each community condition.

Results: In bivariate analyses, voting inequality was significantly associated with segregation, air pollution, and child poverty. With covariates added, significance remained for air pollution ($B=-0.25$; 95% CI= $-0.439, -0.067$) and black child poverty ($B=0.02$; 95% CI= $0.003, 0.035$). Voting inequality significantly predicted white LE ($B=.49$; 95% CI= $0.134, 0.854$) but not black LE. Air pollution significantly mediated 20% of the relationship between voting inequality and white LE and 41% of the relationship between voting inequality and black LE.

Conclusions: Voting inequality by race is related to both community conditions and life expectancy. Voting inequality influences health by shaping the built environment (i.e. air pollution). Future work should consider how voting inequality impacts other health outcomes and through which mechanisms.

Poster 8 – Embodiment of carceral contexts: Solitary confinement and self-injury in a Deep South prison system.

David Cloud, JD, MPH

Solitary confinement is a form of state-sanctioned torture that is widespread in the United States. Isolating people in barren places, built for human warehousing under a conditional threat of physical force, leads to immense and lasting psychological trauma, cardiovascular stress, cognitive impairment, self-injury among other ailments. Recent studies also link it to fatal overdose, suicide, and homicide. Self-harm is rampant in prisons, and suicide is a leading cause of death among currently and formerly incarcerated people. Studies consistently find that self-harm and suicide occur most frequently in places within prisons where people are punished with social and physical isolation. Grounded in ecosocial theory and constructs of carceral geography, this study will further explore interrelationships between carceral contexts and odds of self-injury among adult men imprisoned in solitary confinement in Louisiana. Data was derived from 703 secondarily obtained and de-identified surveys administered via FOIA requests and legal mail in 2016. I apply structural equation modeling to assess whether and how environmental features of solitary confinement settings influence vulnerabilities to self-injury among adult men, explore psychological harms that might mediate observed associations, and assess for racial inequalities. Lastly, I will touch on potential for collaborations between lawyers, public health researchers, and activist journalists to shed brighter light upon the human toll of dehumanizing carceral conditions.

Poster 9 – Racism and health: Exploring correctional control as an indicator of institutional racism. Lauren

Ramsey, MPH

In the U.S., stark inequities persist in health outcomes among racial/ethnic minorities. While it is well established that Black people experience negative health outcomes in relation to white people, the causes of these inequities have been debated. Racism and discrimination have been suggested as root causes of poor health among racial/ethnic minority populations and decades of research has documented the relationship between racism and health. Most of these studies focus on personally mediated racism. Racism, however, permeates many, if not all, U.S. institutions and can operate at three levels (personally mediated, institutional and internalized). Numerous studies have documented disproportionate criminal justice contact among Black people and research examining the relationship between institutional racism and health have used Black/white differences in incarceration as an indicator of racism. However, there are 4.5 million people under community supervision, in addition to the 2.3 million people incarcerated in the U.S. Probation and parole are important to consider in any investigation of criminal justice system involvement and health because they are major drivers of mass incarceration. Like incarceration, community supervision can have negative unintended consequences that disproportionately impact the Black community. This study describes the composite variable of Correctional Control (defined as probation, paroled and incarcerated populations) as an instrument of measurement and proposes Black/white differences in Correctional Control as an indicator of institutional racism. This study, the conceptual phase of a larger empirical project, offers a new approach to examine

institutional racism in the U.S. carceral system and its implications for population health.

Poster 10 – Housing insecurity is associated with food insecurity: Utilizing a more comprehensive measure of housing insecurity. Erin Nolen, MSW and Catherine Cubbin, PhD

While the U.S. food insecurity rate has decreased to pre-Great Recession levels for the first time, it continues to be high at 11%. Although there is an established link between housing insecurity and food insecurity, much of that evidence is based on limited measurements of housing insecurity and/or non-representative samples.

We construct a global index of housing insecurity, including indicators of affordability, historical housing, neighborhood safety, and frequency of moving, among others, to assess the housing/food insecurity relationship. Additionally, we assess for mediating effects on the housing/food insecurity relationship: social cohesion and depressive symptoms are hypothesized to serve as a protective and risk factor for food insecurity, respectively.

We analyze data from 2,868 women who participated in the Geographic Research on Well-being survey, a follow-up of the Maternal and Infant Health Assessment. We construct logistic regression models to examine the housing/food insecurity relationship, adjusting for demographic and socioeconomic covariates. Next, we test for mediation by social cohesion and depressive symptoms.

Every unit increase in housing insecurity is associated with 59% higher odds (OR 1.59, 95% CI 1.50-1.68) of food insecurity. There is no evidence that social cohesion mediated the housing/food insecurity relationship. There is some evidence that depressive symptoms mediated the relationship, but it is not substantial.

We establish additional evidence for the housing/food insecurity relationship, utilizing a population-based dataset and incorporating a more robust housing insecurity index in line with recent recommendations on measuring the phenomenon. Efforts to reduce food insecurity should consider housing-related policies and solutions.

■ 6:30 pm to 8:00 pm

Spirit of 1848 Caucus Labor/Business Meeting (Session 426.0)

Come to a working meeting of THE SPIRIT OF 1848 CAUCUS. Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us to plan future sessions & projects!