

★★★★★ SPIRIT OF 1848: PREVIEW OF APHA 2022 PROGRAM ★★★★★  
(ver 8/4/22)

The Spirit of 1848 is happy to share a preview of our final program for the American Public Health Association’s 150<sup>th</sup> Annual Meeting and Expo, November 6-9, 2022 – which is an in-person only conference – to be held in Boston, MA – and all times refer to Eastern Standard Time, i.e., the time for Boston. Hence:

**THE SPIRIT OF 1848 PROGRAM IS 100% IN-PERSON**

Link to 1848 sessions: <https://apha2022sessions.hubb.me/?Spiritof1848Caucus=Track>

Link to overall APHA program: <https://apha2022sessions.hubb.me/>

a) The official theme for the American Public Health Association (APHA) annual meeting in 2022 is: “**150 Years of Creating the Healthiest Nation: Leading the Path Toward Equity**”

b) For the Spirit of 1848, we as usual offer a variant of this theme, informed by our longstanding approach to grounding present-day struggles for health justice in the histories of our field and in the principles of solidarity and bolstering critical analysis and action for fostering inspiring, equitable, sustainable, joyful, and dignified futures for all. Accordingly our theme is:

**History, Health Justice, & Hope: Pasts, Presents, and Futures**

We list below the topics for the sessions we are organizing, and for each session we indicate whether we will be having an open call for abstracts or will include presenters by invitation only. We look forward to joining together in Boston, in person, and together bolster our spirits as we move forward the work for health justice.

Additionally, we have two additional events in the works and will post details as soon as they are available (likely by end of the summer):

- (1) **Radical History Tour** (Saturday, Nov. 5, 2022, 3:30 – 5:00 pm; free but limited to 60 folk)
- (2) **“Resistance & Refreshment” Social Hour** (Monday, Nov 7, 6:00 – 8:00 pm; place TBD), co-organized with Public Health Awakened, a tradition we started back in 2019 and which we managed to keep going virtually in 2020 & 2021 (!!) — and we sure look forward to having our 4<sup>th</sup> joint social hour **IN PERSON** this fall!!!!

We are also mindful that APHA is taking place in the midst of the US mid-term elections (Tues, Nov 8, 2022), at a time of growing political contestation and conflict in the US (and worldwide) pitting: (a) the fight for a future premised on inclusive equitable, sustainable, and reparative social and economic democracy & human rights, vs. (b) those holding onto illiberal reactionary authoritarian, nationalist, and religious fundamentalist and pro-capitalist rule. **We ask everyone to keep the Spirit of 1848 listserv updated with notices of any public actions or protests relevant to health justice that are being scheduled to take place in Boston during the time of the APHA meeting.**

Spirit of 1848 sessions (APHA 2022) – by day, time slot, Spirit of 1848 focus, and topic			
Monday, Nov 7, 2022	10:30 am to 12 noon	Social history of public health	<i>Subversive, critical, and inconvenient histories of public health in North America: Upending the dominant narrative</i>
	2:30 pm to 4:00 pm	Politics of public health data	<i>Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity</i>
	4:30 to 6:00 pm	Activist session	<i>What can activists for health justice learn from history?</i>
Tuesday, Nov 8, 2022	8:30 am to 10:00 am	Progressive pedagogy	<i>Grounding public health pedagogy in people’s history for health justice</i>
	10:30 am to 12 noon	Integrative session	<i>Embodied histories, embodied truths, &amp; health justice: critical reckonings for building the future</i>
	1:00 pm to 2:00 pm	Student poster session	<i>Student poster session: social justice &amp; public health</i>
	6:30 pm to 8:00 pm	Labor/business meeting	<i>Annual meeting to discuss &amp; plan Spirit of 1848 program &amp; activities</i>

See very end of document for a reminder of: “Why 1848?” – our newly updated timeline!

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 **Eastern Standard Time (i.e., Boston, MA time)**. For the on-line program, see:

Link to 1848 sessions: <https://apha2022sessions.hubb.me/?Spiritof1848Caucus=Track>

Link to overall APHA program: <https://apha2022sessions.hubb.me/>

Early this fall, 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 everyone IN PERSON in Boston this fall! – and fostering our spirits by being together in the Spirit of 1848! – a spirit that inspires us in all we do in our work for health justice!

Note: all of our sessions will be in the Boston Convention and Exhibition Center (BCEC).

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

### 1) SESSION TITLES ONLY

Link to 1848 sessions: <https://apha2022sessions.hubb.me/?Spiritof1848Caucus=Track>

**NOTE: ALL TIMES IN U.S. EASTERN STANDARD TIME (i.e., FOR BOSTON, MA)**

### SPIRIT OF 1848 SESSIONS

#### ► Saturday, November 5, 2022

##### ■ 3:30 pm to 5:00 pm

#### Radical History tour: “People’s History Walking Tour of Boston” [FREE]

-- details on how to sign up & where to meet up will be shared soon, in September 2022

-- note: the tour can include up to 60 people; we will create a registration system and CANNOT respond to any requests for reserving a spot except via this registration system (i.e., do NOT email us to request us to hold a slot for you!)

-- for more detailed description of the tour, see: <https://peopleshistoryboston.wordpress.com/>

#### ► Monday, November 7, 2022

##### ■ 10:30 am to 12 noon

<b>Social history of public health</b>	<b><i>Subversive, critical, and inconvenient histories of public health in North America: Upending the dominant narrative</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>

##### ■ 2:30 pm to 4:00 pm

<b>Politics of public health data</b>	<b><i>Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>

##### ■ 4:30 pm to 6:00 pm

<b>Activist session</b>	<b><i>What can activists for health justice learn from history?</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>

■ 6:00 pm to 8:00 pm

***“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened***

-- a link with more info about the event & where it will take place will be available in early fall

► ***Tuesday, November 8, 2022***

■ 8:30 am to 10:00 am

<b>Progressive pedagogy</b>	<b><i>Grounding public health pedagogy in people’s history for health justice</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>

■ 10:30 am to 12 noon

<b>Integrative session</b>	<b><i>Embodied histories, embodied truths, &amp; health justice: critical reckonings for building the future</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>

■ 1:00 to 2:00 pm

<b>Student poster session</b>	<b><i>Student poster session: social justice &amp; public health</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, Exhibit Hall</i></b>

■ 6:30 pm to 8:00 pm

<b>Labor/business meeting</b>	<b><i>Annual meeting to discuss &amp; plan Spirit of 1848 program &amp; activities</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 205A</i></b>

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

Link to 1848 sessions: <https://apha2022sessions.hubb.me/?Spiritof1848Caucus=Track>

**SPIRIT OF 1848 SESSIONS**

► **Saturday, November 5, 2022**

■ **3:30 pm to 5:00 pm**

**Radical History tour: “People’s History Walking Tour of Boston” [FREE]**

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-- note: the tour can include up to 60 people; we will create a registration system and CANNOT respond to any requests for reserving a spot except via this registration system (i.e., do NOT email us to request us to hold a slot for you!)

-- for more detailed description of the tour, see: <https://peopleshistoryboston.wordpress.com/>

*Check out some of the major sites and events of Boston’s African-American, women’s, immigrant, and labor history. You’ll learn about the role of slavery in Boston’s economic development, Boston’s 54th Regiment of African-American Union soldiers in the Civil War, and the racial politics of Boston’s de facto segregated school system. You’ll encounter women’s rights activists, settlement house reformers, and female garment workers who organized the first women’s trade unions. You’ll get to know some of Boston’s historic neighborhoods — the South End, Chinatown, West End, Beacon Hill, and the North End — and the political struggles over land use and urban renewal. You’ll meet the Irish, Jewish, Italian, Chinese, African-American and Latinx workers who built power within their workplaces and communities from the eighteenth century to the present day. The walk is about 3 miles through downtown Boston.*

► **Monday, November 7, 2022**

■ **10:30 am to 12 noon**

<b>Social history of public health</b>	<b><i>Subversive, critical, and inconvenient histories of public health in North America: Upending the dominant narrative</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>
10:30-10:40 am	Introduction/moderator: Why subversive, critical, and inconvenient histories of public health need to be shared with the North American public health world – Anne-Emanuelle Birn, ScD
10:40-11:00 am	The racialization of psychoactive substances in the U.S.: prelude to the War on Drugs – Samuel K. Roberts, PhD
11:00 – 11:20 am	In the name of public health and democracy: APHA’s role in US military and political interventions, 1898-1920s – Ana Maria Carrillo, PhD
11:20 – 11:40 am	Native American health activism in the pandemic past and present: histories of structural invisibility and resistance – Maria K. John, PhD
11:40 – 11:50 am	A discussant’s commentary: the relevance of critical and inconvenient histories for current public health practice – Luis K. Avilés, PhD
11:50 am – 12 noon	Q&A

■ **2:30 pm to 4:00 pm**

<b>Politics of public health data</b>	<b><i>Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>
2:00 – 2:05 pm	Introduction to: “Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity” – Catherine Cubbin, PhD
2:05 – 2:20 pm	2020 Census results tell us about persisting problems with separate questions on race and ethnicity in the Decennial Census – Nicholas Jones, MA (US Census Bureau)
2:20 – 2:35 pm	Leveraging racial and ethnic US Census data to reflect historical and contemporary structural racism: Structures, people, time, and place – Zinzi Bailey, ScD, MSPH
2:35 – 2:50 pm	Strengthening community narratives: Lessons from the NHPI journey to improve data and

	health equity – Richard Chang, JD, MS
2:50 – 3:05 pm	Health equity and the American Medical Association: lessons regarding racial/ethnic data -- Fernando De Maio, PhD
3:05 – 3:15 pm	Discussant: “Contested histories and politics of US census racial/ethnic data: Implications for analyzing structural racism and health equity” – Nancy Krieger, PhD
3:15 – 3:30 pm	Q&A

■ 4:30 pm to 6:00 pm

<b>Activist session</b>	<b><i>What can activists for health justice learn from history?</i></b>
Session # TBD	Location: BCEC, 258A
4:30 – 4:35 pm	Introduction to “What can activists for health justice learn from history?” – Rebekka Lee, ScD, Michael Curry, Esq, Catherine Cubbin, PhD, and Jerzy Eisenberg-Guyot, PhD
4:35 – 4:55 pm	The Tenth Crusade: A 1920s campaign to save Black babies – Wangui Muigai, PhD
4:55 – 5:15 pm	Deeply rooted: combining epidemiologic data and historical research to expose the racialized origins of modern geographic health inequities – Steven Woolf, MD, MPH and Patricia Mathews
5:15 – 5:35 pm	Public health for the people: A community-centered public health education program – Jennifer Cruz, MPH, Anna Leslie, MPH, Jonathan Lee, and Walea Hayek, MPH
5:35 – 6:00 pm	Q&A

■ 6:00 pm to 8:00 pm

**“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened**

-- a link with more info about the event & where it will take place will be available in early fall

► Tuesday, November 8, 2022

■ 8:30 am to 10:00 am

<b>Progressive pedagogy</b>	<b><i>Grounding public health pedagogy in people’s history for health justice</i></b>
Session # TBD	Location: BCEC, 258A
8:30 – 8:35 am	Introduction to “Grounding public health pedagogy in people’s history for health justice” – Rebekka Lee, ScD, Vanessa Simonds, ScD, Lisa Moore, DrPH, and Nylca Munoz, JD, MPH, DrPH
8:35 – 8:50 am	Teaching the historical roots of health inequities and advocacy tools to transform our society – Paul Fleming, PhD, MPH
8:50 – 9:05 am	Integrating social justice history across the higher education health curriculum – Oyla Clark, Shannon Gifford, and Quinn Duclos
9:05 – 9:20 am	Grounding public health pedagogy in people’s history for health justice – Lorraine T. Dean, ScD and Keilah Jacques, MSW
9:20 – 9:35 am	Teaching antiracism through collaboration between medical history and public health practice through <i>The Immortal Life of Henrietta Lacks</i> projects – Suzanne Gaulocher, PhD, MPH, Rebecca Noel, PhD, Nicole Jaskiewicz, PhD, Brianna Luscher, and Haydn Huard
9:35 – 10:00 am	Q&A

■ 10:30 am to 12 noon

<b>Integrative session</b>	<b><i>Embodied histories, embodied truths, &amp; health justice: critical reckonings for building the future</i></b>
Session # TBD	Location: BCEC, 258A
10:30 – 10:40 am	Introduction to “Embodied histories, embodied truths, & health justice: critical reckonings for building the future” – Nancy Krieger, PhD

10:40 – 10:55 am	The entangled histories of public health & social justice: knowing the conflicts and connections is crucial for advancing health justice – Evelyn Hammonds, PhD, SM, BEE, BS
10:55 – 11:10 am	Invoking our war shields of resistance and persistence: Thrivance among Two Spirit American Indian women – Karina Walters, PhD, MSW and Michelle Johnson-Jennings, PhD
11:10 – 11:25 am	Climate embodiment: Pollution in the infrastructural body and the human body – Michael Mendez, PhD
11:25 – 11:40 am	Beyond powerful narratives to narrative power: historically-informed, structural approaches to narrative change to advance health equity – Makani Themba
11:40 am – 12 noon	Q&A

■ 1:00 to 2:00 pm

<b>Student poster session</b>	<b><i>Student poster session: social justice &amp; public health</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, Exhibit Hall</i></b>
Poster 1	Mechanisms of racialized neoliberalism: How U.S. policy creates racial health inequities – Maren Spolum, MPH, MPP
Poster 2	What if...we had listened to scholars about Black health? A review of policy suggestions from the <i>Journal of Negro Education</i> (1949, volume 18, no 3). – Nelia Ekeji, BA, Ian Flowers, BA, Melody Goodman, PhD, and Diana Silver, PhD, MPH
Poster 3	Breaking down the color line: A Du Boisian lens for communities of health equity researchers – Samuel Mendez, SM
Poster 4	Reducing poverty and building capacity- family impacts of the Child Tax Credit Expansion – Roddrick Dugger, MPH, Elizabeth Adams, PhD, Phoenix Brice, Robert Glenn Weaver, Becky Sicecloff, Tegwyn Brickhouse, PhD and Melanie Bean, PhD
Poster 5	Experiences of police-related stress among a U.S. national cohort of gay and bisexual men – Erinn Bacchus, MPH, Alexa D'Angelo, MPH, and Christian Grov, PhD, MPH
Poster 6	Assessing the experiences of a university health science community to address issues of discrimination – Meghna Iyer, Sarah Abukwaik, Sameera Nayak, MA, Emily Grilli-Scott, MPH, and Elizabeth Glowacki, PhD
Poster 7	Access to COVID-19 vaccination for immigrant agricultural workers in rural Maryland and Delaware. – Amara Channell Doig, MPH, Juliana Munoz, PhD, Sarah Goldring, MS, Lisa McCoy, MS, RDN, Catherine Sorenson, MPH, Gina Crist, MS, CHES, Crystal Terhune, LMSW, and Jinhee Kim, PhD
Poster 8	Inequities in chronic food insecurity among college students during the COVID-19 pandemic – Dordaneh Ashourha, Maria Koleilat, DrPH, MPH, Pumbucha Rusmevichientong, PhD, MS, Mojgan Samie, PhD, MA, and Tabashir Z. Nobari, PhD, MPH
Poster 9	Novel Applications of music and digital media in anti-racism and public health initiatives during the COVID-19 Pandemic: A case study of BTS and ARMY – Mariko Rooks
Poster 10	Rural Washington State hospitals are failing to provide required charity care and burdening low-income patients with medical debt lawsuits – Kali Curtis, BA, Sherry Jones, Attorney, Emily Brice, Attorney, and Amy Hagopian, PhD

■ 6:30 pm to 8:00 pm

<b>Labor/business meeting</b>	<b><i>Annual meeting to discuss &amp; plan Spirit of 1848 program &amp; activities</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 205A</i></b>
<p>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 &amp; projects!</p>	

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

Link to 1848 sessions: <https://apha2022sessions.hubb.me/?Spiritof1848Caucus=Track>

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##### ► Monday, November 7, 2022

##### ■ 10:30 am to 12 noon

<b>Social history of public health</b>	<b><i>Subversive, Critical, and Inconvenient Histories of Public Health in North America: Upending the Dominant Narrative</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>
<b>10:30-10:40 am</b>	<p><b>Introduction/moderator: Why subversive, critical, and inconvenient histories of public health need to be shared with the North American public health world – Anne-Emanuelle Birn, ScD</b></p> <p>In introducing this session, I will focus on the importance of challenging dominant narratives in the history of public health in North America in order to center the struggles and resistance of those made marginalized by public health’s mainstream historiography. In this year marking the 150th anniversary of the American Public Health Association, such a critical perspective is crucial, not only to understanding the past but to transforming the present and helping shape the future.</p>
<b>10:40-11:00 am</b>	<p><b>The racialization of psychoactive substances in the U.S.: prelude to the War on Drugs – Samuel K. Roberts, PhD</b></p> <p>Among all the contemporary political and social legacies ascribed to chattel slavery in the United States, seldom listed is the racialization of psychoactive substances. The elision is, if not odd, at least somewhat ironic. Of the chief New World plantation industries – sugar, tobacco, coffee, rice, and cotton -- for which 12.5 million souls were forcefully migrated from Africa, only the latter two might be said to meet a basic human necessity. Sugar (as a sweetener and base ingredient for rum production), tobacco, and coffee began as luxury goods initially to be enjoyed by European elites but soon spread widely throughout the continental metropolises and their peripheries. Both the African diaspora in the Western hemisphere and the “psychoactive revolution” (which brought a previously unimaginably expansive and available pharmacopoeia of pleasure-inducing substances as global commodities) owed themselves to expanding yet tightening networks of mercantilist commerce and trade which also provided the impetus and cultural logic of European imperialism (Willis 2011). Additionally, in the 150 years following US Emancipation, when the central question was the definition of freedom and free labor, various pleasure-inducing substances (alcohol, cocaine, heroin, marijuana, among others) would be racialized as “Black,”</p>

	and Blackness itself would come to connote illicit pleasures. In this paper, Prof. Samuel Kelton Roberts explores the politics of pleasure and substances in the temperance movements and in drug reform politics of the late nineteenth and early twentieth centuries, suggesting a prologue to one of the 20th century's greatest threats to Black freedom, the War on Drugs.
11:00 – 11:20 am	<p><b>In the name of public health and democracy: APHA's role in US military and political interventions, 1898-1920s – Ana Maria Carrillo, PhD</b></p> <p>In 1898, the president of the American Public Health Association (APHA) asserted that Cuba posed such a great threat to the southeastern states of the United States –due to the constant menace of yellow fever, smallpox, and leprosy– that forcible annexation of the island was entirely justified. That year the United States declared war on Spain, and militarily occupied Cuba, in order to "protect" it from Spain and pave the way for democracy, as US authorities maintained. In reality, the occupation had commercial and strategic ends, as the United States pursued hegemonic imperialism against its European rivals. Identifying countries as deadly for foreigners and "responsible" for epidemics, an activity in which APHA leaders were key participants, served as a rationale for further US political and military interventions – in Puerto Rico, the Philippines, and Panama. As President Theodore Roosevelt declared in 1907 regarding the US invasion of Panama to enable completion of the canal by controlling malaria and yellow fever: "we are carrying out what will be the greatest engineering work of all centuries, but for the benefit of all mankind." Later would come invasions of Mexico, Haiti, the Dominican Republic, and others, always in the name of democracy. Building on APHA's earlier role, the US Army Medical Corps served as public health experts for these military and commercial exploits, all the while claiming the purely scientific mission of their sanitary work.</p>
11:20 – 11:40 am	<p><b>Native American health activism in the pandemic past and present: histories of structural invisibility and resistance – Maria K. John, PhD</b></p> <p>By highlighting the history and the necessity of Native American health activism across the 20th and 21st centuries, this paper argues that the US federal government's woefully inadequate and underfunded system of healthcare for Native peoples is one of the nation's gravest examples of structural inequality and racialized disparity created by the government in the realm of health. The paper reflects on this history in the wake of health disparities exposed by COVID-19, to argue that in the case of Native peoples in the United States, ongoing settler colonialism makes fighting COVID-19 and protecting their communities against a neglectful and discriminatory medical system, as well as relying on forms of community-based and mutual aid in the face of this neglect, a very familiar battle. The paper pays special attention to examples of Native American health activism that have exposed and resisted persistent forms of structural invisibility exclusively impacting Native peoples in medical and healthcare contexts</p>
11:40 – 11:50 am	<p><b>A discussant's commentary: the relevance of critical and inconvenient histories for current public health practice – Luis K. Avilés, PhD</b></p> <p>This discussion will identify key historiographical elements in each presentation to explain the relevance of critical and inconvenient histories for public health workers, advocates, and researchers.</p>
11:50 am – 12 noon	<b>Q&amp;A</b>

■ 2:30 pm to 4:00 pm

<b>Politics of public health data</b>	<b><i>Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 258A</i></b>
2:30 – 2:35 pm	<p><b><i>Introduction to: "Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity" – Catherine Cubbin, PhD</i></b></p> <p>This invited session is focused on the contested politics of U.S. Census racial/ethnic data and its implications for those who use these data to understand and combat racialized health inequities. Invited speakers will include people from the U.S. Census Bureau, U.S. Census data end-users, and public health analysts. Topics include: changing racial/ethnic categories, changing data collection strategies, use of racial/ethnic data for structural racism measures across time, and implications for the health of marginalized (especially "small") populations, including but not limited to American Indian/Alaska Native and Native Hawaiian populations.</p>
2:35 – 2:50 pm	<b><i>2020 Census results tell us about persisting problems with separate questions on race and</i></b>



	<p><b>ethnicity in the Decennial Census – Nicholas Jones, MA (US Census Bureau)</b></p> <p>Over the past 15 years, researchers and leaders at the U.S. Census Bureau have explored new ways to improve how the questions we ask in the decennial census could better align with the ways in which people identify their “race” and “ethnicity” to improve statistics on race and ethnicity for our country. This work has been undertaken in an effort to ensure the statistics we produce meet the needs of datausers, policies, and programs, as well as expanding our collective understanding of our country’s complex racial and ethnic identities and the resulting knowledge about our demographic composition and increasing diversity. To help inform discussions about the need for better race ethnicity data, this presentation will discuss what 2020 Census results tell us about the persisting problems with the two separate questions approach for race and ethnicity statistics. We will discuss our research to explore the 2020 Census results, framed on re-examining four key topics that we explored last decade: 1. Item non-response rates for the two separate race and ethnicity questions 2. Race reporting patterns of Hispanic or Latino respondents to the race question 3. Size, distribution, and composition of detailed race ethnicity population groups within each minimum category 4. Reporting patterns of Middle Eastern or North African responses in the race question Our extensive research and outreach last decade identified that a combined race and ethnicity question with multiple detailed checkboxes and a dedicated Middle Eastern or North African category was the optimal design for improving data in the decennial census to better measure our nation’s racial and ethnic diversity. We know it is critical that our statistics represent how people identify their complex racial and ethnic identities in the 21st century. We are committed to addressing ways to produce more accurate and more reliable race ethnicity data. This presentation provide an update on how we are collaborating with our colleagues at OMB and around the federal statistical community, and how we will continue to engage with advisors, organizational leaders, researchers, scholars, and the public on these efforts.</p>
<p><b>2:50 – 3:05 pm</b></p>	<p><b>Leveraging racial and ethnic US Census data to reflect historical and contemporary structural racism: Structures, people, time, and place – Zinzi Bailey, ScD, MSPH</b></p> <p>This presentation will focus on the ways that racial and ethnic data from the US Census have been leveraged to create measures of structural racism in population health research, particularly at the intersection of people, time, and place. Special attention will be paid to attempts to reflect change over time, key inflection points, and interactions between historical and contemporary structural racism. Further, this presentation will delve into the complexity of assessing structural racism utilizing these data, while data collection methods in collecting racial and ethnic data change over time.</p>
<p><b>3:05 – 3:20 pm</b></p>	<p><b>Strengthening community narratives: Lessons from the NHPI journey to improve data and health equity – Richard Chang, JD, MS</b></p> <p>Historical Background: The Office of Management and Budget’s revision of federal race and ethnic standards in 1997 (OMB 15) to disaggregate Asians and Native Hawaiians and Pacific Islanders (NHPIs) represented the culmination of a fraught political campaign to compel federal agencies to accurately represent a relatively small community while sharpening the focus of NHPI community advocates intent on addressing structural racism and health equity. The NHPI label encompasses diverse communities, each with their own language, culture, and traditions, as well as numerous special and unique relationships with the U.S. government that determine a range of available rights and federal funding streams. The initial inclusion of NHPIs with Asians occurred under OMB 15’s “Asian Pacific Islander” category which was utilized in the 1980 U.S. Census. This category originated in civil rights initiatives that incentivized racial categorization while addressing the concern among federal administrators that NHPI populations were too small to deserve their own category. However, the “API” identifier raised significant concerns among NHPI communities. The identifier also contradicted efforts by Native Hawaiians to align their categorization with Native Americans. In the 1990s, NHPI advocates and congressional representatives responded to federal requests for public comment and provided testimony regarding the significant NHPI health and education disparities that vanished when the API label was used. In July 1997, OMB’s interagency Committee for the Review of Racial and Ethnic Standards formally recommended keeping “API.” However, OMB 15 was ultimately revised to include an NHPI category in 1997. Many of the concerns and issues raised during this period, including institutional resistance, Native Hawaiian federal recognition, and implementation of the mandate remain relevant today. Contemporary Data Practices: The Census Bureau’s implementation of OMB 15 has served as an important model for collecting and reporting data on small populations such as NHPIs, demonstrating the need for even more granular categories that</p>

	capture disparities between NHPI sub-groups. In the context of COVID-19, the failure of states to utilize standardized race and ethnic categories represents a lost opportunity. Implications: NHPI community activists are increasingly incorporating data advocacy into their work while addressing new issues. There is recognition that participation in conversations around structural racism and measuring it across time will require significantly more data and wider adoption of disaggregated categories across public and private institutions. The community is also developing responses to the growth of the surveillance economy which has its own implications for health inequities.
<b>3:20 – 3:35 pm</b>	<b>Health equity and the American Medical Association: lessons regarding racial/ethnic data -- Fernando De Maio, PhD</b> This talk explores the contested histories and politics of racial/ethnic data, focusing on health equity efforts at the American Medical Association. I first explore historical context, including discriminatory designation of physicians of color in the AMA's American Medical Directory starting in 1906, which marked Black doctors with a notation for "colored". I then discuss contemporary refinements in the AMA Physician Masterfile, which now includes more detailed race/ethnicity data than ever before as well as new policy developments regarding the inclusion of a distinct category for Middle Eastern and North African physicians. Lastly, I draw links between calls for better race/ethnicity data with the ongoing challenges in publishing empirical studies on racism in medical journals.
<b>3:35 – 3:45 pm</b>	<b>Discussant: "Contested histories and politics of US census racial/ethnic data: Implications for analyzing structural racism and health equity" – Nancy Krieger, PhD</b> As discussant, and drawing on my own experiences as a critical researcher and data user, I will reflect on key themes of the session's presentations, pertaining to the contested politics of U.S. Census racial/ethnic data and its implications for those who use these data to understand and combat racialized health inequities. At issue are: changing US official racial/ethnic categories, changing data collection strategies, use of racial/ethnic data for structural racism measures across time, and implications for the health of marginalized (especially "small") populations, including but not limited to American Indian/Alaska Native and Native Hawaiian populations. Also warranting consideration is the influence of government and other funding agencies, and also journal instructions, in shaping the "rules of the game" by which health agencies and researchers report racialized data, and a seeming emphasis on terminology over critical framing and analysis of the very racialized categories at issue.
<b>3:45 – 4:00 pm</b>	<b>Q&amp;A</b>

■ 4:30 pm to 6:00 pm

<b>Activist session</b>	<b>What can activists for health justice learn from history?</b>
<b>Session # TBD</b>	<b>Location: BCEC, 258A</b>
<b>4:30 – 4:35 pm</b>	<b>Introduction to "What can activists for health justice learn from history?" – Rebekka Lee, ScD, Michael Curry, Esq, Catherine Cubbin, PhD, and Jerzy Eisenberg-Guyot, PhD</b> This presentation provides an overview and historical context of our session focused on how activists for health justice can learn from history. Potential topics to be covered include activists connecting lessons from past struggles to current organizing around: mutual aid, environmental justice, Black Lives Matter and anti-police violence, decolonial and anti-imperialist struggles, harm reduction, labor struggles, reproductive justice, and poor people's campaigns.
<b>4:35 – 4:55 pm</b>	<b>The Tenth Crusade: A 1920s campaign to save Black babies – Wangui Muigai, PhD</b> My presentation will describe and analyze the work of Black health activists in the 1920s to address high rates of Black infant mortality. During a period marked by intense racial violence (including lynchings and race riots) as well as increasing government concern over improving infant and child welfare, Black reformers pursued a number of community-led strategies that aimed to make government officials aware of the social factors that placed Black babies at greater risk of premature death. Through close analysis of historical newspapers and archival records, including first-hand accounts from Black women health activists, this presentation will detail these nationally-coordinated and locally-grounded initiatives. In particular, it will analyze a campaign led by the NAACP in the mid-1920s that called attention to the impact of anti-Black violence on Black infants and young children and the need for federal action. Through highlighting this early 20th century moment and the wide range of stakeholders invested in protecting the lives of Black infants, I will consider the legacy of these activist concerns and

	health initiatives, and their connections to early 21st century movements such as Black Lives Matter.
4:55 – 5:15 pm	<p><b>Deeply rooted: combining epidemiologic data and historical research to expose the racialized origins of modern geographic health inequities – Steven Woolf, MD, MPH and Patricia Mathews</b></p> <p><i>Issues:</i> Racial inequities are products of history, but few tangible examples, beyond redlining maps, convincingly show how past events produced today’s marginalized neighborhoods. This project brought that story to life by linking epidemiological data with historical research and using creative methods to disseminate the findings.</p> <p><i>Description:</i> In the otherwise affluent Northern Virginia suburbs of Washington, D.C., researchers identified 15 neighborhoods of concentrated health disadvantage, over-represented by people of color. They documented local history, beginning in 1649, to show how today’s marginalized neighborhoods evolved from enslavement, displacement, segregation, and policies of exclusion that barred access to freedom, property, education, jobs, and civil liberties. They traced today’s wealthiest census tracts to their roots in colonialism, white privilege, and multi-generational wealth transfer. The report included recommendations to reduce current inequities. Researchers collaborated with graphic artists, web designers, historians, and community leaders to produce an engaging report and website (<a href="https://historyfortomorrow.org/">https://historyfortomorrow.org/</a>) with vivid graphics, stories, archival photography, audio and video content, and oral histories, and disseminated the work to local media outlets, organizations, and community leaders.</p> <p><i>Lessons Learned:</i> The successful reception of the report—which was described as powerful, providing details that had been lost to history and were generally unknown even to the Black community—underscored the value of collaboration between epidemiology and history, of transforming dry research into engaging media, and of active dissemination to target audiences.</p> <p><i>Recommendations:</i> Historical research and engaging media should be used to showcase how past policies produced current health inequities and inspire inclusive policies to change future history.</p>
5:15 – 5:35 pm	<p><b>Public health for the people: A community-centered public health education program – Jennifer Cruz, MPH, Anna Leslie, MPH, Jonathan Lee, and Walea Hayek, MPH</b></p> <p>For eight years, Boston’s second-largest neighborhood, Allston-Brighton, has grown an organized and effective public health network. The Allston Brighton Health Collaborative (ABHC) network is comprised of community-focused organizations and stakeholders who work to implement public health interventions and address health-related social needs. During the COVID-19 pandemic, the network has effectively provided a direct response, information, and resource access. However, the network has lacked consistent resident voice and agency in the design and implementation of public health efforts. In response to the need for community public health knowledge and participatory engagement in critical decision-making discussions, Harvard University public health students worked with ABHC to co-develop an education program that fosters community-led public health conversation, learning, research, and action. The primary goal of this program is to equip community members with additional knowledge, skills, and language that complement their current expertise so that they can advocate for their individual, familial, and community public health needs. Three key objectives of this program are: 1) build connections across public health institutions, community-based organizations, youth, elders, and other community members; 2) increase knowledge of how public health as an institution, as well as its history, shapes health; and 3) root advocacy and interventions in community-driven concerns and interests. Program sessions are aligned with the core functions of public health: assurance, assessment, and policy development. Central to the program is health justice—ensuring that participants know what health justice is and what they can do to work towards it.</p>
5:35 – 6:00 pm	Q&A

■ 6:00 pm to 8:00 pm

**“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened** -- a link with more info about the event & where it will take place will be available in early fall

► **Tuesday, November 8, 2022**

■ 8:30 am to 10:00 am

<b>Progressive pedagogy</b>	<b>Grounding public health pedagogy in people's history for health justice</b>
<b>Session # TBD</b>	<b>Location: BCEC, 258A</b>
<b>8:30 – 8:35 am</b>	<p><b>Introduction to "Grounding public health pedagogy in people's history for health justice" – Rebekka Lee, ScD, Vanessa Simonds, ScD, Lisa Moore, DrPH, and Nycla Munoz, JD, MPH, DrPH</b></p> <p>This presentation will provide context for our session critically examining pedagogy that enhances capacity for teaching and organizing for health justice. This includes pedagogies grounded in people's history that are being (re)developed through decolonizing epistemologies and other ways of re-framing knowledge and voice. Presentations in this session will demonstrate how such pedagogy can be carried out, in diverse academic settings, and training programs for community and workplace activists, organizations, and members.</p>
<b>8:35 – 8:50 am</b>	<p><b>Teaching the historical roots of health inequities and advocacy tools to transform our society – Paul Fleming, PhD, MPH</b></p> <p>Reckoning with the histories of public health requires confronting when public health institutions and ideologies have been allied with social injustice – and when they have helped advance health equity. There is no one simple story of "historical progress" that present-day public health professionals and advocates can use to inform their present and future work. In this presentation, I will use historical the example(s) of public health projects in African American communities to show how grappling with the historical complexity of systemic racism can better guide the crucial and multifaceted work for health justice.</p>
<b>8:50 – 9:05 am</b>	<p><b>Integrating social justice history across the higher education health curriculum – Oyla Clark, Shannon Gifford, and Quinn Duclos</b></p> <p>This workshop is designed to provide specific examples on how social justice history can be integrated into a range of community health courses in higher education. Participants will be introduced to the methods a group of faculty use to teach a health curriculum based on social justice history in both undergraduate and graduate courses. Social justice history is not introduced as a stand alone lecture in each course, but rather scaffolded as a common theme across the curriculum. Examples of curriculum integration will be shared and discussed. Participants will discuss the relationships between social justice history, current social justice movements, and health equity. Participants will also discuss the degree to which those relationships can be emphasized while teaching college health courses. The importance of focusing on the origins of (public) health events and issues and how the historical conditions in society at the time influenced and shaped the development of these issues will be reviewed. Examples of how to embed social justice history and health equity into all components of a course will be discussed. Finally, presenters will describe barriers and obstacles faced when creating social justice themes. Participants will leave the session with a concrete set of examples that will assist them in integrating social justice history into their own courses.</p>
<b>9:05 – 9:20 am</b>	<p><b>Grounding public health pedagogy in people's history for health justice – Lorraine T. Dean, ScD and Keilah Jacques, MSW</b></p> <p>At last estimate, 72% of Johns Hopkins University students were from the top 20% of household incomes in the US, begging the question for public health educators: "How are we equipping the most privileged students to effectively serve the health needs of our least privileged populations?" This question prompted the development of a service-learning course, Methods for Assessing Power, Privilege, and Public Health in the United States, that combined social epidemiology concepts with opportunities to apply those concepts to real-world data from local community-based organizations. This national-award winning course ties experiential learning, skill-building in epidemiology methods, critical praxis, with community-based partnerships. Rooted in critical race theory, the course content covers the history of segregation and persistence of white supremacy as the backdrops for understanding how policy, normed practices, and research procedures perpetuate inequities in health outcomes. The course also recounts the history of the structures of public health education, public health policies, and medical practices that have unintentionally caused harm or reinforced inequities. For this APHA session, we offer service-learning as a curricular counter-narrative that teaches students how to engage with community-based partners in a way that balances power and reinforces anti-oppressive practice of epidemiologic methods. We offer examples of activities that demonstrate how power and privilege works in health and medicine, and critique commonly-recommended activities that may cause harm. Finally, we share lessons learned from three iterations of the course, including how it translated to virtual formats, and give instructions on how other institutions can implement</p>

	similar course content.
9:20 – 9:35 am	<p><b>Teaching antiracism through collaboration between medical history and public health practice through <i>The Immortal Life of Henrietta Lacks</i> projects – Suzanne Gaulocher, PhD, MPH, Rebecca Noel, PhD, Nicole Jaskiewicz, PhD, Brianna Luscher, and Haydn Huard</b></p> <p>For the past five years, Plymouth State University has emphasized the cluster learning model, a unique approach to learning and teaching that activates interdisciplinary inquiry and project-based learning beyond the walls of the classroom. In the spring semesters of 2021 &amp; 2022, a collaboration between three courses, Health and Illness in American History, Intro to Biochemistry, and Guided Practice in Public Health, came together to work on common projects. Together students and faculty read <i>The Immortal Life of Henrietta Lacks</i> by Rebecca Skloot and produced three ArcGIS StoryMaps and a Pressbook on student-generated topics that integrate history, public health, medical ethics, systems of oppression, and social justice. Students were asked to select topics from the book, the legacy of Henrietta Lacks' life, and the impact of HeLa cells. Students were grouped based on interest and engaged in topic-specific research projects. It was our aim that integrated cluster learning would give students the opportunity to comprehensively explore concepts presented in the book and apply those concepts in the ArcGIS StoryMaps and Pressbook projects. The ArcGIS StoryMaps included: (1) The city of Baltimore, (2) a historical timeline of ethics in research, and (3) places where Henrietta Lacks spent time. Students also collaborated on an open-access Pressbook, <i>A Reader's Guide to The Immortal Life of Henrietta Lacks</i>, begun in 2021 in partnership with a Biochemistry class. Public Health students edited each entry for public health framing with reference to social determinants of health, while History students wrote the entries and edited those written previously with medical history grounding. We are lifting out topics such as racism in clinical and public health, the unethical treatment of marginalized people, and health equity to produce the StoryMaps and Pressbook on specific student-generated topics. Throughout the process, these two classes have shared their learning, disciplinary paradigms, collaboration on projects, and reflection. Students were encouraged to research more about Henrietta Lacks and topics surrounding the historical context of the time including medical practice and racism. From this research, students were able to creatively portray both written and visual aids for learning purposes. Overall, this course led to a personally and socially transformative student experience.</p>
9:35 – 10:00 am	Q&A

■ 10:30 am to 12 noon

<b>Integrative session</b>	<b><i>Embodied histories, embodied truths, &amp; health justice: critical reckonings for building the future</i></b>
<b>Session # TBD</b>	<b>Location: BCEC, 258A</b>
10:30 – 10:40 am	<p><b>Introduction to “<i>Embodied histories, embodied truths, &amp; health justice: critical reckonings for building the future</i>” – Nancy Krieger, PhD</b></p> <p>Reckoning with embodied histories and embodied truths is critical for health justice work – to understand the past, engage with the present, and forge a better future. In my introduction, I first will briefly make the case for how ideas of embodied histories and embodied truths can help advance health equity, after which I will introduce the 4 invited speakers, from diverse fields of work and backgrounds, who will together combine historically-informed structural analyses of injustice with strategic visions for better futures. The speakers and their foci are: (a) Prof. Evelynn Hammonds: histories of links between public health &amp; social justice; (b) Prof. Karina Walters: Indigenous health in relation to history, survivance, and building a better future; (c) Makani Themba: historically-grounded strategic narrative change work for health equity to build vision-based movement work to change the future; and (d) Prof. Mike Mendez: climate justice and environmental justice, looking to the activism &amp; policies needed for sustainable &amp; equitable futures. After their presentations, I will moderate a brief discussion between the speakers, followed by Q&amp;A with the audience</p>
10:40 – 10:55 am	<p><b>The entangled histories of public health &amp; social justice: knowing the conflicts and connections is crucial for advancing health justice – Evelynn Hammonds, PhD, SM, BEE, BS</b></p> <p>Reckoning with the histories of public health requires confronting when public health institutions and ideologies have been allied with social injustice – and when they have helped advance</p>

	<p>health equity. There is no one simple story of “historical progress” that present-day public health professionals and advocates can use to inform their present and future work. In this presentation, I will use historical the example(s) of public health projects in African American communities to show how grappling with the historical complexity of systemic racism can better guide the crucial and multifaceted work for health justice.</p>
<p><b>10:55 – 11:10 am</b></p>	<p><b>Invoking our war shields of resistance and persistence: Thrivance Among Two Spirit American Indian women – Karina Walters, PhD, MSW and Michelle Johnson-Jennings, PhD</b></p> <p>Throughout history, settler colonialism has endeavored to erase the lived experiences and histories of sexually and gender diverse (i.e., two-spirit) American Indian and Alaska Native Peoples. Yet, Indigenous two-spirit women remain strong and resilient pillars of communities. Oftentimes these [her]stories are missed in public health initiatives as a result of settler colonialism’s perpetual drive to erase and silence. Given the ongoing high disparities in violence and trauma exposure, two-spirit scholars and activists as well as allied Indigenous scholars have countered this erasure with indigenist research and culturally contextualized narratives of survivance in dealing with historical trauma, microaggressions, ongoing colonialism and related stressors. Survivance includes holding on to the deep cultural strands of Indigenous knowledges and practices that endure to this day; however, as the authors propose in this presentation, thrivance involves weaving those survivance Indigenous knowledge strands (the warp) with the threads of transformative resistance and power of persistence (the weft) into a vibrant fabric of healthful living. Drawing from the national multi-site Honor Project Two-Spirit Health Study (NIMH R01 65871; N=452 surveys; 65 in-depth interviews) and utilizing the listening guide relational voice-centered method, the authors conducted an iterative indigenist qualitative data analysis of 11 two-spirit women’s thrivance experiences and narratives. Emergent from the data was a war shield thrivance heuristic which elucidated the role of Original Instructions (ancient stories/teachings), relational restoration, narrative transformation, as well as ceremony and spirituality in promoting two-spirit women’s health and well-being.</p>
<p><b>11:10 – 11:25 am</b></p>	<p><b>Climate embodiment: Pollution in the infrastructural body and the human body – Michael Mendez, PhD</b></p> <p>For environmental justice activists, the main threat from climate change is the disproportionate harm it causes to their bodies and health of their communities. For them, climate change is not just about greenhouse gas models—rather, it is also about opposing worldviews through which policy and science is seen. Throughout the United States, environmental justice groups are pushing new hypotheses, as well as evaluating existing ones around climate problems and solutions. They were calling for multiple ways of learning and knowing about climate change. This research explores, how these groups centered their work on telling stories of how their bodies bear the marks of environmental interactions. They framed their work on the human embodiment of climate change and carbon’s associated co-pollutants. For them, the body is where diverse points of pollution, social stratification, and poverty intersect. In this research, this way of knowing and learning, as “climate embodiment”—a concept that draws on eco-feminist studies and the field of public health. For example, environmental justice advocates argue for a holistic understanding of the links between the infrastructural body (that is, the extraction of raw materials for the refining of fossil fuels) to the contaminated human body. In other words, we begin to imagine a form of climate embodiment that represents a continuum, where the human body cannot be divorced from its environment; and climate change solutions cannot be isolated from the human body.</p>
<p><b>11:25 – 11:40 am</b></p>	<p><b>Beyond powerful narratives to narrative power: historically-informed, structural approaches to narrative change to advance health equity – Makani Themba</b></p> <p>We have learned that strategic narrative change work to advance health equity must be informed by a clear analysis of the role of systems in reifying narrative power over time. Grounded in a historically informed, structural analysis, organizers and activists can take our powerful stories - the truths we hold that prove the critical need for health justice - to help build a future in which everyone can thrive. This work requires a nuanced understanding of the historic and structural factors that forged our current conditions, an analysis of the lessons learned from past efforts, and the ability to collectively “see” and describe this more just and transformative future. We must also convey *how* we can create this future out of the present. This work of turning our narratives into narrative power goes beyond crafting “communication messages” and instead involves strategies for better “rooting” and replicating the narratives that shift understanding of causes and solutions to societal issues. In this presentation, I will discuss key principles for doing this kind of transformative work and provide several examples involving organizing for health equity. These</p>

	include initiatives to address gaps in maternal-child health and mortality, and efforts to reduce violence and redefine community safety.
11:40 am – 12 noon	Q&A

■ 1:00 to 2:00 pm

<b>Student poster session</b>	<b>Student poster session: social justice &amp; public health</b>
<b>Session # TBD</b>	<b>Location: BCEC, Exhibit Hall</b>
<b>Poster 1</b>	<p><b>Mechanisms of racialized neoliberalism: How U.S. policy creates racial health inequities – Maren Spolum, MPH, MPP</b></p> <p>Scholars engaged in examining structural racism’s impact on U.S. public health have called for future research to examine specific policies that created and exacerbate structural racism. Multiple studies have demonstrated significant deleterious shifts in life expectancy, infant mortality, and premature mortality during the early 1980s, suggesting public health researchers should direct attention to the substantial changes in the political and policy environments around that time. Historians have written extensively on the political shift beginning in the 1960s and strengthening through 1970-1990 from the Keynesian economics of the “New Deal order” to the still-dominant neoliberal order. Political rhetoric in the 1960s and 1970s strategically wove racism within economic arguments in ways that ensured that the development of neoliberalism in the US was inherently racialized. Yet, public health scholarship regarding neoliberalism has not adequately engaged with understandings of structural racism, neoliberalism, or the symbiotic relationship between the two. This project offers a critical analysis of the existing literature to explicate a history and definition of “racialized neoliberalism” and put forth seven structural mechanisms of racialized neoliberal policies: austerity, devolution, privatization, deregulation, taxation, disenfranchisement, and punishment. In doing so, I will connect specific racialized neoliberal policy decisions over the past several decades to current racial health inequities. Grounded in this historized analysis, I will also propose candidate measures for the mechanisms of racialized neoliberalism. This work will provide a roadmap for future public health research elucidating the relationship between racialized neoliberal policies and racial health inequities, allowing for the identification of opportunities for policy redress.</p>
<b>Poster 2</b>	<p><b>What if...we had listened to scholars about Black health? A review of policy suggestions from the <i>Journal of Negro Education</i> (1949, volume 18, no 3). – Nelia Ekeji, BA, Ian Flowers, BA, Melody Goodman, PhD, and Diana Silver, PhD, MPH</b></p> <p><i>Background:</i> In the summer of 1949, the <i>Journal of Negro Education</i> (Volume 18, Number 3), published a special issue on health that included 11 empirical articles drawing on vital statistics, administrative data, health care supply data and other sources to examine maternal and child health, infectious and non-communicable diseases, and mental health conditions in the Black population. The distinguished authors laid bare evidence of the impacts of racial discrimination on health outcomes. Included in several of the articles are analyses of state differences, regional differences and rural-urban differences in outcomes between Blacks and Whites. The authors also make sensible, pragmatic policy recommendations to address these. This study investigates those policy recommendations, and charts the success and challenges they have encountered.</p> <p><i>Methods:</i> Our team inventoried the recommendations that were made by these authors, then reviewed the public health literature to assess the timing of the adoption, implementation and impact of such policy changes 1949-2021, and assessed barriers to enactment for those not implemented. Public use data was used to describe Black-white differences in key health outcomes over the period for these policy areas.</p> <p><i>Findings:</i> Sixteen concrete policy recommendations to address Black-White disparities were identified and all remain relevant today. Many of the recommendations concern social determinants of health, a construct identified much later. Recommendations to reduce disparities and improve health outcomes among Blacks addressed diversifying and restructuring the primary care workforce, building community health centers, creating a national health insurance program, increasing educational opportunities and living conditions for Blacks, providing social supports for those recovering from long-term illness, expanding mental health treatment, reducing homicide and improving maternal and child health.</p> <p><i>Conclusions:</i> Much of the current national agenda for reducing disparities and improving Black</p>

	<p>health has been established for decades. Scholarship that investigates how and why adopting many of these specific recommendations has stalled should be prioritized when examining health disparities.</p>
<b>Poster 3</b>	<p><b>Breaking down the color line: A Du Boisian lens for communities of health equity researchers – Samuel Mendez, SM</b></p> <p>“How does it feel to be a problem?” In <i>The Souls of Black Folk</i> (1903), W.E.B. Du Bois recounts how White people (and institutions) continually asked him this question without needing to say the words. Du Bois instead asked research questions about how Black people navigated the problem of the color line, as well as how social processes maintained that societal divide. Further, he connected his scholarship to activism and the arts, oriented together toward dismantling structural racism. In public health, Du Bois’s legacy is that of a founding figure in health equity research, owing largely to his statistical work in <i>The Philadelphia Negro</i>. What more might we learn about advancing health equity by viewing our work through a Du Boisian lens? This presentation integrates Du Bois’s works with present-day understandings of health equity facilitated by the Ecosocial Theory of Disease Distribution. It outlines a tool-to-think-with for communities of health equity researchers as they build on Du Bois’s legacy to break down the color line via dismantling a set of intersecting boundaries across: time and space; academic disciplines; private and public spheres; and academic and non-academic work. This Du Boisian model and accompanying self-reflection tool is meant to help research groups and communities of practice uncover ways they might collectively act as an institutional anchor of support for long-term commitments to advancing health equity and breaking down the color line.</p>
<b>Poster 4</b>	<p><b>Reducing poverty and building capacity- family impacts of the Child Tax Credit Expansion – Roddrick Dugger, MPH, Elizabeth Adams, PhD, Phoenix Brice, Robert Glenn Weaver, Becky Sicecloff, Tegwyn Brickhouse, PhD and Melanie Bean, PhD</b></p> <p><i>Background:</i> The recent expanded Child Tax Credit (eCTC) provided lower-income families with monthly, unconditional cash assistance, thus reducing child poverty by nearly 30%. This study employed rigorous qualitative methodology to evaluate the impact of monthly eCTC payments on families’ physical, mental, and financial well-being.</p> <p><i>Methods:</i> Parents (n=40, ages: 20-49 years, median income: \$36,000-48,000/year) of children (2-12 years) who participated in a larger, longitudinal eCTC study were recruited for interviews. Parents were classified into two groups (e.g. household income above [n=21] vs. below [n=19] 200% of the Federal Poverty Line [FPL]). Trained researchers (n=3) conducted phone interviews (~25 mins) using a semi-structured interview guide after parents received 3-4 monthly eCTC payments. Interview questions assessed families’ financial security before/after the eCTC expansion, eCTC spending decision-making, and eCTC health impacts (e.g. nutrition, mental health, medical/dental care). Transcripts were independently coded using inductive analysis and an immersion crystallization approach. Themes were generated within and between groups using a constant-comparison analysis and mapped onto the Hidden Dimensions of Poverty framework.</p> <p><i>Results:</i> Across income groups, parents reported the eCTC expansion positively impacted family relationships, reduced stress, and facilitated meeting routine needs (e.g. food, bills, housing). Parents described a greater sense of personal and financial empowerment to purchase higher quality and greater volumes of food for the household. The eCTC also expanded opportunities for families (above and below the FPL) to invest in quality-of-life activities (e.g. child extracurricular programming, family outings). Parents (particularly those below the FPL) expressed concern and disappointment around the eCTC expansion ending soon.</p> <p><i>Conclusion:</i> The eCTC expansion may be a viable strategy to reduce poverty, decrease risk for chronic diseases, and improve quality of life, if sustained long-term. More research is needed to evaluate the health impacts and the cost benefit of this policy change.</p>
<b>Poster 5</b>	<p><b>Experiences of police-related stress among a U.S. national cohort of gay and bisexual men – Erinn Bacchus, MPH, Alexa D’Angelo, MPH, and Christian Grov, PhD, MPH</b></p> <p>Marginalized groups (including people of color and sexual minorities) have both been over-policed and specifically targeted based on their race/ethnicity and/or identity. The deleterious effects of over-policing of marginalized groups include overrepresentation in the carceral system and experiencing higher rates of violence at the hands of police, among other negative economic and social outcomes. These negative effects extend to affect mental health and stress levels. This study examines police-related stress among a U.S. national cohort of gay and bisexual men (collected in late 2020 and early 2021) and its association with race/ethnicity, age, HIV status, income, and other characteristics of interest. Our results show that the odds of reporting extreme police-related stress were 2.7 (95% CI: 2.08 – 3.41) times higher for Black individuals than for</p>



	<p>their White counterparts. Odds were also significantly greater for those who have experienced race-based (OR = 2.26, 95% CI: 1.81 – 2.82) or identity-based discrimination (OR = 2.05, 95% CI: 1.66 – 2.54). Younger individuals experienced a 19% decrease in odds of reporting extreme police-related stress and those who were food insecure had slightly increased odds (OR = 1.05, 95% CI: 1.07 – 1.15). Our findings demonstrate variation in police-related stress among a U.S. national cohort of gay and bisexual men; with men of color and low-income men among the most affected by police-related stress. For this population, police-related stress should be considered for its potential deleterious effect on HIV vulnerability and reporting violent crimes to police (including intimate partner violence and hate crimes).</p>
<p><b>Poster 6</b></p>	<p><b>Assessing the experiences of a university health science community to address issues of discrimination – Meghna Iyer, Sarah Abukwaik, Sameera Nayak, MA, Emily Grilli-Scott, MPH, and Elizabeth Glowacki, PhD</b></p> <p><i>Background</i> Health Scholars for Social Justice (HSSJ) is a peer support group for students, that partners with faculty to address student experiences of discrimination in a health sciences department at a private research university. HSSJ implemented this study to assess the experiences of the student body and develop department recommendations.</p> <p><i>Methods</i> A confidential online survey was sent to students in the department. The survey included questions on demographics, experiences of discrimination, and ideas for department changes. HSSJ used descriptive statistics to characterize responses and collate student ideas.</p> <p><i>Results</i> The sample size was 99 students. Among those with complete data, 52% of students identified as White, 24% as Asian, 12% as Hispanic, 9% as African American, and 3% as Pacific Islander. 87% identified as women, 1% as gender non-conforming, and 2% declined to answer. 64% identified as heterosexual, 14% as bisexual, 4% as gay, 4% as queer, 4% as pansexual, and 10% declined to answer. Overall, the sample was representative of the university. Responses to open-ended questions suggest that students found support outside the classroom, felt uncomfortable speaking about identities, desired acknowledgement of identities by professors, and wanted a more diverse set of faculty.</p> <p><i>Conclusion</i> These findings suggest the necessity for safe spaces for diverse voices. Survey findings informed the development of a panel co-led by HSSJ to guide junior students in navigating support services in the department. HSSJ is presently addressing the needs of the student body through peer mentorship, and working with administration to create equitable and inclusive classrooms.</p>
<p><b>Poster 7</b></p>	<p><b>Access to COVID-19 vaccination for immigrant agricultural workers in rural Maryland and Delaware. – Amara Channell Doig, MPH, Juliana Munoz, PhD, Sarah Goldring, MS, Lisa McCoy, MS, RDN, Catherine Sorenson, MPH, Gina Crist, MS, CHES, Crystal Terhune, LMSW, and Jinhee Kim, PhD</b></p> <p><i>Introduction</i> Agricultural and food production workers, especially Latino and Haitian migrant workers, have been disproportionately impacted by COVID-19. They have also faced barriers to COVID-19 vaccination including: lack of health insurance, access to medical treatment, transportation and accessing reliable information in their language.</p> <p><i>Methods</i> We conducted a community needs assessment involving immigrant agricultural workers (n=9) and stakeholders (n=15) from the state government, county health departments, health care providers and community partners directly working with immigrant farm workers in rural areas of Maryland and Delaware. In-depth interviews were recorded, transcribed verbatim, and analyzed using template analysis.</p> <p><i>Results</i> Participants named barriers to vaccination and health care including lack of health care access, fears around immigration status, and lack of paid sick leave. Experiences with discrimination, historical research and health care practices in the U.S. and their home counties contributed to vaccine hesitancy. Agricultural workers discussed their use of traditional and home remedies to help protect them from COVID-19. The participants felt that the most successful vaccination efforts used community leaders and organizations, focused on answering questions face-to-face, and met farm workers where they were.</p> <p><i>Conclusion</i> The study results highlight the need for additional structural supports for agricultural workers including worker protections (particularly paid sick leave) and improved health care and health insurance access. Programs that focus on COVID-19 vaccination among agricultural workers need to focus on culturally and linguistically informed messaging and channels.</p>
<p><b>Poster 8</b></p>	<p><b>Inequities in chronic food insecurity among college students during the COVID-19 pandemic – Dordaneh Ashourha, Maria Koleilat, DrPH, MPH, Pumbucha Rusmevichientong, PhD, MS, Mojgan Samie, PhD, MA, and Tabashir Z. Nobari, PhD, MPH</b></p>

	<p><i>Objective:</i> Food insecurity can be detrimental to the health and academic performance of college students. However, little is known about the students most at risk of experiencing long-term food insecurity.</p> <p><i>Methods:</i> Students (n=332) from California State University Fullerton, one of the largest Hispanic-serving institutions in California, responded to an online survey conducted at the beginning of the pandemic (June 30 to July 20, 2020) and a year later (March to April 2021). Food insecurity at 3 times points (1 year before March 2020, March-June 2020, and January-April 2021) was assessed using the validated USDA 10-item Adult Household Food Security Scale. If students reported food insecurity 2 or more times, they were considered to be chronically food insecure. Chi-square tests determined the association of chronic food insecurity with each of the following sociodemographic measures: race/ethnicity, Pell grant status, first-generation college student status, low-income, parental status, and college level (undergraduate/graduate).</p> <p><i>Results:</i> Nearly 20% of students reported being chronically food insecure. Black (29.2%), Hispanic (20.9%) and Middle Eastern/North African students (21.4%) were more likely to report chronic food insecurity compared to White (16.7%) and Asian (14.7%) students. Being a first-generation college student, having children, and receiving the Pell grant were each significantly associated with an increased risk of experiencing chronic food insecurity.</p> <p><i>Conclusion:</i> Campus-wide efforts to provide food assistance to college students exist. However, more may need to be done to ensure that the most vulnerable students are aware of and receive the assistance that exists both on and off campuses.</p>
<p><b>Poster 9</b></p>	<p><b>Novel applications of music and digital media in anti-racism and public health initiatives during the COVID-19 Pandemic: A case study of BTS and ARMY – Mariko Rooks</b></p> <p>The Korean musical group BTS (full name Bangtan Seoyeondan/방탄소년단) is one of the world’s most commercially and artistically successful entertainment acts, known for their domination of both Western and Korean musical markets, impressive digital media presence, major role in supporting the South Korean economy and their highly mobilized 400,000 member fandom known as ARMY. BTS and their parent company HYBE’s artistic creation and marketing model has long focused on creating “Music and Artists for Healing,” or using music and various forms of primarily digital content to connect with and improve health outcomes for fans. The group’s approach has always been centered in social justice and equity, from critiquing racism and capitalism to challenging governmental corruption. In response, ARMY have developed significant grassroots anti-racist organizing efforts across digital media platforms. Both BTS and ARMY’s intervention work regularly reaches global audiences of hundreds of thousands of people through primarily digital media delivery mechanisms. This interdisciplinary, mixed methods study uses qualitative analysis of BTS’ digital content (n = 478) and an introductory exploration of ARMY public health organizations to demonstrate that BTS’ music, HYBE’s digital content production and dissemination strategies, and ARMY’s community grassroots organizing produced one of the largest-reaching public health interventions in response to the early COVID-19 pandemic (March 2020- December 2021). The positionality of BTS and HYBE as a non-Western, non-English speaking group, and the predominantly female ARMY’s non-hierarchical, decentralized organizational model produces a multi-faceted counter-hegemonic model of health intervention that challenges the predominantly Anglophone and Western-centric healthcare industry. Moreover, combined anti-racist efforts, such as sustained digital media activism and “hashtag hijacking” during #BlackLivesMatter protests in Summer 2020 demonstrate the efficacy of digital mobilization in protecting the health of marginalized communities.</p>
<p><b>Poster 10</b></p>	<p><b>Rural Washington State hospitals are failing to provide required charity care and burdening low-income patients with medical debt lawsuits – Kali Curtis, BA, Sherry Jones, Attorney, Emily Brice, Attorney, and Amy Hagopian, PhD</b></p> <p><i>Background</i> Washington State law requires all hospitals to provide charity care to patients with incomes below 100% FPL; hospitals are expected to “make every reasonable effort” to determine eligibility. However, low-income patients are often not made aware of charity care benefits, and hospitals frequently sue these patients for unpaid medical bills.</p> <p><i>Methods</i> We used publicly available court records to identify 354 patients in two rural Washington state counties, Clallam (N=127) and Chelan (N=227), who were sued for medical debt (2020 to present.) In each county, there is only one small hospital provider. The first author sent letters to each patient, in both English and Spanish, asking them to contact her to share their story. She conducted semi-structured interviews with respondents (n=5); two in Spanish and three in English.</p> <p><i>Results</i> Four participants had never heard of charity care. Two were eligible for charity care at</p>

the time of service. All five participants had chronic health conditions; three reported they stopped seeking medical care after being sued for medical debt. Spanish-speaking participants reported additional burdens around health insurance and interpretation services. The average participant medical debt was \$5,309; the average annual income was \$35,800.

Conclusions Washington State's Attorney General sued two large state hospitals, Providence and Swedish, for failing to make charity care available to eligible patients (02/24/22), but state legislators have not imposed penalties on hospitals for failing to offer charity care. No laws restrict hospitals and collections agencies from suing low-income patients.

■ 6:30 pm to 8:00 pm

<b>Labor/business meeting</b>	<b><i>Annual meeting to discuss &amp; plan Spirit of 1848 program &amp; activities</i></b>
<b>Session # TBD</b>	<b><i>Location: BCEC, 205A</i></b>
<p>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 &amp; projects!</p> <p>Note: theme for APHA 2023 (Nov 12-15 in Atlanta, GA) is: "Creating the Healthiest Nation- Building Public Health Capacity to Address Social and Ethical Challenges"</p>	

**and too: "Why 1848?" -- see our newly updated timeline below!**

# WHY "SPIRIT OF 1848"?

## Selected notable events in and around 1848

### 1840-1847:

Louis René Villermé publishes the first major study of workers' health in France, *A Description of the Physical and Moral State of Workers Employed in Cotton, Wool, and Silk Mills* (1840) and Flora Tristan, based in France, publishes her *London Journal: A Survey of London Life in the 1830s* (1840), a pathbreaking account of the extreme poverty and poor health of its working classes, including sex workers\*; in England, Edwin Chadwick publishes *General Report on Sanitary Conditions of the Labouring Population in Great Britain* (1842); first child labor laws in the Britain and the United States (1842); end of the Second Seminole War (1842); prison reform movement in the United States initiated by Dorothea Dix (1843); Friedrich Engels publishes *The Condition of the Working Class in England* (1845); John Griscom publishes *The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement* (1845); Irish famine (1845-1848) despite high agricultural output and protests against British agricultural and trade policies; start of US-Mexican war (in Mexico, known as "La invasión de Estados Unidos a México," i.e., "The United States Invasion of Mexico") (1846); Frederick Douglass founds *The North Star*, an anti-slavery newspaper in the United States (1847); Southwood Smith publishes *An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question* (1847)

### 1848:

World-wide cholera epidemic

Uprisings in Berlin, Paris, Vienna, Sicily, Milan, Naples, Parma, Rome, Warsaw, Prague, Budapest, and Dakar; start of Second Sikh war against British in India

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal *Medical Reform (Medizinische Reform)*, and writes his classic "Report on the Typhus Epidemic in Upper Silesia," in which he concludes that preserving health and preventing disease requires "full and unlimited democracy" and radical measures rather than "mere palliatives"

Revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes network of local public health councils

First Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, and control of "offensive trades," and also to conduct surveys of sanitary conditions

The newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues

First Women's Rights Convention in the United States, at Seneca Falls, New York

Henry Thoreau publishes *Civil Disobedience*, to protest paying taxes to support the United States's war against Mexico

Karl Marx and Friedrich Engels publish *The Communist Manifesto*

77 enslaved persons in the District of Columbia attempt to escape to freedom aboard *The Pearl* schooner. While the attempt is unsuccessful and many participants are sold to Southern plantations, the *Pearl Incident* provokes renewed activism for abolition of slavery in the U.S. Frederick Douglass highlights the hypocrisy of enslavers in Washington who stopped the Pearl while “feasting and rejoicing over” the 1848 democratic revolution in France.\*

The Seneca Nation of Indians is founded as a modern democracy with a constitution and elected representative government, building on a democratic self-governing tradition begun in 1200 C.E. by the Hodinöhsö:ni’or Six Nations Confederacy.\*

First Chinese immigrants arrive in California: Chinese immigrants comprise 90% of workers who build the Central Pacific Railroad and complete the transcontinental rail system. Paid 30% less than white workers, suffering high injury rates from this hazardous work, and excluded from citizenship, they persist and form the foundation of vibrant Chinese American communities (with parallel migration and exploitative labor experiences across the Americas).\*

#### **1849-1855:**

European and US-settler prospectors, mostly White, flock to California during the 1849 Gold Rush, bringing disease, ecological destruction, and waves of genocidal violence against Indigenous communities. These events, followed by wars against Indigenous peoples throughout the West and Southwest U.S. (1849-1892), seed Indigenous resistance movements that continue into the 21st century.\*

Elizabeth Blackwell (1<sup>st</sup> woman to get a medical degree in the United States, in 1849\*) sets up the New York Dispensary for Poor Women and Children (**1849**); John Snow publishes *On the Mode of Communication of Cholera* (**1849**); Lemuel Shattuck publishes *Report of the Sanitary Commission of Massachusetts* (**1850**); founding of the London Epidemiological Society (**1850**); Compromise of 1850 retains slavery in the United States and Fugitive Slave Act passed; Harriet Beecher Stowe publishes *Uncle Tom's Cabin* (**1852**); Sojourner Truth delivers her "Ain't I a Woman" speech at the Fourth Seneca Fall convention (**1853**); John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London (**1854**); James McCune Smith (1<sup>st</sup> African American to get a medical degree, awarded in 1837 by University of Glasgow) co-founds the interracial Radical Abolitionist Party (**1855**)\*

\* denotes entries added since the original list created in 1994 (version: 6/21/22)