★★★★★ SPIRIT OF 1848: APHA 2024 PROGRAM – PREVIEW ★★★★★
(ver 6/4/24)

The Spirit of 1848 is delighted to share our program preview for the American Public Health Association's 152nd Annual Meeting and Expo, October 27-30, 2024, to be held in-person in Minneapolis, MN. The links to the sessions are as follows:

Link to 1848 sessions: https://apha.confex.com/apha/2024/meetingapp.cgi/Program/2464

Link to overall APHA program: https://apha.confex.com/apha/2024/meetingapp.cgi/Home/0

a) The official theme for the American Public Health Association (APHA) annual meeting in 2024 is: "*Rebuilding Trust in Public Health and Science*"

b) For the Spirit of 1848, we once again 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. Hence our theme:

Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice

We list below the final program for our sessions—along with our two special events! - and we look forward to joining together in Minneapolis, in person, and together bolster our spirits as we move forward the work for health justice.

The two special events (above and beyond our Spirit of 1848 sessions) are as follows:

(1) **Walter Lear History Session: Panel Discussion with David Rosner and Jerry Markowitz about their new book *Building the Worlds that Kill Us: Disease, Death and Inequality in American History* [working title](Sunday, Oct 27, 2024, 2:30 to 4:00 pm; Session 2100.0, Location: to be determined [TBD]), co-organized by SCAPHA & the Spirit of 1848 Caucus, and endorsed by the Medical Care Section**

(2) **"Resistance & Refreshment" Social Hour** *(Monday, Oct 28, 6:30 – 8:30 pm; Location: TBD),* happily co-organized once again with Public Health Awakened, a tradition we started back in 2019— and we very much look forward to having our 5th joint social hour **IN PERSON** this fall!!!! – in early fall, we'll post the location information & the RSVP link via our respective websites & listservs!

Note: because of the Sunday event we are co-organizing with SCAPHA, the Spirit of 1848 will ***not*** additionally be organizing a Radical History tour this year. However, the Minnesota Historical Society has a museum in St. Paul whose curators have recently worked to incorporate indigenous and Black perspectives – so if people want to learn about local history, you can either go to the museum (approx. 14 miles by car from Minneapolis) or visit its exhibits that are accessible on-line; see: https://www.mnhs.org/historycenter/activities/museum

Spirit of 1848 sessions (APHA 2024) – by day, time slot, Spirit of 1848 focus, and topic (APHA conference time)			
Monday, Oct 28, 2024	8:30 am to 10:00 am	Activist	*Organizing to counter attacks on public health and earn community trust in science*
	10:30 am to 12 noon	History	*Trust Building and Trust Busting in Public Health: Critical Historical Perspectives*
	2:30 to 4:00 pm	Politics of public health data	*Critical science vs. science denialism: building trustworthy public data for health justice*
Tuesday, Nov 14, 2023	10:30 am to 12 noon	Integrative	*Science, causal inference & the people's health: implications for trustworthy public health research, practice, and activism for health justice*
	12:30 pm to 1:30 pm	Student poster	*Spirit of 1848 social justice & public health student poster session*
	2:30 pm to 4:00 pm	Progressive pedagogy	*Teaching to counter miseducation and build critical pedagogy*
	6:30 pm to 8:00 pm	Labor/business meeting	*Annual meeting to discuss & plan Spirit of 1848 program & activities*

See very end of document for a reminder of: "Why 1848?" – our recently updated timeline!

Below we provide 3 versions of our *preliminary preview* program (with ALL TIMES IN APHA CONFERENCE TIME), *noting that we will be able to add to our final program the room numbers & event locations that are currently TBD (to be determined), since APHA does not finalize room assignments until towards the end of June)*:

      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

For the on-line program, see:

      Link to 1848 sessions: https://apha.confex.com/apha/2024/meetingapp.cgi/Program/2464

      Link to overall APHA program: https://apha.confex.com/apha/2024/meetingapp.cgi/Home/0

You can download this preview program, and also (later this fall) the final program, along with a 1-page flyer (two-sided) at: http://spiritof1848.org/ (at the tab for "APHA activities").

We look forward to seeing everyone IN PERSON in Minneapolis this fall! – and to 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!

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★ ★ ★ ★ ★ **SPIRIT OF 1848 PROGRAM: 3 VERSIONS** ★ ★ ★ ★ ★

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1) SESSION TITLES ONLY

      Link to 1848 sessions: https://apha.confex.com/apha/2024/meetingapp.cgi/Program/2464

SPIRIT OF 1848 SESSIONS

▶ *Sunday, October 27, 2024*

      Walter Lear History Session: Panel Discussion with David Rosner and Jerry Markowitz about their new book *Building the Worlds that Kill Us: Disease, Death and Inequality in American History* [working title](Sunday, Oct 27, 2024, 2:30 to 4:00 pm; Session 2100.0, Location TBD), co-organized by SCAPHA & the Spirit of 1848 Caucus, and endorsed by the Medical Care Section

▶ *Monday, October 28, 2024*

Mon, Oct 28	8:30 am to 10:00 am
Activist session	*Organizing to counter attacks on public health and earn community trust in science*
Session 3068.0	MCC (Minneapolis Convention Center): ROOM L100HI

Mon, Oct 28	10:30 am to 12 noon
Social history of public health	*Trust Building and Trust Busting in Public Health: Critical Historical Perspectives*
Session 3166.0	MCC: ROOM L100HI

Mon, Oct 28	2:30 pm to 4:00 pm
Politics of public health data	*Critical science vs. science denialism: building trustworthy public data for health justice*
Session 3295.0	MCC: ROOM L100HI

Mon, Oct 28	6:30 pm to 8:30 pm
"Resistance and Refreshment" Social Hour – Spirit of 1848 + Public Health Awakened	

-- Location & RSVP link: TBD (we'll announce in early fall, via our respective websites & listservs)	

▶ *Tuesday, October 29, 2024*

Tues, Oct 29	10:30 am to 12 noon
Integrative session	*Science, causal inference & the people's health: implications for trustworthy public health research, practice, and activism for health justice*
Session 4157.0	MCC: ROOM L100HI

Tues, Oct 29	12:30 pm to 1:30 pm
Student poster session	*Spirit of 1848 social justice & public health student poster session*
Session 4189.0	MCC: HALL TBD

Tues, Oct 29	2:30 pm to 4:00 pm
Progressive pedagogy	*Teaching to counter miseducation and build critical pedagogy*
Session 4273.0	MCC: ROOM L100HI

Tues, Oct 29	6:30 pm to 8:00 pm
Labor/business meeting	*Annual meeting to discuss & plan Spirit of 1848 program & activities*
	MCC: ROOM 206AB

Link to 1848 sessions: **https://apha.confex.com/apha/2024/meetingapp.cgi/Program/2464**

SPIRIT OF 1848 SESSIONS

▶ *Sunday, October 27, 2024*

Walter Lear History Session: Panel Discussion with David Rosner and Jerry Markowitz about their new book *Building the Worlds that Kill Us: Disease, Death and Inequality in American History* [working title](Sunday, Oct 27, 2024, 2:30 to 4:00 pm; Session 2100.0, Location **TBD**), co-organized by SCAPHA & the Spirit of 1848 Caucus, and endorsed by the Medical Care Section
    -- introductions by Martha Livingston (SCAPHA) and Nancy Krieger (Spirit of 1848)
    -- presentation by David Rosner & Jerry Markowitz
    -- panel discussion with Mary Bassett, Linda Rae Murray, and Marian Moser Jones
    -- Q&A with everyone at the session

▶ *Monday, October 28, 2024*

Mon, Oct 28	8:30 am to 10:00 am
Activist session	*Organizing to counter attacks on public health and earn community trust in science*
Session 3068.0	MCC: ROOM L100HI
8:30 am	Introduction **Nylca Munoz, PhD, JD**[1], Rebekka Lee, ScD[2], Catherine Cubbin, PhD[3] and Jerzy Eisenberg-Guyot, PhD[4] // (1)University of Puerto Rico, San Juan, PR, (2)Harvard T.H. Chan School of Public Health, Boston, MA, (3)Austin, TX, (4)Brookline, MA
8:35 am	Industry shouldn't write its own standards: Organizing to improve transparency at the CDC and rebuild trust in public health **Jane Thomason, CIH**[1], Eleanor Godfrey[2] and Rocelyn de Leon-Minch[3] // (1)Oakland, CA, (2)National Nurses United, Glendale, CA, (3)National Nurses United, Oakland, CA
8:55 am	The canvas as people power: 'citizen action' and the limits of coalition building in the fight for national health care, 1979-1988 **Caitlin McMahon** // Columbia University, New York, NY
9:15 am	Healthcare abolition and public healing: A case study of the Healthcare Reparations Cooperative as a creative container for public health pedagogy **Hadija Steen Mills, MPH** // Minneapolis, MN
9:35 am	Q&A

Mon, Oct 28	10:30 am to 12 noon
Social history of public health	*Trust Building and Trust Busting in Public Health: Critical Historical Perspectives*
Session 3166.0	MCC: ROOM L100HI
10:30 am	*Moderator for "trust building and trust busting in public health: Critical historical perspectives"* **Marian Jones, PhD, MPH** // The Ohio State University, Columbus, OH
10:40 am	Rebellious technocrats, solidarity networks, and the rebirth of social medicine in Latin America **Eric Carter, PhD** // Macalester College, St. Paul, MN
10:55 am	How Taiwan beat COVID and then lived with it: History, geopolitics, and public health ramifications **Wayne Soon, PhD** // UMN School of Medicine, Minneapolis, MN
11:10 am	The Minnesota AIDS project and the public health crisis in Minneapolis **Chantel Rodriguez, PhD** // Minnesota Historical Society, St. Paul, MN
11:25 am	A commentary on trust building and trust busting in public health **Charlene Kuo, MPH** // University of Maryland School of Public Health, College Park, MD
11:35 am	Q&A

Mon, Oct 28	2:30 pm to 4:00 pm
Politics of public health data	***Critical science vs. science denialism: building trustworthy public data for health justice***
Session 3295.0	**MCC: ROOM L100HI**
2:30 pm	**Introduction to "critical science vs. science denialism: Building trustworthy public data for health justice"** **Craig Dearfield**[1], Zinzi D Bailey, ScD, MSPH[2], Joshua Osowiecki, CHES[3], Catherine Cubbin, PhD[4] and Nancy Krieger, PhD[5] // (1)George Washington University, Washington, DC, (2)University of Minnesota, South Miami, FL, (3)Brooklyn, NY, (4)Austin, TX, (5)Jamaica Plain, MA
2:35 pm	**Tribal sovereignty in public health: how data access impacts health outcomes.** **M. O'Connell, MD, MPH** // Great Plains Tribal Leaders' Health Board, Chief Public Health Officer
2:50 pm	**The politicization of COVID-19 data: Evaluating when data is "good enough" to use** **Rachel Kulikoff** and Scott Greer // University of Michigan, Ann Arbor, MI
3:05 pm	**The challenging work of improving demographic data collection: Lessons from the Medicaid program** **Elizabeth Lukanen, MPH** // University of Minnesota, Minneapolis, MN
3:20 pm	**The cost of #backingtheblue: Which public investments really keep us safe?** **Devin English, PhD**[1], Ty Robinson, EdM[2], Lori Hoggard, PhD[3], Felix Muchomba, PhD[4], Sharifa Z. Williams, Dr.[5], Joel Cantor, Dr[5], Paul Duberstein, PhD[6] and Brett Millar, PhD[7] // (1)Rutgers School of Public Health, Newark, NJ, (2)University of Maryland, College Park, MD, (3)NC State University, Raleigh, NC, (4)Rutgers School of Social Work, New Brunswick, NJ, (5)Rutgers University, New Brunswick, NJ, (6)Rutgers School of Public Health, Piscataway, NJ, (7)Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ
3:35 pm	**Q&A**

Mon, Oct 28	6:30 pm to 8:30 pm
	***"Resistance and Refreshment" Social Hour* – Spirit of 1848 + Public Health Awakened** **-- Location & RSVP link: TBD (we'll announce in early fall, via our respective websites & listservs)**

▶ *Tuesday, October 29, 2024*

Tues, Oct 29	10:30 am to 12 noon
Integrative session	***Science, causal inference & the people's health: implications for trustworthy public health research, practice, and activism for health justice***
Session 4157.0	**MCC: ROOM L100HI**
10:30 am	**Introduction to: "*science, causal inference & the people's health: Implications for trustworthy public health research, practice, and activism for health justice*"** **Nancy Krieger, PhD** // Harvard TH Chan School of Public Health, Boston, MA
10:40 am	**Too much of a good thing? the consequences of treating all causal effects as interventions effects on the trustworthiness of public health research.** **Sharon Schwartz**[1] and **Seth Prins**[2] // (1)Columbia University, MSPH, New York City, NY, (2)Columbia University, Mailman School of Public Health, New York, NY
11:10 am	**Epistemic arrogance vs. uncertainty: Does well-defined mean well-received?** **Zinzi D Bailey, ScD, MSPH** // University of Minnesota, South Miami, FL
11:25 am	**Causal inference and health justice: Understanding (and changing?) the social world** **Nick Graetz** and Michael Esposito // University of Minnesota, Minneapolis, MN
11:40 am	**Q&A**

Tues, Oct 29	12:30 pm to 1:30 pm
Student poster	***Spirit of 1848 social justice & public health student poster session***

session	
Session 4189.0	**MCC: HALL TBD**
#1	**Structural drivers of health inequities: Lineages of scholarship and key conceptual components** **Gabrielle Young, MPH**[1], Maren Spolum, MPP, MPH[2] and Amy Schulz, PhD, MPH, MSW[2] // (1)University of Michigan, Ann Arbor, MI, (2)University of Michigan School of Public Health, Ann Arbor, MI
#2	**Investigating mental health use among Black immigrants in the United States: A systematized review** **Abena Yirenya-Tawiah,**[2] Anne Douglas Cousar,[2] and Catherine Cubbin, PhD[1] // (1)Austin, TX, (2)The University of Texas at Austin, Austin, TX
#3	**No trust amidst deprivation: Economic injustice as a driver of lost trust in public health** **Anna Clyburn** // Harvard University School of Public Health, Brookline, MA
#4	**"care, not cops": Exploring the demands of anti-carceral organizers and the role of public health** **Marie-Fatima Hyacinthe** // Brooklyn, NY
#5	**Sociodemographic insights and recommendations for equity in communities targeted by predictive policing: A Los Angeles case study** **Melina Rodriguez, BS** // California State University of Northridge, Northridge, CA
#6	**Individuals vs. infodemics: Moving towards an ecological understanding of health misinformation through a critical analysis of content moderation policies** **Amelia Jamison, MAA, MPH** // John's Hopkins University, Baltimore, MD

Tues, Oct 29	**2:30 pm to 4:00 pm**
Progressive pedagogy	***Teaching to counter miseducation and build critical pedagogy***
Session 4273.0	**MCC: ROOM L100HI**
2:30 pm	**Teaching to counter miseducation and build critical pedagogy** Lisa Moore, PhD[1], Vanessa Simonds[2], Rebekka Lee, ScD[3] and **Nylca J. Munoz Sosa, JD, DrPH**[4] // (1)San Francisco State University, San Francisco, CA, (2)Bozeman, MT, (3)Harvard T.H. Chan School of Public Health, Boston, MA, (4)University of Puerto Rico, San Juan
2:35 pm	**Addressing mistrust through innovative research methods & collaborative pedagogies in public health** Ruth Murcia and **Marina Hernandez** // Albany, NY
2:55 pm	**Democratizing rubrics: Building trust in a seminar class by having students edit rubrics** **Yesenia Merino, PhD, MPH** // University of North Carolina at Chapel Hill, Durham, NC
3:15 pm	**Pedagogy for participatory action research with people engaged in the sex trades** **Marie-Fatima Hyacinthe**[1], Alice Miller, JD[2], Daniel Newton[3] and Jessica Penaranda[4] // (1)Brooklyn, NY, (2)Yale School of Public Health, New Haven, CT, (3)Yale Law School, New Haven, CT, (4)New York, NY
3:35 pm	**Q&A**

Tues, Oct 29	**6:30 pm to 8:00 pm**
Labor/business meeting	***Annual meeting to discuss & plan Spirit of 1848 program & activities***
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SPIRIT OF 1848 SESSIONS

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▶ *Monday, October 28, 2024*

Mon, Oct 28	8:30 am to 10:00 am
Activist session	*Organizing to counter attacks on public health and earn community trust in science*
Session 3068.0	MCC: ROOM L100HI
8:30 am	**Introduction** **Nylca Munoz, PhD, JD**[1], Rebekka Lee, ScD[2], Catherine Cubbin, PhD[3] and Jerzy Eisenberg-Guyot, PhD[4] // (1)University of Puerto Rico, San Juan, PR, (2)Harvard T.H. Chan School of Public Health, Boston, MA, (3)Austin, TX, (4)Brookline, MA Attacks on public health, science, and educational systems are escalating. Despite this, public health activists are not only countering these attacks, but also fostering equitable, sustainable, joyful, and dignified futures for all through solidaristic and trust building organizing. The Activist Session will include presentations that describe activism around the overall Spirit of 1848 theme of "Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice". Possible examples include grassroots approaches for building community trust in science; organizing to counter racism in policing; attacks (& counterattacks) on public health activists themselves; and ways to combat the silencing that is happening in social justice-oriented higher education.
8:35 am	**Industry shouldn't write its own standards: Organizing to improve transparency at the CDC and rebuild trust in public health** **Jane Thomason, CIH**[1], Eleanor Godfrey[2] and Rocelyn de Leon-Minch[3] // (1)Oakland, CA, (2)National Nurses United, Glendale, CA, (3)National Nurses United, Oakland, CA The Centers for Disease Control and Prevention (CDC) sets infection prevention guidance followed by health care facilities around the world and incorporated into statute and regulation. During the Covid-19 pandemic, multiple CDC policies were weakened under pressure from industry, not based on science, resulting in a significant loss of trust by the public and especially by health care workers. In 2022, CDC began a process via its Healthcare Infection Control Practices Advisory Committee (HICPAC) to update foundational infection control guidance, last updated in 2007. HICPAC's roster is currently dominated by industry representatives. Its workgroup developing proposed updates is not open to the public and has had no representatives of patients or health care workers. In November 2023, HICPAC unanimously voted to send proposals to the CDC that would weaken existing practice and ignore decades of scientific research on aerosol transmission and respiratory protection. HICPAC's draft would place both workers and patients at increased risk of infections. This presentation will report on the organizing efforts to counter the denial of science and weakening of protections in health care settings by HICPAC and the CDC. Labor unions have

	come together with community organizations, public health experts, and patients to advocate for science-based policy to protect public health. In taking collective action together, these coalitions have won increased transparency in CDC/HICPAC's meetings and an interruption of CDC's usual process to rubberstamp HICPAC's proposals. Building science-based infection prevention guidance is essential to rebuilding trust in public health for health care workers and the public.
8:55 am	**The canvas as people power: 'citizen action' and the limits of coalition building in the fight for national health care, 1979-1988** Caitlin McMahon // Columbia University, New York, NY This paper will examine how Citizen Action (CA), a national organization formed in 1979 that promoted progressive action through a network of state and local chapters, sought to promote a "new populist movement" and its fight for national health policy in the 1980s. CA leadership focused on building coalitions and fostering trust across a sweeping range of interests, from labor to small business owners, from veteran political organizers to newly engaged citizens. The orienting philosophy of direct action prized grassroots activism, emphasizing personal engagement with issues down to the individual level. The development of "the canvass" as a key development in grassroots organizing highlighted the importance of on-the-ground voter information, contrasted against the rise of direct mail campaigns mobilized by industry interests. The tensions between the priorities of the national staff and the local chapters are explored as CA grappled with broader national shifts in political alignments and its own aims as an activist organization during the conservative Reagan era. As an intersection of consumer and health rights activism, CA provides an especially rich example of the kind of grassroots voices overlooked in institutional-level accounts of health care reform. Ultimately, CA's efforts to leverage the power of a broad coalition in national health policy were overwhelmed by the fragmenting pull of local chapters and discrete interest groups. CA's activities in health care reform throughout the 1980s demonstrate the promise and limitations of attempts to harness such disparate coalitions in service to CA's goals as a citizen organizing movement.
9:15 am	**Healthcare abolition and public healing: A case study of the Healthcare Reparations Cooperative as a creative container for public health pedagogy** Hadija Steen Mills, MPH // Minneapolis, MN The Healthcare Reparations Cooperative is a Black-led, Minneapolis-based organization working to dismantle dominant narratives and structures surrounding the medical industrial complex (MIC), expand the possibilities for what health, healing, medicine, and public health can be, and counter miseducation through political public health pedagogy. The Cooperative is dedicated to establishing an independent system for health and healing, that integrates systemic and interpersonal reparations, for communities whose trust in the public health field has been lost. Within a collective, cooperative structure, community activists and public health practitioners catalyze community-driven research whose decentralized ownership reinforces community trust-building, empowering communities to reclaim and hold their narratives and solutions. To that end, we prioritize research projects posed by systematically marginalized communities disproportionately affected by health inequities and the MIC, spanning reproductive justice, youth homelessness, and resource redistribution. This collaborative session will engage participants in the Cooperative's work to further radical initiatives outside educational institutions and create the trustworthy spaces our communities deserve. The session will describe the Cooperative's structure as a container for reflexive trust-building and embedded accountability, assess the role of political education as a pedagogical tool for change, and invite participants to dream of the world we are building together in a time and place of unknowns. Building on our time together, this session is an invitation to develop or grow your own pedagogical praxis in an attempt to shift from siloed, reactive public health scholarship to a bolstered ecosystem organized to face the challenges of our time.

9:35 am	Q&A

Mon, Oct 28	**10:30 am to 12 noon**
Social history of public health	***Trust Building and Trust Busting in Public Health: Critical Historical Perspectives***
Session 3166.0	**MCC: ROOM L100HI**
10:30 am	***Moderator for "trust building and trust busting in public health: Critical historical perspectives"*** **Marian Jones, PhD, MPH** // The Ohio State University, Columbus, OH In this session, we will examine global and local examples, from the 1970s to the 2020s, in which activist groups outside of and within governments developed movements to resist anti-science and authoritarian power structures in times of crises. Eric Carter of McCalaster College will discuss how an insurgent movement within the Pan American Health Organization incubated a new critical politics of public health that countered the dominant, apolitical, technocratic approach taken by the organization, then formed a bulwark of solidarity and resistance to the rising authoritarianism of 1970s Latin America. Chantel Rodriguez, lead public historian at the Minnesota Historical Society, will discuss the Minnesota AIDS project's early grassroots work in the 1980s to inform and work in solidarity with the local gay community to respond to the AIDS crisis in the face of the federal government's purposive absence of support and information and anti-gay Christian fundamentalists' open political opposition. Finally, Wayne Soon of the University of Minnesota will discuss Taiwan's democratic strategy of addressing COVID - a third way between the authoritarian Zero COVID approach and the U.S.' hyper-individualistic approach that often favored certain business interests over the peoples' health. Across time and space, these examples provide varied and useful insights for how people form effective movements to resist anti-science and authoritarian threats to the peoples' collective health and well-being.
10:40 am	**Rebellious technocrats, solidarity networks, and the rebirth of social medicine in Latin America** **Eric Carter, PhD** // Macalester College, St. Paul, MN In this presentation, I draw on my recent book "In Pursuit of Health Equity: A History of Latin American Social Medicine," to argue that today's Latin American social medicine movement had its origins in an insurgency from within the international health technocracy. In the late 1960s and early 1970s, a small but influential band of technical and administrative personnel in the Pan American Health Organization and other international institutions grew disenchanted with ineffective bureaucratic routines and sterile, uncritical discourses about public health. Led by PAHO official Juan Cesar Garcia, they took advantage of existing structures and resources in international health to develop networks that spread new theories and methods, encouraged deeper study of the historical roots of the public health enterprise, and incubated a new politics of health. As authoritarianism hardened in the 1970s, the social medicine group became a critical part of international solidarity networks, aiding and incorporating health workers in exile, like Mario Testa and Clara Fassler. Intense political pressure forged movement solidarity, putting social medicine into position to influence national health policy in the post-authoritarian period and to mount resistance to neoliberal reforms in the Latin American health sector in the 1980s and 1990s. This history is useful for reflecting on the merits of insider versus outsider political tactics in social-justice-oriented public health movements today.
10:55 am	**How Taiwan beat COVID and then lived with it: History, geopolitics, and public health ramifications** **Wayne Soon, PhD** // UMN School of Medicine, Minneapolis, MN This presentation explores how Taiwan beat COVID-19 and lived with it sustainably by critically historicizing the country's engagement with the virus from Dec 2019 to Dec 2022. I make the case that Taiwan successfully suppressed the virus between 2019 and 2021 without significantly

	compromising its citizens' rights by drawing critical public health lessons from its tumultuous experience fighting SARS in 2003. Taiwan learned to centralize its pandemic response, increase PPE production, and engage critically with international organizations. Taiwan's early success in fighting the pandemic helped the country to gain trust among its citizens in dealing with the pandemic despite being one of the most robust democracies around the world. I also argue that Taiwan, like other Asia-Pacific countries such as Australia, New Zealand, Singapore, and South Korea, promoted vaccination, lifted travel restrictions, and adopted a commonsense approach toward pandemic mitigation, such as indoor masking and improving ventilation to protect its vulnerable population as most members of the global community transited to living with the virus in 2022. Taiwan's situation was unique in its historical ability to engage well with numerous healthcare challenges associated with its geopolitical situation while also sharing commonalities with other polities (who I call the Third-Way countries) that sought to maneuver between America's individualized approach and China's zero-COVID policy.
11:10 am	**The Minnesota AIDS project and the public health crisis in Minneapolis** **Chantel Rodriguez, PhD** // Minnesota Historical Society, St. Paul, MN This presentation examines the bold grassroots organization of a Minneapolis gay community during the HIV/AIDS pandemic in the 1980s. In February 1983, a small group of gay volunteers in Minneapolis formed what became the Minnesota AIDS Project (MAP). Like other groups that appeared across the nation, MAP was created because of the federal and state governments' failure to acknowledge the pandemic and initiate a public health response. MAP initially focused on offering emotional support, palliative care, and public health information about the illness. In 1985, MAP received large grants from the county and state that broadened its work and expanded its operations, including extensive community outreach and social programs. But as stigma and public hysteria grew, MAP and other gay grassroots initiatives came into direct conflict with fundamentalist Christians and conservatives. These groups opposed gay rights and lobbied for a stringent local and state public health response involving police-enforced quarantine and the closure of commercial businesses that served gay men. When the Berean League (a Minneapolis based fundamentalist Christian organization) held an AIDS conference in St Paul in 1987, MAP joined with other gay grassroots initiatives to protest. This presentation reveals how MAP adapted its strategies and grassroots organizing in the face of political opposition from the conservative right in order to successfully develop public health campaigns.
11:25 am	**A commentary on trust building and trust busting in public health** **Charlene Kuo, MPH** // University of Maryland School of Public Health, College Park, MD How does public health engage with social movements and other forms of resistance against distortions of public health institutions and science for self-serving and destructive goals? We will hear about how the Minnesota AIDS Project, a grassroots organization started by gay volunteers in 1983, developed successful public health campaigns despite political opposition from the conservative right; how Taiwan's COVID-19 response navigated challenges related to its geopolitical situation and called upon lessons from its experience with SARS in 2003; and how Pan American Health Organization technocrats in the 1960s and 1970s developed and shared new public health theories and methods which later equipped them to challenge authoritarian efforts that distorted public health and science.
11:35 am	**Q&A**

Mon, Oct 28	**2:30 pm to 4:00 pm**
Politics of public health data	***Critical science vs. science denialism: building trustworthy public data for health justice***
Session 3295.0	**MCC: ROOM L100HI**
2:30 pm	**Introduction to "critical science vs. science denialism: Building trustworthy public data for health justice"** **Craig Dearfield**[1], Zinzi D Bailey, ScD, MSPH[2], Joshua Osowiecki, CHES[3], Catherine Cubbin, PhD[4] and Nancy Krieger, PhD[5] // (1)George Washington University, Washington, DC, (2)University

	of Minnesota, South Miami, FL, (3)Brooklyn, NY, (4)Austin, TX, (5)Jamaica Plain, MA The Politics of Public Health Data Session will include presentations on conceptual and empirical investigations into the historical and contemporary struggles to develop trustworthy public health data for health justice. Presentations call for critical science while challenging science denialism.
2:35 pm	**Tribal sovereignty in public health: how data access impacts health outcomes.** **M. O'Connell, MD, MPH** // Great Plains Tribal Leaders' Health Board, Chief Public Health Officer Tribal data sovereignty and public health data access directly influence health outcomes in Indian Country. Robust and timely public health data is required to perform basic public health functions such as monitoring for and responding to public health threats. Tribes and tribal epidemiology centers (TECs) have long been denied access to the same public health data used by other public health authorities, such as state health departments. The Great Plains Tribal Leaders Health Board and its member Tribes are national leaders in the fight for equitable public health data access for Tribes and TECs. Using the current Great Plains Area syphilis outbreak as a case study, I will discuss the systemic barriers Tribes and tribal organizations face in accessing public health data and how and how access (or lack thereof) influences the health of tribal communities.
2:50 pm	**The politicization of COVID-19 data: Evaluating when data is "good enough" to use** **Rachel Kulikoff** and Scott Greer // University of Michigan, Ann Arbor, MI The COVID-19 pandemic resulted in an unprecedented level of data collection and dissemination by governments. Even as some jurisdictions used this data to make decisions relating to public health policy, the rapid politicization of the pandemic led to the questioning of the veracity of this data from both the left and right. Science denialism from the right suggested that liberal politicians were inflating COVID-19 statistics to implement draconian regulations. Yet evidence, including excess mortality estimates, suggests that governments substantially, and sometimes deliberately, undercounted COVID-19 cases and deaths. COVID-19 statistics, instead of being an objective, "true" measure of COVID-19, lie upon a complex system of reporting and processing that is vulnerable to various forms of political manipulation. The timing of reporting, the classification of deaths as from COVID-19, and the update frequency of the data can all be manipulated by governments. Yet the understanding and use of COVID-19 data will continue to be important to both public health academics and practitioners for years to come. COVID-19 data helps epidemiologists understand the shape of the pandemic and the disparities it illustrated. Such data is also vital in the evaluation of pandemic mitigation policies. This paper will offer a practical framework to evaluate the reliability and comparability of COVID-19 over different locations and periods of time, for the purposes of research and evaluation. It will grapple with how to think about defending public health data while acknowledging that governments can obfuscate data as a matter of politics, capacity, or preference.
3:05 pm	**The challenging work of improving demographic data collection: Lessons from the Medicaid program** **Elizabeth Lukanen, MPH** // University of Minnesota, Minneapolis, MN Individual-level demographic data on race, ethnicity, sexual orientation and gender identity, and disability status are foundational to identifying and addressing health disparities. These types of demographic data are also essential to shed light on systemic racism and the impact of intersectional identities that contributes to inequities. Specifically, the demographic data collected by the Medicaid program plays a major role in health equity research and in shaping policy and operational changes aimed at enhancing equity in health coverage, access, and outcomes for historically marginalized and underserved populations. For these reasons, the quality, completeness, and granularity of these data are critical. Currently, states collect demographic data in dozens of different ways in Medicaid applications. Some states offer questions that collect less granular data, while others offer questions that

	collect considerably more detailed information. Not surprisingly, there is variation in data quality and completeness across all types of demographic data. This presentation will briefly summarize the landscape of demographic data collection in Medicaid. It will outline challenges to improving data collection, including dated federal guidance, operational barriers and obstacles related to trust. It will close by offering a promising look at efforts to improve data collection practices, including efforts to seek stakeholder engagement and build trust. Our understanding of health equity can only be as good as the data we have. This session aims to help people understand the challenges faced when attempting to collect high-quality data needed to assess health equity the actual approaches states are taking to improve their Medicaid data.
3:20 pm	**The cost of #backingtheblue: Which public investments really keep us safe?** **Devin English, PhD**[1], Ty Robinson, EdM[2], Lori Hoggard, PhD[3], Felix Muchomba, PhD[4], Sharifa Z. Williams, Dr.[5], Joel Cantor, Dr[5], Paul Duberstein, PhD[6] and Brett Millar, PhD[7] // (1)Rutgers School of Public Health, Newark, NJ, (2)University of Maryland, College Park, MD, (3)NC State University, Raleigh, NC, (4)Rutgers School of Social Work, New Brunswick, NJ, (5)Rutgers University, New Brunswick, NJ, (6)Rutgers School of Public Health, Piscataway, NJ, (7)Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ Despite an uncritical U.S. societal narrative that police funding increases public safety, there have been few opportunities to test this with critical science. Thus, we combined public datasets on state and local police and social service expenditures and 2 leading forms of violent death(suicide, police-perpetrated killing) for Black and White residents. We estimated longitudinal associations from police and 7 social service expenditures from the U.S. Census of Governments(e.g., K-12 education, public welfare, hospitals) to CDC-tracked years of potential life lost (YPLL) to suicide and police-perpetrated killing during 2010-2020. Dynamic structural equation models estimated 1- and 5-year lagged associations. Models adjusted for reciprocal associations and state-level variables(e.g., Medicaid expansion, firearm policies). Per 1,000,000 Black residents, every \$100 increase in per-capita police expenditures was associated with 490 more YPLL to suicide one year later($\gamma=0.49$, 95%CI=[.15,.73]), 50 more YPLL to police-perpetrated killing one year later($\gamma_{10}=0.05$, 95%CI=[.002,.09]), and 310 more YPLL to suicide five years later($\gamma=0.31$, 95%CI=[.09,.55]). For White residents, there were no associations between police expenditures and violent death. Conversely, every \$100 increase in per-capita K-12 education expenditures was associated with 90 fewer YPLL to suicide five years later per 1,000,000 Black residents ($\gamma=-0.09$, 95%CI=[-.15,-.03]) and 50 fewer YPLL to suicide one year later per 1,000,000 White residents ($\gamma=-0.05$, 95%CI=[-.08,-.03]). Every \$100 increase in per-capita housing and community development expenditures was associated with 320 fewer YPLL to suicide five years later per 1,000,000 Black residents ($\gamma=-0.32$, 95%CI=[-.56,-.06]). Results suggest reducing police expenditures, and increasing education and housing expenditures, may reduce Black-White inequities in suicide and police-perpetrated killing.
3:35 pm	**Q&A**

Mon, Oct 28	**6:30 pm to 8:30 pm**

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

-- Location & RSVP link: TBD (we'll announce in early fall, via our respective websites & listservs)

▶ *Tuesday, October 29, 2024*

Tues, Oct 29	10:30 am to 12 noon
Integrative session	***Science, causal inference & the people's health: implications for trustworthy public health research, practice, and activism for health justice***
Session 4157.0	**MCC: ROOM L100HI**
10:30 am	**Introduction to: "*science, causal inference & the people's health: Implications for trustworthy public health research, practice, and activism for health justice*"** **Nancy Krieger, PhD** // Harvard TH Chan School of Public Health, Boston, MA I will introduce and moderate our Spirit of 1848 integrative session, which I have organized, on: "***Science, causal inference & the people's health: implications for trustworthy public health research, practice, and activism for health justice.***" The overall focus of the session is on *critical science, causal inference & the people's health.* Key topics to be addressed include: (1) who and what can make science either trustworthy or not trustworthy, under what conditions, and in relation to what approaches to investigating and inferring causation; and (2) what the relationships are between scientific integrity and the production of both scientific knowledge and ignorance, including in relation to scientific racism; and who benefits from and who is harmed by attacks on public health science and regulations and policies based on trustworthy science. The format will be a featured presentation on a new book addressing issues of causal inference & the people's health, co-authored by Sharon Schwartz & Seth Prins, and prepared for a book series I edit on small books, big ideas for population health, and my remarks (10 min) will draw on my introduction to the book. After Schwartz & Prins' presentation (30 min), the session's discussants -- (1) Zinzi Bailey, and (2) Michael Esposito & Nick Graetz, together -- will offer their reflections (15 min each) on the critical issues raised and their implications for public health research, teaching, practice, and activism for the people's health & health justice, followed by 25 min for lively Q&A with those attending the session.
10:40 am	**Too much of a good thing? the consequences of treating all causal effects as interventions effects on the trustworthiness of public health research.** **Sharon Schwartz**[1] and **Seth Prins**[2] // (1)Columbia University, MSPH, New York City, NY, (2)Columbia University, Mailman School of Public Health, New York, NY In the past two decades, a causal revolution transformed the way research is conducted in epidemiology and aligned social sciences. It brought greater transparency to the research process through clear goals and transparent assumptions needed to reach these goals. The promise was more trustworthy studies; to what extent was this promise kept?
11:10 am	**Epistemic arrogance vs. uncertainty: Does well-defined mean well-received?** **Zinzi D Bailey, ScD, MSPH** // University of Minnesota, South Miami, FL These remarks will offer reflections on arguments from Sharon Schwartz and Seth Prins about the dominant role of causal inference and "potential outcomes" frameworks in epidemiology and related fields in relationship to the perceived trustworthiness of public health research. Reflections will focus on critical issues, including epistemic arrogance, the conservatism of the status quo, disciplinary discomfort with uncertainty, and implications for historically marginalized groups. The remarks will also reflect on the characteristics of public health research needed in the "post-COVID" era, especially in relationship to a public health critical race praxis.
11:25 am	**Causal inference and health justice: Understanding (and changing?) the social world** **Nick Graetz** and Michael Esposito // University of Minnesota, Minneapolis, MN The arguments advanced on causal inference and health by Schwartz & Prins bring a critical perspective to bear on the causal revolution in epidemiology. We draw on our experience as quantitative sociologists to situate the concept of "policy relevance" as only defined in relation to a theory of change, rather than as a feature of causal estimands. In epidemiology—as well as our home discipline of sociology—the theory of change is often left implicit, especially in quantitative studies. While shifting the academic training and research we do around quantitative causal inference is necessary, it is also not sufficient to counteract the ways in which a very specific

	theory of change has captured the public policy sphere and the university. We discuss what this book can teach us about asking better causal questions and organizing for material change both inside and outside the academy.
11:40 am	**Q&A**

Tues, Oct 29	12:30 pm to 1:30 pm
Student poster session	*Spirit of 1848 social justice & public health student poster session*
Session 4189.0	**MCC: HALL TBD**
#1	**Structural drivers of health inequities: Lineages of scholarship and key conceptual components** **Gabrielle Young, MPH**[1], Maren Spolum, MPP, MPH[2] and Amy Schulz, PhD, MPH, MSW[2] // (1)University of Michigan, Ann Arbor, MI, (2)University of Michigan School of Public Health, Ann Arbor, MI BACKGROUND: Structural drivers of health inequities include the ideologies and actions that maximize access to social determinants of health for dominant groups while structurally restricting access by marginalized or subordinate groups. Central domains within definitions of structural determinants vary, with implications for interventions designed to promote social and health justice. METHODS: We reviewed scholarship contributing to an understanding of structural determinants, beginning with the 1970's. We analyzed definitions of structural determinants of health over time grounded in various intellectual traditions, identified domains or key concepts within those definitions, and extracted recommendations for potential points of intervention. RESULTS: Key domains identified include, e.g., inequities in the distribution of power and economic arrangements (WHO 2010); policies that prioritize economic growth over equity and stability (Chan, 2009); distinctions between structural and intermediate determinants (CSDH, 2010); structural violence (Farmer, 2006); and settler colonialism (Whispelwhey et al, 2023). Recommendations for action include, e.g., multisectoral approaches (WHO 2010); focus on the agents who reproduce political, social, and economic inequities (Navarro, 2009); and structural competency in educating public health professionals (Harvey et al 2022). CONCLUSION: Although there is established literature linking structural drivers to health inequities, variations in definitions of structural drivers and focal domains remain. Based on our review, we suggest that definitions of structural determinants must include a central focus on the agents, policies and processes that drive social, political, and economic inequities, and that evaluation of structural interventions must encompass effectiveness in reducing power differentials, e.g., inequities in economic resources or political/decision making influence.
#2	**Investigating mental health use among Black immigrants in the United States: A systematized review** **Abena Yirenya-Tawiah.**[2] Anne Douglas Cousar,[2] and Catherine Cubbin, PhD[1] // (1) Austin, TX, (2)The University of Texas at Austin, Austin, TX Given that mental health services are disproportionately inaccessible and underutilized by marginalized populations, it is imperative to investigate perceptions, intent, and service use among Black immigrants. This systematized review is the first to examine comprehensively the empirical literature on mental health service use among Black immigrants. We utilized these key terms in our search strategy: "mental health" AND "Black immigrants" OR "African immigrants" OR "Caribbean immigrants" AND "United States" OR "America" OR "U.S." for each of the databases (PsychInfo, Cinahl, and Pubmed) which yielded 297 non-duplicate results from the searches. Quantitative and qualitative articles were included if they measured or discussed aspects of mental health service use, including intent to use services and perceptions of services among African and Caribbean immigrants in the United States. Articles that met eligibility criteria were not restricted by year of publication as the literature in this area is scant. Articles had to be published in English and had to report data in reference to mental health service use through behavioral health services, private therapy, or primary healthcare.

	Twelve studies met our criteria. Ten were cross-sectional quantitative studies and two were qualitative studies, Five of the twelve were epidemiological studies that assessed the prevalence rates of mental health service use of Black immigrants(N=4086). Two were doctoral dissertations. Findings indicated that mental health services were generally underutilized by Black immigrants and largely social determinants of health factors contributed to this underuse of services. Our findings offer insights to inform future studies, policies, and interventions.
#3	**No trust amidst deprivation: Economic injustice as a driver of lost trust in public health** Anna Clyburn // Harvard University School of Public Health, Brookline, MA **Background.** Guided by the ecosocial theory of disease, this study explores the relationship between economic injustice and trust in public health. Americans' trust in public health has sharply declined recently. While many attribute the trust loss to political partisanship, I posit that histories of neglect can reduce trust. This work builds upon Andrew Anderson et al 2023 who tested the connection between trust and racial and ethnic injustice. **Methods.** In April 2024 we will conduct an online, cross-sectional survey of 1,500 US adults about their experiences and attitudes related to trust in public health. The sample will be nationally-representative by age, gender, race, ethnicity, region, income, and political affiliation. Respondents will be categorized by area deprivation level, grounded in the Neighborhood Atlas Area Deprivation Index (ADI), which scores Census block groups on a 0-100 scale (for our purposes - low, 0-33; medium, 34-66; high, 67-100). We will compare trust in public health agencies between respondents with low and high deprivation using a stratified logistic regression model. **Results.** Compared to Americans in low deprivation areas, we anticipate high deprivation will be associated with low trust in public health, low uptake of public health recommendations in recent emergencies, and greater agreement with the sentiment that public health does not care what the public has to say. **Conclusions.** It's time we put the "public" back in public health. I hope our research further elucidates the link between economic inequality and trust in public health and supports future work to earn back neglected communities' trust.
#4	**"care, not cops": Exploring the demands of anti-carceral organizers and the role of public health** Marie-Fatima Hyacinthe // Brooklyn, NY Public health scholarship demonstrates that carceral systems (such as policing, prisons, jails, and detention centers) have negative health impacts (American Public Health Association, 2018; American Public Health Association Governing Council, 2020). Additionally, research shows how the racist nature of policing in the United States (U.S.) contributes to racial health inequities (Haile et al., 2023). Outside of academia, one of the significant demands of the 2020 racial justice uprisings in the U.S. has been to defund police and subsequently reallocate funds to public health systems, therefore framing public health as an alternative to carceral systems (Brooklyn Movement Center, 2022). However, the United States' historical and current values around capitalist productivity and race and gender norms influence both carceral systems and public health such that the two systems have often functioned together, particularly when delineating certain populations as inherently deficient, unhealthy, or criminal. In this presentation, I will explore the relationship between carceral systems and public health by tracing the origins of the demands to divest from carceral systems and invest in public health. Through a systematic mapping review and archival research, I synthesize themes from academic papers and archival sources from organizers and advocates. The result is a conceptual model that proposes principles and methods for public health scholarship, advocacy, and policy that is divorced from carceral logics and might serve as an alternative to carceral systems.
#5	**Sociodemographic insights and recommendations for equity in communities targeted by**

	predictive policing: A Los Angeles case study **Melina Rodriguez, BS** // California State University of Northridge, Northridge, CA Background: One of the first predictive policing programs in the country was implemented among communities in Los Angeles from 2011-2019. The program used computer systems to analyze large sets of data to determine where to deploy police and identify individuals who were "more likely" to commit crime. Due to this data-driven approach, supporters argue that predictive policing is effective, proactive, and free of bias. Purpose: To conduct a sociodemographic analysis of communities targeted by predictive policing in Los Angeles. Methods: Using the Neighborhood Data for Social Change (NDSC), a free, publicly available online data resource, demographic characteristics, including age, race, ethnicity, income, and education, were examined, as well as additional metrics informed by the social determinants of health. Results: Among the communities examined, Black individuals comprised 39% of the population yet made up nearly 60% of all arrests. In comparison to LA County, nearly double the rate of residents live below 100% of the federal poverty threshold (27.4%), while less than half have earned a bachelor's degree or higher (12.5%). The number of violent crimes (per 10,000 people) reported within the communities increased from 138 in 2011 to 164 in 2019, increasing as high as 200 in 2016. Conclusions: Predictive policing may perpetuate racial and class disparities by targeting historically marginalized communities. The growing widespread use of predictive policing emphasizes the need to better understand predictive policing's impact on public health and calls upon researchers and advocates to explore predictive policing as a pressing social justice issue.
#6	**Individuals vs. infodemics: Moving towards an ecological understanding of health misinformation through a critical analysis of content moderation policies** **Amelia Jamison, MAA, MPH** // John's Hopkins University, Baltimore, MD COVID-19 drew fresh attention to the threat posed by health misinformation. This *infodemic* of false and misleading health claims negatively impacted the health of individuals, but also undermined public trust in institutions. Despite the multi-level nature of this challenge, proposed solutions have disproportionately targeted the individual level (e.g. debunking/fact-checking, media literacy campaigns). This emphasis overlooks the systemic roots of the problem, by obscuring the power inequalities that drive the modern media ecosystem. Particularly, on social media where the need for profit may be at odds with a desire for "truth". Social media platforms have positioned content guidelines and policies as a systems-level solution. In this study, we performed a critical discourse analysis "Community Guidelines" pages for 15 social media platforms, with a specific focus on policies related to health misinformation. Using Fairclough's 3-part model, we interrogated the power relationships embedded in these texts, connecting the policies themselves, to the highly-individualized discourse around misinformation, and finally, to the broader social impacts that extend beyond social media. While content moderation policies have the potential to dramatically shift public discourse on health-related topics, a narrow focus on correcting misinformation and educating individuals risks reinforcing the existing power asymmetries at the heart of the infodemic. By presenting social media platforms as both the *source of* and the *solution to* the problem, it also precludes the possibility of looking beyond social media for more sustainable, and community-driven solutions.

Tues, Oct 29	**2:30 pm to 4:00 pm**
Progressive pedagogy	***Teaching to counter miseducation and build critical pedagogy***
Session 4273.0	**MCC: ROOM L100HI**
2:30 pm	**Teaching to counter miseducation and build critical pedagogy**

Lisa Moore, PhD[1], Vanessa Simonds[2], Rebekka Lee, ScD[3] and **Nylca J. Munoz Sosa, JD, DrPH**[4] // (1)San Francisco State University, San Francisco, CA, (2)Bozeman, MT, (3)Harvard T.H. Chan School of Public Health, Boston, MA, (4)University of Puerto Rico, San Juan

Presentations will explore trustworthiness and trust as it relates to public health pedagogy. The presentations' focus includes teaching processes to counter miseducation and build critical education, strategies to build community trust in research and science, radical initiatives within and outside educational institutions, progressive efforts to strengthen trust within the public health workforce, and issues of academic freedom & free speech. We invited presentations focusing on how pedagogy can be carried out by community activists, public health practitioners, and academic instructors (K-post graduate).

2:35 pm	**Addressing mistrust through innovative research methods & collaborative pedagogies in public health** Ruth Murcia and **Marina Hernandez** // Albany, NY Traditional methods of public health research, practice, and education continue to overlook the value of multidisciplinary approaches to complex social problems. Today, public health higher education programs claim to incorporate interdisciplinary strategies through curricula weaving together epidemiology, health policy, and social/behavioral sciences, but these disciplines merely reinforce the idea that human health and behavior can be quantified and predicted without full consideration of sociopolitical histories. Students then graduate from public health programs with minimal, if any, exposure to other forms of social science grounded in critical conversations of race, colonization, and medical abuse. Throughout our research as public health scholars, we have encountered several challenges in developing and implementing innovative methods of community engagement due to limited perspectives of what makes research rigorous among public health professionals. Public health programs do not adequately or ethically prepare students to interact with particularly vulnerable communities whose experiences simply cannot be captured through traditional public health frameworks. Students, thus, become professionals who are ill-equipped to develop transdisciplinary approaches and who fail to understand the legacies of colonization, eugenics, and political ideologies that have shaped health opportunities leading to public distrust. Moreover, scholars with intimate connections to communities of interest are forced to shed their identities to conform to public health "best practices." Our presentation critiques the conceptualization of "interdisciplinarity" among our colleagues, demonstrates the potential of innovative methods both to reveal and fill in gaps in health data from culturally diverse communities, and proposes strategies to strengthen community-researcher collaboration to foster public trust.
2:55 pm	**Democratizing rubrics: Building trust in a seminar class by having students edit rubrics** **Yesenia Merino, PhD, MPH** // University of North Carolina at Chapel Hill, Durham, NC This presentation showcases a pedagogical approach designed to enhance student engagement, critical thinking, and ownership of learning outcomes in a critical history of public health course. The activity centers on collaborative rubric editing, wherein students work in small groups at the beginning of the course to edit assessment criteria (i.e., assignment rubrics) before finalizing them for class assignments. Through this process, students begin this course by co-developing evaluation standards, aligning them with the course's objectives and the Freirean pedagogical principles that undergird this course. The session will delve into the rationale behind the rubric editing activity, emphasizing its potential to foster a sense of agency and responsibility among learners. By engaging students as co-creators of assessment tools, the activity aims to cultivate a culture of trust in the class – a necessary component of the course's successful engagement with historical inequities in which public health disciplines have been complicit or innovators. This presentation discusses lessons learned from implementing and facilitating the activity, along with reflections on its impact on student learning and participation. The presentation will discuss the broader implications of this approach for promoting critical pedagogy and building trust with students. By foregrounding student collaboration and agency in

	the assessment process, the activity serves as a catalyst for cultivating critical consciousness and empowering public health practitioners to challenge dominant narratives as a mechanism for advancing equity in their own public health practice. Attendees will leave with actionable insights to implement similar student-centered practices in their own teaching.
3:15 pm	**Pedagogy for participatory action research with people engaged in the sex trades** **Marie-Fatima Hyacinthe**[1], Alice Miller, JD[2], Daniel Newton[3] and Jessica Penaranda[4] // (1)Brooklyn, NY, (2)Yale School of Public Health, New Haven, CT, (3)Yale Law School, New Haven, CT, (4)New York, NY The concept of "Community-engaged research" can function opaquely; it is often used as an umbrella term in public health research. Researchers who use this term may be referring to actions ranging from consulting community advisory boards prior to their projects or to innovative methods of research dissemination. Notably, much of the academic scholarship, and the current teaching in public health, on community-engaged research omits analyses of power, whether power relationships within communities or between community researchers and academic researchers. This presentation will present and reflect on the pedagogical and related methodological shifts that evolved and are evolving as a response to thinking about power in a recent interdisciplinary, university-based recent participatory action research project with people engaged in the street-based sex trades in urban U.S. sites. This project originated with community advocacy groups, and the approach is informed by teaching and writing drawn from an experiential course reflecting on previous experiences with community-based participatory research (CBPR) projects involving law and public health students, and people engaged in the sex trades. These experiences elucidated gaps in CBPR pedagogy related to power, partnership, meaningful participation, and accountability (Daryani et al.,2021). This workshop will reflect on who teaches and learns, and by what means, as our project seeks to address identified gaps through a participatory action research approach, including by incorporation of theories beyond legal and public health pedagogies. We will also include preliminary findings from the participatory action research project.
3:35 pm	**Q&A**

Tues, Oct 29	**6:30 pm to 8:00 pm**
Labor/business meeting	***Annual meeting to discuss & plan Spirit of 1848 program & activities***
	MCC: ROOM 206AB
	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!

and too: "Why 1848?" -- see our 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 (1st 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 (1st 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)