



POSTER PRESENTATION ABSTRACTS

A Firsthand Look into the Health-Related Experiences of Residents in Macon, Georgia's Low SES Communities of Color.

Minorities and individuals of low SES have low health literacy and face increasing barriers accessing health resources. This study chronicles the lived experiences of these individuals, a perspective largely absent in other studies. The purpose of this study is to identify the perceived health knowledge and needs of these individuals and to determine how health assets (e.g., clinics, community centers, parks) meet these needs.

Methods

This study employed a narrative-based qualitative design. In-person interviews and a focus group were conducted with 30 African-American residents of Macon, GA Commission Districts 2, 5, and 8 recruited at community locations through convenience sampling. Data was collected using a structured interview guide and demographic sheet. Participants' responses were audio-recorded and transcribed into narrative form. Relevant themes were uncovered using content analysis.

Limitations include a short period of study and a small region of interest.

Results

Five major themes emerged from the narratives. Participants 1) had an overall positive view of their health but negative view of healthcare providers; 2) acquired health information primarily through the internet; 3) cited having enough access to health assets but low awareness/utilization of them; 4) mentioned lack of transportation as principal barrier; and 5) indicated diabetes and mental health as most important issues in their community.

Discussion

Results showed that minority individuals of low SES need more awareness of and help reaching health assets in their community along with more extensive support from healthcare providers. Future considerations should be made for increasing awareness and support through comprehensive education strategies.



NC ADAP: Empowering People Living with HIV/AIDS (PLWHA) Through Insurance.

From 2005 to 2014, the number of new HIV diagnoses in the U.S. fell 19%; however, several historically marginalized populations remain disproportionately affected by the disease. In addition, PLWHA who are low income and living in the South are more likely not to have health insurance coverage, partially due to the high cost of premiums and cost sharing.

Purpose:

The NC AIDS Drug Assistance Program (ADAP) strives to provide low-income residents with essential medications for the treatment of HIV, related conditions, and other comorbidities, as well as prevention and/or treatment of related opportunistic infections.

Aims:

ADAP seeks to empower clients to take charge of their own health by offering three sub-programs; the ADAP Pharmacy Program (APP), State Pharmaceutical Assistance Program (SPAP), and the Insurance Copayment Assistance Program (ICAP). Under the APP model, medications are purchased directly from a wholesaler and distributed to clients through a contracted dispensing pharmacy. Under the SPAP and ICAP models, a PBM coordinates with insurance carriers to pay all out of pocket costs for medications covered by the primary Medicare Prescription Drug Plan or Qualified Health Plan purchased on the Federal Marketplace, respectively.

Results:

During the most recent coverage period, there were 7,592 clients enrolled in ADAP (5811 in APP, 1570 in SPAP, and 211 in ICAP). Improved health outcomes seem to correlate with access to insurance coverage; SPAP and ICAP clients generally have lower viral loads and are more virally suppressed than APP clients.

The Effect of Mobile Mammography on Completed Breast Cancer Screenings Among Uninsured Women in a System of Federally Qualified Health Centers

Some groups of underserved women are less likely than the general population to get screening mammograms due to structural barriers, like lack of transportation. We examined whether access to mobile mammography, which reduces structural barriers, is associated with an increase in the rate of uninsured women who are concordant with current United States Preventive Services Task Force breast cancer screening guidelines.



Methods:

This analysis is based on retrospective administrative and clinical data collected from a system of 10 Federally Qualified Health Centers between January 2014 and October 2016. We estimated a multivariable logistic regression to assess whether women seen in clinics that offer mobile mammography and free off-site fixed mammography were more likely to be guideline concordant than those seen in sites that only offer free off-site fixed mammography, adjusting for patient race, ethnicity, preferred language, and federal poverty level. The cohort included uninsured women ages 50-64 (N=1588).

Results:

Among women with access to mobile mammography, 45.96% had a documented guideline concordance, compared to 33.14% among those who did not. Those with access to mobile mammography were significantly more likely to be guideline concordant (odds ratio 1.48; 95%CI, 1.20-1.84). Black race and preferring a language other than English were also significantly associated with an increase in guideline concordance.

Discussion:

Mobile mammography addresses structural barriers to care and improves guideline concordance among uninsured patients. Future research should focus on improving access to mobile mammography and other interventions addressing structural barriers to care that may improve guideline concordance in underserved populations.

Fanning a Flame: How workforce diversity efforts have sparked a revolution in nursing education at Duke University School of Nursing

A historically homogeneous student population was common at Duke University School of Nursing (DUSON) until programs supported through Federally-funded training grants sparked the enrollment and matriculation of under-represented minorities and men. Health Equity Academy (HEA), the most recently funded program to develop bachelor-prepared registered nurses (BSN), has supported two cohorts of URM students who are not only successfully matriculating through the training program, but have spurred increased community engagement between DUSON and the surrounding Durham neighborhoods and prompted significant cultural awareness throughout the school community. This presentation will highlight the results and implications of our efforts-- the lessons learned and how they can be related to other health professional training programs.



Goals, Purpose and Activities

The main goal of HEA and programmed that preceded it was to increase the number of underrepresented minorities (URM) to nursing from economically and/or educationally disadvantaged backgrounds and provide support to these students through mentoring and ongoing emotional, academic and financial strategies designed to promote achievement and lead to BSN graduation and service-leadership among participants. We completed student assessments, created individualized "prescriptions for success" and established dedicated mentors and tutors for each HEA student. The success of our efforts was evaluated each semester and at graduation through student assessments, key-informant interviews, and academic benchmarks. Evaluation included risk assessment, academic resources and tools used in clinical and didactic settings and comparison of student experiences to the relevant literature.

Evaluation

More than 12 HEA students have successfully matriculated at DUSON and provided us important data to continue improving efforts to recruit a diverse student population. Through our intentional experiences to recruit, educate and support URM students, DUSON has adapted the admission process, implemented school-wide equity training, launched student-led diversity organizations, established a diversity award to promote awareness, increased mentoring efforts, proposed a student-success center and made plans to continue utilizing funding to enroll high achieving/high potential (HA/HP) URMs in nursing from economically and educationally disadvantaged backgrounds.

This presentation will offer a historical view of the changes that have occurred through the workforce diversity efforts at DUSON and highlight how the lessons learned from the URM student participants have ignited a sustained effort toward cultural/gender equity in our community.

The power of youth and resources: employing youth to inventory community assets

Eastern NC residents need community places to manage their health, but knowledge of these places is limited. Previous research in an urban region found that the best available data about community places has poor sensitivity. MAPSCorps is an asset-based community-engaged solution that employs local youth to conduct an annual community resource census of the local community, while also introducing them to the principles of science and research.



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Methods:

MAPSCorps employed local youth to conduct a community resource inventory using direct observation. Youth collected data (name, address, and type of resource) on all places that provide goods or services to the public in Edgecombe and Nash counties of NC using a web-based phone application. These data collected were compared to the best available secondary data that can be purchased.

Results:

MAPSCorps employed 16 local students, including 12 data collectors and 4 college interns. Youth identified 1,057 places serving the public in 27 census tracts. The most common types of places included: churches (77, 7.3%), beauty (67, 6.3%), vehicle services (51, 4.8%), out-patient clinics (48, 4.5%) and building trades (41, 3.9%). The best available secondary dataset was missing 191 places (sensitivity of 82%) identified by direct observation.

Discussion:

MAPSCorps Nash and Edgecombe is an innovative participatory method for collecting data about community resources and engaging local youth in health promotion. Using a strengths-based approach, the community-academic research team will examine the data collected to develop strategies for addressing chronic disease health disparities in the region.

Empowering African American College Women against HIV Infection: A Demonstration Project

Young African American women are at a persistent high risk for HIV infection. According to CDC, the rates of new infections among young black females aged 13 to 29 are 11 times higher than that of young white females. Purpose: the purpose of this presentation is to describe a demonstration project that was designed to prevent HIV infection among African American women 18-24 years of age attending at a historically black university through education, empowerment, and HIV testing. The focus of this presentation is on empowering young college women through the use of peer education using the adapted SISTA intervention. Theoretical foundation: social cognitive theory and theory of gender and pride were the theoretical frameworks used to develop and implement the HIV prevention workshops. Intervention: SISTA was adapted to a one 4-hour session for a HBCU campus to implement HIV prevention workshops for Status Matters Project. Results: major findings include the following: (N=147); 1) 80.3% felt they were confident they could communicate more effectively; 2) 84.4% felt confident to start a discussion about condom use with partner; 3) 83% felt confident they could use a condom properly. Conclusions: use of peer educators was effective approach for reaching college women for HIV prevention, and it seems that an adapted version of SISTA increased



college's confidence to communicate and negotiate for safer sex. Recommendation: in order to reach more college women, given the variety of schedules, a demonstration project on the use of health informatics should be explored.

Black-White Disparities in Short Sleep Duration by Industry of Employment and Occupation: Evidence of John Henryism in Black Professionals?

Short sleep duration, which is associated with increased morbidity and mortality, varies by occupation and industry; but, few studies have investigated differences between black and white populations.

Methods:

Using a nationally representative sample of US adult short sleepers ($n = 41,088$) in the National Health Interview Survey from 2004–2011, we estimated prevalence ratios for short-sleep duration in blacks compared with whites for each industry category by using adjusted Poisson regression models with robust variance.

Results:

As published in the American Journal of Epidemiology, participants' mean age was 47 years, 50% were women, and 13% were black. Blacks were more likely to report short-sleep duration than whites (37% vs. 28%), and the black-white disparity was widest among those who held 4 professional occupations. Adjusted short-sleep duration was more prevalent in blacks than whites in the following industry categories: finance/information/real estate (prevalence ratio (PR) = 1.44, 95% confidence interval (CI): 1.30, 1.59); professional/administrative/management (PR = 1.30, 95% CI: 1.18, 1.44); educational services (PR = 1.39, 95% CI: 1.25, 1.54); public administration/arts/other services (PR = 1.30, 95% CI: 1.21, 1.41); health care/social assistance (PR = 1.23, 95% CI: 1.14, 1.32); and manufacturing/construction (PR = 1.14, 95% CI: 1.07, 1.20).

Discussion:

Short sleep generally increased with increasing professional responsibility within a given industry among blacks but decreased with increasing professional roles among whites. Coping strategies (like John Henryism) in response to psychosocial and environmental stressors (e.g. racism) when effort is not supported by mitigating resources may negatively affect sleep and damage health.



Using Community-Based Participatory Research to Assess Racial Differences in Patient-Provider Decision Making Regarding Treatment-Related Symptom Management

Black breast cancer patients more frequently report worse treatment-related symptom management compared with their White counterparts. Previous studies indicate that Blacks are also more likely to report less shared decision making regarding treatments. However, less is known about whether racial differences in shared decision making are associated with racial inequities in treatment-related symptom management. This study examines racial differences in shared decision making regarding therapy changes as a form of treatment related symptom management.

Methods:

Six focus groups (3 Black and 3 White) and semi-structured interviews with 22 stage1-4 breast cancer patients (BCPs) were conducted at two cancer centers (Greensboro, NC and Pittsburgh, PA). Based on key community-based participatory research principles, our team of community, academic, and medical partners facilitated focus groups and conducted qualitative analyses.

Results:

Several Black and White BCPs reported undergoing therapy changes (switching, stopping, prolonging, or delaying treatment) to address their treatment related symptoms. White BCPs reported more shared decision making with providers regarding therapy changes. Black BCPs, on the other hand, reported a lack of shared decision making and described stopping/delaying treatments without consultation with providers because of medical mistrust, provider dissatisfaction, provider disregard, or spiritual guidance.

Discussion:

Stopping or delaying treatments without consultation with providers may lead to treatment incompleteness among Black BCPs. Future practice should further explore interventions for improving shared decision making among providers and Black BCPs to improve equity in treatment-related symptom management.

The Pregnancy Experiences of Women in Rural Communities in Romania: Understanding Ethnic and Social Disparities

Health disparities often begin in utero and intensify throughout life. We report findings from a phenomenological qualitative study aiming to describe the structural disadvantage experienced by women in rural communities in Romania, focusing on Roma communities. The primary



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research questions are (1) how do women in these communities experience pregnancy, (2) what health-related structural disadvantages do they face and (3) what role does ethnicity play?

Methods:

Between December 2015 and June 2016 we conducted 42 semi-structured interviews with key informants, seven narrative interviews with disadvantaged women in a rural area, and one focus group with Roma women in a rural area. We conducted 31 interviews in English and 19 in Romanian, and all were audio-recorded after attaining informed consent. Interviews were transcribed and translated into English. Data were analyzed using thematic analysis, assisted by the NVivo package.

Results:

We identified critical dimensions associated with women's pregnancy experiences in disadvantaged, rural areas: women's joy in and conceptualization of pregnancy, pregnancy as unplanned and wanted, the importance and naturalness of motherhood, first and second time mothers' differing experiences, the importance of social support levels, and women's shifting roles and priorities during pregnancy. We identified the critical role of having a doctor and health mediator in women's pregnancy and delivery experiences, barriers to care, and ethnic differences in pregnancy experiences.

Conclusions:

Ethnic and social disparities affect women's pregnancy experiences in distinctive ways. Expert interviews described a wide array of structural determinants around women's pregnancy experiences, which highlight potential areas for further investigation and intervention.

Loss of a Healthy Weight Advantage among Foreign-born Children of Mexican Origin: Analysis of Overweight/Obesity Trends from 1988-1994 to 2007-2014

We evaluated whether foreign-born Mexican-American (MA) children continued to exhibit a health weight advantage in recent years relative to U.S.-born MA children given Mexico's emerging obesity epidemic. We also investigated the implications of these changing patterns on overweight/obesity disparities between MAs and non-Hispanic whites (NHW) over time.

Methods:

Using data from MA and non-Hispanic white (NHW) children ages 5-17 years participating in the National Health and Nutrition Examination Surveys (1988-1994 (N=4,022) and 2007-2014 (N=4,713), we calculated odds ratios (OR) of overweight/obesity by ethnicity- nativity (US-born



MA, foreign-born MA, and NHW), adjusting for socio-demographic covariates, and an interaction between ethnicity-nativity and survey period.

Results:

In 1988-1994, foreign-born MAs had significantly lower odds of overweight/obesity compared to US-born MAs ($OR = 0.53$, 95% CI: 0.33, 0.85). However, by 2007-2014, the nativity gap in overweight/obesity closed ($OR = 0.85$; 95% CI: 0.65, 1.11). Moreover, while foreign-born MAs had the lowest predicted probability of overweight/obesity in 1988-1994 (and US-born MAs the highest), by 2007-2014, foreign-born and US-born MAs had comparable estimates, both higher than among NHW's.

Conclusion:

The healthy weight advantage previously held by foreign-born MA children appears to have eroded in recent years. Although disparities in childhood overweight/obesity between MAs and NHWs had previously been specific to US-born MAs, disparities in recent years have extended to foreign-born MAs. These findings call for increased surveillance and culturally appropriate interventions among foreign-born MAs, as well those born in the US, to address the high burden of overweight/obesity and to prevent the development of cardiometabolic complications.

Small Retail Store Owners Increase Access to Healthy Food to Reduce the Impact of Cabarrus County Food Deserts

Nearly, 25,000 residents in Cabarrus County live in food deserts. Though African American and Hispanics only comprise 25% of the county's overall population, they represent 39% of residents in food deserts. The lack of access to fresh fruits and vegetables is one of many contributors to health disparities in the county.

Purpose

To address healthy food access, SNAP/EBT approved small retail stores located in food deserts were targeted to increase number of healthy items offered.

Methods

The Cabarrus Healthy Corner Store Network (CHCSN) coordinator visited eligible stores and shared information about the purpose of the project, past successes, and benefits of participating. Community members were engaged in the recruitment process through the "Nominate Your Neighborhood Store" campaign. Owners interested in participating were asked to increase the number of healthy items offered. Participating locations received marketing and



product placement consultation from Wood Retail Consulting, promotion materials and advertisements as well as informal nutrition education training.

Data Collection

A store owner interview, environmental assessment and customer surveys were administered before and after the intervention to measure the project's impact. Data collected before the intervention was used to tailor the initiative to the needs and strengths of each store.

Outcomes

Five of the six participating stores are located in a food deserts. All participating stores have increased promotion and the number of healthy items. Access to healthy food was improved for 7,500 African American and Hispanic individuals in the first year of implementation and 6,800 in the second year.

My Rights, My Resources: A mixed-methods study involving the development, implementation, and evaluation of a health care workshop for transgender youth in North Carolina

Transgender youth in the South are disproportionately at risk for violence, trauma, and diseases such as HIV, and transgender people face significant discrimination in health care. This study and the workshop created is one of the first interventions for transgender youth focused on strengthening community resilience of transgender youth accessing health care in the South.

Program Overview

This is a mixed-methods study involving the development, implementation, and evaluation of an intervention for transgender youth (age 13-24) in North Carolina on navigating health care, self-advocacy, and local resources. The intervention was structured as a three-hour workshop for this population, and is designed to improve participants knowledge and self efficacy related to using health care. The information provided in the workshop was emphasized and further disseminated by distributing an educational "zine-style" handout on health care rights, self-advocacy, and community resources. The workshop was developed and led by the student researcher, who is transgender, in collaboration with 2 transgender youth artists, multiple health care providers, a lawyer for legal counsel, and Piedmont Health Services.

Methods

Increase in knowledge was measured quantitatively with a comparison between a pre-workshop survey and a post-workshop survey with questions on health care, self advocacy, and resource information discussed in the workshop. Change in self-efficacy for advocating for oneself was



measured quantitatively with a self-efficacy scale included in the pre-workshop survey and post workshop survey. Long-term effect was evaluated qualitatively in a post-workshop interview with a smaller volunteer sample of the participants 3 months after the workshop.

Results

This study is still in progress. Data has been collected but data analysis and discussion writing will take place during early Spring of 2017.

The Power of Youth Voices: Engaging Latino Immigrant Youth in Analyzing Systems and Power through Photovoice

Latino youth are one of the fastest growing demographic groups in the US South. Few studies have focused on the complicated ways in which multiple systems, such as education and healthcare, impact Latino immigrant youth well-being simultaneously. This presentation by youth participants and adult supporters will highlight findings from a photovoice study that explored the topic, "what I wish my doctor knew about my life" and discuss implications for action-oriented youth-driven participatory research.

Methods:

Two groups of Latino immigrant youth (4 males; 6 females + 3 males) participated in photovoice, a community-based participatory research (CBPR) methodology, over a period of 4 months. Each group selected 4 photo assignments, took photos and discussed images using the SHOWED empowerment-focused method. Together with researchers, they reviewed codes, generated themes and organized two forums to share findings with healthcare providers and educators. A secondary analysis used critical race theory to examine how multiple, intersecting identities shape youth experiences in schools, particularly with disciplinary processes.

Results:

Findings raised critical awareness of interpersonal issues, such as stereotyping, cross-cultural communication challenges, and implicit bias, that hinder relationships with providers and teachers, as well as structural barriers, policies and procedures that actively racialize and marginalize Latino immigrant youth.

Conclusion:

If we are to improve educational and health outcomes for Latino immigrant youth, it is critical to engage them in identifying factors that impact their health and well-being and generating strategies to bring about systems-level change.



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Using Life Course Perspective to Explore the Experiences of African American Women Aging with HIV

HIV disproportionately affects African American women in the US; African American women make up only 13% of the female population yet account for 64% of HIV infections among women. Intersecting physical, psychological, economic, and social challenges face African American women as they age with HIV and contribute to health disparities over the life course. However, there is a paucity of research exploring how these women manage their health and adapt to adverse conditions over time. Life course perspective (LCP) provides a comprehensive framework to engage both the challenges experienced and the sources of strength utilized in older African American women with HIV over their lives.

Methods:

A qualitative exploratory study framed by LCP using oral life history interviews and timelines was conducted with 18 African American women with HIV aged 50+ recruited from HIV clinics and the community.

Results:

LCP concepts of life span development (e.g. physiological aging, multimorbidity) human agency (constrained choices due to poverty, racism, gender inequality), time and place (historical context of HIV in the South), timing of events (e.g. motherhood, HIV diagnosis), and linked lives (utilizing faith and social support) shaped the trajectories of participant lives.

Discussion:

African American women have been affected by adverse circumstances throughout the life course that persist into old age and shape opportunities and outcomes. Theoretical orientations such as LCP provide historical and social context to challenges and adaptations over time. Findings from this exploratory research may be used to inform interventions that build on cultural strengths and personal capacity.

The Power of Thinking Inside the Blocks: Bringing Health Information to Underserved People in Their Own Environment

The National Network of Libraries of Medicine (NN/LM) is dedicated to reducing health disparities and focuses on providing health outreach to the underserved. This bilingual (English/Spanish) poster provides inspiration for creative outreach that takes place in the communities where underserved people live – in the places they frequent, using the communication modes that are already in place. The poster illustrates six health outreach



projects that have proven to be successful in increasing participation in health-related events in their communities.

Methods:

Through outreach funding, the NN/LM encourages community and faith organizations, as well as public health and health professionals, to provide health information and programming in their communities. As the outreach arm of the National Library of Medicine, part of the NN/LM's mission is to reduce health disparities through training, the promotion of partnerships, program ideas, and free health information resources.

Results:

The National Network of Libraries of Medicine eight regional offices and their network members are central to the National Library of Medicine's (NLM) outreach efforts to health professionals, librarians, educators, community organizations, and consumers and integral in increasing awareness and providing training in the use of NLM's resources. In the fight against health disparities, all of the tools provided by NN/LM can help plan and conduct health outreach in your community.

Model for a Student-Driven and Administration Supported Medical School Social Justice Initiative

The purpose of the initiative was to inspire changes at the medical school focused on improving outcomes for underrepresented groups. Motivated by an incoming medical student class with notable gender inequality and racially-charged social media posts by students, concerned students aligned with White Coats for Black Lives, which has stressed the importance of social justice training in medical education and developed action goals for achieving racial justice. University of Miami Miller School of Medicine (UMMSM) medical students developed a unique strategic model, with the primary goal of enhancing inclusion at the institution. An additional outcome included documentation of this model for use by future leaders in medical school settings.

Methods:

UMMSM students evaluated the effectiveness of diversity initiatives and assessed potential barriers to enacting change at peer institutions by networking with medical students from those institutions. Using their findings, UMMSM students developed an open-access document for interested individuals to provide recommendations to university leadership. A draft of suggested actions was then crafted and a dialogue with the institution's administration ensued.



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Results:

Factors leading to successful implementation of diversity initiatives were: discernment of key allies and stakeholders; the institution's LCME self-study re-accreditation process; data from other institutions, including peer institution comparisons; measurable goals with realistic timelines; and ongoing follow up with administration.

Conclusions:

Equitable curricula and inclusive environments have widespread benefits. Students must be empowered to initiate dialogue and enact change. Collaboration between students and administration can be a potential mechanism for successfully enhancing diversity and inclusion at medical schools.

"I've been fearful of the labor part": The Influence of Previously Heard Birth Stories on the Birth Experiences among Primiparous African-American Women in North Carolina

Maternal health disparities in North Carolina have been well-documented, including poorer birth outcomes and higher maternal and infant mortality among African-American women. However, little research has explored how these disparities are experienced and the ways those experiences are shared between women through birth stories.

Methods:

Ten primiparous African-American women recruited from a clinic in North Carolina completed in-depth semi-structured interviews. During pregnancy, women were asked to recall birth stories shared with them. Six weeks post-partum, women shared their own birth story and reflected back on stories they had previously heard. Interviews were transcribed and coded using traditional qualitative methods.

Results:

Birth experiences were characterized by a large number of medical interventions, including eight deliveries by c-section. Descriptions of interventions and c-sections related back to previously heard birth stories that shaped expectations for the efficacy, severity, and pain associated with interventions or c-section. Women often framed "they" (nurses, midwives, and/or obstetricians) as the active agent and reported positive experiences with these providers. The decision to proceed with a c-section was a notable exception, as several women situated themselves as a primary actor in this decision.



Discussion:

African-American women reported having positive relationships with providers yet described few instances of personal agency related to medical interventions. Women drew upon previously heard birth stories and information from providers to make informed decisions when they believed they had the opportunity. Providers should build upon positive relationships with their patients and look for opportunities to promote personal agency in the medical decision-making process.

#SodaKills: Youth driven activism to counter the predatory marketing of big soda companies in disenfranchised communities

#OurVoiceNYC is a youth-driven campaign to empower youth from disenfranchised communities to become change agents on important health issues.

Community Engagement:

Throughout spring 2015, seven youth-led teams from community organizations, a middle school, and high schools across New York City (NYC) convened with the NYC Department of Health and Mental Hygiene to adapt the social media campaign, #SodaKills, to continue raising awareness about the health hazards of overconsuming sugary-sweetened beverages and the predatory marketing tactics of big soda companies. Two town hall meetings and ten biweekly planning meetings were held with community leaders from schools, faith-based organizations, food policy groups, hip hop studios, and production/media companies for additional consultation and support. Activities:

#SodaKills involved launching a 10-hour Tour Bus Party on two days in summer 2015. The Tour Bus Party traveled throughout NYC and stopped for two hours in four of the five NYC counties. During the Tour Bus Party, the youth on the bus ($n = 30$) produced, curated, and shared social media posts (i.e. tweets), distributed informational flyers, performed choreographed dances, and a produced a final video highlighting the events of the day.

Outcomes:

Within one week, 127 posts to Facebook, Instagram, and Twitter were made. These posts generated 272,000 impressions, 11,000 interactions (Likes, posts, and comments), and an anti-cyberbullying tweet from CocaCola.

Discussion:

When youth are supported/mentored by key adults, and allowed to engage in activism that reflects how youth socialize, fresh, relevant messages can be produced that have a great reach and influence.



Public Health Students Organize: "We Gon' Be Alright: Addressing Racism and Anti-Black Violence as a Public Health Crisis" - A Student-Led Course grounded in an intersectional approach to inform Public Health Praxis

During the 2014-2015 academic year, numerous incidents of anti-black violence emerged and community uprising throughout the nation unfolded. These events forced us as aspiring public health practitioners to grapple with how racism, anti-black violence, white supremacy and institutional complacency play a fundamental role in the health disparities we study. As public health students at the University of California, Los Angeles, we organized to call on administration to address anti-black violence as a public health crisis.

Methods:

A student-led course was proposed and approved in order to explore how power, privilege, and prejudice interact to manufacture racialized health disparities. Students collaborated in the development of the course pedagogy and syllabus. Course content was developed through a literature review of interdisciplinary materials, with a primary focus on intersectionality, racism and health disparities. Anti-black racism was explored in the course through the following topics: historical legacies, food justice, mass incarceration, police brutality, reproductive justice, and the built environment.

Results:

The course was approved after two rounds of recommendations from the faculty curriculum committee. There was overwhelming student interest in the course, however enrollment was capped at twenty-five to preserve an intimate class environment. Seven student facilitators designed and led class discussions grounded in popular education pedagogy with the support of a faculty advisor.

Conclusion:

The development of this course presents a critical step forward in the necessity of public health institutions to address the legacy and current reality of racism and the ways in which it continues to manifest in health disparities.