

Notes for Dr. Morabia
2021 First Chinese Podcast (Jan to Mar)

Chinese

Introduction:

大家好，歡迎收聽2021年美國公共衛生期刊第1期的音頻摘要。我是負責亞太地區的副主編余美端。AJPH 是唯一提供中文podcast的國際性公衛醫學期刊。本刊的2019年影響因子是6.5 (impact factor of AJPH increased from 5.4 in 2018 to 6.5 in 2019). AJPH對文獻的影響力持續增長。文章取稿錄低於百分之十，2020年投稿文章接近六千份。我們的podcast每兩三個月更新一次。請留意今年我們的Podcast推出了一個新的 logo 標誌，方便轉發傳播。

我們期刊的網站有非常豐富的資料，每天不斷更新，希望大家充分瀏覽利用。以下是耶魯大學的郭芃菲同學為我們介紹近數月期刊的重點內容。

I am Guo Pengfei, a doctoral student at Yale. I will present highlights of the January to March issues of the journal.
我是耶魯大學博士生郭芃菲，我將展示本刊一月到三月刊的重點內容。

January

Evolving intersectionality within public health: from analysis to action. It includes topics such as acting in a crisis, NIH viewpoint, artificial intelligence and Exposome, and Black feminism.

Covid -19 and public health students

Covid -19 and science, impact on gender difference

一月刊特別介紹了公共衛生領域中交叉性的演變，從分析到行動。特輯中的文章從不同角度談論了公共衛生中的交叉性，包括：公共衛生危機應對中的交叉性，美國國家衛生研究院對相關研究中概念與方法學挑戰發表的觀點，在人工智能和暴露組學中交叉性的應用，以及交叉性的黑人女權主義運動歷史起源。另外有數篇在讀學生關於新冠病毒的觀點文章，還有篇文章展示了疫情或加劇了學術界中女性的劣勢處境。

February

Electronic nicotine dispensing systems: recreation or prescription drug?

US Census Tract - Monitoring Health Inequities

National Crime Victimization Survey- Trends for LGBT

Using Routine Electronic Health Records for public health surveillance

二月刊特別介紹了電子煙引發的公共衛生問題，討論了使用電子煙的利弊。另有哈佛大學的研究討論了美國人口普查中影響死亡率與健康不公平結果準確性的因素。還有一篇文章展示了美國國家暴力受害調查結果，結果顯示性少數人群更可能成為暴力犯罪的受害者。最後，我想分享來自紐約市健康與精神衛生部門一位研究人员的观点：常态化使用電子健康紀錄大数据进行公共衛生疾病監測将为公共卫生研究提供丰富的研究数据。

March

Historical Perspectives on the Covid-19 Pandemic and 1918 Influenza Pandemic

This month's issue features a special dossier on "COVID-19 & History" with research and perspectives on how reactions to an earlier pandemic can inform our current response, and approach to preparedness moving forward. The issue also includes research on employment outcomes for public health graduates, disrupting the COVID-19 misinfodemic, sexual violence trends in the US, and more.

三月刊特別介紹了新冠病毒大流行與1918流感大流行的歷史聯繫，涵蓋的研究與觀點有，早期應對疾病大流行的經驗如何塑造今日面對新冠疫情的反應，和未來應對疫情的準備方法。本期雜誌還包括了阻斷傳染病相關不實信息傳播的干預研究，美國國家性暴力趨勢的描述研究。下面我將重點介紹本期雜誌中的一篇綜述文章，文章綜合分析了2015-2018年超100家院校接近65000名公共衛生專業畢業生首次就業情況。就業情況在細分專業和學業水平上呈現不同分佈，生物統計畢業生仍然保持最高的就業率，高學歷者平均擁有更高的薪資水平。僅有17%的畢業生進入政府部門工作，文章指出政府有必要加強在人才政策和資金募集上的努力。

The following section is contributed by Professor Lisa Bowleg, AJPH Associate Editor, for the AJPH Chinese Podcast Program.

INTERSECTIONALITY: A CRITICALLY IMPORTANT FRAMEWORK FOR PUBLIC HEALTH

Thank you very much for this invitation to speak about intersectionality and why it's such an important theoretical framework for public health research, policy and practice. Typically, when we think about public health theories, we think about something that a university professor – traditionally, a White man – has developed, researched, and published in an academic journal. One of the wonders of intersectionality, is that none of this applies. Consider, for example the historical origins of intersectionality. In 1851, a

former enslaved Black woman named Sojourner Truth gave her famous *Ain't I A Woman?* speech at a Women's Rights Conference in Akron, Ohio. Many intersectionality scholars consider the speech to be the first articulation of the intersectionality framework. Here's an excerpt of the speech:

That man over there says that women need to be helped into carriages, and lifted over ditches and to have the best place everywhere. Nobody ever helps me into carriages, or over mud puddles, or gives me any best place! And ain't I woman?

Truth's speech illuminated the fact that although she indeed was a woman, she was denied many of the privileges that women who were White enjoyed (e.g., being helped into carriages) because she was a *Black woman*. In other words, Truth's race intersected with her gender, such that one cannot understand Truth's experiences as a woman without its intersection with her race. Intersectionality asserts that intersectional positions such as race, gender, class, and sexual and gender minority status (to name just a few), are so intertwined that it is impossible to separate or add them, or understand a person's experiences based on just one position. Intersectionality is not just about multiple identities however. Fundamentally, intersectionality is about social justice for people such as racial/ethnic minority women, who have historically been marginalized or oppressed at multiple intersections (e.g., gender, race, class, sexual *and* gender minority status).

Intersectionality has traveled far since Truth's 1851 speech. By the 1970s Black feminists were using the framework in their activism for equality for Black women. By the late 1980s, legal scholars were incorporating it into their work, and in the last two decades, public health scholars have incorporated the theoretical framework into their research, policy and practice. Even the National Institutes of Health, the largest funder of biomedical and social and behavioral research in the United States has recognized intersectionality as an insightful framework for understanding and addressing health inequities such as HIV/AIDS and COVID-19 that have a disproportionately impact on the most marginalized groups in the U.S. (e.g., racial/ethnic minorities, poor people).

The January 2021 *AJPH* special section on intersectionality highlights many of the new and exciting ways that public health scholars, many of them early career scholars,

are integrating intersectionality into their work. By making intersectionality a central focus of their work, this next generation of public health scholars is advancing new theoretical, empirical and practical knowledge about the groups made most vulnerable by intersectional and structural inequality. They are also illustrating why it is so vital for public health research, programs and practice to focus on the specific and particular concerns of each group, rather than assuming that the public health approaches that benefit the groups with the most privilege (e.g., White middle class cisgender heterosexual people) will benefit everyone else.

下一段是本刊副主篇，George Washington大學的 Lisa Bowleg 教授替我們介紹交叉性研究對公衛的重要性和貢獻。Bowleg 教授致力多年研究這個題目，是這個領域的權威。由我代為譯讀她的文章。

題目是。交叉性：公共衛生的重要框架

非常感謝您邀請我來談論交叉性，以及它為什麼是公衛研究、政策和實踐如此重要的理論框架。通常，當我們想到公衛理論時，就會想到大學教授已經開發、研究並發表在學術期刊上的文章，而且傳統上是個白人教授。在交叉性主導下的研究，這些都不適用。讓我們以交叉性的歷史起源為例。1851年，一個名叫Sojourner Truth的曾被奴役的黑人婦女在俄亥俄州阿克倫市的婦女權利會議上，發表了著名演講——題目是“難道我不是個女人嗎”。許多交叉性學者認為這個演講是交叉性體系的第一次表達。這是演講的摘錄：

那邊的那個男人說，女人需要人幫忙上馬車，需要人幫忙跨過溝渠，最好的處處都留給了女人。可是沒有人幫過我上馬車，沒有人幫過我過水坑，或者給過我最好的待遇！難道我不是女人嗎？

Truth女士的發言闡明了一個事實，那就是儘管她是一名女性，但由於她是黑人女性，她被剝奪了白人女性享有的許多特權（例如，被扶上馬車）。換句話說，Truth的種族與她的性別存在交叉性，因此如果不考慮性別與種族的交叉性，人們就無法理解她作為女人的經歷。交叉性理論認為，種族，性別，階級，性和性少數群體地位之類的因素是如此交織在一起，以致無法孤立或加和它們的作用，也無法僅基於一個身份來理解一個人的經歷。但是，交叉性不僅涉及多個身份。從根本上講，交叉性關乎如少數族裔民族婦女這樣的人群的社會正義，這些人歷來在多個交叉屬性上被邊緣化或壓迫。

自從Truth女士，1851年的演講以來，交叉性已經發展了很遠。到了1970年代，黑人女權主義者在其為黑人婦女爭取平等權利的行動中使用了該框架。到1980年代後期，法律學者將其納入他們的工作。在最近的二十年中，公衛學者已將這個理論框架納入研究，政策和實踐中。甚至美國最大的研究資助方，NIH美國國立衛生研究院，都認

為交叉性是理解和解決健康不公平問題的重要工具，這樣的問題包括艾滋病和新冠肺炎，涉及美國大多數邊緣化群體，例如少數族裔、和低收入人群等。

AJPH2021年1月發布的關於交叉性的特刊重點介紹了許多交叉性框架在公衛領域的應用，既新穎又振奮人心，許多文章作者還是年輕的學者。通過將交叉性作為他們工作重點，新一代公衛學者正在發展有關因交叉性和結構性不平等的新理論，新經驗和實踐知識。他們還說明了為什麼關注每個群體的切身利益對公衛研究、計劃和實踐如此重要，而不是假設有利於擁有特權的人群的公衛方法也會使其他所有人受益。若想進一步瞭解這個新的研究領域，請參考一月份的期刊。以上是 Dr. Bowleg 提供的片段。

Conclusion: Asking audience to refer podcasts to friends and colleagues, subscribe to channel, and where to access podcast.

我們在這裡提到的文章大部分您都能免費閱讀。假如你喜歡我們的podcast，請推介給你的同事和同學分享。也請各位充分瀏覽和利用我們的網站。在國內的朋友可以直接在期刊網站主頁滾動到末端收聽podcast，其他地區的朋友更可以參考在soundcloud 或 iTunes 的podcast儲存庫。你也可以訂閱我們的頻道，以便及時收到新節目上傳的通知。感謝您的收聽。下一期再見。