Attending the American Public Health Association (APHA) conference was a transformative experience that will meaningfully contribute to advancing my research and career in addressing anti-racism, medical mistrust, and nutrition equity. The conference provided a unique opportunity to engage with various community members and thought leaders, practitioners, and researchers dedicated to dismantling systemic inequities in health, which resonated deeply with my own social determinants of health research.

The highlight of my conference was my poster presentation which represented the culmination of my research efforts. A project that started with meetings of research methodologies and analytical approaches was now at the stages of presentation to a national audience. Some applauded the novelty of the work while others critiqued the limitations of the data set. The experience of describing and defending the work of the research team led to further engagement with those who ventured upon my poster in the vast exhibition hall. The engagement brought new ideas and fresh perspectives on which to approach my research question was much appreciated. This gave me an understanding for future presentations which I found extremely valuable and calming for my future poster presentations.

Throughout the conference, I attended multiple presentations that illuminated the profound impacts of structural racism on health outcomes and access to care. A key takeaway was the critical role of anti-racist frameworks in reshaping public health policies and interventions, particularly those related to nutrition and chronic disease prevention. The CDC even had a presentation on cultivating trust in health institutions through antiracism practices which was refreshing even before I was able to talk with the speaker who described their role. Learning from experts actively working in this area reaffirmed my commitment to integrating anti-racism into my research practices, from study design to participant engagement, ensuring that my work contributes to more equitable health solutions.

The conference also offered insights into addressing medical mistrust, a significant barrier to health equity in minority communities. In discussions on community-based research, I gained strategies for building trust with historically marginalized groups by actively involving them in the research process and decision-making. These insights will guide me as I design interventions that prioritize community voices, fostering trust and long-term engagement. Moreover, learning how other researchers navigate these complex issues has equipped me with new perspectives and methods to increase the relevance and acceptability of my work in diverse populations.

Food and Nutrition was a particular thread of the conference that aligns closely with my research on improving dietary health and advancing nutrition equity in minority populations. Sessions focused on indigenous populations and cultural food practices in addition to access to affordable, nutritious foods which highlighted some success but also systemic obstacles these communities face. Inspired by these discussions, I plan to incorporate a more comprehensive understanding of cultural food environments and historical contexts into my future research, aiming to produce interventions that resonate with and empower participants.

Overall, the APHA conference has been invaluable for my professional growth and research development. By connecting with others committed to these crucial issues, I am better equipped

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to contribute meaningfully to the ongoing work in anti-racism, medical mistrust, and nutrition equity, advancing both my research goals and the field's commitment to health justice.