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A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes

Abstract

Research in preterm birth has focused on the disparate outcomes for Black, Hispanic, and Latina women as compared to White women. However, research studies have not focused on centering these women in frameworks that discuss how resilience is embodied. This article presents a transdisciplinary contextual framework of resilience, building on work that centers Black, Hispanic, and Latina women, as well as historical oppression and trauma resilience frameworks developed by transcultural psychiatry, psychology, public health, anthropology, medicine, nursing, sociology and social work. To develop the model, we reviewed 115 articles and books (1977 to 2019), which were then evaluated and synthesized to develop a transdisciplinary framework of contextualized resilience to enable a better understanding of the complex interplay of medical and social conditions influencing preterm birth. The framework includes multiple ecological layers that cross the individual, familial and intimate, community, structural, policy and law, and hegemonic domains.

Keywords

Resilience framework; women of color; preterm birth, racial disparities; structural violence; historical oppression; health disparities; embodiment

Introduction

“Helplessness and isolation are the core experiences of trauma. Power and reconnection are the core experiences of recovery” (Herman, 2015).

Research in preterm birth has historically focused on the disparate poor birth outcomes for Black, Hispanic, and Latina women as compared to White women. Research to date has focused on how stress (Dunkel-Schetter, 2011), racism (Chae et al., 2018; Krieger 2012; Nuru-Jeter et al., 2009; Prather et al., 2018), discrimination (Author, et al., 2018; Sealy-Jefferson, Giurgescu, Slaughter-Acey, Caldwell & Misra, 2016), individual traits (Dunkel Schetter, 2011; Dunkel Schetter, & Dolbier, 2011), social support (Campos, 2008; Dunkel Schetter, & Dolbier, 2011; Dunkel Schetter et al., 2013), residential segregation (Mehra, Boyd & Ickovics, 2017), and the built environment (Bonam, Bergsieker, & Eberhardt, 2016) influences poor birth outcomes during pregnancy. Black women born in the United States (U.S.) are twice more likely than White women to experience preterm birth (defined as birth before 32 weeks gestation), and their babies are twice as likely to not survive the first year of life (Hamilton, Martin, Osterman, Driscoll, & Rossen, 2017; Ramey et al., 2015). For the purposes of this article, we discuss both preterm birth and low birth weight (LBW) as adverse birth outcomes.

Embodiment of contemporary and historical trauma has been shown to influence both disease and adverse birth outcomes for Black women (Sealy-Jefferson et al, 2016; Prather et al., 2018; Prather, Fuller, Marshall & Jeffries, 2016; Williams & Mohammed, 2013). Exposure to structural violence and threats in the form of discrimination and racism can be embodied as a higher allostatic load, or cumulative “wear and tear” on the body (Lu et al., 2010), which can result in weathering, an increased susceptibility of disease (Geronimus, Hicken, Keene & Bound,

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3 2006; Williams & Mohammed, 2013) and poorer reproductive health outcomes among Black
4 women (Nuru-Jeter, et. al., 2009; Prather et al., 2018; Prather et al., 2016).
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8 Hispanic and Latina women in the U.S. have been shown to experience birth outcomes
9 similar to White women, even while experiencing more socioeconomic disparities, buffered in
10 part by strong social support systems (Campos et al., 2008; Hoggatt, Flores, Solorio, Wilhelm, &
11 Ritz, 2012). The “Latina Paradox” has been refuted by past researchers, with researchers
12 reporting foreign-born Latinas have stronger social supports that result in better birth outcomes.
13
14 While U.S. born Latinas were more likely to have lower birth weight babies and moderate
15 increases in preterm birth as they become more acculturated (Campos et al., 2008; Flores,
16 Simonsen, Manuck, Dyer, & Turok, 2012; Hoggatt et al., 2012).
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20 Other studies have shown neither foreign-born nor U.S. born Latinas had the same or
21 better birth weights than Whites (Sanchez-Vaznaugh et al., 2016), with a slight variation for
22 foreign-born Latinas who sometimes may have better birth weights than U.S. born Latinas.
23
24 Stress, discrimination, poverty, nutrition, obesity, and decreased social supports are factors that
25 researchers have postulated influence these different rates (Fleuriet & Sunil, 2017a; Fleuriet &
26 Sunil, 2017b; Hoggatt et al., 2012; Novak, Geronimus, & Martinez-Cardoso, 2017; Osypuk,
27 Bates, & Acevedo-Garcia, 2010). Recent studies show a rise in preterm births associated with
28 increased maternal stressors among Latinas after the anti-immigrant rhetoric and policies of the
29 2016 elections (Gemmill et al., 2019; Krieger, Huynh, Li, Waterman & Wye, 2018). Additional
30 sociopolitical stressors, such as the increasing threat of immigration raids and racialized legal
31 status scrutiny (Asad & Claire, 2018), have been shown to be detrimental physically and
32 mentally, which can result in poor pregnancy outcomes for Hispanic and Latina women
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3 (Braverman et al., 2017; Lu et al., 2010; Novak et al., 2017; Nuru-Jeter et al., 2009; Prather et
4
5 al., 2018; Ramey et al., 2015).

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8 Resilience, among the social sciences, has traditionally has been defined by psychology
9
10 as a personal and socially influenced trait that allows an individual to return to a normal state
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12 after adverse or traumatic events. (Antonovsky, 1993; Dunkel Schetter, 2011; Dunkel Schetter,
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14 & Dolbier, 2011; Eriksson, 2017; Hobfoll, 2014; Masten , 2001; Southwick, Bonanno, Masten,
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16 Panter-Brick & Yehuda, 2014). The fields of social work (Burnette & Billiot, 2015; Burnette &
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18 Hefflinger; Ungar, 2008, 2012, 2011a, 2011b), transcultural psychology (Allen et al., 2014; Elm,
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20 Lewis, Walters, Self, 2016; Kirmayer, Sehdev, Withley & Dandeneau, Issac, 2009; Kirmayer,
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22 Dandeneau, Marshall, Phillips, Williamson, 2011), anthropology (Bourgois, 2003; Castañeda et
23
24 al., 2015; Farmer, 2004; Panter-Brick, 2015, 2014), public health (Krieger, 2001), and sociology
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26 (Pinderhughes, Davis & Williams, 2016) have added contextual ecological layers to build upon
27
28 how resilience can be best understood. While medicine and nursing has focused on the
29
30 experiences of survivors' resilience via connectedness (Epstein & Krasner, 2013) and how health
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32 care providers (Turner & Kaylor, 2015) buffer adverse experiences for patients while increasing
33
34 positive health outcomes (see Supplementary Table S1).
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40 Resilience is a temporal, multilevel processes that varies from context to context –
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42 individual, familial, community, local, structural, political and historical - it involves many
43
44 trajectories and often actions, inactions and acts of resistance that are not always positive or
45
46 advantageous to the individual. To this purpose, we are defining resilience as a strengths-based
47
48 processes that is impacted by structural violence and historical oppression, including how the
49
50 intersection of race, class, gender identity, sexuality and varied abilities are shaped by
51
52 institutional and social power differences. We define resilience as not only indicating a forward
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3 positive trajectory but representing a process of “harnessing key resources to sustain well-being”
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5 (Panter-Brick, 2014) in which political economies, access to power, cultural norms and
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7 expectations are influenced by structural vulnerabilities, historical oppression and the ecological
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9 layers and environments of the individual, family and community.
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12 It is important to note throughout this article that the original terminology used by the
13
14 cited authors will be maintained; however, *ecosocial* context encompasses ecosocial theory
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16 (Krieger, 2012, 2011, 2001) and ecosystematic approaches (Brunette & Figley, 2016) and
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18 perspectives. Additionally, other elements related to our presented contextualized framework
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20 will include gendered roles and structural vulnerability, and will focus particular attention to the
21
22 ways in which women of color survive, manage, thrive, transcend, and heal.
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26 **Contextualized Historical Resilience Framework Development**

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28 Historically, few research studies have focused on centering Black, Hispanic, and Latina
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30 women in conceptual models that describe resilience. The Preconception Stress and Resiliency
31
32 Pathways (PSRP) model, developed by the National Institutes of Health Community Child
33
34 Health Network, identified both stress and resilience along various ecological levels while
35
36 focusing on strengths-based processes among women in low resourced communities (Ramey et
37
38 al., 2015). The Preconception Stress and Resiliency Pathways model provides a simplistic
39
40 framework for how everyday resilience works on six ecological levels to impact healthy birth
41
42 outcomes. The model was NIH funded and was community engaged and developed; however,
43
44 this model heavily relies on individual factors, while also attempting to assess social and
45
46 community resources and the psychological stress caused by discrimination and racism (Ramey
47
48 et al., 2015). The PSRP model is limited in its approach because it does not place individuals in
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50 the context of historical oppression as related to historical racism, oppression and trauma,
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3 structural vulnerabilities, and gendered roles and constraints. In order to address the need for a
4 strengths-based and woman-centered resilience framework and the limited research surrounding
5 the adverse birth outcomes for Black, Hispanic and Latina women, we developed a
6 preconceptual contextualized resilience model. To address these limitations, this article presents
7 the results of a comprehensive scoping literature review of resilience and our preconceptual
8 model that incorporates existing theories and new concepts from transdisciplinary works to
9 inform and support how resilience is embodied. This preconceptual model supplemented
10 historical oppression and trauma resilience frameworks that have been developed in the fields of
11 transcultural psychiatry, psychology, public health, anthropology, medicine, nursing, and social
12 work (Burnette & Figley, 2016; Fast & Collin-Vezina, 2010; Hinds & Haase, 2011; Kirmayer et
13 al., 2011; Panter-Brick, 2015, 2014; Panter-Brick & Eggerman, 2017).

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A secondary focus of this article is to discuss how the study findings can be applied to
better understand the strength-based, dynamic resilience enacted in the everyday lives of women
of color, specifically Black, Hispanic, and Latina women in relation to reducing adverse birth
outcomes and improving healthy birth outcomes. Although we have borrowed and learned from
the extensive previous work on resilience frameworks focused on Native American and
Indigenous peoples, we have not focused on Native women's birthing outcomes, as given the
context of European colonization and resulting historical oppression Native and Indigenous
authors must first do a resilience analysis. While keeping the focus on centered Black, Hispanic,
and Latina women within an ecologic context, women are seen as enacting their resilience
through action and praxis. Expanding on the work of Bourdieu (1977), we transitioned from an
agency/structure binary construct for how resilience is lived and sought to instead understand the
processes of resilience as dynamic and in constant flux over time. Further, resilience centers the

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3 individual as both influential and influenced within the contextual situations and circumstances
4 managed daily (Bourdieu, 1977; Kirmayer et al., 2009; Paille, 2003).

8 **Analytic and Preconceptual Model Development**

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10 The preconceptual model that the authors developed was based on ecological models in
11 public health, social work and sociology. The authors then used the theories, frameworks and
12 concepts gleaned from the scoping literature review (Kastner et al., 2012). The authors
13 investigated how resilience interacts within and across ecological layers, and how it is
14 manifested and expressed in the everyday lives of women. The focus on analysis began with an
15 examination of current views of resilience across disciplines while seeking to understand
16 theoretically how issues of power, the legacy of historical oppression, and structural
17 vulnerabilities affects women's lives (see Figure 1).

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27 [Insert Figure 1]

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31 Theoretical influences included the following foundational works on structural violence
32 (Bourgois, 2001, 2003; Farmer et al., 2004; Peña, 2011; Pinderhughes et al., 2016), systems of
33 power and their mechanisms along the ecological layers (Bourdieu, 1977, 1990; Foucault, 1982;
34 Gramsci, 2011; Krieger, 2001), critical theory, critical race theory, and intersectionality
35 (Burnette & Billiot, 2015; Burnette & Hefflinger, 2017; Chapman & Berggren, 2005; Crenshaw,
36 1991; Ford & Airhihenbuwa, 2010; Freire, 1972). The research team used thematic analysis to
37 identify relevant and emerging threads from the literature reviewed and discussed. After
38 incorporating an understanding of concepts and layers, the group participated in weekly meetings
39 to determine the structure to represent the domains in the multiple layers of the framework. Next,
40 each section was written to reflect current and past frameworks and conceptual themes. As
41 articles were coded and reviewed, a statement was developed to describe each layer. Finally, a
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3 single theme and corresponding label for conceptualized field and resilience factor was chosen to
4 represent each layer of the framework. Themes reflected the main concepts that the authors
5 determined to be paramount in the literature and research and considered important in the
6 consideration of contextualized resilience and the reduction of adverse birth outcomes (see
7 Supplementary Table S2).
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15 The authors used the theoretical existing frameworks of historical oppression (Burnette,
16 2015; Burnette & Figley, 2016), structural vulnerabilities (Bourgois et al., 2017), embodiment
17 (Walters et al., 2011; Nuru-Jeter et al., 2009; Scheper-Hughes & Lock, 1987) as the primary
18 underlining influences. In addition, the theoretical concept of capacity was adapted (Kirmayer et
19 al., 2009; Mancini & Bonanno, 2009; Masten, 2001). The authors also developed the concept of
20 entitlement, which is our extended definition of “sense of coherence” (Antonovsky, 1993; Dunkel
21 Schetter, 2011; Dunkel Schetter, & Dolbier, 2011; Kirmayer et al., 2009; Masten, 2001).
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31 The framework of historical oppression includes historical and contemporary experience
32 of both normalized and internalized oppression, including the experience of inequities,
33 subjection and structural violence. Historical oppression encompasses an examination of how
34 structural violence and gendered roles intersect to uniquely impact the lives of women (Burnette,
35 2015; Burnette & Figley, 2016). Structural vulnerability is an individual’s or group’s experience
36 of being at risk for adverse health outcomes through their interactions with “socioeconomic,
37 political, and cultural/normative hierarchies” (Bourgois et al., 2017, p. 3). Embodiment can be
38 understood as to how stressors, inequities, symbolic and/or literal insults are held, housed, and
39 experienced in the self, as well as how wellness, belonging and love are experienced (hooks,
40 2001; Scheper-Hughes & Lock, 1987; Walters et al., 2011).
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3 Capacity is an overarching term defined as individual characteristics and traits that
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5 increase the ability to overcome and experience trauma and hardship without negative outcomes
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7 and/or while experiencing growth and can involve support networks and community (Bonanno,
8
9 Romero & Klein, 2015; Kirmayer et al., 2009; Masten, 2001). Capacity changes based on access
10
11 to power and power dynamics across and within the layers of our ecological framework.
12
13
14 Entitlement is a sense of belonging and worthiness that is inherent in the intimate level of how
15
16 we construct our value, and right to exist vis-a-vie the world around us. Entitlement, as we define
17
18 it, can be profoundly damaged and altered by experienced and embodied trauma, and
19
20 consequently, healed or buffered by belonging and attunement (Van de Kolk, 2015). Capacity
21
22 includes a sense of coherence, the belief that the world and one's existence in it, is logical and
23
24 consistent (Antonovsky, 1993), whereby entitlement is our term developed to expand upon and
25
26 add to a “sense of coherence” (Antonovsky, 1993; Davis, Barat, & West, 2016; Fanon, 1965;
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28 Kirmayer et al., 2009; Masten, 2001; Popova, 2015). In addition, an emphasis was added on
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30 historical and contemporary power dynamics and how individuals interact, both proactive and
31
32 reactively, within inequitable power constraints (see Table 1).
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37 [Insert Table 1]
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40 **Method**

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42 A scoping review of the literature was conducted from 2016 to 2019 to support the
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44 development of the contextual framework (Kastner et al., 2012). Search terms in PubMed,
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46 JSTOR, Antro Source, Science Direct, Google Scholar, included resilience, resilience and
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48 trauma, resilience and women of color, resistance, resistance and Black/African American
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50 women, resistance and Hispanic and Latina women, resilience and community, embodiment,
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52 preterm birth, adverse birth outcomes, structural violence, communities of color, and women of
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3 color. One hundred and fifteen articles from peer reviewed journals and 10 books met inclusion
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5 criteria, based on the QATSDD (Fenton, Lauckner & Gilbert, 2015). Research articles were
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7 limited to those that met inclusion criteria. Inclusion criteria were (a) written in English; (b)
8
9 study outcomes were related to resilience; (c) study outcomes needed to include but were not
10
11 limited to birth related outcomes; (d) studies that described resilience in Black/African
12
13 American, Hispanic/Latina women, and communities of color in North America; (e) Articles in
14
15 the initial search were not limited by age range of participants, but special focus was given to
16
17 childbearing years. Exclusion criteria were studies that described (a) war related trauma and
18
19 resilience; (b) sports-related resilience; (c) studies that exclusively defined resilience as only
20
21 individual choices, traits, or chronic characteristics and; (d) studies of resilience that only
22
23 consider trauma or adversity within a singularly adverse event such as 9-11. For the purposes of
24
25 this review, historical oppressions (Burnette, 2015; Burnette & Figley, 2016) and structural
26
27 vulnerabilities (Bourgois et al., 2017; Quesada, Hart, & Bourgois, 2011) were included as
28
29 potential stressors that contribute to adverse birth outcomes (see Supplementary Figure S1).
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35 **Results**

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37 The results of the scoping literature review resulted in major threads from which themes
38
39 were incorporated into our initial preconceptual model in order to develop our final
40
41 contextualized resilience framework (see Figure 2). Five major themes were determined from the
42
43 resulting connecting literature and include, 1. embodiment via biosocial links and
44
45 biophysiological mechanisms to stress, discrimination and adverse conditions that increase
46
47 inflammation, higher allostatic load, and multiple responses that can lead to adverse health and
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49 birth outcomes for Black, Hispanic, and Latina women, 2. capacity via access to personal and
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51 social supports, socio-emotional knowledge, and access to resources and types of capital within
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3 various contexts, 3. entitlement and understanding of one's own worth and belonging in the
4 world based on a sense of safety, control, and attunement with others, 4. resistance as a
5 transformative mechanism to create better birthing outcomes via improved equity in
6 communities and groups that have been historically discriminated against, and 5. both historical
7 oppression and structural vulnerability as important contextual reoccurring themes that provide
8 the sociopolitical foundation for our ecological layers and are interwoven within each theme
9 above.

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11
12 Our contextual resilience framework was designed by integrating the five themes above
13 into our preconceptual model, which consists of 6 ecological layers. The initial label for each
14 layer represents our ecologically focused preconceptual model (seen in Figure 1), while the
15 gleamed corresponding contextual fields and resilience themes are represented via labels the
16 authors have given them in parentheses after the initial ecological layer (see Figure 2). The 6
17 layers of our framework represent 1. individual (capacity), 2. familial, intimate, and friends
18 (entitlement) 3. community and collective culture (resistance), 4. structural and institutional
19 (structural vulnerability and reformation), 5. policy (historical oppression and manifesting), and
20 6. hegemonic discourse (embodiment and transformation) areas. Within the interacting
21 ecological layers as a backdrop, we identified resilience as a strength-based processes, praxis,
22 and symbolic action or belief that women use as a means of claiming sovereignty over
23 themselves (see Figure 2).

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26 [Insert Figure 2]

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29 Our contextualized resilience framework is presented and described in order of the
30 innermost circle to the surrounding overlapping layers. The individual layer at the center should

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3 be understood as moving through, influenced by, and influencing all overlapping layers in the
4
5 framework.
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7 8 **Discussion of Results** 9

10 The five primary theme findings were synthesized to develop our concept of a multi-
11 layered contextualized resilience framework. The conceptual framework of contextualized
12 resilience presented here was created to better understand how resilience works via both lived
13 processes and symbolically for women of color, specifically Black, Hispanic, and Latina women
14 to create better birth outcomes. Our framework was purposively developed using
15 transdisciplinarity, as transdisciplinarity is achieved when a group develops an overarching
16 framework that includes but transcends individual disciplines (Adler & Stewart, 2010). The
17 resulting framework will be vetted and informed by Black, Hispanic, and Latina women based
18 on their personal and community experiences. That said, we also intend our framework of
19 contextualized resilience to expand on existing conceptual transdisciplinary knowledge and offer
20 a starting point of theoretical discussion regarding how an ecological, critically aware, women of
21 color centered resilience framework can be further constructed. A table of strategies to increase
22 resilience was developed from the literature reviewed, and can be expanded through future
23 community involvement and research (see Table 2).
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44 **Layer One – Capacity** 45

46 The first resilience layer of the framework is described through the lens of individual
47 capacity and internal abilities. The individual in the framework has been placed at the center and
48 is represented through arrows that move within and throughout the overlapping layers of the
49 framework, indicative of the resilient making praxis of the individual and the field within
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3 symbolic and collective bodies in which individual interacts (Bourdieu, 1977). Social networks
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5 and supports have also been factored into the likelihood of an individual to display resilient
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7 behavior (Dunkel Schetter, 2011; Dunkel Schetter & Dolbier, 2011; Dunkel Schetter et al., 2013;
8
9 Ungar, 2008, 2011a; Ungar, Brown, Liebenberg & Othman, 2007). We choose *capacity* as the
10
11 descriptor to delineate the traits that represent resilience of the self. Although traits such as self-
12
13 esteem, mastery, self-regulation, positivity, and other coping skills can no doubt build resilience
14
15 in many environments, centering resilience in an individual's personality or characteristics takes
16
17 away from understanding how the ecological and social environments influence how individuals
18
19 shift and negotiate resources as a process of resilience (Hobfoll, 2014). The primary focus on
20
21 individual traits and capacity is based on a Eurocentric, dominant culture and western value-
22
23 laden lens and can fail to provide a deep understanding of how Black, Hispanic, and Latina
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25 women build strength and support in their lives (Burnette & Figley, 2016; Kirmayer et al., 2011;
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27 Ungar, 2011a).

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33 Resilience at the individual layer can be displayed in many different manners with the
34
35 ability to adapt, shape and “shift and persist” or to “navigate and negotiate” as a process that
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37 ultimately bids to create better health outcomes amid the context of these disparate conditions
38
39 (Burnette, 2015, 2017; Dunkel Schetter et al., 2013; Panter-Brick, 2015, 2014; Ungar, 2008,
40
41 2011b). Building self-regulatory skills through learning cognitive behavioral stress management
42
43 has been shown to reduce perceived stress levels during pregnancy for Black, Latina, Asian,
44
45 mixed, and White low-income women, although these skills did not improve cortisol levels
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47 during pregnancy (Urizar, Jr., Yim, Rodriguez, & Dunkel Schetter, 2019). A recent study on
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49 U.S. born and foreign-born Latinas experiencing anxiety while pregnant showed a pathway
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51 between mid-term anxiety and a placental corticotrophin-releasing hormone, resulting in shorter
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3 gestation as compared to their non-Latina White counterparts (Ramos et al., 2019). Given that
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5 discrimination, racism, and various forms of stress cause poor health outcomes and birthing
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7 experiences, it is necessary to gain a better understanding of how the lived experiences around
8
9 resilience create and safeguard wellness against the stress response (Burnette, 2015, 2017; Chae
10
11 et al., 2018; Farmer, 2004; Krieger & Davey Smith, 2004; Nuru-Jeter et al., 2009; Selita &
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13 Kovas, 2018; Walters et al., 2011).

14 15 16 17 **Layer Two – Entitlement**

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19 The second layer of entitlement is aligned with family, intimates, and friends. Entitlement
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21 includes a sense of coherence, the belief that the world and one's existence in it, is logical and
22
23 consistent (Antonovsky, 1993). Entitlement is an essential part of resistance resources where a
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25 sense of coherence includes 1) comprehensibility: belief that the world is comprehensible and
26
27 ordered; 2) manageability: belief that one has the skill, ability, support/help, or resources to face
28
29 challenges; 3) meaningfulness: belief that life is worthwhile and has purpose. In terms of
30
31 understanding resilience for Black, Hispanic, and Latina women, we include an important fourth
32
33 additional element, the sense that one has the right to exist—which is not contested, denied, or
34
35 ignored in the lived context of other layers in the contextual framework. This addition is
36
37 important to understand in the context of symbolic violence (Bourdieu, 1977) and vulnerability
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39 via limited opportunities and the racist, classist, and gendered assaults experienced in everyday
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41 life (Michau, Horn, Bank, Dutt, & Zimmerman, 2015). This sense of entitlement is inherent in
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43 the intimate level of how we construct our value and right to exist vis-a-vie the world around us
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45 (Popova, 2015).
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51 Entitlement involves the processes and symbolic concept of finding belonging, love, and
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53 solace in intimate, familial, and friend relationships, while also experiencing a sense of
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3 continuity and a right to essential life, belonging (Antonovsky, 1993) and a notion of self-worth.
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5 Women experience and affirm their worth and identities through building relationships which
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7 provide belonging through a sense of coherence, which helps to manage a chaotic world
8
9 (Bourdieu, 1977; Eriksson, 2017). Family and friends also provide connections to community
10
11 relationships and supports for women (Campos et al., 2008). Researched foreign-born and U.S.
12
13 born pregnant Latinas benefited from higher levels of social supports via familialism compared
14
15 to their non-Latina White counterparts (Campos et al., 2008). Social supports were related to
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17 higher birth weights for foreign-born Latinas, as compared to their U.S. born Latinas and
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19 European American counterparts (Campos et al., 2008). Close relationships build resilience by
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21 reflecting back self-esteem and self-love for Black, Hispanic, and Latina women (hooks, 2001).
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26 Reshaping and struggling against cultural scripts, such as gender roles, stereotypes, and
27
28 other representations, allows women the movement to create authentic forms of love, solace, and
29
30 belonging in relationships (Ross & Solinger, 2017; Mullings, 1997, 2002; Davis, 2014). Socio-
31
32 political contexts and economic forces heavily influence gendered roles and cultural scripts.
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34 Migration, poverty, and cultural expectations can combine to create gender inequities. Research
35
36 of Mexican-origin immigrant women in the United States found that gender inequity, and,
37
38 subsequently, reproductive health behaviors linked with unequal distribution of labor at home,
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40 family levels of stability, and socioeconomic disparities. Although cultural norms influenced
41
42 gendered roles, those roles were also influenced by migration patterns and resulting educational
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44 and economic opportunities for women (Coleman-Minahan, 2017).
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49 Black, Hispanic and Latina women use known forms of cultural capital from their own
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51 histories and cultures as well as “dominant” White middle-class culture (Bourdieu, 1977; Yosso,
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53 2005) to actively build resources through negotiating and navigating community support systems
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3 and socioeconomic environments (Panter-Brick, 2015, 2014; Ungar, 2011b) even among social
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5 fields and contexts in which resources have been historically restricted. In terms of birthing
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7 experiences, Black, Hispanic, and Latina women manage the sense of chaos that is a
8
9 consequence of historical oppressions and structural violence by creating order and a sense of
10
11 meaning via the agency of loving relationships with their own bodies, future children, lovers, and
12
13 close family members (hooks, 2001; Mullings, 1997, 2002; Mullings & Wali, 2001). Creating a
14
15 sense of safety via connection and belonging, produces better social supports, buffers stressful
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17 experiences and may disrupt or negate biosocial mechanisms that influence adverse birth
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19 outcomes.
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24 **Layer Three – Resistance**

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26 The third layer in our resilience framework is community—representing culture,
27
28 intersectional identities, the local environment, and collective cultures, both historical and
29
30 contemporary. Communities are complex systems, involving the social-cultural, physical,
31
32 economic and built environment (Pinderhughes et al., 2016), and often contain intergenerational
33
34 histories of trauma, and structural violence. Collective and intergenerational community trauma
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36 and adverse life experiences (Anda, Butchart, Felitti & Brown, 2010; Felitti et al., 1998) leads to
37
38 poor health for all members of the community, including birthing women. Resistance, as an
39
40 operational term, is used for this third layer and is defined as defying or opposing dominant
41
42 individuals or institutions in a “context of differential power relationships” and, at times, can
43
44 involve “refusal,” or rejecting unequal relationships to assert new ways in which power is
45
46 configured (Seymour, 2006). Resistance activates and embodies resilience in the community.
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49 The movement of collective culture resisting inequities has been the basis of many positivist
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51 political and human rights movements in recent history, with the civil rights movement being the
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3 most famous example (Davis, Barat, & West, 2016; Quesada et al., 2014). Organizing and giving
4
5 collective support is restorative at the community, familial, and individual levels (Kirmayer et
6
7 al., 2011; Lorde, 1999; Pinderhughes et al., 2016).
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10 Healing collective trauma through social networks, rebuilding broken down built
11 environments, and creating resources to combat socioeconomic barriers allow the act of
12
13 communal self-caring and engagement to be transformative on an individual level, which
14
15 directly and positively impacts women's lives, stress level responses, and pregnancies. The
16
17 individual self, and in this case pregnant and birthing women, can then survive through
18
19 involvement in collective community (hooks, 2016a, 2016b) because the process of solidarity
20
21 provides immunity or a buffer to maladaptive health outcomes (Pinderhughes et al., 2016;
22
23 Quesada et al., 2011; Ramey et al., 2015). The internalization of social status and pregnancy
24
25 related anxiety among Mexican immigrant women has been shown to predict low birth weight
26
27 (Fleuriet & Sunil, 2015, 2017a), as has the reproductive habitus, defined as the manner of living
28
29 the "reproductive body, bodily practices, and the creation of new subjects through interactions
30
31 with people and structures" (Fleuriet & Sunil, 2015; Smith-Oka, 2012). The embodiment of
32
33 selfhood via community agency can provide women with the ability to engage in personal
34
35 practices that bolster self-regulation, self-efficiency, stress management, positive coping skills
36
37 and contributes to better social economic resources (Dunkel Schetter & Dolbier 2011) that
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39 produce an embodied impact on pregnant Black, Hispanic, and Latina women.
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46 **Layer Four – Structural Vulnerability**

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48 The fourth layer of structural vulnerability describes the economic forces, institutional
49 mechanisms, as well as the local policies that influence the quality of life and health of
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51 community members. Black, Hispanic, and Latina women are disproportionately negatively
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3 impacted by structural forces, both institutionally, and through local policies that have not been
4 created and managed to serve women of color (Bourgois et al., 2017; Krieger, 2012; Nuru-Jeter
5 et al., 2009; Sealy-Jefferson et al., 2016; Walters et al., 2011). Structural vulnerability is an
6 operationalized term that strongly aligns along all layers of the framework and can best inform
7 the structural layer. Structural vulnerability (Bourgois et al., 2017; Green, 2011) describes an
8 individual's or a group's condition of being at risk for negative health outcomes through their
9 interactions with socioeconomic, political, cultural, and normative hierarchies. Individuals are
10 structurally vulnerable when their location in societal interactive reinforcing power hierarchies
11 (e.g., socioeconomic, racial, cultural) and institutional and policy statuses (e.g., immigration
12 status, labor force participation, legal histories) constrain their ability to access health care and
13 pursue healthy lifestyles (Bourgois et al., 2017; pg. 2).

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Privilege and access to power in the United States was built through the development of
natural and financial resources, while the historical disparity of access to these resources is the
foundation of racial oppression and inequity (Du Bois, 1909). Community trauma involves a lack
of resources and opportunity, a disregard for the built environment, and a proliferation of
neglected urban social spaces that serve as visual indicators of segregation. These in turn
negatively impact the health of the Black, Hispanic, and Latina women and increase stress levels
that contribute to adverse pregnancy outcomes (Bonam et al., 2016; Burton, Kemp, Leung,
Matthews, & Takeuchi, 2011; Gravlee, 2009; Mehra, Boyd & Ickovics, 2017; Pinderhughes et
al., 2016; Suglia et al., 2010). Claiming power and producing praxis-based agency, which
accordingly produces resilience, can reduce biosocial links to stress responses for birthing
women.

Layer Five – Historical Oppression

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3 The fifth layer represents the policy, law, and historical legacy of racism and oppression
4 of our framework and highlights the established mechanisms of segregation that perpetuated
5 inequities for communities of color and historically underrepresented groups. The
6 operationalized term we are using that clarifies this process is historical oppression. Historical
7 oppression focuses on “historically situating social problems in their structural causes, rather
8 than inappropriately locating problems solely within the populations who tend to
9 disproportionately experience them” (Burnette & Heffinger, 2017; Waller, 2001). This definition
10 also includes the internalization of historical and contemporary oppressions, hierarchical power
11 relationships, and an understanding of the intersectionality of racism, sexism, and colonial
12 histories of U.S. policies (Crenshaw, 1991; Ford & Airhihenbuwa, 2010; Freire, 1972).
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26 Building social resilience through community and common narratives of belonging can
27 bolster a sense of entitlement across the intimate, familial, and community levels. Building
28 community around healing is a step towards resilience in itself because hope is within the
29 narrative of belonging and the right, or entitlement to exist. The processes of building resilience
30 through active resistance in civil and social activism becomes more important as a function of
31 hope (Castañeda et al., 2015; Davis, Barat, & West, 2016).
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40 Understanding how structural violence is normalized within communities in both overt
41 and silent ways helps us demonstrate how resilience is produced via joy, intimacy, and hope,
42 even in spaces where the experience of collective community has been historically under
43 resourced and undervalued (Abdou et al., 2010; Burnette, 2015, 2017; Kirmayer et al., 2009;
44 Krieger, 2012; Pinderhughes et al., 2016). Daily interactions of indignities with healthcare
45 personnel add up to increased stress and worry for Black, Hispanic, and Latina women, resulting
46 in increased adverse birth outcomes (Colen, Ramey, Cooksey, & Williams, 2018; Author et al.,
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3 2018; Novak et al., 2017; Nuru-Jeter et al., 2009; Suglia et al., 2010). Any fundamental shift in
4
5 attitude, understanding, and policy towards creating systems of dignity, such as accessible,
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7 consistent supportive healthcare, in addition to informative, culturally humble and respectful
8
9 health providers, can improve Black, Hispanic, and Latina women's birth experiences by
10
11 reducing cumulative stress and physiological responses in the body during pregnancy. Increased
12
13 access to health and preconception care, nutritional fresh foods, economic opportunities and
14
15 family supports can also provide an understructure to promote healthy birth outcomes and
16
17 resilient pregnancies (Hamad, Collin, Baer & Jelliffe-Pawlowski, 2019; Lu et al., 2010; Prather
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19 et al., 2018).

23 24 **Layer Six – Embodiment**

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26 The final layer of our framework, embodiment, involves the hegemonic discourse and the
27
28 rejection of oppressive ideological representations, stereotypical norms, and a process of healing
29
30 by means of developing critical consciousness and resistance around previously naturalized
31
32 power inequities. The re-acquisition of places, memory, self, and history becomes a means of
33
34 remaking the self (Davis et al., 2016; Freire, 1972). Resilience can be cultivated through the
35
36 rejection of norms based on stereotypical representations, resulting in ongoing healing and
37
38 transformation (Allen et al., 2014; Burnette & Figley, 2016; Panter-Brick, 2015, 2014;
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40 Pinderhughes et al., 2016; Ungar, 2012). Embodiment represents this layer of the framework and
41
42 exists in all overlapping layers. Embodiment represents how stressors, inequities, and symbolic
43
44 and/or literal insults are held, housed, and experienced in the self (Scheper-Hughes & Lock,
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46 1987). It is an important concept and highlights how both trauma and resilience can affect the
47
48 health and well-being of Black, Hispanic, and Latina women, influencing reproductive health
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50 and pregnancy outcomes in numerous ways (Krieger & Davey Smith, 2004; Nuru-Jeter et al.,
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52 2009). More specifically, it is crucial to understand how hegemonic discourse shapes and
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3 influences the reproductive rights and health of women of color (Roberts, 1999). Embodiment
4 represents the ways in which resilience, healing, and transformation lives in the symbolic space
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6 of thought and action on all layers of our framework.
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10 After experiencing collective or individual experiences of trauma, various types of
11 protective dissociation through the creation of art and cultural narratives can serve as projections
12 of future hope and functional forms of escape. Similarly to art, transformation can be manifested
13 through innovation and community knowledge, producing social action and local systems of
14 positive change (Akom, Shah, Nakai, & Cruz, 2016). Along historical collective groups,
15 solidarity acts as a transformative element via shared action, hope, and the healing of the larger
16 social body (Kirmayer et al., 2011; Teufel-Shone, Tippens, McCrary, Ehiri, & Sanderson, 2018).
17 Solidarity through political and social movements also provides witnessing of wrongs and
18 inequities. Constructing narratives around people's collective experiences of inequities
19 influences policy change, reduces health disparities through increased access to care, and lowers
20 experiences of discrimination and stress for pregnant and birthing women.
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35 **Conclusions and Future Research**

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37 This analysis was conducted using a preconceptual model for a scoping literature review
38 of resilience from various fields relating to the definition, processes and creation of resilience
39 that resulted in a multi-layered contextual resilience framework. The studies included in the
40 review were synthesized by women of color to understand how Black, Hispanic, and Latina
41 women create and cultivate resilience in their lives to influence healthy pregnancies and birth
42 outcomes. However, any assertion of this contextual resilience framework is ineffective and
43 unproductive if not further refined and vetted among communities of Black, Hispanic, and Latina
44 women (Wallerstein, Yen, & Syme, 2011). The resulting contextual resilience framework was
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3 developed with women of color, with intention to women of color scholarship and developing
4 different ways of thinking about resilience and how it is captured in future studies. Thus, our
5 framework identifies the limitations of how resilience has been defined and finds issue with how
6 communities have been engaged or included in determining how to measure and present the
7 information gleaned about them and for them. While centering Black, Hispanic, and Latina
8 women within the creation and ongoing development of this framework and any measures
9 developed to further its evolution, we also welcome a discussion regarding how a contextualized
10 resilience framework can be better conceptualized with a lived understanding of the multi-
11 dynamic processes that Black, Hispanic, and Latina women manage and negotiate while
12 engaging resiliently. Future research should also consider biosocial links and biopsychological
13 pathways is a viable and important method of research in order to understand how resilience is
14 embodied among pregnant Black, Hispanic, and Latina women.

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31 This contextual framework is the first step in the development of a praxis-based
32 framework that has been conceptualized with the sole intent of identifying resilient strength-
33 based practices that women of color currently manifest in their lives. The conceptual review was
34 not exhaustive but aimed to cover many major works and fields of thought across different
35 conceptualizations on resilience theory. The strength of our contextual framework is that it pulls
36 from many fields and concepts to build upon our basic premise, and women of color are central
37 to the narrative of their own health, wellbeing, and transformative strengths. Black, Hispanic,
38 and Latina women in the United States have been navigating and negotiating their ability to
39 survive and thrive for centuries, as well as endeavoring to embody healthy pregnancies and
40 babies. Within this centrally focused view, we must strive to understand the overlapping layers
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3 of the ecological system developed by historical oppressions and shaped via structural
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5 vulnerabilities (Bourgois et al., 2017; Burnette & Figley, 2016; Krieger, 2012).
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8 Future research and understanding should focus on how people in diaspora create and
9
10 interact in resilient communities. Our review also did not include a discussion of trans men and
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12 lesbian women of color's experience with pregnancy and birth outcomes, as well as omitted a
13
14 very relevant discussion of discrimination and its impact on pregnancy and birth outcomes for
15
16 lesbian, gay, bisexual, transgender, queer, inter- and asexual individuals. We also did not
17
18 research or discuss the experience of differently abled women's birthing experiences or
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20 outcomes, thus falling short of providing an important and more comprehensive understanding of
21
22 the adverse and different experiences they also have.
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26 Subsequent resilience research should include feedback and opinions of Black, Hispanic,
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28 Latina women and birthing people in relation to their pregnancy and birthing experiences.
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30 Collaboration with women and birthing people is needed to better understand biosocial links and
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32 biopsychological pathways that influence pregnancy outcomes. Suggested activities and research
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34 include (a) the creation of contextual resilience measures with community members, (b) further
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36 development of narrative definitions for layers of the ecological framework, co-authored with
37
38 women in represented communities to identify the processes and needs to bolster resilience, (c)
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40 implementation of vetted resilience supporting programs, education and structures to build
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42 community leadership, wealth, social support systems, and wellness, and (d) educational training
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44 for service providers, and community leadership and activism to create supportive health policies
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46 and wellness for birthing Black, Hispanic, Latina women, and birthing people's families and
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48 communities.
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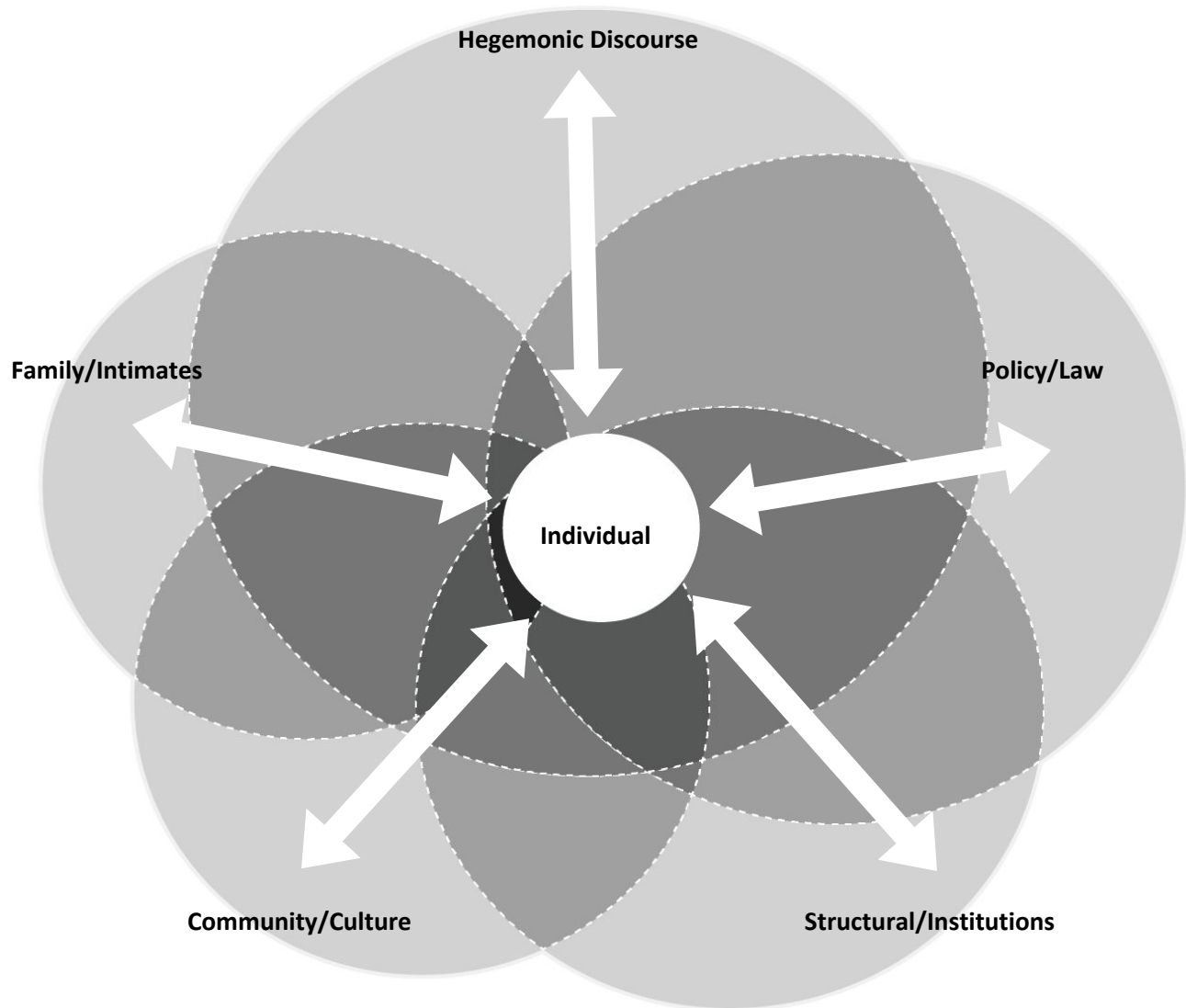
Table 1. Key Concepts for Contextual Resilience Framework

Layer	Definition & Disciplines
*Embodiment	Embodiment can be understood as how stressors, inequities, symbolic and/or literal insults are held, housed and experienced in the self, as well as how wellness, belonging and love are experienced (hooks, 2000; Krieger, 2005; Scheper-Hughes & Lock, 1987; Walters et al., 2011): Anthropology (Medical/Social), Sociology, Public Health, Cross Cultural Psychology, Indigenous Studies
*Historical Oppression	The framework of Historical Oppression (Burnette & Figley, 2016) is an ecosystematic overlapping resilience framework that focuses on the experiences in relationship to contemporary, historical trauma, and structural violence. This model also critically examines how historical oppressions structural violence and gender intersect to uniquely impact the lives of women: Social Work/ Cultural Psychology/Indigenous Studies
*Structural Vulnerability	Structural vulnerability describes an individual's or a group condition of being at risk for negative health outcomes through their intersections with socioeconomic, political, cultural, and normative hierarchies (Bourgois & Quesada, 2016; Green, 2011): Medical Anthropology/ Public Health
**Entitlement	Entitlement is a sense of belonging and worthiness that is inherent in the intimate level of how we construct our value, and right to exist vis-a-vie the world around us. It includes a sense of coherence, the belief that the world and one's existence in it, is logical and consistent (Antonovsky, 1993). **Entitlement is our term developed to expand upon and add to a "sense of coherence" (Antonovsky, 1993; Davis et al., 2016; Fanon, 1965; Kirmayer, et al., 2009; Masten, 2001; Popova, 2015): Psychology, Transcultural Psychiatry/Indigenous Studies/Sociology/Poetry
*Capacity	Capacity is an overarching term that is defined as characteristics and traits that allow an individual to overcome and experience trauma and hardship without negative outcomes and/or while experiencing growth and can involve support networks and community (Dunkel Schetter & Dolbier, 2011; Kirmayer, et al., 2009; Masten, 2001). Capacity changes based on access to power and power dynamics and is experienced by the individual across and within the layers of our model: Psychology, Public Health, Social Work/Cross Cultural Psychology

*Used as a theoretical foundation for our resilience model

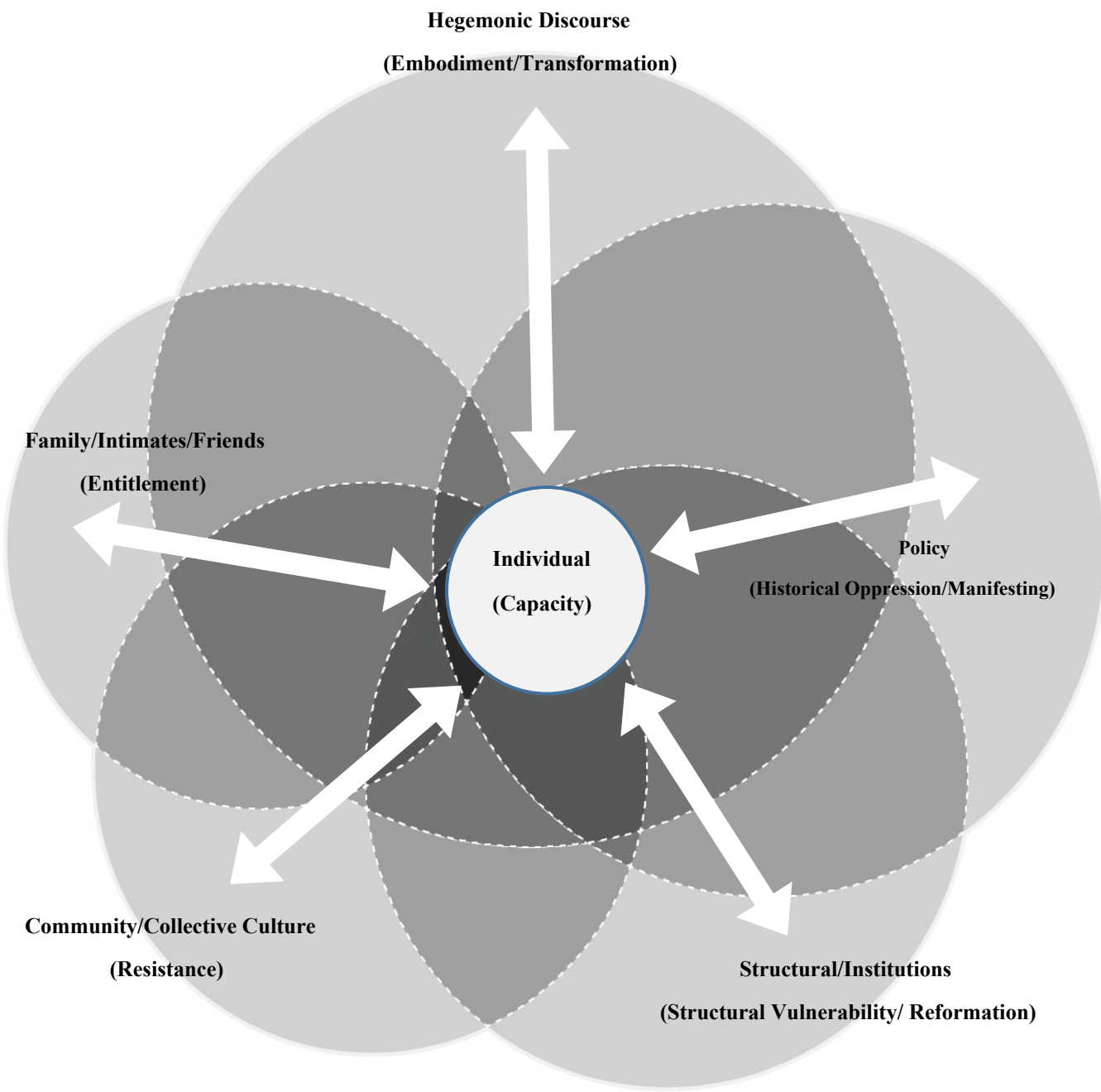
**Definition developed by authors for our resilience model

Figure 1. Preconceptual Model of the Contextual Resilience Framework



Note. Arrows represent that “individual” resilience is found within all layers of the overlapping model.

Figure 2. Layers of the Final Contextual Resilience Framework



Note. Arrows represent that “individual” resilience is found and interactive within all layers of the overlapping framework.

Table 2. Strategies to Increase Resilience along Contextual Framework layers

Contextual Layer	Strategies	Citations
Individual: Capacity	<ul style="list-style-type: none"> • Consciousness raising, skill building, activism • Listening and validating, processing/integrating personal traumatic experiences, family healing, tailored supports & opportunities, build connections & structure • Trauma informed care, educational systems and mental health services • Teaching mindfulness skills, somatic healing, self-love and kindness, coping skills and stress management • Capacity to freely choose and define relationships entered into and boundaries for health and wellness • Dignified access to cultural competent and humble mental health services or various emotional supports 	Burnette, 2017; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; hooks, 2016; Kirmayer et al., 2009; Michau et al., 2015; Pinderhughes et al., 2016; Ramey et al., 2015; Urizar et al., 2019; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)
Family/Intimates/Friends: Entitlement	<ul style="list-style-type: none"> • Experiencing recognition, respect and dialogue – critical reflection, skill building, organizing • Family affirmation of non-violent values • Elder and family narration of supportive cultural values • Spiritual foundation or belief (individual or organized) • Rebuilding relationships and networks, strengthening healthy social norms, families/friends that support health and safety • Creating extended kin or support networks (build informal support systems) • Creating family and child focused support systems for support, housing, food, childcare and employment, shared resources (build social capital) • Support for challenging and redefining cultural gendered norms around gender identity, sexual identities, reproductive choices 	Burnette, 2017; Campos, et.al, 2008; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; hooks, 2016; Kirmayer et al., 2009; Author et al., 2018; Michau et al., 2015; Pinderhughes et al., 2016; Ramey et al., 2015; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)
Community/Collective Culture: Resistance	<ul style="list-style-type: none"> • Movement building, collective action, community outreach, popular education, change in public debate, enabling environment, skill building • Build beloved community by radical inquiry, popular education and culture building, celebration and affirmation, 	Akom, et.al, 2016; Bourdieu, 1990; Burnette, 2017; Campos, et.al, 2008; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; Gramsci, 2011; Hamad et al., 2019; hooks,

	<p>healing spaces, arts & expression, base & power-building</p> <ul style="list-style-type: none"> • Restorative justice, healing circles, economic empowerment, workforce development, investment in resources/create local wealth (build cultural capital) • Using innovative knowledge and technology to create transformation and social action in local communities • Build sustainable gardens, traditional food growth and shared knowledge • Access to affordable, fresh and local food • Inclusive leadership that co-partners with community members • Providing culturally relevant history, narratives and access to teachers, elders and culturally reflective community systems • Trauma informed and historical oppression informed systems • Inclusive spaces and supportive systems for diversely abled women and parents – including removal of barriers to extended education and career/workforce trajectories 	<p>2016; Kirmayer et al., 2011; Lu et al., 2010; Author et al., 2018; Michau et al., 2015; Peña, 2011; Pinderhughes et al., 2016; Prather et al., 2018; Ramey et al., 2015; Wallerstein, 2011; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)</p>
<p>Structural/Institutional: Structural Vulnerability/ Reformation</p>	<ul style="list-style-type: none"> • Supportive infrastructure, public opinion campaigns, social movements for state accountability, legal and policy reform, funding, advocacy • Healing-centered & restorative practices, listening campaigns, collective care, adaptive, responsive, and proximate, power-sharing (nothing about us without us) • Providing health care and other services with dignity and cultural humility • People in positions of power must be reflective of people they are in service to and have a praxis based reflective commitment to improve care and outcomes • Creating safer public spaces, improve built environment, invest in housing, transportation, availability of quality products and housing • Community and political organizing • Commit to environmental preservation and safeguarding • Research, studies and publications should be done with ecological levels and context incorporated and built on 	<p>Akom, et.al, 2016; Bourdieu, 1990; Burnette, 2017; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; Gramsci, 2011; hooks, 2016; Kirmayer et al., 2009; Lu et al., 2010; Author et al., 2018; Michau et al., 2015; Peña, 2011; Pinderhughes et al., 2016; Prather et al., 2018; Wallerstein, 2011; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)</p>

	<p>strength resources and relationships in communities</p> <ul style="list-style-type: none"> • Allies responsible for reflection, education and dismantling segregating, racist and oppressive systems • Transparent power relationships and creation of equitable access to services and resources • Create supportive community systems for women, single mothers to live independently if desired and when needed • Support Family systems and parent involvement • Built environments and supportive systems for diversely abled women and parents 	
<p>Policy/Law: Historical Oppression/Subversion, Abolishing and Manifesting</p>	<ul style="list-style-type: none"> • Balance of power/gender equality • Collective liberation by truth & reconciliation, reparations, redistribution, open borders/no borders, multi-racial solidarity, (re)imagined social compact • Local policy and law enacted that is written by and for populations that have been historically discriminated against • Restructuring and recreation of wealth in historically low access communities • Local laws that represent needs of women's reproductive choices and desires/needs 	<p>Bourdieu, 1990; Burnette, 2017; Davis, 2014; Elm, et.al, 2016; Freire, 1972; Gramsci, 2011; Kirmayer et al., 2009; Lu et al., 2010; Michau et la., 2015; Pinderhughes et al., 2016; Prather et al., 2018; "Self-Healing Communities," 2016; "Trauma and Healing Learning Series," 2017)</p>
<p>Hegemonic Discourse/Media: Embodiment and Re-Acquisition/Transformation</p>	<ul style="list-style-type: none"> • Art and cultural expression, cultural representation in health services, government, leadership, educators, dignified representation and culturally competent service providers/partners, historical truth . . . • Reformation of historical reproductive limitations and choices, independent access of choice provided to ALL women and birthing people • Recreation of normalized representation for mothers and women, to include LGBT and non-binary, trans identifying parenting, reproductive health and birthing practices/choices 	<p>Bourdieu, 1990; Burnette, 2017; S. Davis, 2014; Elm, et.al, 2016; Freire, 1972; Gramsci, 2011; Kirmayer et al., 2011; Michau et al., 2015; Pinderhughes et al., 2016; "Self-Healing Communities," 2016; "Trauma and Healing Learning Series," 2017)</p>

Supplementary Online Content

A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes

Supplemental Figure S1. PRISMA of Scoping Review Research

Supplementary Table S1. Summary Table of Existing Resilience Definitions

Supplementary Table S2. Literary and Conceptual Influences for the Contextualized Resilience Framework

This supplementary material has been provided by the authors to give readers additional information about their work.

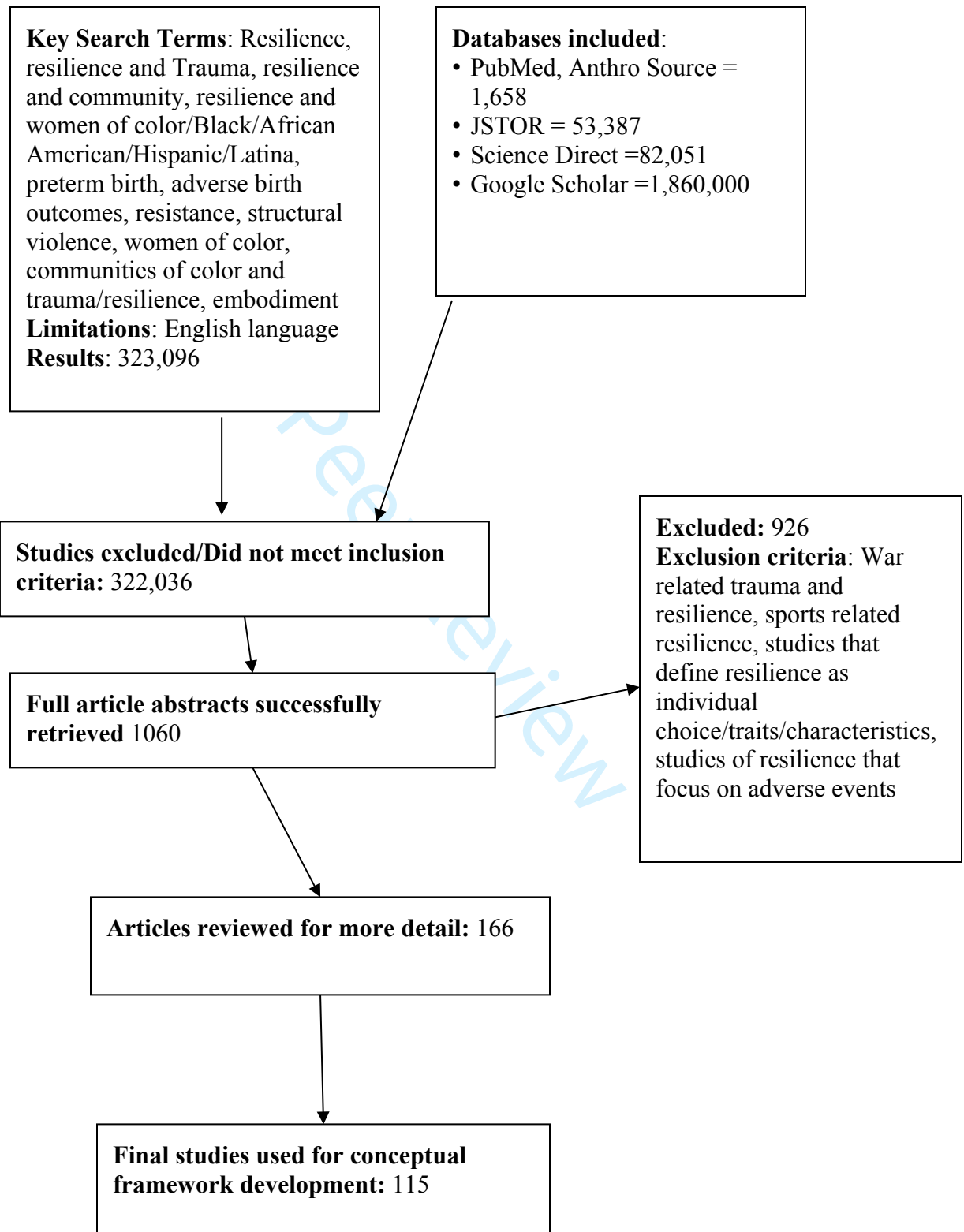
Supplementary Table S1. Summary Table of Existing Resilience Definitions

Discipline/s	Citation/Author/s	Existing Definitions of Resilience
Anthropology (Social, Urban, Medical)	(Bourgois, 2001, 2003; Castañeda et al., 2014; Farmer, 2004; Farmer et al., 2004; Panter-Brick, 2014, 2015; Scheper-Hughes & Lock, 1987)	Seen through a social ecological framework informed by structural violence and vulnerabilities. A process of accessing key resources to sustain wellness in which political economies, access to power, and cultural norms and expectations influence practices differently in various environments.
Cross Cultural Psychology/Transcultural Psychiatry/Indigenous Studies	(Allen et al., 2014; Elm, et. al, 2016; Kirmayer, et. al, 2011; Kirmayer et al., 2009).	Seen as dynamic socio-ecological process influenced by cultural, language and community history and health. Social determinants and community resilience are interlinked with an individual's culture, community, family and extended kin.
Social Work and Cultural Psychology	(Burnette, 2015; Burnette & Figley, 2017; Burnette & Hefflinger, 2017; Theron, Liebenberg & Ungar, 2015; Ungar, 2008, 2011b)	Capacities of individuals to navigate psychological, social, cultural, and physical resources to sustain their well-being and negotiate these physical and symbolic spaces. Historical oppression is a framework of experiences of Indigenous people in relationship to contemporary and historical trauma and structural violence.
Psychology	(Antonovsky, 1993; Mancini & Bonanno, 2009; Dunkel Schetter, 2011; Dunkel Schetter, & Dolbier, 2011; Southwick et al., 2014) (Antonovsky, 1993; Eriksson, 2017; Hobfoll, 2014; Southwick et al., 2014)	Psychology has various definitions, 1) a steady trajectory of healthy functioning and coping, 2) the ability of a dynamic system to adapt, and 3) Resilience, which may exist and occur with PTSD (post-traumatic stress syndrome) and other trauma related responses.

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Public Health	(Krieger, 2001, 2011; (Novak, Geonimus, Martinez-Cardosa, 2017; Nuru-Jeter et al., 2009; Ramey et al., 2014; Panter-Brick, 2014, 2015; Southwick, et. al, 2014)	Defined in various ways, based on multiple theoretical frameworks. 1) Resilience can be seen as involving personal capacity, social and familial supports, and the ability to cope with stress, 2) The ecological or ecosocial model uses a multi-contextual framework that looks at the impact of structural violence, such as racism, class and gender inequities, and the embodied impact on health these inequities produce along the individual to the macro, or political level.
Science	(Gravlee, 2009; Krieger, 2012a; Selita & Kavas, 2018; Southwick, et. al, 2014)	Basic science seeks to determine biological and genetic contributors to resilience, and how an organism interacts with the environment and vice-versa. Two important perspectives also address how the environment can shape biology, and how existing biology reacts to adverse events.
Medicine	(Epstein & Krasner, 2013)	Personal resilience in medicine refers to five dimensions of connectedness that survivors experience after a serious medical occurrence: social, familial, connection to the physical environment, connection to personal inner wisdom and a strong psychological self.
Nursing	(Turner & Kaylor, 2015)	Described as how nurses themselves build resilience strategies to be successful in their roles. Resilience has been defined as a nurse’s capacity to deal with stress and adverse situations by providing a protective buffer for patients, as well as supporting a patient’s return to wellness of “reconstitution.”
Sociology	(Pinderhughes, et.al, 2016)	Sociology addresses resilience as a multidimensional process of adaptation that is influenced by socioeconomics and systems of social capital and power.

Supplemental Figure S1. PRISMA of Scoping Review Research



Supplementary Table S2. Literary and Conceptual Influences for the Contextualized Resilience Framework

Discipline/s	Citation/Author/s	Key Contribution/s to Contextual Framework
Anthropology (Urban)	Bourgois, P. (2001, 03). The power of violence in war and peace: post-cold war lessons from El Salvador. <i>Ethnography</i> , 2(1), 5-34. doi:10.1177/14661380122230803	<ul style="list-style-type: none"> ● Violence continuum: Political, structural, symbolic, and everyday violence ● Mechanisms of social suffering
Anthropology (Urban)	Bourgois, P. (2003). In search of respect: Selling crack in El Barrio (Vol. 10). Cambridge University Press.	<ul style="list-style-type: none"> ● Structural Violence ● "Perverse" resilience/resistance ● Generational impact of political & economic inequities ● Symbolic violence and cultural capital
Anthropology (Medical/Public Health)	Bourgois, P., Holmes, S. M., Sue, K., & Quesada, J. (2017). Structural vulnerability: operationalizing the concept to address health disparities in clinical care. <i>Academic Medicine</i> , 92(3), 299–307. https://doi.org/10.1097/ACM.0000000000001294	<ul style="list-style-type: none"> ● Structural Vulnerability ● Medical Competency ● Social Determinants of Health
Anthropology (Medical/Public Health)	Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. D., Beyeler, N., & Quesada, J. (2015,03). Immigration as a social determinant of health. <i>Annual Review of Public Health</i> , 36(1), 375-392. doi:10.1146/annurev-publhealth-032013-182419	<ul style="list-style-type: none"> ● Policy related impact on health outcomes ● Political economy in relation to health inequities and immigration

	Anthropology (Medical)	Davis, S. (2014). The Sojourner Syndrome: An interpretive framework for understanding poor black women's HIV risk. <i>Transforming Anthropology</i> , 22(2), 121–134. https://doi.org/10.1111/traa.12034	<ul style="list-style-type: none"> ● Resisting, disrupting and transforming obstacles to create resilience ● Sojourner Syndrome
	Anthropology (Medical)	Farmer, P. (2004). An anthropology of structural violence. <i>Current Anthropology</i> , 45(3), 305-325. doi:10.1086/382250	<ul style="list-style-type: none"> ● Structural Violence ● Embodiment of historical trauma ● Impact of inequities on disease
	Anthropology (Medical)	Farmer, P., Bourgois, P., Scheper-Hughes, N., Fassin, D., Green, L., Heggenhougen, H. K., ... & Farmer, P. (2004). An anthropology of structural violence. <i>Current Anthropology</i> , 45(3), 305-325.	<ul style="list-style-type: none"> ● Structural Violence ● Embodiment of historical trauma ● Impact of inequities on disease
	Anthropology (Medical)	Fleuriet, K. J., & Sunil, T. S. (2017). Stress, pregnancy, and motherhood: implications for birth weights in the borderlands of Texas. <i>Medical anthropology quarterly</i> , 31(1), 60-77.	<ul style="list-style-type: none"> ● Birth weight as biopsychological phenomenon ● Living in the US alters the meaning of motherhood and pregnancy and which increases stress during pregnancy, impacting low birth weight

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Anthropology (Medical)	Fleuriet, K. J., & Sunil, T. S. (2015). Reproductive habitus, psychosocial health, and birth weight variation in Mexican immigrant and Mexican American women in south Texas. <i>Social Science & Medicine</i> , 138, 102-109.	<ul style="list-style-type: none"> ● Reproductive habitus and social status influences the sociocultural process on birth weight outcomes ● Different subjective social status that mediates psychosocial stresses in different ways, leading to different low birth weights
Anthropology (Medical)	Fleuriet, J., & Sunil, T. (2017). The Latina Birth Weight Paradox: the Role of Subjective Social Status. <i>Journal of Racial and Ethnic Health Disparities</i> , 1-11.	<ul style="list-style-type: none"> ● Subjective social status, depression, and perceived social among Mexican immigrant women and Mexican American women (both pregnant and non--pregnant) ● Community subjective social status was correlated with levels of depressive symptoms and perceived social stress
Anthropology (Physical)	Gravlee, C. C. (2009, 02). How race becomes biology: embodiment of social inequality. <i>American Journal of Physical Anthropology</i> , 139(1), 47-57. doi:10.1002/ajpa.20983	<ul style="list-style-type: none"> ● Embodiment of racism ● Understanding the critique of race as bad biology
Anthropology (Medical)	Green, L. (2011). The nobodies: neoliberalism, violence, and migration. <i>Medical Anthropology</i> , 30(4), 366-385.	<ul style="list-style-type: none"> ● Structural vulnerability within capitalism ● Power as it relates to creation of poverty ● Migration

1 2 3 4 5 6 7 8	Anthropology	Mullings, L. (1997). <i>On our own terms : race, class, and gender in the lives of African American women</i> /. New York : Routledge.	<ul style="list-style-type: none"> ● Intersectionality among race, gender, and class ● Resistance and transformation
9 10 11 12 13 14	Anthropology	Mullings, L. (2002). The sojourner syndrome: Race, class, and gender in health and illness. <i>Voices</i> , 6(1), 32-36	<ul style="list-style-type: none"> ● Intersectionality among "race," gender, and class ● Sojourner syndrome as a framework
15 16 17 18 19 20 21 22	Anthropology	Mullings, L., & Wali, A. (2001). Stress and resilience: The social context of reproduction in Central Harlem. Springer US. Retrieved from //www.springer.com/us/book/9780306466380	<ul style="list-style-type: none"> ● Historical context of oppression, resistance and resilience ● Intersectionality of race, class and gender ● Impact of environmental racism and housing insecurity on reproductive health
23 24 25 26 27 28 29 30	Anthropology (Medical)	Panter-Brick, C. (2014). Health, risk, and resilience: interdisciplinary concepts and applications. <i>Annual Review of Anthropology</i> , 43(1), 431-448. doi:10.1146/annurev-anthro-102313-025944	<ul style="list-style-type: none"> ● Attention to cultural narratives ● Analyzing the political economy of resilience ● Negotiating social, economic and material resources and narrative meaning as context
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	Anthropology (Medical)	Panter-Brick, C. (2015). Culture and resilience: Next steps for theory and practice. In <i>Youth Resilience and Culture</i> (pp. 233–244). Springer.	<ul style="list-style-type: none"> ● Understanding culture in order to better understand resilience ● Clarifying individual and family level pathways to resilience

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Anthropology (Medical)	Panter-Brick, C., & Eggerman, M. (2017). Anthropology and global mental health: depth, breadth, and relevance. In the Palgrave handbook of sociocultural perspectives on global mental health (pp. 383-401). Palgrave Macmillan UK.	<ul style="list-style-type: none"> ● Upstream determinants in health inequities ● Culturally specific trajectories of resilience
Anthropology (Medical)	Peña, D. G. (2011). Structural violence, historical trauma, and public health: the environmental justice critique of contemporary risk science and practice. In <i>Communities, neighborhoods, and health</i> (pp. 203-218). Springer, New York, NY.	<ul style="list-style-type: none"> ● Structural violence ● historical trauma ● public health
Anthropology (Medical)	Quesada, J., Arreola, S., Kral, A., Khoury, S., Organista, K. C., & Worby, P. (2014). "As good as it gets": Undocumented Latino day laborers negotiating discrimination in San Francisco and Berkeley, California, USA. <i>City & Society (Washington, D.C.)</i> , 26(1), 29–50. http://doi.org/10.1111/ciso.12033	<ul style="list-style-type: none"> ● Hegemonic Discourse ● Structural/Institution Vulnerability ● Negotiating global, political and economic discrimination
Anthropology (Medical)	Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. <i>Medical Anthropology</i> , 30(4), 339–362. https://doi.org/10.1080/01459740.2011.576725	<ul style="list-style-type: none"> ● Structural Vulnerability ● Cumulative Vulnerabilities ● Deservingness

Anthropology (Medical)	Scheper-Hughes, N., & Lock, M. M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. <i>Medical Anthropology Quarterly</i> , 1(1), 6-41.	<ul style="list-style-type: none"> ● Embodiment ● Symbolic and conceptual understanding of political, social and hegemonic influences and context
Anthropology	Seymour, S. (2006). Resistance. <i>Anthropological Theory</i> , 6(3), 303-321.	<ul style="list-style-type: none"> ● Resistance theory & psychological capacity/intention to resist ● Cultural schema theory and resistance ● Resistance vs. counter hegemonic critiques
Cross-Cultural Psychology/Social Work	Burnette, C. (2017). Family and cultural protective factors as the bedrock of resilience and growth for Indigenous women who have experienced violence. <i>Journal of Family Social Work</i> , 21(1). https://doi.org/10.1080/10522158.2017.1402532	<ul style="list-style-type: none"> ● Historical Oppression Framework ● Structural Institution ● Structural Vulnerability ● Community/Collective Culture ● Resilience ● Family Support
Cross-Cultural Psychology/Social Work	Burnette, C. (2015). Indigenous women's resilience and resistance to historical oppression: a case example from the United States. <i>Affilia</i> , 30(2), 253–258. https://doi.org/10.1177/0886109914555215	<ul style="list-style-type: none"> ● Historical Oppression Framework ● Structural Institution ● Structural Vulnerability ● Community/Collective Culture ● Intimate Partner Violence (IPV) ● Colonial subjugation ● Resilience

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Cross-Cultural Psychology/Social Work	Burnette, C. E., & Hefflinger, T. S. (2017). Identifying community risk factors for violence against indigenous women: A framework of historical oppression and resilience. <i>Journal of Community Psychology</i> , 45(5), 587-600.	<ul style="list-style-type: none"> ● Framework of historical oppression ● Community/Collective Culture ● Community Inequity ● Intimate Partner Violence (IPV) ● Resilience
Cross-Cultural Psychology/Social Work	Burnette, C. E., & Figley, C. R. (2016). Historical oppression, resilience, and transcendence: can a holistic framework help explain violence experienced by indigenous people?. <i>Social work</i> , 1-8.	<ul style="list-style-type: none"> ● Historical Oppression/Trauma ● Resilience and Transcendence ● Structural Institution/Vulnerability ● Community/Collective Culture
Cross-Cultural Psychology/Social Work	Ungar, M. (2008). Resilience across cultures. <i>The British Journal of Social Work</i> , 38(2), 218-235.	<ul style="list-style-type: none"> ● Culture and context in which resilience is realized ● Tensions between individuals and culture ● Resilience interventions with at-risk populations
Cross-Cultural Psychology/Social Work	Ungar, M. (2011a). Social ecologies and their contribution to resilience. <i>The social ecology of resilience</i> , 13-31. doi:10.1007/978-1-4614-0586-3_2	<ul style="list-style-type: none"> ● Ecological resilience ● Social and Physical Ecologies increase resilience ● Resilience as a dynamic processes ● Opportunity Structure ● Distinguishing resilience from assets

1 2 3 4 5 6 7 8 9 10 11 12 13	Cross-Cultural Psychology/Social Work	Ungar, M. (2011b). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. <i>American Journal of Orthopsychiatry</i> , 81(1), 1–17. https://doi.org/10.1111/j.1939-0025.2010.01067.x	<ul style="list-style-type: none"> ● Social and cultural context in Resilience ● Importance of social and physical ecologies ● Protective mechanisms and processes foster resilience even under adversity ● Processes rather than individual characteristics
14 15 16 17 18 19 20 21 22 23 24 25	Cross-Cultural Psychology/Social Work	Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. <i>Preventive Medicine</i> , 55(5), 387-389.	<ul style="list-style-type: none"> ● Resilience as interactive processes ● Protective factors ● Fostering environments that encourage and assist resilience ● Research global and local protective processes ● Understand contextual and cultural influences
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	Cross-Cultural Psychology/Social Work	Ungar, M., Brown, M., Liebenberg, L., & Othman, R. (2007). Unique pathways to resilience across cultures. <i>Adolescence</i> , 42(166), 287.	<ul style="list-style-type: none"> ● Resilience in Western and Non-Western Countries over eleven countries ● Seven Tensions identified: access to material resources, relationships, identity, cohesion, power and control, social justice, and cultural adherence

<p>Indigenous/Native American Studies</p>	<p>Elm, J. H., Lewis, J. P., Walters, K. L., & Self, J. M. (2016). "I'm in this world for a reason": Resilience and recovery among American Indian and Alaska Native two-spirit women. <i>Journal of Lesbian Studies</i>, 20(3-4), 352-371.</p>	<ul style="list-style-type: none"> ● Resilience two-spirit women ● Exposure to stress, trauma, discrimination and substance abuse ● Historical Oppression ● Multiple minority oppressed status ● Narrative
<p>Indigenous/Native American Studies</p>	<p>Fast, E., & Collin-Vézina, D. (2010). Historical trauma, race-based trauma and resilience of indigenous peoples: A literature review. <i>First Peoples Child & Family Review</i>, 5(1), 126- 136.</p>	<ul style="list-style-type: none"> ● Historical Oppression ● Race-based trauma ● Trauma models should take in historical trauma/resilience ● Self-governance ● Cultural and spiritual renewal
<p>Indigenous/Native American Studies</p>	<p>Walters, K. L., Mohammed, S. A., Evans-Campbell, T., Beltrán, R. E., Chae, D. H., & Duran, B. (2011). Bodies don't just tell stories, they tell histories: embodiment of historical trauma among American Indians and Alaska Natives. <i>Du Bois Review: Social Science Research on Race</i>, 8(1), 179-189. https://doi.org/10.1017/S1742058X1100018X</p>	<ul style="list-style-type: none"> ● Historical Trauma and processes become embodied ● Intergenerational trauma ● Chronic historic trauma vs. discrete historic trauma events ● Different types of historic trauma results in different health and mental health outcomes, depressive vs. anxiety ● Ecosocial theory
<p>Nursing/Medicine</p>	<p>Epstein, R. M., & Krasner, M. S. (2013). Physician resilience: what it means, why it matters, and how to promote it. <i>Academic Medicine</i>, 88(3), 301-303.</p>	<ul style="list-style-type: none"> ● Resilience is a key to enhancing quality of care ● Sustainability of the health care workforce ● Patient safety is the responsibility of communities of practice

	Nursing/Medicine	Hinds, P. S., & Haase, J. E. (2011). Health-related quality of life in children and adolescents with cancer. <i>Quality of Life: From Nursing and Patient Perspectives</i> , 137.	<ul style="list-style-type: none"> ● Capacity to deal with stress and adverse situations ● Providing a protective buffer for patients, ● Supporting a patient's return to wellness
	Nursing/Medicine	Turner, S. B., & Kaylor, S. D. (2015). Neuman systems model as a conceptual framework for nurse resilience. <i>Nursing Science Quarterly</i> , 28(3), 213-217. doi:10.1177/0894318415585620	<ul style="list-style-type: none"> ● Capacity to deal with stress ● Resilience-building in nurses ● Supporting patient's health
	Psychology	Antonovsky, A. (1993). The sense of coherence as a determinant of health. <i>In Health and Wellbeing</i> (pp. 202-211). Macmillan Education UK.	<ul style="list-style-type: none"> ● Both disease and wellness are the norm, instead of extremes ● Sense of coherence (SOC) ● Coherent life experiences via psychosocial, material, and biological factors
	Psychology	Bonam, C. M., Bergsieker, H. B., & Eberhardt, J. L. (2016). Polluting black space. <i>Journal of Experimental Psychology: General</i> , 145(11), 1561.	<ul style="list-style-type: none"> ● Historical Trauma ● Community Collective Culture ● Racial disparities and overexposure to environmental pollution

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Psychology	Bonanno, G. A., Romero, S. A., & Klein, S. I. (2015). The temporal elements of psychological resilience: an integrative framework for the study of individuals, families, and communities. <i>Psychological Inquiry</i> , 26(2), 139-169. doi:10.1080/1047840x.2015.992677	<ul style="list-style-type: none"> ● Emergent resilience; minimal-impact resilience ● (PTEs) potentially traumatic events ● Latent growth mixture modeling (LGMM)
Psychology	Campos, B., Schetter, C. D., Abdou, C. M., Hobel, C. J., Glynn, L. M., & Sandman, C. A. (2008). Familialism, Social Support, and Stress: Positive Implications for Pregnant Latinas. <i>Cultural Diversity & Ethnic Minority Psychology</i> , 14(2), 155–162. http://doi.org/10.1037/1099-9809.14.2.155	<ul style="list-style-type: none"> ● Familialism, cultural values/close family support, social support, stress and pregnancy anxiety were examined in relationship to infant birth weight ● Latinas scored higher in social supports compared to European Americans ● Higher social support was related to higher infant birth weight ● Latinas scored higher in social supports compared to European Americans ● Higher social support was related to higher infant birth weight
Psychology	Dunkel Schetter, C. (2011). Psychological science on pregnancy: stress processes, biopsychosocial models, and emerging research issues. <i>Annual Review of Psychology</i> , 62, 531–558. https://doi:10.1146/annurev.psych.031809.130727	<ul style="list-style-type: none"> ● Multilevel approach to understanding birth outcomes ● Pregnancy Anxiety is a risk factor to preterm birth ● Prenatal Stress in context of structural violence ● Biosociological pathways to adverse pregnancy outcomes

1 2 3 4 5 6 7 8 9 10 11 12	Psychology	Dunkel Schetter, C., & Dolbier, C. (2011). Resilience in the context of chronic stress and health in adults. <i>Social and Personality Psychology Compass</i> , 5(9), 634-652. doi:10.1111/j.1751-9004.2011.00379.x	<ul style="list-style-type: none"> ● Resilience resources: strength, health, intelligence, perceived mastery and support, strong personal and familial relationships/supports ● Context of Chronic Stress ● Mechanisms linking chronic stress and health
13 14 15 16 17 18 19 20 21	Psychology	Dunkel Schetter, C., Schafer, P., LANZI, R. G., Clark-Kauffman, E., Raju, T. N. K., & Hillemeier, M. M. (2013). Shedding light on the mechanisms underlying health disparities through community participatory methods: the stress pathway. <i>Perspectives on Psychological Science</i> , 8(6), 613–633. https://doi.org/10.1177/1745691613506016	<ul style="list-style-type: none"> ● Stress hypothesis ● Inequities and links to birth outcomes via stress pathway to health disparities ● Perceived stress, chronic stress, IPV (interpersonal violence), racism
22 23 24 25 26 27 28 29 30 31	Psychology	Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998, 05). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. <i>American Journal of Preventive Medicine</i> , 14(4), 245-258. doi:10.1016/s0749-3797(98)00017-8	<ul style="list-style-type: none"> ● Adverse Childhood Experiences (ACEs) ● Toxic Stress and HPA axis linked to adult disease, substance abuse and poor mental health ● Paradigm shift
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	Psychology	Herman, J. L. (2015). <i>Trauma and recovery: The aftermath of violence, from domestic abuse to political terror</i> . New York: Basic Books, a member of the Perseus Books Group.	<ul style="list-style-type: none"> ● Trauma needs to be understood in sociopolitical context ● Safety and connection as fundamental in healing ● Paradigm shift

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Psychology	Hobfoll, S. (2014). Resource caravans and resource caravan passageways: a new paradigm for trauma responding. <i>Intervention</i> , 12, 21–32.	<ul style="list-style-type: none"> ● Paradigm shift ● Resource caravans and passageways ● Complex PTSD ● Trauma models currently remove us from context and intervention ● Constructs and processes that represent resilience
Psychology	Hobfoll, S. E., Stevens, N. R., & Zalta, A. K. (2015). Expanding the science of resilience: conserving resources in the aid of adaptation. <i>Psychological Inquiry</i> , 26(2), 174–180. https://doi.org/10.1080/1047840X.2015.1002377	<ul style="list-style-type: none"> ● Additional definition to resilience theory borrowed from materials science ● New Key Concepts: toughness, resistance to breakdown, and plasticity
Psychology	Masten, A. S. (2015). Ordinary magic: Resilience in development. Guilford Publications.	<ul style="list-style-type: none"> ● Resilience in children and adolescents is common given adaptive systems both internal and external ● Resilience is an order processes and resource
Psychology	Mancini, A. D., & Bonanno, G. A. (2009). Predictors and parameters of resilience to loss: Toward an individual differences model. <i>Journal of Personality</i> , 77(6), 1805-1832. doi:10.1111/j.1467-6494.2009.00601.x	<ul style="list-style-type: none"> ● Model of Individual Differences in resilience = ● Individual differences ● Resources ● Appraisal process ● Social support ● Coping

1 2 3 4 5 6 7 8 9 10 11	Psychology	Ramos, I. F., Guardino, C. M., Mansolf, M., Glynn, L. M., Sandman, C. A., Hobel, C. J., & Dunkel Schetter, C. (2019). Pregnancy anxiety predicts shorter gestation in Latina and non- Latina white women: The role of placental corticotrophin-releasing hormone. <i>Psychoneuroendocrinology</i> , 99, 166-173. https://doi.org/10.1016/j.psyneuen.2018.09.008	<ul style="list-style-type: none"> ● Pregnancy anxiety and maternal stress impact on gestational time ● Placental corticotrophin-releasing hormone is possible mechanism ● Latinas reported higher levels of pregnancy anxiety
12 13 14 15 16 17 18 19 20 21 22 23	Psychology	Urizar Jr, G. G., Yim, I. S., Rodriguez, A., & Schetter, C. D. (2019). The SMART Moms Program: A Randomized Trial of the Impact of Stress Management on Perceived Stress and Cortisol in Low-Income Pregnant Women. <i>Psychoneuroendocrinology</i> , 104, 174-184. https://doi.org/10.1016/j.psyneuen.2019.02.022	<ul style="list-style-type: none"> ● Trial looking at impact of stress management techniques on low-income pregnant women ● Stress linked to lower birth weight and preterm birth ● Coping relaxation skills shown to reduce stress levels during pregnancy for Black, Latina, Asian, mixed, and White low-income women ● These skills did not improve cortisol levels during pregnancy
24 25 26 27 28 29 30	Psychology: Neuroscience and Developmental Trauma	Van der Kolk, B. A. (2015). <i>The body keeps the score: Brain, mind, and body in the healing of trauma</i> . New York: Penguin Books. Retrieved from https://psycnet.apa.org/record/2014-44678-000	<ul style="list-style-type: none"> ● Trauma and the physiological response in the body ● Bonding, attunement and safe connections as healing ● “Restoring relationships and community is central to restoring well-being.”
31 32 33 34 35 36	Psychology	Waller, M. A. (2001). Resilience in ecosystemic context: evolution of the concept. <i>American Journal of Orthopsychiatry</i> , 71(3), 290–297. https://doi.org/10.1037/0002-9432.71.3.290	<ul style="list-style-type: none"> ● Resilience is a complex system ● It constantly changes and interacts within a ecosystemic context
37 38 39 40 41 42 43 44 45 46 47	Public Health	Abdou, C. M., Schetter, C. D., Jones, F., Roubinov, D., Tsai, S., Jones, L., ... Hobel, C. (2010) Community perspectives: mixed-methods investigation of culture, stress, resilience, and	<ul style="list-style-type: none"> ● Community based participation ● Sociocultural contexts can promote resilience

		health. <i>Ethnicity & Disease</i> , 20(1 Suppl 2), S2-41–48.	<ul style="list-style-type: none"> ● Low Birth Weight and Preterm Birth disproportionately impact low resourced communities ● Racism a common stress factor ● Coping resources used by community
	Public Health	Adler, N. E., & Stewart, J. (2010). Using team science to address health disparities: MacArthur network as case example. <i>Annals of the New York Academy of Sciences</i> , 1186(1), 252- 260.	<ul style="list-style-type: none"> ● Understanding how socioeconomic status becomes embodied ● Benefits of team science ● Transdisciplinary Model
	Public Health	Anda, R., Butchart, A., Felitti, V., Brown, D., (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. <i>American Journal of Preventive Medicine</i> , 39(1), 93 - 98.	<ul style="list-style-type: none"> ● Adverse Childhood Experiences (ACEs) ● Defining exposures & Primary Prevention ● Cumulative stressors and life course health outcomes
	Public Health	Burton, L. M., Kemp, S. P., Leung, M., Matthews, S. A., & Takeuchi, D. T. (Eds.). (2011). <i>Communities, neighborhoods, and health: expanding the boundaries of place</i> . New York: Springer-Verlag. Retrieved from //www.springer.com/us/book/9781441974815	<ul style="list-style-type: none"> ● Socio-Ecological importance of geographic place ● Cross-Disciplinary approach ● Historical social inequalities ● Historical definitions of place and ● Racialization of places

Public Health	Chae, D. H., Clouston, S., Martz, C. D., Hatzenbuehler, M. L., Cooper, H. L. F., Turpin, R., Kramer, M. R. (2018). Area racism and birth outcomes among Blacks in the United States. <i>Social Science & Medicine</i> , 199, 49–55. https://doi.org/10.1016/j.socscimed.2017.04.019	<ul style="list-style-type: none"> ● Poor health outcomes for Blacks linked to racism ● Adverse birth outcomes among Black women ● Preterm birth and low birthweight
Public Health	Colen, C. G., Ramey, D. M., Cooksey, E. C., & Williams, D. R. (2018). Racial disparities in health among non-poor African Americans and Hispanics: The role of acute and chronic discrimination. <i>The Role of Racism in Health Inequalities: Integrating Approaches from Across Disciplines</i> , 199, 167–180. https://doi.org/10.1016/j.socscimed.2017.04.051	<ul style="list-style-type: none"> ● Racial disparities even among nonpoor populations ● Upwardly mobile non-Whites report more discriminatory treatment. ● Discrimination results in Black/White gap in health. ● Exposure to discriminatory treatment doesn't explain much of Hispanic/White disparity
Public Health	Coleman-Minahan, K. (2017). The socio-political context of migration and reproductive health disparities: The case of early sexual initiation among Mexican-origin immigrant young women. <i>Social Science & Medicine</i> , 180, 85-93.	<ul style="list-style-type: none"> ● Cultural expectation, migration, and poverty (structural forces) and family instability create gender inequity ● Gendered division of labor in the home leads to lower education rates, younger initial sexuality rates, higher rates of intimate partner violence and higher unintended pregnancy rates ● The socio-political context of migration and disparities in gender

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			and power result in poorer reproductive health outcomes
Public Health	Flores, M. E., Simonsen, S. E., Manuck, T. A., Dyer, J. M., & Turok, D. K. (2012). The “Latina epidemiologic paradox”: contrasting patterns of adverse birth outcomes in US-born and foreign-born Latinas. <i>Women's Health Issues, 22</i> (5), e501-e507.		<ul style="list-style-type: none"> ● US-born Latinas had poorer birth outcomes for preterm, low birth rate and small for gestational age outcomes ● Foreign-born Latinas only had a lower risk for preterm birth ● Supports a variation of the "Latina Paradox"
Public Health	Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: toward antiracism praxis. <i>American Journal of Public Health, 100</i> (S1), S30–S35. https://doi.org/10.2105/AJPH.2009.171058		<ul style="list-style-type: none"> ● Critical race theory ● Health Equity via the elimination of racism ● Praxis based critical and race consciousness
Public Health	Gemmill, A., Catalano, R., Casey, J. A., Karasek, D., Alcalá, H. E., Elser, H., & Torres, J. M. (2019). Association of Preterm Births Among US Latina Women With the 2016 Presidential Election. <i>JAMA Network Open, 2</i> (7). doi:10.1001/jamanetworkopen.2019.7084		<ul style="list-style-type: none"> ● 2016 Election and increased preterm birth for Latinas ● Racist rhetoric and anti-immigration policies/legislation had negative health outcomes on Latinos ● Immigration stressors show links to higher blood pressure/pulse and poorer mental health among Latinas
Public Health	Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). “Weathering” and age patterns of allostatic load scores among blacks and whites in the United States. <i>American journal of public health, 96</i> (5), 826-833. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2004.060749		<ul style="list-style-type: none"> ● Weathering hypothesis = cumulative wear and tear ● Early health deterioration for Blacks due to sociopolitical adversity and high levels of coping – not explained by poverty

			<ul style="list-style-type: none"> ● Black women had highest allostatic load scores ● Physiological mechanism involved in health disparities
	Public Health	Hamad, R., Collin, D. F., Baer, R. J., & Jelliffe-Pawlowski, L. L. (2019). Association of Revised WIC Food Package With Perinatal and Birth Outcomes: A Quasi-Experimental Study. <i>JAMA pediatrics</i> . doi:10.1001/jamapediatrics.2019.1706	<ul style="list-style-type: none"> ● Impact of improved nutritional food on pregnancies for WIC Food Packages ● Revised food package with more fruit, vegetables, whole grains and milk had a positive impact for birth outcomes ● Birth weights more likely to be within healthy range
	Public Health	Hamilton, B. E., Martin, J. A., Osterman, M. J., Driscoll, A. K., & Rossen, L. M. (2017). Births: provisional data for 2016. <i>Vital statistics rapid release</i> , 2.	<ul style="list-style-type: none"> ● Stressors ● Maternal and infant health ● Racial health inequities ● Preterm births, and low birthweight
	Public Health	Hoggatt, K. J., Flores, M., Solorio, R., Wilhelm, M., & Ritz, B. (2012). The “Latina epidemiologic paradox” revisited: the role of birthplace and acculturation in predicting infant low birth weight for Latinas in Los Angeles, CA. <i>Journal of immigrant and minority health</i> , 14(5), 875-884. -	<ul style="list-style-type: none"> ● Little evidence that Latinas had lower rates of low birth rates (LBW) ● Little evidence that LBW and risk factors are modified by acculturation other than higher weight (obesity) ● More research needs to be done regarding LBW in high weight (obesity) and lower income levels and behavior

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Public Health	Krieger, N. (2001). Theories for social epidemiology in the 21st century: an ecosocial perspective. <i>International Journal of Epidemiology</i> , 30(4), 668-677.	<ul style="list-style-type: none"> ● Ecosocial theory ● Embodiment of racial inequity ● Paradigm shift ● Social determinants of health
Public Health	Krieger, N. (2012). Methods for the scientific study of discrimination and health: an ecosocial approach. <i>American Journal of Public Health</i> , 102(5), 936–944. https://doi.org/10.2105/AJPH.2011.300544	<ul style="list-style-type: none"> ● Ecosocial theory ● Embodiment of racial inequity ● Paradigm shift ● Structural/Institutional Vulnerability ● Discrimination is an exploitative and oppressive tool ● Current research methods underestimate influence of racism on health.
Public Health	Krieger, N., & Davey Smith, G. (2004). “Bodies count,” and body counts: social epidemiology and embodying inequality. <i>Epidemiologic Reviews</i> , 26(1), 92–103. https://doi.org/10.1093/epirev/mxh009	<ul style="list-style-type: none"> ● Historical understanding of embodiment and populations ● Social epidemiology should expand to understand “embodiment,” and the causes and outcomes ● Social inequities become expressed in societal disparities in health
Public Health	Krieger, N., Huynh, M., Li, W., Waterman, P.D., & Wye, G.V. (2018). Severe sociopolitical stressors and preterm births in New York City: 1 September 2015 to 31 August 2017. <i>Journal of epidemiology and community health</i> . doi:10.1136/jech-2018-211077	<ul style="list-style-type: none"> ● Sociopolitical & severe stressors can increase preterm birth ● Anti-Latino and Middle Eastern legislation and hate crimes and discrimination increases severe stress ● The 2016 election increased racist rhetoric, specifically focused on the

			<p>Latino/Hispanic and Middle Eastern population</p> <ul style="list-style-type: none"> • Preterm births increased after election, with foreign born Latinas experiencing the highest rates
	Public Health	<p>Lu, M. C., Kotelchuck, M., Hogan, V., Jones, L., Wright, K., & Halfon, N. (2010). Closing the black-white gap in birth outcomes: A life-course approach. <i>Ethnicity & disease</i>, 20(1 Supplement 2), S2. https://www.ncbi.nlm.nih.gov/pubmed/20629248</p>	<ul style="list-style-type: none"> • Allostatic load • 12 point plan to reduce birth disparities • Weathering via higher allostatic load which impacts pregnancy before and during • Stress linked to inflammatory dysregulation increasing risk of preterm labor and low birth weights
	Public Health	<p>Mehra, R., Boyd, L. M., & Ickovics, J. R. (2017). Racial residential segregation and adverse birth outcomes: A systematic review and meta-analysis. <i>Social Science & Medicine</i> (1982), 191, 237–250. https://doi.org/10.1016/j.socscimed.2017.09.018</p>	<ul style="list-style-type: none"> • Systematic review of segregation and birth outcomes • Among Black mothers segregation is associated with increased risk of birth outcomes • Among White mothers segregation has little to no association with birth outcomes
	Public Health	<p>Novak, N. L., Geronimus, A. T., & Martinez-Cardoso, A. M. (2017). Change in birth outcomes among infants born to Latina mothers after a major immigration raid. <i>International Journal of Epidemiology</i>, 46(3), 839–849. https://doi.org/10.1093/ije/dyw346</p>	<ul style="list-style-type: none"> • Racialized stressors via discrimination and stress • Immigration raid influenced 24% increase in low birth weight and moderate elevation in preterm birth • Effected both US born and foreign born Latinas

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Public Health	Nuru-Jeter, A., Dominguez, T. P., Hammond, W. P., Leu, J., Skaff, M., Egerter, S., ... & Braveman, P. (2009). "It's the skin you're in": African-American women talk about their experiences of racism. An exploratory study to develop measures of racism for birth outcome studies. <i>Maternal and child health journal</i> , 13(1), 29.	<ul style="list-style-type: none"> ● Embodiment ● Racism measures needed to understand impact on childbearing ● Low birth weight, very low birthweight and preterm birth ● Sense of vigilance of future racism for self and child/ren
Public Health	Osypuk, T. L., Bates, L. M., & Acevedo-Garcia, D. (2010). Another Mexican birthweight paradox? The role of residential enclaves and neighborhood poverty in the birthweight of Mexican-origin infants. <i>Social science & medicine</i> , 70(4), 550-560.	<ul style="list-style-type: none"> ● Mexican health paradox studied primarily on an individual level, instead of at a community or society level in past ● Ethnic enclaves result in lower birth weights for US-born Mexican American women, suggesting downward assimilation ● Living in immigrant enclaves (as compared to "ethnic enclaves" with limited social mobility and social environments) may have a protective benefit against low birth weights
Public Health	Prather, C., Fuller, T. R., Jeffries, W. L., 4th, Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. <i>Health Equity</i> , 2(1), 249–259. doi:10.1089/heq.2017.0045	<ul style="list-style-type: none"> ● Racism's impact of sexual and reproductive health of African American women over 4 different time periods ● Historical lens needed to address inequities and develop innovative models to improve health for African American women ● Racism as a risk factor and cause for adverse health outcomes – not "race as a risk factor"

1 2 3 4 5 6 7 8 9 10 11 12	Public Health	Prather, C., Fuller, T. R., Marshall, K. J., & Jeffries IV, W. L. (2016). The impact of racism on the sexual and reproductive health of African American women. <i>Journal of Women's Health, 25</i> (7), 664–671. doi:10.1089/jwh.2015.5637	<ul style="list-style-type: none"> ● Ecological model of how racism impacts African American women's health along each layer ● Social determinants lead to inequitable health outcomes among African American women ● How institutional racism, personally mediated racism, internalized racism, work - all across the ecological model
13 14 15 16 17 18 19 20 21	Public Health	Ramey, S. L., Schafer, P., DeClerque, J. L., Lanzi, R. G., Hobel, C., Shalowitz, M., ... & Raju, T. N. (2015). The preconception stress and resiliency pathways model: A multi-level framework on maternal, paternal, and child health disparities derived by community-based participatory research. <i>Maternal and Child Health Journal, 19</i> (4), 707-719.	<ul style="list-style-type: none"> ● The Preconception Stress and Resiliency Pathways model ● Identified stress and resilience along ecological levels ● Ecological impact on birth outcomes
22 23 24 25 26 27	Public Health	Ross, L., & Solinger, R. (2017). <i>Reproductive justice: An introduction</i> (Vol. 1). Univ of California Press.	<ul style="list-style-type: none"> ● Reproductive justice framework ● Intersectionality ● Pregnancy, abortion and parenting
28 29 30 31 32 33 34 35 36 37	Public Health	Sealy-Jefferson, S., Giurgescu, C., Slaughter-Acey, J., Caldwell, C., & Misra, D. (2016). Neighborhood context and preterm delivery among African American women: the mediating role of psychosocial factors. <i>Journal of Urban Health, 93</i> (6), 984–996.	<ul style="list-style-type: none"> ● Low neighborhood safety and social disorder associated with higher preterm birth ● Further research needed to look at inflammation and links between perceived neighborhood safety and order, depressive symptoms and preterm birth

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Public Health	Sanchez-Vaznaugh, E. V., Braveman, P. A., Egerter, S., Marchi, K. S., Heck, K., & Curtis, M. (2016). Latina birth outcomes in California: not so paradoxical. <i>Maternal and child health journal</i> , 20(9), 1849-1860.	<ul style="list-style-type: none"> ● No evidence of "Latina" Paradox" in birth outcomes ● Worse birth outcomes are consistent with socio-economic disadvantage ● Policy should not be created with the "Latina Paradox" in mind as safeguards for socioeconomic disadvantaged Latinas from poor birth outcomes
Public Health	Teufel-Shone, N. I., Tippens, J. A., McCrary, H. C., Ehiri, J. E., & Sanderson, P. R. (2018). Resilience in American Indian and Alaska Native Public Health: An Underexplored Framework. <i>American Journal of Health Promotion</i> , 32(2), 274-281.	<ul style="list-style-type: none"> ● Collective resilience ● Resilience literature review for American Indian and Alaska Native ● Community Efficacy & Resilience
Public Health	Wallerstein, N. B., Yen, I. H., & Syme, S. L. (2011). Integration of Social Epidemiology and Community-Engaged Interventions to Improve Health Equity. <i>American Journal of Public Health</i> , 101(5), 822–830. https://doi.org/10.2105/AJPH.2008.140988	<ul style="list-style-type: none"> ● Health inequities ● Social epidemiology and community-engaged interventions ● Transdisciplinary training, practice, and research
Public Health	Williams, D. R., & Mohammed, S. A. (2013). Racism and Health I: Pathways and Scientific Evidence. <i>The American behavioral scientist</i> , 57(8), 10.1177/0002764213487340. doi:10.1177/0002764213487340	<ul style="list-style-type: none"> ● Racism’s physiological impacts ● Multiple pathways for racism to impact health casing health disparities ● Discrimination, institutional racism & cultural racism’s links ● Multiple links between proximal pathways and physiological responses of racisms impact on health

1 2 3 4 5 6 7 8 9 10	Science	Selita, F., & Kovas, Y. (2018). GENES AND GINI: WHAT INEQUALITY MEANS FOR HERITABILITY. <i>Journal of Biosocial Science</i> , 1–30. https://doi.org/10.1017/S0021932017000645	<ul style="list-style-type: none"> ● Gene-Gini interplay ● Inequality stifles the expression of educationally relevant genetic propensities ● Genes and socio-demographic factors impact health, well-being and educational outcomes
11 12 13 14 15 16 17 18 19	Sociology	Asad, A. L., & Clair, M. (2018). Racialized legal status as a social determinant of health. <i>Social Science & Medicine</i> , 199, 19-28. https://doi.org/10.1016/j.socscimed.2017.03.010	<ul style="list-style-type: none"> ● Racialized Legal Status (RLS) as a mechanism for social inequality with effects on health disparities ● Primary impacts on individual Black and Latinos ● Spill over impacts on those in social proximity
20 21 22 23 24 25 26 27	Sociology	Bourdieu, P. (1977). <i>Outline of a Theory of Practice</i> (Vol. 16). Cambridge university press.	<ul style="list-style-type: none"> ● Habitus/symbolic violence ● praxis/doxa/hexus ● symbolic and cultural capital ● production/reproduction & internalization of power
28 29 30 31 32 33 34 35 36 37	Sociology	Burt, C. H., Simons, R. L., & Gibbons, F. X. (2012). Racial discrimination, ethnic-racial socialization, and crime: A micro-sociological model of risk and resilience. <i>American sociological review</i> , 77(4), 648-677.	<ul style="list-style-type: none"> ● Ecological and Cultural Diversity ● Does ethnic-racial socialization provide resilience against interpersonal racism ● Connection between racial discrimination and crime ●

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Sociology	Crenshaw, K. (1991). Mapping the margins: intersectionality, identity politics, and violence against women of color. <i>Stanford Law Review</i> , 43(6), 1241–1299. https://doi.org/10.2307/1229039	<ul style="list-style-type: none"> ● Intersectionality as a way to understand intersection and complexity of race, class, gender, sexuality, ethnicity, citizenship, religion, dis/ability ● Intersectionality as a theoretical framework
Sociology	Davis, A. Y., Barat, F., & West, C. (2016). <i>Freedom is a constant struggle: Ferguson, Palestine, and the foundations of a movement</i> . Chicago, IL: Haymarket Books.	<ul style="list-style-type: none"> ● Connections between state violence and worldwide oppression ● Human liberation movement ● Historical struggles and activism
Sociology	Eriksson, M. (2017). The sense of coherence in the salutogenic model of health. In the handbook of salutogenesis (pp. 91–96). Springer, Cham. https://doi.org/10.1007/978-3-319-04600-6_11	<ul style="list-style-type: none"> ● Salutogenic construct ● Sense of coherence ● Generalized resilience resource ● Understanding how coherence improves health and well-being
Sociology	Foucault, M. (1982). The subject and power. <i>Critical Inquiry</i> , 8(4), 777–795. https://doi.org/10.1086/448181	<ul style="list-style-type: none"> ● Political analysis of power ● Relationship between power and subject ● History as a force that shapes contemporary power and interaction

1 2 3 4 5 6 7 8 9 10 11 12	Sociology	Freire, P. (1972). Pedagogy of the oppressed. New York: Hearder and Hearder.	<ul style="list-style-type: none"> ● Critical consciousness ● Understanding of production and reproduction of social class and opportunities ● Challenging oppressor/oppressed dichotomy ● Liberation Theology ● Praxis
13 14 15 16 17 18	Sociology	Gramsci, A. (2011). Antonio Gramsci selections from The Prison notebooks. Retrieved from http://archive.org/details/AntonioGramsciSelectionsFromThePrisonNotebooks	<ul style="list-style-type: none"> ● Hegemonic discourse as state control ● social norms, supports and institutions reproduce status quo of inequities
19 20 21 22 23 24 25	Sociology	hooks, b. (2001). Salvation: Black people and love. Harper Perennial.	<ul style="list-style-type: none"> ● Love as a pathways to healing and transformation ● Love is unmeasurable and hard to identify, unlike other currency/material value
26 27 28 29 30	Sociology	hooks, b. (2016). All about love: New visions. New York: Harper Perennial.	<ul style="list-style-type: none"> ● Love as praxis in society ● Paradigm shift
31 32 33 34 35 36 37	Sociology	Lorde, A. (1999). A burst of light: living with cancer. Feminist theory and the body: A Reader, 149–153.	<ul style="list-style-type: none"> ● Intersectionality ● Self care and acknowledgment as preservation ● Self care and authenticity as essential entitlement to life

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Sociology	Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. <i>Development and Psychopathology</i> , 19(3), 931-955.	<ul style="list-style-type: none"> ● Importance of impact of early environments on brain development ● Important to use biological inquiry paired with other resilience measures ● Understand limits and strengths of applying biology to resilience research
Sociology	Pinderhughes, H., Davis, R., & Williams, M. (2016). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Prevention Institute. https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf	<ul style="list-style-type: none"> ● Framework for addressing and preventing community trauma ● Need community understanding of trauma ● Promoting community resilience via individual approaches, community strategies and resilient community
Sociology	Roberts, D. E. (1999). <i>Killing the black body: Race, reproduction, and the meaning of liberty.</i> Vintage Books.	<ul style="list-style-type: none"> ● Reproductive justice ● Historical reproductive inequities and oppression ● Economic privilege and wealth tied to historical controlling and exploiting Black women’s bodies
Transcultural Psychology/ Psychiatry	Allen, J., Hopper, K., Wexler, L., Kral, M., Rasmus, S., & Nystad, K. (2014). Mapping resilience pathways of Indigenous youth in five circumpolar communities. <i>Transcultural Psychiatry</i> , 51(5), 601–631. https://doi.org/10.1177/1363461513497232	<ul style="list-style-type: none"> ● Ecological-transactional model - culture, community, kinship and family basis of resilience ● Capacity vs. multilevel processes and practices in everyday life ● Resilience processes in adolescence ● Grounded theory and life histories

	Transcultural Psychology/ Psychiatry	Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and Communities. <i>Journal of Interpersonal Violence</i> , 23(3), 316–338. https://doi.org/10.1177/0886260507312290	<ul style="list-style-type: none"> ● Multilevel framework for understanding impact of historical trauma ● Contemporary link between historical oppressions and stressors ● Intergenerational transmission of historical trauma
	Transcultural Psychology/ Psychiatry	Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. <i>The Canadian Journal of Psychiatry</i> , 56(2), 84-91.	<ul style="list-style-type: none"> ● Community resilience ● Social and cultural context to resilience ● Look at processes in which communities themselves create and produce resilience ● Resilience as processes that pull from various forms and arenas of strength
	Transcultural Psychology/ Psychiatry	Kirmayer, L. J., Sehdev, M., Withley, R., & Dandeneau, S. F. C. Issac. (2009). Community resilience: models, metaphors and measures. <i>Journal of Aboriginal Health</i> , (5), 1.	<ul style="list-style-type: none"> ● Models for community resilience ● Links between resilience and social capital ● Building community resilience ● Cultural context, language and spirituality, family ties, child development, building material wealth and infrastructure, storytelling and ties to environment, healing through helping, activism

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Transcultural Psychology/ Psychiatry	Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. <i>European Journal of Psychotraumatology</i> , 5(1), 25338.	<ul style="list-style-type: none"> ● Overview of resilience definitions and frameworks ● Theories of resilience and post-traumatic growth
Other sources: Education	Akorn, A., Shah, A., Nakai, A., & Cruz, T. (2016). Youth participatory action research (YPAR) 2.0: how technological innovation and digital organizing sparked a food revolution in East Oakland. <i>International Journal of Qualitative Studies in Education</i> , 29(10), 1287-1307. doi: 10.1080/09518398.2016.1201609	<ul style="list-style-type: none"> ● Digital tech & app creation with “ground truthing” created a food revolution in East Oakland and enabled community youth leadership, innovation and community transformation ● Tech innovation as a modality to transform social inequities ● Social action is becoming fluid with flexible and ever changing access to information and knowledge
Other sources	Du Bois, W. E. B. (Ed.). (1909). <i>The Negro American family: report of a social study made principally by the college classes of 1909 and 1910 of Atlanta University, under the patronage of the trustees of the John F. Slater Fund; together with the proceedings of the 13th annual conference for the study of the negro problems, held at Atlanta University on Tuesday, May the 26th, 1908 (No. 13).</i> Atlanta University Press.	<ul style="list-style-type: none"> ● Historical foundation of inequities and privilege in US ● Financial privilege and access to power in the US built via development of natural and financial resources, ● Disparity to access of resources structure of racial oppression and inequity from US beginning
Other sources	Fanon, F. (1965). <i>The wretched of the earth.</i> Translated [from the French] by Constance Farrington	<ul style="list-style-type: none"> ● Psychological impact of racialization and colonialism ● Internalization of inequities and reproduction of social suffering ● Anti-colonial revolution and liberation

Other sources	<p>Trauma and healing learning series: RYSE youth center and liberation praxis. (December 20, 2018). Retrieved January 8, 2018, from https://www.acesconnection.com/blog/trauma-and-healing-learning-series-ryse-youth-center-and-liberation-praxis</p> <p>https://www.acesconnection.com/blog/racing-aces-gathering-and-reflection-if-it-s-not-racially-just-it-s-not-trauma-informed</p>	<ul style="list-style-type: none"> ● Trauma informed and healing informed ACEs pyramid ● Liberation Praxis ● Interacting Layers of Trauma and Healing
Other sources	<p>Popova, M. (2015, June 29). Poet and philosopher David Whyte on belonging and how to be at home in yourself. Retrieved December 23, 2017, from https://www.brainpickings.org/2015/06/29/david-whyte-belonging/</p>	<ul style="list-style-type: none"> ● Entitlement ● Belonging to the self ● A right to exist as belonging
Other sources: Education	<p>Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. <i>Race ethnicity and education</i>, 8(1), 69-91. doi:10.1080/1361332052000341006</p>	<ul style="list-style-type: none"> ● Community Cultural Wealth Theory ● Challenge to White middle/upper class cultural capital as only capital ● Community cultural wealth includes aspirational, navigational, social, linguistic, familial and resistant capital ● Modes and capital used to navigate