1. What are the ethical responsibilities of social scientists, health researchers and biological researchers in challenging biological definitions of race?

2. How can we address the disconnect between the conceptualization of race as socially constructed and data that fall short of this insight? How can we collect meaningful data on race that would help us understand the social construction of inequality?

3. Given most quantitative (e.g., surveys) and qualitative research (e.g., in-depth interviews, participant observation) only capture one dimension of racial status (usually self-identified race), how can we operationalize race as a multi-dimensional phenomenon that consists of not only self-identity, but also socially defined race—how others classify your race in the US? What specific questions would we include in our protocols?

4. How can we operationalize race as a multi-level social construction (e.g., micro, meso, macro social structures in action)? How can we capture meaningful data on racialized contexts? How can we construct meaningful macro, meso and micro level variables?
   a.) in surveys (e.g., aggregate community data tied to individual-level data).
   b.) in qualitative research, such as ethnography, in-depth life history interviews and focus groups, and video (e.g., thick descriptions social structures of power & representation, boundary making, lived experience, etc.)
   c.) longitudinal studies (e.g., changing neighborhood context, lifetime embodiment, etc.)

5. What does it mean to “control” for “race” at the micro, meso and macro-levels in both quantitative and qualitative research? What does it mean to map “race” as socially constructed in community research (e.g., dynamics of power, representation, and allocation of resources—both material and nonmaterial)?
6. How can we operationalize the pathways of embodiment? (e.g., life course model for explaining low birth weights among middle class African American mothers). How can we best explore causality and embodiment? What data can longitudinal studies include that would illuminate pathways to health and illness operating at and between the social, cultural, individual and biological levels? How do we capture meaningful individual, family, and community data on race-based microaggressions, historical trauma, and weathering?

7. How can we conceptualize and operationalize intersectionality (exploring the simultaneity and connections between and among structured race, class, gender, sexuality, legal status inequality, etc. in shaping oppression and resistance)? What would intersectional research strategies and data and analysis look like quantitative and qualitative research?

8. What are the best practices for collecting “race” data in clinical trials? Are self-identified race or ethnicity data enough? What about the use of “socially assigned race”-how others usually classify you in a particular sociohistorical context?

9. What are the best ways of proactively collaborating with policy makers and data gathers for the collection of meaningful race and ethnicity data (e.g., local Center for Disease Control (CDC), state level vital records, community clinics, hospitals, universities, public schools, criminal justice system, etc.)?

10. What would anti-racist research methodologies that alter the relationship between the researchers and the “community” look like? (e.g., Community Based Participatory Research (CBPR), youth participatory research, meaningful research deliverables for the nonacademic community-videos, training and employment for community researchers and youth leadership development, etc.)

11. If you were part of a research team that could design a model research project on conceptualizing and operationalizing “race” and inequality in health policy research, what would it look like? What specific questions and protocols would you use?

12. Given the limitation of existing databases, what are the best practices for working with these data?
***PARADIGM SHIFT*** MAPPING "RACE" AS MULTI-DIMENSIONAL

MODEL FOR CONCEPTUALIZING AND OPERATIONALIZING "RACE" AS A

MULTI-DIMENSIONAL SOCIAL CONSTRUCTION IN HEALTH POLICY RESEARCH

Self-Identity
(e.g., racial affiliation, tribal affiliation, ancestry)

Ethnicity
(e.g., generation, language, legal status, context of reception, parental place of birth)

Socially Defined Racial Status
(e.g., How do others classify your race in the US most of the time?)

Embodiment:
Cumulative Lived Experience & Life Course Embodiment

"Race"
***PARADIGM SHIFT***

**MAPPING “RACE” AS SOCIAL STRUCTURES IN ACTION**

**IN MULTIPLE LEVELS OF SOCIETY**

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