★★★★★ SPIRIT OF 1848: FINAL APHA 2016 PROGRAM ★★★★★
(ver 10/11/16)

The Spirit of 1848 is happy to share our final program for the American Public Health Association's 144th Annual Meeting and Expo (APHA; Denver, CO, Oct 29-Nov 2, 2016). The official conference theme is: "*Creating the Healthiest Nation: Ensuring the Right to Health*." For our **Spirit of 1848 sessions**, however, the theme is: **"*Advancing the Rights Required to Achieve Health and Health Equity*."** Our sessions are designed to push the bounds of the official APHA theme and focus on **social justice, thriving & sustainable societies, global solidarity, and the human rights required to achieve health – and health equity.** We are keen to address these themes jointly from a local & global perspective, taking into account issues of power, place, sovereignty, and self-determination.

For those of you who like to know the timeline structure, it will be the usual (per the new APHA conference format):

Monday of APHA	10:30 am to 12 noon	Social History of Public Health session
	2:30 pm to 4:00 pm	Politics of Public Health Data session
Tuesday of APHA	8:30 am to 10:00 am	Progressive Pedagogy session
	10:30 am to 12 noon	Integrative Session (all 3 themes)
	12:30 pm to 1:30 pm	Social Justice & Public Health Student Poster Session
	6:30 pm to 8:00 pm	Spirit of 1848 labor (business) meeting

And we also have one item UNIQUE to this year:

-- **JOINT SESSION CO-ORGANIZED BY THE HUMAN RIGHTS FORUM, SPIRIT OF 1848 CAUCUS, AND THE AMERICAN INDIAN, ALASKA NATIVE, AND NATIVE HAWAIIAN (AIANNH) CAUCUS,** titled: "Human Rights Mechanisms to Advance Social Justice & Health Equity in Public Health," which will take place on Tuesday, November 1, during the 2:30 to 4:00 pm slot.

Below we provide our program preview in 3 versions:

1) the session titles only
2) the session titles and titles of the presentations included in each session
3) the session titles, titles of presentations and their abstracts

All Spirit of 1848 sessions will be in the Colorado Convention Center (CCC); the joint session will be at the Hyatt Regency Denver (across the road).

You can also obtain information on sessions via the APHA website:
-- for Spirit of 1848: https://apha.confex.com/apha/144am/meetingapp.cgi/Program/1593
-- for the full on-line program for all sessions: https://apha.confex.com/apha/144am/meetingapp.cgi
-- for the home page for the APHA 2016 meeting: http://apha.org/events-and-meetings/annual

A1-page flyer (two-sided) that summarizes our program, and also the full program, are both available as documents that can be freely downloaded at our Spirit of 1848 website; see: http://www.spiritof1848.org/

We look forward to seeing you at our sessions this fall!

(and, if you like to think ahead, an fyi that the theme for the 2017 APHA annual meeting & expo will be: "Climate Change: Public Health's Global Challenge" – and the meeting will be in Atlanta, GA (Nov 4-8, 2017))

Note: all Spirit of 1848 scientific sessions are approved for **CE credits**.

★★★★★ PROGRAM PREVIEW: 3 VERSIONS ★★★★★

1) SESSION TITLES ONLY

Note: all Spirit of 1848 scientific sessions are approved for **CE credits**

SPIRIT OF 1848 SESSIONS

▶ ***Monday, October 31, 2016***

■ **10:30 am to 12 noon**

Critical historical perspectives: struggles for health equity & human rights in the Western United States. (Session 3180.0; Colorado Convention Center (CCC), Room 205)

■ **2:30 pm to 4:00 pm**

Policing & public health: health equity, human rights, and the politics of public health data. (Session 3376.0; CCC, Room 205)

▶ ***Tuesday, November 1, 2016***

■ **8:30 am to 10:00 am**

Progressive pedagogy: health equity and human rights (Session 4069.0; CCC, Room 205)

■ **10:30 am to 12 noon**

Vital rights: critical history, data, and pedagogy for the rights needed for health equity (Session 4161.0; CCC, Room 205)

■ **12:30 pm to 1:30 pm**

Spirit of 1848 social justice & public health student poster session (Session 4197.0; CCC, Halls A/F)

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor (Business) Meeting (Session 440.0; CCC, Room 202)

CO-SPONSORED SESSIONS

▶ ***Tuesday, November 1, 2016***

■ **2:30 pm to 4:00 pm (Joint Session)**

Human rights mechanisms to advance social justice & health equity in public health – co-organized by the APHA Human Rights Forum, the Spirit of 1848 Caucus, and the American Indian, Alaska Native, and Native Hawaiian (AIANNH) Caucus. (Session 4310.0; Hyatt Regency Denver, Capital Ballroom 3)

■ In the evening we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section – it will be from 8 pm to midnight at *Lannie's Clocktower Cabaret* (1601 Arapahoe Street, Denver, CO 80202, located in the 16th Street Mall; see: http://www.lannies.com/). Tickets will be sold in advance on-line, at:

http://2016ohsdanceparty.brownpapertickets.com

2) SESSION TITLES & PRESENTATION TITLES (speaker names: in bold)

Note: all Spirit of 1848 scientific sessions are approved for **CE credits**

SPIRIT OF 1848 SESSIONS

▶ ***Monday, October 31, 2016***

■ **10:30 am to 12 noon**

Critical historical perspectives: struggles for health equity & human rights in the Western United States. (Session 3180.0; Colorado Convention Center (CCC), Room 205)

10:30 am – An introduction to critical historical perspectives on struggles for health equity and human rights among the Peoples of the Western United States – *Marian Moser Jones, PhD, MPH* (University of Maryland School of Public Health, College Park, MD)

10:35 am – The road to Ludlow: health, safety, and labor struggle in Colorado – *Thomas Andrews, PhD* (Dept of History, University of Colorado Boulder, Boulder, CO)

10:55 am – The Railroad Bracero Program and the struggle for health citizenship in the U.S. Workplace, 1943-1945 – *Chantel Rodriguez, PhD* (Dept of History, University of Maryland College Park, College Park, MD)

11:15 am – The color of water: a historical account of water infrastructure, property development, and social inequity in Denver and the American West – *Tom Romero II, PhD* (College of Law and Department of History, University of Denver, Denver, CO)

11:35 am: Q &A

■ **2:30 pm to 4:00 pm**

Policing & public health: health equity, human rights, and the politics of public health data. (Session 3376.0; CCC, Room 205)

2:30 pm – Ensuring the right to health: health equity, human rights, and the politics of public health data – *Zinzi Bailey ScD, MSPH* (NYC Department of Health and Mental Hygiene, Center for Health Equity, Long Island City, NY), Catherine Cubbin PhD (School of Social Work, University of Texas, Austin, TX), and Nancy Krieger PhD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

2:35 pm – Killed and unaccounted for: examining the racial and geographic breakdown of those killed by police in 2015 – *Amanda Onwuka, PhD-C,* Kate Duchowny, PhD-C, and Kristen Brown, PhD-C (all based at: Dept of Epidemiology, University of Michigan, Ann Arbor, MI)

2:50 pm – "Trust not Trauma": Gathering data in Ohio to shine a light on how policing practices impact the health of Black communities and police officers – *Sara Satinsky, MPH, MCRP*, Jonathan Heller, PhD, Kim Gilhuly, MPH, Selamawit Misgano, MPH-C, and Afomeia Tesfai, MPH (all based at: Human Impact Partners, Oakland CA)

3:05 pm – Moving the public health conversation about police violence beyond reform – *Emma Rubin, MPHc*, Elizabeth Kroboth, MPHc, Jade Rivera, MPHc, and Marty Martinson, DrPH, MPH, Med (all based at: Dept of Health Education, San Francisco State University, San Francisco, CA)

3:20 pm – Policing practices and HIV vulnerability among Black men who have sex with men: findings from a New York City-based ethnographic study – *Morgan Mari Philbin, PhD, MHS* (HIV Center for Clinical and Behavioral Studies, Columbia University and New York State Psychiatric Institute, NYC, NY), Caroline Parker, BA, Richard Parker, PhD, Patrick A. Wilson, PhD, and Jennifer S. Hirsch, PhD (all based at: Dept of Sociomedical Sciences at the Mailman School of Public Health, Columbia University, NYC, NY), and Jonathan Garcia, PhD (College of Public Health and Human Sciences, Oregon State University, Corvallis, OR)

3:35 pm – Q&A

▶ ***Tuesday, November 1, 2016***

■ **8:30 am to 10:00 am**

Progressive pedagogy: health equity and human rights (Session 4069.0; CCC, Room 205)

8:30 am – Introduction for progressive pedagogy: health equity and human rights – Lisa Dorothy Moore, DrPH (Health Education, San Francisco State University, San Francisco, CA), Rebekka M. Lee, ScD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health), ***Vanessa Simonds, ScD*** (Dept of Health and Human Development, Montana State University, Bozeman, MT)

8:35 am – Fixing curriculum gaps: using an advanced seminar to teach students how to develop teaching examples for public health courses lacking gender analysis – *Sabra L. Katz-Wise, PhD* and Jerel Calzo, PhD (both based at: Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, MA), Brittany Charlton, ScD (Dept of Pediatrics, Harvard Medical School, Boston, MA), and Nancy Krieger, PhD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

8:50 am – Resisting the stories "WE" tell about health: combatting the neoliberal, consumerist models of Food System Change in the classroom – *Jason Craig, PhD-C* and Sonya Jones, PhD (both based at: Center for Research in Nutrition and Health Disparities, University of South Carolina Arnold School of Public Health, Columbia, SC)

9:05 am – Beyond implicit bias: a medical student course of race and racism in medicine – Charlotte Austin, Ann Crawford-Roberts, Murad Kahn, ***Giselle Lynch***, Caroline Mirand, and Lily Ostrer (Medical students, all based at: Dept of Medical Education, Icahn School of Medicine at Mount Sinai, NYC, NY), and Ann-Gel S. Palermo, DPH and Sharon Washington, MPH, EdD (Center for Multicultural and Community Affairs, Icahn School of Medicine at Mount Sinai, NYC, NY)

9:20 am – Strategies for anti-racist community engagement in public health pedagogy – *Miranda Vargas, MPH*, (Dept of Health Services- Community Oriented Public Health Practice, University of Washington School of Public Health)

9:35 am – Q&A

■ **10:30 am to 12 noon**

Vital rights: critical history, data, and pedagogy for the rights needed for health equity (Session 4161.0; CCC, Room 205)

10:30 am -- Introduction – Vital rights: critical history, data, and pedagogy to advance the rights needed for health – and health equity -- *Nancy Krieger, PhD* (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

10:35 am – The human right to health: a historical perspective – *Micheline Ishay, PhD* (Korbel School of International Studies, University of Denver, Denver, CO)

10:55 am – Approaches and priorities to improve health and justice: bringing human rights into evaluation – *Sofia Gruskin, JD, MIA* (Program on Global Health and Human Rights, Institute of Global Health, University of Southern California, Los Angeles, CA)

11:15 am – Evidence and expertise in HIV and abortion jurisprudence: implications for pedagogy and advocacy – *Aziza Ahmed, JD, MS* (Northeastern University School of Law, Boston, MA)

11:35 am: Q & A

■ **12:30 pm to 1:30 pm**

Spirit of 1848 social justice & public health student poster session (Session 4197.0; CCC, Halls A/F)

Organizers: ***Tabashir Sadegh-Nobari, MPH*** (Department of Community Health Sciences, UCLA School of Public Health, Los Angeles, CA)**,** ***Nylca Munoz, JD, MPH*** (School of Public Health, University of Puerto Rico, San Juan, PR), and ***Jennifer Tsai, MD-C*** (Warren Alpert Medical School of Brown University, Providence, RI)

Board 1: Contextual discrimination and inequities of the Trans (Transgender) population: a conceptual model of justice and political denigration -- ***Katherine Gulyas, RN, BSN*** (Graduate student/RN) and Lori Edwards, DrPH, MPH, RN,PHCNS-BC (both based at: School of Nursing, University of Maryland, Baltimore, MD)

Board 2: Universal paid parental leave: a public policy strategy to achieve health equity among preterm infants – ***Susanne Klawetter, LCSW, PhD-C*** (Graduate School of Social Work, University of Denver, CO)

Board 3: Formalizing the dynamics of institutionalization and cultural persistence: a model for inquiry into public health organization social equity outcomes – ***Lisa Christen Gajary, MA, PhD-C*** (The John Glenn College of Public Affairs, The Ohio State University, Columbus, OH)

Board 4: Access to care in West Virginia: law as a promoter or hindrance to rural health – ***Maggie Power, MPH, JD-C*** (College of Law, West Virginia University, Morgantown, WV)

Board 5: Model behavior: how animal models of socioeconomic status in public health naturalize social injustices – ***Nathaniel MacNell, MSPH*** (Dept of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC)

Board 6: Systematic review on the use of decolonial frameworks in public health – ***Pornsak (Paul) Chandanabhuma, MPH,*** Sarah Smith, BA, and Subasri Narasimhan, MPH (all based at: Dept of Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles)

Board 7: Barriers and enablers of healthy food access among low-income Latinos in Orange County, CA -- ***Gloria Flores, BS, MPH-C*** and Maria Koleilat, DrPH, MPH (both based at: Dept of Health Science, California State University, Fullerton, CA)

Board 8: Theorizing the social lives of emotions and their potential contribution to public health – ***Kathleen S. Kenny, MPH*** (Dept of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill), and Laura Villa Torres, MSPH (Dept of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill)

Board 9: White Coats for Black Lives #ActionsSpeakLouder Campaign: medical student protests and petitions to increase access to care for uninsured and Medicaid patients at the University of California, Los Angeles – ***Jonathan Gomez, MD-C*** (David Geffen School of Medicine, University of California, Los Angeles)

Board 10: Finding healthcare justice for Bosnia's PTSD sufferers – Ana Gutierrez, MA-c (School of International Studies, University of Denver)

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor (Business) Meeting (Session 440.0; CCC, Room 202)

Come to a working meeting of **THE SPIRIT OF 1848 CAUCUS**. Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us in planning future sessions & projects!

CO-SPONSORED SESSIONS

▶ ***Tuesday, November 1, 2016***

■ **2:30 pm to 4:00 pm (Joint Session)**

Human rights mechanisms to advance social justice & health equity in public health – co-organized by the APHA Human Rights Forum, the Spirit of 1848 Caucus, and the American Indian, Alaska Native, and Native Hawaiian (AIANNH) Caucus. (Session 4310.0; Hyatt Regency Denver, Capital Ballroom 3)

2:30 pm – PAHO strategies on human rights to promote social justice in health – *Javier Vasquez, JD* (Pan American Health Organization (PAHO), Washington, DC)

2:50 pm – Advancing reproductive health and rights through human rights mechanisms – *Katherine Mayall, BS, JD* (Center for Reproductive Rights, New York, NY)

3:10 pm – Human rights advocacy as a tool for advancing public health at the local level – *Rebecca Reingold, JD* (O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC)

3:30 pm – Through an Indigenous lens – *Michael Bird, MSW, MPH* (Independent Consultant, Albuquerque, NM)

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Critical historical perspectives: struggles for health equity & human rights in the Western United States. (Session 3180.0; Colorado Convention Center (CCC), Room 205)

10:30 am – An introduction to critical historical perspectives on struggles for health equity and human rights among the Peoples of the Western United States – *Marian Moser Jones, PhD, MPH* (University of Maryland School of Public Health, College Park, MD)

Historically, the health of communities in the area now known as the Western United States has often been tied to struggles around land, water, labor, and collective self-determination. One cannot speak of a right to health among miners, indigenous communities, or Mexican American migrants/Chicanos, for example, without situating such a right within larger cultural, economic, geographic, and political contexts. In this session, we will explore the ways that different groups who have played central roles in the region's history have defined and worked to secure health rights as part of larger fights for nationhood, citizenship, suffrage, better working and living conditions, and political power. The overall aim of the session is to draw upon local experiences in order to explore both the highly situated nature of health and human rights and universal aspects of peoples' struggles for health equity and social justice.

10:35 am – The road to Ludlow: health, safety, and labor struggle in Colorado – *Thomas Andrews, PhD* (Dept of History, University of Colorado Boulder, Boulder, CO)

This talk argues that concerns over occupational health and safety fueled sustained unrest and episodic militancy among the mining families of Colorado's southern coalfields in the late 1800s and early 1900s. Drawing upon my multiple-prize-winning Killing for Coal: America's Deadliest Labor War (Harvard University Press, 2008), I will examine the acute hazards and chronic risks mine workers experienced on the job. I will then explore the ways in which particular features of the occupational culture of southern Colorado's coal-mine workscapes served to translate these threats into an oppositional culture rooted in craft autonomy, workplace solidarity, and pugnacious masculinity. Starting in the 1890s, the United Mine Workers of America (UMWA), an industrial coal miners union, attempted to leverage this pre-existing oppositional culture in order to secure concessions from mine operators while establishing the union's role as collective bargaining agent for anyone working in or around the region's coal mines and coke ovens. Finally, I will trace how corporate efforts to contain the threat of unionism by building paternalistic company towns ultimately backfired. I conclude with a discussion of the Colorado coal war of 1913-'14, the deadliest labor conflict in the history of the United States.

10:55 am – The Railroad Bracero Program and the struggle for health citizenship in the U.S. Workplace, 1943-1945 – *Chantel Rodriguez, PhD* (Dept of History, University of Maryland College Park, College Park, MD)

Focusing on the railroad bracero program, this presentation will examine how the debates over Mexican guest worker health shaped

the twentieth century struggle for health citizenship in the U.S. During World War II an estimated 135,000 Mexican men participated in the railroad bracero program, a guest worker program co-sponsored by the U.S. and Mexican governments, as temporary track maintenance workers to alleviate the labor shortage and support war transportation. When a railroad bracero experienced injury and/or illness, the Mexican state, together with the railroad bracero, filed health claims on the force of the labor contract demanding U.S. employers rectify workplace safety and health issues, and provide full-coverage of medical bills. The labor contract entitled railroad braceros to a comprehensive form of health citizenship: hygienic housing, food, a safe work environment, access to medical care, and injury compensation. Yet these promises often went unfulfilled. The result was a debate over bracero health inequity and the meaning of health citizenship in the U.S. more broadly. Indeed, the configuration of health citizenship—the scope of health protections, and the parameters defining who had access to health rights—was ambiguous during World War II. The railroad bracero program had, in effect, brought to center stage the question of alienage—what are the limits of non-citizen rights?—in defining the boundaries of health citizenship.

11:15 am – The color of water: a historical account of water infrastructure, property development, and social inequity in Denver and the American West – *Tom Romero II, PhD* (College of Law and Department of History, University of Denver, Denver, CO)

This presentation explores the rights, remedies, and policies associated with water resource management, the "true gold" of places like Denver and most of the arid American West. Owning to water's scarcity in this region, humans have developed complex and sophisticated legal regimes surrounding the use, acquisition, and distribution of water as resource. Accordingly, this presentation uses the history of water development in Denver to draw attention to some ways that law has directly contributed to an unequal and inequitable distribution of water problems; including access to domestic water supplies, maintenance of water and sewage infrastructure, contamination of drinking water, and safe levels of floodplain occupancy. The first part of my analysis identifies the basic fact of water inequality as it exists throughout the world. Although this section focuses primarily on the inequitable nature of the hydrologic cycle in vastly different environments, it identifies some of the ways that humans have exacerbated the problems of water scarcity, access, and quality. The remainder of my presentation turns to the role of law governing the capture, use, and distribution of water. Focusing primarily on the Doctrine of Prior of Appropriation as it developed in the American West, the article details law's central role in creating the color lines in the region's urban archipelagos, like Denver, Colorado.

11:35 am: Q &A

■ 2:30 pm to 4:00 pm

Policing & public health: health equity, human rights, and the politics of public health data. (Session 3376.0; CCC, Room 205)

2:30 pm – Ensuring the right to health: health equity, human rights, and the politics of public health data – *Zinzi Bailey ScD, MSPH* (NYC Department of Health and Mental Hygiene, Center for Health Equity, Long Island City, NY), Catherine Cubbin PhD (School of Social Work, University of Texas, Austin, TX), and Nancy Krieger PhD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

This session will consider the use of various kinds of social, economic, health, and policy data (whether quantitative or qualitative) to analyze human rights relevant to health equity in relation (but not limited) to the following issues: (a) who counts when it comes to defining rights and to deciding whose lives count, in relation to health outcomes; (b) decriminalization and population health (e.g., in relation to substance use, sex work, sexuality, low-resource communities, and decarceration); (c) the use of state power to advance or to undermine health equity (e.g., examples of struggles to articulate and win rights that lead to improvements in overall rates of population health and reductions in health inequities, on the one hand, and, on the other, analyses of police brutality and military violence and efforts to document their toll); and (d) explicit use of a health and human rights framework to guide empirical population health research and to interpret empirical findings, whether in research, programs, or policies. In all cases, presentations can focus on one or several locales (e.g., country/countries; region/regions; city/cities; neighborhood/neighborhoods) or, alternatively, they can be at the global level.

2:35 pm – Killed and unaccounted for: examining the racial and geographic breakdown of those killed by police in 2015 – *Amanda Onwuka, PhD-C,* Kate Duchowny, PhD-C , and Kristen Brown, PhD-C (all based at: Dept of Epidemiology, University of Michigan, Ann Arbor, MI)

Introduction: Although differential treatment of minorities by police is well-established, no formal surveillance exists to enumerate police-related fatalities. Despite the lack of available information, the Guardian newspaper began recording individuals killed by police in the publically-available "The Counted" database. We use these data to examine the social and geographic patterning of police-related fatalities in 2015. Methods: We used 2010 Census data to calculate standardized rates of police killings by race/ethnicity. Chi-squared tests examined racial/ethnic differences in firearm possession at the time of killing. Finally, we

estimated the proportion of individuals killed per capita by state and U.S. Census region. Results: In 2015, 1,140 individuals were killed by police. The rate of police killings were 3 times higher for Blacks and 1.5 times higher for Hispanics as compared to Whites; however, Whites were more likely to be in possession of a firearm when killed compared to Blacks and Hispanics (p=.01). Police-related fatalities per capita were highest in Oklahoma, Rhode Island and the District of Columbia. The Western region of the U.S. had the highest proportion of police-related fatalities (5 individuals per million), while the South accounted for the fewest (1 per million). Conclusion: Our results highlight stark racial/ethnic disparities in the treatment of individuals by police. We also found important differences by state indicating the need for state-level policy reform. While these data are a critical first step, formal data collection is needed in order to substantiate these finding with the hope of reducing health inequities.

2:50 pm – "Trust not Trauma": Gathering data in Ohio to shine a light on how policing practices impact the health of Black communities and police officers – ***Sara Satinsky, MPH, MCRP***, Jonathan Heller, PhD, Kim Gilhuly, MPH, Selamawit Misgano, MPH-C, and Afomeia Tesfai, MPH (all based at: Human Impact Partners, Oakland CA)

As policing practices are on trial in Baltimore, Cleveland, and other US cities, a health lens shows a larger scale of the issue and scope of affected populations than has been recognized. Mixed-methods research in Akron and Cincinnati, Ohio found that the standard policing model, in which power balance is with police, negatively affects the physical and less-often discussed mental and emotional health of both black communities. Research also finds police officers experience adverse health effects from the profession. Combined community-oriented and problem-solving policing, in which power is shared with the community, lead to better outcomes. The research was led by an organization whose core mission is bringing public health science to decisions that affect health equity, and was advised by researchers, individuals at health and law enforcement agencies, and grassroots and advocacy partners working in health and criminal justice reform. This presentation will discuss: 1) efforts to get police data including by race/ethnicity about stops, arrests, use of force, and the obstacles encountered trying to obtain these data; 2) lessons from efforts to fill data gaps through a survey of 470 individuals and 8 focus groups held separately with police officers and community members; 3) recommendations developed in response to findings and to build trust between police and the public, in particular black communities; and 4) reflections on how: the health lens deepens the national discourse; the health field can help fill data gaps; and having partners with varied perspectives shaped a report emphasizing impacts on health by race.

3:05 pm – Moving the public health conversation about police violence beyond reform – ***Emma Rubin, MPHc***, Elizabeth Kroboth, MPHc, Jade Rivera, MPHc, and Marty Martinson, DrPH, MPH, Med (all based at: Dept of Health Education, San Francisco State University, San Francisco, CA)

High-profile police and vigilante killings of Black and Brown people have led to a resurgent protest movement and national conversation about racialized police and state-sanctioned violence. Some have called for public health to take an active role in the pressing health equity issue of violence and harassment against people of color by police. This study examined police violence through a political economy lens, and then analyzed proposed police reforms in light of these political economy contexts. This analysis revealed: the historic and ongoing function of police as agents of social control to uphold existing inequalities and serve the interests of the powerful; criminalization of the poor and people of color; poverty's role in pushing people into the underground economy, which often leads to contact with police; and pervasive unemployment caused by economic reorganization. In light of these findings, the majority of current proposed police reform measures (e.g., civilian review boards, data collection, technological tools such as body- or dashboard-mounted cameras and Conducted Electrical Weapons (CEWs), training, diversifying police forces, community-oriented policing) fail to take into account the root causes of police violence and fall short in their ability to address the problem. Current and historical grassroots organizing around policing reveals more upstream solutions compatible with a contemporary public health perspective on social determinants of health and community-capacity building. Ultimately, we argue for decriminalizing low-level crimes, investing resources in economic and racial equity, divesting resources from policing and state repression, and supporting community-controlled systems and practices for creating community safety.

3:20 pm – Policing practices and HIV vulnerability among Black men who have sex with men: findings from a New York City-based ethnographic study – ***Morgan Mari Philbin, PhD, MHS*** (HIV Center for Clinical and Behavioral Studies, Columbia University and New York State Psychiatric Institute, NYC, NY), Caroline Parker, BA, Richard Parker, PhD, Patrick A. Wilson, PhD, and Jennifer S. Hirsch, PhD (all based at: Dept of Sociomedical Sciences at the Mailman School of Public Health, Columbia University, NYC, NY), and Jonathan Garcia, PhD (College of Public Health and Human Sciences, Oregon State University, Corvallis, OR)

Background: Black men who have sex with men (BMSM) have the highest HIV incidence rates in the U.S. and are also disproportionately targeted by law enforcement. Little is known however, about how policing practices might produce HIV-related vulnerabilities for BMSM. Methods: 31 BMSM in New York City completed three 90-minute in-depth interviews; 17 community stakeholders completed one 60-minute interview. We also conducted participant-observation (e.g., in parks/bars). Interviews were taped, transcribed, and analyzed to explore themes around HIV vulnerability, sexuality, and policing practices. Results: Men described frequent interactions with police, and practices that generated HIV vulnerability via three mechanisms: 1) men's understandings of 'condoms as evidence' legislation limited routine carrying of condoms which impacted subsequent use, particularly in outdoor spaces; 2) BMSM, particularly gender non-conforming men and transwomen, felt unprotected against hate crimes and reported mistrust of police; and 3) racist practices such as 'Stop and Frisk' created feelings of insecurity in public places which pushed men's social lives out of potentially health-promoting spaces. Conclusion: Our research suggests that a purely

biomedical HIV prevention approach (e.g., pre-exposure prophylaxis, treatment as prevention) may fail if we don't also address social sources of vulnerability like policing practices that disproportionately impact racial/sexual minorities. Policing practices likely shaped BMSM's use of public spaces in ways that impact other population-health outcomes, demonstrating the need for additional research. In addition to applying a justice and human rights framework, public health advocates should address police brutality in order to achieve the beneficial health impacts of improved community-police relations

3:35 pm – Q&A

▶ *Tuesday, November 1, 2016*

■ 8:30 am to 10:00 am

Progressive pedagogy: health equity and human rights (Session 4069.0; CCC, Room 205)

8:30 am – Introduction for progressive pedagogy: health equity and human rights – Lisa Dorothy Moore, DrPH (Health Education, San Francisco State University, San Francisco, CA), Rebekka M. Lee, ScD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health), ***Vanessa Simonds, ScD*** (Dept of Health and Human Development, Montana State University, Bozeman, MT)

This session will critically examine teaching and training programs focused on links between human rights, population health, and health equity. Some examples might include critical approaches to pedagogy that address: (a) links health and human rights at the global, national, and/or local levels, and consider controversies in the field (e.g., between uses of "human rights" from "above," to advance imperial agendas, versus uses of human rights from "below," to advance equity, including health equity); (b) racism in public health, medical, or other health professional curricula; (c) human rights and health equity in relation to gender, sexual and reproductive rights and reproductive justice, nationality and immigrant rights, environmental justice and climate justice, Indigenous rights, and any and all other human rights included in the scope of political, economic, social, cultural, and civil rights.

8:35 am – Fixing curriculum gaps: using an advanced seminar to teach students how to develop teaching examples for public health courses lacking gender analysis – ***Sabra L. Katz-Wise, PhD*** and Jerel Calzo, PhD (both based at: Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, MA), Brittany Charlton, ScD (Dept of Pediatrics, Harvard Medical School, Boston, MA), and Nancy Krieger, PhD (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

Gender-based analysis in public health is a systematic examination of how population health is shaped by systems of gender relations, involving policies and laws, programs and services, research priorities, social norms and practices, and public discourse. Although gender-based analysis is critical to public health analysis and practice, it is rarely taught in public health schools outside of courses that are specifically focused on gender and women's health. To address these pedagogic gaps, in 2014 we redesigned the capstone course, "Advanced Topics in Women, Gender, and Health," which is the final core course taught in the Harvard T. H. Chan School of Public Health Interdisciplinary Concentration on Women, Gender, and Health (WGH). We newly implemented a teaching example assignment, whereby students learn how to develop brief teaching examples to expose students in non-WGH courses (e.g., introductory epidemiology) to gender-based analysis. Students create teaching examples based on the substantive material presented by guest speakers throughout the term (e.g., eating disorders). Teaching examples focus on cultivating a key technical skill within public health (e.g., Directed Acylic Graphs) through the exploration of a central issue in gender-based analysis (e.g., challenging simplistic conflations of gender and sex). Beyond building the pedagogical skills of students, the assignment has yielded teaching examples (freely available on-line) that can introduce the concept of gender-based analysis into core courses in public health schools across the United States, and offers a model that can be used to address analogous curriculum gaps (e.g., lack of material on racism and health).

8:50 am – Resisting the stories "WE" tell about health: combatting the neoliberal, consumerist models of Food System Change in the classroom – ***Jason Craig, PhD-C*** and Sonya Jones, PHD (both based at: Center for Research in Nutrition and Health Disparities, University of South Carolina Arnold School of Public Health, Columbia, SC)

COPASCities is a five-year research project and has 2 aims: to strengthen the capacity of South Carolina citizens to create food systems change, and catalyze and study the process by which community leaders change their food systems. As part of this work at the University of South Carolina, we created an undergraduate minor in Nutrition and Food Systems; this minor degree requires that students participate in a two-part capstone experience. The capstone experience is designed to allow students to deconstruct a neoliberal economic perspective of the food system in which economic activities and consumer power are the focus, and explore alternative perspectives, including human rights, agro-ecological, and community-based approaches. We will describe student assignments and pedagogical techniques, including personal and collaborative story-telling techniques that incorporate Freirian notions of critical consciousness that encourage deep analysis of food systems challenges. We will also describe how these activities work to inform service projects developed by the students in coordination with local and regional organizations.

9:05 am – Beyond implicit bias: a medical student course of race and racism in medicine – Charlotte Austin, Ann Crawford-Roberts, Murad Kahn, ***Giselle Lynch***, Caroline Mirand, and Lily Ostrer (Medical students, all based at: Dept of Medical Education, Icahn School of Medicine at Mount Sinai, NYC, NY), and Ann-Gel S. Palermo, DPH and Sharon Washington, MPH, EdD (Center for Multicultural and Community Affairs, Icahn School of Medicine at Mount Sinai, NYC, NY)

Background: Racism in medicine contributes to racial health disparities in the United States. Knowledge of race and its effects on patients and research participants is essential to competent medical practice, yet medical education lacks formal instruction on the history and dynamics of race and racism. The increasing attention surrounding implicit bias, as a method to reduce health disparities fails to recognize the systematic exclusion of people of color from equitable care. Efforts to address racism should privilege the knowledge held by communities of color; failure to do so perpetuates the systemic effects of racism. Methods: Six to ten weekly seminar sessions are grounded in literature, critical race theory, experiential learning, structured dialogue and the personal experiences of participants. In centering the experiences of people of color, the course offers a space for healing and for discussion on how to serve patients impacted by racism. By honoring the knowledge held by those participants most affected by racism, the course sheds the history of racism that plagues conventional educational approaches. Results: Participants and course leaders developed structured course notes, actionable recommendations for our institution, projects on medical curriculum reform for medical schools at large, and a rubric of metrics with which to evaluate racism and anti-racism in medical schools. Discussion/Conclusion: Medical schools must consider how to best prepare students to identify racial bias and the persistence of racism in the foundations of medical practice; the described pilot intervention employs a unique pedagogical approach.

9:20 am – Strategies for anti-racist community engagement in public health pedagogy – ***Miranda Vargas, MPH***, (Dept of Health Services- Community Oriented Public Health Practice, University of Washington School of Public Health)

Institutional racism in public health graduate programs prevent students, faculty, and staff from recognizing problematic dynamics in their relationships with community-based organizations (CBOs) led by and representing people of color. Barriers, such as top-down decision-making, limit communities' of color participation in shaping research and student projects, and exclude them from creating their own solutions to public health problems. Using anti-racist methodologies created by the People's Institute Northwest, interviews were conducted with 8 CBOs to discover how their academic partners address racial health inequities, and can build more authentic, sustainable relationships with CBOs. Eight interviews were also conducted with graduate program staff to understand their programs' community relationship-building policies and practices. Upon completion, the interviews were analyzed to identify themes to illuminate how public health graduate programs can better meet the needs of communities of color. Findings can be used to shift current pedagogies toward anti-racism by guiding the development of transformative academic policies and practices, which ultimately address racial health inequities. The presenter will share the process and results of this research, including a toolkit for public health programs to use to examine their own role in racial oppression, how they can take a critical eye to address institutional racism within their programs, and how to create more accountable relationships with CBOs.

9:35 am – Q&A

■ 10:30 am to 12 noon

Vital rights: critical history, data, and pedagogy for the rights needed for health equity (Session 4161.0; CCC, Room 205)

10:30 am -- Introduction – Vital rights: critical history, data, and pedagogy to advance the rights needed for health – and health equity -- ***Nancy Krieger, PhD*** (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

This year our Spirit of 1848 integrative session grapples with: "VITAL RIGHTS: CRITICAL HISTORY, DATA, AND PEDAGOGY TO ADVANCE THE RIGHTS NEEDED FOR HEALTH – AND HEALTH EQUITY." It uniquely brings together the 3 foci of our Spirit of 1848 Caucus: social history of public health, politics of public health data, and progressive pedagogy. Our session is designed to push the bounds of the APHA theme for 2016, which is "Building the Healthiest Nation: Ensuring the Right to Health." It aims to challenge us to deepen our understandings of the inseparable links between social justice, thriving & sustainable societies, global solidarity, and the human rights required to achieve health – and health equity. We are keen to address these themes jointly from a local & global perspective, taking into account issues of power, place, sovereignty, and self-determination. As moderator, I will introduce the session, in my role as Chair of the Spirit of 1848 Caucus. The three presentations will address: 1) the radical history of the idea of the right to health, from a global perspective (Professor Micheline Ishay, University of Denver); 2) the politics of public health data as they play out in advancing and empirically evaluating research, programs, and policies regarding the rights required to achieve health and health equity (Professor Sofia Gruskin, University of Southern California); and 3) progressive pedagogy about the rights required to achieve health and health equity (Professor Aziza Ahmed, Northeastern University).

10:35 am – The human right to health: a historical perspective – *Micheline Ishay, PhD* (Korbel School of International Studies, University of Denver, Denver, CO)

In 1848, as the industrial revolution reached its peak in Europe, Louis Blanc was among the first to emphasize the right to human health: "But the poor man, you say, has the right to better his position? So! And what difference does it make, if he has not the power to do so? What does the right to be cured matter to a sick man whom no one is curing?" From its origins in the dissident writings of socialists to its inclusion in modern human rights dialogues and treaties, the human right to health has long been identified as a critical step in realizing the essential dignity of all human beings. This talk traces the historical origins of the human right to health, as well as its complex relationship with economic rights.

10:55 am – Approaches and priorities to improve health and justice: bringing human rights into evaluation – *Sofia Gruskin, JD, MIA* (Program on Global Health and Human Rights, Institute of Global Health, University of Southern California, Los Angeles, CA)

Despite increasing political and substantive interest in assessing the role that human rights can play in improving health outcomes, methods for assessing their inclusion and impact within health policies, and relevant program design and implementation are still not well developed. Even when attention to human rights is a priority in policy-making and program implementation, disciplinary and institutional differences in how the right to health as well as such concepts as discrimination, participation and accountability are understood and applied has resulted in challenges in determining how rights are best integrated into programming and their impacts in improving health outcomes. Academics, non-governmental organizations, governments and United Nations organizations all have significant interest in this sort of work with most efforts to date in the areas of HIV, reproductive health, sexual health and maternal and child health. Drawing on examples including assessment of the impacts of the legal and policy environment on HIV risk and vulnerability for key populations in sub-Saharan Africa; the extent to which human rights are respected in contraceptive programs across the globe; and work to protect the rights and health of drug using populations in Indonesia this presentation will review a number of different efforts occurring over the last several years to offer not only substantive reflections as to how this work can be done but also draw attention to how politics can shape not only the approach taken to rights in addressing global health issues, but what is funded and how evaluation priorities are determined.

11:15 am – Evidence and expertise in HIV and abortion jurisprudence: implications for pedagogy and advocacy – *Aziza Ahmed, JD, MS* (Northeastern University School of Law, Boston, MA)

This paper explores the use of public health evidence and expertise in the context of abortion and HIV litigation in the U.S. Supreme Court, lower courts, and international courts -- sites of contestation for realizing the right to health. In both abortion and HIV litigation and decisions, we see that courts play an active role in legitimating ideas that are counter to that of the broader evidence base as well as produce new ideas that specifically ignore a larger evidence base (i.e. that abortion causes negative mental health consequences or that spitting exposes individuals to HIV). The paper will explore the consequences of the interaction between law and public health evidence and expertise as it is filtered through courts and draw out the implications for realizing the right to health. The paper and presentation will also draw out the implications of the interaction between law and public health for pedagogy with a particular focus on how public health professionals and lawyers can support progressive movements for health and engage law policymakers on questions of evidence and expertise.

11:35 am: Q & A

■ 12:30 pm to 1:30 pm

Spirit of 1848 social justice & public health student poster session (Session 4197.0; CCC, Halls A/F)

Organizers: *Tabashir Sadegh-Nobari, MPH* (Department of Community Health Sciences, UCLA School of Public Health, Los Angeles, CA)**, *Nylca Munoz, JD, MPH*** (School of Public Health, University of Puerto Rico, San Juan, PR), and ***Jennifer Tsai, MD-C*** (Warren Alpert Medical School of Brown University, Providence, RI)

Board 1: Contextual discrimination and inequities of the Trans (Transgender) population: a conceptual model of justice and political denigration -- *Katherine Gulyas, RN, BSN* (Graduate student/RN) and Lori Edwards, DrPH, MPH, RN,PHCNS-BC (both based at: School of Nursing, University of Maryland, Baltimore, MD)

Introduction: Gender as a social determinant of health can largely impact health equity, and associated health inequities manifest from marginalization of gender minority groups. Gender identity is often overlooked when discussing the social determinant of gender. Differentiation of biological sex and gender identity is integral for comprehending health disparities of the targeted transgender population. Methods: A review of the policy literature was conducted to identify discriminatory practices and potential social justice issues for the trans population, including pending amendments to current federal legislation and state statutes affecting legal identification and birth certificate amendments. Synthesis of current research literature also includes the first nationally representative quantitative report of contextual discrimination and violence afflicting the trans population. Outcomes:

Political barriers are prolific in the trans community and grounded in a plethora of contexts, with limited established protective policies. A conceptual framework was developed focusing on the intersection of social justice and the social determinants of health, specifically linked to the historic and current policies impacting gender inequity, targeting the trans population. A paper will be presented with this model and the important policy implications and changes proposed for this important minority population. Conclusions: The concept of social justice epitomizes the restoration of equity in all societal contexts, whereas justice is ubiquitously lacking for the trans community. The intersection of gender identity and public policy is inconsistent, with innumerable legal challenges including recognition of gender identity through government-issued documents, equity in education and employment, and financial implications within the health delivery system.

Board 2: Universal paid parental leave: a public policy strategy to achieve health equity among preterm infants – *Susanne Klawetter, LCSW, PhD-C* (Graduate School of Social Work, University of Denver, CO)

Disproportionately high rates of preterm birth among marginalized racial/ethnic and socioeconomic groups reflect a critical threat to health equity. Preterm birth rates in the US are significantly higher than those in other developed countries, and disparities remain persistent and dramatic. Moreover, the adverse health outcomes preterm infants experience both immediately and across the life course perpetuate social inequality, representing a critical public health and social justice issue. Strategies must be identified to address the consequences of preterm birth, particularly among marginalized populations which experience the largest preterm birth disparities and possess fewer resources to manage challenges associated with prematurity. Public policy's ability to support parental involvement with preterm babies who require neonatal intensive care unit (NICU) hospitalization is one strategy that may address some of the consequences of preterm birth. Research demonstrates the positive effect parental involvement in the NICU has on maternal and infant health outcomes. In fact, some scholars propose interventions designed to promote maternal-infant bonding be considered as strategies to reduce persistent neonatal health disparities. Despite this evidence, the US remains the only developed country without universal paid parental leave. Thus, parents of premature infants without access to paid leave are often forced to weigh the benefits of being present in the NICU against the financial consequences of doing so. This presentation will discuss how research knowledge may be leveraged to advocate for public policy changes, including universal paid parental leave, that would address prematurity and its associated challenges, particularly among marginalized groups, to achieve health equity.

Board 3: Formalizing the dynamics of institutionalization and cultural persistence: a model for inquiry into public health organization social equity outcomes – *Lisa Christen Gajary, MA, PhD-C* (The John Glenn College of Public Affairs, The Ohio State University, Columbus, OH)

Low socioeconomic status (SES) and adverse health outcomes have existed together in a pernicious relationship that has spanned time and transcended place. Amongst the cadre of “wicked problems” related to low SES, the problem of persistent health disparities has proven itself to be doggedly resistant to multifarious interventions. In order to ameliorate the tragically disproportionate effects that diseases have had on low SES communities, some interventions have focused on using extant public health organizations. However, even in fully-aligned and optimally-resourced organizations, the complexities inherent to this pursuit are difficult to overstate. To borrow language from Perrow (1986), organizations tend to be “recalcitrant tools” in that they are not easily wielded to improve social equity outcomes. By connecting organization theory to public health practice, the purpose of this work is to further our understanding of how public health organizations can better address health disparities. Since institutionalization and cultural persistence are important organizational processes that sustain interventions over time, I develop and present a formalized model in order to explore the following question: How does institutionalization and cultural persistence in public health organizations affect social equity outcomes? I pursue this question by drawing upon Zucker's (1977) neoinstitutional theory on the role of institutionalization in creating cultural persistence. Using system dynamics simulation, Zucker's theory is translated into a formalized model. I then illustrate and discuss how the formalized model can be modified and applied to public health practice by focusing on a cervical cancer health disparity program in Appalachian local health departments.

Board 4: Access to care in West Virginia: law as a promoter or hindrance to rural health – *Maggie Power, MPH, JD-C* (College of Law, West Virginia University, Morgantown, WV)

Access to healthcare services remains a paradoxical problem for West Virginia. While many researchers have noted that access to affordable, comprehensive healthcare is vital for the economic and social growth of the Appalachian region, West Virginia continues to be considered as one the unhealthiest states in the nation and maintains one of the highest rates of mortality. The Health Resources and Services Administration designates all but three of the State's fifty-five counties as physician shortage areas. While policy makers have looked specifically at how to address the issue of physician shortages, little attention is paid to other, novel ways the law can encourage access to healthcare. This research will examine how law can act as a social determinant of health at the state level. Specifically, it will map how other states handle the issue of access to care in rural areas in novel ways, including, but not limited to, telemedicine, direct access laboratory testing, and expanding the roles of nurse practitioners and physician's assistants. Next, I will compare these laws to West Virginia laws and determine if inequitable and inadequate policy is contributing to the problem of access to healthcare in West Virginia. By scrutinizing state laws that influence where healthcare services are located and how services are administered, I will determine how law impacts access to healthcare services in West Virginia and identify major deficiencies and areas of improvement.

Board 5: Model behavior: how animal models of socioeconomic status in public health naturalize social injustices – *Nathaniel MacNell, MSPH* (Dept of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC)

Animal experiments are useful in public health research because they allow investigators to explicitly assign exposures and control confounding factors, but this utility is limited by differences between humans and animals. Animal experiments that aim to model the relationship between socioeconomic status and health are additionally problematic because they (1) model social phenomena as individualized exposures that are arelational and ahistorical, (2) ignore the important ways that humans and animals shape their environments, and (3) conceal unjust human social relationships and naturalize social inequality. To illustrate these problems, I briefly review the usefulness of animal experiments in public health and to the subfield of social epidemiology. I then discuss how the use of animal models in social epidemiology is conditional on the problematic equivalence of human socioeconomic status (SES) and animal social rank. The analogy allows for comparisons between human and animal studies but carries significant theoretical baggage that can hinder the work of public health researchers aiming to improve society.

Board 6: Systematic review on the use of decolonial frameworks in public health – *Pornsak (Paul) Chandanabhuma, MPH,* Sarah Smith, BA, and Subasri Narasimhan, MPH (all based at: Dept of Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles)

Background: Within the social justice vision of public health, there is a need to address a history of systematic exploitation of marginalized communities by dominant groups. This study aims to examine the use of a decolonial framework in existing public health literature, particularly in addressing health disparities. *Method:* Electronic databases, including PubMed, Google Scholar, and Web of Science were reviewed for key search terms among studies conducted globally: health, decolonization, and decolonial framework. Articles on bacterial decolonization were excluded. We examined the framing of decolonization, the population and health condition of focus, and the potential social justice implications of using a decolonial framework to address health disparities. *Results:* The review yielded approximately 30 studies. A large portion of the articles focused on the contexts of Indigenous Peoples or on populations of previously colonized countries. The majority of articles framed colonialism as the root cause of health disparities among these groups. A minority of articles recommended decolonizing strategies, such as the integration of indigenous knowledge, as redress for the long-term health effects of colonization. *Conclusion:* The findings indicate that the existing public health literature views decolonization as contextual explanations for health disparities among indigenous or previously colonized populations. There is a gap in the literature that advocates for decolonization as a social justice strategy to eliminate health disparities. We recommend that public health practitioners direct greater attention towards highlighting colonialism as a structural determinant of health disparities and elaborating on the utilization of a decolonial framework to achieve health equity.

Board 7: Barriers and enablers of healthy food access among low-income Latinos in Orange County, CA -- *Gloria Flores, BS, MPH-C* and Maria Koleilat, DrPH, MPH (both based at: Dept of Health Science, California State University, Fullerton, CA)

Although there have been great strides in addressing chronic illness, there are still many unaddressed barriers that are impacting the well-being of minority populations. The gap between those who live in affluent neighborhoods and those who live in disenfranchised communities, is growing. The ecological aspects of an individuals' life can impact accessibility to healthier foods and diets. Research shows the lowest income groups often suffer higher rates of obesity because of lack of access to healthy food. The objective of this study is to assess the barriers and enablers of healthy food access among low-income Latinos in Orange County. One focus group was conducted with ten participants of the Illumination Foundation's Children's Resource Center in Anaheim, California. Participants were 18 years and older, mainly of Latina decent, on the verge of homelessness or considered homeless, which includes more than one nuclear family living in a one-family home, "couch-surfing", and, or residing in hotels. Participants were asked about their attitudes, feelings, experiences, and their input on suggestions for interventions regarding the barriers and enablers to healthy food access in their neighborhood. The focus group lasted approximately 70 minutes. Data are currently being professionally transcribed and will be analyzed using ATLAS. Ti- version 2.0 Software. In conclusion, exploring both barriers as well as enablers can inform researchers on the most effective interventions needed to increase fruit and vegetable intake among low-income Latinos.

Board 8: Theorizing the social lives of emotions and their potential contribution to public health – *Kathleen S. Kenny, MPH* (Dept of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill), and Laura Villa Torres, MSPH (Dept of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill)

Health behavior theories have long been rooted in the rationalistic tradition, overlooking the emotional dimensions shaping health related activities. Emotions, which for the purpose of our analysis refer to outward expressions of affect/feeling, are fluid, relational and socially structured. Emotions shape what bodies do in the present moment, they have histories and cultures, collective memories, and diverse ways in which they are lived and dealt with. In this analysis, we critically assess the dominant tendency in public health to psycho-pathologize emotions as intra-individual expressions and consider the implications of this practice for health equity. As a way forward, we present different theoretical approaches to understanding the genealogy and social structuring of emotions and identify possible uses in etiological and intervention research in public health. We further discuss the relevance of these theoretical approaches by applying them to two examples relating to the mental health of undocumented men and the emotional dimension of overdose prevention activism.

Board 9: White Coats for Black Lives #ActionsSpeakLouder Campaign: medical student protests and petitions to increase access to care for uninsured and Medicaid patients at the University of California, Los Angeles – *Jonathan Gomez, MD-C* (David Geffen School of Medicine, University of California, Los Angeles)

Background: In the United States healthcare system, patients not privately insured face increased barriers to healthcare, resulting in increased wait-times for appointments and higher mortality rates from preventable disease. In Los Angeles, neighborhoods predominantly inhabited by people of color face higher rates of uninsurance and Medicaid enrollment. Residents of these neighborhoods are more likely to report difficulty accessing healthcare, are the least likely to access preventive care, and show the highest rates of preventable disease in LA county. Many academic medical centers contribute to health inequality by excluding uninsured and Medicaid patients from their services. Given that people of color are more likely to be uninsured or have Medicaid insurance, this effectively segregates them from high quality care at academic medical centers. In 2014, Ronald Reagan Medical Center saw a lower rate of ambulatory surgery patients covered by Medicaid than peer institutions, resulting in a less diverse patient population. Approach: Students protested at medical schools nationwide to demand that their schools increase their enrollment of Medicaid and uninsured patients. At the University of California Los Angeles (UCLA), medical students staged a peaceful protest in front of Ronald Reagan Hospital, calling on UCLA to do more to increase the availability of outpatient services and ambulatory surgery for Medicaid patients, who are disproportionately black in LA County. Students submitted a petition with over 120 student, faculty, and staff signatures. Results: Students actively collaborated with UCLA healthcare leadership to develop a strategic plan to increase access to subspecialty and outpatient services for Medicaid and uninsured patients. Medicaid enrollment increased X% (TBA).

Board 10: Finding healthcare justice for Bosnia's PTSD sufferers – Ana Gutierrez, MA-c (School of International Studies, University of Denver)

The ethnic cleansing that took place in Bosnia and Herzegovina has laid a foundation for continued social injustices that contribute to poor public health. Post-Traumatic Stress Disorder is a significant health problem in post-war Bosnia that has led to 900 demobilized soldiers suffering from PTSD committing suicide, according to a 2011 article from the Institute of War and Peace Reporting. Veterans who struggle with PTSD directly related to the war are awarded a $215 monthly pension, which is not enough to provide for their families, and are not provided the health services needed to manage their PTSD. While lack of PTSD treatment can be its own barrier to employment, discrimination from employers may cause PTSD sufferers – especially those who "out" themselves by seeking treatment – to be fired from their jobs or not be hired at all. The Bosnian government further marginalizes these individuals by providing severely inadequate funding to programs geared towards battling PTSD and the country itself has not made treatment widely accessible. Beyond the marginalization due to their mental health status, Bosnia's 27.9% unemployment rate (World Bank, 2014) means that many of these individuals are struggling financially. Unemployed individuals are far more vulnerable to societal stigma, employer discrimination, and government marginalization that leads to a lack of access to PTSD treatment services. This essay explores this exclusion from employment opportunities due to PTSD, and what can be done to minimize the desperation that accompanies financial distress and further deteriorates mental health.

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor (Business) Meeting (Session 440.0; CCC, Room 202)

Come to a working meeting of **THE SPIRIT OF 1848 CAUCUS**. Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us in planning future sessions & projects!

CO-SPONSORED SESSIONS

▶ ***Tuesday, November 1, 2016***

■ **2:30 pm to 4:00 pm (Joint Session)**

Human rights mechanisms to advance social justice & health equity in public health – co-organized by the APHA Human Rights Forum, the Spirit of 1848 Caucus, and the American Indian, Alaska Native, and Native Hawaiian (AIANNH) Caucus. (Session 4310.0; Hyatt Regency Denver, Capital Ballroom 3)

The abstract for the session, co-organized by **Benjamin Meier** (APHA Human Rights Forum), **Nylca Munoz, JD, MPH** (Sprit of 1848 Caucus), and **Deana Around Him, DrPH, ScM** (AIANNH Caucus), is as follows:

In advancing social justice and health equity, local public health advocates have reached out to the United Nations (UN) human rights system. Where local advocates find their domestic public health efforts blocked, they turn to international human rights institutions to take up their cause and facilitate accountability for human rights realization. The UN's rights-based approach to

health is explicitly shaping accountability for national public health systems – framing the legal and policy environment, integrating core principles into policy and programming, and evaluating systematic implementation of programs and budgets. For local advocates, the human rights system can provide international access, leverage, and investigation through which to influence domestic agendas, expose abuses, and organize for change. This session will address the opportunities and challenges for local public health actors in working with the UN human rights system to advance social justice and health equity.

All three co-organizers will co-moderate the session. The speakers are as follows:

2:30 pm – PAHO strategies on human rights to promote social justice in health – *Javier Vasquez, JD* (Pan American Health Organization (PAHO), Washington, DC)

PAHO, as the regional office for the Americas of the World Health Organization, has been supporting countries for 15 years in the formulation of policies, plans and laws in a manner consistent with human rights instruments applicable to health. This presentation will provide some examples of PAHO's technical collaboration to promote and protect social justice in the health sector, especially within health services.

2:50 pm – Advancing reproductive health and rights through human rights mechanisms – *Katherine Mayall, BS, JD* (Center for Reproductive Rights, New York, NY)

Reproductive rights advocates from across the globe have successfully engaged with international and regional human rights mechanisms in order to significantly strengthen the recognition of reproductive health as a fundamental human right. As a result, human rights bodies and experts are increasingly championing reproductive health and rights, including by calling on governments to adopt evidence-based policies to promote sexual and reproductive health and eradicate restrictive laws and policies which undermine women's reproductive health and rights. In addition to serving as an important counterbalance to actors opposing women's reproductive rights, the global prominence and reputation of human rights bodies and experts make them essential for garnering government attention to health issues that are frequently neglected or shrouded in stigma, such as unsafe abortion. This presentation will demonstrate the role of human rights mechanisms in increasing government accountability for women's reproductive health and rights, examining key aspects of litigation and advocacy before these bodies and the accompanying law and policy reform.

3:10 pm – Human rights advocacy as a tool for advancing public health at the local level – *Rebecca Reingold, JD* (O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC)

Academia can play a key role in advancing public health at the local level through its engagement in human rights advocacy at international and regional levels. Academic institutions, in close collaboration with local non-governmental organizations, use human rights norms to advocate for changes to national public health systems, policies, and practices before international and regional human rights bodies. This presentation will underscore the importance of adopting a broad framing of the right to health – one that encompasses not only physical and mental health but also social health – when engaging in advocacy efforts aimed at facilitating positive health outcomes at the local level. It will also highlight the utility of relying on other health-related human rights norms to advance social justice and equity in public health, particularly those that are tied to addressing social determinants of health.

3:30 pm – Through an Indigenous lens – *Michael Bird, MSW, MPH* (Independent Consultant, Albuquerque, NM)

Social, emotional and cultural competency are key factors in program success, layered in nuances of class, race, language and culture. This presentation addresses how to build a path of partnership and active relationship, creating an open dialogue of trust, respect, inclusion and sharing.

■ In the evening we will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section – it will be from 8 pm to midnight at *Lannie's Clocktower Cabaret* (1601 Arapahoe Street, Denver, CO 80202, located in the 16th Street Mall; see: http://www.lannies.com/). Tickets will be sold in advance on-line, at:

http://2016ohsdanceparty.brownpapertickets.com