★★★★★ SPIRIT OF 1848: PREVIEW OF APHA 2017 PROGRAM ★★★★★
(ver 7/18/17)

The Spirit of 1848 is happy to share a preview of our final program for the American Public Health Association's 145th Annual Meeting and Expo (APHA; Atlanta, GA, November 4-8, 2017). The official conference theme is: "Climate Change: Public Health's Global Challenge." Building on this theme – and upping the ante -- our **Spirit of 1848 sessions** focus on: **PLANETARY EMERGENCIES: GLOBAL CLIMATE CHANGE & TOXIC POLITICS – AND OUR URGENT FIGHTS FOR HEALTH EQUITY & A SUSTAINABLE FUTURE.**

We planned our program at a turbulent time in the US, one with implications for health equity and this planet's health and that of its peoples (and other beings) world over. In light of the US election results, the fight for health equity and a sustainable future in which all can truly thrive is more urgent than ever. Together, our sessions address:

(1) issues of climate justice and environmental justice (whether or not tied to the Trump Administration);

(2) additional health equity implications of the Trump Administration's social, economic, military, and health policies, above and beyond, and also in relation to, climate justice and environmental justice, and their civil society ripple effects (within the US and globally) involving increased racism, anti-immigrant bashing, anti-Muslim discrimination, challenges to indigenous sovereignty, increased fear of sexual assault and its legitimation, rollbacks on sexual and reproductive rights (including but not limited to access to contraception and abortion, LGBTQ rights, etc.), etc.; and

(3) not only the serious threats we face but also the ACTIVE organizing people are doing in public health, in coalition with others, to counter these threats and to promote, instead, health equity & a sustainable future in which all can truly thrive.

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 (integrates the 3 foci of the Spirit of 1848)
	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 UNIQUE to this year: a **JOINT SESSION CO-ORGANIZED BY THE INTERNATIONAL HEALTH SECTION & THE SPIRIT OF 1848 CAUCUS,** titled: "**What's missing from "Global Health" teaching, research, and conversations: Challenging mainstream approaches"–** which will take place on Mon, Nov 6, 2017, during the 12:30 to 2:00 pm slot.

Plus: we may also be organizing a *special Spirit of 1848 organizing session:* ***"RESIST AND PERSIST"*** – stay tuned!

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 Georgia World Congress Center (GWCC).

You can also obtain information on sessions via the APHA website:

https://www.apha.org/events-and-meetings/annual/schedule

Later this summer, the final program, along with a 1-page flyer (two-sided) that you can download, will be available on our website, at: http://www.spiritof1848.org/

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

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

1) SESSION TITLES ONLY

SPIRIT OF 1848 SESSIONS

▶ ***Monday, November 6, 2017***

■ **10:30 am to 12 noon**

Learning from the 1980s: Critical historical perspectives on Reagan-era activism for health equity and climate justice. (Session 3196.0; Georgia World Congress Center (GWCC), Room B207)

■ **2:30 pm to 4:00 pm**

Climate justice & toxic politics: empirical research & the fight for health equity (Session 3411.0; GWCC, Room 207)

▶ ***Tuesday, November 7, 2017***

■ **8:30 am to 10:00 am**

Progressive pedagogy: teaching about links between toxic politics and climate/environmental equity and public health (Session 4069.0; GWCC, Room B207)

■ **10:30 am to 12 noon**

Planetary emergencies: climate change & toxic politics – and global & Indigenous fights for health equity & a sustainable future. Co-organized with the APHA American Indian, Alaska Native, and Native Hawaiian Caucus. (Session 4161.0; GWCC, Room B207)

■ **12:30 pm to 1:30 pm**

Spirit of 1848 social justice & public health student poster session (Session 4194.0; GWCC, Hall B2-B3)

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor/Business Meeting (Session 441.0; CCC, Room B210)

CO-SPONSORED SESSIONS

▶ ***Monday, November 6, 2017***

■ **12:30 pm to 2:00 pm (Joint Session)**

What's missing from "Global Health" teaching, research, and conversations: Challenging mainstream approaches – co-organized by the APHA International Health Section and the Spirit of 1848 Caucus (Session 3279.0; Room B303)

▶ ***Tuesday, November 7, 2017***

■ We will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section – it will be f at *Manuel's Tavern* (602 North Highland Ave NE, in Atlanta; see: http://www.manuelstavern.com/). Tickets will be sold in advance on-line, and we will post the link to the website for the tickets later this summer.

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

SPIRIT OF 1848 SESSIONS

▶ ***Monday, November 6, 2017***

■ **10:30 am to 12 noon**

Learning from the 1980s: Critical historical perspectives on Reagan-era activism for health equity and climate justice. (Session 3196.0; Georgia World Congress Center (GWCC), Room B207)

10:30 am – Introduction – Learning from the 1980s: critical historical perspectives on Reagan-era activism for health equity and climate justice – *Marian Moser Jones, PhD, MPH* (University of Maryland School of Public Health, College Park, MD)

10:35 am – AIDS activism in the 1980s and Black communities – *A. Billy Jones-Hennin* (BiNet USA, Washington, DC)

10:55 am – North American Indigenes, health disparities, and climate justice – *Jace Weaver, PhD* (Institute of Native American Studies, Department of Religion, University of Georgia, Athens, GA)

11:15 am – Where is Yogi Berra when we need him? – *Bernard D. Goldstein, MD* (University of Pittsburgh, Dept of Environmental and Occupational Health, Pittsburgh, PA)

11:35 am: Q &A

■ **2:30 pm to 4:00 pm**

Climate justice & toxic politics: empirical research & the fight for health equity (Session 3411.0; GWCC, Room B207)

2:30 pm – Introduction to climate justice & toxic politics: Empirical research on harms caused & efforts to promote health equity– *Zinzi Bailey ScD, MSPH* (NYC Department of Health and Mental Hygiene, Center for Health Equity, Long Island City, NY), Craig Dearfield (Akeso Consulting, Vienna, VA), 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 – Racial and geographic correlation between exposure to Valley Fever endemic areas and hospitalization and emergency department visits among Los Angeles County residents – *Bita Amani, PhD, MHS,* Eliza Rono, MD, and Paul Robinson, PhD (all based at: Charles R. Drew University of Medicine and Science, Los Angeles, CA)

2:55 pm – Conspiracy theories in a public health crisis: Experiences among health professionals and community members toward Zika in Puerto Rico – *José G. Pérez-Ramos, MPH* (Dept of OB-GYN, University of Rochester, Rochester, NY), Ivelisse Rivera, MD (Dept of OB-GYN, University of Rochester, Rochester, NY), Colleen Murphy, MPH (Dept of Social Sciences, University of Puerto Rico School of Public Health, San Juan, PR), Carmen Velez-Vega, PhD, MSW (Dept of Social Sciences, University of Puerto Rico School of Public Health, San Juan, PR), Timothy Dye, PhD (Dept of OB-GYN, University of Rochester, Rochester, NY)

3:15 pm – Native American maternal & child health burdens due to fossil fuel contamination of sacred, treaty-protected lands: a systematic review – *Kaylan Agnes, MSc* (Division of Medicine, University of California, San Francisco, CA (UCSF); Do No Harm Coalition, SF, CA), Yogi Hendlin, PhD (UCSF, SF, CA), Gurjot Gill (Berkeley City College, Berkeley, CA), Rupa Marya, MD (UCSF; Do No Harm Coalition, SF, CA)

3:35 pm – Q&A

▶ ***Tuesday, November 7, 2017***

■ **8:30 am to 10:00 am**

Progressive pedagogy: teaching about links between toxic politics and climate/environmental equity

and public health (Session 4069.0; GWCC, Room B207)

8:30 am – Introduction – progressive pedagogy: Teaching about links between toxic politics and climate/ environmental equity and public health – *Vanessa Simonds, ScD* (Dept of Health and Human Development, Montana State University, Bozeman, MT), Lisa Dorothy Moore, DrPH (Health Education, San Francisco State University, San Francisco, CA)

8:35 am – Teaching war as a public health problem – *Amy Hagopian, PHD* (Dept of Global Health, University of Washington, Seattle, WA), Evan Kanter, MD, PhD (Dept of Health Services, University of Washington, Seattle, WA)

8:50 am – #CrunkPublicHealth: Decolonial Black Feminist and progressive pedagogies of cultivating liberatory learning, research, and action spaces – *LeConte Dill, DrPH, MPH* (Community Health Sciences, SUNY Downstate School of Public Health, Brooklyn, NY)

9:05 am – Pedagogies for social advocacy: National Nurses United's Certificate Program in Health Inequity and Care & Women's Global Health Leadership – *Heidi Hoechst, PhD* (National Nurses United, Oakland, CA)

9:20 am – Structural competency and global health pedagogy – *Michael Harvey, PhD-c* (School of Public Health, University of California, Berkeley), Kelly Knight, PhD (Dept of Anthropology, History, and Social Medicine, University of California, San Francisco), Seth Holmes, MD, PhD (School of Public Health and Medical Anthropology, University of California, Berkeley)

9:35 am – Q&A

■ **10:30 am to 12 noon**

Planetary emergencies: climate change & toxic politics – and global & Indigenous fights for health equity & a sustainable future. Co-organized with the APHA American Indian, Alaska Native, and Native Hawaiian Caucus. (Session 4161.0; GWCC, Room B207)

10:30 am -- Introduction – Planetary Emergencies: Climate Change & Toxic Politics – and Global & Indigenous Fights for Health Equity & A Sustainable Future – *Nancy Krieger, PhD* (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA), Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT), Babette Galang, MPH, LMT (Papa Ola Lokahi, Honolulu, HI), Anne-Emanuelle Birn, MA, ScD (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada), Peggy Shepard (WE ACT for Environmental Justice), Hannabah Blue, MS (John Snow Inc., Denver, CO), Patricia Cochran (Alaska Native Science Commission, Anchorage, AK), Candis M. Hunter, MSPH, PhD-c (Dept of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, GA), David Cummings, BSc, MPH (American Indian, Alaska Native, and Native Hawaiian Caucus, APHA), Ingrid Stevens, MPH (Alaska Native Tribal Health Consortium, Anchorage, AK), Narinder Dhaliwal, MA (ETR Associates, Sacramento, CA)

10:40 am – Learning from our elders and energized by our youth (I) – Interview moderator: *Anne-Emanuelle Birn, MA, ScD (interview moderator)* (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada); **elder: *Peggy Shepard*** (WE ACT for Environmental Justice); **youth: *Hannabah Blue, MS*** (John Snow Inc., Denver, CO)

11:00 am – Bringing in more voices (I) – Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT) & video: Susan Almanza (PODER, East Austin, TX)

11:05 am – Bringing in our voices – led by: *Nancy Krieger, PhD* (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

11:10 am – Learning from our elders and energized by our youth (II) – Interview moderator: *Anne-Emanuelle Birn, MA, ScD (interview moderator)* (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada); **elder: *Patricia Cochran*** (Alaska Native Science Commission, Anchorage, AK), **youth: *Candis M. Hunter, MSPH, PhD-c*** (Dept of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, GA)

1:30 am – Bringing in more voices (II) – Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT) & video: Xiuhtezcatl Martinez (Earth Guardians, Boulder, CO)

11:35 am – Discussion/Q & A – moderated by: ***David Cummings, BSc, MPH*** (Office of Policy for Pharmaceutical Quality, Food and Drug Administration, Silver Spring, MD), ***Nancy Krieger, PhD*** (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

■ **12:30 pm to 1:30 pm**

Spirit of 1848 social justice & public health student poster session (Session 4194.0; GWCC, Hall B2-B3)

Organizer: ***Nylca Munoz, JD, MPH*** (School of Public Health, University of Puerto Rico, San Juan, PR), along with Jerzy Eisenberg-Guyot, MPH (Dept of Epidemiology, University of Washington, Seattle, WA), Lauren Stein (Harder & Co. Community Research, Berkeley, CA), David Stupplebeen, MPH (University of Hawaii at Manoa) and Jelena Todic, MSW, LCSW (School of Social Work, University of Texas at Austin).

Board 1: Students for a National Health Program: The Student Led Push for Single Payer Reform – ***Bryant Shuey, MD-c*** (University of New Mexico School of Medicine, Albuquerque, NM)

Board 2: Universal basic income as a tool for resiliency, mitigation, and adaptation in the face of climate change – ***Nathaniel Matthews-Trigg, MPHc*** (Dept of Global Health, University of Washington, Seattle, WA)

Board 3: Political economy of health theory: an exploration of core theoretical components – ***Michael Harvey, PhD-c*** (School of Public Health, University of California, Berkeley)

Board 4: Gilded Tower: Corporations, Philanthropy, and the Neoliberal University – ***Jerzy Eisenberg-Guyot, MPH*** (Dept of Epidemiology, University of Washington (UW), Seattle, WA), Alejandra Cabral (Dept of Global Health, UW), Nate Matthews-Trigg (Dept of Global Health, UW), Nicholas Graff (Dept of Epidemiology, UW), Katrin Fabian (Dept of Global Health, UW), Stu Tanquist (Tent City Collective, Seattle, WA), Kirk Rodriquez (Tent City Collective, Seattle, WA), Mandy Sladky (College of Nursing, Seattle University, Seattle, WA), Caroline Johnson (Dept of Global Health, UW), J. Mateo Espinosa (Dept of Geography, UW)

Board 5: Starting where the people are: best processes for health care delivery in student-run free clinics – ***Kaylin Pennington, MPHD*** (Dept of Health Education, San Francisco State University, SF, CA)

Board 6: El Salvador's epidemic: investigating the impact of violence on the Salvadorian healthcare system – ***Samantha Gonzalez, BS-c***, Marian Moser Jones, PhD, MPH (both in Family Science Dept, University of Maryland School of Public Health, College Park, MD)

Board 7: Pushed to the peripheries of biomedical worlds: medical repatriation of sick undocumented immigrants from the US to Mexico – ***John Sullivan, PhD-c*** (School of Social Work, University of Texas at Austin)

Board 8: Exploring the potential of mixed methods phenomenological research to support LGBTQ health equity efforts – ***Jelena Todic, MSW, LCSA*** (School of Social Work, University of Texas at Austin)

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor/Business Meeting (Session 441.0; CCC, Room B210)

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

▶ ***Monday, November 6, 2017***

■ **12:30 pm to 2:00 pm (Joint Session)**

What's missing from "Global Health" teaching, research, and conversations: Challenging

mainstream approaches – co-organized by the APHA International Health Section (Mary Anne Mercer) and the Spirit of 1848 Caucus (Anne-Emanuelle Birn) (Session 3279.0; Room B303) *[NB: details later this summer]*

▶ ***Tuesday, November 7, 2017***

■ We will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section – it will be f at *Manuel's Tavern* (602 North Highland Ave NE, in Atlanta; see: http://www.manuelstavern.com/). Tickets will be sold in advance on-line, and we will post the link to the website for the tickets later this summer.

3) SESSION TITLES & PRESENTATION TITLES & ABSTRACTS (speakers' names: in bold)

SPIRIT OF 1848 SESSIONS

▶ ***Monday, November 6, 2017***

■ **10:30 am to 12 noon**

Learning from the 1980s: Critical historical perspectives on Reagan-era activism for health equity and climate justice. (Session 3196.0; Georgia World Congress Center (GWCC), Room B207)

10:30 am – Introduction – Learning from the 1980s: critical historical perspectives on Reagan-era activism for health equity and climate justice – *Marian Moser Jones, PhD, MPH* (University of Maryland School of Public Health, College Park, MD)

The 1980s serves as the primary period of focus for this panel because the transition in the U.S. from the Carter to the Reagan administration heralded an ideological and practical shift in the politics of health, economic/financial policy, human rights, and environmental issues. Critical historical analysis of the organized response to this right turn in U.S. domestic and foreign politics as they related to health equity may provide insights relevant to current changes in federal government ideologies. Amidst these U.S.-led retrenchments from commitment to human well-being and human rights around the world, however, the Reagan era was also characterized by the growth of grassroots political movements to resist these developments: the Rainbow Coalition, which sought to build a more inclusive and equitable America; movements for affordable housing and an end to homelessness; the emergence of HIV/AIDs activism and the continued, related expansion of the gay, lesbian, & bisexual rights movement; the environmental justice movement; transnational struggles around reproductive health rights at home and abroad; organized opposition to covert U.S.-backed wars in Central America; and an expansion of U.S. activist involvement in the global struggle against apartheid in South Africa. This session will involve professional historians as well as key historical witnesses regarding the 1980s activist movements against regressive health politics in the U.S. and globally. The overall aim is to explicate the goals and strategies of the 1980s struggles for health equity and social justice, in order to inquire into their relevance to similar current-day resistance movements.

10:35 am – AIDS activism in the 1980s and Black communities – *A. Billy Jones-Hennin* (BiNet USA, Washington, DC)

In the beginning of the U.S. AIDS epidemic there was fear and panic. There was misinformation and stigmatizing/blaming. Media, medical professionals, government agencies and religious leaders misled the public for years. Media across the nation continued to show only white gay men as "victims". Medical professionals fought over who discovered the HIV virus. Government agencies (from the President's administration down) were slow to respond. Religious leaders preached "hell and damnation at services. Then there was anger and ACT UP! in major cities, but with few Black and People of Color participating. Not seeing themselves in the media, not getting appropriate messages, for years, many Blacks ignored the "prevention" messages which for the most part were not sex positive. Once at-risk groups were identified -- HHHH - Homosexuals, Haitians, Hemophiliacs, and Heroin users -- Blacks were even more stigmatized. The 5th H (Heterosexuals) women and bisexuals were belatedly identified. Slowly creative and effective outreach work to male and female sex workers and injecting drug users surfaced from grassroots community based organizations. Outreach workers went into prisons, shelters and onto the streets and baths. Prevention and intervention messages for one group, however, did not work for all. Once the funding became available to Black and POC community-based organizations, to work with their population and community, the messages became clearer and started to hit home.

10:55 am – North American Indigenes, health disparities, and climate justice – *Jace Weaver, PhD* (Institute of Native American Studies, Department of Religion, University of Georgia, Athens, GA)

The Indigenous peoples of North America are leading case studies in health disparities. They rank at the bottom of almost every index. Several explanations have been offered for this. Some say that they have a predisposition for the illnesses that affect them. But one must ask whether they have a predisposition for almost every disease other than those that are racially/ethnically specific (such as Tay-Sachs and sickle cell)? Life expectancy lags well behind that of the general population. Poverty is a major contributor. The problem is exacerbated by severe regional difference in health delivery systems and, in the United States, by the

chronic underfunding of the Indian Health Service. At the same time, these vulnerable populations are on the front lines of climate change, and tribal nations are taking leading roles in efforts at ameliorating its impacts. Efforts, however, have been uneven. This presentation will trace these issues from a historical perspective, with a particular focus on activism in/since the 1980s.

11:15 am – Where is Yogi Berra when we need him? – *Bernard D. Goldstein, MD* (University of Pittsburgh, Dept of Environmental and Occupational Health, Pittsburgh, PA)

Some mornings I wake up hopefully believing that the Trump Administration is, in the words of Yogi Berra, "déjà vu all over again". During the Reagan Administration I served as Assistant Administrator for Research and Development after President Reagan removed his first EPA leadership. Harm was done by Reagan's initial EPA Administrator, Anne Gorsuch – particularly to EPA's science and scientific credibility. But the roughly 2.5 years lost in tackling environmental issues because Administrator Gorsuch attempted to carry out President Reagan's off-repeated campaign rhetoric about EPA's regulatory burden ruining America's economy seem like a small blip. My guess is that Reagan's 1983 request for her resignation and replacement with the original head of EPA, William Ruckelshaus, resulted from recognition that failure to win his forthcoming 1984 re-election campaign would be a repudiation of his policies, and that the American public's support of environmental controls would cost votes. EPA eventually accomplished much during the Reagan administration, including removing the last lead from gasoline, adopting risk assessment, obtaining funding for atmospheric carbon dioxide, improving the Superfund Act, and moving forward on acid rain. In 1984, the conservative Heritage Foundation stated that while it was an error to move toward the more liberal policies under Ruckelshaus, Gorsuch had been mistaken in attacking science as good science was needed for effective regulation. Unfortunately, there are many reasons to be pessimistic that the Trump administration will not be a small blip in EPA's progress, particularly as Congress is considering rules changes devastating to EPA's science.

11:35 am: Q &A

■ **2:30 pm to 4:00 pm**

Climate justice & toxic politics: empirical research & the fight for health equity (Session 3411.0; GWCC, Room B207)

2:30 pm – Introduction to climate justice & toxic politics: Empirical research on harms caused & efforts to promote health equity – *Zinzi Bailey ScD, MSPH* (NYC Department of Health and Mental Hygiene, Center for Health Equity, Long Island City, NY), Craig Dearfield (Akeso Consulting, Vienna, VA), 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 presentation will contextualize the use of empirical research (qualitative, quantitative, or mixed methods) to examine Global climate change & toxic politics—and our urgent fights for health equity & a sustainable future. Possible topics include: (a) effects of Trump Administration policies on health and health-related equity in the US and/or elsewhere; (b) effects of climate and environmental changes on health and health-related equity; (c) using health data to advance organizing efforts to counter inequitable conditions due to fear, racism, and/or (d) rollbacks on progressive policies; and (e) withholding, misrepresenting, or manipulating data to prevent action.

2:35 pm – Racial and geographic correlation between exposure to Valley Fever endemic areas and hospitalization and emergency department visits among Los Angeles County residents – *Bita Amani, PhD, MHS,* Eliza Rono, MD, and Paul Robinson, PhD (all based at: Charles R. Drew University of Medicine and Science, Los Angeles, CA)

Coccidioidomycosis, also known as Valley Fever, is more than a reemerging respiratory infection caused by inhalation of spores in the soil. This growing public health challenge exemplifies environmental racism brought on by changes in climate, disruption of local ecology, and increased exposure to endemic areas. In California, this increase is in part due to imprisonment in endemic areas and displacement of persons into more affordable, arid, and rapidly developing locales. Paralleling this increase, recent data indicate racial and geographic disparities in Valley Fever related hospitalization, a marker of symptomatic infection and disseminated disease. Exploring these relationships, our study has three main objectives. First, we intend to model the movement of Los Angeles County residents into and out of endemic areas using census data from the American Community Survey and the California Department of Corrections and Rehabilitation. This data contains information on changing population demographics, history of residence, and prison discharge zipcodes. Second, we will describe disparities by race and place of persons hospitalized and/or admitted into emergency departments as a result of Valley Fever using the California Patient Discharge Dataset and Emergency Department Encounters Dataset. Cases will be described by treatment, procedures, and other salient indicators. Finally, we will assess whether patterns in movement correlate with identified health disparities. Geographic information software will be used to generate descriptive, correlative, and other appropriate statistics. Upon completing our analysis, we hope that our findings can inform providers awareness and contribute to the research and activism connecting environmental degradation to racial inequalities.

2:55 pm – Conspiracy theories in a public health crisis: Experiences among health professionals and community members toward Zika in Puerto Rico – *José G. Pérez-Ramos, MPH* (Dept of OB-GYN, University of Rochester, Rochester, NY), Ivelisse Rivera, MD (Dept of OB-GYN, University of Rochester, Rochester, NY), Colleen Murphy, MPH (Dept of Social Sciences, University of Puerto Rico School of Public Health, San Juan, PR), Carmen Velez-Vega, PhD, MSW (Dept of Social Sciences, University of Puerto Rico School of Public Health, San Juan, PR), Timothy Dye, PhD (Dept of OB-GYN, University of Rochester, Rochester, NY)

Introduction: Public health crises (such as the 2016 Zika outbreak) disproportionately impact marginalized communities, creating hopelessness, suspicion, and futility, complicating vector control. This analysis presents themes of "conspiracy" from a recent qualitative assessment of Zika-related attitudes and practices in Puerto Rico. Methods: We explored Zika-related experiences of community members (n=41) and healthcare professionals (n=25) in Puerto Rico guided by the medical ecological model. Daily debriefings and content analysis identified salient issues. Results: Participants reported that Zika "fue creado como una agenda del gobierno para controlar la población" (was created as a population control agenda from the government) and also reported direct mistrust of US/local governments regarding how Zika was managed and presented in the media. In addition, participants noted that Zika "lo echaron en el aire" (was put into the air) and a "eso fue un virus creado en un laboratorio por el gobierno" (virus created in a laboratory by the government). Particularly among healthcare professionals, Zika was suspected to support a cost increase in medications and repellents, with the incursion of new products to the market. Community members suspected that "Zika fue creado por el gobierno y los medios [Americanos] para afectar mas el problema de la crisis en la isla" (created by the [American] government and the [American] media to further affect the economic crisis of the island). Discussion- Participants frequently mentioned themes of "mistrust" and "conspiracy," conflating issues of reproduction, vector risk, and outside intentions, particularly relevant given the Puerto Rican-US contemporary and historical sociopolitical contexts.

3:15 pm – Native American maternal & child health burdens due to fossil fuel contamination of sacred, treaty-protected lands: a systematic review – *Kaylan Agnes, MSc* (Division of Medicine, University of California, San Francisco, CA (UCSF); Do No Harm Coalition, SF, CA), Yogi Hendlin, PhD (UCSF, SF, CA), Gurjot Gill (Berkeley City College, Berkeley, CA), Rupa Marya, MD (UCSF; Do No Harm Coalition, SF, CA)

Introduction: This study reviews health data correlating fossil fuel extraction and increased health risks in Native American communities. Treaties protecting Native American sovereignty and property rights continue to be actively ignored, supporting private energy interests often at the cost of the health of Native communities. Native Americans bear the highest all-cause US mortality rates, and are susceptible to compounding health outcomes due to toxic environmental exposures. The health of this population has been systematically overlooked and historically dismissed. Maternal and child health outcomes of Native Americans serve as a primary example of political and industrial harm. Methods: We are conducting a systematic review of published literature on the maternal and child health effects of fossil fuel exposures to Native communities searching PubMed, Google Scholar, Web of Science, Ovid, Jurn, MedlinePlus, POPLINE, GreenFILE and Cochrane databases. Search terms include "pipeline leaks," "fracking," "tar sands," "oil spills," "fossil fuel extraction," "water contamination," "environmental racism," "indigenous health," "Native American health," "maternal and child health," "prenatal exposure," and "birth defects." Heterogeneity will be determined after a full synthesis of abstracts is completed. Results: 92 initial abstracts were searched, 13 fitting the specified criteria. Based on preliminary findings and previous studies, prenatal exposures from petroleum hydrocarbons appear associated with neural tube defects and congenital heart defects. We anticipate prenatal exposures to toxic petrochemicals and contamination from fossil fuel extraction to show significant risk associations within Native American populations. Conclusion: This study demonstrates environmental injustices and provides further implications for remedying health inequities.

3:35 pm – Q&A

▶ *Tuesday, November 7, 2017*

■ 8:30 am to 10:00 am

Progressive pedagogy: teaching about links between toxic politics and climate/environmental equity and public health (Session 4069.0; GWCC, Room B207)

8:30 am – Introduction – progressive pedagogy: Teaching about links between toxic politics and climate/ environmental equity and public health – *Vanessa Simonds, ScD* (Dept of Health and Human Development, Montana State University, Bozeman, MT), Lisa Dorothy Moore, DrPH (Health Education, San Francisco State University, San Francisco, CA)

Describe examples of progressive pedagogy, based on the speaker presentations, that address: a) links between climate justice,

environmental justice, and health equity; (b) links between the health impacts of the social, economic and health policies of the Trump administration; (c) community organizing about climate justice, environmental justice, and health equity, including current discussion about how to teach about Standing Rock; (d) community organizing to address the health equity implications of the Trump administration; and (e) student-led efforts to radicalize the material they are taught so that they learn critical content and skills pertaining to climate justice, environmental justice, and health equity including student-led efforts to raise consciousness about threats of climate change and environmental injustice, as tied also to student-led efforts to have their educational institutions divest from fossil fuels.

8:35 am – Teaching war as a public health problem – *Amy Hagopian, PHD* (Dept of Global Health, University of Washington, Seattle, WA), Evan Kanter, MD, PhD (Dept of Health Services, University of Washington, Seattle, WA)

The University of Washington offers a "War and Health" course for undergraduate and graduate public health students. We teach both the consequences of war and how health professionals should mobilize to prevent it. The course has now been taught for the three years, and earns top ratings from the 50 students who have taken it each year. The first half of the course helps students understand the role of war and violence in undermining human health, including physical and mental trauma, injuries, and death. Both combatants and civilians are at risk of morbidity and mortality associated with short-term loss of food, clean water, shelter, social support, or healthcare infrastructure. We address the indirect effects on physical and mental health through the disruption of economic, transportation, communication and education systems. Societies at war lose important infrastructure investments (civil registration, clinics, commerce), and fail to make ongoing investments because of the diversion of resources for weaponry and war. Conflict-associated structural violence (racism, poverty) both generates war and is created by war. The second half of the course focuses on how health professionals can use their status and privilege to prevent wars from starting or re-igniting, or to prevent harm after conflict starts. Prevention includes blocking military recruiting, reporting on the epidemiology of war, political organizing, and re-constructing health systems to promote peace. Each student in the class selects a "case study war." In weekly written postings and discussion groups, students discuss the themes of the week in relation to their own war.

8:50 am – #CrunkPublicHealth: Decolonial Black Feminist and progressive pedagogies of cultivating liberatory learning, research, and action spaces – *LeConte Dill, DrPH, MPH* (Community Health Sciences, SUNY Downstate School of Public Health, Brooklyn, NY)

Although the field of Public Health is focused on protecting and improving the holistic health and wellness of individuals, families, and communities, the curriculum and research of our field is too often focused on disease, disability, and death. Even the subfields and priority areas of “minority health” and “health disparities” coalesce around “risk factors” among communities of color, often erasing historical and contextual analyses, as well as erasing the protective factors and assets that co-exist in these same communities. This presentation details my pedagogy and praxis of #CrunkPublicHealth, rooted in the culture and standpoint of the Urban South where I first was introduced to and trained in the field of Public Health, and as a declaration of the ways in which I resist the hegemony of Public Health in my teaching and research pedagogy and praxes. Primarily, I see and name my students as “co-learners” and my research participants as “co-researchers,” as partners with me along the journey. Secondarily, as a practice of Standpoint Theory, my co-learners and co-researchers and I begin our engagements by writing and sharing how, from where, and why we come to this work. Additionally, I center poetry, Jazz, R&B, Hip Hop, and visual art in my teaching and research as a way for my co-learners, co-researchers, and I to more deeply understand, analyze, and interrogate topics such as environmental justice, the built environment, and structural violence. This presentation will explore “getting crunk” as a strategy for teaching, mentoring, research, and selfcare practices, spaces, and communities.

9:05 am – Pedagogies for social advocacy: National Nurses United’s Certificate Program in Health Inequity and Care & Women’s Global Health Leadership – *Heidi Hoechst, PhD* (National Nurses United, Oakland, CA)

Background: National Nurses United’s (NNU) university certificate programs are the first of their kind to comprehensively develop understanding of the underlying political, economic and environmental determinants of health from a registered nurse’s perspective. These programs, which include both NNU RNs and university students, broaden the scope of health advocacy beyond individual bedside care. Approach: Through collaboration with Rutgers University, the online certificate program in Women’s Global Health Leadership investigates the detrimental health impacts of economic inequality, financial systems, environmental crises, and the commodification of healthcare from a systemic global perspective. NNU’s certificate program in Health Inequity and Care offered through American University teaches students to analyze, recognize and effectively respond to the effects of neoliberal economics, militarization, and technological restructuring as well as to tend to the systemic reasons that health disparity often expresses itself around hierarches of socially constructed categories. Both programs offer courses about social movements and emphasize a shift from individualistic and behavioral explanations of health. Conclusion: By coupling structural analyses with practical approaches, the progressive pedagogies used in these programs prepare and encourage students to challenge the root causes of health inequity as activists for social, political and economic change. The need for progressive pedagogies promises to become much more urgent and necessary in the era of rising fascism, embodied in the United States by Donald Trump.

9:20 am – Structural competency and global health pedagogy – *Michael Harvey, PhD-c* (School of Public Health, University of California, Berkeley), Kelly Knight, PhD (Dept of Anthropology, History, and Social Medicine, University of California, San Francisco), Seth Holmes, MD, PhD (School of Public Health and Medical Anthropology, University of

California, Berkeley)

Background: Structural competency is a curricular innovation that trains health professionals to recognize and respond to health disparities as the outcome of structural phenomena (e.g. economic, political, judicial, educational, and healthcare policies, institutions, and systems) operating along social hierarchies (e.g. class, race/ethnicity, and gender inequalities). Structural competency builds on social determinants of health pedagogy by foregrounding the structural determinants of the social determinants of health. While significant global public health research has been conducted that links structural factors to disproportionate disease burdens in the Global South, formal attempts to incorporate the structural competency framework into academic global health pedagogy have not yet been developed. This research seeks to develop a model for structurally competent global health pedagogy. methods: We conducted content analyses of relevant global health, social scientific, and structural determinants literatures to identify a model for structurally competent global health pedagogy. results: We describe five competencies that can inform structurally competent global health pedagogy. These include: (1) articulate a language of 'structure' in relation to health and healthcare disparities, (2) identify the structural determinants of health in specific global contexts, (3) recognize ways structural factors that contribute to excess morbidity and mortality are elided or legitimated within the field of global health, (4) design structural interventions to address health and healthcare disparities in specific global contexts, (5) apply the concept of structural humility in a global health context. conclusion: Structural competency is an innovative framework within health professional pedagogy that can inform the design of global health training.

9:35 am – Q&A

■ 10:30 am to 12 noon

Planetary emergencies: climate change & toxic politics – and global & Indigenous fights for health equity & a sustainable future. Co-organized with the APHA American Indian, Alaska Native, and Native Hawaiian Caucus. (Session 4161.0; GWCC, Room B207)

10:30 am -- Introduction – Planetary Emergencies: Climate Change & Toxic Politics – and Global & Indigenous Fights for Health Equity & A Sustainable Future – *Nancy Krieger, PhD* (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA), Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT), Babette Galang, MPH, LMT (Papa Ola Lokahi, Honolulu, HI), Anne-Emanuelle Birn, MA, ScD (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada), Peggy Shepard (WE ACT for Environmental Justice), Hannabah Blue, MS (John Snow Inc., Denver, CO), Patricia Cochran (Alaska Native Science Commission, Anchorage, AK), Candis M. Hunter, MSPH, PhD-c (Dept of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, GA), David Cummings, BSc, MPH (American Indian, Alaska Native, and Native Hawaiian Caucus, APHA), Ingrid Stevens, MPH (Alaska Native Tribal Health Consortium, Anchorage, AK), Narinder Dhaliwal, MA (ETR Associates, Sacramento, CA)

The fight for health equity and a sustainable future in which all can truly thrive is more urgent than ever. Recognizing that we must root our work in the present in our understanding of the past and our vision for the future, the Spirit of 1848 Caucus and the American Indian, Alaska Native, and Native Hawaiian Caucus have jointly organized this session to help inform and inspire our efforts. All of us in public health and our allies must work together to fight for climate justice and against the toxic corrosive politics of our times, which are destroying our planet, denigrating people's dignity, and entrenching corruption and rule by the 1%. Please join us – in this session and in the work now and ahead. The introduction to this session will be co-led by the Spirit of 1848 Caucus (NK + VS) and the American Indian, Alaska Native, and Native Hawaiian Caucus (BG).

10:40 am – Learning from our elders and energized by our youth (I) – Interview moderator: *Anne-Emanuelle Birn, MA, ScD (interview moderator)* (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada); **elder: *Peggy Shepard*** (WE ACT for Environmental Justice); **youth: *Hannabah Blue, MS*** (John Snow Inc., Denver, CO)

This component of our session features an intergenerational co-interview between an elder (PS, one of the founders of the US environmental justice movement) and youth (HB, a member of the Navajo Nation and recent graduate student who has long been active in indigenous activism for health) who are in the fight for climate justice and involved in US, global, and indigenous struggles for an equitable and sustainable world in which all can truly thrive. The moderator (AEB) brings a historian's perspective to shaping the contours of the co-interview.

11:00 am – Bringing in more voices (I) – Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT) & video: Susan Almanza (PODER, East Austin, TX)

To bring in other voices to the global & indigenous fights for climate justice and environmental justice, I (VS, Crow) introduce a short video about the US Chicana/American Indian environmental justice leader Susan Almanza, one of a series of videos made in 2012 by the Environmental Protection Agency (EPA) to celebrate 20 years of their environmental justice work.

11:05 am – Bringing in our voices – led by: *Nancy Krieger, PhD* (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

In this component of our session, we will have an opportunity for audience members to engage in a facilitated exchange (led by NK) to express the reasons you have come to be part of this session.

11:10 am – Learning from our elders and energized by our youth (II) – Interview moderator: *Anne-Emanuelle Birn, MA, ScD (interview moderator)* (Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada); **elder: *Patricia Cochran*** (Alaska Native Science Commission, Anchorage, AK), **youth: *Candis M. Hunter, MSPH, PhD-c*** (Dept of Environmental Health, Rollins School of Public Health, Emory University, Atlanta, GA)

This component of our session features an intergenerational co-interview between an elder (PC, Inupiat Eskimo and a leader in indigenous health and climate change, especially its impact on Alaska Natives) and youth (CH, a doctoral student in environmental health) who are in the fight for climate justice and involved in US, global, and indigenous struggles for an equitable and sustainable world in which all can truly thrive. The moderator (AEB) brings a historian's perspective to shaping the contours of the co-interview.

11:30 am – Bringing in more voices (II) – Vanessa Simonds, ScD (Dept of Health and Human Development, Montana State University, Bozeman, MT) & video: Xiuhtezcatl Martinez (Earth Guardians, Boulder, CO)

To bring in other voices to the global & indigenous fights for climate justice and environmental justice, I (VS, Crow) introduce a short video about Xiuhtezcatl Martinez, a 14 year old American Indian/Aztec founder of Earth Guardians, who spoke at the 2014 Bioneers Plenary.

11:35 am – Discussion/Q & A – moderated by: *David Cummings, BSc, MPH* (American Indian, Alaska Native, and Native Hawaiian Caucus, APHA), ***Nancy Krieger, PhD*** (Dept of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA)

In this final component of our session, we will have time for discussion, and Q&A, regarding the many issues raised about climate change, toxic politics, and global & indigenous struggles for a sustainable and equitable world in which all can truly thrive.

■ **12:30 pm to 1:30 pm**

Spirit of 1848 social justice & public health student poster session (Session 4194.0; GWCC, Hall B2-B3)

Organizer: *Nylca Munoz, JD, MPH* (School of Public Health, University of Puerto Rico, San Juan, PR), along with Jerzy Eisenberg-Guyot, MPH (Dept of Epidemiology, University of Washington, Seattle, WA), Lauren Stein (Harder & Co. Community Research, Berkeley, CA), David Stupplebeen, MPH (University of Hawaii at Manoa) and Jelena Todic, MSW, LCSW (School of Social Work, University of Texas at Austin).

Board 1: Students for a National Health Program: The Student Led Push for Single Payer Reform – *Bryant Shuey, MD-c* (University of New Mexico School of Medicine, Albuquerque, NM)

Background: The United States' mostly privatized health insurance system is largely responsible for the perpetuation of uninsurance experienced by tens of millions of Americans, underinsurance by an even larger portion, rising medical inflation, bankruptcy due to medical bills and disparities in access and quality of care. Methods: Students for a National Health Program (SNaHP) is a health professional student group that was established in 2011 in Chicago, IL with the mission of advocating for universal, comprehensive health insurance reform through a Medicare for All, single payer insurance system. Results: SNaHP has grown to include over 1,000 health professional students spanning 50 health professional graduate campuses. Activism undertakings have included the creation of the annual SNaHP Student Summit, the annual Medicare for All National Student Day of Action, the Health Justice Coalition that includes numerous social justice oriented student groups, and a growing social media presence. Ongoing activities include lobby visits with state representatives for single payer legislation co-sponsorship requests, "birddogging" campaigns aimed to put pressure on legislators in critical political position for single payer visibility, and patient and student narrative writing focused on identifying upstream solutions to individual and collective struggles within health. Discussion: While Medicare for All has gained momentum within political spheres including the mainstream, more action is required to propel the debate in favor of identifying health and healthcare as human rights, influencing legislators to support and vote for single payer legislature and combining and strategizing with community organizations.

Board 2: Universal basic income as a tool for resiliency, mitigation, and adaptation in the face of climate change – *Nathaniel Matthews-Trigg, MPHc* (Dept of Global Health, University of Washington, Seattle, WA)

Universal basic income programs have once again broken into the mainstream, primarily around the notion of mass automation. Although important, these narratives are too narrow sighted, only focusing on the economy. Research on anthropogenic climate change shows that a lack of access to resources and social capital results in worse social, psychological, and health outcomes when

faced with the challenges of a climate change. Sources this year have reported that the Indian government is considering implementing a nationwide basic income program to support the most marginalized, stigmatized, and vulnerable, which if carried out would be the largest in the world. A universal basic income program, if properly implemented, could not only address high unemployment and poverty, but studies suggest could act as a strong protective factor that supports individuals and communities' ability to develop and implement mitigation and adaptation programs to survive and thrive in a warming world. This poster is a policy analysis and synthesis comprised of policy literature, universal basic income research, and climate health research, conducted to explore ways in which a universal basic income program could assist in climate change mitigation, adaptation, and promote individual and community resilience through an equity framework. The analysis also includes potential obstacles towards implementing a universal basic income program. Recognizing the social, economic, climate, and health justice implications of such a program now, could offer us amazing opportunities to further research such programs in relation to building more equal, free, and resilient communities in a warming world.

Board 3: Political economy of health theory: an exploration of core theoretical components – *Michael Harvey, PhD-c* (School of Public Health, University of California, Berkeley)

Background: While political economy of health theory has contributed to public health research and practice in manifold ways, in-depth introductions to the theory within the literature are not forthcoming. Few attempts have been made to explicitly define the theory and the public health literature lacks a detailed elaboration of its core theoretical components. This gap in the literature could constitute a barrier to public health researchers and practitioners who might otherwise utilize political economy of health theory. Methods: An exploratory narrative literature review was conducted across public health, political economy, social epidemiology, social medicine, social science, and social theory literatures to define political economy of health theory and identify its core theoretical components. Results: Political economy of health is a social-structural epidemiologic theory that foregrounds conflicting societal forces and the role of political economic systems in explaining, predicting, and modifying disease etiology and distribution. It is situated within a heterodox progressive political imaginary that stresses the effects of material inequality and unjust forms of social organization. Its historical antecedents can be found in critical social theory and the social medicine tradition. Core theoretical components include materialism, the political determinants of health, welfare state regimes, class conflict, neoliberalism, underdevelopment, and ideology. Conclusion: Political economy of health theory provides a relevant organizing framework for public health researchers and practitioners concerned with the so-called “causes of the causes” of health inequalities. More work is needed to further clarify the theory and its constituent theoretical components.

Board 4: Gilded Tower: Corporations, Philanthropy, and the Neoliberal University – *Jerzy Eisenberg-Guyot, MPH* (Dept of Epidemiology, University of Washington (UW), Seattle, WA), Alejandra Cabral (Dept of Global Health, UW), Nate Matthews-Trigg (Dept of Global Health, UW), Nicholas Graff (Dept of Epidemiology, UW), Katrin Fabian (Dept of Global Health, UW), Stu Tanquist (Tent City Collective, Seattle, WA), Kirk Rodriquez (Tent City Collective, Seattle, WA), Mandy Sladky (College of Nursing, Seattle University, Seattle, WA), Caroline Johnson (Dept of Global Health, UW), J. Mateo Espinosa (Dept of Geography, UW)

The phrase “the neoliberal university” speaks of the infiltration of corporate sponsorship and market ideology into the fiber of university research, education, administration, and campus life. Universities increasingly see their mission as producing students able and willing to sell their labor to players in the global economy. As public funding for education has declined, the University of Washington (UW) has become increasingly dependent on tuition, grants, philanthropy, and corporate sponsorship for functioning. Like many public health schools, UW School of Public Health (UW-SPH) depends heavily on external funding for research and salaries. UW-SPH’s private funders include pharmaceutical companies, extractive industries, soda manufacturers, banks, and philanthropic organizations. In our session, we discuss our investigation into private funding at UW-SPH and the role of private funding in the neoliberalization of research, education, and administration at UW-SPH and schools of public health generally. Issues include: the extent to which education and research on the root causes of climate change are neglected due to the collusion between the state and capital; the shaping of SPH curricula by neoliberal ideology to groom students for professional roles at the expense of developing critical reasoning and transformative problem-solving skills; and how market ideology mediates the relationships between students, faculty, and staff. We describe the work done by our student group, Radical Public Health-UW, to push UW administration to divest from problematic institutions, refocus the curriculum on the structural causes of health inequity, and democratize decision-making. We conclude with a discussion of next steps toward decolonizing the University.

Board 5: Starting where the people are: best processes for health care delivery in student-run free clinics – *Kaylin Pennington, MPHD* (Dept of Health Education, San Francisco State University, SF, CA)

Background/Introduction: Student-run free clinics (SRCs) emerged in the late 1980s and early 1990s with a dual mission — to increase access to health care and provide a training site for students in the health professions. While SRCs emerged from a grassroots health care movement underpinned by principles of health equity and social justice, there is little empirical evidence to suggest that contemporary SRCs are framed as multi-level interventions targeting social determinants of health at the multiple ecological levels that create and maintain health inequities. Methods: Peer-reviewed journal articles, websites, and programmatic documents were examined to identify current practices in SRCs and how they fit into an ecological perspective on community interventions. A contemporary public health model that embraces social change was then used to frame practical recommendations for SRCs that address multiple systems of influence. Results: Evidence from the literature suggests that current practices in SRCs

generally take an approach characterized as charity care, service provision, and individual-level processes and outcomes to the exclusion of community-level outcomes. Trickett et al.'s (2011) community-level intervention framework can help realign SRCs with a collaborative, multi-level, culturally situated paradigm reflective of their historical roots. Discussion/Conclusion: The author proposes best processes for health care delivery in SRCs that reflect the need to shift power and resources in creating sustainable community-level impact. By articulating a roadmap to move SRCs from individual-level to community-level change, the author justifies the SRC as a promising setting for advancing community-centered health care delivery.

Board 6: El Salvador's epidemic: investigating the impact of violence on the Salvadorian healthcare system – *Samantha Gonzalez, BS-c*, Marian Moser Jones, PhD, MPH (both in Family Science Dept, University of Marlyand School of Public Health, College Park, MD)

In most developing countries, the end of a civil war signifies the beginnings of recreation and prosperity. But in El Salvador, the end of the civil war has brought continued chaos and violence. This small Latin American country in 2015 was named the most violent country in the world that was not at war. This violence has reached epidemic levels and has thrown the population's health into disarray. This study investigates how this violence has shifted the epidemiological profile of the country through interviews with Salvadorian healthcare professionals who have witnessed firsthand the effects violence can have on a nation's overall health. This research aims to clarify how violence has affected the overall health of the Salvadorian population and to document the different cultural aspects in processing the stress related to living in a nation inundated in violence. This study involves in-depth qualitative interviews with a small sample (5) of Salvadoran health care workers or former health care workers living in El Salvador and the United States. Snowball sampling is used. Our results indicate that ongoing violence has sent the Salvadoran health care system into crisis mode and has compromised delivery of non-emergency services. This preliminary study points to the need to consider the impact of violence on health care delivery in developing countries. It also indicates that the violence and its consequences affect Salvadorans living in the United States, and points to the need for further research on this on this overlooked topic.

Board 7: Pushed to the peripheries of biomedical worlds: medical repatriation of sick undocumented immigrants from the US to Mexico – *John Sullivan, PhD-c* (School of Social Work, University of Texas at Austin)

Hospitals accepting Medicare must treat and cover costs for anyone seeking emergency care, regardless of insurance coverage or immigration status. U.S. hospitals have reported high costs when treating undocumented/uninsured patients with chronic conditions in acute-care settings. Some U.S. hospitals have repatriated undocumented patients requiring long-term care to their country of origin. Based on fieldwork in Central-Southern Mexico, we used ethnographic methods to understand immigrants' experiences of medical repatriation and consider how vulnerability to structural forces in the U.S. and Mexico shaped medical care and the illness experience. Data collection encompassed individual qualitative interviews, participant observation, and document research. We conducted in-depth interviews with 11 repatriated migrants, 10 family members, and 12 health professionals and government officials. Conceptual thematic analysis procedures identified major thematic categories, including two categories presented here: Push to the Periphery (or Expulsion) from Biomedical Worlds and The Biotechnical Border. Participants described their experiences of repatriation as ceaseless pressure to the peripheries of biomedical worlds, where families, often with few resources, take responsibility for caregiving, rather than state and private interests. The borders around biomedical worlds are felt more sharply by families trying to access specialized medical products and high-technology therapies. Structural and economic factors, coupled with exclusion from social and political spheres, restrict choices for undocumented immigrants and caregivers seeking medical care. The return of undocumented and uninsured immigrants to Mexico, after falling ill or injured while living in the United States, has consequences for migrants, their families, and health professionals on both sides of the border.

Board 8: Exploring the potential of mixed methods phenomenological research to support LGBTQ health equity efforts – *Jelena Todic, MSW, LCSA* (School of Social Work, University of Texas at Austin)

Notable national efforts emphasize sexual orientation and gender identity (SOGI) data collection within healthcare to increase organizations' capacity to identify and eliminate LGBTQ healthcare disparities. This mixed methods phenomenological research (MMPR) aims to test the underlying normative assumption that such data collection is always aligned with the broader health equity objectives. MMPR combines phenomenology with methods grounded in alternative paradigms within one study. Our QUAN–PHEN design uses quantitative online survey findings (N=398) to inform in-depth phenomenological interviews (n=10). Furthermore, queer phenomenology magnifies how everyday mundane processes like data collection reinforce or disrupt the systemic dynamics that contribute to health inequities. MMPR can further LGBTQ health equity efforts. While some of our survey findings are consistent with existing literature--a majority of our participants (85%) reported it was important for primary healthcare providers to inquire about SOGI--they also contradict the current best practices for SOGI data collection. Nearly a third of the participants reported that not recording SOGI data would facilitate disclosure and majority--(94%) disapproved of the registrars inquiring about SOGI. Phenomenology illuminates these discrepancies by pointing to the dynamic processes, including embodiment, related to becoming visible within the binary system of sex and gender that renders LGBTQ patients invisible in healthcare settings. Our findings have implications for research, practice, and policy. While data collection is critical for eliminating LGBTQ health inequities, a simultaneous focus on developing healthcare providers' critical consciousness, engaging LGBTQ community to enhance health inequity knowledge and change agency, and forming LGBTQ community-healthcare partnerships for policy advocacy is essential.

■ **6:30 pm to 8:00 pm**

Spirit of 1848 Caucus Labor/Business Meeting (Session 441.0; CCC, Room B210)

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

▶ ***Monday, November 6, 2017***

■ **12:30 pm to 2:00 pm (Joint Session)**

What's missing from "Global Health" teaching, research, and conversations: Challenging mainstream approaches – co-organized by the APHA International Health Section (Mary Anne Mercer) and the Spirit of 1848 Caucus (Anne-Emanuelle Birn) (Session 3279.0; Room B303) *[NB: details later this summer]*

▶ ***Tuesday, November 7, 2017***

■ We will, as usual, co-sponsor the **annual health activist dance party**, organized by the Occupational Health & Safety section – it will be f at *Manuel's Tavern* (602 North Highland Ave NE, in Atlanta; see: http://www.manuelstavern.com/). Tickets will be sold in advance on-line, and we will post the link to the website for the tickets later this summer.