Exploring Racism in Health Pedagogy

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Abstract: Utilizing a classroom incident that prompted formal public and informal private conversations about race across the campus of a New England regional comprehensive university, we suggest that the discussion of race in public health and health promotion is often compartmentalized. The pedagogy of public health and health promotion often examines race in terms of health disparities, access to health care, cultural sensitivity and competence among public health providers. While this examination is applauded, it does not adequately confront racism and the experience of race by students in actual public health classrooms. Race, we argue, appears theoretical and does not acknowledge the lived experiences of students in the classrooms and is without a discussion of whiteness or white supremacy. This piece explores a classroom approach to engage the topic of race through an examination of whiteness in order to inform future pedagogy and professional practice. We suggest that public health in both professional practice and as an academic discipline requires confronting white supremacy and racism not only in pedagogy but in course content, faculty development, and administration. We conclude that it is ineffective to merely embrace racial diversity without being anti-racist.

Keywords: faculty development, racism, anti-racism, cultural humility, pedagogy

Introduction

Our institution, a regional comprehensive state university in the Northeastern United States, is among the most racially diverse in the state. Its student body is 59% white, 16% Black, 12% Latinx, 10% not identified or other, and 3% Asian. The University promotes diversity as a valued component of the student experience and social justice as a core value of the institution (Mission, n.d.).

The Confrontation

In 2018, a white, male public health instructor utilized a racial slur in class during a non-instructional moment. The instructor, an adjunct at the University for over 30 years, admitted to singing/rapping along to a song that was selected by a Black student to begin the class. The instructor readily admitted that icebreakers are used at the beginning of the class and routinely queried students to select songs. The racial makeup of the class largely reflects the overall student population. One particular Black student took umbrage with the instructor verbalizing the ad-libbed lyric and declared emphatically that the instructor could not use that word. As the student stood up to confront the instructor, another student began to video record the exchange. The video revealed that the instructor did not apologize for using the slur and defended the use of the word. The student responded to the instructor with explicit invectives and left the class abruptly. Later, the student returned to the class and apologized. The student who chastised the instructor contacted the campus Black Student Union (BSU) about the instructor's behavior and reported to a faculty member that it was troubling to know that all Black students in the class did not find the instructor's actions, or his lack of an apology, offensive.

Responding to a BSU statement, the president, and members of the cabinet hosted a

listening session with the BSU and other students that same night. The following day, the adjunct was dismissed, and another instructor was identified to teach the class. The Office of Human Resources initiated an investigation. Local print and television media covered the story; by then, the student who uploaded the video of the student and faculty exchange had removed it. A week after the incident, the BSU organized a rally in response to the classroom incident where students shared stories ranging from experiencing racial hostilities in campus employment to classroom challenges associated with race. Off-campus, the former instructor shared his perspective with local media and asserted in one story that 'I just did a sing-along with the music. That's all I did…. It was supposed to be a fun moment' (Hernandez, 2018).

The Conversations

This incident and several others since have prompted several informal discussions between faculty, staff, and students throughout the University and in the Department of Public Health. As public health and health promotion practitioners, we should know the negative impact racism has on health and how it adversely affects health equity (Jones 2000), but research suggests that discussions on race and anti-racist practices are difficult for most seasoned public health professionals and faculty and should require specialized training and education (Abuelezam, 2020). This incident happened in a public health course taught by an experienced instructor. Some faculty utilized such moments to process and engage students in conversations about racism and its interpersonal impacts on campus, professional practice settings, individuals, and communities. Some also utilized the conversations to explore racism in pedagogy. Recent qualitative research suggests that the environment (local or national events) can temper or change students' discussion and language around race (Abueleazam, 2020).

Campus conversations and rallies uncovered that several students of color do not feel heard or respected, and they do not see a faculty body that is proportionate to the racial makeup of the campus. In her book *Talking Back*, bell hooks (1989) refers to this process of Black students attending a predominantly white institution (PWI) as assimilation. She states, 'While assimilation is seen as an approach that ensures the successful entry of Black people into the mainstream, at its very core it is dehumanizing. Students who strive to assimilate while covertly trying to remain engaged with Black experience suffer extreme frustration and psychological distress' (hooks 1989, 67). The process that bell hooks refers to as assimilation is defined as the process of one group taking on or absorbing the social (attitudes, behaviors, cultural mores) and psychosocial characteristics, a manner we assume is similar to the process of 'cultural assimilation' or 'trying to fit in' (The New Dictionary of Cultural Literacy 2005). It is the appearance of this 'whiteness' on PWI college campuses that (in the best of times, inadvertently) facilitates this frustration and distress.

The construct of whiteness was created in the late 1500s in Western Europe to facilitate the economic exploitation of human beings particularly in colonial holdings in areas whose inhabitants had visible skin color differences (Searcy 2018). Operating from a capitalist economic framework that sought to maximize profit by purchasing life in addition to labor, racial categories were created that established hierarchies of privileges (Wood 1974; Searcy 2018). Whiteness is defined as a location of structural advantage, of race privilege. Second, it is a 'standpoint,' a place from which White people look at …society' (Frankenberg 1993, 1). Blackness, viewed as the lowest in the racial hierarchy, was ascribed to persons primarily of sub-Saharan African descent and was used strategically to identify those to be of a slave class and facilitate the differentiation of enslaved people from the free in lands that had no existing

residents of African descent or a peasant class (Steinberg 2001; Searcy 2018). This explains how whiteness is a social construct, a fiction used by people, and how anti-blackness came to be normalized in our society. Although the definitions have shifted throughout history, the intent and impact have remained to gain an advantage (privilege and power).

This history of whiteness, and its attendant elements of enduring privilege, is often obscured in discussions of race because of its normative nature. We believe much more needs to be done to support and train faculty on racism, whiteness, and having critical conversations. This critical training and resources for this type of training are sorely lacking at this time. However, the hope is that with the recent renewed emphasis on the social determinants of health, inequity, disparities, and racism as a public health emergency, needed attention and training will ensue (Abuelezam, 2020, Chandler, 2022). Below is an example of how race and the confrontation were analyzed in a public health course following the incident.

The Classroom: Exploring Racism as Pedagogy

Women's Health is an elective course in public health and is multidisciplinary and recently designated a social justice course on the campus, currently taught by one of the authors, an African American female professor. In the course that semester, there were 32 students. Nine students were males, eight of which were Black. The rest of the students identified as females and represented the racial diversity of the University. In the second half of the semester, health disparities, health equity, privilege, bias, inequality, and discrimination are intentionally built into the curriculum using a racial and intersectional justice engagement framework created by and being instituted at the author's University with the Racial and Intersectional Justice Group (RIJG) (Rice, 2019, https://www.southernct.edu/rijg).

During a class session two days following this incident, the women's health professor started a discussion about the racial classroom incident that had happened on campus that week. Because of the 'ground rules' in the class, safety and support are provided for otherwise difficult conversations that may arise in the classroom (see Figure 1). These rules are refined with some additional suggestions from class input (Moore and Deshaies 2012).

Figure 1: Classroom Ground Rules

- R   Respect, Responsibility, Keep it 'real', Reporting
- O   Open Mind, Opportunity, 'Oops/Ouch'
- P   Participating, Pass
- E   Empathy, 'Eschuchar,' ELMO-Enough Let's Move On
- S   Said here, stays here (confidentiality), Self-care, safe
         VEGAS-what happens in Vegas stays in Vegas

Since several of the students in the women's health class were also present in the public health class where the incident took place, the class discussed the concepts of intent versus impact. Intent and impact were explained as being able to reveal both implicit and explicit bias at times, with the distinguishing factor differentiating these biases being whether or not they are conscious (Utt 2013). Sometimes an action or non-action comes from a place of well-meaning, yet its impact is far from our intentionality. Many times, this fear of impact is the type of thing that hinders real and meaningful conversations around difficult issues because people will say, 'I'm just not going to say anything; anything or everything I say can be misinterpreted,' or 'I am not going to say anything at all because it won't be received with the correct intention.' This is true regardless of context or topic when the intersection of our identities, categories, and oppressions or privileges collide, where one might hear various explicates such as, 'I misspoke,' 'I never meant any harm,' 'It was never my intention,' 'I am not racist,' or 'I'm not sexist.' Even

when we strive to convey good intentions, these types of statements shift blame to the listener and are at the level of interpersonal racism (Jones 2000). This is the level of racism that most people think of as personally mediated racism, a harmful or violent act that some commit against another person because of their race (Jones 2000). The impact of what we say (the damage it does, consequences it carries or holds) is by far more important than our intentionality (Burwell-Chen 2015; Utt 2013). In these situations, an apology is the first step and one of the best ways to handle incorrectly delivered intentions or a newfound awareness of the impact of intentions, which the professor in this incident did not do.

The women's health professor next asked, 'What do you think of the use of the N-word?' The subsequent conversation can be viewed in Figure 2 and shows the start of a courageous yet challenging conversation attempting to address the power of 'whiteness' as it manifests itself through the social and cultural behavior of privilege and pedagogy. Academic freedom is respected. Faculty can say or show what they believe to be important for the class; however, academic freedom has consequences. Education is a political act. The classroom is a political setting and the political impact of a white professor utilizing the N-word is weightier than the consequences for those who may be Black or LatinX who utilize the word for historical reasons and current interpretations. This is not an assessment of rightness of use or consequences; it is an empirical reality. It also must be shared that Black and LatinX students may differ in their receptiveness to hearing the N-word in any academic setting uttered by anyone regardless of race or ethnicity. It must be established whether the classroom, as a reflection of the mission of a university and a political setting, intends to engender a sense of inclusion or belonging or to support division. Framing the use of the word by anyone in an academic setting requires consideration.

Figure 2: Student Discussion of the N-word

- BA[*] male- 'It's okay—I mean I don't have a problem with the use of the word. We call each other the N-word and use it all the time; we have taken it and made it ours.'
- BA female- 'I have a problem with the use of the N-word. I find it offensive and I am upset when I hear it, and don't want people using it around me.'
- WA male- 'Just should not be used.'
- BA female – 'I don't use the N-word, it causes trouble; but it is in the music and you hear students using it all the time, like it is okay.'
- WA female- 'My little brother and his friends use the N-word all the time. I told him that he should stop, otherwise he will get into serious trouble in the future.'

*(BA-Black American; WA-White American)

The students' discussion exemplifies the three levels of racism—institutional, personal-mediated, and internalized (Jones 2000). An institution that perpetuates the power of whiteness by allowing fear to silence and disengage, and where people who hold power define categories, cultural norms go unchallenged and perpetuate a society that lacks an understanding of differences (Frankenberg 1993; hooks 1994). When public health faculty engaged in a conversation around this incident, many of them admitted that they are fearful that they don't have the knowledge or the tools to engage in these types of conversations.

Professionalism and Cultural Humility

There is an assumption that public health professionals have been taught or know this knowledge (historical and current) around racism and have a basic understanding of whiteness and its intersectionality with social determinants of health. Many public health faculty come from an array of disciplines; while it is the beauty of the broadness of public health, it is also a potential weakness in having basic and common tools and/or language to communicate the root cause of inequity in the United States: racism.

A critical aspect of public health practice is cultural competence. The training of public health practitioners is required and is woven into the curriculum at the undergraduate and graduate levels (Njoku and Baker 2019; Robillard, Annang, and Buchanan 2015). Having a professional public health workforce that understands cultural competence, cultural sensitivity, cultural humility, and anti-racism is paramount to the practice of public health and population or community health advances. Many of the numerous barriers to health involve a workforce that is insensitive or lacks an understanding of the socio-cultural needs of their service population and the communities in which they work (Greene-Moton and Minkler 2020; Jones 2018). But is understanding cultural competence the same as understanding whiteness, anti-blackness, and racism as the root cause of disparities and inequity? We in public health have had centuries to collect data on health disparities and measure health inequities, but we are complicit in the perpetuation of racism as the root cause if we stop there. We have done this in public health for generations (Abuelezam, 2020; Chandler, 2022).

The classroom incident at our University led us to realize that although intentionality and cultural humility are one thing, the impacts that words, and reactions to them, have on our students, faculty, and staff can be powerful, and disempowering. We have to create the public health culture and society that we seek. As an instructor, educating yourself involves first examining your personal feelings about race and also being prepared to be challenged with ideas different from your own (Robillard, Annang, and Buchanan 2015).

We have created a list of recommendations, tools, and resources to assist educators in challenging and increasing their knowledge, skills, and awareness (see Figure 3) (SCSU Racial Pedagogy Project 2020; University of California 2020; University of Michigan 2020).

Figure 3: Recommendations for Having Challenging Conversations

● Educate yourself (on racism, white privilege, and white supremacy; see resource list: Moving Beyond, https://socialjustice.southernct.edu/Moving-Beyond-Diversity-A-Syllabus-for-Faculty-Staff-and-Community.pdf)

● Acknowledge individual feelings of all involved (i.e. RNAA-reflect, name, acknowledge, and apologize. Upon reflection, instructor could have acknowledged that his words hurt the student and model apologizing to the student (DiAngelo 2018).

● Differentiate feelings from reality, while still honoring feelings.

● Talk from the place of 'I'-practice and model this for students (i.e., addresses the common practice of generalizing, and such saying as 'we all know'; 'everyone uses the N-word').

● Engage in active listening (listen more, say less, and pay attention to body cues, facial expressions, and intentionally pausing before you give a response (Edwards-Groves and Davidson 2020)).

● Create ground rules for discussion (see Figure 1).

● Cite sources to support contentions (seek out factual, and reliable resources, books, videos, journal articles, podcasts)

● Allow time to debrief, summarize discussions, perform self-care, and return to conversations (take time to process and sometimes that does not happen immediately).

● Correct and redirect comments micro and macro aggressions (statements that personally attack others directly or indirectly in the classroom).

● Model conversations of respectful debate/agreement and disagreement (important to remember perspectives and white racial frame, that what is respectful to white people may not be respected for BIPOC individuals but represent oppression (DiAngelo 2018)).

● Become an active anti-racist educator (work to identify and name racist behavior, policies, and systems and then work to dismantle or change).

Discussion and Implications

Due to the salient impact of racism on health, recommendations include the need for continued institutional commitment to provide and sustain racial awareness training for faculty, including those in the public health field. Such training may positively influence the ability and motivation of faculty to implement strategies to promote student learning regarding racism and whiteness and its impact on health and the promotion of social justice. Continued racial awareness, diversity training, and a commitment to anti-racism for faculty and public health practitioners are critically important due to our increasingly diverse, yet divisive, society (Breny 2020; Diggles 2014). Furthermore, such training has been shown to improve classroom dynamics, teaching, and assessment; have a positive effect on instructors' and students' personal growth; and result in attitudinal and curricular changes (Booker, Merriweather, and Campbell-Whatley 2016).

Another critical component of this work for both faculty and university administrators is to become actively anti-racist as professionals working in institutions that have long histories of racist policies and procedures (hooks 1989; Kendi 2019). The work here is more than being against racism instead, 'One endorses either the idea of a racial hierarchy as a racist or racial equality as an antiracist' (Kendi 2019, 9). For those of us in academia, faculty, and administration, to be truly anti-racist, we must be proactive and do hard and critical internal work to check how whiteness impacts our systems and policies around such matters as student grading procedures, program admissions, student retention, promotion and tenure procedures and practices, grade appeals procedures, and awarding scholarships to ensure racial equality and equity.

There should be increased opportunities to improve the retention rates of racial and ethnic minority students at colleges and universities. Essentially, more resources should be channeled towards changing institutional racism rather than changing or correcting students of color (Love 1993). Along these lines, academic institutions must actively recruit and retain racially diverse faculty who have diverse experiences with racism, ensure cultural competence and mentoring knowledge among their current faculty, and be dedicated to recruiting, retaining, and graduating students from diverse backgrounds (Wilson, Sanner, and McAllister 2010; Njoku and Evans, 2022). This may contribute to improved graduation rates for underrepresented minority students (Stout et al. 2018).

Once diverse faculty are recruited, they should be supported and retained. Infusion of diversity courses into the curriculum, creation of minority faculty organizations to help address and minimize microaggression in the workplace, and development of peer mentoring programs can provide a source of support for Black faculty at PWI's (Blackwell 1989; Henderson, Hunter, and Hildreth 2010; Louis et al. 2016). Additionally, faculty should continue to seek professional development to enhance their teaching and incorporate learner-centered teaching to enrich student learning. Faculty need critical self-reflection regarding race and privilege and ongoing professional development to effectively implement anti-racist pedagogy (Kishimoto 2018). Professional development has important implications for lifelong learning, including the ability to influence faculty growth as effective educators (Adams 2009; Nicholls 2014; Njoku and Evans, 2022).

Overall, becoming an anti-racist educator involves fostering an inclusive and equitable classroom and embedding anti-racist approaches in course content, teaching, assessment, and the classroom climate (Simmons 2019; Donlan, Loughlin, and Byrne 2019). Strategies for educators

include partaking in vigilant self-awareness, resisting traditional Eurocentric educational norms that encourage disconnect and disengagement between the professor and students, talking about race with students, studying and teaching representative history, genuinely engaging students in anti-racist course material and activities, and embedding reflective activities within an anti-racist curriculum (Tuitt, Haynes and Stewart 2018; Kishimoto 2018; Simmons 2019). Equally important in the fight against racism is that when we see racism at the individual or policy level, we dare to act (Kandaswamy 2007).

When examining this classroom incident and contemplating how to connect anti-racist practices to the public health curriculum, we reflect on our public health program's mission to advance the state of public health practice and to promote and protect the health of the public. Thus, our programs and curricula are grounded in practice, equity, and social justice. Since the incident, we have made efforts to look internally within our department to ensure a clear focus and mission around antiracism and equity across the curriculum. As an example of ensuring a commitment to diversity through the development of diversity-guided curricula, our faculty have worked to decolonize course syllabi (Fuentes, Zelaya, & Madsen, 2021). This can be done by examining course syllabi and identifying areas where language may be punitive, and deficit-focused. Furthermore, faculty have added a statement on course expectations that explicitly address microaggressions in the classroom. In another example, our faculty have received full approval from our institution's Undergraduate Curriculum Forum to teach a course on social justice and health disparities. Our department members are also developing a Health Equity minor concentration within Public Health, to offer courses that infuse concepts of antiracism, health equity, and social justice into our courses to contextualize factors that lead to disparate health outcomes and to promote appreciation for cultural diversity among students. Our faculty

have also initiated discussions with colleagues surrounding Reproductive Justice as a minor in the Department. Additionally, we recently held a faculty training on antiracism and implicit bias to have faculty consider ways they can acknowledge their own biases and privilege, resist traditional Eurocentric educational norms, and conduct ongoing self-reflection on how their biases and privilege show up in their work.

Conclusions

It is important to recognize that now is a perfect window of opportunity to attempt these courageous and challenging conversations to bring light to the embedded whiteness in academia. Acknowledging that one conversation or attempt is also not enough and having more tools to engage in meaningful and authentic conversations with faculty, students, and people, in general, makes it better for all.

The existence of racism as a key determinant of health necessitates the development of pedagogy that links racism and racial justice to health. This calls for classroom approaches to explore the topic of race through an examination of whiteness to inform future pedagogy and professional practice. Faculty need racial awareness and diversity training, and critical self-reflection regarding race and privilege, to effectively implement anti-racist pedagogy and promote student learning. There should also be an institutional commitment to actively recruit and retain racially diverse faculty and students with diverse experiences with racism. These efforts may help produce future public health professionals who are better prepared to address health disparities in their surrounding community, as well as broader health disparities at the national and global levels. Now more than ever before, education, science, and advocacy matter.

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