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## The Stories We Tell: Engaging with Authority in Critical Health Pedagogy

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## The Stories We Tell: Engaging with Authority in Critical Health Pedagogy

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### Abstract

This Innovative Practices piece details the design of a scaffolded project in a public health course that paired a narrative inquiry assignment with an empirical health literature review assignment to highlight both the positivist and constructivist epistemologies of critical health research in public health. The authors discuss and reflect on the five parts that constitute the project, student learning outcomes, and the benefits of engaging with critical information literacy in an undergraduate public health course. The goal of this article is to provide practical applications of critical information literacy to librarians in the health sciences who work with undergraduate students.

*Keywords:* critical health pedagogy, knowledge production, science information literacy

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## The Stories We Tell: Engaging with Authority in Critical Health Pedagogy

The *Framework for Information Literacy for Higher Education* introduced new opportunities through the frame “Authority is Constructed and Contextual” for librarians to help students interrogate knowledge production on various registers and through distinct and overlapping disciplinary lenses (Association of College and Research Libraries [ACRL], 2015). Beyond the ACRL frames, for the past 15 years, as noted by Tewell (2015), many teaching librarians have galvanized around critical information literacy practices that “take into consideration the social, political, economic, and corporate systems that have power and influence over information production, dissemination, access, and consumption” (Gregory & Higgins, 2013, p. ix). In the context of scientific knowledge in an age of misinformation and disinformation, undergraduate health sciences librarians have found the Authority frame helpful with science communication evaluation. The Authority frame focuses on the social forces, or, as the *Framework* states, the “influence[s] recognized or exerted within a community” at play when determining credibility and authority (ACRL, 2015). The underlying epistemological view of the Authority frame is a constructivist approach to knowledge production, where knowledge is interconnected with social forces, such as power and privilege (Detel, 2001). This approach is at odds with health science librarians’ desire to use the Authority frame to expose students to the positivist, or empirical, tradition of the scientific method, which focuses on testing statements or arguments against data that is collected in order to arrive at universal truths, present within the empirical scientific literature (Fuller, 2001).

In many health sciences programs, librarians provide focused instruction on evidence-based practice as a hallmark research skill easily mapped to the ACRL frame “Searching as Strategic Exploration” (Swanberg et al., 2016). However, literature on pedagogy in health sciences librarianship that focuses on the *Framework* centers on mapping the *Framework* to other competencies in the disciplines and lacks discussion of marginalized voices or the constructivist potentiality of the Authority frame (Epstein et al., 2018; Franzen & Bannon, 2016; Waltz et al., 2020; Willson & Angell, 2017). When helping undergraduate students with literature-based assignments that focus on evidence synthesis in empirical health research, there often isn’t room to bring practical application of the critical theories and processes of power and privilege into conversations of authority.

This Innovative Practices piece details the evolving design of a scaffolded project in a public health course that paired a narrative inquiry assignment with an empirical health literature review assignment to highlight both the positivist and constructivist epistemologies of critical health research in public health. This article highlights the collaboration between a public health faculty member and a health sciences librarian, the development and ongoing modifications of the scaffolding process of the project, and the benefits of incorporating critical information literacy into health sciences courses.

## Literature Review

### Health Sciences Pedagogy

As undergraduate health sciences are a relatively new major within larger research institutions and smaller liberal arts colleges, innovations in pedagogical approaches are necessary for an undergraduate audience. Additionally, uniting liberal arts approaches—including critical and creative thinking and the ability to communicate across many contexts—and health sciences creates an opportunity for students to become more effective health practitioners, whatever their graduate or applied work entails (Rozier & Sharff, 2013).

The subdiscipline of public health, social and behavioral public health, is primarily concerned with the conditions in which people live, work, and play, as well as how those conditions impact health outcomes, i.e., the social determinants of health (Office of Disease Prevention and Health Promotion, n.d.). While the methods of social and behavioral public health transcend positivist and constructivist epistemologies, traditional undergraduate public health courses in social determinants of health tend to focus on positivist frames that describe and analyze social factors related to the etiology of health attitudes, behaviors, and outcomes in populations. Courses tend to rely heavily on social epidemiology research and research methods. Even the discursive constructions of “social determinant of health” can flatten lived experiences into modifiable medical and behavior risk profiles or the material living conditions that shape health because of group membership (Raphael, 2011). While these frames within public health are essential for students to understand, using a public health lens informed by critical race theory can facilitate student understanding of systems of oppression (Ford & Airhihenbuwa, 2010). Students can understand that social determinants of health result from the unequal distribution of resources because of public policy decisions made by governments and other social institutions and economic and

political structures and their justifying ideologies (Raphael, 2011). It is vital to complicate the onus of disparities on the individual through attitudes and behaviors and expand the field of vision to systems such as political and economic forces. However, both frames still do not account for the lived experiences of people facing health inequities.

The Council on Education for Public Health (CEPH), in 2018, outlined new competencies for graduate public health degree programs that engage with the interrelatedness of social phenomena and health (Harvey, 2020). Particularly for undergraduate programs, CEPH named as a foundation domain for curricula to focus on “the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities” (Council on Education for Public Health, 2016, p. 26). Applications of this concept must integrate social health theories to explain society or social phenomena (i.e., racism, settler colonialism, socioeconomic status, etc.) and their relation to the health of individuals or populations (Harvey, 2020). Teaching these social health theories are in contrast to the more individual-level behavior change theories such as the health belief model or diffusion of innovation model used in 93% of Master of Public Health programs (Harvey & McGladrey, 2019).

This new approach to public health pedagogy is predicated on recognizing that traditional methods of producing scientific health knowledge, and thus instruction on that knowledge, are social processes whose material and institutional contexts matter (Schrecker, 2022). Public health pedagogy in practice thus allows students to query the very production of scientific health knowledge that emerges from the pernicious impact of medicalization and the dominance of medical frames of reference (Schrecker, 2022).

#### Health Sciences Library Instruction

A focus on critical library pedagogy has emerged in the last decade and a half to interrogate power and explore justice in libraries, rejecting neutrality and acknowledging the politics of information and education in an academic setting (Elmborg, 2016). These interrogations are predicated on the notion that social reality is constructed through power relationships (Cope, 2010) and that knowledge construction includes social, cultural, and political dimensions. In these ways, critical library pedagogy goes hand in hand with a constructivist approach to teaching and learning, present in libraries as documented and explored through professional conferences, such as the Critical Librarianship and Pedagogy Symposium; special journal issues, such as volume 14, issue 1 of *Communications in Information Literacy*

(Accardi et al., 2020); and books, such as *Critical Library Instruction: Theories and Methods* (Accardi et al., 2010).

At the same time, health sciences librarians are often called upon to support evidence-based curricular outcomes, disciplinary practices, and research methods that elevate positivist theories of knowledge production and construction as the status quo (Swanberg et al., 2016). These expectations do not leave much room or guidance for how teaching librarians in the health sciences can incorporate critical library pedagogy in their practice. Health sciences librarians also turn to professional associations for support, such as ACRL, which formed the Health Sciences Interest Group in 2009. For the past few years, their Nursing Information Literacy Framework working group has been attempting to realign information literacy practices from the previous ACRL *Standards* to the ACRL *Framework* by creating a companion document similar to the mapping done previously for the ACRL *Standards* (ACRL Health Sciences Interest Group, 2022). It remains to be seen how the new Nursing framework will address critical information literacy.

#### Narrative Inquiry as Pedagogy

Literature reviews are traditional research assignments used in many disciplines to expose students to literature in the field of study. In the undergraduate health sciences, these assignments also introduce students to evidence-based practices and expose them to primary scientific research and the various ways that literature reviews are commonly constructed in clinical settings, such as systematic reviews and meta-analyses (Garrard, 2007). Health sciences librarians are often called upon to teach these literature review strategies and help introduce students to empirical health literature. These introductions to the literature assignments lack methods of inquiry through which students can explore how their personal experiences (social theories) intersect with—and are reflected in—the literature.

Narrative inquiry, as a methodological approach in social science research, is “an amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches, and both traditional and innovative methods,” that centers on “biographical particulars as narrated by the one who lives them” (Chase, 2005, p. 651). This type of method, whereby a researcher gives voice to the lived experiences of their research subjects, can “embrace a relational understanding of the roles and interactions of the researcher and researched” (Pinnegar & Daynes, 2007, p. 15). By treating subjects, not as fixed or measurable information sources but as interpretable sources of knowledge, narrative inquiry can be used as a pedagogical tool to explore how

authority can be contextualized within the knowledge production process. In the health sciences classroom, incorporating narrative inquiry, traditional empirical literature searches, and source synthesis can empower students to engage with the Authority frame in parallel ways. Instructors can hold space for and highlight the value of these ways of knowing for health sciences and their importance for public health.

A narrative inquiry analysis allows students to access social theory over behavioral theory when understanding health inequities. The narrative inquiry becomes particularly relevant for instructors who teach an ever-diversifying student population. These students often have many experiences (either directly, or through family and community systems) with the adverse health effects of systems of oppression, including those based upon gender, race/ethnicity, settler colonialism, and low socioeconomic status.

The use of narrative inquiry as a pedagogical tool in health sciences library instruction is not present at all in the LIS literature. While disciplinary-specific information literacy threshold concepts are often the focus of health sciences librarians, as well they should be, health sciences students can also benefit from interaction with other disciplinary ways of knowing. This exposure can be particularly impactful in public health education, where empirical knowledge intersects with socio-cultural theories, such as critical race theory, intersectionality, and feminist theory. In practice, this new approach offers a way to bring critical library pedagogy into the sciences, discuss the positionalities of insider/outsider knowledge in researched communities, and help students gain confidence with pushing against narratives from empirical research that further stigmatize and marginalize vulnerable populations.

### **Creating a Health Story Project**

Fort Lewis College is a majority-minority, public liberal arts college located in Durango, CO that enrolls over 3,000 undergraduate students. Upper-division public health students must take a 300-level social determinant of health course, entitled Community Health Behavior. Beginning in fall 2018, the librarian and course instructor created a plan to incorporate narrative inquiry into a literature review assignment. The plan grew to have students complete a portfolio of assignments, broken into five sections, each with their own learning outcomes (see Table 1) and student output. Additionally, each project section included assigned activities for the librarian, the course instructor, and the students (see Table 2).

**Table 1: Learning Outcomes and Student Output by Project Section**

Project Section	Learning Outcomes	Student Output
Part One	Explore how personal experiences of health impact community health behavior	Video diary/reflection assignment
Part Two	Identify search terms through qualitative analysis of personal health narrative	Mini codebook for personal story
Part Three	Use search terms to locate and evaluate empirical health research	Literature review assignment
Part Four	Describe the social origin of major health patterns observed in race, gender, and class systems, both separately and in interaction with one another	Theoretical analysis paper
Part Five	Synthesize and compare multiple perspectives and epistemologies centered on a single health outcome	Research reflection paper
	Draw conclusions on authority based on comparison	

**Table 2: Activities of Librarian, Instructor, and Student by Project Section**

Project Section	Librarian Activity	Instructor Activity	Student Activity
Part One	Introduce TED talk and story activity	Grade personal health narrative	Participate in group brainstorming and write health story
Part Two		Introduce and teach qualitative coding, lead qualitative coding activity	Qualitatively analyze story in pairs and generate story search terms
Part Three	Introduce and teach scientific literature reviews	Help students apply appropriate course content to their specific health narrative	Create empirical literature review
Part Four	Help students identify sources for social theory	Aid students in synthesizing multiple perspectives	Analyze health outcome through the lens of a social theory
Part Five	Conduct student research consultations as needed	Guide students in making connections to systems of power	Compare three epistemologies and interrogate broader discussions of health disparities

In part one of the project, the librarian visited the class to talk about knowledge production and authority, using Chimamanda Ngozi Adichie’s 2009 TED Talk, entitled “The Danger of a Single Story,” to introduce storytelling as a form of research and to situate different forms of knowledge that are used to characterize and stereotype various communities of people. Students filled out a worksheet and completed a think, pair, share activity based on the TED Talk, which focuses on how power is wielded by those who have the authority to tell a story about any given community or event. The first iteration of the narrative assignment used a video diary platform, WeVideo, wherein students used multimedia tools and photos to tell a story about a personal experience or memory related to health. In subsequent iterations, primarily due to the Covid-19 pandemic, this portion turned into a reflection assignment where students wrote their story in approximately two pages. For both iterations, the



librarian and instructor encouraged students to be as personal and informal as they felt comfortable sharing with the class.

In part two, the course instructor guided students in the basics of qualitative coding using the thematic analysis approach outlined by Clarke et al. (2015). Then, the instructor put students in pairs of two, and they shared their narratives with each other, reading them as if they were third-party neutral observers. Students then thematically analyzed their narratives to identify domains of inquiry and created a mini-codebook for their personal story. Working in pairs is particularly helpful for this stage as it can be challenging for students to switch frames from viewing their story from their perspective to viewing it from an “outsider” perspective.

In part three, the librarian came back to the class as students were working on their empirical literature review. Using the domains of inquiry from their mini-codebooks in part two as a jumping off point, the librarian and instructor began the session with a discussion of “insider” and “outsider” positionality, linking the students’ domains of inquiry to insider knowledge that they had about their communities. After the librarian introduced students to relevant databases, search strategies, and source evaluation techniques, both the librarian and the instructor discussed the external positionality of empirical articles found in the literature. Then, working in pairs, students brainstormed and tested relevant keywords in the databases. The librarian and instructor both assisted during the workshop as students identified, searched, refined, and re-searched their topics. Students then identified three to five peer-reviewed articles for the formal literature review assignment. The librarian and instructor coached students to view the articles thematically instead of by individual article, thus creating a more narrative approach to a literature review.

In part four, students chose a theoretical lens from the social theories covered in class to apply to their health stories. These theories included stigma theory (Link & Phelan, 2001), life course theory (Braveman & Barclay, 2009), minority stress theory (Meyer, 1995), racism (Jones, 2000), and hegemony (Gramsci, 1971/1989). As this assignment can be challenging for health sciences students without a background in the social sciences, the course instructor provided ample feedback, support, and encouragement as students completed the three-to-five-page paper.

The final portion of the unit consisted of a reflection of the project. Using a qualitative framework analysis method (Joyce et al., 2018) introduced during part two of the project, students compared themes and differences across the epistemological perspectives explored

throughout the project. Additionally, they interrogated how their own health experiences were fundamentally affected by larger social structures and processes. In a two-to-three-page paper, students shared their insights, often written as a reflection on the research process.

## Assessment

Through the six semesters of using this project in the classroom, the librarian and course instructor have found some students feel uncertain and/or anxious about the various elements of this project. Additionally, the personal and creative nature of the narrative portion can give some students pause as it violates the “neutral third party” of most research papers. To address this problem, we have scaffolded the project into several small assignments, created multiple low-stakes formative elements, and given ample opportunity for improvement in the final summative assignment. Through experimenting with different sequences of the five parts of the assignment, we have found that grounding the assignment in the context of the students’ stories works best. Examples of story topics have included diabetes, rural healthcare challenges, suicide, illnesses of close family members, and childhood illnesses. In early semesters, when the narrative assignment followed the literature review or took place later in the semester after students had been exposed to several social theories, students tended to infuse clinical, diagnostic, and academic language into their stories. They found it harder to see the differences between the two types of knowledge production put into conversation throughout the project.

In terms of formal project assessment, because this project is scaffolded throughout the course, several parts of the project are graded in draft form by the instructor, with a final grade given for finalized versions of each element, portfolio-style. As this project tends to depart from a traditional research paper, students are given ample feedback and opportunities to improve their writing and grades. Students who take advantage of the feedback opportunities tend to have very high grades for this project and the course in general. In previous iterations of the project, the qualitative framework analysis method was not included; thus, students had challenges articulating their reflections. Once students learned this framework and understood the power structures in health disparities and knowledge production, they were able to produce high-level analyses.

## Reflection

What is health but the stories we tell about our bodies? Health-based storytelling is something public health professionals experience no matter what public health sector they work in. Showing students that stories have power and that empirical population-level health research/inquiry does not tell the whole story was the primary goal of this project. The two authors invited a student in the course, Emily K. Smith, to share a reflection from their perspective. To honor the power of storytelling, the authors feel that ending this article with a written reflection from each of us best encapsulates the intent of this project.

Reflection #1 – Student, Emily K. Smith

During my undergrad, I wrote many research papers. Some had prepared prompts, and others I could choose the topic. No matter how the paper started, it was easy to lose interest and connection to the subject when I got to the conclusion. The way this assignment was structured kept my interest and motivation throughout the whole project, to the very end when my peers shared their final products with the class. Not only did the structure of this assignment keep me interested in my topic, but it also allowed me to make deeper connections. I could relate my lived experience to greater hegemonic forces previously unseen by me or in the research.

I started this assignment thinking about different health disparities that have affected my family or me. I landed on my grandmother's dementia. The narrative portion of the project was easy to write because it was a little personal history of my experience with the illness. Dr. Newman made the class feel safe and created an excellent environment to share these lived experiences while also being honest and upfront about the implications of sharing personal experiences. I definitely shared more of my emotional connection than I would typically because of the safe academic setting fostered in our class.

After I wrote my personal experience, we reviewed the literature review. Looking at the existing research on caregiver burnout in family members after writing about my experience made the research more meaningful to me. I read the reviews with the lens of an affected member of the research population, making the results more meaningful. I also felt like the research was clinical and unrelatable. When looking at the gaps in research in this field, I also found that I had a more personal and emotional reaction than I would when studying other topics for a literature review. Finally, I used critical thinking skills and what I

had learned earlier in the semester about insidious hegemonic forces to make a real discovery about my personal experience.

After personal reflection and feeling underrepresented in the existing literature, I started to think of the greater forces at work. I connected that my grandparents were being strongly affected by the forces of patriarchy in the US and its crippling influences on my grandpa as a caregiver. I was not expecting to make this connection, and I would not have if this were a standard research paper. Thanks to the structure of this project, I was able to examine my relationships better and foster empathy not only for my own experience but also for my classmates. Unlike other presentations I have attended for classes, our final presentation captivated my attention and exposed me to the different lived experiences of my peers. Though we had a small class, we had very diverse topics. During this project, I learned a lot about myself and learned so much more from my peers about empathy, research, and the greater powers at work.

Reflection #2 – Instructor, Dr. Sara Newman Carroll

When I first taught this course, I, like many before me, focused on individual-level behavior change models that Harvey critiques (2020). These models focus on individual motivation, attitude, beliefs, ability, knowledge, and risk assessment and how they ultimately influence health behaviors. While very useful, these models tend to ignore larger societal factors such as gender, race, and class.

While I had immensely enjoyed learning about these models as a student, I received feedback from students that the course content seemed irrelevant to students. Therefore, I rethought my approach to this course. I began to draw on the work of Dr. Myntha Anthym's (2018) approach of autoethnography. I adapted her epic, etic, and emic approach—or using art-based inquiry to interrogate the production of knowledge—to this assignment to help students make connections to the structures of power that influence not only the production of knowledge in the health sciences but also health inequities themselves. In teaching students to interrogate structures of power in the production of knowledge, I strove to inspire students to interrogate structures of power in other contexts. Partnering with Rosalinda then provided an additional language of information literacy that I hope students can carry with them as they navigate structures that reinforce dominant discourses of power.

Reflection #3 – Librarian, Rosalinda Hernandez Linares-Gray

As a librarian who considers myself a social science researcher, I relished the opportunity to incorporate narrative inquiry into my classroom work as a STEM librarian. This project allowed students to see themselves as legitimate knowledge producers with expertise in their own experiences, and how the health literature, in many cases, leaves their experiences out. Interrogating authority can be challenging for students to put into practice outside of a carefully crafted classroom activity to evaluate sources. Partnering with a faculty member to craft a semester-long project illuminated how information literacy is just one piece of the puzzle for students. This project gave students a great deal of agency in relating what they know with what they found in the literature. The units dig into the affective components of learning and discovery, and the experience helps students realize that they have the power to create knowledge and legitimize their own experiences. Because students had a chance to investigate social theories and be exposed to how the approach can be applied to their own stories, they could meld their language with that of the academy in new and surprising ways. In the end, I hope students have a better understanding of their power and will turn a more critical eye in the future on health research beyond evidence-based practices.

## Conclusion

This project provided both the librarian and the course instructor with the pedagogical opportunity to collaborate, experiment, and enhance their instructional approaches in critical ways. Through a five-part, semester-long scaffolded project, the librarian and the instructor were able to leverage narrative inquiry techniques in order to guide students through important epistemological and theoretical perspectives in the field of public health. Narrative inquiry as a pedagogical tool shows students the power of authority in their own stories and helps them make connections to broader forms of knowledge production. A successful adoption of this project requires extensive planning and an equitable partnership between the librarian and course instructor. Although disciplines that engage with social theories that align with critical library pedagogy may be best suited to this type of project, any librarian with discipline-specific instruction duties could adapt this project to meet the epistemological needs of their fields.

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