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The People's Social Epi Project: PDX with Ryan Petteway

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Welcome to PDXPLORES, a Portland StateResearch podcast featuring scholarship innovations and discoveries, pushing the boundaries of knowledge, practice and what is possible for the benefit of our communities and the world.

I'm Dr. Ryan Petteway, associate professor in the School of Public Health - OHSU/PSU School of Public Health. My primary research interest and scholarly interest in public health are rooted in my training as a social epidemiologist.

Most folks in public health understand epidemiology as the study of distribution of disease outcomes and cause of disease. As a social epidemiologist, I focus on the social and structural factors that kind of drive those things. So, structural racism, sexism, class inequality. Within that particular area, I focus on place in health. This idea of neighborhoods and how places in which we live, our neighborhood environments, affect our health opportunities across our life course. So, the School of Public Health Anti-Racism Faculty Fellowship, we're in the second year of this now. Basically, the the idea with this fellowship is to provide resources and opportunities for faculty and staff to take different pieces, whether it's in the classroom, changing our curriculum, our pedagogical approaches, changing our syllabi, changing the way we do our research, finding different ways to support the mission of anti-racism within The School of Public Health. And for me, my work is focused on my research, and some part, how I teach in terms of my undergraduate classes. Other faculty members are doing various other things with it, and I think that the important thing to note here, is that even though we're focused on anti-racism, I think it's important, and I think folks understand this, is that,

like, racism is not a thing by itself. It's intersectional, and so we're talking about anti-racism that's inclusive of other forms of oppression, right? And so, a lot of folks that have funded for this fellowship are kind of looking at racism in the intersections with other things like gender and sexism and class. My connection to this work on anti-racism in the fellowship is through my work called the People Social Epi Project. So, as I mentioned, social epidemiology, the intention is that we're studying the structural, kind of the root causes of what's going on in terms of population health inequalities. And so, oftentimes, when we say social, you know, we mean that in a descriptive sense of, like, it's a social factor, like, racism or sexism or poverty, things of that nature, right? But, what we often, like, omit from that part of social epidemiology is social meaning "community," social meeting together, right? And so, if you look at public health and social epi research it's oftentimes done by research scholars at are credentialed, sitting in an office using data they downloaded from the Internet about a community 3000 miles away and there's no actual social interaction at all. So, we're setting social variables, but we're not doing it in a very socially inclusive, collaborative way. And so, the idea with the People Social Epi Project is to do social epi research, but in a social fashion, right, it's like socialized social-epi, essentially, right? Ground, community based, community led social epidemiology. And so, that's kind of where the People's Social Epi Project comes from, and part of that process is questioning and challenging the ways in which we traditionally do social epi research. Oftentimes it's through, as I describe, quantitative data that's been downloaded, and you pay $10,000, you get some data, you have a computer and you analyze data, you run some regressions, you write a paper, and you publish it. Meanwhile, you're talking about

people's lives, people's experiences, and they have no idea that you're actually talking about them or their experiences. It's anonymized data and you're just telling stories about people's communities without them having a chance to shape the narrative. It's very reductionist. We're just trying to take all the data we can and reduce into one little effect estimate to show the significance between, you know, one exposure and one outcome. For me, I feel like part of the challenge that we have to reconcile if we're doing social epi and if we're about anti-racism and shifting power and oppression, is how can we involve community more thoroughly in that process of knowledge production and research process. When I talk about centering the margins in my work, drawing from black feminist theory, that means taking communities who are experiencing these inequalities, putting them at the center of the story, allowing them to have the agency to tell their own story, to collaborate, to contribute to the knowledge production process. And so, oftentimes that means choosing different methods: outside researchers not deciding on the research question themselves before they actually meet with community folks, allowing folks that live in the community to actually shape the research agenda and the priorities. On a basic level, that's what I mean when I talk about centering the margins and what that means for social Epi research.

A core aspect of the People's Social Epi work then becomes how do we, you know, imagine how we can tell different stories. How can we change the narrative?
How can we re-imagine social epidemiology from the perspective of "community knowledges". And this gets into ideas of what I described in my work as epistemic

violence and epistemic oppression. This idea that epistemology, that discourse conversation is about knowledge: what counts as knowledge and evidence and facts, and who has the power to gather and shape the knowledge? Who is in a position to do that, right? When we have knowledge, we have what we call "public health knowledge". Well, who's responsible and who has the power to influence that? Traditionally within public health and social epi, as I mentioned, it's credentialed elites. They have PhDs. They don't live in your community, but they have technical training and therefore they have the power to shape the knowledge agenda. When we talk about epistemic resistance, centering the margins, centering community voice, we talk about ways in which we can actually center community knowledges, right? So we can push back on the epistemic violence that outside researchers are essentially imposing upon communities when they tell us stories about them without those communities being able to participate in that storytelling process.

And so, the idea of counter narrative, here, and essentially what that means is that there's a dominant narrative out there from research, right? Anybody that follows public health, some of these dominant narratives, for example, in the context of racial health and inequalities, will be something along the lines of "communities of color are worse-off than…" "compared to," "communities of color are at higher risk," "these are vulnerable communities," "here are at risk communities." "Risk, risk, risk, vulnerable, vulnerable, vulnerable," and no discussion about the powers that are subjecting communities to risk, right? That's the difference here. There's a difference between being at risk and being actively risked. And that's what traditional public health research completely

obscures from the conversation. Who is subjecting communities to the risk? What are

driving the risk, right? Communities aren't innately vulnerable. What's producing that

daily vulnerability that then becomes embodied as a health inequality? Those are

dominant narratives, so an idea of a counternarrative is how do we change that

dominant narrative? How can we actually tell stories from our own communities that

push back on that?

In my work we use participatory methods. The most common paradigm for this work in

public health is community-based participatory research. So, we draw from those

principles. Decolonizing theory and methods are prominent. And part of that for me, a

natural extension, is to consider arts as a way to also discuss, and have conversations

about health and healing and joy and resistance. And I always argue that arts allow

more space for that. You can have arts, whether it's photography or poetry or music, or

theater, that tell more nuanced and complex stories that are rooted in that people's daily

experiences that can get at things like joy and resistance and healing in ways that like a

regression about deficits and problems and, you know, needs and vulnerability can't.

So, for me, I see art as part of the conversation. But, because of the historical power

relations and the dominant research paradigms for public health, Arts have kind of been

seen as, like, something "cute". Like if you have time to do that, it'll be fun. And so, for

me, I think there's more value to that. And so, I center Arts a lot in my work. Yeah, so, in

the context of public health research and, you know, knowledge production Arts can be

that, you know, the avenue, that mechanism for folks without the technical training. So,

folks that aren't gonna, you know, sit down on the computer and do data analysis on

data or stats, right? They don't know how to code and run regressions. They don't know how to necessarily design and develop surveys and analyze things. Not that they couldn't, but if you're going into a community and you're trying to do this work, not everybody's gonna have that technical training, right? But is there a way in which we can have these conversations and co-create and co-produce community knowledge around health and healing and resistance that don't require those technical skills, right? Art provides that opportunity. Anybody can write poetry. Not that anybody should write poetry, but anybody can write poetry. And it's subjective. So like, I'm not gonna throw no shade anybody's poems, but sometimes there's good poems and sometimes there's poems that leave questions to be asked. Right? But folks can tell their own stories through art. And for me, poetry is the one of the more accessible ways in which we can tell our stories because poetry does center the voice, the agency of the speaker. So, I think that in my work, I write poems that are published in peer review, public health journals that are from my voice, from my narrative, from my experience, that are then connected to the theoretical and empirical literature in public health, right? So, I do kind of like this mashup of like, "Here's my story, and here's the evidence behind my story," and I cite the research. So, if I'm making a statement, a creative statement, a wordplay creating like an imagery for the reader, paired with that imagery are 14 citations about the empirical evidence about what I'm talking about. And here's the thing is that people don't need to go and read the 14 papers. They probably don't have access to the 14 papers behind paywalls. It's $39.95. Who has that money? Who has the access to that research, right? But my poem is summarizing, essentially, and telling that story, so they don't necessarily have to go out and find that other form of evidence, that other form of

knowledge, right? That other form of knowledge excludes them almost deliberately. And so, poetry is a way we can actually invite them in and include them with intentionality so they can tell their own stories.

One of the things that I think gets lost within public health research is that it's done by people. That is humans, right? We like to have this idea that like, science is objective and it's neutral and it's apolitical, and that who we are and what we've experienced in our own social conditioning over our lives has no influence over the types of questions we ask, the types of methods we choose, the types of places we choose to share our research findings, right? And that's all, that's trash. It's utter B.S. It's trash, right? So, I think that for me, like, it's important that I remember and recover the fact that I am who I am based on a combination of my experiences, my lived experiential and body knowledge. Knowledge from my community, from my family, from my technical training in undergrad and grad school, my doctorate program, from my experience working. All those things inform how I see the world. But first and foremost, part of the reason why I include arts in my work is because arts helped me understand the world. I started to understand things about public health as a child before I even knew what the word public health meant. I didn't know what epidemiology was. I couldn't even pronounce that word, if you asked me. When I was doing epidemiology, when I was doing observational studies in my community, I couldn't tell you what an observational study was, but I was making sense out of the world, and part of what helped me make sense outta the world was music. Like I grew up listening to hip-hop. Nas, storytellers, poets, essentially, right? Making sense of their daily experience, and I saw a lot of similarities

between those stories I was hearing in my own upbringing, in my own neighborhood conditions, in my own community spaces, right? So, that kind of helped me have an understanding of how I could analyze and dissect the world through observation. There's other ways in which we can make sense of the world that don't revolve around, like, quantitative data analysis and regressions, right? For me, the first and foremost was music and poetry. So Nas was one of the first ones that just, like, "Yo, let's, this is how we can analyze the world around us. We can tell stories. We can use poetry," right? Reading poets and poetry growing up shaped that, right? I went to undergrad to do creative writing and I switched my majors outta that, right? And I eventually came back to it because I think that's partly, like, that's what shapes how I see the world. And so, why do I feel like I have to leave that behind just because I'm a public health professor, right? And so I think that 's partly why the work that I'm doing, I'm so excited about it. It's because this is something that power dynamics around knowledge production lead us to believe that poetry and public health don't belong in the same conversation. And who made that up? Like, who made that up? Who said that epidemiology has to look and feel like this? Who said that social epi has to look and feel like this? For me, I think that there's a whole lot of ways we can try to make sense outta the world of health inequalities and health opportunities and dismantle systems of oppression. And I don't think that an odds ratio has any more power necessarily than a story.

Honestly, we think about the body of work that's done in epidemiology. We might have 10,000 papers on certain health outcome, and there's no relationship between the number of papers that are published on that health outcome and the number of like, you

know, the quality regressions that we run and actual changes in the underlying conditions that are shaping that health outcome. So why do we keep on doing the same thing as if it's somehow inherently better or more impactful than stories on poetry and art?

I'm definitely hoping that the combination of my more traditional peer reviewed research, my theoretical pieces around social epi, and things like epistemic violence and how we teach the things that we don't teach. Who's shaping that, right? Who has the power to determine what's on the syllabus? Who has the power to determine, you know, what's accredited? What's a requirement for a graduate of a school of public health, right? I'm hoping that I'm somehow contributing to and building a body of work that is making the case that we need to be centering the margins thoroughly in our public health training programs. And part of that should include the arts. There's no reason that, you know,if you have to take a certain amount of courses and credits for a public health degree, there's no reason that that can't or shouldn't even require some engagement with creative arts. At the bare minimum, we should be engaging theories of knowledge and power that allow us to ask questions about why we aren't doing this as part of our training and part of our work, right? I think that's really important for folks to understand is that when we say that we're gonna go out and study this thing, we have a certain type of idea about how we're gonna study that, and that's not… that's not a random decision, it's not a random act. There are structures of power and oppression that are shaping what counts as legitimate research questions and methods and knowledges, right? And for me, with my work for the anti-racism fellowship, part of the issue is that we need to

start talking about structural racism within public health. Not structural racism as something's out in the social political world and we need to study how it's causing health harms. We need to also look at how structural racism is shaping what we do in public health itself. Part of that is, you know, thinking about ways we can change the conversation, offer up counter narratives, and really, like, interrogate who we are, and who are we, as I say in one of my papers, "who are we to even be in this conversation"? When you think about tenured track faculty of schools of public health nationally, less than 6% are black. Less than 6% are Latinx and 0.3% are indigenous. I think I ran the numbers once: It's like 750 white public health faculty members in schools of public health for every one indigenous scholar. So who is doing the research on who? Who's telling whose story? Who's getting the multi-billion dollar, multi-million dollar NIH grants and making livings off it? Who's going to conferences and spending conference per diem money telling whose story? Who's collecting whose data and telling whose story when they publish papers, right? When you look at the journals that we published our research in, something like 70% of those editorial boards are white scholars. When you look at funding review panels, it's a similar story. Who decides what research gets funded? It's also mostly straight, white, and male. And so, there's a certain power dynamic that's shaping what can be told or what can be discussed in our public health research and in public health training. I think that my work tries to open that up, to break that open, allow folks to ask new questions in different ways.

For my own work, I don't know whether there is a key, a single key takeaway or a set of key takeaways. I think that, for me, it's more about like, what do I want folks to think

about when they read my work? How do I want them to respond when they read my work and see the projects I'm doing, the conversations I'm trying to facilitate? If anything, I want them to be able to walk away from a paper that I wrote, or a poem that I wrote, or a project that I'm working on and ask themselves, like, "How come this isn't more common? How come this isn't required? How come nobody ever told me this. How come we've never read any papers on theory or epistemic oppression or power? How come I have a PhD in public health and I've been doing this research for 15 years and I've never had these conversations? How come I'm the one leading this conversation even though I'm not from these communities? How come I'm the one that's getting the millions of dollars in grants to do this research, even though I've never experienced the outcomes that I'm studying?"

Those are the questions I want folks to ask, because I think at the end of the day, if we're gonna do anything about anti-racism, broadly, we also have to think about how we do anti-racism in the field of public health. And I think it's a very suspect and curious situation, when the folks that benefit the most from this work happen to be the folks that benefit the most from oppression outside of schools of public health. So for me, I think about ideas of, you know, exploitation, racial capitalism, and settler colonialism in the sense that most of the time it's like we have to generate evidence of oppression to then take it to the oppressors who then determine whether or not they're gonna do anything about it. And the folks that are often getting paid to generate the evidence about oppression are actually from the same social locations that are constructing society in a way that is oppressive and structurally harmful to communities of color and other folks

that are at the margins, right? And so, for me, I think that when folks read my work, I want them to think about that dynamic, that structural racism isn't just a problem to be solved out in the world. It's for profit, you know, like when we write a grant, universities get fiscal administrative fees. They make money off of people who study health inequalities. Who's benefiting from that? Those are the type of questions I want people to think about when they read my work, is how can we be a bit more critical about what we are doing or not doing to actually solve the problems? Are we complicit?

I'm Ryan Pettaway, public health professor, social epidemiologist, poet, semi-retired rapper. My work in public health is premised around creating new spaces for new conversations about health equity and health inequity in the context of anti-racism. I think it's imperative that we recognize the necessity of stats and stanzas, of bars and bar charts, that we need certain forms of knowledge for certain purposes. But, that does not mean that we can't explore creative alternatives and futures of radical possibility as Bell Hooks would say.

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