[Un]Forgetting History: Preparing Public Health Professionals to Address Structural Racism

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ABSTRACT

Context: Structural racism, a fundamental cause of health inequities, must be dismantled to fulfill society's interest in ensuring conditions in which all people have opportunities conducive to health. Correspondingly, the Ten Essential Public Health Services center equity, and Council on Education for Public Health (CEPH) accreditation criteria require public health students to learn about racism. However, little guidance is provided to help faculty empower future generations of public health professionals to challenge it.

Program: In response to the 2020 murders of George Floyd, Ahmaud Arbery, and Breonna Taylor, faculty at UNC Greensboro denounced racism and recommitted to anti-racist pedagogy and praxis. In this article, we discuss integrated ways a graduate-level public health assessment and planning course empowered students to name structural racism, understand how it operates, and collaborate for action.

Implementation: Specifically, we highlight (1) our use of the book *The Color of Law* as means to understand racism as a structural intervention; (2) the Harvard Case Teaching Method as an organizing framework to make the classroom a critically engaged democratic setting; (3) change experts from local health and nonprofit organizations engaged in policy making to address social determinants and disparities resulting from structural racism (eg, housing, health care access, food insecurity); and (4) engagement with a minority-owned nonprofit to allow for practice applying knowledge and skills to address local inequities.

Discussion: Our 4-pronged pedagogical approach provides an innovative, tangible example for other public health programs as they reflect upon academic institutions' unique power and role in addressing the public health crisis of structural racism.

KEY WORDS: health equity, pedagogy, public health programs, structural racism

Dismantling racism is key to advancing health equity in the United States. The health implications of racism, a system of structuring opportunity and assigning value based on socially defined race,[1] are well documented in US government statistics.[2] Persistent inequities, resulting from disproportionate advantages afforded Whites at the expense of minoritized groups,[1] are reflected in intersecting health outcomes, such as lower life expectancies, higher rates of infant mortality, chronic diseases, and reduced quality of life due to state-sanctioned or community violence. Although racism operates at multiple levels, from individual to structural,[1,3] most empirical research has focused on stress experienced with individual racial discrimination. Alleviating racisms' population-level harms, however, demands a broader focus, beyond individual acts, to structural racism.

Structural mechanisms do not require malicious intent or individual actors. Rather, structural racism is the combined ways society perpetuates racial inequity through mutually reinforcing systems (eg, housing, education, labor, health care, criminal justice) and institutional practices.[2] By perpetuating enduring inequalities in social conditions (eg, socioeconomic status, neighborhood context), racism ensures that racial inequities in health are sustained.[4] Systems change is necessary to fulfill the mission of public health: ensuring conditions where all people have equitable opportunities for health.[5]

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Training the next generation of health professionals about structural racism is one tangible action step forward.[2] Incorporation of new health equity-centered competencies in the Ten Essential Public Health Services[6] and Council for Education on Public Health (CEPH) accreditation criteria[7] has underscored the need for anti-racist pedagogy in standard coursework and to equip current and emerging public health professionals with collective agency to dismantle racist systems. CEPH goes beyond standard practice for teaching about race and health, requiring students to "discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity"[7]; however, foundational competencies in planning and management, policy, and leadership domains still lack explicit focus on addressing structural challenges despite calls for education to build an anti-racist skill set necessary to attend to structural causes of health inequities.

Even with increasing anti-racist public health scholarship,[8,9] relatively little pedagogical guidance exists to help public health education faculty teach about structural racism or empower future generations of public health professionals to address it. A recent systematic review found only 11 articles focused on training US public health students about structural racism. Among the 11 articles included, only one focused on an MPH course, rather than an overarching concentration, competency, or individual workshop; none described a foundational skills-based course focused on assessment or planning.[10] This article presents a(n) (anti-racist) pedagogical approach used within a required MPH assessment and planning course by faculty in an academic department of public health education. Specifically, we outline our innovative approach designed to empower students to name structural racism, understand how it operates, and build skills to collaborate for action.

Context and Approach

The inequitable burden of the COVID-19 pandemic, police violence, and protests of racial injustice led leaders, in more than 30 states, to make more than 200 declarations of racism as a public health crisis since the 2020 murders of George Floyd, Ahmaud Arbery, and Breonna Taylor, including 11 resolutions in the state of North Carolina.[11] Correspondingly, academic institutions in the United States and Canada issued 130 anti-racism statements,[12] including the University of North Carolina Greensboro (UNCG). Greensboro, like many other US cities, has a long, storied history with racism and inequity. As a highly segregated city, racially, socioeconomically, and politically,[13] it has been a seat for both racial injustice (eg, 1979 Greensboro Massacre) and civil rights activism (eg, the Greensboro Four Woolworth's Sit-in, *Simpkins vs Cone* hospital integration). The UNCG Department of Public Health Education publicly denounced racism, as formal statements are important first steps; however, we also recognized that statements must be followed with strategies, as well as enforcement and accountability measures, in order to effect change. Therefore, faculty recommitted to social justice, anti-racist praxis,[14] and began to develop an anti-racist pedagogy true to this commitment.

Components: Design and rationale

Anti-racist pedagogy unearths structural inequalities while fostering students' critical analysis and self-reflection.[15] Our approach began by identifying high-impact *teaching* practices, which can be implemented within a course, rather than at the curricular or programmatic level.[16] Following guidance in the Institute of Medicine (IOM) report *Who Will Keep the Public Healthy*, we selected nontraditional teaching components[17] to best facilitate students' significant learning[16] about the structural nature of racism. In the following text, we provide a brief description of and rationale for each component within our 4-pronged approach: nonfiction book, change experts, case-based teaching, and community-based project.

Nonfiction book

As a pedagogical strategy, nonfiction literature provides learners opportunities to improve background knowledge and enhance vocabulary.[18] Faculty identified *The Color of Law: A Forgotten History of How Our Government Segregated America* as a way to inform of racism's encoding into policy (eg, redlining) and racial residential segregation's role in determining the distribution of social conditions (eg, where people live, learn, work) and opportunities. By providing a historical timeline of governmental involvement (eg, Federal Housing Administration) and dispelling myths of racism as merely an individual or geographic problem in the southern United States, *The Color of Law* encourages readers to actively "unforget" the extensive reinforcing system of policies, practices, and programs that span the entire United States.[19]

Change experts

Practitioners also facilitate an understanding of how [unforgotten] history contributes to the production of contemporary disparate outcomes by sharing their real-world experiences. Following CEPH guidance to integrate practice experts,[7] and legislation supporting

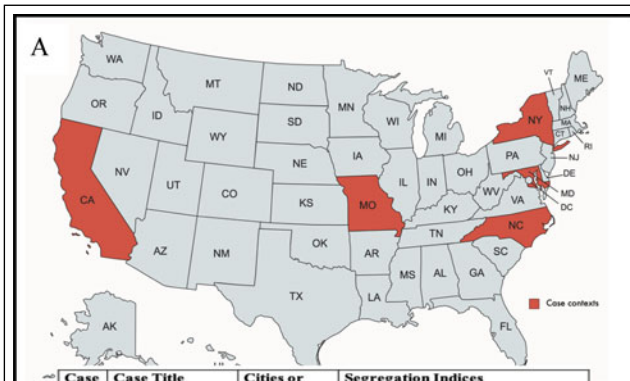
strategies to advance racial equity,[20] we prioritized expertise addressing local inequities using an anti-racist lens. Congruent with our departmental commitment to center and elevate Black and Brown voices[14] and, given UNCG's history as a women's college, we invited experts from marginalized groups: 2 change experts, who identified as Black women, worked for nonprofit organizations, and 1 expert, who identified as a White woman, worked for a health care system. Collectively, their lived and professional experiences facilitated systems changes that aligned health and housing, as well as improved access to care and resources (eg, funding, partnerships) or health outcomes by engaging historically disinvested communities. Experts presented some details about their work, previously agreed upon with the faculty member, for roughly 60 to 75 minutes, followed by 15 to 20 minutes of question and answer.

Case-based teaching

Public health is an applied, problem-solving activity, and structural racism is a wicked problem. Our decision to use the Harvard Case Teaching Method process to ground our course followed recommendations from *Who Will Keep the Public Healthy* to use a case-based approach[17] and because anti-racism praxis necessitates relationship building and being actively reflexive.[21] The Harvard Case Teaching Method, designed originally for law and business schools, is a participatory, discussion-based approach to sharpen students' critical thinking, decision making, group dynamic, and communication skills.[22] Teaching cases are real-world situations that provide opportunities to explore complex public health issues and build skills applying theory to practice by integrating and synthesizing foundational knowledge,[18,22] without a prescribed answer. The Harvard Case Teaching Method process includes 4 steps: reading and analyzing the case (individually), discussing the case in small teams, engaging in a full-class discussion (facilitated by the instructor but driven by students), and reflecting on learning.[23] Figure 1 highlights case geographic contexts and includes counties and/or cities spanning across the United States that are considered highly segregated.[13]

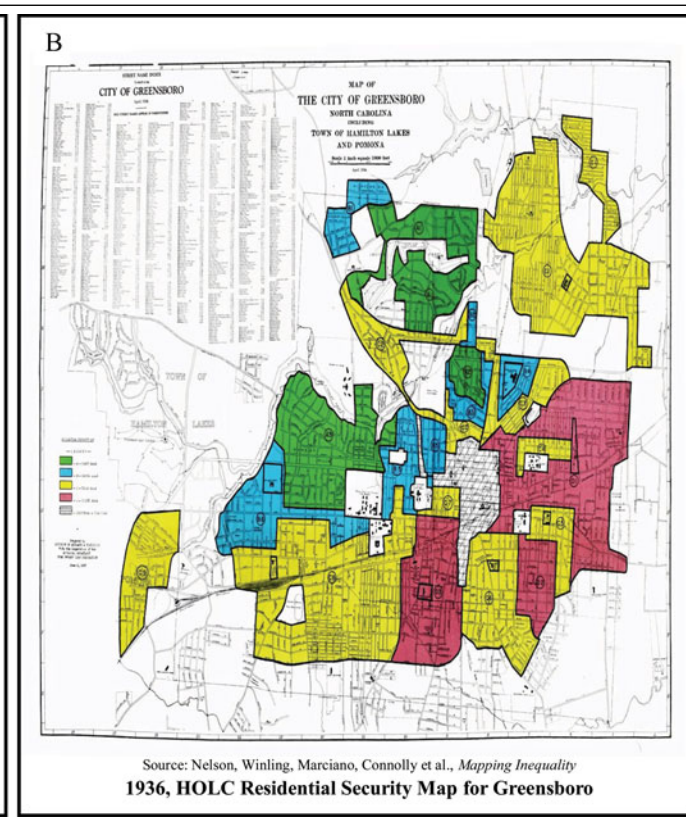
Community-based project

Community-engaged pedagogy allows students to enter into real-world situations and put theory to practice.[16] Our approach included working with a Greensboro-based minority-led nonprofit, the



Case No	Case Title	Cities or Jurisdiction	Segregation Indices		
			Rank	Divergence	Category
1.	A Portrait of Sonoma	Sonoma County, CA	N/A	N/A	N/A
2.	Tackling Youth Substance Abuse on Staten Island: A Collective Impact Project	Staten Island, NY	9	0.4881	High Segregation
3.	The Green and Healthy Homes Initiative (GHHI)	Baltimore, MD	29	0.3351	High Segregation
4.	Attacking Heart Disease in Suffolk County	Suffolk county, NY	N/A	N/A	N/A
5.	Tom Santel and a Community Based Approach to Early Childhood Health	St. Louis City, Missouri	10	0.4728	High Segregation
Local Context		Greensboro City, NC	53	0.2463	High Segregation

*ranked 1-112, from most to least segregated.



Source: Nelson, Winling, Marciano, Connolly et al., *Mapping Inequality*
1936, HOLC Residential Security Map for Greensboro

FIGURE 1 Geographic Map of (A) Distribution of Case Contexts and (B) Historically Redlined Neighborhoods in City of Greensboro, North Carolina
This figure is available in color online (www.JPHMP.com).

Adventist Community Restoration Center (ACRC), based on an existing faculty partnership. To avoid potential harms associated with students' transactional involvement in systemically marginalized communities,[24] the executive director engaged directly with the faculty member. Together, they defined expectations for student teams to propose, rather than embark on, an assessment process (eg, MAPP) aligned with the mission of the nonprofit and goals for authentic community stakeholder engagement. The proposal was a first step toward ACRC's long-term goal of engaging resources and building community capacity to reclaim the identity and economic vitality of a historically redlined Greensboro neighborhood as a healthy and thriving place to live. Deliverables included a written team proposal and a brief executive summary presentation, integrating feedback solicited from 2 to 3 non-public health professionals.

Implementation

Faculty launched the 15-week MPH-level assessment and planning course in fall of 2020, centering structural racism (eg, residential segregation) within each component and collectively. The strength of the 4-pronged approach, however, lies within its intentional timing and synergistic integration of each high-impact component.[18] Figure 2 visually depicts our integrated approach, with the Harvard Case Teaching Method as an organizing framework to balance power dynamics for democratized learning.

Foundation

To initiate the process of [re]learning and centering an often forgotten history, faculty curated *The Color of Law* learning module and implemented it early in the semester. Students read and then processed *The Color of Law* individually via written reflections, in groups by drawing connections between the book and core public health functions (eg, assessment), and in an instructor-facilitated class discussion. The Table includes module reflection prompts. Interaction with 1930s Home Owner's Loan Corporation (HOLC) maps on the Mapping Inequality Web site helped localize the book content before an invited expert described manifestations of structural racism in Greensboro. Specifically, she shared how embedding the Greensboro HOLC map within the Community Health Assessment (CHA) report of a regional health system, with its own history of racial segregation, provided context for present-day clustering of economic disinvestment, housing inequities, and asthma-related emergency department visits.[25] Her example naming structural racism, not merely race, as a determinant of health inequities in an assessment report highlighted the social production of health outcomes and empowered students to make practice decisions that advance health equity.

Informal skill-building

Cases provided opportunities to draw connections between historical context in specific geographic settings and present-day health outcomes, investigate beyond minimally presented data, and critique or make collaborative [anti-racist] decisions. Faculty strategically selected and ordered cases (see Figure 1) such that early cases subtly mentioned racism or how it was operating to provide learning opportunities. One case, for example, about addressing substance abuse vaguely stated, "Clear boundary lines exist between certain communities on the island,"[26] but left out why, how, or what the "boundary lines" meant for the

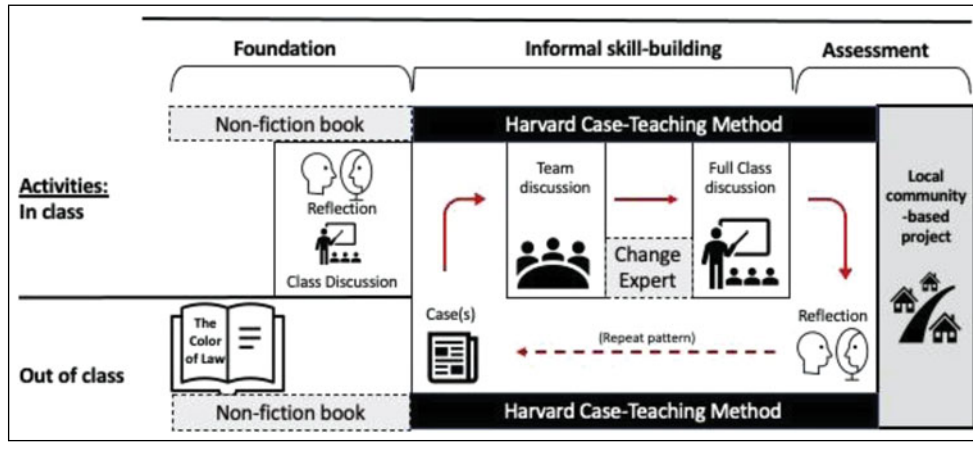


FIGURE 2 Four-Component Integrated Approach for Significant Learning
This figure is available in color online (www.JPHMP.com).

TABLE
Key Themes and Illustrative Quotes From MPH Student Assessment Products

Data Source	Prompts	Theme(s)	Sample Illustrative Quotes
The Color of Law Reflection	Why do you think I assigned this book to read? What surprised you as you read *The Color of Law*?	Education gaps Significance of context Contemporary impacts Opportunities to question	"Prior to reading this book, there have been multiple discussions and dialogues on structural and institutional racism, but never discussed the specifics, HOW and WHY?" "I shared [this] with my manager and several other colleagues working in the health care field." "We all need to know this forgotten reality in order to understand and hopefully overcome health disparities." "What good is it to read all this information, and nothing be done about it?" "I really like that the author ends the book giving us hope and asking us to start working to make the necessary changes so that we don't keep writing the same history all over again."
Case Method Reflections	*What?* Describe something you learned through this case. *So What?* What is the significance of this? *Now What?* What does this new knowledge mean for your public health practice?	Critically question Identify root causes and determinants Act for equity	"Now more than ever it is important to look at data and think about what voices are left out, or what stories are being centered time and time again throughout the data. Being more aware of this will allow me to be more critical of what interventions I would suggest as a public health professional." "Using models or approaches that focus on political or systemic issues should unravel the deep rooted-issues of health disparities in communities." "It becomes clear to me that equity needs to be centered in considering an intervention level and target population."
Project Deliverables	N/A	Work together toward shared goals Look upstream	"Improving quality of life in [Community] requires tackling different health disparities that are caused by systemic factors. Our choice . . . was based on the importance of bringing stakeholders and resources in the neighborhood and the county together to effectively tackle the root causes as well as to mobilize the community in the neighborhood to work collectively based on shared understanding and consensus on priorities."

distribution of opportunities and resources, relationship building, issue prioritization, or outcomes. Later cases focused students' attention on analyzing relevant frameworks and strategies for action, such as building cross-sector coalitions.

To prepare for iterative discussions, faculty used electronic survey data to strategically organize students (n = 28) into teams (n = 7). Diverse teams built on the basis of self-reported knowledge (eg, degree), skills (eg, leadership, time management), and characteristics (eg, languages or geographic context) reflected a broad array of experience, interests, and identities beneficial to practice. Rotational team leadership balanced power differentials in discussions (eg, whether all voices are valued and heard) and built facilitation and conflict resolution skills. Teams developed criteria against which to assess and hold each other accountable, as members and leaders, and were required to reflect on conflict and leadership. On average, teams met for 1.5 to 2.5 hours per case to discuss individual analytic approaches, required instructor questions, and generate specific recommendations.

Faculty paired cases with change experts who could describe health disparities (eg, food insecurity, asthma) in our local context and specific initiatives to address them. One expert, a former Renaissance Community Cooperative (RCC) Board member, shared lessons learned from community-led efforts to bring the community-owned grocery store to an 18-year food desert in Northeast Greensboro and failure

sustaining it, relaying the significance of comprehensive capacity assessments. On the contrary, the executive director of a local housing coalition discussed a successful BUILDHealth community, Collaborative Cottage Grove, formed using the Purpose Built Communities framework lauded for multisector[3] and place-based focus on disinvested, redlined communities where need is highest. Students then contrasted approaches taken in the cases with those described by the change experts. For example, students felt a housing case in Baltimore, Maryland, depicted community members as uneducated and dependent upon Band-Aid educational interventions. However, the local housing coalition director described collaborative upstream efforts to engage, build capacity, and share power with community members to address asthma hospitalization rates and living conditions. Change agents were intentionally scheduled between team and full-class discussions to provide additional opportunities for approach refinement.

Full-class discussions were facilitated by faculty using open-ended questions as flexible guideposts to bind the discussion and included probing students to think critically and consider the context. Available HOLC maps or recent data visualization tools showcasing segregation of opportunities provided powerful images to consider links between racist policies and inequities centered in the cases. For example, *The Color of Law* discussed the exclusionary development of Levittown, the first federally subsidized suburb, located in Nassau County, New York. Recognizing that "any account of structural racism within the USA must start with the experiences of [B]lack people and … Indigenous people…,"[2] we explored current demographic data for Nassau County and then for the adjacent Suffolk County, the context for a case. The case attributed high rates of heart attacks to an influx of Latinx migrants, limited access to health insurance, and poor-quality specialty hospitals[27]; however, students were asked to first grapple with dense concentrations of African Americans in some county areas and limited representation of Indigenous people in the data, despite land origins.

Assessment

Reflections and the team-based project, as noted in Figure 2, were conceptualized as assessment opportunities. Considering the significance of being reflexive in anti-racist praxis and its centrality to our approach, required reflections were systematically structured. Case reflections framed using *What, So What, Now What* prompts elicited student perspectives on how salient information learned via case experiences would inform their future practice. The community-based project provided an opportunity to see the application of collective takeaways in the real world, building on relationships developed across the semester. The ACRC executive director and faculty reviewed written team proposals and presentations, provided feedback, and assessed utility of disseminating proposals to the nonprofit executive board.[28]

Observations of Lessons Learned

Our review of thematic content from reflections and project deliverables, analyzed using a general inductive approach, revealed several noteworthy observations. The Table provides sample themes and illustrative quotes from our review.

The Color of Law

The end goal of equipping students with knowledge about the structural nature of racism is to help future public health professionals become more effective in advancing health equity. Relative to filling knowledge gaps, perspectives underscored the significance of this education for folks non-native to the United States or those not previously exposed. Supporting this theme, students shared [before] they "didn't realize the contemporary nature of racism," "did not realize the extent," or "how many layers of oppression … there were in different initiatives"—self-reflecting on how knowledgeable they were "on the history of segregation of neighborhoods" and alluding to changes resulting from class exposure. Beyond increased knowledge about structural racism, students acknowledged the significance of [unforgetting] this history and desired to act.

The case method, paired with change agents

Positioning cases and change agents within the course provided an opportunity for students to consider their own decision making as public health practitioners. Data across the term reflected changes in students naming and describing how racism operated in the cases. Initially, students acknowledged the existence of disparities, often taking note of demographic or quantitative data stratified by race and ethnicity but failed to articulate why or what caused them—lacking explicit articulation of racism or racialized oppression. By the third case, however, reflections affirmed students' recognition that inequities will continue to exacerbate if we do not "properly tackle the problem…," which requires we "…correctly identify the root cause." Increasingly, reflections explicitly named racism as a root determinant, detailing how "racism … then creates extensions of itself … that further

impact marginalized communities the most." Additional data highlighted considerations of how public health professionals should embody this awareness in decisions and an ethic that centers equity: "Am I going to be passive, or engage in the fight for equity, equality, social justice, and liberation?"

Community-based project

The community project provided an opportunity to collaboratively consider where to start with a systemic problem, and how to recommend an appropriate first step for our community partner. The community partner reported satisfaction with the 7 viable options provided. In addition, 21 non-public health professionals, notwithstanding the ACRC executive board, were exposed to proposals inclusive of an anti-racist lens to engaging stakeholders in assessing community health. Deliverables were analyzed for how terminology used and suggested approaches conveyed an understanding of the system of racism's insidious impacts. Proposals included terms such as "systemic racism," "redlining," and "urban renewal," and 6 of the 7 integrated the history (eg, Greensboro's HOLC map) and impact of structural racism on the neighborhood in connection to health outcomes highlighted by existing neighborhood data (eg, measures of poverty, median household income, and educational attainment by census tract).[29] However, neighborhood assets, such as resident collective activism during historic and contemporary sociopolitical movements, were also highlighted. Having learned to be critical of approaches suggested, teams articulated a rationale for proposed processes. Although 5 different frameworks (eg, MAPP, MAP-IT, CBPR, Take Action Cycle, Collective Impact) were proposed, rationales coalesced around "working together … center[ing] partnerships and collaboration … to achieve shared community goals." Importantly, proposals highlighted the need for equity-focused frameworks that are community-driven, empowering community decision making so assessments more accurately depict them and "focus on social, structural, and environmental inequities."

Conclusion

Structural racism is a fundamental cause of racial health inequities. Inequities will grow if resources are not appropriately aligned and communities mobilized to effectively change the systems and structures that perpetuate them.[30] In response, President Biden issued an executive order to advance racial equity, and the Centers for Disease Control and Prevention has formally recognized the important role public health agencies have in addressing the public health impact of racism.[11] However, academic institutions must also recognize their unique power and responsibility to change systems, starting with their pedagogy. Anti-racist pedagogy goes beyond merely adding content about racism into a course or curriculum to being strategic about how courses, for which race is not the focal subject, are taught.[31] Public health schools and programs must prepare professionals who commit to social justice and apply the information, management expertise, and political skills gained through their study and anti-racism praxis to public health problems.[17,21] Our 4-pronged, innovative approach, within an assessment and planning course, provided an opportunity for students to see how their future engagement as public health practitioners can either work toward needed systemic and structural changes or the status quo. It is a promising example for academic public health programs with a commitment to empowering students to name racism, understanding how it operates to cause health disparities, and building skills to collaborate for action.

Implications for Policy & Practice

- Academic public health programs must recognize their unique power to embed anti-racist pedagogy in skills-based courses and prepare professionals for anti-racist public health praxis.
- Faculty can use nontraditional teaching components, such as nonfiction books, to help future public health practitioners understand the history of residential segregation and reflect on its connection to core public health functions.
- Students engaged in case-based and/or community-based projects are afforded opportunities to acquire real-world skills and competencies applying an anti-racist lens to wicked problems, enhancing their effectiveness to advance health equity.
- Integrated course designs, centering high-impact practices, offer a synergy that can foster significant learning about the structural nature of racism and systemic change.

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