

Adopting an Anti-Racism Public Health Curriculum Competency: The University of Washington Experience

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Amy Hagopian, PhD¹, Kathleen McGlone West, PhD², India J. Ornelas, PhD¹,
Ariel N. Hart, MPH¹, Jenn Hagedorn, MPH¹, and Clarence Spigner, DrPH¹

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Seventeen-year-old unarmed Trayvon Martin was shot and killed by a Florida Stand Your Ground patrol volunteer in 2012 while walking home from a convenience store.¹ His death launched a nationwide conversation on America's long-sore subject of race, igniting the Black Lives Matter movement.² These conversations were also held in schools and programs of public health because the field has long recognized racism as a determinant of health.³⁻⁵ But although we academics have chronicled the role of racism in shaping health outcomes,⁶ we have rarely turned our gaze inward to examine how our own schools and programs of public health perpetuate racism. Furthermore, we have largely failed to prepare our graduates with an understanding of the roots of racism and how it affects public health work.

The University of Washington, a top-ranked school of public health⁷ in a politically liberal US city (Seattle, Washington), has had a long history of campus social activism. In 2011, the nationwide Occupy movement was a clear presence on the University of Washington campus, and although the movement served to limber up resistance to income inequality, national movement leaders were regularly challenged on their own racial illiteracy.⁸ Many students and faculty at the University of Washington watched with increasing awareness as difficult racially charged events unfolded both nationally and locally. University of Washington students and faculty members recognized how our own institution perpetuated patterns of racism even within progressive spaces and began organizing to make structural changes.

Students, motivated in part by the larger Black Lives Matter movement and local organizing to prevent the construction of a new \$210 million county youth detention center, began to speak up to compel the University of Washington School of Public Health (UWSPH) to address our own racism. Seattle's long history of anti-racist organizing provided a strong foundation for community collaboration and dynamic partnerships to achieve this goal.

Historically, training programs for health professionals have identified cultural competence as a curriculum

objective.⁹⁻¹¹ Cultural competence education in academic settings has evolved to acknowledge the power and privilege associated with whiteness.¹²⁻¹⁹ Similarly, some training programs have moved away from the gentler term, *multicultural education*, and toward the more challenging frame, *anti-racist education*.^{20,21} Indeed, in recent years, racism has been conceptualized as a quintessential "wicked problem," with profound intergenerational effects, and tackling it requires systems change theory and structural power analysis.⁶

A curriculum competency is a description of an observable knowledge or skill for students to attain.^{22,23} Measuring a student's competency in anti-racist thinking and practice can be challenging. Successful completion of a required course is an obvious, although not foolproof, approach.^{24,25} Tools for self-assessing one's cultural competency or racial literacy have been validated,^{26,27} as have classroom exercises to reduce prejudice.²⁵ Still, the resistance of some faculty and students to acknowledge race as a legitimate topic (eg, by diluting it with sex, gender, and/or social class concerns) is well documented, for example, by Sue in "Race Talk: The Psychology of Racial Dialogues," who described the "sincere belief of whites that they are fair, moral and decent human beings who are not responsible for inequities in the lives of people of color, that racism is no longer a detrimental force in society and that our nation should be color-blind."²⁸

The authors (along with others at the UWSPH) set out to develop a curriculum competency that would require all UWSPH students to acknowledge racism and its effects, to

¹ Department of Health Services, University of Washington, Seattle, WA, USA

² Department of Bioethics and Humanities, University of Washington, Seattle, WA, USA

Corresponding Author:

Amy Hagopian, PhD, University of Washington, Department of Health Services, Box 357660, Seattle, WA 98195, USA.

Email: hagopian@uw.edu

counter the tendency to minimize racism as a topic, and to compel the school to develop resources to support this education. Through this process, we developed a collective, although not unanimous, analysis of our role and responsibility in educating public health professionals who have the skills to name racism, address its effects, and work collaboratively with communities of color to dismantle the systems that perpetuate it. Acknowledging this responsibility is not the end, but it is an important step in a long process. In this commentary, we describe our experience in developing and adopting a new schoolwide competency, amid political push-back, and offer lessons learned to encourage other schools and programs of public health to launch their own efforts.

Recognizing the Need for Anti-Racist Training

In 2013, incoming students from the Community-Oriented Public Health Practice master of public health program demanded a more robust and courageous approach to race, in both classroom culture and course content; in fact, they all signed a letter pledging to participate in any scheduled training. The students, led by Hart and Hagedorn, presented the program director (Hagopian) with a proposal for a 2-day Undoing Racism workshop, led by the People's Institute for Survival and Beyond, in spring 2014. The People's Institute focuses on understanding what racism is, where it comes from, how it functions, why it persists, and how it can be undone (<http://www.pisab.org>). This type of training, designed to move beyond the individual level and toward structural and systems change, is described by Griffith et al.²⁹ Although Community-Oriented Public Health Practice staff and faculty were not required to attend the workshop, many staff and faculty members from the Community-Oriented Public Health Practice master of public health program and the broader UWSPH community voluntarily participated alongside the students. After the success of the initial training, the School of Public Health Diversity Committee (a volunteer committee representing students, staff, faculty, and administrators from all departments in the school that was founded in 2012 to address issues of equity and diversity at the UWSPH) offered similar workshops schoolwide. In November 2014, 35 students, faculty, and staff members from across the UWSPH, who had participated in these workshops, developed a work plan (Box 1) that included the proposed adoption of a new student competency on racism. The plan illustrated is a work in progress.

Considering a Schoolwide Competency on Racism

Although each program in the UWSPH has its own competencies, 3 schoolwide competencies are required of all students (undergraduate students, graduate students in research tracks, and those pursuing professional degrees) regardless of discipline or level of training. Because each program has

unique goals and priorities for its graduates, a schoolwide competency is considered to be fundamentally important to all programs.

Members of the UWSPH Curriculum and Educational Policy Committee debated for more than a year the potential value of adding a fourth competency, one on racism. (This committee includes faculty chairs of each of the 5 departmental and 2 programmatic curriculum committees, along with several students and staff members.) In February 2015, the committee considered a formal motion to adopt a new competency: "Protect the health of diverse communities by recognizing the means by which social inequities, generated by power and privilege, undermine health." However, no full-committee decisions were made during that year. In fall 2015, a new UWSPH Curriculum Committee chair (Hagopian) revived the competency discussion. A more action-oriented revision of the competency emerged in response to escalating national and local discussions of racism: "Protect the health of diverse communities and promote social justice by challenging inequities generated by power and privilege." Departmental and programmatic curriculum committees discussed the new motion. In February 2016, the Department of Biostatistics curriculum committee rejected the proposed wording, claiming that its students did not work on policy and could not be expected to "protect" or "challenge." They proposed changing the opening verb to "engage."

Meanwhile, supporters of the competency had been visiting departmental curriculum committees to better understand their concerns and build support. Supporters included members of the UWSPH Diversity Committee (chaired by Ornelas) and its curriculum subcommittee (chaired by West). These meetings provided a deeper understanding of the diverse views across departments and insights into objections to the new competency. The competency was modified several times in an attempt to satisfy all department needs, including explicitly naming racism in the competency verbiage.

A Racially Charged Event as a Catalyst for Change

In March 2016, an incident involving the University of Washington campus police and an African staff member in the UWSPH was seen by many as an example of racial profiling.³⁰ The event, and what many perceived as an inadequate and even inept response by the UWSPH administration, sparked student activism: student-occupied meetings with the relevant department chair, dean, and university president along with open demonstrations and marches. Activists made demands for an investigation into the incident, improved racial literacy among UWSPH faculty and staff, and an open meeting to discuss racism in the school.³¹

Soon after, a faculty member compelled the UWSPH Curriculum Committee to stop debate and put the latest

Box 1. Action items from an anti-racism planning meeting at the University of Washington School of Public Health (UWSPH), Seattle, Washington, November 2014

- A. Involve all members of the community in anti-racist workshops:
1. Encourage all those in power positions to attend a workshop (faculty, administrators).
 2. Require anti-racist workshop attendance for all incoming faculty and staff members and student bodies (orientation component) and involve human resources staff members in establishing policies for this expectation.
 3. Design a shorter, more intensive workshop that might more realistically be required of all students, faculty, and staff members.
- B. Incorporate anti-racist principles in the various ways in which we hold ourselves accountable:
1. Job descriptions
 2. Performance reviews, especially for leadership (deans, chairs, faculty members)
 3. Course descriptions (syllabus statement)
 4. Student course evaluations
 5. Climate surveys
 6. Annual reports for units
- C. Infuse content on undoing racism in all of our courses:
1. Add a question on anti-racism (or other diversity) content to our course proposal form.
 2. Teach an annual faculty workshop on how to infuse anti-racism (or other diversity) content into our courses, especially for methods and quantitative courses in which faculty members reported the least content on diversity in recent surveys.
 3. Notice that an active-learning, student-driven curriculum tends to be more open to this content and expand the use of these methods.
 4. Explore ideas such as “anti-racism pathways” or other academic tracks for students.
 5. Adopt core competencies related to anti-racism in the curriculum.
 6. Create a standard syllabus paragraph similar to statements on academic integrity or disability accommodation required at most universities.
- D. Create messaging that establishes a schoolwide shared anti-racism vocabulary:
1. Design poster(s) advising that the UWSPH is committed to working toward becoming an anti-racist organization.
 2. Revise the UWSPH mission statement to include anti-racism commitment.
 3. Infuse website content with anti-racism messages for all programs.
 4. Add an admission essay question that goes beyond asking people about their diversity challenges (eg, “How will you improve the anti-racism climate in our school of public health?”).
 5. Add a job interview question for all UWSPH positions (eg, “How will you improve the anti-racism climate in our school of public health?”).
- E. Seek opportunities to infuse our work with communities with anti-racism principles:
1. Seek more active engagement with explicitly anti-racist community organizations.
 2. Acknowledge the importance of community-driven agenda setting.
 3. Encourage students to seek practicum, capstone, and thesis opportunities with organizations that advance the status of communities of color and help those students engage with those efforts in responsible ways.

iteration of the competency to a vote. By then, informal versions had been circulating for more than a year, and formal versions for nearly as long. We did not expect the decision to be unanimous, and we were not wrong.

The Department of Environmental and Occupational Health Sciences submitted 2 amendments to the competency language at the meeting where the vote was scheduled: (1) delete “social inequities and racism, generated by power and privilege” and replace with “discrimination based on age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical underrepresentation, refugee status, religion, culture, sexual orientation, health status, community affiliation, and socioeconomic status”; and (2) delete “racism, generated by power and privilege” and replace with “prejudice.” The UWSPH Curriculum Committee had previously considered and discarded

similar variants as insufficiently challenging to the structural foundations of systematic racism,³² so members decided to continue with a vote on the original wording. The Department of Environmental and Occupational Health Sciences representative dutifully communicated the department’s amendment proposals, expressed personal opposition to the department position, and abstained from voting.

The Department of Epidemiology representative also abstained from voting because the department’s curriculum committee had not yet voted on the final language. (This committee, however, eventually voted to support the motion.) On the day of the vote, the tally was 7 in favor, 2 abstentions, and 2 absent (but notified as in favor in advance of the vote). Fifteen students crowded into the meeting room to demonstrate their support for the resolution. The language adopted on April 14, 2016, was, “Recognize the means by

which social inequities and racism, generated by power and privilege, undermine health.”

UWSPH Competency: A Model for the Council on Education for Public Health

The UWSPH Curriculum Committee chair recommended the competency language to the Council on Education for Public Health, the national accrediting agency for schools and programs of public health, in September 2016. When the Council on Education for Public Health’s competencies were finalized at the end of 2016 (after a year-long process of revisions and considerations), they contained a new competency similar to the recommended language from the UWSPH: “Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels.” The adoption of this similar competency for all Council on Education for Public Health–accredited master of public health programs lent additional legitimacy to our efforts and moved this work to the mainstream.

Implementing the New Anti-Racism Competency

The UWSPH Curriculum Committee is now tasked with determining how each degree program will ensure that students fulfill the anti-racism competency. Before adoption of the competency, some course offerings had already reflected anti-racist goals. For example, a 4-credit course (taught by Spigner) addresses racism, public health, police violence, and Black Lives Matter. A 1-credit undergraduate course, “Racism and Public Health,” has been offered 3 times annually since fall 2015; some programs now require the course to ensure that the new competency is fulfilled. In addition to developing students’ skills in anti-racist analysis, this course creates an intentional connection between the class and community organizing work in the community. Course learning objectives include the following:

- Develop and document a common language and understanding to create a safe environment to openly discuss race and systems of oppression.
- Describe the historical context of racial oppression.
- Explain how racism influences the social determinants of health.
- Analyze intersections between structural racism and other systems of oppression.
- Describe the effects of developing insight and deepened awareness of racism and oppression.
- Recognize students’ roles as agents to address and fight against oppression in their own classroom and programs.
- Analyze ways in which internalized racism acts as a barrier to health equity.
- Consider roles in addressing and dismantling racism as public health practitioners.

- Integrate skills to demonstrate increased capacity to work across diverse cultures, perspectives, and backgrounds.
- Integrate a racism analysis into student and professional experiences.

The Racism and Public Health course is taught by graduates of the Community-Oriented Public Health Practice master of public health program, who link academic work with local anti-racist community organizing. Others have written about the importance of allying campus initiatives such as these with community-based work as a way to ensure accountability and inform the academy of the realities of what is required to make substantive political change.^{33,34}

Beyond the Competency: Supporting Anti-Racist Education

In addition to the competency, the UWSPH Diversity Committee and its curriculum subcommittee prompted the schoolwide Curriculum Committee to adopt 2 other structural changes to further its commitment to anti-racism. First, we recommended that each department add questions about classroom climate to course evaluation forms, asking students whether their instructor was respectful of all students’ diverse experiences, perspectives, and abilities, and provided a welcoming class environment in regard to diversity (eg, race, ethnicity, gender, sexual orientation, religion). Two departments adopted these questions for all of their courses.

Second, we suggested that faculty add a “classroom climate” paragraph to their course syllabi. We provided a menu of recommended paragraphs that faculty could adapt.³⁵ The simplest option reads,

The UW School of Public Health seeks to ensure all students are fully included in each course. We strive to create an environment that reflects community and mutual caring. We encourage students with concerns about classroom climate to talk to your instructor, your advisor, a member of the departmental or SPH Diversity Committee and/or the program director.

Although the Department of Environmental and Occupational Health Sciences initially opposed the new competency, it is (interestingly) the only department that seems to have systematically evaluated how to incorporate diversity, equity, and inclusion in its curriculum. A doctoral student was contracted to review all course materials for inclusion of diversity-related topics, conduct faculty interviews, and hold focus groups of students enrolled in the core courses. After presentations to faculty meetings, next steps include improving inclusive teaching practices and creating case examples as a toolkit for course instructors.

In addition, the UWSPH Diversity Committee developed recommendations for training all staff and faculty at the

Box 2. Lessons learned from the University of Washington School of Public Health (UWSPH) effort to pass an anti-racism curriculum competency, Seattle, Washington, spring 2016

Factors leading to the new competency:

1. Compelling national social and political forces
2. A foundation of grassroots anti-racist community organizing in Seattle
3. Leadership in the UWSPH Curriculum Committee that championed the competency, understood local processes, and led the effort toward passage
4. An incident at the UWSPH that highlighted racism
5. Pressure and activism from students

Acknowledgments:

1. To become a schoolwide competency, advocates had to make the case that the issue was important to all departments. This required working to balance divergent goals and needs of departments in an interdisciplinary school, while also keeping the competency strong. Relationship building between and among faculty members and various department units was critical and took time.
2. Individuals and groups are in different places in their own understanding of and willingness to accept racism as a fundamental determinant of health. Leaders needed to be persistent and patient. Some leaders sympathetic to the competency had reluctant departments and were obligated to represent those views while working to change them.
3. Progress will continue to be spotty. Although some programs embraced the learning objectives from the Racism and Public Health course, some program directors believed they already met the competency because race was discussed as an epidemiological factor in classrooms. This belief indicated that the competency would not be uniformly met across the school.
4. Being on the winning side is always attractive. Now that the competency is adopted and has become more mainstream, perhaps especially with the adoption of the Council on Education for Public Health competency, the UWSPH has embraced the new competency as if it were always uncontroversial. Although this acceptance may indicate a positive shift in attitudes, it may also serve to reinforce denial of underlying racial dynamics.

UWSPH to meet the competency. Although the competency applies only to students, it follows that those who work in the school be similarly competent, to improve our own institutional culture and our ability to engage in anti-racist and health equity efforts.

Other institutional changes include improving our admissions processes with a formal training process for committee members, using a formal rubric for scoring applicants, and incorporating anti-racist values into our faculty hiring processes.

Reflections and Recommendations

Several factors led to the eventual adoption of the UWSPH's anti-racism competency (Box 2). Undoubtedly, larger social forces influenced stakeholders in our process and increased awareness of racism. The racially charged incident at the UWSPH was a wake-up call to many about the state of racial literacy in the school that provided a sense of urgency. The students lent a powerful voice, and their activism motivated faculty and staff members. The existence of the Diversity Committee's curriculum subcommittee provided a structural vehicle for incubating proposals. The chair of the UWSPH Curriculum Committee was a champion for the issue. Finally, now that the Council on Education for Public Health competency has been adopted for all accredited master of public health programs, schools and programs of public health may find it simpler to garner support for applying it to their programs. Indeed, now that the competency has been in place for some time at the UWSPH, it has been widely embraced and embedded in structures from course assessments to competency verification.

Conclusions

We encourage schools and programs of public health to open a dialogue within their institutions about adopting anti-racist pedagogy and content. We found this conversation important in assessing our own racial literacy and capacity to train students on issues related to racism and public health. We still have much work to do, and it will take more than a student graduation competency to reach our larger intended outcomes. Relationships between anti-racist organizers and academicians are necessary to develop accountability outside the walls of academia and sustain the momentum and clarity of institutional work.^{33,34,36} The inclusion of a schoolwide competency focused on anti-racism signals a value of the school and an expectation not only of our students but also of our faculty and staff members. The more we come together to create a shared understanding of the problem, hold each other accountable^{36,37} in clear and measurable ways, and find multilevel and institutionally specific solutions,⁶ the more we will begin to venture toward becoming an anti-racist institution.

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