**Selected Readings for the Public Health Classroom**

Prepared by the Collaboratory for Health Justice

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**Introduction**

This compilation of readings was prepared in the summer of 2020 following the murder of George Floyd and the piqued interest in incorporating anti-racist praxis into the institutions in which we live, work, and study. Many staff and faculty are attuned to the needs of this work and aim to center their research, teaching, and activism in ways that bring our communities closer to the goal of health equity.

Still, there is work to be done by all of us, even those of us who practice anti-racism on a daily basis. There has been student interest in classes on racism as well as faculty request for guidance on aligning course material and research practice with an anti-racist lens. In order to help meet these interests, fellows and interns at the Collaboratory for Health Justice helped developed this crowd-sourced selection of readings for students, staff, and faculty in public health. This document is not meant to be comprehensive and we welcome feedback so that we can continue to develop this crowd-sourced document with your expertise.

**How to Use This Material**

This material was originally designed to be an aid for developing a syllabus. However, it can be used in a variety of ways: as a reading list for a research team, a student group, or for use in other health science departments. Readings are categorized for easy selection depending on the reader’s needs.

If there is interest in using this tool to help develop a syllabus, it can be used in two ways. In the first way, entire categories can be pulled and used as modules in a syllabus. With this approach, there is a deeper and more comprehensive look at an issue. There is, however, risk that this material will be covered in another course and thus it will be duplicated course material for students. In the second way, faculty are welcome to peruse the entirety of the selected readings and choose individual or group pieces and thread a different connection through them that makes sense for the course syllabus. There are numerous ways to connect the selected readings.

**Preparing and Facilitating**

The reality is that racism and structural inequality are inherently both personal and political topics. Many factors shape how people experience these discussions such as people's official position at the institution, their history of living in Chicago, their personal background, and the current state of politics in America. Discussing the effects of racism on our physical and psychological well-being can, therefore, be difficult in the classroom. These discussions will have a different impact on all the people in the classroom.

There are, however, concrete things facilitators can do to aid in discussing this material in the classroom. We acknowledge that each faculty member has a different approach to teaching and that there are benefits to different approaches. We humbly offer these suggestions for faculty who may like some guidance on handling these specific conversations.

**Five ineffective strategies**

1. *Remaining silent.* Allowing students to discuss and debate amongst themselves can lead the conversation in unproductive and even harmful directions. Faculty are often experiencing emotions themselves during these conversations and it is understandable, even encouraged, for faculty to show that race is an important topic to the them.
2. *Diverting from the main topic.* Intersectionality is encouraged, but when the discussion shifts to talk about another main issue such as class, gender, or nationality as the focal point, then faculty may need to remind students that the main topic is race.
3. *Appeasing the audience.* There is a misconception that the absence of heated debate means that there is classroom harmony. Appeasing the audience by avoiding direct confrontation and debate can interfere with productive discussion. Emphasizing commonalities over differences and discussing superficial issues are two other appeasements that can hinder meaningful discussion and the uncovering of personal biases.
4. *Halting the conversation.* Unfruitful conversation can happen when there is not enough time dedicated to the subject, there is a promise to continue the discussion in the future but no follow-through, individuals who bring up race in a conversation are asked to save their comments for another time, or when people of color are told to be rational or professional in their mannerisms.
5. *Becoming defensive.* People may become offended when they feel that they are being challenged or invalidated. This may be especially so when people are newer to these conversations, they are from the dominant white racial group, or they truly see themselves as being an ally. Some ways in which defensiveness may manifest are by attacking others’ credibility or how they are speaking by calling people hostile, unscholarly, or informal. Facilitators can help to mitigate this defensiveness by beginning the conversation with asking people who are still learning to be conscious of emotional reactions and potential defensiveness.

**Five effective strategies**

1. *Understand your racial and cultural identity.* Facilitating an effective discussion is contingent upon the facilitator having a deep understanding of their own identity, privileges, and biases. The facilitator must understand how these factors impact how they see the world and how others see them in order to be able to guide participants to do so as well.
2. *Openly acknowledge your own racial biases.* Modeling honesty and vulnerability for the group demonstrates the importance of self-reflection in this discussion. It is important for participants to understand that everybody is a product of our culture and understanding racial issues in an ongoing and lifelong project.
3. *Facilitate discussion around feelings themselves.* There will be emotions throughout the entirety of the conversation and it benefits participants to openly talk about them. It is useful to participants when facilitators name the tension in the room and prompt students to reflect on how they are feeling, why, and to discuss this amongst the group.
4. *Focus on controlling the process and not the content of the discussion- until it is necessary.* Facilitators can guide the discussion by ensuring it stays on topic, offering discussion questions, asking people to reflect on their emotions, and recapping the overall trajectory of the conversation. Intervening on the content itself is most useful when participants have made intentionally offensive statements, a point(s) is at a standstill, or when participants of color are bearing the brunt of the responsibility in education others and it is becoming visibly overbearing.
5. *Appreciate when people speak up.* Facilitators should acknowledge that this conversation is difficult for folks in many ways. There is an undue burden for people of color; allies can help mitigate this by speaking up when needed and stepping back when appropriate. The facilitator should thank people when they make a vulnerable statement or offer a key point that drives the conversation forward. However, be attentive to whom you are praising and how: this should not be an opportunity to praise white people for coming to terms with their privilege.

Source: Sue, DW. (n.d.). Facilitating Difficult Race Discussions. New York City: Columbia University. Retrieved July 31, 2020.

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| **Topic** | **Suggested Readings** |
| Foundations: The Need for An Anti-Racist Public Health | Garcia JJ, Zulfacar Sharif M (2015). Black lives matter: A commentary on racism and public health. *Am J Public Health*; 105(8): e27-e30.Hardeman, R., Medina, E., & Kozhimannil, K. (2016). Structural Racism and Supporting Black Lives — The Role of Health Professionals. *The New England Journal of Medicine*, *375*(22), 2113–2115. https://doi.org/10.1056/nejmp1609535Bonilla-Silva, E. (2015). The Structure of Racism in Color-Blind, “Post-Racial” America. *The American Behavioral Scientist (Beverly Hills)*, *59*(11), 1358–1376. <https://doi.org/10.1177/0002764215586826>Henricks, K., Lewis, AE., Arenas, I., and Lewis, DG. (2017). A Tale of Three Cities: The State of Racial Justice in Chicago Report. Institute for Research on Race and Public Policy, The University of Illinois Chicago. Retrieved from https://irrpp.uic.edu/pdf/publications/IRRPP\_TaleOfThreeCitiesStateOfRacialJusticeInChicagoReport.pdfGriffith, D., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: theory and action. *American Journal of Community Psychology*, *39*(3), 381–392. https://doi.org/10.1007/s10464-007-9117-0Berman, G., & Paradies, Y. (2010). Racism, disadvantage and multiculturalism: towards effective anti-racist praxis. *Ethnic and Racial Studies*, *33*(2), 214–232. https://doi.org/10.1080/01419870802302272Kendi, I. (2019). *How to be an antiracist* (First Edition.). One World.Ford, C., & Airhihenbuwa, C. (2010). The public health critical race methodology: Praxis for antiracism research. *Social Science & Medicine (1982)*, *71*(8), 1390–1398. <https://doi.org/10.1016/j.socscimed.2010.07.030>Ahmed, S. (2006). The Non-performativity of Antiracism. *Meridians (Middletown, Conn.)*, *7*(1), 104–126. <https://doi.org/10.2979/mer.2006.7.1.104>Singh, A. A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing*. New Harbinger Publications.Crenshaw, K. (2015). Why intersectionality can’t wait. *The Washington Post*, *24.* (ht[tps://www.washingtonpost.com/news/in-t](http://ttps://www.washingtonpost.com/news/in-%22)heory/wp/2015/09/24/why-intersectionality-cant-wait/)Krieger, Nancy. (1990). On Becoming a Public Health Professional: Reflections on Democracy, Leadership, and Accountability. *Journal of Public Health Policy*, *11*(4), 412–419. https://doi.org/10.2307/3342921Beauchamp, DE (2013). Public Health as Social Justice. In Donohoe MT, *Public Health and Social Justice*. San Francisco CA: Jossey-Bass.Alicia Ely Yamin. (2008). Will We Take Suffering Seriously? Reflections on What Applying a Human Rights Framework to Health Means and Why We Should Care. *Health and Human Rights*, *10*(1), 45–63. https://doi.org/10.2307/20460087Neier, A. (2006). Social and economic rights: a critique. *Human Rights Brief*, *13*(2), 1-3.Kelly, M., & Green, J. (2019). What can sociology offer urban public health? *Critical Public Health*, *29*(5), 517–521. <https://doi.org/10.1080/09581596.2019.1654193> |
| Higher Education and Teaching  | Freire, P. (2018). *Pedagogy of the oppressed*. Bloomsbury Publishing USA.Lewis, A. E., & Diamond, J. B. (2015). *Despite the best intentions: How racial inequality thrives in good schools*. Oxford University Press.Hamer, J., & Lang, C. (2015). Race, Structural Violence, and the Neoliberal University: The Challenges of Inhabitation. *Critical Sociology*, *41*(6), 897–912. https://doi.org/10.1177/0896920515594765 Hagopian, A., West, K., Ornelas, I., Hart, A., Hagedorn, J., & Spigner, C. (2018). Adopting an Anti-Racism Public Health Curriculum Competency: The University of Washington Experience. *Public Health Reports (1974)*, *133*(4), 507–513. <https://doi.org/10.1177/0033354918774791>Wagner, A. (2005). Unsettling the academy: working through the challenges of anti‐racist pedagogy. *Race, Ethnicity and Education*, *8*(3), 261–275. <https://doi.org/10.1080/13613320500174333>Nairn, S., Hardy, C., Parumal, L., & Williams, G. (2004). Multicultural or anti-racist teaching in nurse education: a critical appraisal. *Nurse Education Today*, *24*(3), 188–195. https://doi.org/10.1016/j.nedt.2003.11.007Blackwell, D. (2010). Sidelines and separate spaces: making education anti-racist for students of color. *Race Ethnicity and Education*, *13*(4), 473–494. https://doi.org/10.1080/13613324.2010.492135Braun, L. (2017). Theorizing Race and Racism: Preliminary Reflections on the Medical Curriculum. *American Journal of Law & Medicine*, *43*(2-3), 239–256. <https://doi.org/10.1177/0098858817723662>Gillborn, D. (2006). Critical Race Theory and Education: Racism and anti-racism in educational theory and praxis. *Discourse (Abingdon, England)*, *27*(1), 11–32. <https://doi.org/10.1080/01596300500510229>Hooks, B. (2003). Teaching community: A pedagogy of hope (Vol. 36). Psychology Press. |
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| The Discourse of “Risk” | Brandt, A. M. (1997). Behavior, disease and health in the twentieth-century United States. *Morality and health*, 53-77.Chaufan, C., Yeh, J., Ross, L., & Fox, P. (2015). You can’t walk or bike yourself out of the health effects of poverty: active school transport, child obesity, and blind spots in the public health literature. *Critical Public Health*, *25*(1), 32–47. <https://doi.org/10.1080/09581596.2014.920078>Robert A. Aronowitz. (2009). The Converged Experience of Risk and Disease. *The Milbank Quarterly*, *87*(2), 417–442. https://doi.org/10.1111/j.1468-0009.2009.00563.xLupton, D. (1993). Risk as moral danger: the social and political functions of risk discourse in public health. *International journal of health services*, *23*(3), 425-435.López, L., & Golden, S. (2014). A New Era in Understanding Diabetes Disparities Among U.S. Latinos—All Are Not Equal. *Diabetes Care*, *37*(8), 2081–2083. https://doi.org/10.2337/dc14-0923 |
| Epidemics: Gun Violence and Mass Incarceration | Holloway-Beth, A., Rubin, R., Joshi, K., Murray, L., & Friedman, L. (2019). A 5-Year Retrospective Analysis of Legal Intervention Injuries and Mortality in Illinois. *International Journal of Health Services*, *49*(3), 606–622. https://doi.org/10.1177/0020731419836080American Public Health Association. (2018, November 13). Addressing Law EnforcementViolence as a Public Health Issue. Retrieved August 18, 2020, fromhttps://www.apha.org/policies-and-advocacy/public-health-policy-statements/policydatabase/2019/01/29/law-enforcement-violenceAPA. (2018, December). Position Statement on Police Brutality and Black Males.<https://www.psychiatry.org/newsroom/news-releases/apa-condemns-police-brutality-calls-for-dialogue-to-ease-civil-unrest>CDC. (2020, January 28). *The Public Health Approach to Violence Prevention.* <https://www.cdc.gov/violenceprevention/pdf/PH_App_Violence-a.pdf>Drucker, E. (2011). *A plague of prisons: the epidemiology of mass incarceration in America*. New Press.Holloway-Beth, A., Rubin, R., Joshi, K., Murray, L. R., & Friedman, L. (2019). A 5-yearretrospective analysis of legal intervention injuries and mortality in Illinois. *International**journal of health services*, *49*(3), 606-622.Williams, D., & Donnelly, P. (2014). Is violence a disease? Situating violence prevention in public health policy and practice. *Public Health*, *128*(11), 960–967. https://doi.org/10.1016/j.puhe.2014.09.010Riemann, M. (2019). Problematizing the medicalization of violence: a critical discourse analysis of the ‘Cure Violence’ initiative. *Critical Public Health*, *29*(2), 146-155.Ritchie, A. J. (2017). *Invisible no more: Police violence against Black women and women of color*. Beacon press.Reifer, T. E. (2017). Nicole Gonzalez Van Cleve, Crook County: Racism and Injustice in America's Largest Criminal Court.Legewie, Joscha. 2016. “Racial Profiling and Use of Force in Police Stops: How Local Events Trigger Periods of Increased Discrimination.” *American Journal of Sociology*Massie, Victoria M. (2016, September 25). *Why asking black people about "black-on-black crime" misses the point.* Vox.https://www.vox.com/2016/4/28/11510274/black-on-black-crime-poverty |
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In addition to crowd-sourcing recommended readings, many of these selected readings and sections were borrowed from existing syllabi. We must give credit to the faculty who prepared and publicly shared their syllabi and teaching materials.

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