

Decolonizing Public Health Teach-In

HISTORY

The idea for the Decolonizing Public Health Teach-In was developed from two conversations in Fall of 2017. In October 2017, students from the Health Behavior & Health Education Diversity, Equity & Inclusion Committee met to develop goals and objectives for the year, particularly focusing on campus climate and culture. That conversation turned to the legacy of excluding certain public health issues and communities from institutional curriculum. In addition, it brought up the need for accountability within the School of Public Health to inform all students, faculty, and staff about such social issues. Around the same time, students who attended HBHE's Chat with the Chair brought up the perceived curriculum gap to Dr. Cleopatra Caldwell, Chair of HBHE, and proposed the idea of organizing a "Decolonizing Public Health" course to provide students with a holistic and foundational understanding of the history of public health. The idea for a "Decolonizing Public Health" class was inspired by the student-led class, "Decolonizing Bodies in Public Health," at the University of California, Berkeley.

After many conversations about the feasibility of developing a "Decolonizing Public Health" course by Fall of 2018, second-year Master of Public Health students, Madeline Higgins, Jessica Milne, Alexis Stanton, and Mai Nhia Vang, decided to instead organize a one-day Teach-In to build a foundation and garner support and momentum for starting a class on decolonizing public health within the next few years. The Teach-In was designed to mobilize the School of Public Health to re-center health equity and social justice within the curriculum, and demonstrate opportunities for discussing health and social policy issues that are paramount to understanding social determinants of health but are not integrated within students' education. Essentially, the Teach-In was an opportunity for students, staff, and faculty to work collaboratively to address health disparities and inequities and continue transforming the School of Public Health curriculum to be holistic and well-rounded.

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GOALS & LEARNING OBJECTIVES

The goals of the Teach-In were to:

- Create opportunities for exposure to public health topics often overlooked within institutional curriculum.
- Demonstrate students' expertise and curiosity on topics lacking in public health discourse and encourage co-learning among University of Michigan students, staff, and faculty.
- Expand concepts of diversity, equity, and inclusion and encourage students to think critically about decolonization, reparations, and activism in scholarship.
- Mobilize the School of Public Health community to work towards institutional changes that elevate student voices and provide educational opportunities that meet the needs and concerns of students.

The learning objectives for participants were to:

- Learn about marginalized communities and systems of oppression within the United States.
- Gain a basic understanding of how public health systems and professionals continue to perpetuate colonization and marginalization.
- Critically analyze systems to think how decolonization can improve public health.
- Increase awareness of gaps in the Health Behavior Health Education Program.
- Engage in conversations with peers, faculty, and staff. This includes engaging in the content of the teach-in and community development.

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DECOLONIZING PUBLIC HEALTH TEACH-IN DESCRIPTION

The Teach-In took place on Friday, March 30, 2018 from 8 am to 4:30 pm and consisted of 10 student-facilitated workshops on topics such as Native American health, sex work and health, mass incarceration, reproductive justice, and disaggregation of demographic data among many others. The facilitators for this event included undergraduate students, first- and second-year HBHE Master of Public Health students, a second-year Epidemiology Master of Public Health student, a second-year Environmental Health Sciences Master of Public Health student, and HBHE doctoral students from the School of Public Health. Participants attended sessions according to their own schedules and live-stream sessions were available on the “Decolonizing Public Health Teach-In” Facebook page for those who were unable to attend but wished to learn about the topics. A community feedback session took place during lunch to gather feedback on what decolonizing public health meant to them, as well as strategies to better integrate concepts of decolonizing public health into the School of Public Health curriculum.

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Schedule

8-9 BREAKFAST & INTRODUCTION

Community Room:
Breakfast Catered by Afternoon Delight

9-9:45

Community Room: Lilah Khoja & Farah Kader
Arab & Muslim Identities

10-10:45

Community Room: Ariel Singh
Racial Disparities in Maternal Mortality
M1170: Lloyd Lyons
Cycle of Youth Imprisonment

11-11:45

Community Room: Yeri Shon
Health Disparities among Asian Americans
M1170: Tanaka Chavanduka
Public Health Teamwork

12-1 LUNCH & COMMUNITY FEEDBACK SESSION



Community Room: Lunch Catered by Madras Masala

1-2:30 KEYNOTE FACILITATION

Community Room:
Katherine Trujillo & Joel Begay
American Indian Health

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2:30-3:15

Community Room: Rosanna Spicer
Policies Impacting Health of Sex Workers
M1170: Liz Mosley
With Liberty and Reproductive Justice for All?

3:30-4:15

Community Room: Hannah Mesa
Immigration and Health
M1170: Casey Thacker
Disability

4:30-5 CONCLUDING REMARKS & EVALUATION

Community Room

Participants will have 15 minutes between sessions for reflecting, chatting with the facilitators, and moving from room to room.



SCHOOL OF PUBLIC HEALTH
OFFICE OF STUDENT
ENGAGEMENT AND PRACTICE



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WHAT IS DECOLONIZING PUBLIC HEALTH?

The organizers conceptualized the *Decolonization of Public Health* to emphasize efforts to critically reflect upon the history of public health by: (1) interrogating systems and structures within public health to examine where and how health inequities are perpetuated; and (2) centering the voices and experiences of those who have been historically marginalized and disenfranchised. The team draws these conceptualizations from the work of Junot Díaz, who describes the process of decolonization as:

[Recognizing the] "long histories of bias, racism, and exclusion created to perpetuate these dismal inequalities." Díaz also states, "None of this will change unless we work *actively, mindfully* and *collectively* to dismantle the often-obscure structures of power that exist both within us and without... The only thing decolonizing seeks to exclude are the forces, systems, and habits that have excluded so many of us for so long – forces, systems and habits that continue to have too much power in this world, and in our hearts."

In the community feedback session, the participants defined "Decolonizing Public Health" as:

"Complicating narratives about health"

"... changing the values of public health to be more inclusive, collaborative, & generally being aware of the history of public health & the harm we've done and making sure we're cognizant of that and challenging that in our everyday work."

"...questioning and changing structures that introduce bias and harm to the health field, perpetuating colonial systems that privilege and oppress identity groups within research and health practice."

*"Recentering authentic and lived experiences, non-colonial and nonwestern perspectives
I think decolonizing public health is about breaking down institutional walls and pedestals."*

"understanding and addressing the needs of a community in their terms... We can't claim to help others if we are assigning our own values and beliefs."

"...centering the voices from groups who are typically silenced during broader policy & health & research dialogues, but who are disproportionately subjected to a greater burden from policies constructed through systematic racism."