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# Anti-oppression & public health practice - A brief introduction to anti-oppressive public health pedagogy

Council on Education for Public Health  
May 12, 2022

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# Agenda and Objectives

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- Acknowledgements & grounding
- Introduction to anti-oppression
- Facilitators and barriers to implementation of anti-oppression
- Group discussion
- Resource sharing & wrap up

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# Acknowledgements

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Let's get grounded in this moment

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Who, What, Why?

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# Introductions

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## Understanding the journey - A self to systems approach

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"The kind of change we are after is cellular as well as institutional, is personal and intimate, is collective as well as cultural. We are making love synonymous with justice."

~ Prentis Hemphill, Embodiment Coach and Justice Healer

# Understanding the journey - A self to systems approach

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1. Understand the practice of social justice is a non-linear process
2. It requires a commitment to humility, learning, and deconstructing your norms in teaching and learning
3. It requires accountability and a community of co-laborers to reorient

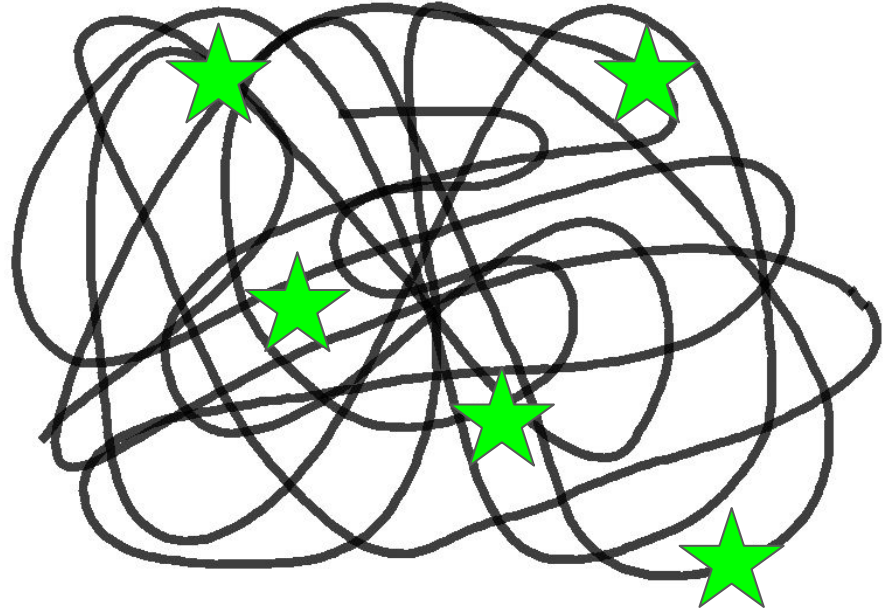




# Understanding the journey - A self to systems approach

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# What is Anti-Oppression

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## Key terms & concepts

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- Social justice - A relational orientation towards the humanity and dignity of all people - ([Jacques, 2021](#))
- Oppression - a system of domination that denies individuals dignity, human rights, social resources and power
- White supremacy culture - a set of values and practices that produce, facilitate and validate the supremacy of white people

## Key terms & concepts (cont'd)

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- Anti-oppression - The eradication of oppression can be achieved through 1) awareness that society is not based on equal distribution of power and privilege because socio political and economic discourses maintain a division between the privileged and the disadvantaged and 2) institutional and structural changes ([Aqil et al, 2021](#))
- Anti-oppressive principles:
  - Engage in critical consciousness
  - Be aware of geographical, historical and present context
  - Power relations differ and should be analyzed according to context
  - Social differences influence power relations
  - Personal and political are linked and people are influenced by larger social structures/system

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# Why Anti-Oppression

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# History of Oppressive Education

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# White supremacy culture (WSC)

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- Power Hoarding
- Fear of Open Conflict
- Individualism
- Progress is bigger/more
- Objectivity
- Right to Comfort
- Perfectionism
- Sense of Urgency
- Defensiveness
- Quantity over Quality
- Worship of the Written Word
- Paternalism
- Either/ or Thinking

# Impact of white supremacy culture

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- **Relationships:** threats of rejection, abandonment, isolation
- **Emotions:** threats of overwhelming emotions, loss of control
- **Social/community:** threats to social roles, social status, community links
- **Economic/material:** threats to financial security, housing, being able to meet basic needs
- **Environmental:** threats to safety and security, to links with the natural world-- living in dense urban or high crime area
- **Bodily:** threats of violence, physical ill, health
- **Value based:** threats to your beliefs and basic values
- **Meaning making:** threats to ability to create values meanings about important aspects of your life/ imposition of others meanings
- **EpiSystematic:** threats in creating meaning about life and giving you the tools to hold, questions others perspective



## Comparison of how justice-oriented frameworks in public health education address the demands of the 21<sup>st</sup> century public health workforce

	<i>Minority stress model<sup>1</sup></i>	<i>Social determinants of health<sup>2</sup></i>	<i>Public health critical race praxis<sup>3</sup></i>	<i>Socio-ecological model<sup>4</sup></i>	<i>Intersectionality<sup>5</sup></i>	<i>Anti-oppression<sup>6</sup></i>
<b>Addresses</b>	Poses that sexual minorities face unique and hostile stressors related to their sexual minority identity; consequently, these stressors have negative effects on their health	Focuses on the economic and social conditions that influence individual and group differences in health status	An iterative, semi-structured research methodology that guides investigators through a systematic process to conduct self-reflexive, race-conscious research into the root cause of health inequities.	Examines how multifaceted levels (individual, interpersonal, organizational, community, and policy level) of a society interact with the environment in a social system	Posits that multiple social categories intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level”	Centers self-reflection, acknowledges power and privilege, and effects change at the micro- and macro-levels
<b>History</b>				X		X
<b>Positionality</b>					X	X
<b>Structural bias</b>			X		X	X
<b>Social inequities</b>	X	X	X		X	X
<b>Power dynamics</b>						X
<b>Social determinants of health</b>		X		X		X
<b>Cultural sensitivity</b>						X

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# Our Work at Bloomberg School of Public Health

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# Cultivating Anti-Oppressive Learning Communities (CAOLC)

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- Pedagogy training + Curriculum design
  - Delta Grant
  - Bloomberg School of Public Health Structural Racism Grant

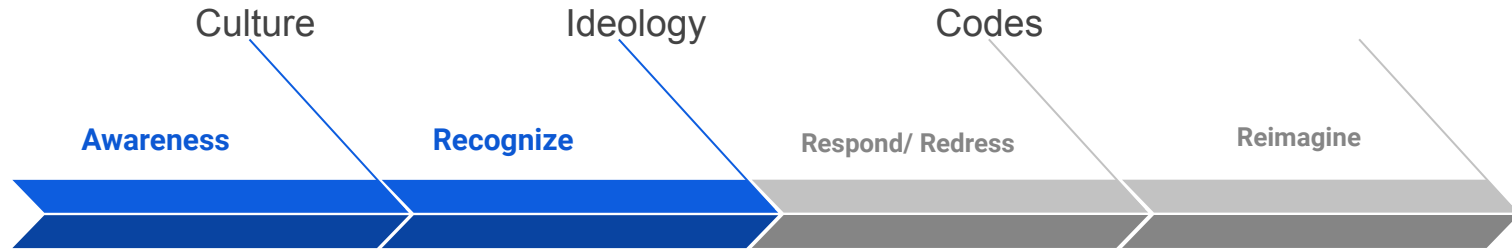
## CAOLC principles

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- To use a social justice and anti-oppressive pedagogical framework to create efforts to address personal and structural forms of domination and subordination
- To guide faculty in making clear connections for students between structural forms of oppression, learning environment, and the power and privilege they will navigate as practitioners.
- To create a new or revised syllabus that incorporates and demonstrates anti-oppressive principles

# See - Name - Reimagine

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## See

Develop the awareness to recognize and notice oppression in process and impact

## Name

Develop language to tag forms of oppression and their impact

## Reorient

Develop the skills to orient away from forms of oppression and divest from their impact

## Dismantle

Develop the skill and embodiment to disrupt oppression and create alternate impacts

Theory of Change: Public health education grounded in anti-oppression (AO) provides future public health practitioners the tools needed to understand how power and privilege work and impact health while being equipped to actively dismantle varying systems of oppression.

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# The “How” of Anti-Oppression

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**Box 1.** A Synthesis of Recommendations for How Faculty Can Engage in Anti-Oppressive Teaching From Findings From This Study.

1. **Facilitate critical consciousness by:**
  - a. Addressing one's individual positionality
  - b. Teaching students to address their own positionality (e.g., through creating social identity maps; Jacobson & Mustafa, 2019)
  - c. Teaching students to be self-reflective (e.g., through narrative writing; Johna & Dehal, 2013)
2. **Create equitable and mindful learning environments by:**
  - a. Cocreating community guidelines with students and reflect upon them throughout the semester
  - b. Utilizing institutional resources to ensure inclusivity of all learning styles (e.g., provide closed captioning, combine group work and individual projects, record lectures, offer alternatives to timed assignments)
  - c. Offering a diversity of approaches through incorporating a variety of public health theories (e.g., intersectionality, socioecological framework, needs-based) and voices (e.g., provide readings by authors of color, international case studies, guest lecturers of color)
3. **Acknowledge context—historical, geographical, and systematic by:**
  - a. Incorporating the context of history for public health topic as often as possible (e.g., explain why there is a mistrust of vaccination programs among Black American people living in Baltimore City)
  - b. Addressing varying systems of oppression (e.g., how racism impacts health)
4. **Offer students opportunities to apply anti-oppressive techniques**
  - a. Creating assignments that can allow students to apply anti-oppressive principles (e.g., researching the historical context of a health issue, working with an organization to understand how power dynamics influence practice; Jacques et al., 2021)
  - b. Creating learning communities where students engage with and learn from each other more deeply (e.g., choosing a project topic for which all group members are passionate about)

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# The “How”: Curriculum Changes

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# Applications for anti-oppressive principles - Examples

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- Dept of Population, Family and Reproductive Health
  - “Using Data to Inform Family Planning Policies”
- Dept of Environmental Health and Engineering
  - “Baltimore Food Systems: a Case Study of Urban Food Environments”
- Dept International Health
  - “International Travel Preparation, Safety, & Wellness”
- Depts History of Medicine and Sociology (cross-listed in BSPH)
  - “History of Public Health”

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# The “How”: Pedagogy Changes

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# Ungrading

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- Alternative approaches to grading focuses on demonstrating competency
- Allows for front loading support in the curriculum and practice metacognition work
- Examples
  - **Peer-Assessment:** Students read and respond to their peers work, providing feedback and resources.
  - **Student-Made Rubrics:** Student identify competencies they want to develop and evaluate learning contributions based on ability to demonstrate the competency
  - **CBO Assessments:** Partners assess student based on contributions to the final deliverable and ability to move work plan forward
  - **Minimal Grading:** Do not provide a grade on early assignments, instead instructor focuses on feedback, until a major assignment.
  - **Portfolio grading:** Students do not receive a grade for multiple pieces, but for a final collection of assignments that demonstrate their overall competency and ability to show their work.
  - **Contract grading:** Students identify what constitutes as work that demonstrates advancing competency levels. Their work is evaluated by the agreed upon levels.
  - **Small Multiples:** Students complete an assignment, receive feedback and have the ability to modify and re-submit

Your Name: \_\_\_\_\_

### Final Group Project Peer Review Form

\* Purpose: This evaluation will be used to 1) encourage reflection on your own work as a member of the group project; 2) provide feedback to be used in the organization of future group activities in the course.

**Please consider the entirety of the project tasks requested as you fill out this form.**

1) Assess your contribution to the **Final Project**. (e.g. What was your most valuable contribution? What could you have done better?)

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2) Specifically list which tasks you completed.

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3) How could the work have been better organized?

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The name of the group member that you are evaluating: \_\_\_\_\_

Performance Dimensions & Definitions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Attendance: Group member was responsive to e-mails, meetings, and other group settings while working on the project.	1	2	3	4	5
Quality of Work: Group member's assigned pieces were complete, thorough, covered the topic well, and were accurate in terms of content. (e.g., did not need multiple revisions to improve the quality )	1	2	3	4	5
Quantity of Work: Group member took responsibility for completing integral portions of the project (which may have required more time to complete or consisted of a greater percentage of the total project.)	1	2	3	4	5
Interpersonal Relations: Group member positively contributed to group performance (e.g., helped group move ahead, constructively resolved conflicts, was not destructive to group functioning.)	1	2	3	4	5
This group member participated along the lines of her or his role.	1	2	3	4	5
This group member contributed meaningfully to the overall project.	1	2	3	4	5

Other comments about this group member:

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# CBO assessment

## Grading Rubric for CBO Project

Group Members		
CBO:		
Worksite	Supervisor:	Phone #:

GRADE	INDICATORS	NO EVIDENCE	EVIDENCE
<b>Advanced</b> 90 – 100	Project <u>exceeded expectations</u> in the development of skills: ✍ <b>Project Management</b> ✍ <b>Professionalism/ Work Ethic</b> ✍ <b>Oral /Written Communication</b> ✍ <b>Openness to Feedback/Supervision</b> ✍ <b>Teamwork / Collaboration</b>		
	Group addressed client project, question, or problem with excellence.		
	Project shows evidence of current research.		
	Information is presented creatively using handouts, pictures, and graphs.		
	Project includes a typed summary.		
	Project shows evidence of active, direct collaboration with worksite supervisor and coworkers.		
	Team members demonstrate full knowledge of project and are able to answer questions about their experience in the workplace as connected to this project.		

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# Community agreements

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- Engaged learning
- Welcome multiple viewpoints/ honor that sharing is hard
- Lean into discomfort
- Make Space/ Take space
- Use “I” statements and ground in your lived expertise
- Hold judgments softly and handle with care
- Consider your words: intent vs. impact
- Assume good intent
- Stories must stay | Lessons may leave



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Now What: Application

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## Group discussion - Instructions

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In your groups, discuss the following:

1. What is one thing you can change in a class you teach to orient towards anti-oppression?
2. What barriers can you foresee?
3. What support would you need to implement anti-oppressive principles into your coursework and pedagogy?

**Select one person to report back on what your group discussed.**

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Share back

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# Facilitators & barriers to anti-oppressive practice

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## Facilitators

- Support from school administration / department chairs
- Culture of anti-oppressive practice (e.g., promotions tied to commitment to social justice work)
- Political climate facilitating anti-oppressive practice (e.g., availability of grant funds)

## Barriers

- Feeling unprepared / unknowledgeable of the concept and topic
- Not having a culture or peer support that facilitates anti-oppressive practice

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Now What: Your Call to Action

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# Your next steps

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- Read our article (referenced in this session) “[Engaging in Anti-Oppressive Public Health Teaching](#)”
- Read [Keilah’s Article “Operationalizing Justice: Shifting Organizational Culture for Humanity and Dignity”](#)
- Read [Mariam Sbaiti’s article “Whose voices should shape global health education?: Curriculum codesign and codelivery by people with direct expertise and lived experience”](#)
- Read [Paulo Freire’s “Pedagogy of the Oppressed”](#)
- Read [bell hooks’ “Teaching to Transgress”](#)
- Read [I no longer grade my students’ work – and I wish I had stopped sooner](#)
- Listen to this [Fearless Futures Podcast episode “What is a system of oppression?”](#)
- ***Decide which AO principle you will incorporate into your teaching, research and practice***

# Contact us

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