A Reflexive Tool for Building Equity & Inclusion Into SPH Courses *v1.0.2 date 9/22/2022*

Purpose: Here are seven questions to help you integrate diversity, equity, and inclusion into course curricula which you are developing, revising or updating. Answering them is intended to be an ongoing practice in how you approach course preparation, and especially when making incremental changes to a course.

Use: (1) Spend at least 30–60 minutes with these questions, and let your answers shape changes you make to your course, (2) note of any changes resulting from this tool, and also any changes that you considered but discarded, (3) share your note with the DEIC, and (4) feel free to discuss what you learned, including any challenges, with your colleagues.

1. Can you integrate multiple examples of topical material across diverse social divides in readings, exercises and lectures, to center the social categories upon which marginalization and oppression operate and form health inequities? Are there places in your course where you can make space for new material; can you carve out a spot? For example, can you do so by class, age, nation, sexual identity, race/ethnicity, transgender/cisgender, etc.? Faculty should be alert for opportunities to integrate examples from previously unrepresented social positions & categories, but also be alert to the fact that research incorporating members of a social category does not necessarily serve the health of members of that group. Consider informing your choices of material by reaching out to fellow scholars specializing in work with specific populations, by understanding whether authors are members of the social category in question.

2. Can you include authors from a variety of social positions and identities? Faculty should hold themselves accountable to identify and include a diverse range of authors. Although there is not a database of all researchers' identities and social positions, it should be possible to learn about some aspects of at least a few authors' social categories per course prep. Who is not represented in your current selection of materials?

3. Do you provide students the opportunity to speak and write from their own experiences in class and in homework? Students will have different levels of desire and comfort to do so, but faculty should identify opportunities to explicitly invite students to do so throughout the course (e.g., in the syllabus, first lecture slides, in class discussions, in assignment structures). As the instructor, are you open and transparent about your own positionality?

4. Given the US's history with eugenics, genocide, colonization, and chattel slavery, faculty can you center the use and mis-use of categories of race & ethnicity, and racism where it intersects course content? Critical points include:

- Race & ethnicity should not be conflated with income or other economic position.
- Race & ethnicity should not be reduced to black versus white; the origins and geographic differences in the race & ethnic categories themselves should be addressed (e.g., recognize US Census categories vs pan-Latin American country categories vs skin tone measures, etc.).
- Students should be taught to differentiate between *biologization of race* (a specific application of the paradigm of *biologizing of difference*) versus the counter-narrative *social construction of race* (earlier drafts of this document used the term 'racialization of biology' as counter-narrative to biologization of race, but this term is used less frequency and with less consistent meaning).
- Intersectionality—e.g., between race & ethnicity, gender, and economic position—and it's application in analysis should be taught.
- Institutional, interpersonal, and internalized racisms and colonizing practices should be identified as determinants of population and individual health.

5. Are students being taught to competently articulate population health inequities? Faculty should teach (a) how to articulate *which specific populations* an inequity exists between, and (b) applicable *measures* of disparity (e.g., measures of absolute and relative difference in access and outcomes such as relative risks, standardized mortality ratios, excess mortality, etc.).

6. Does the curriculum teach *health inequities* as targets of hypothesis, research and intervention? Faculty should foster student competence in integrating health equity to the content of their curriculum. Can you teach the roots of different forms of oppression as the targets of public health intervention?

7. Do you heed requests by students for representation and inclusion? Faculty and students, past and present, are and have been situated in the particulars of their own experiences, and these experiences change over time. Opportunities to incorporate categories of social identity or position that have been previously unaddressed will arise. Likewise, attitudes, styles, and specific language shifts, and the instructor & students *will* need to grow. Ways to proactively do this may include:

- Create *both* structured and unstructured opportunities for students to provide feedback about materials to include in future offerings of the course; for example, as part of a small extra credit assignment towards the end of the term.
- Solicit student input on course content in email, class discussion, during office hours across the term; making the question "what do your own experiences say about the course content?" a regular part of how to teach.

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