

Diverse social identities and their importance for public health

A syllabi collection with hands-on material for teaching



UNIVERSITY OF TWENTE.

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1. Introduction

Members of minoritised population groups are exposed to higher burdens of morbidity and mortality and face barriers to accessing health care systems and other critical resources to achieve optimal health. Intersectional perspectives that emphasise the dimensions of social power and discrimination are just beginning to emerge in public health research. These perspectives contextualise longstanding patterns of health inequalities but are rarely translated into public health curricula. Concepts like “cultural competence” or “diversity, equity and inclusion” do address the importance of awareness and respect for (cultural) diversity in (patient/client) populations. The research and teaching examples available are largely limited to a USA context, tend to consider specific identities, rather than intersectional characteristics, are not systematically integrated in public health curricula and are usually not rooted in a theoretical approach of teaching. It is imperative that Europe bridges the knowledge-to-teaching gap and begins introducing similar programs, while learning from the limitations of USA efforts. Two steps are needed to strengthen public health educational institutions and improve population health: first, to systematically incorporate an intersectional paradigm into public health curricula; and second, to provide faculty members in public health programs with transformative teaching skills ([Namer & Wandschneider, 2021](#)).

In advocating for the improvement of public health education in Europe, ASPHER fully endorses the need to bring diversity more into the focus of teaching. ASPHER therefore developed a policy on diversity competence to be an element of the ASPHER 2025 strategy. This approach goes beyond the notion of cultural diversity as ASPHER envisages an intersectional, holistic notion to reflect on multiple dimensions of diversity that affect the health of populations ([Wandschneider et al., 2020](#)).

1.1 Aim of the syllabi

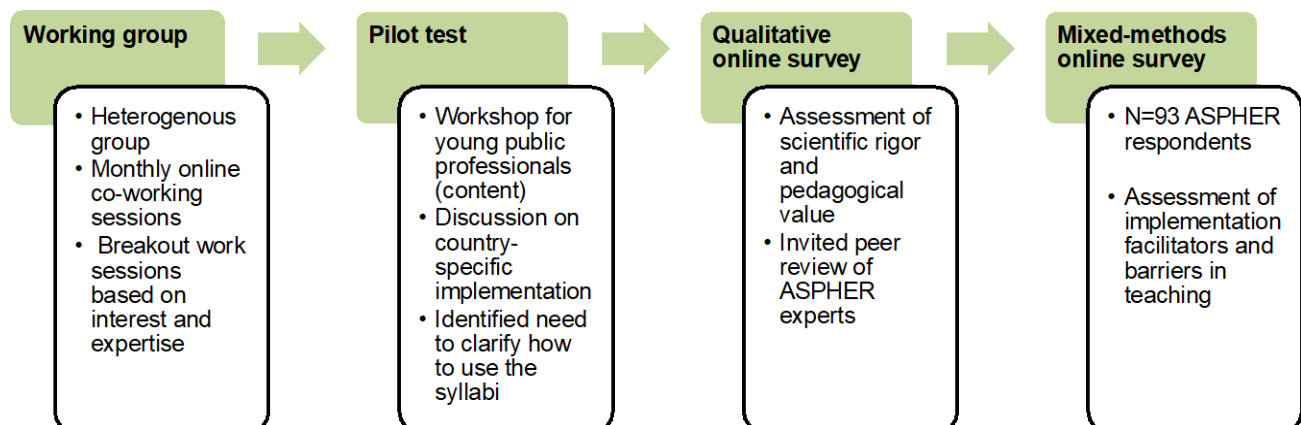
In a nutshell, these syllabi provide hands-on material for people engaged in public health education on health inequities, social injustices and diversity.

The syllabi enable students to

- identify mechanisms of privilege and oppression related to social identities,
- determine awareness of one's own social identities and their relevance in the public health landscape,
- learn how to determine biases within public health structures (and oneself),
- address and change biases in their practices to ultimately reduce health inequities ([Wandschneider et al., 2021](#)).

The syllabi can potentially strengthen the capacities of future public health professionals to acknowledge the relevance of social identities and how to respond effectively to contribute to health equity ([Wandschneider et al., 2021](#)).

Fig. 1: Development process



1.2 Conceptualising the syllabi from an intersectional perspective

Intersectionality is increasingly applied in public health to acknowledge and better understand the complexities of health inequalities. As a theoretical framework or analytical perspective, it is rooted in Black Feminist social movements and scholarship, with the earliest account of it being recorded in 1851 in Sojourner Truth's speech 'Ain't I a woman?' ([Sojourner Truth Memorial, 2022](#)). Intersectionality focuses on how social positions of individuals, such as race, sex/gender, sexual orientation, socioeconomic status, (dis)ability and many more, create experiences that reflect on interlocking systems of discrimination and privilege at a macro societal level (e.g. racism, sexism, classism, ableism etc.) ([Collins, 2019](#); [Crenshaw, 1989](#)). This analytical perspective provides a critical lens for public health to shift the focus from individual characteristics to societal processes and power relations reinforcing health inequities. In addition, intersectionality emphasises the multiple levels and disciplines involved in creating health inequities, ranging from individuals to institutions and policies - within and outside the immediate public health domain. Accordingly, intersectionality can also be framed as a critical praxis to a) challenge dynamics of power and b) initiate social change to achieve social justice and health equity.

To adequately mirror the guiding principles in the syllabi, we integrate multiple domains relevant to effectively addressing the complexities of health inequalities (Fig. 2). The syllabi are not limited to academic teaching and research but also reflect on policy, advocacy and activism as well as health promotion.

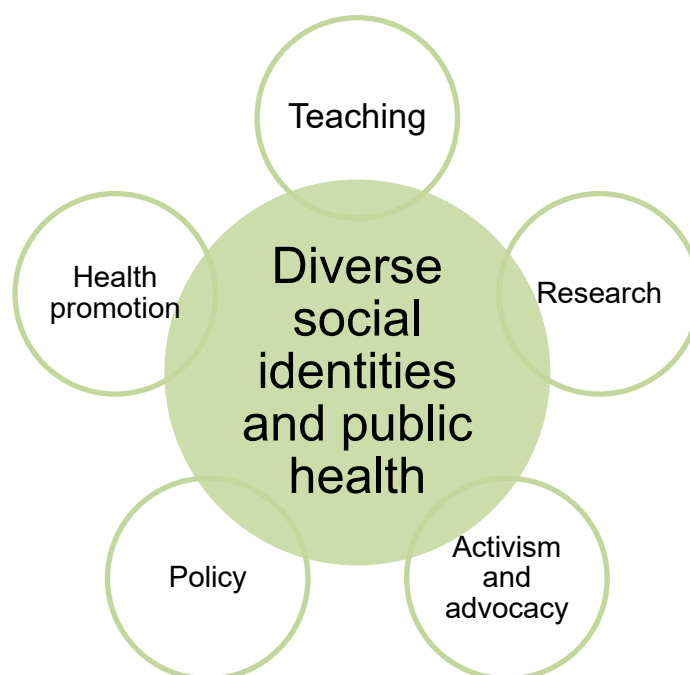


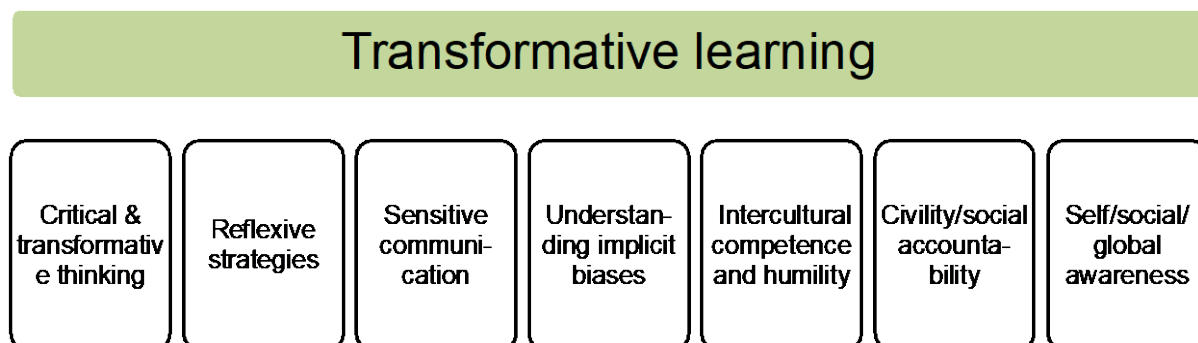
Fig. 2: Foundational domains for addressing the complexities of health inequalities.

1.3 Pedagogical approach

The overall aim of the syllabi is to help establish a teaching program encouraging the reconsideration of normativities within public health while highlighting the intersectionalities between different markers of diversity. The teaching programme adopts a transformative learning approach to contribute to higher sensitivity toward diversity and simultaneously higher standards of European public health education and training ([Wandschneider et al., 2020](#)) (Fig. 3).

The theory of transformative learning is understood as the core principle of adult education. It allows students to assess and, if necessary, alter their perspectives about and responses to the world around them with the aim of educating socially responsible, autonomous actors. For learning to have a transformative quality, students need to (a) develop a critical awareness about the way they see the world, (b) revise their worldview to be more inclusive, and (c) transfer this worldview into practice ([Mezirow & Taylor, 2009](#)). The teaching syllabi can strengthen the teachers by offering them the tools to deem their teaching transformative, aiming for that transformation to spill over to future public health educators. Additionally, the impact of teachers is related to not only what they teach but which embodied perspectives they bring to the classroom. Faculty members with lived experiences of minority stress would reflect on previously overlooked health equity and social justice viewpoints and facilitate more nuanced discussions ([Wandschneider et al., 2020](#)).

Fig. 3. Pedagogical approach



1.4 How to use the syllabi

The syllabi cover three core elements:

1. the introduction of concepts and terminology on diversity, equity and social identities in relation to health inequalities,
2. the reflection on the role of public health professionals and their responsibility within the public health system; and
3. spotlights on specific social identities, e.g., sex/gender or social class.

In addition, it provides guidance on teaching methods to empower a broad range of public health professionals to engage with the course materials more easily ([Wandschneider et al., 2021](#)).

To enhance accessibility, each syllabus is structured in a comparable manner and includes the following components:

- *Objectives*: as the first element of each syllabus, we have defined exemplary learning objectives reflecting the pedagogical approach.
- *Topics and respective resources*: in this section, we capture core topics crucial to each syllabus, such as examples for potential case studies to illustrate their relevance, theoretical and methodological considerations, scientific evidence, and link to societal discourses. To facilitate the preparation of each topic, we link key resources.
- *Examples of courses*: Links to open-access and free teaching material with a short description of the author/source.
- *Multimedia add-on*: Links to open access multimedia that might be used for teaching purposes with a short description of the author/source.

In addition to the syllabi, we also provide add-on material. As for now, these entail an outline for a 90-minute introductory session to help get started and a cross-cutting theme on integrating policy implication and advocacy throughout the different syllabi. Since the different elements of the syllabi are not isolated but interwoven, the syllabi link to each other highlighting cross-cutting topics relevant at various stages.

These syllabi are designed as flexible tools and can be used in multiple ways and contexts. In terms of course design, one can use the materials to create a whole course outline for an entire semester, covering all three core elements and sub-elements. Also, one may pick specific syllabi to add to an existing curriculum or use the material to prepare individual lectures, seminars or workshops. Regarding the context, the syllabi apply a Europe-centred global outlook on diverse social identities and their relevance in public health, providing only exemplary case studies for selected regions or

countries. To make the learning experience even more tangible and valuable to students, we recommend adding region-/country- specific knowledge, history, examples and actors.

When integrating and adapting the materials to one's specific needs and requirements, we encourage you to reflect on your teaching context. The following aspects might help you to start this reflection process:

- the type of course: is this a lecture (block or weekly) or a seminar? How can you integrate interactive sessions?
- the number and constellation of students: how many students participate? Do students already know each other?
- the learning atmosphere: how can you ensure students feel comfortable sharing their experiences? How can you actively promote a respectful, supportive and safe space?
- your own role: what are your own implicit biases? How do you interact with different systems of power? What is your role and relation with the students?
- the larger context: what are country-specific regulations that you need to consider? Are you aware of country-specific case studies/examples/data that could enhance the materials, e.g. on social discrimination or historical contextualisation?

The syllabi seek to enhance critical and transformative thinking and self- and global awareness. Therefore, the person instructing, moderating or facilitating such learning opportunities requires advanced self-reflection and pedagogical-sensitive skills to create a safe and supportive learning environment. Given the topic's sensitive nature, one must consider and address potential (re-)traumatisation, e.g. by providing support networks etc. It is also important to not engage in what Lett and colleagues call "health-equity tourism" and dilute the justice-based work painstakingly conducted by equity researchers ([Lett et al., 2022](#)). Committing to health equity requires a constant and critical reflection on the way how we design our teaching and research (i.e. who is represented and is there a risk to cause harm?), positionality as a healthcare praxis, collaboration (how do we define and practice it) and sustainability – even in urgency situations given the longstanding inequities within unjust systems ([Lett et al., 2022](#)).

To support you in creating a safe teaching environment, here are a few references and resources that could serve as a starting point to educate yourself: ([Debebe, 2011](#); [Goldstein et al., 2007](#); [Mitchell et al., 2018](#)).

We do not claim to cover the extensive field on diversity, intersectionality and their role in public health education entirely. These syllabi have been developed in a participatory process and are understood as a continuous and iterative process. We invite the public health community to extend and adapt these syllabi.

2. The syllabi

2.1 The concept of social identities in public health

2.1.1 Intersectionality

Objectives

- Examine the diverse approaches of intersectionality and discuss its use as theory, framework, research lens or practice of social change
- Explore the benefits (and potential pitfalls) of applying intersectionality in public health
- Gain a deeper understanding of the deeply interwoven drivers of health inequalities with the help of problem-based learning for different health outcomes as well as diverse sub-disciplines of public health
- Critically engage with emerging methodological approaches, both qualitative and quantitative, to intersectionality in public health
- Reflect and recognize one's role and potential biases, potentially perpetuating systems of privilege in public health research and the healthcare system

Topic	Content
Critical-race, postcolonial, feminist theories and intersectionality	Origins of intersectionality Theory, framework or research lens? Social identities and systems of privilege – consider individual social identities and privileges (Cho et al., 2013; Collins, 1986; Combahee River Collective, 1977; Crenshaw, 1989; McCall, 2005; Straus & Brown, 2019; Wesp et al., 2018)
Intersectional lens on health inequalities	What does intersectionality add to public health? (Bowleg, 2021; Fleming, 2020; Gkiouleka et al., 2018; Green et al., 2017; Hankivsky & Christoffersen, 2008; Kapilashrami & Hankivsky, 2018; Krieger, 2020; Straus & Brown, 2019) Axes of inequalities (refer to “isms” – ageism, sexism, racism) (Adkins-Jackson et al., 2021; Amutah et al., 2021; Hardeman et al., 2022; Hogarth, 2019; Isom, 2020; Nixon, 2019; Reskin, 2012)

Problem-based Learning	Examine health inequalities from an intersectional perspective, e.g. • Infectious diseases (World Health Organization, 2020a) • Diabetes (Wemrell et al., 2019) • Opioid crisis (Anna Persmark et al., 2019; A. Persmark et al., 2019) • Access to health care (Kapilashrami & Marsden, 2018; Sen & Iyer, 2012) • Cardiovascular diseases (Axelsson Fisk et al., 2018) • HIV/AIDS (Goodin et al., 2018; Longman Marcellin et al., 2013) • Mental health (Fagrell Trygg et al., 2021; Trygg et al., 2019) These problem-based learning activities can for example be facilitated and prepared with the help of (Hankivsky et al., 2014; Sabik, 2021).
Intersectional research designs I	Focus on qualitative research designs (Bailey et al., 2019; Guan et al., 2021; Jacobson & Mustafa, 2019; Karnieli-Miller et al., 2009; Kassam et al., 2020; Zhang et al., 2021)
Intersectional research designs II	Focus on quantitative research designs (Agénor, 2020; Bauer, 2014; Bauer et al., 2021; Bauer et al., 2022; Bauer & Scheim, 2019; Mahendran et al., 2022a; Mahendran et al., 2022b; Sen et al., 2009; Wemrell et al., 2017)
Social change and public health activism	Bridging theory and praxis: what are the possibilities and practical considerations from intersectionality to initiate social change and promote health equity and social justice? (Bowleg, 2021; Fine et al., 2021; Moradi & Grzanka, 2017)

Examples of courses

- Intersectionality as a research lens
<http://womensxchange.womensresearch.ca/assets/emodules/IntersectionalityasaResearchLens/story.html>

Multimedia add-on

- Podcast: Intersectionality matters! Hosted by Kimberlé Crenshaw, an American civil rights advocate and a leading scholar of Critical Race Theory, e.g.
<https://www.aapf.org/intersectionality-matters>
- Intersectional design cards <https://intersectionaldesign.com>

Background literature on methods on how to teach intersectionality in public health

- ([Sabik, 2021](#)): The Intersectionality Toolbox: A Resource for Teaching and Applying an Intersectional Lens in Public Health
<https://www.frontiersin.org/articles/10.3389/fpubh.2021.772301/full>
- ([Woodley & Rice, 2022](#)): <https://www.routledge.com/Designing-Intersectional-Online-Education-Critical-Teaching-and-Learning/Woodley-Rice/p/book/9780367439019>
- ([Franken et al., 2009](#)): https://atgender.eu/wp-content/uploads/sites/207/2017/08/Teaching_Intersectionality.pdf

2.1.2 Exemplary 90-minutes introductory session

Objectives

- Create awareness about the link of social identities and health inequalities
- Initiate self-reflection: encourage to think about one's role and impact/about one's own identities and one's own role in perpetuating inequalities
- Create a positive and trusting atmosphere, don't overwhelm people, leave room for discussion

Activities

- Very short introduction what this workshop is about and the project it is part of
- Introductions – names, clarify how one would like to be addressed, one particular rule for this session that is important for them (at least 10 minutes)
- Agree on ground rules on how to communicate in the group (respectful and encouraging discussions), give information about follow-up opportunities for students that feel the need to catch up afterwards (also with external persons/institutions, summary can be collected in the chat if online)

Starting activity (20 minutes):

- “Find your misconceptions” [Gapminder](#) foundation – [survey](#) or tools can be used for this session - Ask the participants to fill out the health-related survey questions
- [ASPHER Basic Terms Booklet](#) – What is inequality?
- Questions for reflection: What surprised you the most? Why do you think you answer the way you did? What role do you think plays the public health education system?

Input social identities & health inequalities (20 minutes)

- Different types of experiences, access issues, power, autonomy, integrity
- Gender diversity (see 2.3.1 Sex/Gender syllabus)
- Neurodiversity
- Intersectionality (see 2.1.1 Intersectionality syllabus)

Group activity (25 minutes)

- Tangible examples for intersectionality in public health with the help of [Intersectional Design Cards](#) – ask the participants to form groups and make themselves familiar with one of three examples (menstrual cup, osteoporosis, crash test dummies) and present it to the plenum afterwards

- Alternative examples for the group activity (based on academic papers as outlined in the 2.1.1 Intersectionality syllabus)

Reflection

- Were you aware of this evidence? What does that mean for public health, e.g. in terms of access to care? What do you take from this activity? → Learn that social identities impact how we interact with the world – and we are part of the system reproducing it day by day (careful not to produce guilt and shame)

Wrap-up & Take-home messages (5 minutes)

Evaluation: Open-ended format questions for participants – e.g. online survey

- What do you take home from the experience? (What did you like about this experience? What did you not like about the experience?)
- How comfortable were you engaging in the course? Is there something that could make you feel more comfortable?
- Do you think you can use this evidence and perspective in your (future) career?
- (If you'd use this in a different context, how would you use it differently?)
- Any other comments, please share:

2.2 The role of public health professionals in a system of social identities

2.2.1 Health as a human right

Objectives

- Provide a historical overview of human rights and the right to health (i.e., conventions, international standards and monitoring systems)
- Provide a foundational understanding on the right to health and the linkages between human rights and public and health
- Help public health students understand the central concepts of a human-rights based approach (HRBA) and develop the skills to reflect and apply them into practice

Topic	Content
Health as a human right	What is health? Different perspectives, e.g. biomedical understanding, How is health understood as a human right? – largely depends on the state of residence Historical overview of human rights and the right to health/HRBA (human rights-based approaches) Familiarize with international human rights standards and applying a human-rights based approach (HRBA) (Gostin et al., 2018; Gruskin et al., 2007; Meier & Ayala, 2014; Meier & Onzivu, 2014; Ruger, 2020)
The linkages between human rights and public health	The role of public health professionals in promoting, monitoring and advocating for human rights (Backman et al., 2008; Magnusson, 2017)
Methods and tools of public health to research human rights (violations)	Critical appraisal and review of methods and tools applied (Broberg & Sano, 2018; MacNaughton, 2015)
Law and Public Health	Legal accountability for health (Burris et al., 2016; Burris et al., 2010; Butcher et al., 2020; Coggon & Tahzib, 2021; Fidler & Gostin, 2006; Gostin & Wiley, 2016; Wagenaar & Burris, 2013)
Case studies	• Sexual and reproductive rights (Istanbul Convention, Epigenetics – the health of new-borns (and foetus)) (García-Moreno & Stöckl, 2009; Kossen, 2012; Krieger & Gruskin, 2001; Lokugamage & Pathberiya, 2017; Namer et

	al., 2020; Temmerman et al., 2014; Zampas & Andión-Ibañez, 2012) • Entitlement of refugees to health care (Adanu & Johnson, 2009; Ammar, 2018; Burns, 2017; Cole, 2009; Knipper, 2016) • Climate change and environmental justice (Bodansky, 2009; Levy & Patz, 2015) (e.g. https://www.southernvoices.net/en/) • Mental health (Porsdam Mann et al., 2016) • Health of criminalised persons, violence perpetrated by the police (Abel, 2010; Gruskin et al., 2012) • Individual and collective rights in public health, e.g. ○ The right to smoke? Second-hand smoke affects other people; who is smoking? What rights do we have over whether these people smoke? (Tsampi, 2021) ○ Vaccine hesitancy (Covid-19, Measles), the rights of children to choose to get the vaccine (Beazley, 2020; Galanakis et al., 2013; Gostin, 2015)
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Examples of courses

- Database of syllabi on health and human rights, developed by the Program on Global Health & Human Rights, Institute for Global Health, at the University of Southern California <https://sites.google.com/view/hhrsyllabi>
- The Policy Surveillance Programme: Competencies to policy surveillance and legal mapping projects <http://lawatlas.org/page/lawatlas-learning-library>
- The Danish Institute for Human Rights: Introduction to a human rights-based approach: <https://www.humanrights.dk/learning-hub/introduction-human-rights-based-approach>

Resources for case studies

- Database on global health and human rights law <https://www.globalhealthrights.org>
- US-based Policy Surveillance Programme <http://lawatlas.org>
- Resource guide on how to apply human rights-based approaches to public health programmes <https://www.hhrguide.org>;
https://www.who.int/hhr/news/hrba_to_health2.pdf ;
<https://www.hhrjournal.org/resources/>

- Centre for Intersectional Justice: <https://www.intersectionaljustice.org/publication>
- Training and Educational Resources
<https://www.cdc.gov/phlp/publications/topic/resources.html>
- CDC - Public Health Law Academy
<https://www.cdc.gov/phlp/publications/topic/phlacademy.html>
- ChangeLab Solutions <https://www.changelabsolutions.org/good-governance/phla>

Add-on activities – a 4-step-lesson plan

1. Reflect on the framing in different contexts/countries and the underlying/eventually historically background
2. Group discussions & then discuss in the plenum how diverse these questions are
3. Simulate a debate, include different stakeholders (would require more preparations in advance, e.g. policy briefs, or breakout sessions to prepare the arguments)
4. Close with a thorough debrief to give everyone the arguments to engage in such discussions, empowering take-home message

Additional activities:

- Case study discussions – highly adaptable to the exact focus of the faculty/research group, e.g. prevention of disease, promotion of health, epidemiology, surveillance, advocacy and governance, etc.
- Connection with global health and/or [2030 Agenda for Sustainable Development and leaving no one behind](#)
- Simulated negotiations based on a real scenario – includes analyses of the different roles, interests and mandate of stakeholders (graduateinstitute.ch)

2.2.2 Ethics and public health

Objectives

- Provide an overview of major ethical frameworks, concepts, values and principles for public health and medical practice
- Understand how decision making is intertwined with ethical frameworks
- Facilitate discussion and reflection on some of the most important ethical issues facing those engaged in public health research (health promotion, disease prevention, and epidemiological and biostatistical research), practice and policy
- Facilitate engagement with ethical dimensions of the practice of public health from multiple perspectives

Topic	Content
History of ethics in medicine and public health	History, Codes of Ethics, Legal bases for public health ethics (H Barrett et al., 2016 ; Kass)
Medical ethics vs Public Health ethics	Ethics principles in medicine and Public Health ethics (Swain et al., 2008)
Procedural ethics and practical, situational, relational, feminist ethics and ethics of care	Institutional Review Boards and Procedures Informed consent (Dawson & Jennings, 2012 ; Frimpong-Mansoh, 2008 ; Guillemin & Gillam, 2004 ; Hunt & Godard, 2013 ; Jennings, 2019 ; Lee, 2012 ; Rogers, 2006)
Ethics in public health research and Bioethics	• Ethical research planning and context setting (van den Boogaard, 2019) • Ethical data analysis • Ethical reporting • Ethical presentation of findings • Ethical publication of results/findings • Ethical dissemination • Ethical aftercare (Kara, 2018; Prah Ruger, 2020) • Health prevention • Health Promotion (Gardner, 2014) • Clinical settings • Palliative care • Research with non-human participants

	WHO Collection on global health bioethics (Lee, 2017)
Other ethical issues in Public Health	• Vaccination ethics • Case studies could relate to mandatory vaccinations (e.g. among health professionals) (Kara, 2018; Prah Ruger, 2020) • Genetic testing and screening in Public Health (Hodge, 2004; Khoury, 2018) • Foreign aid and Public Health (Labonte & Gagnon, 2010; Ooms & Hammonds, 2008)
Non-Western/diverse ethical codes	• Indigenous ethics codes (Lovo et al., 2021; Willows, 2017; Zion & Matthews, 2022) • Ubuntu (Chigangaidze et al., 2021; Mangena, 2016; Ngondo & Klyueva, 2022; Sambala et al., 2019) • Global ethics in a pluralistic world (Chukwuneke et al., 2014; Lokugamage et al., 2020) • Ethical Action in Global Research: A Toolkit (by the University of Edinburgh) • Relational Ethics as decolonising practice (Sylvestre et al., 2018)

Examples of courses

- Online Course – An Introduction to Public Health Ethics offered by The National Collaborating Centre for Healthy Public Policy (NCCHPP), Canada: <https://ccnpps-ncchpp.ca/online-course-an-introduction-to-public-health-ethics/>
- Research Ethics Online Training, offered by The Global Health Network, University of Oxford: <https://globalhealthtrainingcentre.tghn.org/elearning/research-ethics/>

Resources for case studies

- CDC's Public Health Ethics Training Materials: <https://www.cdc.gov/os/integrity/phethics/trainingmaterials.htm>
- Indigenous Research Ethics Institute: <https://carleton.ca/indigenousresearchethics/resources/>
- Ethics of Health Research Involving First Nations, Inuit and Métis People: <https://cihr-irsc.gc.ca/e/29339.html>
- Ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples: <https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples>
- Global Health Bioethics Network: <https://globalhealthbioethics.tghn.org/>

Multimedia add-on

- Webinar-Online Course An Introduction to Public Health Ethics - National Collaborating Centre for Healthy Public Policy (NCCHPP), co-presented by the NCCHPP and the NCCMT, discussing how the NCCHPP's online course in public health ethics was developed and offering an overview of its content:
<https://www.youtube.com/watch?v=QmF4AxaDZRU>
- Video series part of the “An Introduction to Public Health Ethics”, offered by the National Collaborating Centre for Healthy Public Policy (NCCHPP):
<https://www.youtube.com/watch?v=Ct64br1d2zE&list=PLNWUsONW1NHKByYnDkqHAFpoCXcGulGa4>
- The Global Health Network- Epidemic Ethics: An Epidemic of Research: publication ethics during a public health emergency:
<https://www.youtube.com/watch?v=qw2fPzNv8w8>
- Network for Public Health Law- COVID-19: Public/Global Health Law and Ethics in Pandemic: Human Rights and Model Public Health Laws:
<https://www.youtube.com/watch?v=4tCLzIOvhiU>
- Johns Hopkins Bloomberg School of Public Health, Mid-Atlantic Public Health Training Center- HPV Vaccine: Public Health and Ethics Analysis Full:
<https://www.youtube.com/watch?v=hDb4-WABrWU>
- National Collaborating Centre for Healthy Public Policy-Webinar - Public Health Ethics in Practice: Applying Frameworks to Cases:
<https://www.youtube.com/watch?v=GNqHxk52RmE>
- Center for Practical Bioethics- COVID Ethics Update - Intersections of Bioethics, Healthcare, Law, and Public Health:
<https://www.youtube.com/watch?v=Aln1a99N0w8>
- AMA Journal of Ethics, Multimedia: <https://journalofethics.ama-assn.org/multimedia>
- Research Ethics Training For Health In Indigenous Communities- Dr Cynthia Pearson, Associate Professor at the University of Washington and Director of Research at the Indigenous Wellness Research Institute, along with her colleagues Dr Myra Parker, Dr Chuan Zhou, Ms Catlin Donald and Dr Celia Fisher, has developed a new training curriculum for the conduct of ethical research with American Indian and Alaska Native communities:
<https://soundcloud.com/scipodglobal/research-ethics-training-for-health-in-indigenous-communities>
- Canadian Medical Association Journal: <https://www.cmaj.ca/content/190/20/E616>

- Health & Veritas (Yale University): Ethics and Public Health (Ep. 29):
<https://insights.som.yale.edu/insights/health-veritas-ethics-and-public-health-ep-29>
- Public Health Training for Equitable Systems Change- Tenfold podcast about community engagement and public health: <https://phesc.ca/podcast>

2.2.3 Decolonisation

Objectives¹

- To acknowledge and understand the historical role of colonization in the establishment of medical and public health training, research, and practice
- Gain an understanding of how coloniality has shaped and still shapes health research, practice and policy
- Identify, reflect on, and address the roles public health professionals and institutions play in (re)producing and benefiting from the colonial matrix of power
- Create awareness around steps needed to dismantle structures and power dynamics that uphold colonial legacies both internationally and locally

Topic	Content
Health and colonial/imperial projects	• Historical overview: colonialism and public health • How colonialism shapes health knowledge • How colonialism shapes public health and health care (Amster, 2022; Anderson et al., 2003; Beavis et al., 2015; Coleborne & McCarthy, 2012; Daffé et al., 2021; Fraser et al., 2021; Jensen & Lopez-Carmen, 2022; Lang, 2001)
Decolonisation - foundational aspects	• Epistemicides and epistemic injustice (Bailey, 2020; Collste, 2010; Doan, 2018; Dotson, 2020; Hall & Tandon, 2017; Pillay; Serrant, 2020) • Power asymmetries (Chrisman, 2007; Devia et al., 2017; Kulesa & Brantuo, 2021; Muhammad et al., 2015; Ndlovu-Gatsheni, 2020; Ocloo & Matthews, 2016; Putsch & Pololi, 2004; Samra & Hankivsky, 2020) • Terminology (colonialism, colonialities, decolonisation(s)) (Abimbola et al., 2021; Chaudhuri et al., 2021; Grosfoguel, 2015; Moosavi, 2020; Naidu, 2021b)
Decolonizing methodologies	• Dominant narratives vs. pluriversal knowledges (Affun-Adegbulu & Adegbulu, 2020; Chaudhuri et al., 2021; Khan et al., 2021; Naidu, 2021a; Oti & Ncayiyana, 2021; Reidpath & Allotey, 2019; The Lancet Global, 2021)

¹ Adapted from the Decolonizing Global Health Toolkit, University of Washington: https://globalhealth.washington.edu/sites/default/files/ICRC%20Decolonize%20GH%20Toolkit_20210330.pdf

	• Indigenous knowledges and research (Belaid et al., 2022; Ferdinand et al., 2020; Guzzardo et al.; Reidpath & Allotey, 2019; Williams & Marlin, 2022) ○ Nunavut NEIHR (Network Environment for Indigenous Health Research), Canada ○ The Arctic Institute of Community-Based Research (AICBR) ○ Australia's National Institute for Aboriginal & Torres Strait Islander Health Research ○ Māori health research ○ Māori/Indigenous Health Innovation (MIHI) ○ Special Issue "The Health and Wellbeing of Indigenous and Tribal Peoples around the Globe" • Collaborative and participatory knowledge production (Charani et al., 2022; Stuhlfauth et al., 2020; Walker & Boni, 2020) (Chambers et al., 2018; Darroch & Giles; Krusz et al., 2020) (Morton Ninomiya et al., 2018; Smith, 2021; Thambinathan & Kinsella, 2021)
Decolonise public health institutions	• Universities (Equity, diversity and inclusion) (Ballard et al., 2020; Boulware et al., 2022; Davenport et al., 2022; Grubbs, 2020) (Meyer, 2020) (Odeny, 2021; Wanyenze et al.; Zurn et al., 2020) • Funding bodies (Bekele et al., 2022; Besson, 2022; Charani et al., 2022; Erondy et al., 2021) The Declaration on Research Assessment (DORA) • Developing and promoting equitable and respectful collaborations (Eichbaum et al., 2021; Hedt-Gauthier et al., 2019; Mormina & Istratii, 2021; Sam-Agudu & Abimbola, 2021; Zurn et al., 2020) • Addressing unequal power asymmetries (Kim, 2021; Muhammad et al., 2015; Ndlovu-Gatsheni, 2020) • Epistemic injustice and publication bias (Bailey, 2020; Bhakuni & Abimbola, 2021; Koch, 2020; Naidu, 2021b; Paton et al., 2020; Petteway, 2022; Walker & Boni, 2020) • Decolonisation and other social justice initiatives (Baquero, 2021; Butts, 1979; Came, O'Sullivan, et al., 2020; Chigangaidze et al., 2021; Moewaka Barnes & McCreanor, 2019; Moyo, 2021; Olivar et al., 2021; Sekalala et al., 2021; Sevalho & Dias, 2022) • Distributive justice (in public health institutions, as a form of healing) (Moewaka Barnes & McCreanor, 2019; Sekalala et al., 2021) • Decolonizing practice, e.g. in health promotion (Absolon, 2010; Kulesa & Brantuo, 2021; Liwanag & Rhule, 2021; Rodney, 2016)

Social movements, radical reforms towards decolonization	• General or region-specific (liberation movements) (Barber, 2020; Burton, 2013; Chapman-Hilliard & Adams-Bass, 2016; Keeler, 2013; Lykes, 2000) • Black Lives Matter/racial justice (Acosta & Skorton, 2021; Braveman et al., 2022; Came et al., 2021; Chandler et al., 2022; Evans, 2020; Ford & Airhihenbuwa, 2010; Fraser et al., 2021; Gatwiri et al., 2021; Hardeman et al., 2022; Khazanchi et al., 2020; Kozhimannil et al., 2022; Lazaridou & Fernando, 2022; Lewis et al., 2022; Metzl et al., 2018; Petteway, 2022; Pillay; Reno et al., 2021; Scott et al., 2020) • Systemic resistances against decolonisation (Vergès, 2021) • Abolitionist movements (Clayton-Johnson et al., 2021; Dubal et al., 2021; Lumsden, 2016; Paugh, 2017)
Racial equity	• Critical whiteness (Besson, 2021; Daniels & Schulz, 2006; Hartland & Larkai, 2020; Lazaridou & Fernando, 2022; Matias & Mackey, 2016) • Dehumanising groups in public health, representation of minoritised groups in public health discourses (Capozza, 2016; Kersbergen & Robinson, 2019; Markowitz et al., 2021; Stern, 2021; Testoni et al.) • How science is based on the creation of race as a category of difference (Ahlberg et al., 2019; Braveman et al., 2022; Came et al., 2021; Ford & Airhihenbuwa, 2010; Fraser et al., 2021; Gatwiri et al., 2021; Metzl et al., 2018) • Practicing decolonial allyship (Boudreau Morris, 2016; Kluttz et al., 2019)
Climate change	• Environmental injustice - infrastructure including traffic, environmental hazards, health care, etc. → where do populations live and what kind of infrastructure do we see there? (Bonds & Martin, 2016; Brisbois et al., 2019; Dhillon, 2018; Dominelli, 2014; McGregor et al., 2020; Pellow, 2018; Pulido, 2016; Van Sant et al., 2021; Whyte) • Indigenous climate change solutions and leadership (mitigation and adaptation) (Baquero et al., 2021; Hickel & Slamersak, 2022; Sultana, 2021; Wilkins & Datchoua-Tirvaudey, 2022; Zeinali et al., 2021) • Interrelations with Covid-19 (Abimbola et al., 2021) (Bronen & Cochran, 2021)
(Global) mental health & decolonisation	• Transgenerational trauma and injustice (Anderson et al., 2003; Andrews, 2018; Barlow, 2018; Cullen et al., 2020; Dudgeon & Walker, 2015; Harrison, 2019; Hill et al., 2022; Joseph, 2021; Lavallee & Poole, 2010; Ortega-

	Williams et al., 2021; Phillips-Beck et al., 2019; Prehn & Ezzy, 2020; Radu et al., 2014) • Pathologisation & criminalisation of reactions to social injustices (Abji, 2020; Acosta, 2013; J. Atila-Osoria, 2014; J. M. Atila-Osoria, 2014; Baines, 2021; Deakin et al., 2017; Kalunta-Crumpton, 2000; McClanahan, 2014; Mehrotra et al., 2016; Olarie, 2013; Riley et al., 2022; Will, 2012) (Burton, 2013; Keeler, 2013; Lykes, 2000)
Reproductive health	• Decolonizing contraceptives & reproductive health (Keogh & Olaniyan, 2021; Sowemimo, 2020) Decolonising Contraception: https://decolonisingcontraception.com • Childbirth and the organisation thereof (e.g. regarding birthing positions) (Gamlin, 2020; Ireland et al., 2019) (Kapilashrami, 2020; Schaaf et al., 2021)
Distributive justice	• The concept of distributive justice in public health and healthcare (Putsch & Pololi, 2004; Weitekamp & Parmentier, 2016) • Distributive justice during Covid-19 (Fisher et al., 2020) • <u>Lancet Commission on Reparations and Redistributive Justice - Advanced Seminar at the Radcliffe Institute</u> https://projects.iq.harvard.edu/lancet-reparations/shared-materials
Decolonising public health practice	Health promotion (Ramugondo & Emery-Whittington, 2022) (Anderson et al., 2003; Campbell & Cornish, 2021; Gaudry & Lorenz, 2018; Kerrigan et al., 2022; Ngondo & Klyueva, 2022; Power Wiradjuri et al., 2022; Smylie et al., 2022; Varas-Díaz et al., 2020)

Resources for case studies

- The BRIDGES Toolkit, developed by the [BRIDGES Consortium](#):
<https://buildingbridges.space/about-toolkit/>
- EQUINET, the Regional Network on Equity in Health in East and Southern Africa:
<https://www.equinetafrica.org>

- The Public Science Project, the Graduate Center, CUNY:
<https://publicscienceproject.org>
- Decolonization and Anti-Racism
https://guides.library.ubc.ca/antiracism/decolonization_anti-racism (University of British Columbia) including a Critical Indigenous Toolkit created by X̱wi7x̱wa

Multimedia add-on

- Decolonising Global Health Journal Club, created by Health Equity Action Lab
<https://www.healthequityactionlab.org/decolonizing-global-health>
- Decolonising gender and migration – references following GenSeM Migration Dialogue
https://docs.google.com/document/d/1zCjJSgtEpjCmeA_vv_NXnXeMrP9oy6nUwnw_OF0FvtjY/mobilebasic
- Decolonisation of Global Health Seminar Series -Part of the Georgetown University Science, Technology, and International Affairs (STIA) Program
<https://ghss.georgetown.edu/decolonization-of-global-health-seminar/>
- Decolonising Global health Toolkit:
https://globalhealth.washington.edu/sites/default/files/ICRC%20Decolonize%20GH%20Toolkit_20210330.pdf
- Action to decolonise Global Health <https://decolonise.health>
- Decolonial Research Methods webinar series with Vineeta Sinha, Linda T. Smith, Raewyn Connell, Walter Mignolo, Sujata Patel & Jeong-Eun Rhee:
https://www.youtube.com/watch?v=n_WVnTRRfuw&list=PLzv58M2GAfm43leW5iiDri_NUK3BrXWXC0
- Decolonisation in Action Podcast interrogates how people are challenging the legacies of colonialism through art, activism, and knowledge especially as people advocate for reparations, restitution, and repair. Created by Dr. Edna Bonhomme and co-produced by Kristyna Comer.
- Duke Decolonising Global Health conference (2020), Duke Franklin Humanities Institute: <https://www.youtube.com/watch?v=DC885BeAJ4I>
- UCL Decolonising the Medical Curriculum Reading List, University College London:
https://docs.google.com/document/d/1_H8mm4-CRP0yzt0ms_c2lfWV1zO5A4tQJSiTg9rw_ZI/edit

- Decolonising Contraception, a not-for-profit, community interest company formed by Black and People of Colour working in sexual and reproductive health (SRH): <https://decolonisingcontraception.co.uk>
- Decolonising Contraception-A guide to managing your sexual health and mental well-being during coronavirus (COVID-19): <https://decolonisingcontraception.com/wp-content/uploads/2022/02/A-guide-to-managing-your-sexual-health-and-mental-well.pdf>
- Decolonising Contraception- Contraception Is About Everyone: <https://decolonisingcontraception.com/research/guides-and-policy-document/>
- Decolonising Sexual & Reproductive Health, Center for Feminist Foreign Policy (CFFP): <https://centreforfeministforeignpolicy.org/journal/2020/3/9/decolonising-sexual-reproductive-health>
- Bloody Good Period- a growing charity, with a vision to achieve menstrual equity - where the simple fact of bleeding doesn't stop anyone from participating fully in society, or life: <https://www.bloodygoodperiod.com/>
- AIDSMAP- Reproductive Health: <https://www.aidsmap.com/archive/news-all/families-children/reproductive-health>
- Our Bodies Ourselves Today- a collaboration of the Center for Women's Health and Human Rights at Suffolk University and the nonprofit organization Our Bodies Ourselves—features trustworthy, up-to-date, curated information on the health and sexuality of women, girls, and gender-expansive people. <https://www.ourbodiesourselves.org/>
- Colonial Conundrums: What happens when a global north-based Sexual Reproductive Health and Rights (SRHR) consortium attempts to adopt a decolonising approach? <https://wels.open.ac.uk/research/access/blogs-and-resources/colonial-conundrums-what-happens-when-global-north-based-sexual>
- Doing it! Podcast: Racism in Sexual and Reproductive Health with Annabel Sowemimo: <https://doingitpodcast.co.uk/transcripts/annabel-sowemimo-transcript>
- Duke Decolonising Global Health Working Group, Duke University: <https://sites.duke.edu/dukedgh/resources/>
- Decolonising Lancaster University database, Lancaster University, UK: <http://wp.lancs.ac.uk/decolonising/medicine/>
- Decolonising Global Health Series, Emory University: <https://www.youtube.com/watch?v=9VOC7rngxvQ>
- Edinburgh Decolonising Global Health Online Conference 2020, DGH Edinburgh: <https://www.youtube.com/watch?v=M51bsoTgg9k>

- Karolinska Decolonising Global Health, Karolinska University, Sweden:
<https://www.youtube.com/channel/UCX1MZvfLNI2e9M-dhObIOYQ>
- Black Voices in Global Health: Decolonising Global Health, Global health Council:
https://www.youtube.com/watch?v=-6_YEonWcf0
- Anti-Blackness in Global Health: Discussions and Insights:
<https://www.youtube.com/watch?v=7-CKykHrow&t=1s>
- Health Systems Africa convening, co-sponsored by Health Systems Global, the Atlantic Institute, TEKANO, CHESAI and Wits School of Public Health, University of the Witwatersrand:

Day 1: <https://www.youtube.com/watch?v=w9uJGtmLaks>

Day 2: https://www.youtube.com/watch?v=9cHbczey9_c&t=1s

Day 3: <https://www.youtube.com/watch?v=Y3VI81G0MGg>

Background literature on how to teach decolonisation in public health

- Decolonisation Conversations, The United Nations University International Institute for Global Health (UNU-IIGH):
<https://www.youtube.com/watch?v=eDT9ajzeAEM&list=PL-R0YsO8kDTMGzwTEBen8D12HU1XT4vwD>

2.2.4 Representativeness in the public health workforce

Objectives

- Understand and explain why a diverse workforce is important for public health system functioning
- Make oneself familiar with workforce diversity, inclusion trends and dynamics
- Identify and practice to apply managing approaches to recruit and hire a diverse workforce in public health
- Discuss ways of promoting a diverse workforce in public health and create diversity in the workplace
- Examine potential barriers to create a diverse workforce

Topic	Content
Diverse workforce in public health	• The social justice implications of a representative healthcare workforce. (Jackson & Gracia, 2014) • The current state representation in the health professions & challenges and opportunities (Hilliard & Boulton, 2012) (Browne & Braun, 2008; Coronado et al., 2020; Lee, 2021; Marcelin et al., 2019; Stewart, 2021; Sudak & Stewart, 2021; Westring et al., 2021; Wilbur et al., 2020)
Diversity in public health educational workforce	• Representation among staff and students (Corporal et al., 2020; Taylor et al., 2020) • Decolonization efforts in forming a diverse environment in HEIs. - what kind of knowledge do we use? (Came et al., 2021; Came, O'Sullivan, et al., 2020; Campbell et al., 2020; Ewen et al., 2019; Sriram et al., 2021) • What approaches are used to build an understanding of a diverse workforce/place? (Annang et al., 2010; Becerra et al., 2020)
Recruiting and managing the diverse workforce	• Integration of diversity management throughout the organisation. • Identification of workforce roles. • Recruiting a diverse workforce, incl. Bias in hiring and promotion decisions (Baumann et al., 2021; Coronado et al., 2020; Kirya, 2020; Shaffer et al., 2016) • Addressing diverse workforce roles (not only one person, but the whole institution). • Ways to measure outcomes and goals achievement.

	(Burdick & Dhillon, 2020; Davenport et al., 2022; Kirya, 2020; Mateo & Smith, 2001; Nove et al., 2018; Organization, 2016; Shaffer et al., 2016; Yeates & Pillinger, 2013)
Evidence-based strategies, good policies and practices to promote opportunity for all and to create diverse workforce	• Key strategies to promote cultural competency in the public health system. (Bhui et al., 2007; Chrisman, 2007; Delphin-Rittmon et al., 2013; McCalman et al., 2017; Paasche-Orlow, 2004; Sorensen et al., 2019; Walker et al.) • Strengthening of community-level approaches to improving health. (Blenner et al., 2021; George et al., 2018; McCollum et al., 2016; Schwarz et al., 2020; Zambruni et al., 2017) • The policies, practices, and systems that have the best chance of coping with the diverse workforce issues (in public health). (Thorpe Jr et al., 2021) • Emphasise the role of young professionals (Wong et al., 2021) (Jackson & Gracia, 2014), Journal of Best Practices in Health Professions Diversity (open access):
Diverse workforce and migration	• Policies, power asymmetries and racism hindering the ability to thrive in the workforce • e.g. Labour migrants/seasonal workers during Covid-19 - discourses around burden of infections, discriminatory practices/reporting/laws (Gunn et al., 2021; Hennebry & Hari, 2020; Landry et al., 2021; Penning et al., 2021) Resilience strategies (Khan-Gökkaya & Mösko, 2021; Yeates & Pillinger, 2020) • exploitation of migrants in the health care sector (Green & Ayalon, 2018; Kaelin, 2011)
Gendered workforce	• Gendered workforce and health care system (Gallo & Scrinzi, 2016a, 2016b; López-Atanes et al., 2020; The Editors of the Lancet, 2019; World Health Organization, 2019) • Example: Covid-19 (Czabanowska & Kuhlmann, 2021; Zapata et al., 2021)

Resources for case studies

- American Agency for Healthcare Research and Quality (AHRQ):
<https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol>

Multimedia add-on

- Global Health 50/50 - towards gender equality in global health: includes self-assessments and comprehensive resources for change (how to guides, stories of success etc.) <https://globalhealth5050.org>
- AHA Institute for diversity and inclusion podcast: <https://ifdhe.aha.org/diversity-and-inclusion-podcasts>
- University of California Davis, Center for a Diverse Healthcare Workforce video series: <https://www.youtube.com/watch?v=P-28M3ouyQA&list=PLamcBt7w6KJI0qrBzjJICLndTNIV6XQXx>
- National Network to Eliminate Disparities in Behavioral Health (NNED) National Facilitation Center and SAMHSA's Office of Behavioral Health Equity: <https://www.youtube.com/watch?v=deiBDo7K1Yc>
- American Health Law Association-Top Ten 2022: The Health Care Workforce IDEA (Inclusion, Diversity, Equity & Accessibility): <https://www.youtube.com/watch?v=G7KCq8cH6ao>
- TEDx Duke, Brigit Carter- Addressing the Gap in Nursing Workforce Diversity: <https://www.youtube.com/watch?v=TD-p-xiG3e0>
- Association of Clinicians for the Underserved- 2021 Workforce Summit - Day 2 - Leading Diversity, Equity, and Inclusion: <https://www.youtube.com/watch?v=1Qnp0AZfqvI>

Background literature on how to teach on representativeness, workforce & diversity in public health

([Blanchet Garneau et al., 2021](#); [Gordon et al., 2016](#); [Liburd et al., 2021](#); [Sjorberg & McDermott, 2016](#))

2.3 Exemplary social identities in the spotlight

2.3.1 Sex/Gender

Objectives

- Differentiate and discuss the concepts of sex, gender and sexuality and critically evaluate their use in health research
- Gain a deeper understanding about how gender impacts health outcomes and elaborate opportunities how gendered health inequalities can be tackled
- Communicate examples of gendered health inequalities and negotiate opposing positions to (dis-)advantaging structures
- Critically engage with different theoretical and methodological approaches to gender in public health
- Reflect and recognize one's role and potential biases, potentially perpetuating gendered social structures in public health research and the health care system
- Explore the interactions of gender with other social determinants of health

Topic	Content
Sex, gender and health	Differentiate the terms sex, gender and sexuality and critically evaluate their use in health research (Hammarstrom & Annandale, 2012 ; Hammarstrom & Hensing, 2018 ; Hay et al., 2019 ; Heise et al., 2019 ; Krieger, 2003 ; Weber et al., 2019) Lancet Series on Gender equality, norms and health:
Theoretical approaches to gender in public health	Comparison of traditional approaches to sex/gender (e.g. biomedical approaches) vs. modern approaches (feminist, relational, constructivist approaches), Masculinities/femininities and their impact on health and health care (access) (Connell, 2012 ; Hammarstrom & Hensing, 2018 ; Hammarstrom et al., 2014 ; Hankivsky, 2012 ; Keane, 2014 ; Springer, Hankivsky, et al., 2012)
Gender bias vs. gender sensitive research	• How does public health generate gender bias in their research? • How can we make research itself more gender sensitive in public health? • What is considered good practice in terms of gender-sensitivity in research practice? (Eichler & Burke, 2006 ; European Commission ; Heidari et al., 2016 ; Jhpiego, 2016 ; Jovana Mihajlovic Trbovc & Hofman ; Kalaitzi & Czabanowska, 2017 ; Kronk et al., 2022 ; Lett & Everhart, 2022 ; Liverpool School of Tropical Medicine Gender and Health Group ;

	McGregor et al., 2016 ; Nieuwenhoven & Klinge, 2010 ; Pan American Health Organization ; Research in Gender and Ethics (RinGs): Building stronger health systems, 2016 ; Springer, Mager Stellman, et al., 2012)
Analytical approaches to gender in public health	• Gender mainstreaming • Gender-specific – sensitive – transformative research? • How to do gender analysis in public health research? • How can we measure gender? What are the associated difficulties? (Fehrenbacher & Patel, 2020; Morgan et al., 2016)
Gender and intersectionality	• How does gender interact with other social determinants of health, such as social status, race, migration status, ethnicity, sexuality, place of residence, (dis-)ability ... • What are the benefits of exploring gender in relation/in interaction with other determinants of health? • What (methodological, theoretical) difficulties can occur when analysing the intersections of multiple determinants of health? (Bowleg, 2012; Fehrenbacher & Patel, 2020; Hankivsky, 2012; Mena et al., 2019; Verdonk et al., 2019)
Covid-19	• Explore the gender dimensions of the Covid-19 pandemic. • How are (health-related) experiences of the pandemic gender-based? • How does the Covid-19 pandemic increase gender inequity in different contexts (regions, subpopulations)? Extensive overview by the Gender and COVID-19 Working group: Google doc
Women's health	• Burden of care and unpaid domestic labour • Systems of oppression – sexism, misogyny (Hankivsky et al., 2010; Hughes & Bernstein, 2018; Serrant, 2020)
Men's health	Masculinities and their impact on e.g. health care access, health literacy etc. (Baker et al., 2014; Beja et al., 2021; Evans et al., 2011; Jewkes et al., 2015; Milner et al., 2019; Promundo - Healthy Masculinities. Gender Equality., 2022; Ruane-McAteer et al., 2019; Seidler et al., 2017)
Non-binary persons	• Health care – barriers, stigmatization, discrimination experiences (Baker et al., 2021; Connolly et al., 2020; Matsuno & Budge, 2017; Scandurra et al., 2019)

Trans people	• Access to transition/gender affirming care • Trans children • Pathologisation of trans people (ICD-Codes, country specific laws), conversion therapy (Connolly et al., 2020; Hebl et al., 2016; Puckett et al., 2018)
Intersex people	• e.g. childhood surgeries, body autonomy (Crocetti et al., 2021; Zeeman & Aranda, 2020)
Gender-based violence	• Female genital mutilation • Child marriage • Intimate partner violence • Sexual violence/rape culture • Connect these to complex issues such as poverty, WASH, climate change (Hernández & Upton, 2018; Moreau & Shell-Duncan, 2020; Sultana, 2021; Werunga et al., 2016)
Reproductive health	• Practices of contraception and family planning among people of all genders • Access to reproductive services, decision-making in seeking reproductive services • Pregnancy & birth • Abortion (e.g. Women on Web website providing medical protocols, scientific research and WHO recommendations: https://www.womenonweb.org/en/page/6880/research) (Agénor et al., 2021; Dalessandro et al., 2019; Mohr & Almeling, 2020; Ruane-McAteer et al., 2019; Vyas et al., 2021) https://decolonisingcontraception.com
Gender norms, gender equality, gender discrimination	Examples could include stereotypes, Sexism/Misogyny, Cis-genderism, Misgendering, Deadnaming, Transphobia, Patriarchy, Machismo (Aguirre, 2017; Fietje, 2017; Hay et al., 2019)

Examples of courses

- A student-led, interdisciplinary seminar on teaching examples for critical gender analysis in public health ⁷⁰
- University of Manchester – Faculty of Biology, Medicine and Health. Open-access short course about understanding women’s occupational health

<https://catalogue.manchester.ac.uk/browse/i3hs/open-courses/courses/womens-health-work-rights-and-risks>

- Women's College Research Institute (Canada). The health researcher's toolkit: why sex & gender matter – an open-access platform with modules on key concepts, definitions, short video lectures. Covers the following topics: Activism and evidence, Why do sex and Gender matter?, inclusive sex and gender data collection in survey research, sex-specific analyses and reporting in clinical trials, integrated mixed-methods, concept mapping: gendered perceptions of intimate partner violence, beyond sex and gender – making research more participatory for vulnerable populations <https://www.womensresearch.ca/research-areas/the-health-researchers-toolkit-why-sex-and-gender-matter>
- Story-based introduction to the experiences of transgender children and their families <https://www.humanrightscareers.com/courses/health-across-the-gender-spectrum/>
- Gender and diversity toolbox (German language) <https://www.genderdiversitylehre.fu-berlin.de/toolbox/index.html>
- Evidence-informed curriculum including facilitator guide on marginalized gender and sexualities <https://thesafezoneproject.com/curriculum/#>

Multimedia add-on

- Trans reproductive justice by SRHM Podcast <https://anchor.fm/srhmjournalepisodes/Trans-reproductive-justice-e1dorn2>
- <https://www.genderportal.eu>
- Robert Webb on How Not To Be A Boy <https://www.youtube.com/watch?v=6ujt4We82Jk>
- Podcast on Gender Identity and Masculinities <https://designobserver.com/feature/thomas-page-mcbee/40157>
- centre for transgender studies <https://www.appliedtransstudies.org/>

Background literature on how to teach gender in public health

([Jovana Mihajlovic Trbovc & Hofman](#))

2.3.2 Migration

Objectives

- Describe the key statistics on migration and health
- Explain the main concepts and theories regarding migrants and/or refugees and health
- Understand and explain the connections between migration and physical and mental well-being.
- Analyse migrant health in a life-trajectory perspective
- Reflect on different strategies to address the challenges in research and health care practice associated with migrant or refugee health

Topic	Content
Migration trends	• Historical perspective, region-specific movements • Push-& Pull-factors • Countries of origin/transit/resettlement • Internal displacement (Daoud et al., 2012; Pacheco-Coral, 2018; Siriwardhana & Stewart, 2013) (Abubakar et al., 2018; Fiddian-Qasmiyeh et al., 2014; Rechel et al., 2013)
Legal frameworks of migration	• Forms and phases of migration process (e.g. forced migration & displacement, flight, ...) • Stakeholders and organisations involved in migration processes (governments, communities, ...) • Careful reflection on terminology and legal frameworks (Martin, 2012; United Nations High Commissioner for Refugees - The UN Refugee agency, 2022)

Models on migration & health	• How does migration affect health? • Theories and frameworks conceptualising Migration & health • Social determinants of migrants health • Barriers to accessing health services to migrants and refugees (Lebano et al., 2020) • Migration and mental health (Bäårnhjelm et al., 2017; Hynie, 2018; Miller & Rasmussen, 2017; Priebe et al., 2016) • Diversity-sensitive versus adapted services for migrants • Ways of improving health service provision to migrants and refugees (Matlin et al., 2018; Rechel et al., 2013)
Framing of migration in our practice, research and teaching	• How do we frame migration? How does that affect our design of studies/measures/outcomes/topics? • Race vs. racialisation • Participatory approaches and their value (Namer & Razum, 2021; Nolen, 2020) (Bhopal et al., 2021; Butler et al., 2018; Fiddian-Qasmiyeh, 2016; Ford & Airhihenbuwa, 2010)
Health & migration policies	• Access/provision • Rights • Migrant health policies • Migration and health governance • (Wickramage & Annunziata, 2018) • Health workforce and migration (Aluttis et al., 2014; Blacklock et al., 2014; Brugha & Crowe, 2015; Cometto et al., 2013; Kanchanachitra et al., 2011; Merçay, 2014; Tangcharoensathien et al., 2017; Yamamoto et al., 2012) • The ethics of migrant health (Holmes et al., 2021; Tahzib et al., 2019)
Health-care system resilience/response & migration	• Equitable health care, universal health coverage • Participatory approaches, community involvement (Kumar & Diaz, 2019; Willen et al., 2021)
Prejudice, discrimination, Anti-Racism/ Xenophobia and public health	• Multiple discrimination and structural exclusion • Historical context • And the effect on health inequities (Akbulut & Razum, 2021; Grove & Zwi, 2006; Namer et al., 2020; Penning et al., 2021; Viruell-Fuentes et al., 2012)

Mental health	Social determinants of migrants' mental health (Campo-Arias & De Mendieta, 2021 ; Delara, 2016 ; Hynie, 2018 ; Spiritus-Beerden et al., 2021)
Covid-19	• Infection and death rates among migrants. • Changes in migration policies. • Increase of xenophobia (Forman & Kohler, 2020 ; Machado & Goldenberg, 2021 ; Meer & Villegas, 2020 ; Mukumbang, 2021 ; Sekalala et al., 2020 ; Tazreiter & Metcalfe, 2021)
Climate change & migration	• Impact of climate change on migration • Health systems, climate change and migration (Carney & Krause, 2020 ; McMichael et al., 2012 ; Ridde et al., 2019 ; Scheerens & Madzimbamuto, 2021 ; Schütte et al., 2018)
Decolonisation & migration	Recentring the “Global South” (Achiume, 2019 ; Fiddian-Qasmiyeh, 2020a, 2020b)

Examples of courses

- Immigration syllabus with a focus on the US: <https://immigrationsyllabus.lib.umn.edu>
- International Organization for Migration: World Migration Educator's Toolkit, World Migration Fact Checkers' Toolkit and World Migration Digital Toolkit for Policy Officials (forthcoming) providing instructional and resource guides as well as text/data-case studies and interactive scenarios
<https://worldmigrationreport.iom.int/toolkits>

Multimedia add-on

- Racial Justice, Racial Equity and Anti-Racism Reading List by Harvard Kennedy School <https://www.hks.harvard.edu/faculty-research/library-knowledge-services/collections/diversity-inclusion-belonging/anti-racist>
- Anti-Racism Resources including recommendations on books, podcasts, films and TV series, videos and more <https://www.goodgoodgood.co/articles/anti-racism-resources>

- TEDx Talks playlist to help educate on Racism and Actions to Eliminate it
<https://www.youtube.com/playlist?list=PLDToukXRDVMSkxrabFfSb5u6cE82huRpD>
- Anti-Racism resources for epidemiologists & public health researchers
https://docs.google.com/document/d/1gxqVZDU3Szu_OZ0gSfVroykZYPkDjflg7vPfqtXWavg/mobilebasic
- The Refugee Hosts project aims to reframe debates about the roles and experiences of local communities and refugees in contexts of conflict-induced displacement in the global South, with a particular focus on displacement from Syria to neighbouring countries. Its impact is showcased in publications, videos, poetry, writing, blogs, soundscapes, podcasts and conference recordings: <https://refugeehosts.org>
- Southern Responses to Displacement project aims to explore why, how and with what effect a wide range of Southern-led responses have been implemented to support refugees from Syria: <https://southernresponses.org>
- Southern Voices on Adaptation project was initiated in 2014 to support partner networks engaged in climate change adaptation policy advocacy from Asia, Africa, and Latin America: <https://www.southernvoices.net/en/>

2.3.3 (Dis)ability

Objectives

- Define 'difference' and describe discourses about (dis)ability across time and cultures (e. g. construction of disability through the bio-medical model vs. construction through a humane, integrated approach)
- Understand the heterogeneity of disability and how data on disability is captured
- Explain factors that increase discrimination and inequalities among people with disability in accessing healthcare
- Analyse how disability intersects with other social and environmental factors
- Reflect on different strategies to address the challenges in research and health care practice for people with disability

Topic	Content
Definitions	• Definitions of disability ability, impairment (e.g., heterogeneity of disabilities (cognitive, mental, physical), spectrum of ability to disability) (Shakespeare, 2018; Watson & Vehmas, 2020) • Theories and models of disability (Berghs et al., 2016; Krahn, 2021) • Terminology and language Berghs et al., 2016; Krahn, 2021) • Terminology and language of disability - (e.g., identity first or disability first language, euphemisms - “special abilities,” “differently abled” (Mackelprang et al., 2021; National Center on Disability and Journalism, 2021)) • Self-identification of disability (e.g., in cases of chronic illness, autoimmune illness, neurodiversity, issues surrounding self-diagnosis, salutogenesis, internal vs external perspectives (Bogart et al., 2017; Monteleone & Forrester-Jones, 2017; Rivas Velarde, 2018))
Historical perspective:	• Societies' views on disability (Krahn & Campbell, 2011) • Disability rights movements across the world (trends/events/personalities that have encouraged change and what we can learn from those to identify the potential for positive changes in the future) (Stiker, 2019) • Non-Eurocentric disability studies and discourses (Grech & Soldatic, 2015)

Legal protection and public support	• Accessibility, inclusion (and their lapses) in different areas of public life • Degrees of institutionalism and effects on freedoms and opportunities e.g. Convention on the Rights of Persons with Disabilities
(Self)-advocacy and empowerment movements	• Movements and activities of persons with disabilities (Disability Rights Timeline) • Claiming rights and influencing policies for social inclusion (Trevisan, 2016) • Crip Theory (Bone, 2017; Jenks, 2019)
Inequality in healthcare	• Heterogeneity of the group and their distinct needs (Krahn et al., 2015) • Disabled healthcare professionals (Bulk et al., 2020) • What knowledge do health professionals hold and what should they know (Lennox et al., 2015; Sinclair et al., 2015; VanPuymbrouck et al., 2020) • Discriminatory policies, practices and possibilities to change them (VanPuymbrouck et al., 2020) • Effects of difficulties in communication (verbal and written) on getting appropriate healthcare (Geukes et al., 2018; Wright, 2019) • Disability and global health (Swartz & Bantjes, 2016)
Caregivers of people with disabilities	• Perspectives of caregivers • Needs of caregivers (Murphy et al., 2007; Swartz & Bantjes, 2016)
Research & Measurement and statistics of disability	• How do countries measure disability and how is data collected? How do differences in measurement affect policies in different countries? • Research about and with people with disabilities (McConachie et al., 2020) • Participatory research, facilitation/meaningful engagement with groups (e.g. intellectual/cognitive disability) (Nicolaidis et al., 2020) • Knowledge transfer (Kirby et al., 2021) (Atkinson, 2018; Bottema-Beutel et al., 2021; Cascio et al., 2021; Dawson & Fletcher-Watson, 2022; Eide & Loeb, 2016; Grönvik, 2009; Rubenstein & Furnier, 2021; Stark et al., 2021)
Intersectionality: aggravated disadvantages with other social dimensions	• Racialisation and racism (Jones et al., 2020; Smith-Khan et al., 2015; Stienstra & Nyerere, 2016) • Aging and demographic changes

	• Queer and disability movements & sexual education (O'Shea et al., 2020; Shah, 2017; Treacy et al., 2018; Wilkinson et al., 2015) • Health outcomes (e. g. causes of comorbidities, health literacy) and prevention (De Beaudrap et al., 2014; Einfeld et al., 2011; Matson & Cervantes, 2013) • Lifestyle (e. g. education, employment, poverty) and social inclusion (e. g. relationships, loneliness) (Grech, 2016; Tough et al., 2017)
Covid-19	Covid-19's impact on different disabilities (e.g., home office as an advantage and/or disadvantage) (Lindsay & Ahmed, 2022; Lund et al., 2020; Sabatello et al., 2020)
Stigma and discrimination	• Ableism • Verbal vs non-verbal • Portrayal of disability in the media and effects on public opinions → awareness of barriers versus prejudice/discrimination (Clifton, 2020) • Interventions against stigma (Jackson-Best & Edwards, 2018)
Technology & (dis)ability	• The impact of digital assistive technologies on disabilities and inclusion/accessibility • Perceived advantages of assistive technologies ("cyborgs") (Fox, 2021; Kath et al., 2019; Manzoor & Vimarlund, 2018)

Examples of courses

- Teaching resources and lesson plans mainly for schools from the Museum of disABILITY
- Online course on Global Health and Disability (free without certificate)
- Disability matters: eLearning courses and resources from a consortium of different UK organisations
- Disability and Ableism in Medicine:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7830755/>
- Phillips et al. (2016): Disability Diversity Training in the Workplace: Systematic Review and Future Directions <https://link.springer.com/content/pdf/10.1007/s10926-015-9612-3.pdf>

Resources for case studies

- United Nations, Department of Economic and Social Affairs: Disability Laws and Acts by Country/Area <https://www.un.org/development/desa/disabilities/disability-laws-and-acts-by-country-area.html>

Multimedia add-on

- Ted Talks:
https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much &
https://www.ted.com/talks/amy_oulton_changing_the_way_we_talk_about_disability
- Podcast “Included, the disability Podcast” <https://included.libsyn.com/>
- Podcast “Disability Visibility” <https://disabilityvisibilityproject.com/podcast-2/>
- Training in Sexual Education for People with Disabilities: <https://traseproject.com/>

2.3.4 Sexual orientation

Objectives

- Differentiate and discuss the concepts of sexuality and critically evaluate their use in health research
- Gain a deeper understanding about how sexual orientation impacts health outcomes and elaborate opportunities how respective health inequalities can be tackled
- Communicate examples of sexual orientation related health inequalities and negotiate opposing positions to (dis-)advantaging structures
- Critically engage with different theoretical and methodological approaches to sexual in public health
- Reflect and recognize one's role and potential biases, potentially perpetuating discriminatory structures in public health research and the healthcare system
- Explore the interactions of sexual orientation with other social determinants of health

Topic	Content
Sexual orientation and health	Terminology & definitions Exemplary glossaries: The Safe Zone Project LGBTQIA Resource Center Glossary
Discrimination & prejudices and their impact on public health	• Criminalisation of people with non-heterosexual orientation • Pathologisation of queer people: (ICD-Codes, country specific laws (Hebl et al., 2016), conversion therapy • Stigma and health disparities (e.g. stereotypes, heteronormativity, allonormativity, Bi-/Lesbo-/Homophobia, cisnormativity) • Intersections with other social determinants of health, e.g. religion and sexual orientation (McCann et al., 2020) (Fredriksen-Goldsen et al., 2014 ; Hatzenbuehler, 2009 ; Pachankis et al., 2020)
Research on sexual orientation in public health	• Labelling in research → how do we conduct our research? what kind of categorisations do we use? • Representation health care and public health research → agenda setting, representativeness in data, lack of data, queer-friendly networks (universal health coverage vs. targeted), inequalities in representation within the community, visibility within the community along the lines of sex and race

	Social movements and how they affected health care & public health research → how does this relate to representation in a given society? (Dharma & Bauer, 2017; Geary et al., 2018; Logie, 2012; Sell & Holliday, 2014; Streed et al., 2020)
LGBTQI* Health care	Needs assessment, barriers and facilitators to access health care facilities, interaction with healthcare professionals (Cronin et al., 2021; Elliott et al., 2015; Fish et al., 2021; Namer & Razum, 2018; The Lancet, 2016)
HIV pandemic	E.g. access to health care, decision-making, counseling needs, treatment initiation (Catungal et al., 2021; Flowers, 2001; Grace, Chown, et al., 2015; Grace, Steinberg, et al., 2015; Hatem et al., 2003)
Reproductive health	Reproductive health/contraceptive use among lesbian women*, STI screening - discriminatory practice? (Charlton et al., 2019; Higgins et al., 2019) Family planning - support in health care, e.g. in-vitro (Klein et al., 2018)
Mental health	Minority stress theory (Brooks, 1981; Meyer, 1995, 2003)

Resources for case studies

- Evidence-informed curriculum including facilitator guide on marginalized gender and sexualities <https://thesafezoneproject.com/curriculum/#>
- State-Sponsored Homophobia 2020: Global Legislation Overview Update <https://ilga.org/maps-sexual-orientation-laws>

Multimedia add-on

- Queer Health Podcast <https://www.queerhealthpod.com>

2.3.5 Religion and spirituality

Objectives

- To gain a deeper understanding of the complex interconnections between religion, spirituality and health in different global health contexts
- To explore different perceptions of disease aetiologies and spiritual health
- To reflect on religiousness as a social determinant of health
- To reflect on the potentials and challenges of strategic relationships between religious bodies and the healthcare sector

Topic	Content
Key concepts	• Definition of and concepts of spirituality, religion/religiosity (Karam et al., 2015; Koenig, 2012) • Conceptualisation of health in different religions (Alberta Health Services, 2015; Oman, 2018) • Spirituality in different parts of the world (Schmid et al., 2008) • Religion, spirituality and health (Lüddeckens et al., 2021)
Global (and historical) perspectives	Health related practices in world religions (Yaden et al., 2020)
Religion, aetiology and treatment of health conditions	• Mental health (Blazer, 2014; Božek et al., 2020) • Death and dying (Ho et al., 2018) • Health behaviours (e.g., immunization, smoking, alcohol consumption) (Božek et al., 2020; Ducharme, 2018) • Faith-based healthcare (e.g. Series from The Lancet) (Tomkins et al., 2015) • Religion and Sustainable Development (e.g. Series from The Review of Faith & International Affairs)
Religion, health and intersections with other social dimensions	• Sexuality (2014; Toscano, 2017) • Sex and gender-related needs, e.g. abortion (Chowdhury, 2016; Cutler et al., 2021; le Roux et al., 2016; Shahawy & Diamond, 2018)
Healthcare partnerships with faith-based organizations	• Religious opinion leaders as health messengers • Health promotion & care through religious institutions (Levin, 2014; Milstein et al., 2020; Olivier, 2016; Olivier et al., 2015)

	• Potential challenges collaborating with faith-based organizations (Tomkins et al., 2015) • During public health threats (e.g., Ebola epidemic, Covid) (Marshall & Smith, 2015) • Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 (Haddad et al., 2008; World Health Organization, 2020b)
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Resources for case studies

- International Religious health assets programme – Reading list
<http://www.irhap.uct.ac.za/irhap/resources/research>
- Harvard University Initiative on Health, Religion, and Spirituality
<https://projects.iq.harvard.edu/rshm/home>
- Reading list on religion and broader public health topics:
http://lib5.leeds.ac.uk/rlists/broker/?bbModuleId=202122_27552_THEO3190&bbListId=8658885_1&s=m

Multimedia add-on

- Ted Talks: <https://www.youtube.com/watch?v=BihT0XrPVP8>
- Podcast series “Happiness Lab”, season on Happiness Lessons of The Ancients:
<https://www.happinesslab.fm/>

2.3.6 Add-on: Integrating policy implications, advocacy, activism

The guide below could be utilised to highlight the collective action surrounding each social identity as well as discuss the policy implications of addressing diversity (based on ([Baum, 2019](#))).

Suggested questions/prompts:

- Who are the important stakeholders in the field of interest (e.g. gender/immigration/disability)? Who are allies and trusted third parties as positive identities to be included in teaching? Who are involved and who are excluded?
- How have certain laws changed (e.g. regarding gender self-identification)? What steps have been taken? Which persons or organizations were instrumental in this change?
- How is collective action communicated? Who communicates it? How is collective action framed by different actors?
- What are the similarities and differences between governmental and non-governmental strategies?

Suggested exercises:

- Oral histories with historical figures who were instrumental in developing a specific policy (guide to Oral Histories: <https://www.oralhistory.org/resources/>)
- Identifying stakeholders and NGOs who do trainings and organizing a training for the students
- Inviting stakeholders and co-designing sessions
- Field trips to organizations
- Inclusion of policy monitoring (e.g. NGO Annual reports / White papers) as course materials (e.g. ILGA for sexual orientation/gender identity, MIPEX for migration)
- Watching films on collective action (e.g., My Child by Can Candan, Crip Camp by Newnham & Lebrecht) and writing a reflection paper.

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