

# COMMENTARY: CAN CRITICAL RACE THEORY ENHANCE THE FIELD OF PUBLIC HEALTH? A STUDENT'S PERSPECTIVE

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Critical race theory (CRT) is a body of work that seeks to understand and change the relationship between race, racism, and power. While relatively new to the health sciences, CRT is increasingly used as a conceptual framework to examine the role of racism in health inequalities. In this commentary, I outline ways in which CRT can also be used to enhance public health education, methodology, and practice. *Ethn Dis.* 2018;28(Suppl 1): 267-270; doi:10.18865/ed.28.S1.267.

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## INTRODUCTION

As a public health doctoral student at a public university with several research centers dedicated to interrogating racism, I have taken several graduate courses on the application of Critical Race Theory (CRT) and have given a lot of thought to how such a framework can enhance the field of public health. Critical Race Theory is a body of work that seeks to understand—and change—the relationship between race, racism, and power.<sup>1</sup> While relatively new to the health sciences, CRT<sup>2</sup> is increasingly used as a conceptual framework to examine the role of racism in health inequalities.<sup>3</sup> Building on this conceptual and empirical work, I offer an outline of the potential of such a framework to inform education, methodology, and practice in public health.

## PUBLIC HEALTH EDUCATION

Public health curricula do not adequately address the historical and contemporary ways public health has been used to maintain

White supremacy.<sup>4-6</sup> A CRT approach to public health education might focus on the underlying racialized structures that shape our political economy, our laws, and our communities as well as our theories, methods and interventions. We see ourselves as a field whose mission is fundamentally rooted in social

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justice, perhaps because students are not systematically equipped to recognize the field's racist and xenophobic roots.<sup>5</sup> By centering race and racism, public health students might be able to recognize the ways in which public health can perpetuate racial inequalities, and it can

provide opportunities to study new, liberating models of public health practice, research and scholarship.

For example, the non-profit industrial complex consists of organizations whose missions are to help communities of color but whose leadership largely does not include them. This dynamic forces communities to rely on “White saviors” to access resources.<sup>7</sup> Students should learn to recognize the “White savior” orientation and understand how it harms communities and undermines organizational missions. Public health students cannot afford to be apolitical. Just as our data and innovative statistical methods can be used to promote health equity, they can also reproduce racial inequities as biological or normal.

## PUBLIC HEALTH METHODOLOGY

Conventional public health methodologies often reinscribe power differentials between us, as researchers, and the people with whom we conduct research. In the field of education, scholars are asking important questions about the ability of quantitative methods to serve disenfranchised communities.<sup>8</sup> In public health, we tend to rely heavily on health demographic surveys as our data collection method and on multiple regression for our analyses. While these methodologies are useful for answering many questions, they are limited in their ability to elevate the voices of marginalized communities. An approach to public health based on

critical race methodology that appreciates the value of experiential knowledge and data are needed. Qualitative data such as personal narratives and counter-storytelling are often better-positioned to capture the nuances of racialized experiences.<sup>9</sup> Therefore, a CRT perspective rejects the apparent devaluation of qualitative methods in public health research. Qualitative methods should not be pursued merely

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as an “add on” but should be carefully considered with relevant questions, designs, and assumptions about the nature of knowledge. Examples include personal narrative and counter-storytelling that come directly from community members and students like me, whose experience as a scholar-in-training should be given some outlets.

CRT does not suggest we abandon quantitative methodologies,

altogether, but it recognizes that racial statistics have helped to justify racism dating back to the eugenics movement.<sup>10</sup> Although they are seemingly unbiased, statistics can promote White supremacist ideologies because they rely on human data collection, analysis and, most importantly, interpretation. With this in mind, scholars interested in anti-racism research should engage in critical self-reflection to avoid perpetuating racist narratives through data. Quantcrits, critical race theorists who use quantitative methods, have outlined key tenets for using statistical methods for furthering social justice.<sup>11</sup> Central to quantcrits is the premise that statistics are socially constructed. Public health researchers might adopt a quantcrit perspective to challenge the taken-for-granted practices in quantitative methodology such as the ubiquitous explanation of race as a causal factor in regression models.<sup>12-14</sup> Additionally, quantcrits suggest that statistics can play a role in liberating public health if they are used to highlight health inequities at the population level and injustices at the macro-level such as discriminatory policies and institutional arrangements.<sup>11</sup>

## PUBLIC HEALTH PRACTICE

Because public health is both an academic and applied field, scholars are, at the very least, expected to consider the practical implications of their scholarship. Often, public health scholars are encouraged

to propose or design interventions to address health problems. Structural interventions, such as public policies, are often seen as a gold standard in public health action because they have the potential to impact health conditions at multiple levels of the socioecological model. A CRT approach, however, acknowledges that even these interventions are limited in that policies do not necessarily result in desirable outcomes for vulnerable communities. An example of this can be seen with the Affordable Care Act (ACA). Because individual states were given the choice to opt out of Medicaid Expansion, which was designed to guarantee health coverage for poor people, millions of Black people in these states fell through the health coverage gap.<sup>15</sup> While I do not intend to critique the ACA, per se, this example highlights the limitations of race neutral or a “colorblind” policy to secure justice for marginalized people. Race neutrality has become somewhat of an ideal in mainstream American discourse because it is conflated with anti-racism. However, numerous scholars point out that “colorblindness” is but a subtler form of racism because it impedes our ability to tackle systemic racism.<sup>16,17</sup> Structural interventions must seek to alter racialized social structures that deprioritize the needs of Black and Brown people.<sup>18</sup>

The field of public health can benefit from a more thorough engagement of Critical Race Theory. An important tenet of CRT is its commitment to social change – to go beyond studying the relation-

ship between race, racism, and power, and to find the means to transform it. Therefore, a CRT approach in public health goes beyond documenting racial inequities to eliminating them.<sup>2</sup> We can move in that direction by integrating historical analyses in our curricula, centering and elevating the voices of marginalized communities in our methods, and using our scholarship to challenge the fundamental structures of society that preserve racial/ethnic hierarchies.

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#### CONFLICT OF INTEREST

No conflicts of interest to report.

#### AUTHOR CONTRIBUTIONS

Research concept and design: Cross; Acquisition of data: Cross; Data analysis and interpretation: Cross; Manuscript draft: Cross; Acquisition of funding: Cross; Administrative: Cross

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