

Cultural Competency Training for Public Health Students: Integrating Self, Social, and Global Awareness Into a Master of Public Health Curriculum

Linda F. Cushman, PhD, Marlyn Delva, EdD, Cheryl L. Franks, PhD, LMSW, Ana Jimenez-Bautista, LMSW, Joyce Moon-Howard, PhD, Jim Glover, MSW, EdM, and Melissa D. Begg, ScD

Cultural competency training in public health, medicine, social work, nursing, dental medicine, and other health professions has been a topic of increasing interest and significance. Despite the now burgeoning literature that describes specific knowledge, attitudes, and skills that promote cultural “competence,” fully defining this complex, multidimensional term and implementing activities to enhance it remain a challenge. We describe our experiences in introducing a mandatory, full-day workshop to incoming Master of Public Health students, called “Self, Social, and Global Awareness: Personal Capacity Building for Professional Education and Practice.” The purpose of the program is to provide a meaningful, structured environment to explore issues of culture, power, privilege, and social justice, emphasizing the centrality of these issues in effective public health education and practice. (*Am J Public Health*. 2015;105: S132–S140. doi:10.2105/AJPH.2014.302506)

In recent years, the need for and benefits of cultural competency training in public health, social work, medicine, nursing, dental medicine, and other health professions has been a topic of increasing interest, significance, and debate. In 2006, the American Public Health Association included “Diversity and Culture” among its essential cross-cutting competency domains for the Master of Public Health (MPH) degree, listing 10 specific competencies essential to this building block of public health education.¹ These competencies were again emphasized in the 2008 report from the Association of Schools and Programs of Public Health, not only as critical principles of a MPH curriculum but also as essential components of that organization’s action plan for the reduction of racial/ethnic health disparities in the United States.² More recently, a 2012 report from a joint expert panel representing both the Association of Schools and Programs of Public Health and the Association of American Medical Colleges recognized cultural competence as, “a critical, influencing factor common to all forces of change in health care and public health.”^{3(p2)} This echoes the notion that ultimately such competence can be leveraged

toward the aim of eliminating disparities in health and health care. The panel proposed a competency set, as well as collaborative learning experiences, research, scholarship, field activities, and case studies to help embed cultural competence training in medical and public health education. Other professional organizations in the health arena have released similar reports and articles, all of which emphasize the vital importance of cultural competency in improving the quality and availability of health services and improving health outcomes in diverse populations.^{4–8}

Despite a now burgeoning literature describing specific knowledge, attitudes, and skills that promote cultural “competence,” fully defining this complex, multidimensional term, and implementing activities to enhance it, remains a challenge. Our purpose is to describe our experiences in introducing a mandatory, full-day workshop called “Self, Social, and Global Awareness: Personal Capacity Building for Professional Education and Practice” (SSGA) to incoming MPH students at the Mailman School of Public Health, Columbia University. The overall purpose of the program was to provide a meaningful, structured

environment to explore issues of culture, power, privilege, and social justice. Toward this end, our primary objective was to encourage self-awareness and reflection around these and other key concepts, as well as provide space for students to share those reflections with their peers. Follow-up sessions expounded upon initially introduced themes, with the objective of offering concrete examples from public health practice in which identified themes emerged and played an important role in interactions among practitioners, other individuals, groups, and communities.

DEFINITIONS AND ASSUMPTIONS

Our work in designing and implementing SSGA was guided by the now widely held premise that, to the extent that cultural competence can be defined, it does not involve a discernible moment at which total proficiency or mastery is attained. This idea is evidenced in the work of Cross et al., who offered a formative definition of cultural competency as “a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable (them/it) to work effectively in cross-cultural situations.”^{9(pIV)} They emphasized that such competency is a developmental process that requires an extended period, and that individuals and organizations are at various levels of awareness, knowledge, and skills along a continuum. Nearly a decade later, Tervalon and Murray-Garcia echoed this sentiment, stating that “cultural competence is not a discrete endpoint, but a commitment of active engagement in a lifelong process that individuals enter into on an ongoing basis, with patients, communities, colleagues, and with themselves.”^{10(p118)} They emphasize “cultural humility” rather than

competence as an appropriate goal, which requires student reflection regarding their own cultural identities and backgrounds, and the development of self-awareness, as well as the capacity to be aware of others' perspectives and ongoing "self-evaluation and self-critique to redressing power imbalances. . . and develop mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities."¹⁰(p118)

Although we firmly support the approach of cultural competency theorists who emphasize the structural processes and institutional arrangements that perpetuate health disparities and other forms of systematic social inequality,¹¹ we intentionally focused our initial workshop at the micro level of self-awareness. We sought to build capacity in participants to hold and understand these issues on an individual level, even when they are conceptualized and discussed at a historical and structural level. Our plan was to build from this foundational experience, where we hoped students would emerge with heightened awareness and cultural humility, to subsequent activities that link insight to more macro-social processes, including interactions with and between groups, organizations, and institutions. As we describe later, follow-up sessions focused on how individual awareness and humility could be leveraged to assess, understand, and change structural and social inequities in our own and other societies.

The design and implementation of the workshop was based on a number of assumptions gleaned from the literature and our own experience. These included the following concepts.

We Are All Cultural Beings

The basic sociological premise that learned norms, values, language, and other elements of culture provide the lens through which the world is experienced was the central and organizing principle of the workshop agenda. Although many students had, as undergraduates, been introduced to these concepts through sociology, anthropology, and other social science courses, some had not, and we assumed all could use a review.

Most students had no difficulty describing their primary cultural identification and often referred to the ethnicity of parents and other

family members, while including some reference to "American" culture. A small number of students reported that they did not identify with any particular culture. These students were encouraged throughout the workshop to explore components of culture that shaped their perspective and experience—some universal (e.g., language) and others less so (e.g., religion).

All People Hold Multiple Identities

The notion that the "self" is composed of numerous, sometimes conflicting, statuses or identities is another foundational concept from the social sciences fundamental to our work. The theory of intersectionality by Crenshaw¹² is central to this notion, and to the framework of the workshop and exercises. Intersectionality does not support an additive approach to identity, but promotes the idea that identities intersect and interlock in essential ways with systems of power, dominance, and oppression. Under this conceptualization, identity is fluid, and a "both/and" rather than "either/or" paradigm is employed. The workshop's presentation of self-awareness revolved around an exploration of multiple and interdependent dimensions of identity and the intersection of these with issues of power and privilege from a systemic and structural approach. At different times throughout the workshop, participants were encouraged to "artificially" separate or tease-out a dimension of identity to examine. The purpose of this was to encourage participants to explore dimensions that they might ignore, deny, or "leap over," instead of focusing primarily on dimensions that are comfortable to consider. As we later explored in the curriculum, unrecognized dimensions are often those that put us in a dominant status. Thus, by temporarily teasing-out various identities, participants could closely explore issues of power and privilege surrounding those dominant dimensions, but this exploration took place within a context that was consistent with the notion of intersectionality of all of them. Thus, our workshop curriculum served to build on and advance the conceptualization of intersectionality by Crenshaw and connect it to self-awareness. For example, White women often emphasize their identity as "women," which is key, truly defining, and provides an opportunity for connection,

support, and understanding. However, when White women see their gendered selves and not their racial selves, they could be less able to connect with women of color. Identities intersect, but for some, whole parts of the self are left out as one tries to manage the discomfort in embracing the many dimensions of one's self.

Through the workshop activities described in the following, we encouraged students to recognize their various identities, their intersectionality, and understand the difficulties in "holding" all of them simultaneously. The challenge is often related to the fact that, although some identities are central to one's self-perception, they may be secondary, or unseen, in others' perceptions of us (personal vs ascribed identity). An added complexity is the sense that being asked to fully recognize one identity may seem to imply giving up, or at least minimizing others, which can be challenging and uncomfortable. However, cultural beings need to hold all of their identities—accessing the ones appropriate for a particular time and place—and to be aware that others are engaged in the same process. Increasing capacity to tolerate the ambiguity and discomfort inherent in doing so, and encouraging a "both/and" rather than "either/or" worldview, were thus important objectives of our program.

Power and Privilege

In working toward cultural awareness and humility, perhaps the most important feature of one's identities is that they can carry increased or decreased privilege (benefits not available to everyone) and power (the ability to do something, act in a particular way, or influence the behavior of others or the course of events).¹³ In designing and implementing the workshop, we assumed that the power and privilege associated with certain identities often go unrecognized and unacknowledged by the individuals and groups that hold them. Moreover, because individuals have many identities, it is likely that most of us have identities that carry some privilege (student or faculty at Columbia University), whereas others do not (nondominant identities, e.g., being of color in a White-dominant society or nonstraight in a heterosexual-dominant society), and there are other identities that are systematically disenfranchised (immigrant). The capacity to hold and integrate such multiple

identities is difficult and requires awareness, insight, and practice. Finally, the range from privilege to disenfranchisement that is associated with various identities varies by historical and cultural context, thus increasing the challenge.

Two other assumptions related to this issue were central to the content and implementation of the workshop.

First, identities-based power and privilege intersect within individuals and groups in a multitude of complicated ways. For example, the privilege associated with “maleness” in a male-dominant society is different for White men than for men of color; it is also different for straight men than for others, and different for elderly men than young men. Similarly, individuals must hold multiple identities with varying levels of power and privilege; a woman who is White, a person of color who is straight, and an economically advantaged person who uses a wheelchair are but 3 of countless examples. Moreover, for many of us, our non-privileged identities are often most central and accessible to our definition of self; our privileged identities are often quite uncomfortable to “hold.” Thus, a White woman may be more aware of her gender than her skin color, and the straight, Black man more aware of skin color than heterosexual privilege. Our aim was to provide an environment where students could expand their capacity to recognize and hold multiple identities—both dominant and nondominant—under the premise that more comfort and integration yields greater capacity for developing authentic personal and professional relationships and an increased ability to engage in truly collaborative cross-cultural work.

Second, most of us have inadequate preparation for, and experience with, cross-cultural conversations about the power and privilege associated with identity. We assumed that for much of our lives the implicit cultural message has been to avoid these challenging dialogues, especially with those whose apparent identities are different from our own. Despite historical legacies, in most cultures, of systematic, identity-based inequalities that continue to shape all facets of economic, social, and political life, the modal approach is an unspoken one, as if silence might diminish their existence or impact. Thus, in addition to increasing awareness and reflection, we felt it essential

that students and faculty have the opportunity to share their thoughts and ideas with a diverse group of peers in the workshop setting. All public health professionals, particularly those working or training to work in cross-cultural collaborations domestically and internationally, need the capacity to engage in such discussions. The workshop was intended as a first step in building these skills and strategies and was intentionally designed so that facilitators could model them as described in the following.

WORKSHOP DEVELOPMENT

The school spent a number of years laying the foundation for the development and introduction of this program. During that time, 2 primary factors coalesced that provided the vision, leadership, and resources to make it happen.

First, in 2008, the School’s Dean introduced the “Pillars of Diversity and Inclusiveness for the School.” This framework reflected the mission and values of the school and outlined specific areas of improvement needed to achieve the goals of diversity and inclusiveness at Mailman. The framework addressed areas for change among 3 constituent groups in the school—faculty, staff, and students—and was presented to the entire school community through a series of focus groups and assemblies.

Students themselves were a second catalyst for change. Data from the focus groups indicated that students felt that their needs and concerns were least addressed by the Pillars framework. They felt strongly that issues of diversity and inclusiveness needed to be addressed in and for the classroom, as well as in their preparation for field work, which had been the traditional focus at the school. Through subsequent student-initiated conversations, forums, and programs, it became clear that many in the student body were requesting more focus on issues of culture, diversity, power, and inequality. These concerns deserved and required a response at the school level.

Hence, the leaders of the Practice and Student Affairs Offices realized that a collaboration of these 2 departments was the natural fit for the beginning of this work. After many conversations with students, school leadership, and external stakeholders, it was decided that

the school needed to invest in the expertise of those in the field of cultural competency education to guide them in developing a sound program. We engaged an expert consultant who had worked extensively in her career with diverse teams to develop and implement workshops in cultural awareness and competency, applied social justice, and antiracism training. Her previous work included the design of a number of evidenced-based curricula in these areas, including a program at the Columbia School of Social Work. The consultant, together with Mailman leaders in field practice, student affairs, the Office of Diversity, and others worked over a period of several months to amend and adapt the Social Work curriculum to Public Health. This was done by carefully reviewing the learning objectives and exercises from Columbia School of Social Work, using competencies for cultural awareness identified by the Council for Education in Public Health as a framework for review and adaptation of the materials.

Once the elements of the training were identified, the working group conducted pretests of program components with a self-selected group of faculty, administrators, and a number of student groups. The initial manual and sample exercises received mixed reactions from the faculty, although they were supportive of the program overall. The University Office of Disability Services reviewed and edited the manual and contributed to the training materials. Students involved in the pretest were those who participated in school-sponsored international practicum sites and student interest groups, such as Asian American Advocates for Health, the Queer Health Task Force, and the Black and Latino Student Caucus’s Critical Race Think Tank. Results from student pretests provided important suggestions to the manual, including topics and exercises to be added, changed, or reconsidered. In addition, students believed that opportunities should be created that would allow them to move beyond the foundational level of self-reflection and awareness, and to consider and discuss these issues at the level of social and global engagement in their role as public health professionals. Interestingly, although the majority of student groups expressed positive reviews of the program itself, they were most enthusiastic about our plan to bring these issues and

conversations to the forefront of the school's agenda. After 2 years of testing and revision of the manual, the full 1-day program was launched with the entering 2012 class, the first cohort enrolled in the new Columbia MPH program.¹⁴

LEARNING OBJECTIVES FOR THE ORIENTATION WORKSHOP

The objectives to increase participants' self, social, global awareness, and ability included the following:

- Identify themselves as cultural beings, including their own worldview, value orientation, and cultural lens;
- Identify their own multiple identities and statuses (personal, ascribed, reference group, dominant, nondominant, and intersectional identity);
- Identify the multiple dimensions across which similarities and differences occur within groups;
- Examine the meaning and effect of their multiple identities, statuses, privilege, and power on developing professional relationships;
- Explore their own biases and fears and their impact on personal and professional identities;
- Identify their limitations and areas for potential growth in the area of cultural competency and awareness;
- Tolerate the ambiguity, complexity, and discomfort essential in developing authentic cross-cultural relationships;
- Understand structural issues of dominance, oppression, privilege and discrimination, and their impact on individuals, groups, communities, and organizations;
- Begin to define and understand social and global awareness and their role in developing critical consciousness; and
- Begin to understand the interdependence between critical consciousness and social action.

FACULTY AND STUDENT FACILITATOR TRAINING

Faculty, professional staff, and second-year students were trained to facilitate this

workshop. We believed it was important to include second-year students as cofacilitators for SSGA for several reasons. First, a number of students participated in the process of developing and piloting the workshop and were most keen to participate in its actual roll out. Moreover, we believed that first-year students would appreciate the presence of a peer facilitator because, for most students, the day of the workshop represented their second day on campus. Finally, we believed that because the second-year students would have participated in a similar workshop the year before, they could relate to the student experience in a way that faculty could not and bring their unique perspective to the discussions and other events of the day.

The training sessions were structured in a way that allowed trainees to experience each element of the planned workshop as the students would. After each component or exercise, the group stopped for in-depth discussion of the key elements involved, including the overall purpose of the activity and challenges in implementation. Explicit strategies used by our consultant in navigating the exercise, including techniques for overcoming student resistance or concern, were described and discussed. Trainees asked questions, expressed concerns, and collaborated on potential adaptations that might be considered. In this manner, the trainees were able to experience the importance of dialogue around each activity or exercise and our trainers were able to model the facilitation of such discussion. Thus, the facilitator training served a number of purposes: it was likely, in itself, an intervention that increased cultural awareness and capacity for some facilitator trainees; it was implemented in a manner that illustrated the structure and approach needed to facilitate genuine cross-cultural dialogue; and it provided knowledge and skill with regard to implementing the student workshop.

The manual also included the specific learning objectives to be achieved under each exercise, as well as clear instructions on how to facilitate the exercise, the resources or materials needed, the time allotted, and the insights or outcomes one hoped to achieve.

The training manual presents a bell-shaped structure to the day, whereby facilitators develop or construct their small group with beginning exercises, conduct the most

challenging exercises midday, and deconstruct the small group as carefully as it was constructed as the day moves toward conclusion. All exercises throughout the day keep participants in the small group. In the middle phases of the day participants learn the most and are supported to move beyond their comfort zone and tolerate conflict. Toward the end of the day, the group is slowly taken apart; participants work in pairs and then work alone in writing a "letter to self." The training equips the facilitators with the knowledge and skills in social psychological methods of group development, deconstruction, and conflict resolution, using the work of Deutsch^{15,16} and Lewin.^{17,18}

WORKSHOP STRUCTURE

In both 2012 and 2013, the required, day-long SSGA workshop was offered during orientation week and was preceded the day before by a brief presentation describing our conceptual framework. This intellectual approach introduced the concepts of praxis by Freire as critical consciousness (of self, social, and global awareness), social action, capacity building, and the development of authentic professional relationships.¹⁹ Students were encouraged to abandon expectations that they should already know how to do this work by suggesting that it involves some knowledge and skills that must be learned. This presentation ended with the suggestion that students attempt to engage with the next day's workshop on a more emotional level, encouraging them to be open to potentially new thoughts, feelings, and insights.

The workshop began at 9 AM with a community breakfast and ended at 5 PM with a closing reception. Lunch was also provided in the middle of the day. These activities helped students develop a sense of community, safety, and being taken care of, nurtured, and rewarded for all they did throughout the day. The importance of the work was underscored by holding the workshop during the first week of school (orientation week), which was an explicit message that there is no public health excellence without this essential component of public health education. After the community breakfast, students left for their assigned rooms that each held approximately 20 to 22 chairs arranged in a circle. Students spent the

remainder of the day engaged in the material with their small groups; each was moderated by 1 to 2 facilitators. Our expert consultant was available during the entire day of the workshop to advise and troubleshoot as needed. The day ended with a community buffet dinner and reception, where students, faculty, and facilitators could debrief informally, share thoughts and experiences, or simply relax.

EXAMPLES OF MIDDLE-STAGE EXERCISES

The workshop was structured using a group development model that focused on beginnings, middles, and endings. Small groups were carefully constructed during the beginning stages with introductory exercises designed to introduce participants to one another and build a sense of cohesion in the group. Toward the end of the day, groups were carefully deconstructed with a pairing exercise, time alone with a letter to one's self, and a closing activity followed by evaluation. In the following, we describe several exercises from the middle of the day in detail. These represent the most challenging activities, with the most potential for conflict, learning, and important dialogue.

Multiple Identities Circle

For the multiple identities circle, members of the group begin by standing in a circle. The facilitator proceeds to read, one at a time, a series of traits or identities, and asks students to step into the middle of the circle if they identify with it. These dimensions vary from physical characteristics (e.g., person of color) to other demographics (e.g., Catholic), to feelings or attitudes (e.g., feeling safe in the presence of a police officer). Many of these dimensions carry differential levels of power and privilege. After each status is announced, individuals step into the circle if they personally identify with it. After a moment, they step back, and the next status is read. Participants are asked to notice their reactions or feelings about stepping into the circle, their reactions or feelings about others stepping in, and to notice the ebb and flow and the different and similar ways their fellow group members are self-identifying.

The exercise has several objectives. First, it demonstrates, literally, the “multiple identities” that individuals recognize within themselves.

Some of these have been long-recognized by an individual (e.g., “only child”) others may have heretofore been unconsidered (student at an Ivy League university). Moreover, the exercise increases participants' awareness of the common factors and experiences they do and do not share with others. This in turn can assist in developing understanding and a more flexible appreciation for how others experience the world and begins to illustrate the conceptual notion of intersectionality.

Leap to Nondominance

This exercise is aimed at increasing participants' capacity to hold all their statuses, including those that are less comfortable to hold—those that place us in a dominant status. At the beginning of this exercise, participants are asked to privately select a dimension of their identity that is particularly relevant or important to them. It can be any of those referred to in the Identities Circle exercise (such as race, skin color, ethnicity, gender, sex, sexual orientation, language, age, disability, religion or spirituality, geographic location, class), or another status of importance to a participant. Participants go around in a circle and are asked to discuss the dimension they chose. In most cases, participants select a status or identity that puts them in a nondominant position (e.g., White women choose gender, not race; Black heterosexual men choose race, not sexual orientation). This sets the stage for the facilitator to introduce the concept of the “leap over” dominant dimensions and to lead the discussion in a way that begins to increase participants' capacity to tolerate and explore those dimensions that put them in a dominant status.

It is important that this exercise be positioned in the middle of the bell-shaped curve. By that point, facilitators have developed the group, including agreements and norms for group process, as well as a sense of safety. They have been able to assess the amount of tolerance for ambiguity that the participants have individually and as a group and have been working through the earlier exercises to increase everyone's level of tolerance. This allows participants to hold some of the discomfort that the exploration of dominant statuses may entail.

In the next stage of the exercise, students are encouraged to select a dimension that places

them in a dominant status. Participants do this privately and then take turns describing their choices. The facilitator encourages reflection and dialogue on this process and on the meaning the exercise has for participants. A common response to this exercise is some level of surprise at recognizing and focusing on an identity heretofore unconsidered, for example, nonimmigrant status or heterosexual identity.

Through the exercise, participants learn that they do not have to give up anything about their nondominant statuses to also recognize and hold dominant ones—a critically important lesson. Indeed, if we do not explore all parts of our identity, we cannot bring our whole selves to cross-cultural relationships, which makes truly authentic professional relationships unlikely. Authenticity is used here to mean genuine and real. It entails bringing one's whole self to an interaction or relationship, not just those parts of the self that are comfortable to acknowledge. When this occurs (when one identifies primarily with a more comfortable trait, such as gender for women), the chance for a genuine relationship across diverse groups is hindered.

Overall, the objectives of this exercise are to provide a climate that allows for private reflection and public processing of individuals' full identities including both dominant and nondominant statuses, thus promoting understanding, group cohesion, and rapport. Although initially a difficult concept for students and facilitators to grasp, the self-discovery and exploration inherent in this exercise, as well as the increased capacity to tolerate discomfort and ambiguity, prepare participants to take the learned concept and expand on it through the following power and privilege exercise.

Power and Privilege

During this exercise, participants place themselves on a continuum of low to high power and privilege; first, vis-a-vis their definitions of power and privilege overall, and then with regard to each of the dimensions of identity discussed throughout the workshop. Again, these are read out loud, 1 at a time (e.g., gender, sexual orientation, biological sex, immigration status, skin color, race, language, and so on). Students place themselves along a continuum against a wall with one end marked

“low” and the other as “high.” There is a great deal of shuffling back and forth along the “line” as 20 or more students seek to place themselves with each status that is read by the facilitator.

Again, participants are asked to reflect on how they felt about placing themselves on the continuum for each of these dimensions and also how they felt about observing where others placed themselves. This is often the time in the structure of the curriculum where it all begins to come together for participants, especially those who had not previously explored issues of power and privilege around the different dimensions of their identity, including those listed previously, as well as immigrant status, colonization status, and others. During the debriefing of the exercise, facilitators ask participants to consider when they felt most comfortable, uncomfortable, confused, or felt that they needed to explain their placement on the continuum. Participants might share feelings including shame, guilt, sadness, or confusion.

At this point, facilitators ask participants to discuss the strategies they used to manage these sometimes painful and uncomfortable feelings. In our experience, this is an important moment, in that members of the group make connections to such things as why they chose a certain profession or volunteer experience, why they are numb around some dimensions of identity, why they might avoid certain relationships or are drawn to others, and why they hold certain views, attitudes, stereotypes, or biases.

Again, the placement of this exercise is important, coming at a point in the day when students have more capacity for managing discomfort, conflict, and tension; they are stretching themselves, holding new learning, taking risks, and reaching for deeper meaning. The objectives of this exercise include development of more self-awareness regarding how we (and others) experience relative and overall power and privilege, and enhancing cognitive and emotional flexibility regarding our own and others' multiple statuses.

It should be noted that students could choose to sit out any component of this (or other) activities if they wished to. This occurred very rarely; perhaps 1 or 2 students of more than 400 declined 1 (or a part of 1) exercise

across the entire event. These decisions were not discussed with the larger group unless initiated by the declining student. However, all students were encouraged throughout the day to reflect on what it means to have a choice—or not—in various circumstances and situations, and how identity-based privilege can play a role in that regard.

THE STRUCTURED INTERVIEW

Following the middle-stage exercises, participants engage in a structured interview exercise where they can more deeply explore these new insights with a partner. The structured interview instructions and questions are as follows:

Based on the power and privilege exercises, pick a dimension (race, ethnicity, disability, social class, gender, sexual orientation, age, religion, language and geographic location) where you placed yourself at the highest end of the power and privilege line and a dimension that is challenging to discuss, (i.e., your race, social class, gender, sexual orientation, etc.). Think of all the times you stood on the HIGH end of the continuum, and pick the dimension that is MOST difficult one for you to explore, or one you've explored least. With that dimension in mind discuss these questions with your partner:

- What is your earliest memory of this dimension of your identity?
- What messages did you receive from significant people in your life (i.e., peers, parents, siblings, teachers, community leaders) regarding this particular dimension of your identity? Give examples of how these messages were given to you.
- Describe specific ways holding the selected status or being a member of this particular group has benefited you in negotiating daily life. In general, before today, were you aware of this as benefiting you or giving you power and privilege?
- Imagine out loud how your life might be different if you did not have this status or dimension as part of your identity.
- How might this impact your ability (in both positive and negative ways) to develop authentic relationships in your role as a public health student and beyond?

After this exercise, facilitators asked the partnered pairs if they would like to share any new insights, thoughts, or considerations with

the group as they began to move toward the conclusion of the workshop. Students expressed strong, positive views about having had the opportunity to dive deeper into some of the dimensions explored earlier in the day in a one-on-one conversation. They also shared the comfort and relief they experienced in knowing that almost everyone was thinking about and reflecting on these issues in ways they had not before. Soon after this exercise, students had a few minutes to individually reflect on the day's experiences and write them in a letter to self, which was the last exercise of the day. Letters were put into self-addressed envelopes, to be mailed to students by the Office of Student Affairs approximately 6 weeks into the semester. After collection of the letters, students were given the opportunity to evaluate the workshop, as described next. The workshop closed with a “one word check-out.” Participants went around the circle, and each stated 1 word that reflected a current feeling or thought that they had at that moment. Common responses were “energized,” “hopeful,” “pensive,” “insightful,” “grateful,” among others.

STUDENT EVALUATION

We implemented a brief, quantitative and qualitative evaluation at the conclusion of the SSGA workshop during 2012 and 2013. Students were asked for their perceptions regarding the workshop's usefulness in 5 areas: increasing cultural self-awareness, increasing social and global awareness, providing knowledge, preparing them for public health education, and providing skills that could be used as a public health professional. Each component was ranked from 1 (not at all useful) to 5 (extremely useful). The overall mean scores were 3.88 in 2012 (range of scores on individual components, 3.64–4.12) and 3.95 in 2013 (range 3.93–4.23). Interestingly, the highest ranking component in both years was given to the workshop's usefulness in increasing “cultural self-awareness.” “Increasing knowledge” received the lowest scores in both years, perhaps because we did not adequately conceptualize and define areas of knowledge that should be considered, for example, factual information regarding relevant laws and regulations that pertain to certain identities (e.g., homosexual marriage) and other facts that may

have emerged in discussion (e.g., health disparities). Students were also asked to what extent they felt that the facilitator created a safe climate for these challenging discussions. On a 4-point Likert scale (not at all, a little, somewhat, very much) 86% and 92% of participants reported “very much” in 2012 and 2013, respectively.

Open-ended comments regarding the most and least useful aspects of the day included the ability to communicate with peers and to becoming more open to these types of conversations (most useful) and too little emphasis on the social and global aspects of cultural competence and too long a day (least useful). Other comments were encouraging with regard to our main objective of increasing awareness regarding the intersecting identities held by individuals and the sometimes unrecognized, and often undiscussed, power and privilege associated with them. Not all comments were positive: some thought the day was too long, and others felt the exercises were a bit repetitive. Nonetheless, the majority of student views were positive, particularly with regard to increased awareness of intersectional identities, power, and privilege.

FOLLOW-UP ACTIVITIES

In 2013, the SSGA full-day orientation training was supplemented by 2 additional, optional sessions designed to address the social and global aspects of the program title. The first session, held toward the end of students' first fall semester, incorporated the screening of the film *First Do No Harm*, which focuses on the ethical, political, and cultural issues inherent in student field practice, particularly the notion of “helping” in an underserved, international context. Students were asked to view the film at their convenience and come to a SSGA-trained faculty or staff facilitated conversation regarding the intersection of the power and privilege-related themes raised in the initial SSGA session and the content of the film. Approximately one third of our MPH students elected to participate in this event.

The second optional follow-up session, held during the following (spring) semester, comprised video presentations by faculty members and an advanced-standing student relating salient experiences from their own

professional practice that illustrated issues identified in the SSGA training and the *First Do No Harm* film. For example, 1 tape featured a faculty member describing her experiences working for several years on a Black-foot Indian reservation, including several lessons she needed to learn to establish truly collaborative professional and personal relationships there. Another faculty member, whose project took her to Kenya as a trainer for community health workers, described several issues that emerged that demonstrated her own need for training from her Kenyan colleagues. Students then engaged in a conversation tying the themes and concepts learned from the 2 previous sessions together while working to propose additional methods to resolve the concerns presented by the video participants. Conversations were facilitated by SSGA faculty, who could add their own experiences to those the students had viewed by video. Approximately one quarter of MPH students elected to participate in this event.

Other ideas for follow-up events are currently being explored. For example, during fall 2014 we piloted an event that involved student and faculty attendance at a Broadway play. The show illustrates several challenging themes as they emerge and are dealt with among a circle of friends in New York City, including ethnocentrism, anti-Semitism, racism, Islamophobia, and gender-based violence. This event included structured talk-back sessions with the actors and directors, allowing for some initial processing of the experience.

CHALLENGES ENCOUNTERED, LESSONS LEARNED

Although the development and implementation of this novel program was a positive experience overall—for faculty as well as students—there were, and continue to be, numerous challenges that require thoughtful attention. First, student participants are undoubtedly at different stages in their own identity development, thus making it difficult for relatively inexperienced facilitators to balance the needs of all in their group. Facilitators struggled to simultaneously maintain a safe space for relatively uninitiated students, challenge very experienced students, and increase the capacity of everyone for awareness, critical reflection, and

tolerance for the discomfort that is often inherent in these dialogues.

Similarly, faculty and student cofacilitators were and are at varying levels of awareness, ability to tolerate ambiguity, and skill in communication and conflict resolution. Subsequent to the workshop, facilitators reported that they needed more support in knowing when and how to move conversations to a deeper level, explore with more rigor, take more risks, and stay with discomfort, especially in some of the key middle stage exercises, such as the dominant and nondominant and power and privilege exercises.

Some of our international students, who constitute 18% of the Mailman MPH cohort, found not only the content of the workshop difficult to grasp but also the actual format of the class (e.g., chairs in a circle, self-disclosure among strangers) to be unfamiliar and anxiety provoking. Such feedback increased our own awareness, and we carefully reviewed the manual, exercises, and other activities for cultural references that were limited to a US audience. Despite this, some of the material is most meaningful for those who have at least some familiarity with historical and current structured social inequalities in the United States (e.g., slavery, immigration policy). We are currently exploring ways to provide this background for international students and to structure other aspects of the day to maximize comfort for all participants (e.g., discussion of seating arrangements as the day begins).

In addition, the range of feelings, reactions, and interactions that could emerge in and among participants during the workshop was huge (e.g., humor, sadness, embarrassment, disagreement, camaraderie, disengagement, hostility). Some of these were challenging for even the most experienced facilitators and had strong and unanticipated effects on some participants. One important lesson learned in this regard was the need to provide more structured support for participants and facilitators who felt the need or desire to process some of these issues in the days and weeks following the workshop. We continue to work with our Wellness Center at the Medical Center to structure such support and will continue to expand these services as needed.

Measuring the effects of the initial and subsequent SSGA activities also remains

a challenge. Our evaluation activities thus far have focused on student perceptions of the initial workshop's usefulness in several broad domains (e.g., increasing awareness, providing skills needed by public health professions). As mentioned previously, these domains need to be fleshed out to a greater extent (e.g., what specific knowledge do we want to impart; what particular communication or other skills did they gain or want to gain). Moreover, we have not yet evaluated the follow-up activities nor assessed their integration with and usefulness for other components of the MPH curriculum. One possibility is to collect data at the conclusion of the first year, which would allow students to assess their combined SSGA experiences and retrospectively compare their own progress between initiation of the MPH and the end of their second semester. Gathering baseline data regarding incoming students' cultural awareness and humility is also an intriguing idea that is being considered.

The timing of the all-day workshop, as well as the follow-up events that are intended to extend the process of self, social, and global awareness, also presented challenges that remain only partially resolved. Holding the first required workshop during orientation was well received, indicating to everyone its importance at the school level; however, several questions emerged: whether it should take place early or late in the orientation week; whether the small, SSGA workshop groups should be maintained (or reconfigured) for the other small group classes in our core curriculum; whether the follow-up events should be optional or required; and which weeks in the semester were optimal for continued SSGA work. We are in the process of experimenting with these issues and gathering feedback from an expanding number of students who have both taken and cofacilitated the workshops.

On these and other concerns, it has been extremely helpful to work with students who have high levels of interest and experience with cultural competency, anti-oppression, and diversity training, or similar work. A small but nontrivial group of incoming students intend to make this work a key aspect of their public health career and already have a great deal of experience in the field. For example, in 2014, students provided critical insight and clarification in elaborating the meaning of terms, such

as gender (including gender ambiguous, transgender, cisgender), sex (moving beyond binary male/female distinctions), and sexual orientation (including queer, questioning) throughout the workshop materials.

A significant challenge for the team revolves around the desire and need to incorporate more of the faculty into the SSGA process. We have been fortunate that approximately 25 faculty members have been willing to participate as facilitators in this critical program, but we do not have a broad recruitment strategy in place. Several alternative plans for expanding faculty involvement are being explored, including SSGA workshops specifically for faculty.

As with any schoolwide undertaking, there are many other issues, concerns, and details involved as this relatively new program continues to evolve. Ultimately, the 1-day, orientation-based workshop described here can be viewed as the first step in student and faculty exploration of the complex and critically important issues of personal identity, power, and privilege. All involved in this process agree that at least 2 additional steps are necessary as we move forward: first, workshop themes must be better integrated into class content throughout the MPH curriculum; and second, additional follow-up sessions and activities are essential in moving beyond self-awareness, to the social and global components of the program. Although all agree that a certain level of self-awareness is an important and indispensable starting point, it is critical to further identify, analyze, and act to address institutional and structural processes, including those reflected in public health practice, that perpetuate systematic inequality in its many forms. It is our hope that the workshop and subsequent activities described here represent one strategy to move our field in the direction of eliminating such inequities. ■

About the Authors

At the time this article was written, Linda F. Cushman was with the Office of Field Practice and Heilbrunn Department of Population and Family Health, Mailman School of Public Health, Columbia University, New York, NY. Martyn Delva was with the Office of Student Affairs and Department of Epidemiology, Mailman School of Public Health, Columbia University. Ana Jimenez-Bautista was with the Office of Field Practice, Mailman School of Public Health, Columbia University. Jim Glover was with the Office of Educational Programs, Mailman School of Public Health, Columbia University. Melissa D. Begg was with the Dean's Office and Department of Biostatistics, Mailman School of Public

Health, Columbia University. Joyce Moon-Howard was with the Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University. Cheryl L. Franks is in the Percy Ellis Sutton SEEK Department, John Jay College of Criminal Justice, New York.

Correspondence should be sent to Linda F. Cushman, PhD, Heilbrunn Department of Population and Family Health, Mailman School of Public Health, Columbia University, 60 Haven Avenue, B-2, Room 214, New York, NY 10032 (e-mail: Lfc2@columbia.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

This article was accepted November 30, 2014.

Contributors

All authors contributed substantially to the conceptualization, design, and writing of this article.

Acknowledgments

We wish to thank Joseph Korevec, PhD, MBA, for his support of the program and his careful review of the article, and Tabaita Rodriguez, BS, for her editing assistance.

Human Participant Protection

The Columbia University Medical Center institutional review board determined core evaluation activities to be exempt because they fall into the categories of educational testing, survey or observational research, and educational practices research. The forms used to gather post-workshop data were submitted as an amendment to the original study which focused on evaluation of the academic components of the new Mailman Core curriculum.

References

1. Calhoun JG, Ramiah K, Shortell S. Development of a Core Competency Model for the Master of Public Health Degree. *Am J Public Health*. 2008;98(9):1598-1607.
2. Association of Schools of Public Health/Kellogg Taskforce on Engaging Schools of Public Health in the Elimination of Racial and Ethnic Health Disparities. *School of Public Health Goals Towards Eliminating Racial & Ethnic Health Disparities*. Washington, DC: Association of Schools of Public Health; 2008.
3. Joint Expert Panel Association of American Medical Colleges and Association of Schools of Public Health. *Cultural Competence in Education for Students in Medicine and Public Health. Report of an Expert Panel*. Washington, DC: Association of American Medical Colleges and Association of Schools of Public Health; 2012.
4. Gregorczyk SM, Bailit H. Assessing the cultural competency of dental students and residents. *J Dent Educ*. 2008;72(10):1122-1127.
5. Odawara E. Cultural competency in occupational therapy: beyond a cross-cultural view of practice. *Am J Occup Ther*. 2005;59(3):325-334.
6. Giger J, Davihizar RE, Purnell L, et al. American Academy of Nursing Expert Panel Report: developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. *J Transcult Nurs*. 2007;18(2):95-102.

7. Jackson V. Review of *Developing Cultural Competence in Physical Therapy Practice*, by J. B. Lattanzi and L. D. Purnell. *Internet J Allied Health Sci Pract*. 2009;7(4).
8. Rubin RW, Rustveld LO, Weyant RJ, Close JM. Exploring dental students' perceptions of cultural competence and social responsibility. *J Dent Educ*. 2008;72(10):1114–1121.
9. Cross TL, Bazron BJ, Dennis KW, Issacs MR. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Washington, DC: Georgetown University Child Development Center; 1989.
10. Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*. 1998;9(2):117–125.
11. Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*. 2003;118(4):293–302.
12. Crenshaw K. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ Chicago Legal Forum*. 1989;139:383–395.
13. Wrong D. *Power: Its Forms, Bases and Uses*. New Brunswick, NJ: Transaction Publishers; 1995.
14. Begg MD, Galea S, Bayer R, Walker JR, Fried LP. MPH education for the 21st century: design of Columbia University's new public health curriculum. *Am J Public Health*. 2014;104(1):30–36.
15. Deutsch M. Introduction. In: Deutsch M, Coleman PT, Marcus EC, eds., *The Handbook of Conflict Resolution*. San Francisco, CA: John Wiley & Sons, Inc.; 2006;1–20.
16. Deutsch M. Cooperation and competition. In: Deutsch M, Coleman PT, Marcus EC, eds., *The Handbook of Conflict Resolution*. San Francisco, CA: John Wiley & Sons, Inc.; 2006;23–42.
17. Lewin K. Group decision and social change. In: Maccoby EE, Newcomb T, Hartley E, eds. *Readings in Social Psychology*. Austin, TX: Holt, Rinehart and Winston; 1947.
18. Lewin K. Frontiers in group dynamics. *Hum Relat*. 1947;1(1):5–41.
19. Freiré P. *Pedagogy of the Oppressed. Revised 20th Anniversary Edition*. New York, NY: Continuum; 1993.