Student, Faculty, Staff Collaboration: Utilizing Partnership to Evaluate and Inform a Department of Global Health's Approach to Power, Privilege, and Difference

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Background: In 2007, a department of global health (DGH) was created with the values:

(1) social justice and equity,

(2) enabling students to make a difference in global health, and (3) utilizing strengths of discovery, service, and the power of partnerships.

An overarching theme of these values is cultural competence. Students partnered with concerned staff and faculty to address the gap between the stated values and the actual curriculum and pedagogy in classrooms and the field.



Cultural competence is a skill that requires ongoing practice at both the individual and organizational levels. In organizations, it refers to one that is "characterized by **acceptance and respect for difference**, **continuing self-assessment** regarding culture, careful **attention to the dynamics of difference**, **continuous expansion of cultural knowledge** and resources, and a variety of adaptations...in order to meet the needs of marginalized populations.."¹

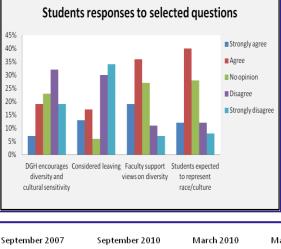
Methods: In March 2010, a survey tool was developed and implemented among MPH students in the DGH to reveal perceptions of the program's approach to cultural competency, diversity, power and privilege. A 23-item survey consisting of short answer and likert-scale questions was administered through student emails addresses and yielded a 40% response rate.

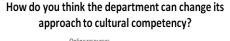
Results: Selected Short Answer Responses

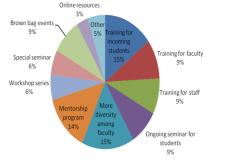
"As global public health workers...if we are well-trained in cultural competency, then we can spread this throughout our work. Working abroad with communities that are not our own requires a level of cultural humility and openness that comes with practice and self-reflection. Give us time and ways to practice."

"The DGH is placed in a very vital situation to create a multicultural environment where students from all over the world can communicate openly with each other, staff and faculty...Both U.S. and international students have something to learn and teach each other...cultural competency underlies all this."

"...there should be a class dedicated to cultural competency...the DGH, while rigorous in academic learning, is lacking one of the most important and necessary components of working in a global community"







Recommendations:

1. Create a departmental committee on cultural competency to hold the department accountable to our values.

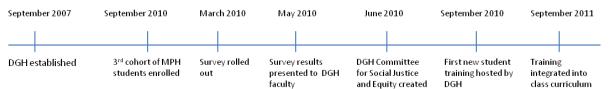
 Required annual training for faculty, staff, and students on cultural competency using an anti-oppressive framework.
Hire an external consultant to conduct a cultural

competency climate assessment.

- 4. Hire more diverse faculty.
- 5. Integrate cultural competency as a core skill in the MPH.

Conclusion: The process of student organizing and partnering with staff and faculty highlights ways a department can create a more equitable learning environment and train the next generation of public health professionals to engage in authentic social justice at every step.

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*University of Washington, Dept. of Global Health, ⁺University of Washington, School of Social Work, ◆University of Washington, Dept. of Epidemiology, Family Medicine, Industrial Engineering Program, Evans School of Public Policy ¹ Ciesielka, Debbie J.; Schumacher, Gretchen; Conway, Alice; and Penrose, Joyce (2005) "Implementing and Evaluating a Culturally-Focused Curriculum in a Collaborative Graduate Nursing Program," International Journal of Nursing Education Scholarship: Vol. 2: Iss. 1, Article 6.