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# Lessons in Critical Race Theory

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**Authors:** Curtis Hartley, BS; Allyson Kelley, DrPH

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## Abstract

Abstract: Racism and discrimination are the root causes of health disparities in our world. Most schools of public health fail to address these issues. Critical Race Theory (CRT) is a viable framework for exploring how racial bias is reinforced at various levels in our society and how privilege differs based on race. Health promotion pedagogy informed by CRT and social justice can be an opportunity to explore relationships, social cohesion, and promote health equity. This paper describes and explores how an undergraduate/graduate public health instructor and students at the University of North Carolina Greensboro presented materials and speakers that influenced how students perceived racism and discrimination as a public health problem. Students learned about perspective, privilege, and positionality during guest interviews with guests during throughout the class. Excerpts of student essays presented in this paper demonstrate how college health courses like this one can transform, change, heal, and connect students with a world that dismantles racism and promotes health equity and justice for all. Teaching public health and social justice requires a different teaching approach and unique content developed in an authentic way from individuals with lived experience of social justice issues. Elevating CRT as a framework and giving voice to the historically minoritized and marginalized must be the goal of transformative pedagogy in health promotion. Now is the time.

## Background

Racism and discrimination are the root causes of health disparities in our world. The dominant culture, implicit and explicit bias, and the lack of diversity within academia create inequitable conditions that disregard health as a human right.<sup>1,2</sup> Frameworks, policies, and practices that elevate racial equity as a human rights issue are emerging as critical issues for professors and scholars working in the field of public health and beyond.<sup>3</sup> However, racism remains a persistent public health problem that must be addressed by the next generation of health professionals. Solutions may not lie in academics developing new tools and frameworks but in influencing how students and scholars think and learn about racism and social justice as a public health issue.

Critical Race Theory (CRT), defined as an academic study based on systemic and institutional racism, is a viable framework for exploring how racial bias is reinforced at various levels in our society and differences in privilege based on race. CRT comes from the fields of legal studies and social justice.<sup>4</sup> CRT started as

philosophical writings by Derrick Bell in the 1970s and has evolved to possess five main tenets.

CRT has five central tenants:

- The notion that racism is ordinary and not aberrational.
- The idea of an interest convergence.
- The social construction of race.
- The idea of storytelling and counter-storytelling.
- The notion that whites have been the actual recipients of civil rights legislation.

These tenets invite deep discussion and critical thinking of current and past world events when looking through the lens of how laws truly affect different races and who it benefits.

Despite widespread endorsements by teachers' unions and others, CRT is not taught in most elementary and high schools because of political reasons.<sup>5</sup> Most undergraduate and graduate programs do not require an acknowledgment of CRT, nor do they explicitly address issues of racism and discrimination in pedagogy. Gaps in the teaching of CRT have left many to fend for themselves when it comes to learning about issues of race and systemic racism.

CRT is being used by politicians as a galvanizing political tool to divide versus unite teachers and classrooms. While there is a considerable discussion about teaching CRT in schools and how it is being used as a political tool to divide rather than unite disparate groups in the US, it is time to consider how professors and universities prepare health students to address racism and discrimination as the most wicked public health problem of our time.

Pedagogy informed by CRT and social justice in undergraduate and graduate health courses can be an opportunity to explore relationships, strengthen social cohesion, and promote health equity. Previous work calls for a pedagogy and scholarly teaching that acknowledges contemporary issues that can be addressed locally and calls for scholarly teaching that expands students' perspectives.<sup>6</sup> Advocates of social justice pedagogies and CRT recommend instruction that identifies inequalities, empowers individuals to take action, and addresses privilege that marginalizes students based on gender, sexuality, ethnicity, religion, and social class.<sup>7</sup> Informed by CRT, this paper describes how an undergraduate/graduate public health class at the University of North Carolina Greensboro influenced how students perceived racism, discrimination, and social justice issues. The class was Public Health and Social Justice 450/676, offered via Zoom every Thursday from 3 to 4:45 pm during the Spring 2021 semester. Due to COVID-19, all students (n = 17) met virtually. The course included six learning objectives.

1. Identify and understand the social determinants of health from a non-academic, social justice perspective.
2. Learn about theories and frameworks used to address social justice in public health from real-world scenarios, people, and places.
3. Understand the underlying causes of poor and good health based on key health determinants and the role of public health professionals in promoting change.
4. Practice public health research and evaluation methods that address social justice and public health inequities.
5. Identify national, state, and local public health functions as they relate to social justice and systematic disadvantage.
6. Learn what it means to be a public health professional as an agent of equity and change for the advancement of human well-being.

Course materials were composed of assigned readings, interviews, video recordings, presentations, discussion board postings, group work, and identity-building activities that occurred during class and outside of class. Foundational readings used throughout the course were the Five Faces of Oppression, the UN Declaration of Human Rights, and Jones' infamous Gardener's Tale framework for addressing racism.<sup>2,8,9</sup>

### Interviews and Authentic Conversations

At the beginning of each class, the professor conducted an informal interview with individuals working in the field of public health and social justice or those who were personally impacted by racism and discrimination because of their race or abilities. Interviewees were recommended by the professor or students. After the interviews were completed, students had an opportunity to ask questions about the interviewees' experiences. The professor developed an informal interview guide that consisted of the following questions:

1. Tell us your name and your current role or position.
2. Discuss how social justice and race are part of your work or what you do.
3. What advice do you have for the future of public health and the students here today?

In the spirit of equity and generosity, all interviewees were offered a \$250 stipend for their time. Students learned about perspective, privilege, and positionality during interviews with guests during the class. Interviews promoted connection, authenticity, diversity, and representation with groups historically marginalized by society. The summaries below are reflections written by the professor during the interviews. They highlight issues of social justice, racism, health equity, and hope—

based on real-world experiences. Each summary begins with the representation and position of the individual being interviewed. Names and places have been changed for anonymity purposes.

**Being a Native Transgender woman** living in a rural reservation that is 140 miles from town. This town and area are known for racist and discriminatory practices against Natives, the largest minority group in the state. The biggest thing she wanted the students to know was to see her. "As public health professionals, you must see people as they are for who they are without judgment."

**Life as a mix of African American, Native American, and white.** Growing up in a family of more than 13 kids with very few resources is proof of human resilience. Working in a hospital as a social work case manager, he decided that he wanted to fix broken systems so that all people could have the right to health. His work in teaching, research, and evaluation throughout the world demonstrates a lifelong commitment to public health and social justice. His message is, "...education opens the door."

**India and living in an orphanage.** His work as a medical doctor in India and relocation to the US to earn a DrPH were once-in-a-lifetime opportunities. As an advocate of justice and public health, he shared several examples of upstream approaches that tackle big public health issues. When conditions fail to promote health, we must change them. He also discussed the impacts of white privilege on society. "White privilege is the beauty queen standing on the stage; she has done nothing in her life to be white, with an appearance that dominant society promotes as beauty. Doors open for her that do not open for others just because she is white."

**Oregon's teacher of the year, an American Indian woman.** She told students that the education system is colonized and that teachers can address this by teaching about Black history, racism, discrimination, and Native American history. Her message: land matters. Recognizing the land, understanding colonization, and honoring the First Peoples of the US is important. "Everywhere we go, we are standing on land that has a history, a people, and culture that is quite different from who and what we are today."

**Early childhood impacted her career choice.** As a Navajo Nation member and raised by her traditional grandparents, she recognized early on that there were issues with how they received healthcare services, in part due to language barriers. As her grandparents developed diabetes and heart diseases, providers told her Navajo-speaking grandparents to follow specific diets and practices, but there was always a disconnect between the provider and her grandparents. Her work focuses on cultural humility and communication. She told students that being humble is more important than being culturally competent.

**Indigenous food sovereignty advocate.** Her work to bring food to food deserts across the Northern Plains region is her passion. She did not have much growing up, but she was always connected to the land and agriculture. This passion followed her through her ranching and rodeo days. She eventually earned an advanced degree in agriculture science from a state university. She reflected on self-care, her struggles, and how she has addressed them through counseling, supportive relationships, and never giving up.

**A social justice, criminal justice advocate, and trauma healer.** Her work as a clinical psychologist has everything to do with social justice and trauma. She told us about her early years growing up on a farm in the middle of Oklahoma. She knew that she did not want to live without resources in her life. She wanted something more. Of her multiple siblings, she was the only one who went to college. She told us that students need mentors and opportunities. She described a process of learning lessons from traumatic events; traumatic events teach important lessons. These lessons become our skills and values. At the end of the interview, she said, "Find a window. It just takes one window of opportunity to open. Look for the windows, go to the windows, and find success. Social justice is a spiritual process. If we are not healthy, recovered, and whole, it is impossible to see what others might need, the inequities and inequalities that exist, and what to do about it."

**A health educator, mother, and healer.** She began teaching sex education classes at St. Labre School 15 years ago. St. Labre is a catholic boarding school with certain ideas about sex education, gender roles, and sexual orientation. She said, "Native girls grow up with the expectation that they will be raped multiple times; this is just part of growing up." Native girls have rights, we all have rights, and health educators and public health can work early to show young people they have value. She reminded students, "...if you find a roadblock, go the other way. There are always ways to get something done."

**HIV researcher and advocate.** His work with marginalized communities and populations to address HIV is global. He told us advocacy is a big part of change, along with showing up, doing the work, and involving community members in the research process. He had real advice for students: "Build the brand. Be committed to the brand. The brand is you."

**Advocate for access to equal and equitable rights for individuals with disabilities.** She told stories of being forced out of academic programs because she could not stand for 8 hours or being treated unfairly because she was not able-bodied. The Americans with Disabilities Act was passed in 1990, but individuals are still fighting for equal and equitable rights. She encouraged students to "Ask people first if they would like it before just offering it. Speak up and treat everyone equally and equitably."

## Teaching Public Health, Social Justice, and Undoing Racism

To determine how the course impacted student beliefs and knowledge about social justice and racism, the professor asked students to write an essay about their experience at the end of the class. Essays were not required and would be used to create a journal article. Students received the following email from their professor.

Dear student,

Everyone deserves the right to health, but not everyone gets it. In this class, we have taken a journey and learned some essential tools for navigating an unjust world and creating an opportunity to address inequalities and inequities as the next generation of public health professionals.

Here are some writing prompts to consider:

- My experience with racism, discrimination, or privilege....
- I learned... about Public Health and Social Justice.
- I learned ... about myself.
- I want to change....
- My message to the world is ...

### Student Essays

This section includes excerpts from student essays that demonstrate how college health courses like this one have the potential to transform, change, heal, and connect students with a world that dismantles racism and promotes health equity and justice for all.

**White female.** I consider myself a pretty average 37-year-old female. I'm white. I grew up in an upper-middle-class house and family. But, up until the last few years, I never realized that I had blind spots in how I saw the world. I know I will never KNOW what it is like to be anything other than white. I also know I will never know what it feels like to be anything other than female. This brings me to my next point: women and their rights, whether it's reproductive rights, access to healthcare (including hormones for those that are gender-identifying as female but were born male), financial rights, or domestic abuse. Women are still overlooked in so many cases. I learned so many things from one particular guest speaker very early on in the course—a Native woman who spoke openly and was kind enough to be vulnerable to share her story. Maybe if we just show kindness, listen, and provide safe, judgment-free areas, we can really understand more about each other. She said something that really stuck with me, "Advocate for yourself first, then other women, and keep learning!" I will take that with me as I walk through the rest of my life.



**White female.** Little did I know that I would learn more from my professor and peers than I could have ever dreamed. Every single class, I left feeling enlightened by hearing the experiences of my peers. We had some truly amazing guest speakers who also were integral in opening my eyes to the issues that people face. This class has been the most important class I have taken in my entire college career. It has taught me things that I can't even explain but that I know will stay with me and help me to see things through a different lens. I hope to become an ally to all.

**African American Gay Male.** One thing I've learned in my life is that silence is a luxury; it isn't the answer. Another important thing is that no law is going to change things. We have to change things. If you're religious, then whatever god you believe in, we all come from the same one. These seem like simple concepts, but they are compelling and moving. These simple concepts can completely change a life. For example, just because we have laws against slavery doesn't mean that it's gone. Things deeply granted in a culture turn into new concepts, such as the jail system. Another example is LGBTQ+ laws for protection. These are just laws, and while they might, on the surface, seem to fix problems, they don't. A law won't fix problems on its own; we need to get back to the community and build up from there. I'm not here to preach to you or tell you that how you think is wrong. I was hoping you could take from this because everyone has a voice, and not using it is the same as accepting what's going on and even supporting it. The last thing I'd love for everyone to walk away with is just like with women's rights, racism, and LGBTQ+ rights. In a country that caters to cis-white males, there won't be fast change if it's not a priority to that group. Why change something when it doesn't affect you? That concept is one of the most significant concepts of public health. Why help when I'm fine and I'm not hindered?

**Two African American Females.** I strongly believe that this class helped me in my self-discovery journey. I learned things about myself that I never knew existed; before this class, I was weighed with a lot of guilt and ignorance towards topics like LGBTQIA+ and sexualities. This class was an open space for everyone; it was small and personal, and it truly felt like the supportive family that I had yearned for on this campus. There were times when people shared such events in their lives, and instead of victimizing them, the professor and classmates helped each other heal by sharing similar experiences or how they learned to cope with their individual trauma. I've never related to anyone as much as I did in this class, and I strongly believe that college students should utilize such a class that allows them to do that. As the class is coming to an end, I've learned that I should stand up for myself and express myself without feeling any guilt; it has also boosted my confidence as I prepare to start my work in the public health field. I like how this class has boosted my confidence and allowed me to feel confident in the things I want to speak about. The professor has created this class to be a safe haven for us, which is great because not many people get to have that experience in their home or their classroom

settings. So I really appreciate it. Coming to UNCG from a Historically Black College and University, we swept our social justice issues under the rug, or we didn't deal with them properly. So I like having a place aloud where I can talk about these issues. It also made me feel like I'm not alone. I felt like, personally, I got through a lot of tough times through her and class words of encouragement.

### Course Evaluations

Six course evaluations underscored the need for continued work to promote CRT and expand student perspectives about racism, discrimination, social justice, and public health.

- I learned so much from my fellow students and from our teacher. We created a safe space that allowed us all to feel comfortable letting our vulnerabilities show and asking hard questions. I will miss this course, as it is by far the most favorite course I have ever taken in my entire college career.
- This class helped to prepare me by educating me about other populations that are desperately underserved and in what ways are most productive in using the framework and respecting and hearing what those populations need and want.
- It helped me by showing me what to look forward to while being in the health field. Also, to see what I can try and change about equal opportunity to everyone.
- I love and appreciate the fact that the professor has used this class as a safe haven for us to talk about our issues and what we are going through. She was so open minded and judged free, just simply amazing. I love how she called us family and instead of students. I truly feel connected to her.
- Overall, this class was great. It seemed as though we built our own knowledge from each other with our weekly class facilitations from a classmate per week instead of the instructor teaching us the course material.
- This course enriched my knowledge in a very useful and simple way.

### Lessons for the Field

Imagine if undergraduate and graduate health courses required an acknowledgment of white privilege and systemic and institutional racism before they even started talking about the curriculum? Teaching public health and social justice requires professors to expand their knowledge, leave their comfort zones, and develop new skills. It requires people, such as the individuals interviewed in this class, to come forward and share their experiences, advice, and perspectives with students and scholars.

Students co-create knowledge and teachings with teachers based on their lived experiences, not a textbook or a research publication. This is how educators can incorporate CRT into classrooms to facilitate the upstream idea. Instead of teaching, you learn with your students that these subjects are vast and deep and allow for plenty of room for everyone to grow and learn.

While there are many models and even courses available to educate students about systemic and institutional racism, there are few models that utilize an organic and collaborative approach to learning and sharing. Interviews, students as speakers and teachers, and reflection as essential pedagogical tools are not new to health promotion. What is new is the approach taken and the possibility of what could happen when academia expands its views about who is a teacher and who is a learner. Interviewees with lived experiences were experts. Their expertise did not come from a book or a degree but from their experiences as transgender, sexual gender minorities, African Americans, Indigenous leaders, healers, and leaders.

Many professors are unwilling to give up their podiums to release the power and prestige of lecturing for hours on end. This must change. When you have such precious resources for things like CRT right in the classroom, we can change the educator/learner dynamic and open up the floor to critical thinking and perspectives from different races in the classroom. Oppressive acts like exploitation, marginalization, powerlessness, cultural imperialism, and violence can be nearly invisible, just like a pane of clear glass that someone does not see. Because they do not know, they do not see it. A starting point for all of academia and health promotion pedagogy is to acknowledge oppressive acts and systems in every publication, report, book, or correspondence.<sup>8</sup> As discussed earlier, we must step down from podiums and open the floor for lived experiences. Young scholars can be educated on how to think about these issues and not just see them at face value.

When we talk about controversial subjects such as CRT, it's not about placing blame on one group or another. It's simply speaking about what has transpired in the past that has dramatically shaped what is happening in the present. As guardians of the present, we should use this to help shape the future. The question now is, why does this matter? When we think about social justice and public health, it's not just about race and ethnicity. It's about acknowledging the deep issue of racism as a public health problem in the US. It begins and builds on the conversation of CRT, equity, and health pedagogy at all levels that will lead to a better life for all.

### **Author Note**

Authors recognize the gender and racial disparities that persist in academic publishing that historically has been dominated by white males with PhDs. Authors

of this paper call out these oppressive practices and systems. The first author is an African American gay undergraduate student, and the second author is a white cis-gender female professor.

### Acknowledgments

Brave students and speakers in this class created new knowledge about exploring CRT in the classroom. This was not an academic exercise but an experience of storytelling, vulnerability, trust, and generosity. We are grateful to everyone who showed up to class with an open mind and heart. You represent the future of goodness and justice.

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## LESSONS IN CRT

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