

What Can the IHN Do To Address Inequity?

Preface

The Institute of Human Nutrition at Columbia University has continuously trained future healthcare providers, lawmakers, professors, and scientists. The program has taught its students to understand the vast role that nutrition plays on health and the importance of leveraging this knowledge to provide better care, advocate for more just policies, and advance research. However, it would be remiss to ignore the fact that many of the fields we plan on entering are plagued with individual and structural racism. We learn about health disparities while ignoring the fact that many of them exist because of racism. We learn about the significance of research but fail to acknowledge the underrepresentation of ethnic minorities in research positions as well as the long history of how medical research has advanced via the exploitation of black and brown bodies. Aside from ensuring that its students are well-versed in human nutrition and research, the faculty and staff at IHN have additional responsibilities. You must use your positions, platforms, and curriculum to continuously stand-up against racism, anti-blackness, misogyny, xenophobia, homophobia, transphobia, and other forms of discrimination. Educate yourselves and your future students on the biases that fuel racial inequities and understand how our systems perpetuate the oppression of marginalized peoples.

What Can the IHN Do?

We believe that rather than upholding the status quo, the IHN should commit to changing it. We, the students, are all privy to what we can do as individuals and within our own communities to stop racism, discrimination, and anti-blackness. We are aware that numerous petitions and letters have been passed around by the university. But what can the IHN, specifically, do?:

SECTION I: STRUCTURAL CHANGES WITHIN THE IHN

1. **Improve representation in faculty and for mentorship/research positions. Embrace diversity AND inclusion.**

We emphasize that diversity is NOT about filling a quota or improving optics. We define diversity as including individuals from marginalized groups and ensuring that they have a seat at the table. Their voices, ideas, and opinions must be heard, respected, and acted on. They must have the power to make official decisions and changes within the program.

- a. We need better representation. We acknowledge the need for more faculty of color, and faculty from the LGBTQIA community.
 - i. Recruit and retain faculty/mentors who teach with culturally relevant pedagogy and do research with minority populations.

- b. Hire a staff member dedicated to improving diversity in the IHN, leading discussions with students and training faculty members in principles of diversity, inclusion and social justice.

2. Increase and maintain diversity among the student body and create spaces for students from marginalized backgrounds.

We remind the staff and faculty of the IHN that diversity is not achieved through inaction and good intentions but is instead the result of deliberate institutional commitments and policies. A diverse student body will allow students to learn topics through various viewpoints, encourage critical thinking, in addition to many other benefits. Recruiting students from marginalized backgrounds is not enough to increase diversity. We must ensure that the students feel safe and supported in order to truly foster a safe and welcoming environment conducive to education.

- a. Improve recruitment methods for incoming students by visiting historically black colleges and universities.
- b. Start competitive scholarships and fellowships for underrepresented minorities.
- c. Identify and remove barriers that preclude minority students from applying and matriculating into the IHN.
 - i. Creation of a Fee Assistance Program (similar to AAMC's) waiving the \$95.00 application fee to apply for the Master's Program, \$110 for the Ph.D. program.
- d. Create a student and faculty-led committee to discuss racial and social issues and injustices. We should feel comfortable and have space not solely for academic support, and social activities but also for community development and social justice.
- e. Include workshops that will embrace gender identity and that will respect pronouns. Advocate for them to be listed on our IDs. This can either be program-specific or university-wide.

SECTION II: The IHN and Washington Heights

3. Invest in the community within which the IHN resides.

We note with concern the IHN and its failure to sufficiently acknowledge and engage with the Washington Heights community. We are deeply conscious of the role systemic racism has played in the history of Washington Heights, the portrayal of its community, and its current gentrification. Our presence as students, without giving back to the community of Washington Heights, continues to propagate gentrification and uphold institutionalized racism.

- a. Make the neighborhood survey project for the Introduction to Public Health Nutrition course more comprehensive.
 - i. One of the first assignments we complete as IHN students is a neighborhood surveillance project in public health nutrition. We look at the bodega to grocery store ratio and the prices of food and we present our information. The project ends there. For many of us who grew up in neglected and marginalized communities, the information is not new. We lived it. We believe this project can be more valuable with an added section or a second part that focuses on reform.

- ii. Students should brainstorm ways on how they would amend the problems that they see in the neighborhoods they choose to survey. Dr. Hekimian and the faculty/staff will choose the top two best ideas and these students will have the opportunity to present the idea to local legislators and even go to D.C to lobby, if possible.
- b. Work with local schools in Washington Heights and set up programs that teach nutrition education to students. This can be used as a volunteer opportunity for students interested in applying to medical school or other professional programs
 - i. Reach out to CUMC/NYP's Family Medicine department if they are willing to collaborate to start food demos and nutrition teaching in their free clinics, which could be a completely new project spearheaded by IHN.
- c. Increase the number of public health thesis settings. During the 2019-2020 IHN program, there were 20 thesis opportunities for basic science, 21 for clinical sciences, and only 5 for public health (some of which were not even accepting students this year). Significant efforts should be made to reach out to more community-based organizations and increase the number of public health opportunities in underserved black and brown communities.
- d. Support programs and initiatives that will prevent ethnic minorities from being the victims of police brutality, racial profiling, and microaggressions.

SECTION III: Changes in the IHN Curriculum

4. Commit to ongoing changes within the IHN that improves racial awareness and advocates for social justice.

We call on professors in the IHN to make changes in their course curriculum and teach how discrimination, based on race, gender identity, sexual orientation and ethnicity, influences health and research. Race and racism should be freely discussed in a comprehensive and meaningful way, so that students are accustomed to these discussions upon graduation.

- a. The following is a list of changes proposed by students:
 - i. Emphasize food justice and racism in the food system.
 - 1. Invite Charita Johnson, a guest speaker in the spring policy course who focuses on community nutrition and food justice, to speak in public health nutrition.
 - ii. Include race and racism in the IPE curriculum, aside from just learning how different healthcare providers can work together as an effective team. There should also be a discussion as to how they, as a team, can actively advocate against racism. There should be a conscious and collective effort across the ten health professional schools and programs within CUMC.
 - iii. Change the assignment that we have to complete before the program starts and assign a book or a short essay that discusses how race affects nutrition (e.g. food deserts in cities, food sovereignty, food justice, or land theft).
 - iv. Introduce an orientation session on racism in healthcare- perhaps integrated into the session on systems thinking.

- v. Improve student training in cultural sensitivity, microaggressions, and identity. This could be done during orientation or otherwise.
- vi. Introduce a section in critical readings dedicated to health disparities in marginalized communities
- vii. Introduce an entire course dedicated to systemic racism and its effects on nutrition and healthcare in America. Include speakers that are activists and individuals from social justice based non-profits.

5. Remove biological race from the IHN curriculum.

We define biological race as the belief and presupposition that race has a legitimate scientific foundation and is an adequate substitute for genetic variation. We reject this understanding of race. This is not a demand to remove race from the IHN curriculum, but rather an exhortation to teach a nuanced and complete understanding of the concept. We affirm that race is a socio-political construct with no biological basis. As such, race is an inadequate proxy for genealogical history and genetic variance due to its capricious and arbitrary classification of peoples. This, however, does not obfuscate the reality that race has a real and serious impact on health. That is to say, while there is no biological race, race becomes biology through the systems of oppression that marginalize people of color.

- a. Remove biological race from the IHN curriculum.
- b. Teach and give greater context as to why people of color experience health disparities. In other words, explain the systemic and socio-cultural reasons that often cause people of color to experience worse health outcomes.
- c. The following are a few examples of the use of biological race in the IHN curriculum:
 - i. “The optimal level of 25(OH)D for health may differ in White and Black Women.” (Vitamin D lecture by Dr. Shapses from Rutgers) (Cauley et al. JBMR, 2011)
 - ii. “Asian and Pacific Islanders may require a lower BMI cutoff for disease.” (Lecture 8, Physiology and Nutrition Through the Lifecycle) (WHO, Lancet, 2004)
 - iii. “Race is a risk factor for weight regain after RYGB” (Obesity and Type 2 diabetes: new thoughts on Pathophysiology and treatment, Dr. Apovain)
 - iv. “High K⁺ intake is the most beneficial when Na⁺ intake is high. Positive effects are more pronounced in Blacks, compared to Whites and Hispanics.” (Water and Electrolytes, Biological and Physiological Basis of Nutrition II: Micro Nutrients) (No citation given)

Conclusion

The onus often falls on the marginalized to explain their oppression, to educate and to come up with solutions. While we appreciate the emails of solidarity, they are by no means enough. We hope that you will not only actualize the demands and suggestions listed above, but also use them as a starting point to create permanent and tangible structural change.

To show your support, please sign the petition through this form [HERE](#).

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