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Educating Students about Personal Privilege as a Social Determinant of Health through an Interactive Modified Privilege Walk: A Pilot and Quality Improvement Study

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Abstract: There is a growing need for pre-health professional students to understand how the social determinants of health (SDOH) affect population health. The goal of this project was to evaluate the impact of a modified "Privilege Walk" (MPW) activity on students' awareness of personal privilege as a SDOH. Undergraduate students engaged in a MPW activity received a privilege score that could total 36 points (a higher score indicates more privilege). Students also completed a pre- and post-MPW survey to evaluate the impact of the activity on privilege awareness. Nonparametric tests were used to determine the effect of the MPW assignment on privilege outcomes. Twenty-one students completed the pre- and post-surveys. The majority of respondents were White (85.7%), non-Hispanic (90.5%), or female (81.0%). Ethnicity (1.14 points, p=0.052), race (0.71 points, p=0.0078), and current housing conditions (0.70 points, p=0.0273) were the top characteristics students felt gave them significantly more privilege. We demonstrated that an interactive approach in the classroom could increase students' awareness about privilege as a SDOH. These are promising findings as academic centers seek to evaluate and develop promising and evidence-based approaches to train healthcare students about the SDOH as they treat diverse and vulnerable patients.

Keywords: Social determinants of health, privilege, education research, healthcare, undergraduate students, pre-and post-survey

Introduction/Background

According to the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) are "conditions in the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (Centers for Disease Control and Prevention, 2020). Health professionals must be aware of SDOH, the privilege associated with varying identities, and how these variables impact health outcomes. SDOH represents 80 to 90 percent of factors contributing to health outcomes in the United States, showing much more influence over health outcomes than clinical aspects that make up only 10 to 20% of

contributing factors (Magnan, 2017). Examples of SDOH include economic stability, healthcare access, educational attainment, and psychosocial factors such as chronic stress, racism, sexism, and neighborhood and built environments. These determinants can significantly impact a person's health, how often they can receive healthcare services, and the quality of healthcare services received. Further, determinants like healthcare access, quality, and even costs may impact various health outcomes, such as morbidity, readmissions, or mortality.

There is a growing need for pre-health professional students to understand how SDOH affect population health. Academic health centers (AHCs) and healthcare-focused organizations are leading this charge by collecting SDOH data and partnering with legal services to help patients (National Center for Medical Legal Partnership, 2021; Social Interventions Research and Evaluation Network, 2021). However, there is limited information on how to teach the SDOH effectively, especially for undergraduate students. Furthermore, various forms of privilege are increasingly being understood as a social determinant to promote health equity (E. A. Brown & White, 2020; Romano, 2018; Witten & Maskarinec, 2015). The National Conference for Community and Justice defines privilege as access, sometimes unearned, to resources that enhance one's chances of having needs met or having a better quality of life (National Conference for Community and Justice, 2021). These resources can improve a person's quality of life and health, making it easier for them to live a more prosperous and potentially healthier life. These resources are harder to obtain by people who are not in the societal group considered socially "advantaged." This difference in resources or privilege explains why some subgroups, such as racially minoritized populations, encounter challenges to optimal health that result in health inequities.

The education of privilege and privilege awareness is required for more than only students interested in healthcare professions. As awareness of privilege in teaching and workplace settings grows, those leading these necessary conversations must also be self-aware and self-reflective of their own perception of privilege (Spitzman & Balconi, 2019). To facilitate self-awareness and perception of privilege, an activity such as a Modified Privilege Walk (MPW) may be a resource to utilize in a multitude of settings.

The goal of this paper is to evaluate an interactive Modified Privilege Walk activity that examined how students' perception of privilege changed before and after an interactive MPW in a classroom setting.

Methods

Undergraduate Course

The MPW, an interactive activity, was held in a spring 2020 SDOH course at a large academic medical center in the southern United States. The SDOH course is a required undergraduate course aimed at improving knowledge of factors that may impact patient health outcomes. The course is designed to provide students with an understanding of how SDOH influence health outcomes, focusing on a variety of patient and community populations. The University of Kentucky Institutional Review Board (IRB) deemed the project as a Quality Assurance/Quality Improvement (QA/QI) activity; thus, no further IRB review was required.

Modified privilege walk (MPW) activity

The MPW activity occurred during an in-person session of the course. A guest speaker (EAB) facilitated the MPW activity, and the course instructor (BMW) engaged in the activity as a participant. In one class session, students completed a pre-survey before the MPW activity and then a post-survey

immediately after the MPW activity (discussed in the following section). Generally, during a Privilege Walk, participants stand on one line. Participants are asked questions related to privilege or access they have experienced to which they can respond "yes" or "no." Based on their response to the question, participants are instructed to take a step forward or backward. At the end of the Privilege Walk, participants are not on the same line; some participants have move forward, while others have moved farther behind the starting line. For the MPW activity, due to limited classroom space, students completed a 36-item handout, answering questions related to race/ethnicity and social class. The 36-item handout was modified from a walk exercise (Atlanta Journal-Constitution, June 5, 2018; Kivel, 2002). Then, based on their responses, students calculated their privilege score (E. A. Brown & White, 2020). The highest possible score for this particular cohort was +36, and the lowest possible score was -36. Once students calculated their privilege score, they received the number of Legos equal to their score and were instructed to use the Legos to build up, creating a "privilege tower." Students who had either a zero or negative score did not receive Legos. For example, if a student received a "total privilege score" of 12, they received 12 Legos. Students had the opportunity to view their peers' "privilege towers." After the "privilege towers" were built, students engaged in an open discussion about personal privilege and its effect on their lives. Students were introduced to the concept of privilege and privilege as a SDOH through a brief lecture. After completing a pre-survey, completing the handout, and listening to a short lecture, students completed a post-survey.

Pre-Survey

Students completed a pre-and post-survey, which was modified from a previously published survey that examined privilege awareness (Witten & Maskarinec, 2015). On the pre-survey and the post-survey, students rated if an individual characteristic made them more privileged on a scale of 0-10 (0 for none, 5 for somewhat, and 10 for much). Individual characteristics included English as a first language, housing conditions, parents'/caregivers' education, race, ethnicity, gender identity, health insurance, and other personal characteristics.

Post-Survey and MPW Evaluation

After the MPW activity, students completed a post-survey that included the pre-survey questions as well as the following statements: (1) The "Privilege Walk" exercise changed how I view privilege, (2) The "Privilege Walk" exercise made me more aware of my own personal privilege, and (3) The "Privilege Walk" positively impacted the way I will interact with future patients (Gregory, White, & Brown, 2022). A five-point Likert scale was used to capture responses for the MPW evaluation: (1) Undecided, (2) Strongly Disagree, (3) Disagree, (4) Agree, and (5) Strongly Agree. Authors chose to place "Undecided" at the lower end of the scale to better capture uncertainty, confusion, or discord.

Data analysis

Pre- and post-survey data were entered into an Excel spreadsheet and imported into SAS, a statistical program. Descriptive statistics were used to describe demographic characteristics. The Wilcoxon signed-rank test was used to compare the difference in pre-and post-survey responses due to the small sample size and non-normal data. Factors were considered significant at $p<0.05$. SAS version 9.4 was used for final analysis (SAS Institute, Cary, NC).

Results

Demographic characteristics

Twenty-one students completed the pre-and post-surveys. The majority of respondents were White (85.7%), non-Hispanic (90.5%), or female (81.0%) (see Table 1). The average age of the cohort was 20.6 years old.

Table 1. Self-reported demographic characteristics.

	Pre- and Post-Survey Participants, n=21 (%)
Demographics	
Race	
White	18 (85.7)
Black	2 (9.5)
Asian	1 (4.8)
Hispanic	
No	19 (90.5)
Yes	2 (9.5)
Sex	
Female	17 (81.0)
Male	4 (19.1)
Age, years	
Average age (SD)	20.6 (0.9)

SD: Standard deviation

Pre-and Post-Survey

There was a statistically significant increase in privilege awareness regarding ethnicity (1.14 points, p=0.0352), race (0.71 points, p=0.0078), current housing conditions (0.70 points, p=0.0273), and current privilege (0.42 points, p=0.0313) (see Table 2). There was a statically significant decrease for one characteristic—feeling guilty about being privileged (-0.52 points, p=0.0479). While not statistically significant, there were several characteristics that students agreed gave them more privilege that approached a statistically significant value: parents'/caregivers' education, parents'/caregivers' homeownership status, religious affiliation, and privilege growing up. Conversely, students felt being born in the United States or completing high school did not provide increased privilege.

Table 2: Mean Differences and 95% Confidence Interval (CI) for Characteristics, Pre- and Post-survey Privilege data.

General Privilege Questions	**Mean (95% CI)**	**p-value**
Did you grow up privileged?	0.33 (0.033, 0.632)	0.0625
Are you currently privileged?*	0.42 (0.059, 0.797)	**0.0313**
Can personal characteristics provide more privilege than others?	0.33 (-0.192, 0.858)	0.2266
Do you feel guilty for being more privileged than others?*	-0.52 (-1.014, -0.033)	**0.0479**
Privilege – Past Experiences		
Born in the United States	-0.66 (-1.646, 0.313)	0.2964

English as your first language	0.33 (-0.766, 1.432)	1.0000
Completed high school	-0.66 (-1.580, 0.247)	0.0938
Housing conditions	0.35 (-0.159, 0.859)	0.2402
Neighborhood(s) you lived in before your 18th birthday	0.33 (-0.172, 0.838)	0.2539
Vacation outside of your home state before your 18th birthday	0.00 (-0.719, 0.719)	0.8359
Family dynamics	0.42 (-0.488, 1.345)	0.5654
Parents'/Caregivers' education	0.90 (-0.171, 1.981)	0.0781
Parents'/Caregivers' profession	-0.28 (-0.827, 0.255)	0.5313
Parents'/Caregivers' home ownership status	0.66 (-0.112, 1.446)	0.0703
Privilege – Current Experiences		
Age	0.00 (-0.761, 0.761)	0.7813
Race*	0.71 (0.135, 1.292)	**0.0078**
Ethnicity*	1.14 (0.043, 2.241)	**0.0352**
Gender identity	0.00 (-0.826, 0.826)	0.9355
Sexual orientation	-0.28 (-1.285, 0.808)	0.6477
Secondary education	0.28 (-0.802, 1.373)	0.8271
United States citizenship	0.14 (-0.245, 0.531)	0.6133
Health insurance	-0.09 (-0.524, 0.334)	1.0000
Health status	0.00 (-0.380, 0.380)	1.0000
Housing conditions*	0.70 (0.072, 1.327)	**0.0273**
Disability status	0.38 (-0.220, 0.982)	0.2529
Religion affiliation	0.52 (-0.007, 1.055)	0.0781
Access to reliable transportation	0.09 (-0.223, 0.414)	0.7656

Modified Privilege Walk Evaluation

On the post-survey, students were asked questions about the MPW, including whether the MPW exercise changed how they viewed privilege, made them more aware of their own personal privilege, and if the MPW exercise positively impacted how they would interact with their future patients. On a scale of 1 (undecided) to 5 (strongly agree), a majority of students agreed the exercise changed how they view privilege (see Table 3); however, there appeared to be more variability in the responses for this question with two students choosing "Undecided" (see Table 3 and Figure 1). Students agreed the MPW exercise made them more aware of their own privilege and positively impacted the way they interact with patients.

Table 3. Post-survey responses to evaluate Modified Privilege Walk exercise.

Post-survey statement	Average Student Score (SD)
The MPW exercise changed how I view privilege.	3.94 (1.12)
The MPW exercise made me aware of my own personal privilege.	4.57 (0.50)
The MPW exercise positively impacted the way I will interact with future patients.	4.52 (0.51)

Notes: SD: Standard deviation; Five-point Likert Scale: 1- Undecided; 2-Strongly Disagree; 3-Disagree; 4-Agree; 5-Strongly Agree

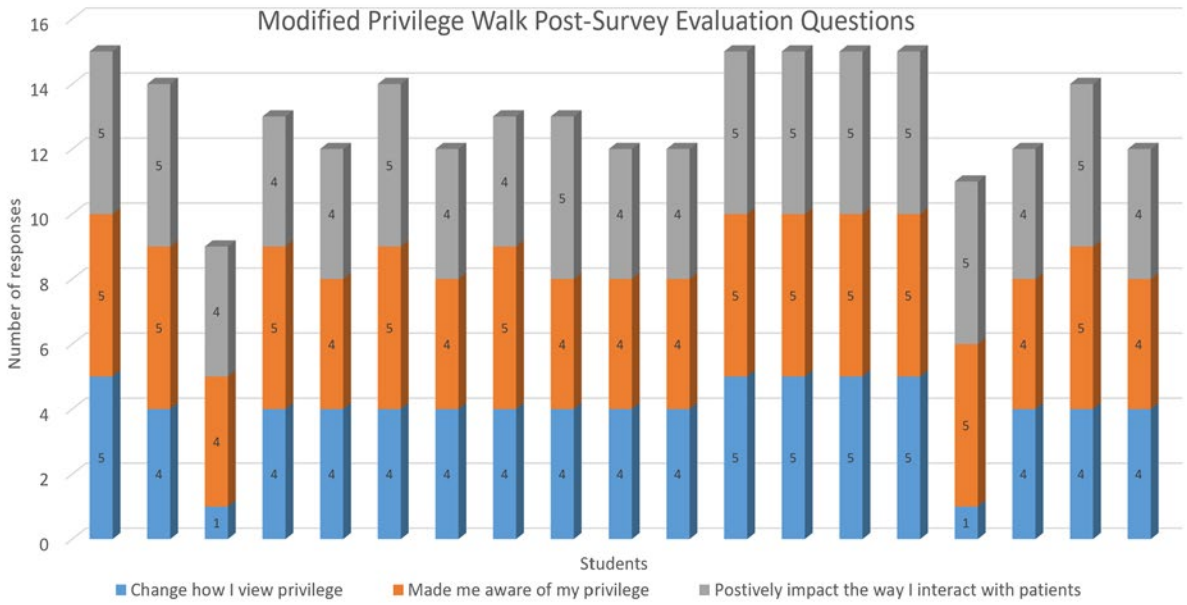

Figure 1. Post-survey responses to evaluate Modified Privilege Walk exercise.

Discussion

Between the pre-and post-MPW surveys, there was a significant increase in students' awareness of their own privilege. The rise in student perception of personal privilege was statistically significant when considering privilege associated with ethnicity, race, and current housing conditions. Students felt unique characteristics could provide more privilege than others. There was a statistically significant decrease in the level of guilt students felt associated with their privilege from pre- to post-survey. Students who participated in the MPW activity felt it positively impacted the way they would interact with future patients and altered self-perception of their personal privilege. Overall, our evaluation shows that the MPW activity successfully increased students' awareness of their own personal privilege, decreased guilt levels associated with personal privilege, and positively impacted students' perception of future patient interaction.

Students in this study had an increased awareness of their own privilege after completing the MPW activity in most characteristics described during the MPW activity. More specifically, there was a statistically significant increase in students' awareness of how their race, ethnicity, and current housing conditions impacted their personal privilege and understanding of their current level of privilege. It is possible that the increase in students' awareness of racial privilege was influenced by seeing peers' Lego towers, particularly those who were economically disadvantaged or racially/ethnically minoritized and having vulnerable discussions about race and racism during the activity. There was little racial or ethnic diversity within the MPW student cohort: 85.7% white, 9.5%

Black, 4.8% Asian, 90.5% non-Hispanic, and 9.5% Hispanic. However, the majority had the opportunity to listen to their peers and may have had more empathy towards their minoritized peers' lived social experiences that were described in an academic classroom setting. In a similar study from 2009, pre-health professional students felt that their parents' or caregivers' education (compared to race, ethnicity, or current housing conditions) provided significantly more privilege than other characteristics (1.50 points, $p=0.0469$) (Gregory et al., 2022). This contrast in privilege awareness across different cohorts suggests students' past and current SDOH are quite different and should be assessed to promote classroom dialogue about how SDOH can impact health equity, not only for students but also for their healthcare patients. In short, this variation between cohorts' perspectives illustrates the diverse range of SDOH and privilege seen in healthcare patients (and students alike) that need to be addressed.

Individuals experiencing privilege may be unaware of their societal advantage, sometimes an unearned benefit, over those with less privileged identities. Individuals in historically marginalized groups have less privilege than their counterparts and, sometimes, must contribute more energy to achieve the same level of access and opportunities that the privileged are automatically granted. This dichotomy often results in the privileged individual or community being unaware of their advantages while the underprivileged are quite aware of the inequities at hand. It is probable that non-minoritized students may not have possessed the same level of awareness of their racial and ethnic privilege before the MPW. Had the cohort been more racially and ethnically diverse, students may have had more awareness of their racial privilege (or lack thereof) prior to the MPW, therefore having less opportunity to increase awareness of personal privilege through the MPW. Further, having a more diverse cohort may have changed the findings of our study, where there was no or minimal guilt regarding racial privilege. In addition to MPWs, instructors may use a variety of classroom assignments like SDOH photo essays (Baverstock, Gargya, Jackson, & Stupans, 2018), student-developed case studies and simulations (Cantey, Randolph, Molloy, Carter, & Cary, 2017), service-learning experiences (Taylor, Pruitt, & Fasolino, 2017), or perspectives (E. A. Brown, 2020) to promote discussions about SDOH, privilege, and health equity (E.A. Brown, White, & Gregory, 2021).

Both parents' education and parents' homeownership status increased from pre-to post-survey and trended towards significance. Thus, during the MPW activity, students may have realized how their parents' education and homeownership status provided them more privilege. Generally, there is a positive correlation between family income and attending a four-year institution (College Board, 2019). Parents' socioeconomic status (education, employment, and income) could provide students with the increased economic privilege to take advantage of a college education and even graduate-level education.

Interestingly, the level of guilt students felt related to their privilege level decreased between pre-and post-MPW surveys. This same finding was present in a previous study with pre-health professional students and was an acceptable finding, as the goal was not to make students feel guilty about privilege but encourage those with more privilege to use their privilege to help less privileged populations (Gregory et al., 2022). There are several characteristics (e.g., race, ethnicity, parents' education, etc.) students could have been measuring when considering guilt about being privileged, so it is difficult to narrow down what characteristic each student felt guilty about before the activity and less guilty about after the MPW activity. It is important to note the MPW activity was not focused solely on race and purposefully did not use terms like "white guilt" or "white privilege" to avoid shaming students, which could lead to potential disengagement (Howard, Zoeller, & Pratt, 2012). The MPW activity and surveys focused on the following characteristics: citizenship, nationality, language, educational status, housing conditions, socioeconomic status (SES), age, ethnicity, sexual orientation, gender identity, health insurance coverage, physical abilities, and religious affiliation. The SDOH lecture and the MPW activity may have impacted students in a way that simultaneously increased

awareness of self-racial privilege and decreased the level of guilt felt as a result of said privilege. Individuals should not feel guilty about racial privilege (or other types of privilege like economic privilege) but should use various types of privilege to advocate with underprivileged or underserved communities to improve health equity measures.

Authors have shown that an individual's guilt or shame related to their racial privilege can cause them to detach themselves from and externalize blame for racial inequities (Grzanka, Frantell, & Fassinger, 2020). This externalization and detachment are a step away from increasing one's self-awareness of personal privilege and the ways in which an individual can advocate for racial equity. While the specific level of racial guilt (versus guilt from other characteristics that offer privilege) felt by students at pre-and-post-MPW survey is unknown, data demonstrate students' guilt because of general privilege decreased because of the MPW activity. Using Grzanka's results as a reference, a decrease in students' guilt of racial privilege would hopefully decrease their likelihood of complacency in racial inequity through detachment and externalization (Grzanka et al., 2020). Although this correlation between detachment, externalization, and inequity was explicitly studied regarding race, the results show promise for the possible benefits of decreasing guilt caused by multiple forms of privilege. For instance, our study demonstrated that students had a decrease in guilt, which may make them more open to conversations about inequities that negatively impact minoritized communities. Suppose the same is true for various forms of privilege. In that case, students in our study may be less likely to detach themselves from social justice issues and health inequities as a result of their decreased guilt and increased privilege awareness from the MPW.

SDOH, as well as intersecting identities that could impact overall health, should be a standardized component in pre-health professions education and continuing education of healthcare providers and administrators. While SDOH are regularly included in the standard nursing and medical student curriculum, no standard currently exists to adopt a formal SDOH curriculum into undergraduate pre-health student education (Doobay-Persaud et al., 2019). Contrary to the implications of this lack of standardization, it is essential for healthcare students, providers, and administrators, regardless of profession, to be familiar with SDOH. Else, not learning about or understanding SDOH and intersectionality may, unfortunately, perpetuate health inequities (Nelson, 2002). Further, focusing on intersectionality of individuals (e.g., gender identity, immigration status, religion, race, etc.) or the various factors in their lives can prepare students for a diverse world and support organizations as they broaden diversity-related initiatives (Barnett & Felten, 2016). Activities like the MPW may support students' awareness and understanding of SDOH and intersectionality in their peers' lives but also their patients' lives. Further, with a few modifications, the MPW could be replicated in other disciplines outside of public health, including social work, psychology, sociology, criminal justice, and so forth.

Limitations

Our sample size was small; however, we accounted for this issue using a nonparametric statistical test. Nonresponse bias may be present because both pre-and post-surveys were voluntary. Individuals who responded to the surveys may have been different from those who chose not to respond to the surveys. Generalizability is limited to undergraduate healthcare students in the university setting; however, "privilege" is not unique to those in health professions or education. With respect to replication across other disciplines, the addition of an open discussion facilitated by the leaders at the conclusion of the MPW activity may increase student appreciation for personal privilege (Sellers & Eikenberry, 2021). To evaluate the MPW activity in professions outside of the healthcare field, the word "patient" in the post-survey response can be changed to customer, co-worker, student, etc. for a term respective to the profession under evaluation. Last, we did not ask students to explain why they

chose "Undecided." In future surveys, participants who choose an option at the lower end of the scale should be given an opportunity to expand on their decision for clarity.

Conclusion

The evaluation of our study suggests that the MPW activity could be standardized as part of the pre-health undergraduate student curriculum to successfully increase privilege awareness and decrease guilt that may cause students to express apathy towards SDOH or social justice issues. AHCs are on the frontlines, preparing students for their healthcare careers. With this opportunity to influence prospective healthcare workers, educational institutions should incorporate SDOH or social justice-focused courses into undergraduate pre-health curriculum to increase comprehension of health disparities' causes and lasting effects. Future studies may evaluate our suggested results across other disciplines.

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