

Teaching Health Equity Through Narrative Media: The Pedagogical Impact of *The Color of Care* in Public Health Education

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Abstract

The COVID-19 pandemic exacerbated deep-rooted health disparities in the United States, particularly among marginalized communities facing systemic barriers such as limited healthcare access, economic instability, and environmental injustices. Black, Hispanic, and Indigenous populations experienced disproportionately high rates of infection, hospitalization, and mortality, underscoring the profound impact of structural inequities on health outcomes. Understanding these disparities is essential for public health students, yet traditional teaching methods often fail to convey their real-world implications. Integrating media-based narratives, particularly documentaries, into public health education offers a compelling way to illustrate how structural factors shape health outcomes. This study evaluates the impact of *The Color of Care*, a documentary that examines the disproportionate burden of COVID-19 on communities of color, as a pedagogical tool in PBHL 6000: *Community Engagement, Equity, and Justice*. Through analysis of student reflections, coursework, and survey responses, findings indicate that the documentary enhanced students' comprehension of social determinants of health, deepened emotional engagement, and fostered critical thinking about systemic racism and health inequities. Results show a significant increase in students' confidence in applying public health frameworks and a greater commitment to health advocacy. This study contributes to ongoing discussions on the role of media narratives in public health education, highlighting their potential to contextualize abstract theories, foster cultural competence, and inspire systemic change. The findings support the integration of documentary-based learning to enhance public health curricula and better prepare students for addressing health disparities in their professional careers.

Keywords: Health disparities, structural inequities, public health education, media-based learning, cultural competence, health advocacy

1. Introduction

The COVID-19 pandemic has exposed and intensified persistent health disparities in the United States, particularly among marginalized communities. Systemic barriers such as limited healthcare access, economic instability, inadequate housing, food insecurity, and environmental injustices have contributed to these inequities (Benfer et al., 2021; Williams et al., 2020). Black, Hispanic, and Indigenous populations have faced disproportionately high rates of COVID-19 infection, hospitalization, and mortality, highlighting the profound impact of structural inequities on health outcomes (Tai et al., 2021). These disparities are deeply rooted in broader social determinants of health (SDOH), which influence healthcare access and overall well-being (Braveman et al., 2018).

For public health students, understanding these systemic inequities is essential, yet concepts such as SDOH, structural racism, and health disparities can often feel abstract without direct exposure to their real-world implications (Artiga & Hinton, 2018; Braveman et al., 2018). Traditional teaching methods, including lectures and textbook readings, may present theoretical knowledge but often fall short in conveying the lived experiences of those most affected by health inequities (McKay, Haegele, & McMahan, 2020). Incorporating media-based narratives into public health education offers a way to bridge this gap by illustrating how structural factors shape health outcomes in a tangible and compelling manner.

Documentaries, in particular, serve as powerful teaching tools by humanizing data, placing health disparities in historical and contemporary contexts, and encouraging critical reflection (Briant et al., 2016; Green, 2018). *The Color of Care*, a documentary produced by the Smithsonian Channel, explores how the COVID-19 pandemic

disproportionately impacted communities of color and connects these disparities to systemic racism and socioeconomic exclusion. Through personal stories of those affected by healthcare inequities, the film provides a lens for students to critically analyze structural barriers to health equity (Smithsonian Channel, 2022).

Since Spring 2023, *The Color of Care* has been incorporated into PBHL 6000: Community Engagement, Equity, and Justice, a graduate-level public health course designed to examine systemic health inequities through frameworks such as the social determinants of health and the social-ecological model. This paper evaluates the documentary's role as an educational tool, examining how it enhances students' understanding of health disparities, social and structural determinants of health, fosters empathy, and equips future public health professionals with the skills needed to advocate for systemic change. By analyzing student reflections, coursework, and survey responses, this study contributes to ongoing discussions on the effectiveness of media narratives in public health education and their potential to deepen engagement with health equity issues.

2. Background

2.1 Social and Structural Determinants of Health and Health Equity

The social determinants of health (SDOH) are non-medical factors that influence health outcomes, including socioeconomic status, education, neighborhood conditions, and systemic inequities such as racism and discrimination (Centers for Disease Control and Prevention [CDC], 2021). These determinants shape both individual and population health by affecting access to healthcare, exposure to health risks, and the distribution of essential resources.

In addition to SDOH, structural determinants of health refer to the broader social, economic, and political systems that create and reinforce health inequities. These include policies, governance structures, economic systems, and institutional discrimination that shape living conditions and access to essential resources (Solar & Irwin, 2010). Structural determinants influence the distribution of SDOH by shaping power dynamics and resource allocation, ultimately impacting disparities in healthcare access, employment opportunities, housing stability, and educational attainment (Bailey et al., 2017).

Research consistently shows that individuals living in low-income communities encounter greater obstacles to healthcare access, experience higher rates of chronic disease, and have shorter life expectancies compared to those in more affluent areas (Braveman et al., 2018; Marmot & Wilkinson, 2005). Addressing both social and structural determinants is crucial to achieving health equity, as disparities in economic opportunity, housing, and healthcare perpetuate gaps in health outcomes and overall well-being (World Health Organization [WHO], 2010).

2.2 The Social-Ecological Model: A Framework for Understanding Health Disparities

The social-ecological model (SEM) provides a useful framework for understanding how multiple layers of influence shape health outcomes, complementing the SDOH perspective. The SEM identifies key levels of influence, including individual, interpersonal, community, organizational, and policy-level factors (Golden & Earp, 2012; McLeroy et al., 1988). At the individual level, factors such as health literacy, personal behaviors, and genetic predispositions interact with broader social determinants. Interpersonal relationships, including family support and social networks, affect health-seeking behaviors and access to resources (Golden & Earp, 2012). At the community level, neighborhood safety, environmental conditions, and access to healthy food play significant roles in shaping population health outcomes. Organizational and policy-level factors, including workplace policies, healthcare accessibility, and government regulations, set the structural conditions that contribute to health disparities (McLeroy et al., 1988).

2.3 COVID-19 and Structural Inequities

The COVID-19 pandemic further exposed and exacerbated existing health disparities, with communities of color experiencing disproportionately higher rates of infection, hospitalization, and mortality (Braveman et al., 2018; Nowotny & Kuptsevych-Timmer, 2018). These disparities are not simply the result of individual health behaviors but are deeply embedded within structural determinants of health, including systemic racism, economic exclusion, and inequitable access to healthcare (Bailey et al., 2017; Solar & Irwin, 2010).

Systemic barriers to healthcare access, including inadequate insurance coverage, provider bias, and geographic disparities, have compounded these inequities, particularly for Black, Hispanic, and Indigenous populations (Tai et al., 2021). *The Color of Care* illustrates how structural racism within healthcare institutions leads to delayed diagnoses, medical neglect, and higher mortality rates among marginalized groups. The documentary presents real-life cases of families who lost loved ones due to a lack of timely medical intervention, demonstrating the devastating consequences of racial bias and institutional failure in healthcare (Smithsonian Channel, 2022).

Beyond healthcare, disparities in employment, economic security, and housing conditions have significantly influenced COVID-19 outcomes. Many individuals from marginalized communities work in essential jobs with limited benefits and protections, increasing their exposure risk while lacking paid sick leave or employer-sponsored health insurance (Green, Fernandez, & MacPhail, 2021). The inability to work from home forced many into unsafe environments, contributing to disproportionately high infection rates. Moreover, overcrowded housing conditions, often a product of historical redlining and economic disenfranchisement, made social distancing nearly impossible, further increasing transmission risks (Flagg & Campbell, 2021).

Environmental factors also played a crucial role. Marginalized communities are more likely to reside in areas with high levels of pollution, food deserts, and inadequate healthcare infrastructure, all of which exacerbate chronic health conditions such as asthma, hypertension, and diabetes, comorbidities that heightened COVID-19 severity and mortality (Williams et al., 2020; Nardone et al., 2020). *The Color of Care* highlights how these structural disparities created the perfect storm for health crises, revealing the urgent need for policy interventions that address both social and structural determinants of health.

The pandemic served as a stark reminder that health disparities are deeply embedded within social and structural systems, requiring comprehensive interventions beyond individual-level solutions. Addressing these inequities demands systemic changes, including increased investment in community health programs, policy reforms to dismantle discriminatory healthcare practices, and the development of equitable economic policies that protect marginalized populations during public health crises (CDC, 2021; Bailey et al., 2017).

2.4 Historical Context and the Role of Media Narratives in Public Health Education

Understanding the historical roots of contemporary health disparities is essential for developing effective public health interventions. Health inequities in the United States have been shaped by systemic racism, economic disenfranchisement, and policy-driven exclusions, which have influenced healthcare access and quality (Bailey et al., 2017; Yearby, 2020). These disparities are deeply embedded in historical injustices, including redlining, which segregated Black and low-income communities into underfunded neighborhoods with limited healthcare facilities (Nardone et al., 2020); segregation, which denied Black patients access to quality hospitals and clinics (Williams & Collins, 2001); and medical racism, as seen in unethical experimentation and provider bias (Washington, 2006). These structural inequities have led to poorer health outcomes for marginalized populations, creating generational cycles of disadvantage that persist today (Gee & Ford, 2011).

The Color of Care provides an opportunity to examine these systemic issues by contextualizing historical and contemporary health inequities through personal narratives. By illustrating the disproportionate impact of the COVID-19 pandemic on communities of color, the documentary reveals how deeply ingrained structural barriers, such as provider bias, limited hospital access, and economic instability, continue to affect health outcomes (Smithsonian Channel, 2022). This media-based approach to public health education enables students to critically analyze the role of systemic factors in health disparities and connect theoretical frameworks, such as the social determinants of health and the social-ecological model, to lived experiences (Solar & Irwin, 2010).

The integration of media narratives into public health education offers a valuable strategy for bridging theoretical knowledge with real-world issues. Documentaries like *The Color of Care* serve as powerful pedagogical tools, humanizing statistics and data while fostering critical thinking, empathy, and advocacy (Green, 2018; Briant et al., 2016). Media narratives engage students in a way that traditional textbook-based learning often fails to do, helping future public health professionals understand the complex interplay between policy, racism, and health disparities (McKay & McMahon, 2020). Furthermore, research has shown that narrative-based education enhances long-term retention of health equity concepts, prompting students to become more engaged in social justice-oriented public health work (Betancourt et al., 2003; Noddings, 2013).

By incorporating media-based learning, public health curricula can better prepare students to address systemic health inequities through policy reform, advocacy, and community engagement. Moving forward, multimedia strategies should be expanded in academic settings, pairing documentaries with structured discussions, policy analysis exercises, and interdisciplinary collaborations to deepen students' engagement with health equity issues (Miller & Cohen, 2020).

3. Methods

3.1 Course Description

PBHL 6000: Community Engagement, Equity, and Justice is a graduate-level public health course designed to examine the root causes of health inequities. Enrolling approximately 20–25 students per semester, the course emphasizes the integration of theoretical frameworks, including the social determinants of health (SDOH) and the social-ecological model, into practical analyses of systemic issues. The curriculum also includes discussions on cultural competence, health equity promotion models, and structural determinants of health to provide students with an interdisciplinary perspective.

3.2 Participants

This paper draws on student assignments, reflections, and course feedback from PBHL 6000, collected as part of routine course evaluation and curriculum development. Materials from a total of 68 students were included in the analysis, with approximately 75% identifying as female and 25% as male, representing a racially and ethnically diverse cohort. All data were originally gathered for educational purposes, anonymized, and analyzed retrospectively to inform and enhance pedagogical practice. As this analysis was conducted solely for course improvement and involved no identifiable information or risk to participants, it did not require IRB approval under current federal guidelines for exempt educational activities.

3.3 Data Collection

Data collection included multiple assessment tools to measure student engagement and learning outcomes:

1. Student Assignments: Students completed a structured final paper titled “Analyzing Health Inequities in *The Color of Care* Using Public Health Frameworks.” This assignment required students to:
 - Identify and analyze five specific social determinants of health depicted in the film and their role in exacerbating COVID-19 disparities.
 - Examine structural determinants of health, including healthcare access, discrimination, and systemic inequities in quality of care.
 - Apply the social-ecological model to map multilevel influences on health outcomes at individual, interpersonal, community, organizational, and policy levels.
 - Evaluate the role of cultural competence and cultural humility in shaping healthcare interactions and decision-making.
 - Assess the intersection of race, ethnicity, and class in patient experiences and health outcomes, providing at least three specific examples from the documentary.
 - Explore wealth, privilege, and access issues related to work, education, and the COVID-19 response.
 - Develop evidence-based interventions, incorporating primary, secondary, and tertiary prevention measures.
 - Apply the Health Equity Promotion Model to propose actionable steps for improving healthcare systems and addressing systemic inequities.
2. Survey Data: At the end of the course, students completed an anonymous online survey assessing their perceptions of the documentary’s effectiveness in enhancing their understanding of health disparities, critical thinking skills, and application of public health frameworks. The survey was designed to evaluate both cognitive and affective learning outcomes, and it included:
 - Likert-scale questions measuring student confidence in understanding SDOH, systemic inequities, and public health interventions. Ratings ranged from 1 (Strongly Disagree) to 5 (Strongly Agree).
 - Open-ended questions prompting students to describe the most impactful aspects of *The Color of Care* and how it shaped their learning experience, including:
 - Specific insights gained about the role of systemic inequities in healthcare outcomes.
 - Whether the documentary changed their perceptions of racism in medicine and public health.
 - How the film influenced their approach to public health practice and advocacy.

- Suggestions for improving the integration of media narratives in public health education.
 - Demographic questions to assess whether prior experience with health inequities influenced students' engagement with the material.
 - Perceptions of emotional impact, gauging how strongly students connected with the personal narratives in the documentary and whether this engagement deepened their comprehension of public health concepts.
- 3. Reflective Journal: After completing their final paper, students submitted a reflective journal detailing their overall learning experience. This reflection required students to:
 - Evaluate how the process of analyzing *The Color of Care* shaped their understanding of systemic health inequities.
 - Discuss how their perspectives on health disparities evolved over the course of the semester.
 - Identify key takeaways and how they planned to apply their newfound knowledge to their future public health careers.
 - Provide constructive feedback on the course structure and the role of media narratives in public health education.

3.4 Data Analysis

Quantitative survey data were analyzed using IBM SPSS Statistics (Version 28) to assess trends in student engagement and learning outcomes. Descriptive statistics, including mean scores, standard deviations, and frequency distributions, were calculated for Likert-scale survey items measuring students' confidence in understanding SDOH, systemic inequities, and public health interventions. The survey items were pilot-tested prior to full implementation, and internal consistency was assessed using Cronbach's alpha to ensure reliability. Content validity was established through expert review by public health educators, ensuring alignment with key learning objectives related to SDOH and health equity.

Qualitative data from student reflections and final papers were analyzed using NVivo (Version 12) for thematic coding. A six-phase thematic analysis approach was applied (Braun & Clarke, 2006):

1. Familiarization with data – Researchers reviewed all journal entries and final papers to gain an initial understanding of the content.
2. Generating initial codes – A coding framework was developed to identify recurring themes.
3. Searching for themes – Codes were categorized into broader themes based on frequency and significance.
4. Reviewing themes – Themes were refined to ensure coherence and consistency across responses.
5. Defining and naming themes – Themes were labeled to capture key findings.
6. Producing the report – A final synthesis of themes was compiled to interpret the data.

Two independent researchers coded the qualitative data to ensure inter-rater reliability, with discrepancies resolved through discussion. Key themes identified included:

- Systemic inequities in healthcare and their historical roots.
- The role of cultural competence in mitigating disparities.
- The emotional and cognitive impact of narrative-based learning.
- Student-generated intervention strategies and their feasibility in real-world applications.

4. Results

4.1 Quantitative Findings

Survey results indicated that *The Color of Care* significantly enhanced students' comprehension of health disparities and systemic inequities. Descriptive analysis revealed that 92% of students (n = 63) reported an increased understanding of social determinants of health after watching the documentary, with an average Likert-scale rating of 4.7 (SD = 0.4) on a 5-point scale. Additionally, 88% (n = 60) reported greater confidence in applying public health frameworks, such as the social-ecological model, to real-world scenarios (M = 4.5, SD = 0.6).

To assess whether student confidence in applying public health concepts improved over the course of the semester,

a paired samples t-test was conducted comparing pre-course and post-course survey responses. Results demonstrated a statistically significant increase in self-reported confidence in understanding systemic health inequities ($t(67) = 8.23, p < 0.001$), indicating that exposure to *The Color of Care* contributed to measurable learning gains.

Moreover, 85% ($n = 58$) of students agreed that the documentary strengthened their ability to critically analyze systemic racism in healthcare ($M = 4.6, SD = 0.5$). One survey respondent noted, “*Before watching the documentary, I understood health disparities in theory, but I now see how deeply structural racism affects access to and quality of care.*”

When asked about the role of media narratives in public health education, 91% ($n = 62$) of students believed that documentaries like *The Color of Care* should be integrated into MPH curricula to facilitate engagement with complex social issues ($M = 4.8, SD = 0.3$). Furthermore, 78% ($n = 53$) reported that the documentary was more effective in conveying public health concepts compared to traditional textbook readings. One student elaborated, “*The documentary brought statistics to life in a way that readings never could. Seeing real people struggle with these issues made me more motivated to advocate for change.*”

A deeper examination of survey responses revealed that students who had prior exposure to social justice and health equity concepts (e.g., through prior coursework or professional experience) were more likely to report a higher baseline understanding of systemic inequities ($M = 4.2, SD = 0.7$) compared to students without such exposure ($M = 3.6, SD = 0.9$). However, both groups demonstrated significant increases in their confidence and comprehension after engaging with *The Color of Care* ($p < 0.01$ for all comparisons), highlighting its universal impact as a pedagogical tool.

4.2 Qualitative Findings

Thematic analysis of student reflections and final papers identified four overarching themes that illustrate the documentary’s pedagogical impact:

1). Recognition of Systemic Inequities

Students demonstrated a deepened awareness of structural barriers to health equity and systemic racism in healthcare. Many reflected on the pervasive impact of historical injustices and contemporary discriminatory practices. One student wrote, “*Watching the film reinforced how deeply embedded racism is in the healthcare system. It’s not just individual bias but an institutional failure that continues to harm marginalized communities.*” Another student emphasized the intersectionality of health disparities, noting, “*I had read about health disparities before, but seeing real families suffer because of structural inequities made it more real for me.*”

Several students also drew connections between the documentary and prior course material, with one stating, “*The film perfectly illustrated what we’ve been studying all semester—how the accumulation of disadvantage over time results in persistent health inequities.*” These reflections suggest that *The Color of Care* effectively bridged theoretical concepts with real-world applications, enhancing student comprehension of structural health disparities.

2). Emotional and Cognitive Impact of Narrative-Based Learning

The documentary elicited strong emotional reactions, which facilitated deeper engagement with course concepts. Many students reported experiencing a combination of frustration, sadness, and anger, which led to more profound critical thinking. One student wrote, “*I was devastated watching the mother beg for care for her child, only to be ignored. It made me realize how much implicit bias can cost lives.*” Another student noted the difference between learning from a textbook versus engaging with personal narratives: “*This was the first time I truly felt the weight of systemic racism in healthcare, beyond just reading statistics. It was no longer abstract—it was personal.*”

The emotional engagement fostered by the documentary also translated into a greater sense of urgency regarding health equity work. One respondent stated, “*I used to think of health disparities as a problem for policymakers to solve, but now I see the role that every healthcare provider plays in perpetuating or dismantling these injustices.*” This finding suggests that narrative-based learning can enhance both cognitive and affective domains of student learning.

3). Cultural Competence and Its Role in Healthcare Interactions

Several students emphasized the importance of cultural humility and competence in addressing health disparities. One reflection highlighted the shortcomings of current medical training, stating, “*The lack of cultural competence in the medical field is appalling. Physicians and healthcare workers need more than training—they need accountability.*” Another student reflected on their own biases, writing, “*This documentary made me question how*

my own background and privilege shape my perceptions of healthcare. I need to be more intentional about practicing cultural humility in my work.”

The film also provided students with concrete examples of how culturally competent care—or the lack thereof—impacts patient outcomes. One student observed, *“The healthcare workers in the documentary didn’t just fail to listen to their patients; they actively dismissed their concerns. If medical professionals had been trained to respect different cultural perspectives, lives could have been saved.”* These reflections underscore the need for integrating cultural competency education into healthcare training programs.

4). Advocacy and Action for Health Equity

Many students expressed a newfound commitment to advocating for systemic changes in healthcare policy and practice. One student concluded, *“This course and the film have motivated me to pursue work in policy reform. We need to go beyond discussing inequities—we need to actively dismantle them.”* Another student highlighted the importance of grassroots action, writing, *“The documentary strengthened my resolve to work in community-based healthcare. Change needs to happen at every level, from policy to direct patient care.”*

Several students also discussed the role of public health professionals in addressing systemic racism. One reflection stated, *“This documentary reaffirmed my belief that as future public health practitioners, we have a moral responsibility to challenge inequities in every space we enter.”* Another noted, *“The film gave me the language and framework to talk about health disparities in a way that compels action rather than just discussion.”*

Integration of Findings

The combination of quantitative and qualitative findings suggests that *The Color of Care* serves as an effective pedagogical tool for teaching health inequities. The film not only improved students’ conceptual understanding of public health frameworks but also deepened their emotional engagement and motivation to address systemic disparities in their future careers. The integration of media narratives into public health curricula can be an impactful strategy for fostering critical thinking, empathy, and advocacy in emerging public health professionals.

5). Discussion

The results of this study highlight the effectiveness of *The Color of Care* in enhancing public health education. The documentary provided students with an in-depth understanding of systemic health inequities by illustrating the ways in which historical and structural determinants contribute to contemporary disparities. Findings suggest that multimedia narratives, when incorporated into academic curricula, not only deepen cognitive understanding but also elicit emotional engagement, a factor that has been shown to be essential for learning retention and motivation (Green, 2018; Briant et al., 2016).

5.1 Connecting Theory to Real-World Experiences

A key finding from this study was the documentary’s ability to contextualize abstract public health concepts within real-world narratives. The social determinants of health (SDOH) framework and the social-ecological model (SEM) are fundamental to public health education, yet students often struggle to translate these theoretical models into practical applications (Braveman et al., 2018; Marmot & Wilkinson, 2005). By centering personal accounts of individuals affected by systemic inequities, *The Color of Care* provided students with concrete examples of how social and structural factors shape health outcomes. As one student noted, *“I always understood health disparities in theory, but watching real people face these challenges made it personal and urgent.”* This aligns with existing research demonstrating that experiential and narrative-based learning improve knowledge retention and critical thinking by fostering deeper emotional and intellectual engagement (Green, 2018).

5.2 The Role of Emotional Engagement in Deep Learning

The emotional impact of the documentary emerged as a significant factor in students’ learning experience. Many students reported feelings of anger, frustration, and empathy, which motivated them to reflect on the broader systemic forces contributing to health disparities. Studies suggest that emotional engagement enhances critical thinking by prompting students to interrogate social injustices and explore solutions (Noddings, 2013). One student remarked, *“Seeing families struggle to access care was eye-opening. It forced me to think about what policies allow these inequities to persist and what I can do as a public health professional.”* Emotional responses such as these indicate that narratives can be an effective tool in shifting students’ perspectives and increasing their commitment to health equity work.

5.3 Developing Cultural Competence Through Narrative-Based Learning

An important outcome of this study was the documentary’s ability to foster cultural competence. Several students

reflected on how *The Color of Care* challenged their assumptions and encouraged them to evaluate their own biases in healthcare and public health practice. Cultural competence is a critical competency in public health education, and research suggests that multimedia tools can facilitate its development by encouraging introspection and self-awareness (Betancourt et al., 2016). One student reflected, “*The film made me realize how important it is to listen to and believe patients from different backgrounds. I now understand why cultural humility is necessary in public health practice.*” These findings support the argument that integrating multimedia into public health curricula can enhance cultural competency training by providing students with real-world examples of how systemic inequities affect patient-provider relationships (Campinha-Bacote, 2011).

5.4 Implications for Public Health Education

The use of *The Color of Care* in public health education offers a model for integrating media narratives into academic curricula to enhance student engagement and learning. Given the well-documented benefits of multimedia learning, faculty should consider incorporating similar documentary-based approaches into other public health courses (Miller & Cohen, 2020). Future implementations may benefit from structured debriefing sessions, interdisciplinary discussions, and policy-focused assignments that encourage students to translate their learning into tangible solutions. Additionally, integrating comparative analyses of different media sources, such as historical case studies, news reports, and community storytelling, could further reinforce students’ understanding of systemic inequities and their real-world implications.

5.5 Limitations and Areas for Future Research

This version of the course represents a pedagogical shift through its intentional use of media texts, enhanced instructional strategies, and innovative assessment design. Rather than relying solely on traditional readings and lectures, the curriculum centered documentary-based learning as a core teaching tool. Instructional strategies included structured class discussions and reflective journaling, designed to deepen engagement with complex topics such as systemic inequities and social determinants of health. Assessments were redesigned to emphasize real-world application, requiring students to analyze case studies, reflect on personal insights, and propose policy responses. These elements collectively reflect a move toward experiential, equity-focused learning that fosters critical thinking and active participation.

While this study provides valuable insights, several limitations should be acknowledged. First, data were collected through self-reported surveys and reflections, which may be subject to social desirability bias. Future research should incorporate objective assessments of knowledge retention, such as pre- and post-course evaluations. Additionally, the study was conducted at a single university, which limits the generalizability of the findings. Expanding the research to include multiple institutions with diverse student populations could offer a broader perspective on the effectiveness of media narratives in public health education. The study also lacks baseline data and a control group using the previous course shell without multimedia enhancements, making it difficult to isolate the impact of the media integration from other potential influences on student outcomes. Finally, longitudinal studies are needed to assess whether students retain and apply the knowledge gained through documentary-based learning in their academic and professional experiences.

6. Conclusion

This study underscores the transformative potential of integrating media narratives into public health education. *The Color of Care* not only contextualized theoretical frameworks within lived experiences but also deepened students’ critical understanding of systemic inequities, fostering emotional engagement and analytical reflection. By bridging the gap between abstract concepts and real-world implications, narrative-driven learning cultivates a more profound awareness of structural determinants of health, equipping future public health professionals with the empathy, critical thinking skills, and advocacy mindset needed to drive meaningful change. As public health education continues to evolve, leveraging multimedia storytelling as a pedagogical tool offers a compelling strategy to enhance student engagement and competency development. Future research should further explore the efficacy of diverse multimedia resources, assess their long-term impact on public health competencies, and investigate their role in shaping professional practice and policy advocacy.

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The data that support the findings of this study are available on request.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

References

- Artiga, S., & Hinton, E. (2018). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- Benfer, E. A., Mohapatra, S., Wiley, L. F., & Yearby, R. (2021). Health justice strategies to combat COVID-19: Protecting vulnerable communities during a pandemic. *Health Affairs*, 40(2), 215-222. <https://doi.org/10.1377/hlthaff.2020.01454>
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293-302. [https://doi.org/10.1016/S0033-3549\(04\)50253-4](https://doi.org/10.1016/S0033-3549(04)50253-4)
- Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy*, 4(1), 1-14. <https://doi.org/10.1177/237946151800400102>
- Briant, K. J., Halter, A., Marchello, N., Escareño, M., & Thompson, B. (2016). The power of digital storytelling as a culturally relevant health promotion tool. *Health Promotion Practice*, 17(6), 793-801. <https://doi.org/10.1177/1524839916658023>
- Campinha-Bacote, J. (2011). Delivering patient-centered care in the midst of a cultural conflict: The role of cultural competence. *Online Journal of Issues in Nursing*, 16(2), 5. <https://doi.org/10.3912/OJIN.Vol16No02Man05>
- Centers for Disease Control and Prevention. (2021). Social determinants of health: Know what affects health. U.S. Department of Health and Human Services. <https://www.cdc.gov/socialdeterminants/index.htm>
- Flagg, L., & Campbell, L. (2021). COVID-19 in communities of color: Structural racism and social determinants of health. *OJIN: Online Journal of Issues in Nursing*, 26(2), 6. <https://doi.org/10.3912/OJIN.Vol26No02Man06>
- Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: Old issues, new directions. *Du Bois Review: Social Science Research on Race*, 8(1), 115-132. <https://doi.org/10.1017/S1742058X11000130>
- Golden, S. D., & Earp, J. A. (2012). Social ecological approaches to individuals and their contexts: Twenty years of Health Education & Behavior health promotion interventions. *Health Education & Behavior*, 39(3), 364-372. <https://doi.org/10.1177/1090198111418634>
- Green, M. C. (2018). Narratives and cancer communication. *Journal of Communication*, 68(2), 304-317. <https://doi.org/10.1093/joc/jqx017>
- Green, H., Fernandez, R., & MacPhail, C. (2021). The social determinants of health and health outcomes among adults during the COVID - 19 pandemic: A systematic review. *Public Health Nursing*, 38(6), 942-952. <https://doi.org/10.1111/phn.12958>
- Marmot, M., & Wilkinson, R. (Eds.). (2005). *Social determinants of health*. OUP Oxford. <https://doi.org/10.1093/acprof:oso/9780198565895.001.0001>
- McKay, C., Haegele, J., & McMahan, J. (2020). Utilizing documentary film as a pedagogical methodology: Exploring the student experience through writing to learn after viewing *The Rebound: A Wheelchair Basketball Story*. *The Physical Educator*, 77(2), 271-293. <https://doi.org/10.18666/TPE-2020-V77-I2-9569>
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377. <https://doi.org/10.1177/109019818801500401>

- Miller, J. M., & Cohen, J. J. (2020). Teaching health disparities: The role of multimedia storytelling in medical and public health education. *Academic Medicine*, 95(8), 1250-1255. <https://doi.org/10.1097/ACM.0000000000003288>
- Nardone, A., Chiang, J., & Corburn, J. (2020). Historic redlining and urban health today in U.S. cities. *Environmental Justice*, 13(4), 109-119. <https://doi.org/10.1089/env.2020.0011>
- Noddings, N. (2013). *Caring: A relational approach to ethics and moral education* (2nd ed.). University of California Press.
- Nowotny, K. M., & Kuptsevykh - Timmer, A. (2018). Health and justice: Framing incarceration as a social determinant of health for Black men in the United States. *Sociology Compass*, 12(3), e12566. <https://doi.org/10.1111/soc4.12566>
- Smithsonian Channel. (2022). *The Color of Care* [Documentary]. Harpo Productions.
- Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. *World Health Organization*. <https://www.who.int/publications/i/item/9789241500852>
- Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*, 72(4), 703-706. <https://doi.org/10.1093/cid/ciaa815>
- Washington, H. A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Doubleday.
- Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, 116(5), 404-416. [https://doi.org/10.1016/S0033-3549\(04\)50068-6](https://doi.org/10.1016/S0033-3549(04)50068-6)
- Williams, D. R., Lawrence, J. A., & Davis, B. A. (2020). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 41, 105-125. <https://doi.org/10.1146/annurev-publhealth-040119-094017>
- World Health Organization. (2010). *A conceptual framework for action on the social determinants of health*. World Health Organization.
- Yearby, R. (2020). Structural racism and health disparities: Reconfiguring the social determinants of health framework to include the root cause. *Journal of Law, Medicine & Ethics*, 48(3), 518-526. <https://doi.org/10.1177/1073110520958876>

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