From “Weathering” the Storm to Mandating an Evacuation:

Forecasting the Racism Effect on Black Maternal and Infant Mortality

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S.T.A.R. Seminar Series

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Associate Chief Diversity and Health Equity Officer
Nationwide Children’s Hospital
“Land acknowledgments are a stepping stone to honouring broken treaty relationships.”

https://www.nytimes.com/2020/05/07/opinion/land-grant-universities-native-americans.html
ADVISORY

Unpredictable Triggers
OBJECTIVES

• Examine some of the historical foundations for racism in science and medicine

• Describe racial/ethnic inequities for (Black) Maternal and Infant Mortality in the U.S.

• Identify opportunities and actions for achieving health equity by valuing the lives of “all” women and children
OBJECTIVES and... FUNDAMENTALS:

RACISM IS REAL
OBJECTIVES and... FUNDAMENTALS:

I say "Black Lives Matter" because "all" didn't cover Black when they said "All men are created equal."

I say "Black Lives Matter" because "all" didn't cover Black when they said "With liberty and justice for all."

I say "Black Lives Matter" because they're still struggling with the definition of "all."

- unknown
OBJECTIVES and… FUNDAMENTALS:

"He's a black man running down our road."

RACISM IS REAL – when jogging through a neighborhood leads to a violent death
OBJECTIVES and... FUNDAMENTALS:

RACISM IS REAL – when extrajudicial actions of law enforcement can be weaponized to harm
OBJECTIVES and... FUNDAMENTALS:

RACISM IS REAL – when somw cannot assure safety inside their home

Fourth Amendment
OBJECTIVES and… FUNDAMENTALS:

Dr. Chaniece Wallace

RACISM IS REAL – when the disparate dangers of birthing while Black still persist
OBJECTIVES and… IMPOSSIBILITIES:

- Evaluate all data regarding inequities in Maternal and Infant Mortality

- Discuss the multitude of ways that bias and racism affect non-dominant cultures, ethnicities, religions, communities, and other marginalized groups

- Present infallible and invariable solutions to racism, bias, prejudice and stereotypes within healthcare
“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

- James Baldwin
Defining Racism

“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

– Dr. Camara P. Jones (2018)
Emphasizing Structural Racism

“[Structural] Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.”

– Dr. Ruth Wilson Gilmore
More on Structural Racism

“... normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab and other racially oppressed people.”

– Lawrence and Keleher

“Structural Racism.” Lawrence and Keleher. 2004 Race and Public Policy Conference
http://www.intergroupresources.com/rc/Definitions%20of%20Racism.pdf
Advice:
(based on “Beginning Courageous Conversations about Race” – Glen Singleton and Cyndie Hays)

- Pause on Pushing Back
- Illuminate the Invisible
- Reflect on Reality
- Seek Out Solutions

Artists: Shepard Fairey and Ernesto Verena Montejano
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Early Conceptualization of “Race”

Great Chain of Being

Slide courtesy of Dr. Aurelia Wood, Endocrinologist, Nationwide Children’s Hospital
Early Conceptualization of “Race” Was Racist

1700s: Carl Linnaeus proposes 5 human species with different character traits

- **European (White):** muscular, gentle, sanguine, inventive, governed by laws
- **Americanus (American Indian):** obstinate, merry, free, regulated by customs
- ** Asiaticus (Asian):** melancholy, avaricious, ruled by opinions
- ** Africanus (Black):** crafty, negligent, lazy, cunning, lustful, careless, women without shame & governed by caprice
Pathognomonic Features of Racism

- Pervasive
- Insidious
- Callous
“Race” as a Justification for **Racism**

“….the real distinctions which nature has made…perhaps too a difference of structure in the pulmonary apparatus…”
- Thomas Jefferson

“Under the compulsive power of the white man, they are made to labor or exercise, which makes the lungs perform the duty of vitalizing the blood more perfectly than is done when they are left free to indulge in idleness…."
- Samuel Cartwright

Slide courtesy of Dr. Christina Harris, Assoc Vice Chair of EDI, DGSOM Dept of Internal Medicine
Exclusion by “Race” & Gender

• 1910 “Flexner Report” transformed the U.S. healthcare system
  • Implemented the racist objectives of the AMA’s Council on Medical Education
  • Excluded women and Black people
  • Assisted in creating a rationale for healthcare as a business enterprise
A New Scientific Medical Movement...

“create healthier, more intelligent people; save society’s resources; and lessen the human suffering that occurs”
Eugenics as Respected Science

- set of beliefs and practices that aim to improve the genetic quality of a human population
- funding from Carnegie Foundation
- adopted by Adolf Hitler (Nazi movement)
- influenced immigration policies
- part of the foundation for modern medical genetics
Scientific Advancement

All human beings are 99.9 percent identical in their genetic makeup.
The Persistence of Scientific Racism

Fury at DNA pioneer's theory: Africans are less intelligent than Westerners

Celebrated scientist attacked for race comments: "All our social policies are based on the fact that their intelligence is the same as ours - whereas all the testing says not really"
The Persistence of Scientific Racism

Race is not biologically significant. We socially categorize ourselves and assign rules for interaction based on those groups (class, ethnicity, religion, etc.)

Race- A Social Construct with Deep Implications
The Persistence of Scientific Racism

Race- A Social Construct with Deep Implications

The experience of systematic racism—not “race” itself—compromises health.
"Epidemics follow social fractures. If you have society that is fractured, or fracturing, you know that's where the disease is going to go,“

-- Dr. Mindy Thompson Fullilove

The Harms of the Race Construct (proxy for Racism)
Racism: Singular and Systemic

- Ideological
- Institutional
- Interpersonal
- Internalized
The Peculiar Institution of Racism
Components of Racism - Institutional

- Laws/Legal System
- Policing

**BLACK CODES**
- Still couldn’t vote
- Couldn’t join militia
- Couldn’t testify
- Different states, different rules
- Some banned blacks from states
Components of Racism - Institutional

- Laws/Legal System
- Policing
- Education
- Housing

(7) No persons of any race other than the Caucasian race shall use or occupy any premises, or any part thereof, in said Subdivision, except that this provision shall not prevent occupancy by domestic servants of a different race domiciled with an owner or tenant.
Components of Racism - Institutional

Persistence of the Racial Wealth Gap

https://youtu.be/Mqrhn8khGLM
The Peculiar Institution of **Racism** Leads to a Persistence of Interpersonal **Racism**
Components of Racism - Interpersonal

- Actions may present as conscious or unconscious behaviors
- Racist jokes, stereotypes, assaults, harassment, threats (whole range of personal acts of prejudice)
- Racial/ethnic microaggressions
  - microinvalidations
  - microinsults
  - microassaults
The Peculiar Institution of Racism
Leads to a Persistence of Interpersonal Racism
And We Lack Immunity to Internalized Racism
INTERNALIZED RACISM

Internalized Racism

I found a lot of the Native kids to be more negative, but rightly so, because they were treated wrong. When you are treated wrong, when you are oppressed, you are automatically going to be defensive toward things. Racism, experienced on a consistent basis, becomes internalized, and we [the Native students] begin to hate one another. It can have very damaging effects. (Leah)

• Silver et al. (2002) refer to this as internalized racism

• Acceptance of inferiority by the marginalized/oppressed group(s)
• Expectation of superiority by the advantaged group
• Accompanying thoughts and actions to support the acceptance of societal position
• Associated with “horizontal violence”
INTERNALIZED RACISM

Deaths of Despair, In Total and by Cause
1914–2017, Crude Rates, Non-Hispanic Whites Ages 45–54

Deaths of Despair
Suicide
Alcohol-Related
Drugs

Deaths per 100,000


NATIONWIDE CHILDREN’S
When your child needs a hospital, everything matters.”

THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE
Biological “Weathering”

Weathering

“Blacks experience early health deterioration as a consequence of the cumulative impact of repeated experience with social and/or economic adversity and political marginalization. On a physiological level, persistent, high-effort coping with acute and chronic stressors has a profound impact on health”

Arline Geronimus
INTERNALIZED RACISM

Slide courtesy of Dr. Kevin Ahmaad Jenkins, Social Epidemiologist, University of Pennsylvania
INTERNALIZED RACISM

Psychological Stress Responses

Examples
Frustration, defensiveness, apathy, irritability, sudden changes in mood, shock, anger, disappointment, resentment, anxiety, worry, disbelief, disappointment, helplessness, hopelessness, and fear.

Physiological Stress Responses

Examples
Headaches, grinding teeth, clenched jaws, chest pain, shortness of breath, pounding heart, high blood pressure, muscle aches, indigestion, gastric distress, constipation or diarrhea, increased perspiration, intestinal problems, hives, rashes, sleep disturbance, fatigue, insomnia, and frequent illness.

Behavioral Stress Responses

Examples
Stereotype threat. “John Henryism” or prolonged, high-effort coping with difficult psychological stressors, increased commitment to spirituality, overeating or loss of appetite, impatience, quickness to argue, procrastination, increased use of alcohol or drugs, increased smoking, withdrawal or isolation from others, neglect of responsibility, poor school or job performance, and changes in close family relationships.

YOU HAVE TO BE TWICE AS GOOD AS THEM TO GET HALF OF WHAT THEY HAVE.
-Scandal

https://youtu.be/zgpq2Rqjg4c
Differential Weathering in the MIDUS Cohort (ages 35-85)

<table>
<thead>
<tr>
<th></th>
<th>Blacks (n=228; avg age=53)</th>
<th>Whites (n=942; avg age=58)</th>
<th>Race Difference</th>
</tr>
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<tbody>
<tr>
<td>Fasting glucose (mg/dL)</td>
<td><strong>111.1±42.3</strong></td>
<td><strong>99.9±23.4</strong></td>
<td><strong>&lt;.001</strong></td>
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<td>HOMA-IR</td>
<td><strong>1.5±0.64</strong></td>
<td><strong>1.3±0.55</strong></td>
<td><strong>&lt;.001</strong></td>
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<td>CRP (ug/dL)</td>
<td><strong>1.34±0.80</strong></td>
<td><strong>1.0±0.68</strong></td>
<td><strong>&lt;.001</strong></td>
</tr>
<tr>
<td>IL-6 (pg/mL)</td>
<td><strong>1.5±0.54</strong></td>
<td><strong>1.2±0.51</strong></td>
<td><strong>&lt;.001</strong></td>
</tr>
<tr>
<td>E-selectin (ng/mL)</td>
<td><strong>52.1±28.9</strong></td>
<td><strong>41.3±20.6</strong></td>
<td><strong>&lt;.001</strong></td>
</tr>
<tr>
<td>Waist</td>
<td><strong>101.4±18.1</strong></td>
<td><strong>96.5±15.7</strong></td>
<td><strong>&lt;.001</strong></td>
</tr>
<tr>
<td>BMI</td>
<td><strong>32.8±8.6</strong></td>
<td><strong>29.0±5.9</strong></td>
<td><strong>&lt;.001</strong></td>
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ECOSOCIAL THEORY: LEVELS, PATHWAYS & POWER

Levels: societal & ecosystem
- global
- national
- regional
- area or group
- household
- individual

Processes: production, exchange, consumption, reproduction

Levels of health distribution:
- class inequality
- racial/ethnic inequality
- gender inequality

Lifecourse:
- in utero
- infancy
- childhood
- adulthood

Accountability & agency
- Embodiment
- Pathways of embodiment
- Cumulative interplay of exposure, susceptibility & resistance

Political economy & ecology
OBJECTIVES

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• **Describe racial/ethnic inequities for (Black) Maternal and Infant Mortality in the U.S.**

• Identify opportunities and actions for achieving health equity by valuing the lives of “all” women and children
The Rising Risk of Birthing in the U.S.

The colour of risk
United States maternal mortality rate, 2006–10
Per 100,000 live births

Black
Other races
White
Hispanic

ALL US WOMEN

Sources: Creanga et al., Obstetrics & Gynecology

Economist.com
Maternal mortality rates per 100,000 live births in California and the United States, 1999–2013

SOURCES Authors’ reproduction of data from the following sources in the public domain. For California: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, March 2015; and the California Birth and Death Statistical Master Files. For the US: data for 1999–2007 from the National Center for Health Statistics (NCHS); and data for 2008–13 from CDC WONDER, Centers for Disease Control and Prevention. NOTE Maternal mortality is defined in the text.
California’s Disparities Persisted

Maternal Mortality, by Race/Ethnicity
California, 2000 to 2013

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

Note: Maternal mortality refers to deaths of the mother in the postpartum. Three-year moving average is used.
California’s Disparities Persisted

Maternal mortality rates per 100,000 live births in California, by race/ethnicity, and mortality disparity ratio for non-Hispanic blacks and whites, 1999-2013
The Rising Risk of Birthing in the U.S.

The colour of risk
United States maternal mortality rate, 2006-10
Per 100,000 live births

- Black
- Other races
- White
- Hispanic

Sources: Creanga et al, Obstetrics & Gynecology

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.
- Obese women of all races do better than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.
- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

https://www.salon.com/2017/12/31/how-hospitals-are-failing-black-mothers_partner/
https://www.psychologytoday.com/blog/without-prejudice/201612/race-social-construction
Increasing Preterm Birth Rate in the U.S.

2015: 9.63%
2018: 10.02%

2019 MARCH OF DIMES REPORT CARD
Racial/Ethnic Disparities in Preterm Birth Rates

Preterm Birth Rate by Maternal Race/Ethnicity in the U.S., 2014-2016

- Asian/Pacific Islander: 8.6%
- White: 8.9%
- Hispanic: 9.2%
- American Indian/Alaska Native: 10.8%
- Black: 13.4%
Racial/Ethnic Disparities in Preterm Birth Rates

Preterm Births, by Race/Ethnicity
California, 2017

- Black: 12.6%
- Native American: 10.9%
- Latina: 9.0%
- Multiracial: 9.0%
- Asian: 7.9%
- White: 7.5%

Healthy People 2020 Target: 9.4%
California: 8.7%
The Costs of Prematurity

Societal Costs:

- $16.9 billion in costs for the baby
- $1.9 billion in labor and delivery costs for mom
- $611 million for early intervention services
- $1.1 billion for special education services
- $5.7 billion in lost work and pay for people born prematurely
- Education, Chronic Health Conditions, SSI

Emotional Toll
Cost to businesses
Uncovering Racial/Ethnic Disparities in the NICU

2017 qualitative analysis of disparity stories at VON’s Annual Quality Congress identified three types of suboptimal care:

• *Neglectful Care* (26%)
• *Judgmental Care* (26%)
• *Systemic Barriers to Care* (44%)
• *Privileged care* (4%)

Suggests vulnerable populations may be subject to disparate care in the NICU as they interact with their infants’ health-care team

*Families* rather than *babies* were treated differently

Neglectful Care

Paying less attention to certain families
Less updates
Less thorough education
Less optimal staffing

A mom approached her infant in an open crib, picked her up, and began trying to put her to breast. Mom’s position was not optimal and the infant wasn’t latching well. The RN approached and was quick to try and convert the breastfeeding attempt to a bottle feeding probably due to the extra time needed related to language barrier and getting lactation help. —RN regarding family identified as Asian

Judgmental Care

Families’ circumstances or behaviors are judged harshly given race/ethnicity, socioeconomic status, or history of drug use

- Staff making fun of “black sounding names”
- Judging young, single moms
- Referring to young fathers as a “baby daddy”

I see this all the time... the way we treat black moms is definitely different than how we treat white moms. And age plays a factor too—young moms are judged very unfairly. One black mom was judged very harshly for being late for a feeding even though she had a long and challenging transit ride to get to the hospital. A white mother who was late on the same day was greeted with sympathy. A small example but I see moments like this every single day. Also, young black moms who might well have a very good reason for being wary with authority figures (based on years of being treated badly in the system) are judged harshly for “showing attitude”.

– Family advocate regarding family identified as black or African American
Systemic Barriers to Care

Barriers that make families unable to be present in the NICU and/or perform as expected by providers

- Poor transportation
- Poor housing
- Employment Demands
- Children at Home
- Rigid visiting, rounds, or consultation schedules

*Parent was shamed by physician and social worker for “not being at bedside appropriate amount of time”. Parents spoke limited English and had no understanding of the social service protocols or resources. The team essentially was expressing discomfort that the hospital was funding a stay at our local hospitality house but family wasn’t present “enough” at the bedside. But, we had provided no guidance about what was “enough” or “expected”. Family felt ashamed and embarrassed that they had not been living up to care team’s UNSPOKEN expectations.*

—Family advocate regarding family identified as Asian

Unequal Care

Disparate care can also be mediated through adverse interactions with families (not just direct difference in care to the infant)

Delays in holding/bonding & breastfeeding, lack of proper supports for under-resourced families, lack of understanding/accommodations → suboptimal neonatal outcomes

Breastfeeding: Racial/Ethnic Identity Differences?

Black mothers: 3x more likely to exclusively provide formula at NICU discharge than any other race/ethnicity

Known variables:
- Health care personnel support
- Hospital policies and practices
- Mothers’ knowledge and access to information
- Community-level support for breastfeeding

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Achieving the Elimination of Inequities

• Addressing structural/systemic components that perpetuate inequities

• Intentional climate of inclusion

• Accountability (Data and Metrics; Goals)
Valuing Racial/Ethnic Identity

- Perspective-Taking (emotional and cultural)
- Counter-Stereotyping
  - Active
  - Passive
- Improving Cultural Intelligence

Change Behaviors
(not just focus on attitudes)
Prioritizing Inclusion

When you exist in spaces that weren't built for you, sometimes just being you is the revolution.

— Elaine Welteroth, More Than Enough
Prioritizing Inclusion

INCLUSION
Thoughts, ideas and perspectives of all individuals matter.

BELONGING
An org that engages full potential of the individual, where innovation thrives, and views, beliefs, and values are integrated.

EQUITY
Constantly and consistently recognizing and redistributing power.

DIVERSITY
Multiple identities represented in an organization.

Over saturation of similarity, homogeneous culture, and simplified points of view.
The dominant group or ideology is deferred to for decision making, opportunities, and promotions.
Culture assimilation results in disengagement and low retention.
“The key isn’t to feel guilty about our [implicit] biases – guilt tends toward inaction. It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

Achieving Equity

- Long Term Financial Commitment (internal and external) *reimagining the business model*
Achieving Equity

Continuum on Becoming an Anti-Racist Multicultural Organization

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<tr>
<td>An Exclusionary Institution</td>
<td>A &quot;Club&quot; Institution</td>
<td>An Affirming Institution</td>
<td>A Transforming Institution</td>
<td>Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression.</td>
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<tr>
<td>Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans.</td>
<td>Tolerant of a limited number of &quot;token&quot; People of Color and members from other social identity groups allowed in with &quot;proper&quot; perspective and credentials.</td>
<td>Makes official policy pronouncements regarding multicultural diversity</td>
<td>Growing understanding of racism as barrier to effective diversity</td>
<td>Committed to process of intentional institutional restructuring, based upon anti-racist analysis and identity.</td>
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<tr>
<td>May still secretly limit or exclude People of Color in contradiction to public policies.</td>
<td>Continues to intentionally maintain white power and privilege through its formal policies and practices, teaching, and decision making on all levels of institutional life.</td>
<td>Sees itself as &quot;non-racist&quot; institution with open doors to People of Color</td>
<td>Develops analysis of systemic racism</td>
<td>Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldviews, culture and lifestyles.</td>
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<td>Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.</td>
<td>Continues to intentionally maintain white power and privilege through its formal policies and practices, teaching, and decision making on all levels of institutional life.</td>
<td>Carries out intentional inclusiveness efforts, recruiting &quot;somebody of color&quot; on committees or office staff</td>
<td>Expands view of diversity includes other socially oppressed groups.</td>
<td>New consciousness of institutionalized white power and privilege.</td>
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<td>Often declares, &quot;We don't have a problem.&quot; Monocultural norms, policies and procedures of dominant culture viewed as the &quot;right way&quot; business as usual.</td>
<td>Engages issues of diversity and social justice only on club member's terms and within their comfort zone.</td>
<td>Expanding view of diversity includes other socially oppressed groups.</td>
<td>Expanding view of diversity includes other socially oppressed groups.</td>
<td>Develops intentional identity as an &quot;anti-racist&quot; institution.</td>
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<td>&quot;Not those who make waves.&quot; Little or no contextual change in culture, policies, and decision making</td>
<td>Emphasizes new patterns of privilege, patriarchal and control</td>
<td>Institutional structures and culture that maintain white power and privilege still intact and relatively untouched</td>
<td>Increasing commitment to dismantle racism and eliminate inherent white advantage</td>
<td>Begins to develop accountability to racially oppressed communities.</td>
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<td>Is still relatively unaware of continuing patterns of privilege, paternalism and control</td>
<td></td>
<td>Actively recruits and promotes members of groups who have historically denied access and opportunity</td>
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<td>Token placements in staff positions must assimilate into organizational culture</td>
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© Crossroads Ministry, Chicago, IL: Adapted from original concept by Bailey Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding; further adapted by Melia LaCaur, PSES.D.
ALLY – The Challenge Ahead…

“Ally’ cannot be a label that someone stamps onto you—or, god forbid, that you stamp on to yourself—so you can then go around claiming it as some kind of identity. It’s not an identity. It’s a practice. It’s an active thing that must be done over and over again, in the largest and smallest ways, every day. Sounds like a lot of work, huh? Sounds exhausting. Well, yeah, it ought to. Because the people who experience racism, misogyny, ableism, queerphobia, transphobia, classism, etc. are exhausted. So, why shouldn’t their ‘allies’ be?

Mia McKenzie, Editor-In-Chief of the Black Girl Dangerous blog

GOAL: Move from Actor -> Ally -> Accomplice/Co-Conspirator
Additional References (Racism and Public Health)

Chandra Ford, MPH, MLIS, PhD
Professor, Department of Community Health Sciences
Founding Director, Center for the Study of Racism, Social Justice & Health
Additional References (Racism in Science)

- Angela Saini 2017 Superior: The Return of Race Science
- Stephen Gould 1981 The Mismeasure of Man
Additional References (Implicit Bias)

- Banaji and Greenwald 2013 Blind Spot
- Ross 2014 Everyday Bias: Identifying and Navigating Unconscious Judgments in Our Daily Lives
- Steele 2011 Whistling Vivaldi: And Other Clues to How Stereotypes Affect Us
Thank You!

- Contact
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