

Health Equity Column: A Black Neonatologist Perspective: Addressing Perinatal and Neonatal Inequities

Jenné Johns, MPH, Valencia P. Walker, MD, MPH



In this month's Health Equity Column, our feature is Dr. Valencia Walker, Associate Chief Diversity and Health Equity Officer for Nationwide Children's Hospital. She is also Associate Division Chief of Health Equity and Inclusion for Neonatology and Vice-Chair of Diversity, Equity and Inclusion for the Department of Pediatrics at The Ohio State University College of Medicine. Dr. Walker offers her personal and professional experiences leading institutional diversity, equity, and inclusion strategic priorities to ensure Black Birthing women and families admitted to the Neonatal Intensive Care Unit receive culturally appropriate and equitable care. She also pushes the healthcare community to place social determinants of health and implicit bias in context as we deliver care to families of all races, economic, and social levels. As you read this column, I encourage you to reflect on your institutional challenges, gaps, and opportunities for improvement to eliminate disparities based on race, culture, and socioeconomic status in perinatal and neonatal care.

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What is your definition of health equity?

Health Equity signifies that anyone within any community of society can access the resources needed to experience living in the healthiest state possible. Under sustained conditions that support Health Equity, everyone possesses the power to cope when faced with disease and/or crisis effectively. Achieving Health Equity is a prerequisite to attaining health justice, including eliminating racism as a structural driver of health and health outcomes.

“Health equity is focusing on creating conditions and circumstances where people cannot just survive but thrive and really attain

their optimal health status. Not only that, but they have the ability to respond to crises and diseases because they have access to the resources that they need.”

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What are your organizational priorities for addressing health and racial equity in perinatal and neonatal care?

Our organization seeks to provide equity in experiences and expected outcomes for pregnant people and their infants. This requires a multi-faceted strategic plan with interventions and initiatives that stretch across the continuum of

- i) pre-conception (e.g., addressing Social Determinants of Health),
- ii) pregnancy (e.g., advocating for high quality and safe access, education, and care), and
- iii) postpartum (e.g., authoring anti-racist policies and programs) support.

As an organization, we must successfully

- i) improve cultural intelligence among staff,
- ii) increase financial commitments to these efforts by health system leadership, and
- iii) insist on validating the lived experiences of minoritized and marginalized pregnant people and their families.

“When we think about our priorities, every institution should look at this very carefully because you may have different needs depending on where you are. There are some global needs that we know we need to address when it comes to infant mortality, the use of human milk, and the prematurity rate. But even with that, you have to really think about your own needs. So, we have opportunities to address those issues, that includes addressing

safe sleep and it includes addressing experiences that families have when they encounter the healthcare system. I always like to remind myself that when people come to us, they're looking for compassion and feeling. Even if we get the right diagnosis, if we haven't delivered that in a way that is culturally attuned and culturally appropriate, then we still haven't delivered that excellence in care that our families deserve."

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What personal and professional experiences led you to focus on health equity in perinatal and neonatal care?

In addition to my passion for taking care of critically ill infants, I developed an unshakeable interest in public health and advocacy. Through both my professional education and personal experiences, I gained an undeniable understanding of how racism exerts a direct, adverse impact on health and well-being. Realizing the profound suffering that accompanies the unjustifiable differences in deaths of Black and Indigenous infants as compared to other infants in the U.S. compelled me to intervene. This work, however, quickly humbled me. I learned that if I committed to it merely out of self-interest as a Black woman, I assured the inevitability of my failure. Achieving meaningful progress required constantly stripping away any aspects of my ego and professional identity that prevented me from embracing the "radical" fortitude necessary to disrupt the inequities currently built into healthcare's default system of status quo.

"Well, one I am a neonatologist. I love being a neonatologist; I think it's one of the best jobs in the entire world. But it's one thing to have heard about it, but once you really see the data, and not just see the data but see how the data is not changing. This means for all the things that we're saying about it, for all the things that we're trying to do about it, it is not enough. As someone who identifies as a black woman, to know and see my role that I have the ability to advocate and make a difference, there's no way I can unsee that. There's no way that I can block them. I think it's an honor to be entrusted with these responsibilities, and we have to do better, and if I don't do anything, and this might seem like a strange word to use, but I would see myself as derelict to my duty. Both to the families and patients that I have, but also to what I see as my connection to the black community. I have gone through a lot to become a physician. I've experienced people being racist or mistreating me, or things like that. I've had those experiences as someone seeking healthcare, and I've had those experiences when it came to my level, so as much as I love my profession and

I love what I do, I know that there are absolutely opportunities and requirements to improve. When I'm at the bedside, and I see the black baby that doesn't make it, the grief and the devastation it causes their family. And when I think about my own friend's physicians that are black women physicians, and they have been ignored when they complained about their symptoms that were consistent preeclampsia, and knowing what it's like to be sick and not well, and being forced to advocate for yourself, gives a whole new visceral reaction. And so the data and statistics are horrifying, and those lived experiences that aren't always talked about every day."

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What is your call to action for the industry as we seek to eliminate health and racial inequities in perinatal and neonatal care?

Elimination of racialized health inequities requires engagement in rigorous and holistic methodologies:

- Acknowledge the pernicious and pervasive impact of racism on science and medicine, including within Neonatal-Perinatal Medicine
- Build therapeutic relationships with minoritized and marginalized racial/ethnic communities that confront their historical and ongoing issues with mistrust and experiences with mistreatment
- Commit to requiring anti-racist praxis in all aspects of Neonatal-Perinatal research and clinical care
- Diversify the Neonatal-Perinatal Medicine workforce, inclusive of all healthcare practitioners
- Establish clinical practice guidelines that specifically incorporate, value, and reward compassionate, inclusive, and respectful care
- Finance/Fund programs that remunerate the centuries of racialized disinvestment in the care of minoritized and marginalized infants and assist in ameliorating the racial wealth gap.
- Generate educational and professional standards for Neonatal-Perinatal Medicine aimed at mitigating bias, discrimi-

nation, and mistreatment

“As we seek to eliminate health and racial inequities in perinatal and neonatal care, I think we have to accept that what we have done and what we’ve been doing is not enough, and it takes both an enormous resource, human capital time, time-intensive commitment to change while pouring those resources into it. Does it mean that we’re taking away from the well-being or success of others? It’s not a 0-sum game. It is how do we right the wrongs of how many years we have accepted differences in mortality and difference in suffering as okay.

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So, the call to action is to get uncomfortable. To do the hard and exhaustive work. To recognize that the lives of babies matter and that we have to fundamentally change the conditions that are continuing to perpetuate and that means recognizing what’s happened in the past historically and how that’s continued to affect us in the present day but more than anything, it’s not about what we can just change in a year or three years but really understanding this is a long term investment that we can’t let go of, because it’s hard or it’s frustrating, and that we cannot accept anything other than success in reversing these horrible trends that we’ve seen.”

Disclosure: *The authors have no disclosures.*

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About the Author: Jenné Johns, MPH:



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Jenné Johns, MPH is President of Once Upon A Premie, Founder of Once Upon A Premie Academy, mother of a micropreemie, author, speaker, advocate, and national senior health equity leader. Once Upon A Premie is a non-profit organization with a two-part mission: 1.) to donate Once Upon A Premie books to NICU families in under resourced communities, and 2.) lead virtual health and racial ethnic training programs and solutions to the neonatal and perinatal community through the Once Upon A Premie Academy. Jenné provides speaking, strategic planning and consultation services for fortune 500 companies focused on preemie parent needs from a cultural lens and reading as a tool for growth, development, and bonding. Jenné is also a national senior health equity thought leader and has led solutions-oriented health equity and quality improvement portfolios for the nations' largest health insurance and managed care companies.

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Bio: Dr. Walker is Associate Chief Diversity and Health Equity Officer for Nationwide Children's Hospital. She is also Associate Division Chief of Health Equity and Inclusion for Neonatology and Vice-Chair of Diversity, Equity and Inclusion for the Department of Pediatrics at The Ohio State University College of Medicine. Dr. Walker advocates for eliminating health inequities among pregnant people and their infants. She completed undergraduate studies at Florida A&M University and medical school at Emory University. She finished her Pediatrics residency at UT Memphis and her Neonatology fellowship at Cincinnati Children's Hospital. She also obtained an MPH in Health Policy from Harvard.