



BLACK BODIES, BLACK HEALTH

DISRUPTING DISPARITY, IMAGINING A JUST RACIAL FUTURE

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A VISION TO REALIZE HEALTH EQUITY

For anyone who was unaware of the detrimental health effects of racism on both the individual and systemic levels, the global COVID-19 pandemic that started spreading throughout the United States in 2020, exposing the staggering depths of racial inequality nationwide in every sector, also revealed the egregious outcomes of racism with regard to the health and well-being of Black and minority populations. From premature births, to increased cancer rates, to shortened life expectancy, it has become clear that the systems necessary to meet basic human needs to support health and wellness are disproportionate, and systemic racial discrimination kills.

This systemic racism is tied, fundamentally, to questions of cultural representation, to the stories we tell about healthy bodies, on the one hand, and undeserving populations, on the other. Less than 4 percent of medical texts feature illustrations of non-white bodies. This base level of representation, or more accurately the lack thereof, has implications for who and what we see as normative, which bodies we characterize as well and unwell, which we value, and which we do not.

The work of envisioning disruption in the area of health equity is not the domain of health experts alone. Rather, it relies on the intellectual strength of the humanities and social sciences. Fields as wide-ranging as sociology and the study of English literature, have used different methodologies both to document, and to spar with, the origins and depth of race as an organizing frame in American society and the world. This interdisciplinary range of scholars is necessary for future discussions of possible successful remedies, and interventions for population health disparities that are grounded in age-old conceptions of race that are older than America. ■

OUR PARTNERSHIP WITH THE ROBERT WOOD JOHNSON FOUNDATION

“A Culture of Health is impossible without a full-bore commitment to racial equity.”

— ALONZO PLOUGH

*Robert Wood Johnson Foundation (RWJF) Chief Science Officer
and Vice President of Research–Evaluation–Learning*

In the early days of the pandemic, and following the racial reckoning it both coincided with and prompted in the United States and around the globe, there has been a renewed call to focus research efforts on racism, with the express goal of disrupting racial disparities in order to create more just and equitable health outcomes. As Robert Wood Johnson Foundation (RWJF) Chief Science Officer and Vice President of Research-Evaluation-Learning Alonzo Plough stresses in *Necessary Conversations*, “a Culture of Health is impossible without a full-bore commitment to racial equity.” With this commitment in mind, RWJF sponsored the Black Bodies, Black Health (BBBH) Research Project at Rutgers University. The project was organized around a set of core questions:

What would we learn from bringing humanists, social scientists, and biomedical researchers together to explore, unpack, and disrupt structural racism in service of creating equitable health outcomes? How might humanistic approaches to the call for justice, centering on such fundamental questions as the redefinition of what it means to be human, be reconciled with the lasting impact of Blacks’ exclusion from humanity itself in pre-Emancipation America? These critical questions fall not just within the purview of a single discipline, but rather, require the marriage and purposeful intersection of fields and scholarly breadth. Black Bodies, Black Health reflected such a marriage, made possible through the partnership of the Institute for the Study of Global Racial Justice at Rutgers University and the Robert Wood Johnson Foundation. ■

BUILDING AN INTER-DISCIPLINARY CONVERSATION

The study of racial formation and racism, and their impact on health inequities, must proceed in a manner that moves away from reifying race. We must grapple collectively with how we operationalize and measure race.



Led by Enobong “Anna” Branch (Senior Vice President for Equity and Professor of Sociology) and Michelle Stephens (Founding and Executive Director of the Institute for the Study of Global Racial Justice and Professor of English and Latino and Caribbean Studies), the BBBH Project centers humanistic and social scientific fields to identify strategies needed to disrupt structural racism as a determinant of health and well-being.

A steering committee of five senior advisors, each bringing expertise related to structural racism and/or health equity, guided the project.

Reflecting the intellectual diversity and convergences BBBH aims to spur, steering committee members helped to frame the seed grant program that incentivized and organized Rutgers researchers, and the interdisciplinary workshops and conversations convened to synthesize and develop their specific research projects. The steering committee members also contributed to the project’s final report identifying the research approaches needed in humanistic, social scientific, and biomedical fields to ameliorate structural racism as a determinant of health and well-being.



STEERING COMMITTEE



Dr. Michelle A. Stephens

PRINCIPAL INVESTIGATOR, BLACK BODIES, BLACK HEALTH

Michelle Stephens is the Founding and Executive Director of the Institute for the Study of Global Racial Justice at Rutgers University. She joined the Department of English and the Department of Latino and Caribbean Studies at Rutgers University–New Brunswick in spring 2011.

Her research interests include the African Diaspora, Caribbean Studies, American Studies, Critical Race Theory, Gender & Sexuality, Postcolonial Studies.

Dr. Stephens is a psychoanalyst and served as the dean of the humanities in the School of Arts and Sciences from 2017–2020. Originally from Jamaica, West Indies, she graduated from Yale University with a Ph.D. in American Studies. She is the author of *Black Empire: The Masculine Global Imaginary of Caribbean Intellectuals in the United States, 1914 to 1962* (Duke University Press, 2005) and *Skin Acts: Race, Psychoanalysis and The Black Male Performer* (Duke University Press, 2014). She has also coedited collections in archipelagic studies: *Archipelagic American Studies* with Brian Russell Roberts (Duke, 2017); *Relational Undercurrents: Contemporary Art of the Caribbean*

Archipelago with Tatiana Flores (Duke, 2017); and *Contemporary Archipelagic Thinking* with Yolanda Martínez-San Miguel (Rowman and Littlefield, 2020).

Dr. Stephens has published numerous articles on the intersection of race and psychoanalysis in such journals as *JAPA*, *Contemporary Psychoanalysis*, *Studies in Gender and Sexuality*, *Psychoanalytic Dialogues*, and *Psychoanalysis of Culture and Society*.

A founding co-editor of Rutgers University Press's Critical Caribbean Studies book series, she also sits on the editorial advisory board of Rowman and Littlefield's *Rethinking the Island* book series. She is a 2016 graduate of the Licensure Qualifying Program at The William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology. ■





Dr. Enobong (Anna) Branch

PRINCIPAL INVESTIGATOR, BLACK BODIES, BLACK HEALTH



Enobong (Anna) Branch is a preeminent scholar and strategist who helps move organizations and leaders from well-meaning to well-doing. She serves as the senior vice president for equity at Rutgers University, providing strategic leadership to ensure that the institutional commitment to equity is reflected in the university's research, educational, and community engagement efforts.

A professor of sociology, Dr. Branch's commitment to advancing equity extends to academic research on labor and work that explores the historical roots and contemporary underpinnings of racial and gender inequality. Her new book, *Work in Black and White: Striving for the American Dream* (Russell Sage Foundation 2022), co-authored with Caroline Hanley, explores the impact of rising employment insecurity in the post-industrial era through the lens of racial and gender inequality. Branch is also the coauthor of *Black in America: The Paradox of the Color Line* (Polity 2020) with Christina Jackson, which provides a sociology of the Black American experience focusing on the quintessential American paradox: our embrace of the ideals of meritocracy despite the systemic racial advantages and disadvantages accrued across generations.

She is the editor of *Pathways, Potholes, and the Persistence of Women in Science: Reconsidering the Pipeline* (Lexington 2016) and the author of *Opportunity Denied: Limiting Black Women to Devalued Work* (Rutgers 2011). Branch has authored numerous book chapters and articles published in journals, such as the *International Journal of Gender, Science, and Technology*; *Research in the Sociology of Work*; *Social Science History*; *Journal of Black Studies*; and *Issues in Race and Society*. In addition, her public opinion pieces have appeared in the *New Jersey Star-Ledger* (nj.com) and national outlets, such as *Bloomberg* and *The Washington Post*.

A sought-after national expert on diversity in the academy, Branch serves on several national advisory boards. Dr. Branch received her Ph.D. in sociology from the University at Albany, SUNY, and her B.S. in biology from Howard University. ■

Dr. Carlos Decena

Carlos Decena is the Cross-Campus Director of Undergraduate Intellectual Life and Interim Director of the Institute for the Study of Global Racial Justice at Rutgers–New Brunswick. He is also Professor of Latino and Caribbean Studies and Women’s, Gender, and Sexuality Studies at Rutgers–New Brunswick.

Dr. Decena is an interdisciplinary scholar, whose work straddles the humanities and social sciences and whose intellectual projects engage and blur the boundaries among critical ethnic, queer and feminist studies and social justice. His research interests include Sexuality and Queer Studies, Migrant communities, Cultural Studies, Dominican Studies, and Public Health.

His first book, *Tacit Subjects: Belonging and Same-Sex Desire among Dominican Immigrant Men*, was published by Duke University Press in 2011. He is also the editor with Margaret Gray of *The Border Next Door: New York Migraciones* (Duke University Press, 2006).

His latest book, *Circuits of the Sacred: A Faggotology in the Black Latinx Caribbean*, was published in February, 2023 by Duke University Press.

Dr. Decena leads The Office of Undergraduate Intellectual Life (OUIL) at the Institute for the Study of Global Racial Justice. OUIL was founded to support students across Rutgers University, and spearhead mentorship programs and initiatives to support student leadership in diversity, equity, and inclusion.

He also directs the Fellows in Racial Justice Learning Community (RAJU), a new cross-campus program which aims to identify, accompany and mentor generations of life-long intellectual activists in racial justice across Rutgers University.

This fellowship, launched by the ISGRJ Office of Undergraduate Intellectual Life, is an unprecedented program spanning Rutgers–Newark, Rutgers–New Brunswick and Rutgers–Camden. It brings together undergraduate students who are passionate about social justice activism and who will pursue projects to renew, enrich, and maximize ongoing racial justice efforts on campus to impact social change locally and globally.

Dr. Decena holds a Ph.D. in American Studies from New York University, and a B.A. in English from the University of Pennsylvania. ■





Dr. Shawna Hudson

Shawna Hudson is Professor, Vice Chair for Research and Henry Rutgers Chair of Family Medicine and Community Health at the Rutgers Robert Wood Johnson Medical School. She is Founding Director of the Center Advancing Research and Evaluation for Patient-Centered Care (CARE-PC) and serves as Vice Chancellor for Dissemination and Implementation Science for Rutgers Health. Dr. Hudson is a full research member of the Rutgers Cancer Institute of New Jersey in the Cancer Prevention and Control Program. She has a secondary faculty appointment in the Rutgers School of Public Health in the Department of Health Behavior, Society and Policy. Dr. Hudson currently serves as Director for the Community Engagement Core of the NJ Alliance for Clinical and Translational Science (NJ ACTS), a Clinical and Translational Science Award (CTSA) consortium of Rutgers University, Princeton University, and the New Jersey Institute of Technology. She led its \$5 million NIH-funded Rapid Acceleration of Diagnostics for Underserved Populations initiative to improve outreach and access to COVID-19 testing within New Jersey's, vulnerable and underserved communities.

A medical sociologist, Dr. Hudson is a community-engaged, primary care researcher working with vulnerable populations at the

intersections of community health, primary care and specialty care. She has published extensively on the role of primary care in long-term follow-up care for cancer survivors. Input from patients, clinicians and the community is at the heart of her work. She is a mixed methods researcher and serves as Principal Investigator and co-Investigator on multiple NIH funded studies.

Dr. Hudson's research has been featured in a number of journals including *JAMA Open Network*, *JAMA General Internal Medicine*, *Annals of Family Medicine* and *Lancet Oncology*. She is leading and has participated in a number of large research studies funded by the National Cancer Institute, the National Institute on Minority Health and Health Disparities, the Center for Medicare and Medicaid Services and the Robert Wood Johnson Foundation.

Dr. Hudson earned her bachelors, masters and doctorate in Sociology from Rutgers University. ■

Dr. Dawne Mouzon

Dawne Marie Mouzon is Associate Professor of Sociology at Rutgers-New Brunswick and core faculty at the Institute for Health, Health Care Policy, and Aging Research at Rutgers University. Her research interests include Mental Health, Aging, Family, and African Diaspora Populations. Dr. Mouzon's research seeks to identify and explain risk and protective factors for the physical and mental health of populations of African descent. Specifically, she investigates the interplay between social relationships, psychosocial stressors, resilience, and health across the life course of Black Americans.

Her early work focused on testing presumed protective factors to explain "the Black-White mental health paradox," and the unexpected finding that Black Americans generally exhibit better mental health outcomes than Whites despite their higher rates of poverty and greater exposure to anti-Black racism. She has since built upon this work by investigating how these risk and protective factors, along with status characteristics such as gender, ethnicity, and nativity status which shape mental health risks among African American and Afro-Caribbean populations in the United States. Her current research program focuses on identifying adaptive coping resources and strategies African Americans use in the face of chronic stress and racial discrimination, with a focus on gender differences in these processes.

Another arm of her research investigates the "marriage squeeze" among Black Americans, including preference for (and barriers to) marriage, romantic relationships, and opportunities for parenthood. Her recent peer-reviewed journal articles include "Chronic Stress, Coping, and Mental Health Among Older African Americans" (*Journal of Aging and Health*, 2022), an invited paper for a special issue on "Contemporary Research on Older Black Americans," dedicated to the legacy of James S. Jackson, PhD; "COVID-19 and Psychological Distress: Racial Differences Among Middle-Aged and Older Adults" (*The Gerontologist*, 2022), and "Racial Discrimination, Discrimination Related Coping, and Mental Health Among Older African Americans" (*Annual Review of Gerontology and Geriatrics*, 2022), an invited paper for a special issue on "Black Older Adults in the Era of Black Lives Matter," among others.

Dr. Mouzon holds a Ph.D. and a Master's in Sociology from Rutgers University, a Master's of Public Health in Epidemiology from the University of Medicine and Dentistry of New Jersey, and Bachelor's degrees in Psychology and Africana Studies from Rutgers University. ■





Dr. Luis Rivera

Luis Rivera is a Professor of Psychology at Rutgers–Newark and the Director of the Rutgers Implicit Social Cognition (RISC) Lab.

Dr. Rivera joined Rutgers–Newark in fall 2010. His experimental research investigates the implicit social cognitive processes that underlie stereotyped attitudes and how these processes shape the self, identity, and health of stigmatized individuals.

Dr. Rivera’s research elucidates the contextual and motivational factors that shape individuals’ stereotype–based cognition about themselves and others that occur outside of awareness, control, and intention. His research has implications for the development and maintenance of stigmatized individuals’ social identities, the expression of implicit (and explicit) stereotyping, prejudice and discrimination, and the presence and persistence of health disparities between members of socially advantaged and disadvantaged groups.

In 2019, Dr. Rivera helped to shape federal legislation and policy in the midst of the COVID-19 pandemic by serving as a Congressional Science and Technology Policy Fellow in the Office of U.S. Senator Ron Wyden (Oregon). Through this yearlong fellowship, administered by the American Association for the

Advancement of Science (AAAS), and sponsored by the American Psychological Association (APA), Rivera learned about federal policymaking while using his expertise to tackle the most pressing societal challenges. His responsibilities included a focus on the role of algorithm biases in the level of coverage health insurers offered persons of color. When the novel coronavirus hit the United States in 2020, Rivera quickly switched gears to concentrate on the impact of COVID-19 on vulnerable communities, collecting relevant data sets and making them readily and publicly accessible to address inequality in the United States through legislation and policy during one of the country’s most trying times.

Dr. Rivera earned his doctoral and master’s degrees in social psychology from the University of Massachusetts Amherst, and his bachelor’s degree in mathematics from The CUNY Bernard M. Baruch College. A prolific author on implicit stereotyped attitudes, his work has been published in *Law and Human Behavior*, *American Journal of Public Health*, *Criminal Justice and Behavior*, *Social Cognition*, and many other publications. ■

Dr. Perry Halkitis

Perry Halkitis, PhD, MS, MPH, is an infectious disease epidemiologist, applied statistician, and public health psychologist. He serves in these roles through his research, teaching, advocacy and activism.

Dr. Halkitis is currently Dean, Hunterdon Professor of Public Health & Health Equity, and Distinguished Professor of Biostatistics & Epidemiology at the Rutgers School of Public Health. He is also the founder and director of the Center for Health, Identity, Behavior & Prevention Studies (CHIBPS). He holds the status of Professor Emeritus at the College of Global Public Health at New York University.

For three decades, the focus of his research has been on the emergence, prevention, and treatment of infectious diseases primarily in sexual, gender, and/or racial and ethnic minority populations. His program of study has sought to disentangle the biological, behavioral, psychosocial, and structural mechanisms that predispose populations to these infectious diseases, and the synergies of infectious disease with mental health burden including drug abuse.

Dr. Halkitis is the author of the 2019 book, *Out in Time: The Public Lives of Gay Men from Stonewall to the Queer Generation*. His 2013 book, *The AIDS*

Generation: Stories of Survival and Resilience, is a 2014 Lambda Literary Award nominee. Both books received the American Psychological Association Distinguished Book Award in LGBT Psychology. He has authored some 300 peer-reviewed academic manuscripts and also actively disseminates knowledge to mainstream media, appearing frequently on television, radio, print, and podcasts. He has been the Editor in Chief of *Behavioral Medicine* since 2013 and is the Founding Editor in Chief of *Annals of LGBTQ Public and Population Health*, which was first published in 2020.

Throughout his career, Dr. Halkitis has been on the forefront of fighting for the rights of those infected with and affected by HIV, as well as being an outspoken advocate for the rights and health of the LGBTQ+ population. Dr. Halkitis is actively involved in all aspects of community building and empowerment through the dissemination and translation of the innovative, timely, and valuable public health research that he and his teams at Rutgers and CHIBPS undertake.

Dr. Halkitis holds degrees in epidemiology, applied statistics, psychology, and education. ■



An abstract, expressive painting of a face, rendered in a variety of colors including red, blue, yellow, green, and black. The style is textured and layered, with visible brushstrokes and splatters. The face is positioned in the upper right quadrant of the page, looking towards the left. The background is white, which makes the vibrant colors stand out.

SEED GRANTS

The seed grant program had four aims:

- To identify Rutgers faculty members whose scholarship and expertise were tied to one of the dimensions of structural racism impacting health.
- To spur the intentional translation of field-specific knowledge and cutting-edge research into digestible insights for the general public.
- To encourage the engagement of community members in contributing their knowledge on both the impact of structural racism and its solutions.
- To develop a position paper that outlines research avenues for interdisciplinary exploration as well as possible policy solutions and interventions to reduce structural racism in health care.

The call for proposals identified four distinct thematic clusters that reflected the intellectual domains of the seed grantees' projects: **Physician Education**, **Black Bodies**, **The Carceral State**, and **Environmental Racism**. Interdisciplinary research teams worked together and individually to develop a common language, share approaches across disciplinary lines, and develop their projects' deliverables and outcomes.



PHYSICIAN EDUCATION

T

he projects in the Physician Education research cluster, guided by BBBH lead Michelle Stephens and Shawna Hudson, consider the relationship between patient and practitioner.

Researchers in fields as diverse as applied psychology, history, and medicine examined how socioeconomic factors, such as race, ethnicity, age, sex, and gender, create compounding effects that impact the decisions patients make about their health; and how technical language barriers affect not only how Black patients understand the medical process, but also, how alienated they feel from medical personnel, creating a divide between patient and physician.

“The projects in the Physician Education research cluster confront the structural challenges within medical institutions that perpetuate Black harm.”

Researchers found this divide in the mental health sector as well. Social judgements and stigmas often create rifts between mental health patients and practitioners, with the adverse effects on patients of misdiagnoses stemming from providers either underestimating or exaggerating their symptoms.

Such topics as communication between doctors and Black families in neonatal ICUs, the impact of cultural humility among physicians, and the effectivity of technological solutions to uniting like-minded patients and physicians formed the crux of the Physician Education research cluster. ■

T

he Black Bodies research cluster embodied and encompassed the overarching themes of the BBBH project. These projects, mentored by BBBH co-lead Anna Branch and her research project manager, Candace King, delved into the dynamics of performance and health.

In particular, they researched how the health and wellbeing of frontline Black workers in New Jersey were adversely impacted during the COVID-19 pandemic, finding that Black women were at a higher risk for exposure to COVID-19 due to occupational segregation. Unlike Black workers, White workers in New Jersey were able to withdraw from frontline industries at the onset of the pandemic, especially in healthcare support services. As a result, Black workers were occupationally crowded to the benefit of not only White wages, but also White health.

“In some instances, structural racism is painted as a problem that is only seen, not felt. The projects in this cluster speak to the physiological impact of structural health disparities on Black Bodies and clearly outline the processes by which structural racism produces tangible harm in Black communities.”

Researchers in this cluster also aimed to better understand the health consequences of race-related stress and its overall physiological and psychological impact on Black bodies. In particular, their study examined Black student-athletes’ experiences of these stressors while attending both predominantly White institutions and historically Black colleges and universities, and the cumulative impacts of race-related stress and systemic oppression on Black student-athletes. ■



BLACK BODIES



THE CARCERAL STATE

The projects in the Carceral State research cluster, led by Dawne Mouzon, Luis Rivera, and Perry Halkitis, undertook a critical examination of the criminal justice system as a total institution.

The criminal justice system has a profound impact on the health and wellbeing of people who are incarcerated, as well as their families, and the effects persist after release from institutionalization.

Researchers connected both pre-determinants and post-effects of health from incarceration. They found that Black people with chronic diseases and serious mental illnesses are disproportionately likely to be incarcerated, and those without may even be subjected to those traumas both during and post incarceration. Researchers also delved into the physiological effects of incarceration in

“In addressing the stigmas and implicit bias within law enforcement, researchers viewed racial inequities in policing as a linchpin of racial inequities in health and unearthed the longstanding effects of the criminal legal system well beyond the prison cell.”

investigating how police exposure is biologically embedded in African American men residing in New Jersey, who are nearly four times more likely to be killed by police officers than White Americans.

In addressing the stigmas and implicit bias within law enforcement, researchers viewed racial inequities in policing as a linchpin of racial inequities in health and unearthed the longstanding effects of the criminal legal system well beyond the prison cell. ■



In the projects in the fourth and final research cluster, Environmental Racism, led by Carlos Decena, researchers from the environmental sciences, nursing and history studied the impact of environmental racism on inequitable health outcomes and explored how the environment, including considerations of climate as well as other factors of space, impact health and wellbeing.

A study focused on Black women and breast cancer screenings unveiled the structural challenges that lead to health inequity. Researchers uncovered place-based structural and racial determinants such as transport and childcare needs that impede Black women’s access to adequate preventative care, offering a unique approach to measuring the environmental factors that perpetuate health disparities.

“All spaces are not created equal, as studies have shown that standards of living vary by zip code, and where we live impacts how we live.”

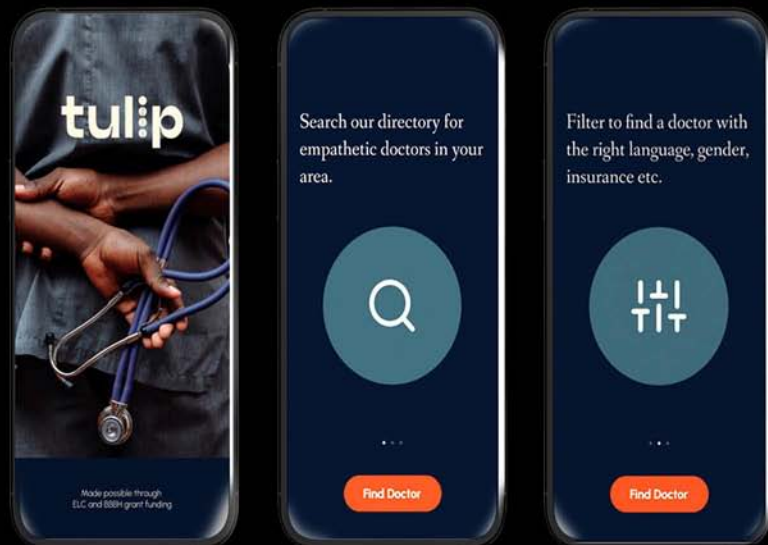
Similarly, researchers considered how individual stories can help to explicate the structural roots of racial disparities and health outcomes. In the Ramapough Lunaape Nation Turtle Clan community, researchers and community members worked together to identify the inextricable link between community health and geographical region. Highlighting the experiences of Black communities living in areas of toxic pollution, a micro-history of the impact of environmental racism on a southern Black community found that the disproportionate impact of pollution on their land was linked to increased rates of cancer, miscarriages, and other adverse health conditions. ■



ENVIRONMENTAL RACISM



RESEARCH PROJECTS AND OUTCOMES



TULIP: TECHNOLOGY UNITING LIKE-MINDED PHYSICIANS AND PATIENTS

Physicians of color play a prominent role in caring for Black individuals, as they are often the clinicians who care for underserved individuals. According to a recent study in the *Journal of American Medical Association*, patients who have low incomes, are from racial and ethnic minority backgrounds, have Medicaid insurance, or do not speak English are substantially more likely to receive their care from a minority physician (Zachrisson et al., 2021).

In *Project TULiP*, the research team studied how socioeconomic factors, such as race, ethnicity, age, sex, and gender, create compounding effects that impact patients' decisions about their health and create a divide between patients and physicians. Creating a new app will help bridge the health communication gap and meet the needs of Black residents of New Jersey by giving them access to like-minded physicians in racially competent medical environments to

“TULiP will serve as an educational tool, equipping users with a directory of Black physicians to make informed decisions regarding their health and find a provider that resonates with them.”

reduce systemic racism in healthcare. *TULiP* will create a database of Black physicians and present this information in a user-friendly app, which carries much potential to improve healthcare quality for disadvantaged patients.

TULiP will serve as an educational tool, equipping users with a directory of Black physicians to make informed decisions regarding their health and find a provider that resonates with them. ■

In the United States, non-Hispanic/Black infant mortality rates have consistently been more than twice as high as mortality rates of all other infants. Despite more than five decades of health interventions trying to save the lives of neonates – infants in the first month of life when infant mortality rates are highest – these statistics have remained unchanged. Why did the sophisticated care of NICUs seem to have no impact on Black mortality rates?

Existing scholarship suggests two reasons: First, racist attitudes towards poor and young Black mothers placed them and their infants on the periphery of NICUs. Second, the sophisticated machinery of NICUs – monitors, respirators, and incubators – created both a physical and an emotional barrier between parents, their babies, and the clinical staff. Many parents were unable to understand the technical concepts of medicine and the language of clinicians. Already on the margins of NICUs, poor and young African American women found that the barrier of technology

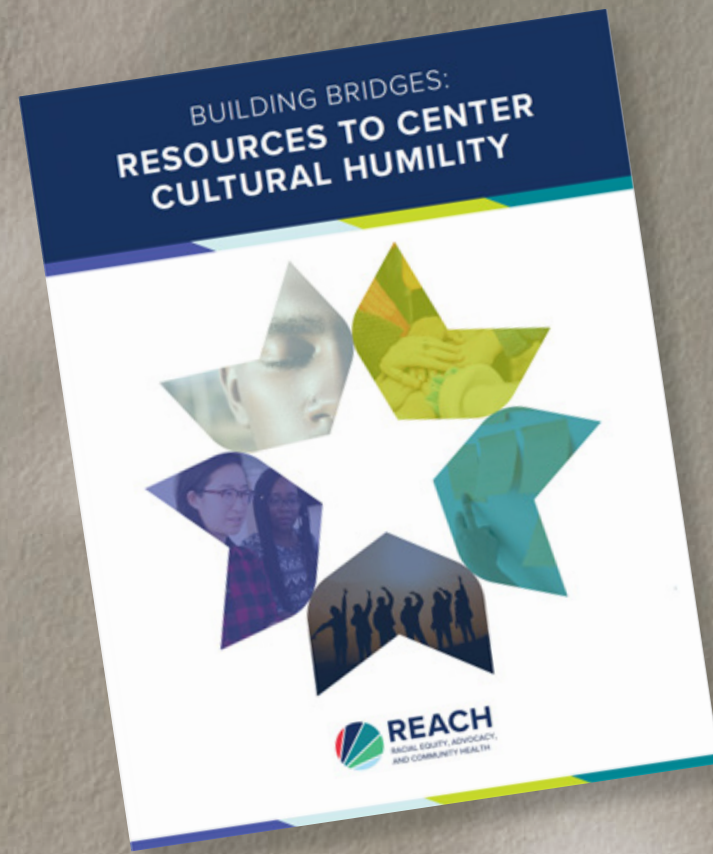
“The discrepancies uncovered... were both a sign of the staggering racial inequality in NICU units and a stark example of the deadly consequences of health inequities.”

created a crisis of communication in the NICU. Young and non-White parents, then, were less likely to be involved in decision making.

The discrepancies uncovered in the *Life and Death in the Nursery: Making decisions in the Neonatal Intensive Care Unit [NICU]* project demonstrated differential access to NICUs, NICU providers, and a technical language barrier between the clinician and NICU parents. These observations have been shared publicly with medical professionals with the goal of informing their neonatal clinical practices and settings. ■

LIFE AND DEATH IN THE NURSERY: MAKING DECISIONS IN THE NEONATAL INTENSIVE CARE UNIT

CULTURAL HUMILITY TOOLKIT



The Cultural Humility research project had as a starting goal the shifting of scholarly and clinical focus in psychology, from cultural competence, which created unrealistic and misguided expectations that mental health providers would have expertise in all other cultures, to the idea of cultural humility, understood as an ongoing, lifelong process. A cultural humility mindset fosters a more practical outlook that advances flexible delivery of mental health services, and approaches that can be tailored to clients' needs while honoring their identities and values.

The project developed a Cultural Humility Toolkit designed to promote cultural humility among mental health providers (e.g., psychiatrists, psychologists, counselors, social workers) and to promote humanistic/holistic considerations in mental health

“...diverse populations, particularly Black communities, are less likely to receive high-quality mental health care, in part due to cultural bias, social judgements, racism, and discrimination from providers. Such stigmas have adverse effects on patients seeking help.”

care, a field which has historically focused solely on symptom presentation and conceptualization and treatment development among predominately White, western populations.

The comprehensive toolkit includes resources such as self-reflection guides, designed to help clinicians develop their own personal sense of cultural humility, as well as educational materials on diverse populations and intersectional experiences. ■

The pandemic made strikingly clear that Black workers in New Jersey are the backbone of the state's economy. Many working in 'essential' jobs faced high COVID-19 exposure risk, but did not receive adequate health support. This had important health consequences not only for Black workers and their families in the state, but also, for long-term economic prosperity and justice.

The *Black Women in New Jersey During the Pandemic* study, focused on the labor market experiences of Black workers in New Jersey, and included nuanced analyses of Black women workers, single-parent households, Black workers with disabilities, and Black LGBT individuals.

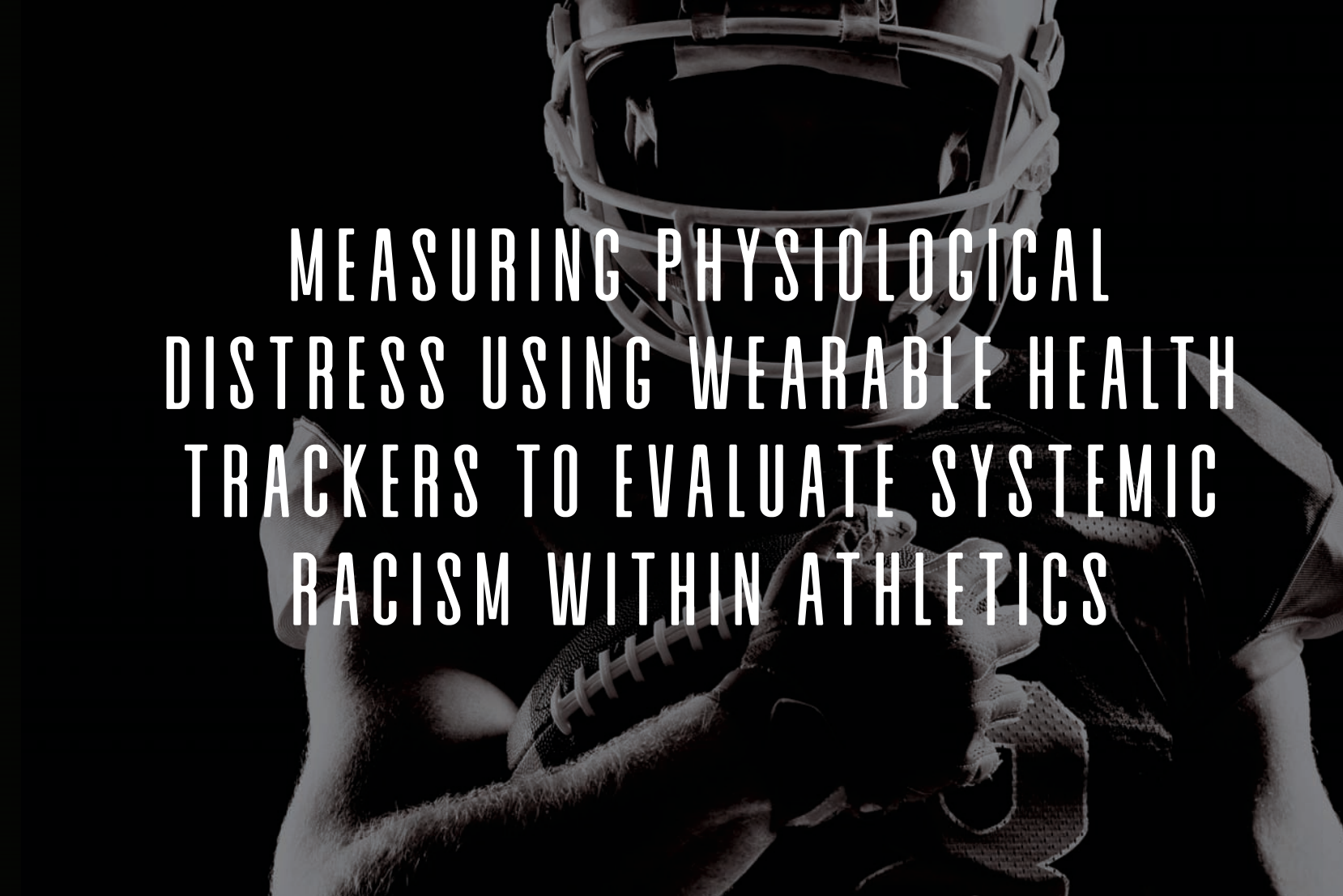
“These consequences include not only direct measures of physical and mental health, but also avenues through which adverse health manifests, including poverty, housing, child welfare, and education.”

Understanding the diversity of health and employment experiences in the Black community thrust into focus the multiple dimensions of overlapping oppressions.

The study furthered the goals of the “Black Bodies, Black Health” Research Project by providing state-level understandings of the structural racism in New Jersey's labor markets, and subsequent health consequences that included not only direct measures of physical and mental health, but also avenues through which adverse health manifests, including poverty, housing, child welfare, and education. ■



BLACK WOMEN IN NEW JERSEY DURING THE PANDEMIC: DISPARATE IMPACTS ON HEALTH AND WORK



MEASURING PHYSIOLOGICAL DISTRESS USING WEARABLE HEALTH TRACKERS TO EVALUATE SYSTEMIC RACISM WITHIN ATHLETICS

Black student-athletes at predominantly White institutions contend with systemic racism on multiple levels. There is an opportunity to measure and track the body's responses to these stressors and help Black student-athletes build resilience to them. The research team analyzed resting heart rate variability (HRV) from health trackers worn by Black student-athletes. The trackers produced invaluable data when examining the existence and impact of systemic oppression within the athletic systems. This study filled a void by looking specifically at physiological markers of stress, the mediating variables at play, and the differences in systems and culture at predominantly White institutions (PWI's) compared to historically Black colleges and universities (HBCU's), and what treatment protocols are effective in reducing overall race-related stress and improving resting heart rate variability.

“Black student-athletes at predominantly White institutions contend with systemic racism on multiple levels. There is an opportunity to measure and track the body's responses to these stressors and help Black student-athletes build resilience to them.”

This project's outcomes included implementing interventions with Black student-athletes that will help them contend with systemic societal barriers, while also shining a light on ways the culture within athletics can evolve to be more inclusive at an organizational level. ■

“...The criminal justice system has been built around the dehumanization of Black Americans...These policies have direct impacts on the health of individuals who have been incarcerated, especially those convicted of felonies.”

As a result of the increased awareness of structural racism in the criminal justice system, there have been calls for reform in the courts and police agencies as a way to enhance trust, and reduce inequities in Black communities.

This pilot study sought to develop, adapt and test a multidisciplinary, community partnership-based structural competency training program for courts and police officers. Through a series of interactive workshops, participants learned how systemic racism undergirds societal perspectives of “deservedness” to perpetuate inequities that result in health disparities. During the final workshop session, participants identified specific proposals that could be pursued to address these structural determinants of health. ■



STRUCTURAL COMPETENCY TRAINING IN THE CRIMINAL JUSTICE SYSTEM: PROMOTING RACIAL EQUITY AS AN UPSTREAM DETERMINANT OF HEALTH

Numerous health professionals have highlighted racism in America's criminal justice system as a key structural cause of public health disparities. The criminal justice system has been built around the dehumanization of Black Americans, with laws designed to criminalize Black communities. These policies have had direct impacts on the health of individuals who have been incarcerated, especially those convicted of felonies.

Voter disenfranchisement of individuals who are currently or formerly incarcerated prevents them from advocating for health care reforms on their own behalf. Furthermore, policies which hinder employment access for individuals with a felony conviction limit their ability to reintegrate into society, thereby restricting access to employer-sponsored health insurance.



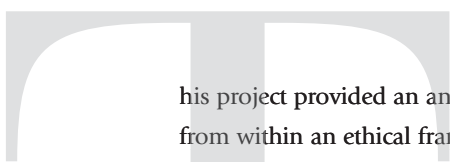
POLICE EXPOSURE AND PHYSIOLOGICAL FUNCTIONING AMONG AFRICAN AMERICAN MEN

Despite composing only 13% of the United States population, this study showed that African Americans are approximately 2.8 to 3.5 times more likely than White Americans to be killed by police officers while unarmed. African Americans are also more likely to have non-lethal police force (e.g., taser, pepper spray) used against them, and are 5 times more likely than Whites to report being unfairly stopped by the police.

Notably, involuntary police stops have significant psychological costs, including distress, anxiety, depressive symptoms, and trauma. African Americans also have a higher prevalence of cardiovascular morbidities (e.g., heart disease, stroke) and abridged lifespans as compared to White Americans.

“Notably, involuntary police stops have significant psychological costs, including distress, anxiety, depressive symptoms, and trauma.”

This project provided a unique opportunity to investigate how police exposure is biologically embedded using a subsample of African American men residing in New Jersey. As part of this study, seventy-five African American men were recruited to participate in the 14-day Experience Sampling Methodology (ESM) study. On each day, participants were randomly prompted to complete six mini surveys that assessed their police exposure and momentary psychological well-being. The Researchers monitored participants’ ambulatory sympathetic (i.e., pre-ejection period, left ventricular ejection time, cardiac output) and parasympathetic (i.e., high-frequency heart rate variability) nervous system functioning. ■



his project provided an analysis of incarceration from within an ethical framework, by exploring whether moral objections to mass incarceration, and specifically its effect on health, can be made more precise by drawing on conceptual tools in bioethics, political philosophy, and criminal legal theory. Should our critiques of the carceral state center on an idea of public policy as prioritizing the wellbeing of the worst off? Or should our critique center the way that our systems reflect and replicate historical injustice and structural racism? Perhaps the ethical concern ought to center the role of the state and its role in confining people against their will, to produce negative life and health outcomes.

The project also sought to offer solutions. Can we respond to this crisis by way of incremental reform improving the provision of healthcare in jails and prisons, or working to mitigate the downstream consequences of incarceration? An alternative

“...Our present system has marked impacts on individuals, families, and communities that extend far beyond the walls of prisons and jails. Mass incarceration generates and substantially exacerbates disparities ... compounding health inequalities.”

approach is that the system has fundamental flaws, and that in order to mitigate its undesirable effects, we ought to reduce its size and scope. This study furthered the goals of the “Black Bodies, Black Health” Research Project by bringing the tools of philosophical inquiry, and a humanistic belief in the benefits of thoughtful critique, to bear on the question of incarceration as a social phenomenon with direct implications for health equity and justice. ■



RACIALIZED MASS INCARCERATION: A CRITIQUE FROM PUBLIC HEALTH ETHICS

REIMAGINING INTERVENTION TO ACHIEVE SAFE INTIMATE RELATIONSHIPS FOR BLACK PEOPLE IN NEW JERSEY

ationally, the most prominent and promoted intervention to address intimate partner violence (IPV), often known as domestic violence (DV), is to invoke a police response. Although this approach is widely regarded as the appropriate avenue that bystanders or victims should pursue, it is not always safe, and has long been contested as harmful, especially by and for Black residents in the United States.

Black people are regularly subjected to dangerous state-sponsored violence, even when looking for help from police for domestic violence. Black people of all genders are disproportionately arrested, including

“Black people are regularly subjected to dangerous state-sponsored violence, even when looking for help from police for domestic violence.”

primary victims of DV. Mandatory arrest laws for DV have only exacerbated pre-existing racial inequity in the criminal justice/carceral system and worsened experiences of trauma in Black communities.

This project centered the value of collective and community care, reimagining the resources necessary to overcome the systemic factors that increase risk of harm. It was solution focused by drawing on the strengths of Black community members’ creativity, rather than use of problem centered approaches to address the social issue of intimate partner violence. ■

“Deliberate processes of erasure have rendered the histories and continuing presence of Indigenous peoples illegible to many. Histories and stories lie buried ...alongside the dangerous chemicals that remain deep in the soil, just miles from a major drinking water reservoir.”

A collaborative project between the Rutgers Department of Landscape Architecture and the Ramapough’s Lunaape Nation, *Our Land, Our Stories* is a multimedia project for environmental justice advocacy, and a forum for sharing important stories of land and loss, and of survival and recovery.

Ringwood, New Jersey is home to the Turtle Clan, and many still live on the Ringwood Mines/Landfill Superfund Site. The landscape includes former iron mines, ceremonial stones, a forest where people hunt for food, and a stew of chemical toxicants from a former Ford manufacturing plant. The Ramapough’s story is representative of much larger issues of environmental racism and its impact on a community’s health and well-being.

Researchers engaged seriously with the Ramapough community’s knowledge drawn from their lived experiences, and their responses to environmental crises. In the published book resulting from this

collaboration, *Our Land, Our Stories*, careful research is presented in tandem with visualizations of evidence, photography, drawings, and maps. By visually representing traditions, cultural meanings, and emotions, this project aims to make complex information accessible, while instructing readers about the historiographical process, and asking them to consider their assumptions about identity and historical and scientific authority. ■

The collage contains several text elements:

- OUR LAND, OUR STORIES: ENVIRONMENTAL JUSTICE AND THE RAMAPOUGH LUNAAPE TURTLE CLAN** (Main Title)
- OUR STORIES BY:** Chief Vincent Mann, Wayne Mann, Vivian Milligan, Chuck Stead. Edited by Anita Bakshi.
- Excavating Subterranean Histories of Ringwood Mines and the Ramapough Lunaape Nation** (Section Header)
- Text snippets from newspaper clippings:
 - "The 1956 Indian Relocation Act 'encouraged' native people to leave reservations and head for the cities. This took the form of the dissolution of federal recognition and the ending of federal funding for schools, hospitals, and basic services on reservations from the 1953 acts. The federal government paid for relocation expenses to cities and provided some vocational training for those who made the move, but many have migrated from their communities and previous systems of support."
 - "The 1983 EPA places the site on the National Priorities List (NPL). Ford identified four areas for potential remediation; three are used as disposal areas and the fourth was abandoned due to lack of vegetation during preliminary site survey. EPA's Environmental Photographic Interpretation Center issued analysis to support the investigation, but EPA site managers did not take advantage of aerial photography."
 - "The sludge has since spread and has become incorporated into environmental systems throughout Ringwood, and is dangerous when inhaled, ingested, or simply touched. Curious children in Ringwood used to form the paint sludge into 'mud pies' and innocently eat them. Chemicals from the paint sludge have seeped in to the water system. Pictured here is a nearby stream that runs along the Recycling Center on Peters Mine Road. Childhood landscapes of the Ramapough Native Americans have changed drastically in the last five decades. To the right is a pond that elder Wayne Williams..."
- A map of the Ringwood area with a red circle around a specific location.



REDUCING BREAST CANCER DISPARITY OF BLACK WOMEN IN AN ENVIRONMENTAL JUSTICE COMMUNITY

Black women have the highest death rate from breast cancer and have a higher chance of developing breast cancer before the age of 40 than White women.

Research indicates that Black women are more likely to be diagnosed with late-stage breast cancer, due to lack of and multi-level barriers to preventive breast cancer screenings (e.g., mammogram) in Black women.

This project aimed to reduce breast cancer screening disparities in Black women through a multi-level intervention. The study was premised on the idea that racism and environmental justice go hand in hand. Environmental justice specifically addresses situations where minority or low-income

“Black women have the highest death rate from breast cancer and have a higher chance of developing breast cancer before the age of 40 than white women.”

communities bear disproportionately high and adverse health and environmental risks. Camden, New Jersey represents this type of community, burdened with environmental pollution and poor health outcome, and Black women face barriers to breast cancer screening, ranging from lower educational levels or health literacy; beliefs; socioeconomic status; employment constraints; lack of childcare; lack of transportation; system barriers including lack or inadequate insurance coverage; lack of policies to address structural barriers; and a health system which is difficult to navigate. ■

“This research project followed the lives of two men whose personal histories embodied the intersecting oppressions of structural racism in rural communities in the U.S. South.”

This research project followed the lives of two men whose personal histories embodied the intersecting oppressions of structural racism in rural communities in the U.S. South. Two microhistories—comparative in nature—centered on the lives and locales of Amos Favorite of Geismar, in Ascension Parish, Louisiana and John Glanton, of Henry County, Alabama. Woven through the stories of their lives, the project excavated the relatively unknown histories of these two communities and their struggles with poverty, racism, discrimination in housing and schooling, and environmental abuse.

took on petrochemical companies, currently amongst the largest polluters (especially Shell Oil) in New Jersey—and won. His work and the organizing he subsequently inspired can serve as a template for activists and organizers today and in our own region.

This historical study tells these men’s stories as a powerful testament to the ability of singular individuals to harness their own experiences of marginalization, for the betterment of those around them. It contributes to the broader “Black Bodies, Black Health” Research Project by demonstrating the power of stories, and narratives in translating research, to imagine a more just and equitable racial future. ■

In each of their fights against structural racism in their Southern, rural communities, Glanton and Favorite are exemplars of the power and impact of true grassroots organizing. For example, Favorite



MICROHISTORIES IN THE US SOUTH



SIGNATURE WORKSHOPS AND EVENTS

BLACK BODIES, BLACK HEALTH CONFERENCES AND WORKSHOPS

THE BLACK BODIES, BLACK HEALTH VIRTUAL WORKSHOP: DISRUPTING HEALTH DISPARITIES, THINKING CRITICALLY ABOUT RACE | MARCH 30TH, 2022

DEVELOPING A SHARED LANGUAGE ABOUT RACE

his virtual workshop held on March 30th, 2022, brought a multi-disciplinary group of seed grantees together with humanistic scholars to begin the process of envisioning inter-disciplinary thinking and collaboration in the study of health inequities, and the reification of race. BBBH seed grantees met to discuss their projects and develop a shared vocabulary about race and race-thinking across their multiple disciplines locations and methodologies.

Speakers: Patricia Akhimié, Associate Professor, English SASN (NWK); Derrick Darby, Distinguished Professor Philosophy SAS (NB); Frank Edwards, Assistant Professor, School of Criminal Justice (NWK) and ISGRJ Early Career Faculty Fellow; Melinda Gonzalez, ISGRJ Post Doctoral Associate in Sociology-Anthropology SASN (NWK); Keith Green, Associate Professor, Africana Studies FAS CMD, and ISGRJ Senior Fellow; Jennifer Mittelstadt, Professor of History SAS (NB); Charles Senteio, Assistant Professor, School of Communication and Information.

THE BLACK BODIES, BLACK HEALTH EXTERNAL EXPERT CONFERENCE | AUGUST 16 - 18, 2022

This 3-day conference featured in-depth engagement with scholars in the broad fields of race and health, and a mix of speakers and group discussions focused on racial health disparities and achieving health equity. The conference featured the following presentations:

“Centering the Black Body” by Black Bodies, Black Health Project Leads Dr. Michelle Stephens and Dr. Anna Branch

“To Wash the Ethiope: The Treatment of Black Bodies” by Dr. Patricia Akhimié

“Racism and Structural Racism Undermine the Public Health: What Research Evidences” by Dr. Perry Halkitis

The conference culminated in the Presidential Keynote by sitting Rutgers President Jonathan Holloway titled **“Mapping Value: The Material Consequences of Structural Racism.”**

THE BLACK BODIES, BLACK HEALTH STAKEHOLDERS’ ROUNDTABLE | JUNE 2, 2023

The culminating event of the *Black Bodies, Black Health* Project was held on Friday, June 2, 2023. This multi-faceted roundtable convened 70 participants, including project leads Michelle Stephens and Anna Branch, Black Bodies, Black Health seed grantees, the project steering committee, Institute staff, other Rutgers University dignitaries and guests, and community leaders and stakeholders from across New Jersey.

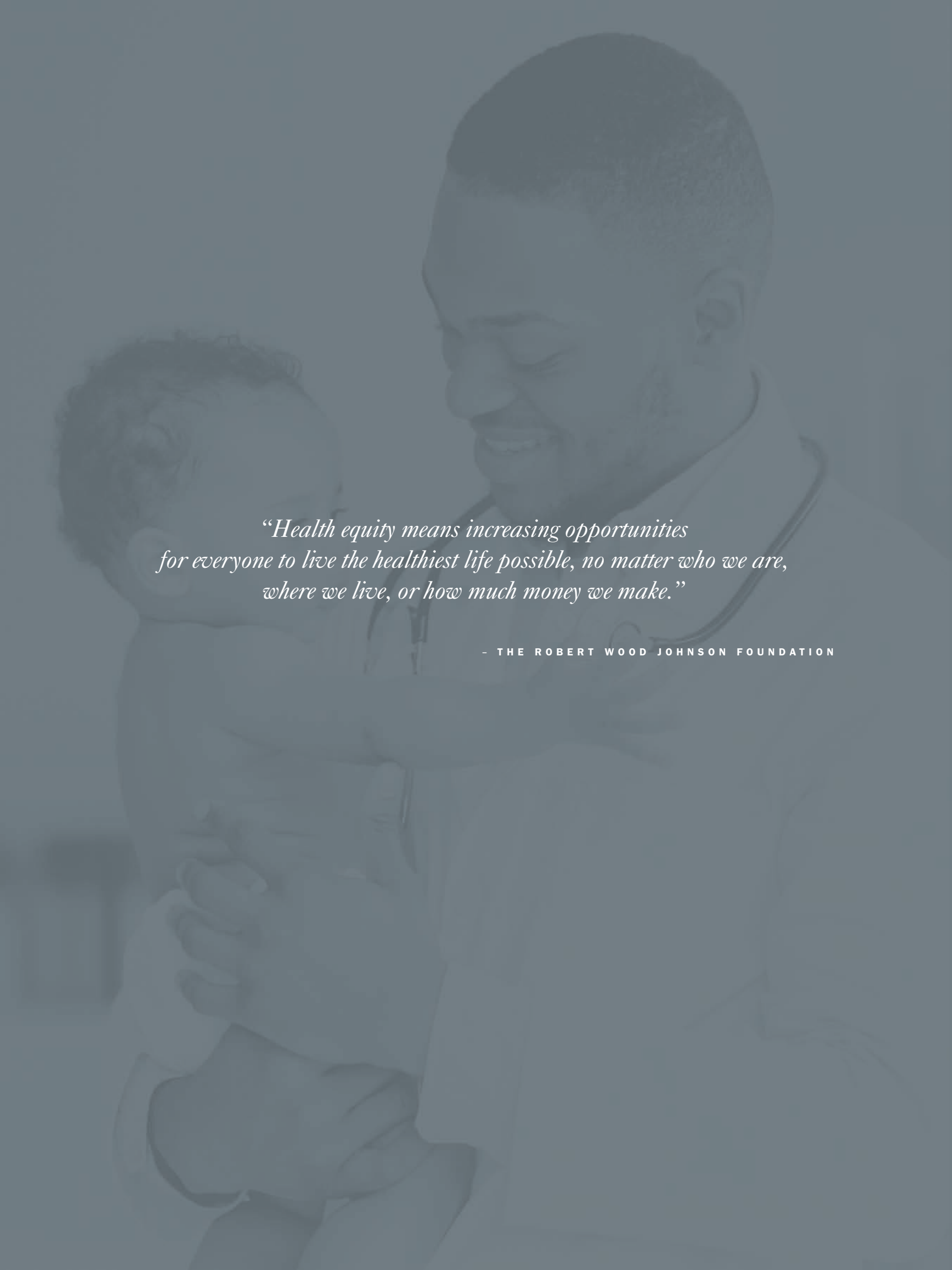
Steering Committee members presented the key takeaways and research outcomes of this project, and welcomed feedback and responses from our stakeholders, both internal to Rutgers and external, from the broader community.

Through seed grants, workshops, conferences, and scholarly and public writing, our goal was to build an inter-disciplinary conversation, and to incentivize humanists, social scientists, and biomedical researchers to engage in interdisciplinary work, to explore and unpack structural racism in order to create equitable health outcomes. ■



BBBH RESEARCH PROJECT PUBLICATIONS

- **Our Land, Our Stories: Excavating Subterranean Histories of Ringwood Mines and the Ramapough Lunaape Nation**
Vincent Mann, Wayne Mann, Vivian Milligan, Chuck Stead
Edited by Anita Bakshi
Design for Public History (2022)
- **Black Workers in New Jersey during the Pandemic: Occupational Crowding and Disparate Impacts on Health and Work**
Sarah F. Small, Yana van der Meulen Rodgers, Debra Lancaster
Center for Women and Work at Rutgers University (2022)
- **Understanding Breast Cancer Disparities Affecting Black Women: Obtaining Diverse Perspectives Through Focus Groups Comprised of Patients, Providers, and Others**
Wanda Williams, Mei Fu
J Community Health (2023)
- **Immigrant Women and the COVID-19 Pandemic: An Intersectional Analysis of Frontline Occupational Crowding in the United States**
Sarah F. Small, Yana van der Meulen Rodgers, Teresa Perry
Forum for Social Economics (2023)
- **Black Bodies, Black Health: Centering Humanistic and Social Scientific Research to Identify Strategies for Disrupting Structural Racism as a Determinant of Health and Well-being**
Enobong Anna Branch, Candace King and Michelle Stephens
Oxford Press Culture of Health (forthcoming, 2023)



“Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.”

- THE ROBERT WOOD JOHNSON FOUNDATION

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