

FREQUENTLY ASKED QUESTIONS: ADDRESSING THE IMPACT OF RACISM

The health and well-being of infants, children, adolescents, young adults, and their families are negatively impacted by racism embedded within structures, institutions, relationships, and environments. Relatedly, bias and discrimination, as contributors to racism, perpetuate disparities in health care access, use, and outcomes among marginalized populations. In the overall health and well-being of children and their families, pediatric health care professionals play an important role and therefore must consider the various influences on patients' health. **Addressing the needs and concerns of patients and families is the first priority for all health supervision visits.**

The following information can help pediatric health care professionals **effectively address and begin to mitigate** the negative impact of racism, bias, and discrimination on the physical and mental health and well-being of their patients and families within the context of a health supervision visit in any health care setting. Please note that a group of thought leaders, guiding efforts to address racial and ethnic disparities in health and health care, curated these suggestions. Interactions with patients and families around race and racism are complex and are part of a continuous, relationship-building process. The greater the time invested in building the relationship and in focusing on the **child's and family's strengths**, the better positioned pediatric health care professionals will be to gain the trust needed to provide effective care and guidance.

This resource is part of a series of resources, including a brief **Tip Sheet** and **Resource Repository** found here: aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/bright-futures-health-equity-resources-for-health-care-professionals



This resource is recommended for pediatric health care professionals interested in or starting to have conversations around racism, bias, and discrimination with children, adolescents, young adults, and their families. These questions can help you consider how to enhance patient care and experience when having such conversations.

QUESTION 1: How do I create a welcoming practice?

Creating a welcoming practice requires thinking through what needs must be met and what actions will support meeting those identified needs. Amidst a national climate impacted by historic racism and active discrimination, it is important to consider how to best care for your patients and families, with the understanding that lived experiences are varied. Explore how you and your practice can be inviting and set up a welcoming practice **for all** who come through your doors. Below are some suggestions for creating a welcoming space:

- Demonstrate humility as a health care professional by providing a statement to all patients and families that welcome them to be their unique and authentic selves, describing your purpose to care for and learn from your patients, and expressing a willingness to take action to ensure a positive experience in your practice.
- Provide signage that indicates values of the practice and ways the practice is working to live these values daily (eg, Black Lives Matter, we stand against racism, we value anti-racist practices, rainbow flag).
- Demonstrate and infuse cultural diversity through the imagery seen throughout your practice in the artwork, educational materials, books, translated materials and resources, etc.
- Prioritize diversity in representation throughout your workforce and at all levels of leadership.



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- Encourage policies promoting cultural humility and training programs geared toward strength-based, patient- and family-centered, culturally informed care to improve effective care and communication for **all patients and their families**.
- Provide an anonymous feedback mechanism to patients and family members to report specific experiences (eg, microaggressions) within the health care setting. This allows opportunities for accountability and transparency by giving the presence of willingness to acknowledge wrongdoings and to make changes for improvement.
- Ensure access to community resources.

QUESTION 2: Is it my role to discuss race and racism with my patients? How do I know if my patients want me to ask about this?

Yes, it is part of your role as a pediatric health care professional to address any factor that affects health. **Start by asking all families if and how they want to engage in these conversations. If permission is not given, let your patient know that you are there for them for any future conversations.** It is important to consider the inherent patient-professional power dynamics and the perceived capacity for patients and their families to provide consent and/or opt out of the conversation within this space. Although it is hard to know if patients and their families want to engage in conversations around race or racism, using some of these sample questions listed below can help guide you regarding which direction to take.

- How are you doing during this/these challenging time(s)?
- How are you feeling about what's going on in the world/our country as it relates to race/racism?
- As your health care professional, I would like to create a safe space for you to discuss key life experiences that contribute to both your child's and your family's mental and physical health. Are there any experiences you feel comfortable sharing with me?

- Like me, many of my patients and their families are struggling with the racism we are seeing and/or experiencing. Are there any experiences that you would like to share with me?
 - If yes, how has this affected your everyday life?
 - If yes, how have you dealt with this level of stress? Whom can you talk to when stressed?
 - Are there important life events that you've experienced that have or are currently affecting your health?

For more information regarding tools developed for research purposes to assess experiences of discrimination, see these examples:

- [Perceptions of Racism in Children and Youth](#) (for ages 8-18 years)
- [Adolescent Discrimination Distress Index](#) (for ages 13-19 years)
- [Everyday Discrimination Scale](#) (for adults)
- [Racial Microaggressions Scale](#) (for adults)

QUESTION 3A: What do I need to consider before discussing race and/or racism with my patients and families?

As you look to engage in conversations around race, bias, and discrimination, understand that discomfort is okay. These conversations are sensitive and can be emotionally charged. The lived experiences of your patients and families are all unique; a lived experience similar to your patients is not needed. Even within the same racial or ethnic group, individuals may have very different experiences. Learning and transformation occur when we get out of our comfort zone.

If you are going to ask your patients and their families about how their racial identity impacts them, it is important for you to have spent time thinking about your own racial identity and how it affects your life. You may consider the way your own unique mix of social identities (eg, race, ethnicity, class, gender, sexual orientation, ability status) combine to shape your understanding of the world and of how you relate to others. With reflection on the ways in which these identities advantage and disadvantage you, you are better equipped to relate to families who also must contend with a mixture of advantages and disadvantages. You may also come to terms with how your particular experience may limit your understanding and lead to bias.

Of note, participation in such conversations should be guided by the desires and comfort level of the patient and/or their family. It is essential to begin conversations involving race and bias from a position of humility, willingness to listen, and interest in learning. **Simply asking permission to have such a conversation is a great way to convey this position and to improve your ability to connect with patients and their families.**

- There isn't just one way to have these conversations, and it's important for all families to have this space to engage with you while navigating the varying experiences their children have. It is okay to not have all the answers or to know exactly the words to say when engaging in these discussions, assuming you are ready to practice humility.
- You may make a mistake at some point (and likely will), so come prepared/ready to apologize if you unintentionally offend your patient and/or their family.
- Owning the impact your words and actions have—not just your intention—is vital.



QUESTION 3B: What questions should I consider to gauge my own readiness and understanding?

- Why am I having the conversation? What is its purpose?
- Do I understand the inequities in my community and how they were shaped?
- How comfortable am I with having a conversation about race or racism?
- Do I understand my own racial identity? How was it formed? What advantage/disadvantage is associated with it?
- Have I considered/interrogated my own conscious and unconscious biases?
- Do I understand the impact of biases that exist due to structural racism (ie, systemic advantage and disadvantage afforded to people based on skin color/race/ethnicity or another immutable attribute)?
- With whom can I debrief to learn and receive feedback to improve my skills?
- What can I do outside of these conversations to continue my growth and learning?
- How can I incorporate conversations about racism as part of the discussions about other social determinants (drivers) of health or risk factors (eg, bullying, food insecurity, substance use)?

Please consider exploring the self-education resources and tools section of the [Resource Repository](#) to continue to grow in this space.

QUESTION 4: With whom can I collaborate? Why should I consider these individuals/entities?

Incorporating discussions about race, racism, and discrimination into conversations to enhance patient care and experience cannot occur in silos and requires collaboration at various levels. Additionally, the work should not fall solely on those individuals in the marginalized populations. Collaboration can occur among health care professionals, school nurses, educators, public health professionals, community advocates, faith leaders, youth program leaders, children, adolescents, and families.

Core to various cultures is the premise that “it takes a village” to support the well-being of a child. Crucial for healthy growth, development, and strengthening of a family’s support system is building a culture of health through collaboration and communication to meet the family where it is. Members of the “village” will have unique insights into the family system, resources required, and helpful context to support the family as concerns change.

One example of the benefit of collaborative engagement is the activation of public health professionals and faith leaders to help with identification of resources (eg, access to housing and to food) that may not be known to health care professionals. Also within this collaborative network, school nurses can support a child’s physical well-being at school by ensuring

that they receive medication needed, which is vital for those who may have a chronic illness. The care of a child occurs not only in a practice setting, so open communication and collaboration from all involved will allow pediatric health care professionals to organize the best care for that child.

QUESTION 5: What other ways can I support children and families who may be experiencing and witnessing racism?

Understand that many families are stressed by racism even when they are not experiencing but are witnessing it. The possibility of racist encounters and the resulting need to prepare children for these events is stressful. An important support for affected families is healthy racial and emotional socialization, equipping children with the words and practices they need to thrive.

For the youngest children, begin with a foundation that promotes positive racial and ethnic identity, which is associated with positive, health-related outcomes. Encourage families to explore (1) important cultural traditions, foods, holidays, and individuals with their children as means to promote cultural pride and identity development and (2) various cultural traditions that not only expose children to their own identities, but also to the expansive cultural norms seen in the United States. Storytelling, book sharing, and singing are excellent activities for this young age group. Stories also have the added benefit of helping children develop a vocabulary around race-related issues and the feelings they engender.

As children mature, you can expand story-based platforms to include debating, journaling, and role playing to support

preparation for bias. In these instances, you can encourage families to maintain an ongoing dialogue, including hypothetical scenarios, which will help the child or adolescent develop coping mechanisms for racialized encounters. The aim is that repeated lessons equip children and adolescents with the healthy reflexes of racial literacy: how to read a racial encounter, reduce the stress, and make a healthy decision to resolve the situation. Per standard practice, those who experience significant trauma related to experiencing or witnessing racism should be referred to appropriate mental health professionals.



For more information to advance child health equity by applying an anti-racist lens to the health system, refer to the [Resource Repository](#)

(see [Fighting Racism to Advance Child Health Equity Pedialink course](#)).

QUESTION 6: How can I increase my knowledge in this area?

- Access resources available at the [American Academy of Pediatrics](#), [HealthyChildren.org](#) and [Bright Futures](#) websites.
- Read broadly about experiences of others outside your own racial and ethnic group through fiction/nonfiction, adult, and young adult literature.
- Listen with the intention of learning from what you hear when talking with patients and families about their experiences.
- Refer to the [Resource Repository](#) for more information on a wide variety of related topics, including resources to support parents and caregivers.

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Downloaded from: <http://www.aap.org/brightfutures>

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