

Case Study 1

A 13-year-old Black/African American adolescent named Lisa, accompanied by her mother, has scheduled a visit with you via telehealth. This is the second time that you will be meeting with Lisa and her mother – they recently had their first visit at your practice and were seen in-person for a health supervision visit. During the first visit, a depression screening identified some mild depressive symptoms, and you suggested they schedule a follow-up in a few weeks to continue discussing these issues.

After taking a medical and developmental history, you ask whether Lisa's health or everyday life has ever been impacted by seeing or experiencing racism. Lisa's mom, who has accompanied Lisa to the appointment, seems surprised by your question and you reassure them that you are routinely asking your patients about any concerns or experiences of racism as it relates to their health. They seem reassured and even pleased that you asked. Lisa's mom comments that she had wanted to see a pediatrician of color, but none were available. She goes on to discuss ways in which her previous clinician didn't take some of Lisa's concerns seriously, and their interactions did not seem authentic or genuine. This led them to look for someone else to care for Lisa. You encourage Lisa and her mom to bring up any concerns they may have about their care with you and your office staff and assure them that you will do your best to make them feel safe, affirmed, and comfortable in your practice.

1. Why is it important for clinicians to address racism with pediatric patients and their families?

According to the AAP policy statement [“The Impact of Racism on Child and Adolescent Health”](#):

- “Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear.”¹

It is important for pediatric clinicians to take a sufficient medical and social history so that they can provide patient/family-centered care. Discussing any experiences with racism may be an important part of this process.

2. How can clinicians know that this is something their patients want to discuss, or feel safe or comfortable discussing, especially in a telehealth environment?

Bidirectional trust in the clinician-patient relationship is a foundational element to creating safe spaces for dialogue. The only way to really know if this is something your patients are comfortable discussing is by asking and observing verbal and nonverbal cues from patients and families. It is important to become comfortable with your discomfort and to normalize the

¹ Trent M, Dooley DG, Dougé J, AAP SECTION ON ADOLESCENT HEALTH, AAP COUNCIL ON COMMUNITY PEDIATRICS, AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765

conversation by explaining that this has become a standard part of your evaluations and talking about the ways racism can negatively impact health.

3. What preparation, if any, do you think clinicians who care for children and adolescents should undergo before beginning to talk with their patients/families about racial identity and racism?

Reviewing the AAP policy statement “The Impact of Racism on Child and Adolescent Health” is a great place to start. One suggestion in the policy statement is that pediatric clinicians can:

- “...implement systems in their practices that ensure that all patients and families know that they are welcome, that they will be treated with mutual respect, and that high-quality care will be delivered regardless of background using the tenets of family- and patient-centered care. To do this, **it is critical for pediatricians to examine their own biases.**”

Resources to help clinicians examine their own biases:

- [AAP PediaLink course: Fighting Racism to Advance Child Health Equity](#)
- [Implicit Bias Association Tests – “Project Implicit”](#)

Additional resources:

- [Considerations for Fostering an Antiracist and Equitable Telehealth Environment Panel Discussion](#)

4. What are steps a clinician can take to create a safe space for these conversations?

- Create a culturally safe medical home, where clinicians take steps to acknowledge and understand their own biases and are sensitive to racism that children and families experience.
- Consider anti-racism and trauma-informed care training for all staff, not just medical providers.
- Prioritize hiring diverse staff and leadership.
- Integrate patient- and family-centered communication strategies and evidence-based screening tools that incorporate valid measures of perceived and experienced racism into clinical practice.
- Use strategies such as the Raising Resisters approach, supporting youth and families to:
 - Recognize racism in all forms
 - Differentiate racism from other forms of unfair treatment and/or routine developmental stressors
 - Safely oppose the negative messages and/or behaviors of others
 - Counter or replace those messages and experiences with something positive
- Train clinical and office staff in culturally competent care according to national standards for culturally and linguistically appropriate services.

Source: AAP policy statement “The Impact of Racism on Child and Adolescent Health”

Additional tips include:

- Practice empathy and [cultural humility](#).
- Demonstrate authenticity in your interactions.

- Communicate to the families that you are understanding and supportive of their experiences.
- Avoid assumptions – remember that the patient and family are the experts in their own lived experiences, and honor this.

Additionally, clinicians should make it clear *why* they are asking these questions, and that it directly relates to the child/adolescent's health and wellbeing.

5. What are some specific considerations for having these conversations during a telehealth visit?

There are a few strategies that clinicians can use to create a telehealth environment that is welcoming and equitable, including:

- Practicing active listening with all patients and their families
- Maintaining eye contact – avoid any distractions that may cause you to look away from the patient/family during the visit, and explain why you may need to look away (take notes, etc.)
- Ensure that the patient/family feels comfortable with the technology
- Send follow-up emails and/or resources after the visit
- Ask families/caregivers and patients about how they identify themselves, respect and acknowledge these identities. This could include intersecting identities related to race, ethnicity, disability, gender identity, among others. Avoid making assumptions about patient/family identities, and be mindful that not all aspects of identity are visible.
- Acknowledging that racism, and other forms of discrimination are real and the experiences of families and patients are valid.