

ADDRESSING RACISM: THE ROLE OF PROVIDERS

The World Health Organization identifies racism as a social determinant of health, meaning that discrimination has a measurable impact on health outcomes by impacting the living conditions of people of different races. Racism influences health not only through the disproportionate distribution of resources and hardships (e.g., income inequality favoring White Americans, law enforcement and mass incarceration prejudicially targeting Black Americans), but also, through everyday words and actions (e.g., hate speech, microaggressions) that contribute to higher rates of stress for Black individuals and families. Within the medical and mental health field, racism contributes to higher rates of intergenerational trauma, misdiagnosis, heart disease, and early mortality for Black and Indigenous People of Color, for example.



The medical and mental health field are rapidly changing to better acknowledge and address the impact of racism on individual well-being. The American Academy of Pediatrics (AAP) states, “It is important to address racism’s impact on the health and well-being of children, adolescents, and emerging adults to avoid perpetuating a health system that does not meet the needs of all patients.” Dismantling racism – at both macro and micro levels – is essential to the benefit of public health, and all providers can play a role in these efforts. As AAP writes, “failure to address racism will continue to undermine health equity to all children, adolescents, emerging adults, and their families.”

GENERAL TIPS

So, what does this look like in our practice, or in our place of work? We can start with thoughtful examination of our institution, our clinics, and ourselves. Some questions we can ask to start identifying areas of need include:

What do I know about the neighborhood my patients call home? How much do I personally know about the resources that are available in this community? What partnerships exist between myself/my clinic and these communities? Where is there room to further bridge community resources?

With any given patient, what stressors has the family faced that might be impacting the child’s health now? For example, is the child being singled out by teachers or left out by peers? Has the family faced harassment or threats because of their racial background? Will knowing about some of these stressors help me to understand the problem or to find the most appropriate solution?

What might it be like for a parent to walk in worrying that their child might receive inferior treatment because of the color of their skin? What could lead a parent to have that worry? How would I expect a parent to act in that situation? How would I act if I felt my loved ones were getting inferior treatment? If I walked in already having that worry, what would need to happen during the clinical encounter to convince me otherwise?

What resources are available to me to strengthen my cultural sensitivity as a provider? How does my clinic or institution support me in these efforts? Do I know of at least two ways I can work to expand my education or training in this area?

Asking these sorts of questions can help in multiple ways. First, empathic perspective-taking helps us to understand others, and reduces room for false assumptions and unhelpful bias at the micro- or interpersonal- level. When we reduce the space for bias or stereotyping, we are actually increasing our ability to truly see our patients. The more accurate our perspective, the better we as health care providers are at treating each individual. Additionally, these questions help us identify and address macro-level or systemic racism that may be contributing to health disparities. Examples of necessary actions providers can take in our roles as practitioners, supervisors and educators, and community members include:

PRACTICE

Review and revise clinical screening practices to prioritize cultural sensitivity and ensure materials are linguistically suited to the populations served

Assess for patient and family experiences of racism using evidence-based, trauma-informed method

Conduct internal quality reviews and/or focus groups facilitated by community liaisons to examine patient race as a factor in clinical experiences

SUPERVISION/ EDUCATION

Consistently integrate discussion of racism as a possible determinant of patient presentation in supervision/consultation sessions

Promote a safe work environment where providers and other staff are encouraged to note concerns about cultural sensitivity or possible biases, and where ideas for improving clinical services can be freely shared

Ensure that all staff have access (in terms of time allotted, financial coverage, encouragement, etc.) to continuing education resources to grow cultural sensitivity skills

Support opportunities for trainees of color, by direct supervision, consultation, education, or advocacy, in order to increase representation within the field

WITHIN THE MEDICAL COMMUNITY AS WELL AS LOCAL COMMUNITY

Support organizations, initiatives, and research that advance the mission of reducing systemic racism in medical and mental health fields

Partner with or advocate for educational programs that speak to the impact of racism on physical and or/mental health

Advocate for policy changes in areas that link racism with poor health outcomes (e.g., unemployment, housing and financial lending practices, poverty, police brutality)

Build partnerships with community leaders to increase channels for feedback and distribution of resources

These actions are of course not an exhaustive list of steps to take. As defenders of childhood and agents of health, the work of bettering the well-being of others will be lifelong. Every one of us has room to learn, grow, and create change. Additional resources and reading materials are included below.

RESOURCES FOR FURTHER READING

For further reading on the impact of racism on health

American Psychiatric Association. Mental Health Disparities: Diverse Populations. Available at: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

The World Health Organization. Social determinants of health. Available at: www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/.

Feagin, J., & Bennefield, Z. (2014). Systemic racism and US health care. *Social Science & Medicine*, 103, 7-14.

Gee, G. C., & Ford, C. L. (2011). STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions. *Du Bois Review: Social Science Research on Race*, 8(1), 115.

Jones, C. P., Jones, C. Y., Perry, G. S., Barclay, G., & Jones, C. A. (2009). Addressing the social determinants of children's health: a cliff analogy. *Journal of Health Care for the Poor and Underserved*, 20(4), 1-12.

Larson, K., Cull, W. L., Racine, A. D., & Olson, L. M. (2016). Trends in access to health care services for US children: 2000–2014. *Pediatrics*, 138(6), e20162176.

Matthew DB, Rodrigue E, Reeves RV; Brookings Institute. Time for justice: tackling race inequalities in health and housing. 2016. Available at: <https://www.brookings.edu/research/time-for-justice-tackling-race-inequalities-in-health-and-housing/>.

Riddell, C. A., Harper, S., & Kaufman, J. S. (2017). Trends in differences in US mortality rates between black and white infants. *JAMA Pediatrics*, 171(9), 911-913

Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. *Pediatrics*, 144(2), e20191765.

Resources for empowering children and uplifting youth through healthy communication about race

- <https://www.apa.org/res>

For explanation of what people mean by “privilege”

- <https://www.racialequitytools.org/resourcefiles/mcintosh.pdf>

For an anti-racism reading list and resources compiled by Ibram X. Kendi, professor and director of the Antiracism Research Center at Boston University

- <https://chilibib.bibliocommons.com/list/share/204842963/1357692923>
- <https://www.ibramxkendi.com/antiracism-center-2>

For explanation of the differences between “diversity”, “inclusion”, “equity”, and “justice”

- <https://www.insidehighered.com/views/2017/03/30/colleges-need-language-shift-not-one-you-think-essay#:~:text=Inclusion%20celebrates%20awards%20for%20initiatives,disparate%20impacts%20on%20minoritized%20groups.>

For explanation of microaggressions

- <https://www.vox.com/2015/2/16/8031073/what-are-microaggressions>
- <https://www.nytimes.com/2020/03/03/smarter-living/how-to-respond-to-microaggressions.html>

For understanding and addressing microaggressions in clinical work

- <https://gim.uw.edu/sites/gim.uw.edu/files/fdp/Microaggressions%20File.pdf>

For perspective on the role social scientists play in social justice

- <https://www.apa.org/monitor/features/king-challenge?fbclid=IwAR0cuTaRBGLgRgKntwhNQUN0f2APKCOuz63Bq2yDfCeJTBmw7gNymR9uNLo>
- <https://www.nejm.org/doi/full/10.1056/NEJMp1609535#t=article>

American Psychological Association’s guidelines on multiculturalism

- <https://www.apa.org/about/policy/multicultural-guidelines.pdf>

Tools for assessing racial trauma and addressing trauma with patients from ethnic minority populations

- <http://www.mentalhealthdisparities.org/trauma-research.php>