Anti-Racism Toolkit for Pediatric Healthcare Providers

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Learning Objectives

1. Describe the impact of exposure to racism as a social determinant of child health and well-being.
2. Apply anti-racist communication and clinical strategies when engaging patients and their families.
3. Implement components of the Anti-Racism Toolkit to support families and reduce racism-based stress

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What is Racism

A system of power and oppression, codified into laws, policies, and institutions, based on the socially and politically constructed concept of race, that advantages the dominant group (White people) and disadvantages non-dominant groups (people of color).

"The exercise of power against a racial group defined as inferior" and consists of

- **Prejudice**: negative attitudes and beliefs toward racial out groups
- **Discrimination:** differential treatment of members of such out groups, either by individuals or social institutions.

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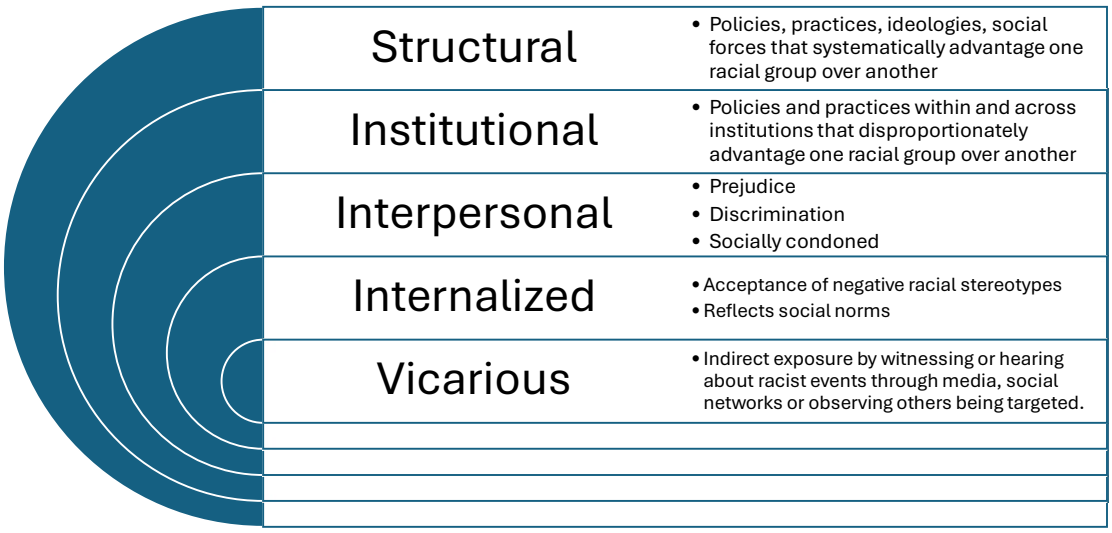
Levels of Racism



Jones, 2001; Heard-Garris,et.al., 2017; Cohen, et. al., 2021

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Racism as a Social Determinant of Child Health

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

This Policy Statement was reaffirmed August 2025.

The Impact of Racism on Child and Adolescent Health

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The American Academy of Pediatrics is committed to addressing the factors that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others. 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. The objective of this policy statement is to provide an evidence-based document focused on the role of racism in child and adolescent development and health outcomes. By acknowledging the role of racism in child and adolescent health, pediatricians and other pediatric health professionals will be able to proactively engage in strategies to optimize clinical care, workforce development, professional education, systems engagement, and research in a manner designed to reduce the health effects of structural, personally mediated, and internalized racism and improve the health and well-being of all children, adolescents, emerging adults, and their families.

abstract

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Racism and Discrimination Exposure

Data from the National Survey of Children's Health (NSCH) includes a parent report ACE question: **To the best of your knowledge, has your child ever been treated or judged unfairly because of his or her race or ethnic group?**

- 2016-2018 survey data found that **10%** of Black, non-Hispanic children (ages 0-18 years) have experienced *individual/interpersonal racism*. This equates to at least **916,803 Black children** in the United States.

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childtrends.org

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Racism and Discrimination Exposure

- A questionnaire was administered to a sample of urban children (8-16 years of age) asking about perceived racism and discrimination.

- 277 children completed the questionnaire
  - 88% reported at least one experience of racial discrimination.
  - 11.6% experienced racism in at least half (12) of the 23 situations addressed in the questionnaire.

Pachter, et.al, 2010

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Racism and Discrimination Exposure

- 1 in 3 high school students reported experiencing racism in school.
- higher rates among Asian (56.9%), multiracial (48.8%), and Black students (45.9%).
- White students reported the lowest rate at 17.3%.
- Experiences of racism were higher among female students and LGBQ+ students within racial and ethnic groups.

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Impact of Exposure to Racism

- Students who reported experiencing racism exhibited significantly higher rates of poor mental health, persistent feelings of sadness or hopelessness, and suicide risk compared to those who did not experience racism.
- The prevalence of seriously considering or attempting suicide was more than double among students who experienced racism across various racial and ethnic groups.
- Substance use, including tobacco, alcohol, marijuana, and prescription opioid misuse, was also higher among students who reported experiencing racism.

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McKinnon II, Krause KH, Suarez NA, et al., 2023

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Impact of Exposure to Racism

- Infant mortality and birth disparities
- Heightened stress physiology and increased allostatic load
- Greater risk and incidence of mental health concerns such as anxiety, depression, behavior challenges and other psychological sequelae
- Quality of caregiver-child relationship
- Disruptions to academic progress and social development
- Challenges to a child's sense of safety, identity, and belonging
- Barriers to receiving equitable, high-quality healthcare

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AAP, 2025; Beck, et.al., 2019; *Becares, et. al., 2015;* Anderson, et.al, 2020; Priest, et., al., 2012; Coker, et.al., 2009; Patcher & Coll, 2009

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Impact of Exposure to Racism

- Study examined the relationship between children's experiences of perceived racial/ethnic discrimination and externalizing and internalizing behavior problems for 172 children at age 7.
- Perceived experiences of racial/ethnic based discrimination predicted internalizing behavior problems among children with less well developed ethnic racial identity one year later.
- Concluded that strong racial/ethnic identity development can serve as a protective factor that mitigates the negative impacts of racism.

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Marcelo & Yates, 2019 11

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Protective Factors That Buffer the Impacts of Exposure to Racism

- Supportive, attuned caregivers
- Developmentally appropriate racial and cultural identity and socialization
- Exposure to positive, identity affirming representation of diverse racial and cultural groups.
- Strong sense of identity, belonging, agency and self-worth
- Media literacy and guided processing of racialized content
- Access to safe, equitable, identity affirming schools, communities and systems of care.
- Having open, developmentally appropriate conversations about racism

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AAP Practice Recommendations

- Proactively name racism as a health risk and integrate routine screening for experiences of discrimination (direct and vicarious) and related stress symptoms.
- Targeted training for pediatric and mental health professionals on structural racism, intersectionality, trauma-informed care and symptoms of Racism Based Traumatic Stress (RBTS).
- Create care pathways and referrals for treatment.
- Provide family toolkits and coaching on racial socialization for all families (color-conscious, developmentally appropriate discussions)

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Why an Anti-Racism Toolkit is Needed

- Racism is a documented determinant of child health (with children being exposed from infancy onward) that negatively affects neurobiology, mental health, development and access to care.
- Providers need clear, actionable, evidence-based tools to screen, discuss, and respond in a way that is supportive, consistent, and developmentally informed.
- AAP recommends proactive conversations about racism, but clinicians lack scripts and frameworks
- Effective anti-racism requires standardized workflows, policies, accountability, and data
- A toolkit can provide consistent, evidence-based screening questions, scripts, care pathways and reflective practice tools to ensure equitable, culturally appropriate care for children and their families.

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Anti-Racism Toolkit

IMPLEMENTING A SOCIAL JUSTICE FRAMEWORK IN MEDICAL PRACTICE

A Toolkit for Pediatric Healthcare Providers

Boston Medical Center
Department of Pediatrics
Anti-Racism Toolkit Committee

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Goals of the Toolkit

1

Provide practitioners with tools to discuss racism and provide their patients with anticipatory/developmental guidance.

2

Increase understanding of the importance of critical self-reflection and development of skills in this area.

3

Provide patients and their families with resources and tools to promote healthy development and mitigate the impacts of exposure to racism.

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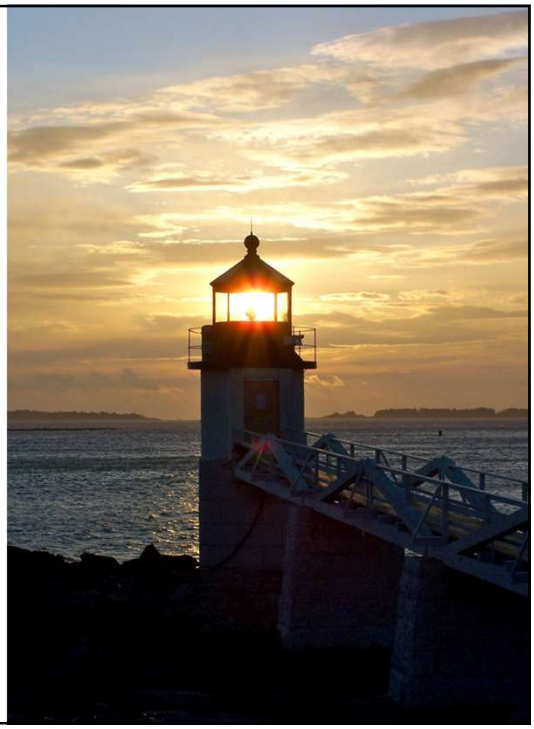
Process: Guiding Principles

- Cultural Humility
- Decentering
- Self Awareness and Critical Self-Reflection
- Commitment to an iterative and exploratory process



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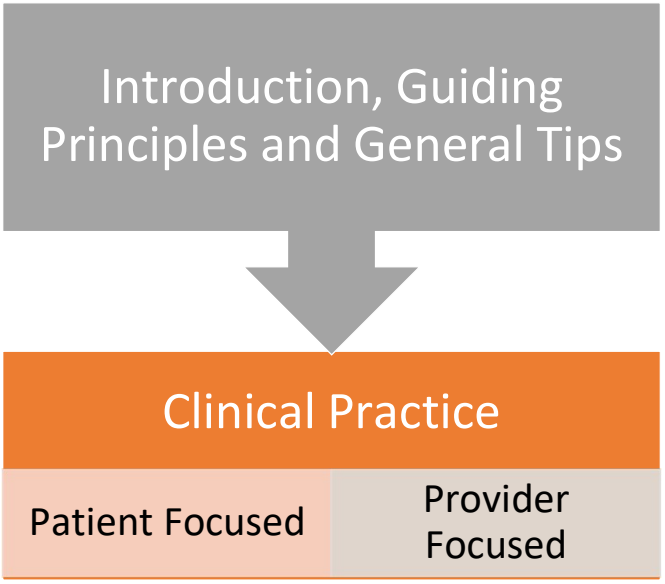
Toolkit Structure



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Clinical Practice

Patient-facing Tools

- Racial/Ethnic Identity Development
- Impacts of stress on development
- Strategies to support resilience and positive social emotional development
- Book list of children's literature, websites, podcasts to support development

Provider-facing Tools

- Principles of reflective practice and tips and guidelines for building skill
- Guiding principles and tips for engaging in conversations about exposure to racism with patients
- Reference and resource list of books, websites and articles to support learning and development

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Engaging In Conversations About Racism

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Normalizing Statement

- I ask all my families about their lives so that I can better understand their specific experiences.

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Ask

- “Many families that I work with have shared how they have been affected by racism and other forms of oppression. I am wondering if this is something that your family has been affected by? “
- “Given everything happening right now-ongoing violence, racism, and other stressors-I make it a priority to check with all of my patients. How are you and your family doing?”

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Make Space and Validate

Thank you for sharing that with me. I would be happy to talk more about these experiences now, or we could find another time to talk in more detail if you would like.

"I want to acknowledge that I may not get everything right and would be open to receiving feedback about any racist comments, attitudes, or behaviors I or other colleagues may have been responsible for or engaged in that affected you or your loved ones. "

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Establish a Plan

- Establish a care plan and closure for the conversation:

Consider how you and the patient can work together regarding the patient's/family's own health and welfare.

Incorporate patient's priorities and preferences into a jointly constructed and feasible care plan.

Clarify your commitment to a partnership addressing their goals and needs.

Liberation in the Exam Room, n.d.

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Introspect/Reflect

- What feelings and emotions did I experience?
- What thoughts did I have? What did I say to myself?
- What beliefs, biases, assumptions impacted my behavior and emotional reactions?
- How did privilege and/or oppression play a role?

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Take it to the Team

- Were there any teachable moments?
- Did you learn any information that is important for the care team to know?
- Are there opportunities/need for peer consultation or a debrief?

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Implementation

Phase 1

- Access on BMC intranet
- Pilot with targeted groups within pediatrics
- Evaluate with pilot groups

Phase 2

- Revise toolkit based on Phase 1 data
- Scale up implementation to expanded BMC groups

Dissemination

- Ongoing technical assistance
- Dot phrases
- NAME IT tag for ID badge
- Tools posted/available in clinic
- AVS
- QR codes

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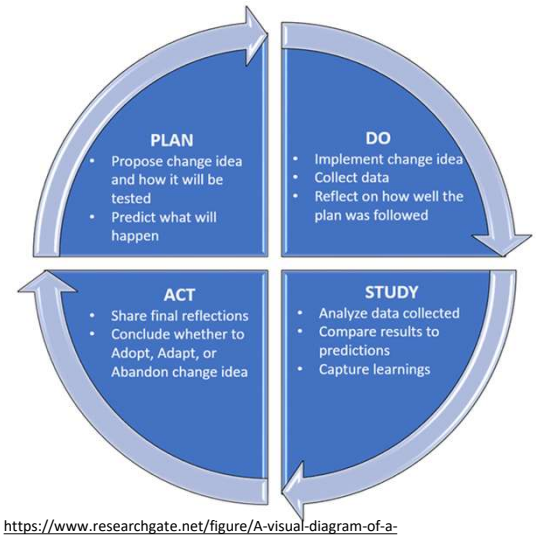
Measuring Impact



https://www.researchgate.net/figure/A-visual-diagram-of-a-Plan-Do-Study-Act-PDSA-Cycle_fig1_319377456

- Patient experience
  - Are the tools useful?
  - Are the tools and resources assessable?
  - QR code-measuring utilization
- Provider experience
  - Self-awareness and reflective practice
  - Sense of efficacy and comfort discussing experiences of racism with patients
  - Feasibility and ease of access to the tools

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