



Conversations About Race and Racism in Clinical Settings

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Family Connections with *Pediatrics*

The COVID-19 pandemic and the Black Lives Matter movement shone the spotlight on racism and racial justice in our country in dramatic ways. The spotlight continues to shine bright, uncovering many disparities and injustices in health care. More people are talking about the need to tackle racism in medicine and how health care is provided to children and families. But how do we start conversations about racism in our pediatric clinics and work together to improve care? In this month's *Pediatrics*, Clark et al. present the first attempt: "Guidance on Conversations About Race and Racism in Pediatric Clinical Settings" ([10.1542/peds.2023-063767](https://doi.org/10.1542/peds.2023-063767)).

How do the authors define race and racism?

A growing body of evidence reaffirms that racism, and not race, is at the root of health disparities affecting minoritized groups.

Race is a social construction defined by the changing social norms and conventions of the times and has no biological basis. Additionally, **racism** is defined as the systemic process of assigning value and access to opportunities based on a person's race or what they look like.

Children and adolescents may experience different and multiple forms of racism, and exposure to racism has a negative effect on health.

How did the authors create this guidance?

The authors used what is called a “modified Delphi study.” They used an advisory group, which notably included patients and families, to identify questions. A survey brought these questions to a panel (another group of doctors, patients, and families) multiple times until agreement was reached on 15 themes.

What does the guidance suggest?

The guidance is organized into 4 categories: recommendations or aspects to consider before, during, and after conversations about race and racism, and barriers to holding conversations. For example, in the category of “before a conversation,” authors organized these themes that they agreed upon:

- seek knowledge and training about racism and be aware of one's own privilege
- know about each child/family's background and work to build trust and rapport
- triage current needs to make sure they are met before having these discussions

The discussion section of the guidance also lays out the evidence for how talking about race and racism can affect a child's health. The authors also take time to talk about the harm that can come when conversations are not done well—as well as offer ideas of ways to help doctors feel confident to begin conversations.

What can you do with this guidance document?

1. Read it, reflect, and read it again. If there are pieces of the guidance that speak to your experiences, share it with your child's doctor and ask to start a conversation.
2. Share it with people in administrative roles at any of your child's doctors' offices, clinics, hospitals, therapist offices, or even schools.
3. If you volunteer or work in an advisory role as a family partner, consider sharing the article as part of your role as a way to start formal or informal talk about the guidance and how it can be used to improve partnership at the individual level of care and systems level.
4. If you are a doctor reading this, read the guidance. Reflect. Read it again and share it with patients and families. Let's start and keep talking!