Dismantling Biases Within Pediatrics

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School is officially back in session for our patients. For pediatricians, this may mean increased clinic visits to complete school forms or increased urgent and emergency care visits for illnesses as children start to gather again. No matter what the healthcare environment, it's important to make sure the space where children and guardians receive care feel open, safe, and trustworthy. Today's newsletter will examine the biases within healthcare systems that can lead to worse outcomes for specific communities and how to ensure your work environment and practices are without any biases or harm.

Racism is a fundamental driver of racial health inequities. Patient experience studies have revealed ways that experiences and perceptions of discrimination within institutional settings shaped their decisions about whether or not to seek health care services[1]. Perceived feelings of exclusion led one patient to say, "*...there was a [therapy] center around here where I went, and they saw my shape, my race, I don't know if it was because of that…, I know they didn't pay attention to me. and I left".*

Data estimates that 32–55% of Black Americans and 20–35% of Hispanics and Latino/as report experiencing racism in healthcare, including hospitals, emergency rooms, doctor's offices, clinics, and pharmacies[2]. When patients feel discriminated against, they are more likely to not trust the care they're receiving (Figure 1).

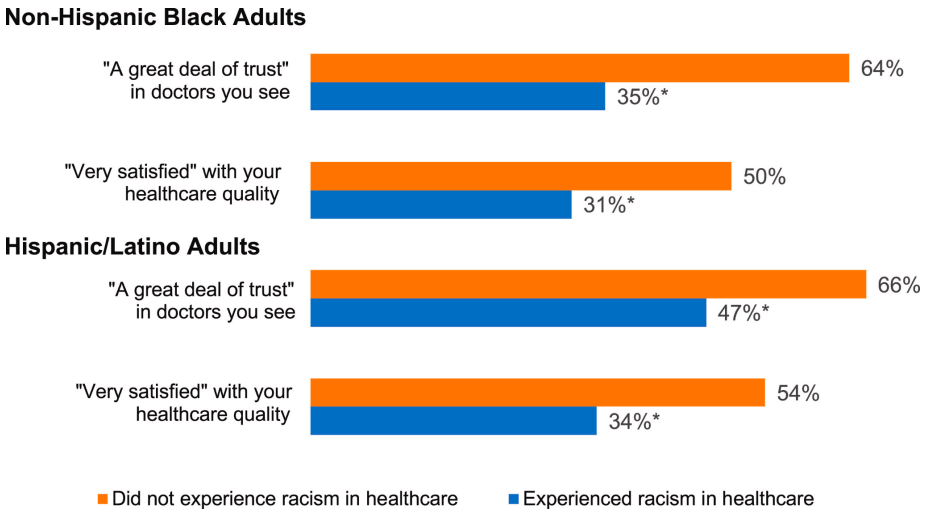


Figure 1: Experience of racism in healthcare settings leads to decreased trust and satisfaction with care

The association between decreased trust in a provider and not returning to that care setting is clear. Decreased access can lead to decreased wellbeing. How can you ensure your health setting does not contribute to biases in healthcare? Internal reflection of biases is always the place to start! Whether individually or alongside colleagues, consider the following topics and questions to begin the discussion:

1) Know your community: How is power distributed in the community? What power differentials exist within your community?

2) Know your clinic: What faces and family structures are displayed on the walls and educational brochures? What languages are materials presented in? What preferences are patients asked when greeted?

3) Know your co-workers: How is the patient experience measured? Is there a process for self-reflection or critical examination of practices for providers and staff?

Though many of our institutions have roots in discrimination and inequality, we can each take steps to dismantle the health disparities that can result.

References:

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2) Mary G. Findling, Laurie Zephyrin, Sara N. Bleich, Motunrayo Tosin-Oni, John M. Benson, Robert J. Blendon, Does racism impact healthcare quality? Perspectives of Black and Hispanic/Latino Patients, Healthcare, Volume 10, Issue 2, 2022, 100630,ISSN 2213-0764, https://doi.org/10.1016/j.hjdsi.2022.100630.