



[The Crucial Role of Discussing Race and Racism in Pediatric Settings to Nurture Connection](#)

By Dayna Long, MD, NC Steering Committee member and pediatrician

In [a recent article](#) titled “Guidance on Conversations About Race and Racism in Pediatric Clinical Settings,” published in *Pediatrics*, Clark et al. provide essential recommendations for pediatric clinicians on how to navigate discussions about race and racism in clinical environments. This study, conducted in 2021 and 2022 using a modified Delphi method, engaged a diverse panel of pediatric clinicians, psychologists, parents, and adolescents. These individuals brought valuable expertise in racism and child health rooted in both scholarship and lived experience.

Pediatricians are uniquely positioned to address the issue of racism within clinical settings. Patients often visit pediatricians during vulnerable moments, relying on them for support, understanding, and guidance. By engaging with families on the topic of racism, pediatricians can nurture healthy relationships and promote Early Relational Health (ERH) among children and their caregivers.

ERH emphasizes the critical connection between young children and their caregivers, focusing on strong, positive, and nurturing interactions. These early relationships are foundational to a child’s emotional, social, and cognitive development, setting the stage for future well-being and resilience. For many families, systemic racism is a constant presence, introducing stress and heartache. Family, friends, and community help to buttress us as we navigate these unjust experiences together.

The *Pediatrics* article resonates with my experiences as a researcher and clinician. In 2016, my colleagues and I at the University of California, San Francisco, developed a screening tool known as PEARLS (Pediatric Early Childhood Adversity and Related Life Events Screen) to assess adversity and social determinants. One of the key questions we include asks, “Has your child experienced discrimination (for example, being hassled, or

made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)?” This question has sparked some of the most profound conversations I have had with families, uncovering the painful realities of discrimination while also highlighting resilience, strength, and the importance of connection.

Clark et al.’s article encourages other clinicians to have these conversations too — and offers several key guidelines for pediatric clinicians:

1. **Acknowledging Systemic Racism in Pediatric Care:** The authors emphasize the necessity for pediatric clinicians to develop a deep understanding of systemic racism. Recognizing how racism infiltrates various aspects of life — physical, financial, and socio-emotional — is crucial for delivering contextually appropriate and empathetic care. This broader understanding enables clinicians to better grasp the challenges faced by children and families of color.
2. **Enhancing Clinician-Patient Relationships:** Compassionate communication about race and racism is essential in building trust and rapport between clinicians and patients. By addressing these issues openly and sensitively, pediatricians validate the experiences of children and their families, fostering a sense of safety and trust. This trust is vital in establishing strong relationships that support ERH.
3. **Building a Positive Sense of Self:** These conversations can help children cultivate a positive sense of self, equipping them with the tools to navigate and challenge racial biases and discrimination they may encounter in their daily lives. Such discussions reinforce the notion that every child is worthy, valued, and deserving of respect.
4. **Training and Preparedness:** The article underscores the importance of equipping pediatric clinicians with the necessary training to engage in these conversations effectively. Without proper preparation, there is a risk of causing harm, which can undermine the relational health of the child. Comprehensive training ensures that these discussions are both constructive and supportive.
5. **Long-Term Benefits:** Engaging in conversations about race and racism yields both immediate and long-term benefits for children. In the short term, these discussions create a supportive clinical environment where children feel understood and respected. In the long term, they empower clinicians to advocate for social justice, celebrate family strengths, and contribute to creating more equitable healthcare experiences.

I’ve seen how powerful these conversations can be to help build trust with families. I once reviewed the PEARLS screen results with a family who indicated that their child had experienced discrimination at school. The mother shared her concern that her child had been overlooked for opportunities — and that school staff failed to recognize his potential. Our conversation revealed a shared understanding of what it feels like to be unseen. This created a safe space for open dialogue, allowing me to affirm my unwavering belief in the child’s potential — a belief that was strongly supported by his caregiver. Oftentimes these conversations can be nuanced, subtle, and guided through body language. This can include active listening, quiet nodding to convey understanding, maintaining eye contact, and holding space. The framework provided by Clark et al. reinforces and enhances our ability to engage in these crucial conversations.

As pediatricians, it is our responsibility to engage in difficult conversations about the harmful consequences of discrimination on children. The guidance provided by Clark et al. offers a valuable primer on how to begin these discussions. In my experience, listening to and understanding how racism impacts the health of our patients and their communities is essential for healing. Supporting the healthy development of children is a duty that all pediatricians share. By addressing racism with the care and compassion outlined by Clark et al., pediatricians can play a pivotal role in shaping a healthier, more inclusive future for our children.

Dayna Long, MD, is a pediatrician with special interests in community health and engagement, and in promoting equity in healthcare. Her goal is to enable every child to be as healthy as possible by eliminating the inequities that lead to poor health outcomes for many families and young children. Dr. Long earned her medical degree from the George Washington University School of Medicine and Health Sciences.

Additional Recommendations for Addressing Racism in Clinical Settings

Some additional recommendations based on the [launching of the BLOOM: Black Baby Equity Clinic](#) include:

- **Creating a Welcoming Environment:** The physical and social environment of the pediatric clinic could be addressed more explicitly. This might involve displaying materials and decorations that reflect the diversity of the patient population, as well as ensuring that all staff members, not just clinicians, are trained in culturally responsive care. A welcoming environment can help reduce the anxiety that families may feel when discussing sensitive topics like racism.
- **Racially Concordant Care Teams:** When patients are treated by healthcare providers of the same race or ethnicity, there is improved communication, increased trust, and higher rates of patient satisfaction. [Racially concordant care](#) is associated with better health outcomes, as patients are more comfortable and engaged in their healthcare experience and may be more likely to adhere to treatment plans when they feel understood and supported by their provider.
- **Integration of Mental Health Support to Shift to Primary Wellness:** Clinical teams could further explore integrating mental health services directly into the pediatric primary care setting. This might involve routine screening for mental health issues related to racial trauma and having mental health professionals available to support families during wellness visits.
- **Family-Centered Care Approaches:** Think about involving the entire family in these discussions. This could include strategies for engaging parents or caregivers who may have their own experiences of racism or who may struggle with how to talk about these issues with their children.
- **Tailored Resources for Families:** Provide resources for families, like Black Infant Health (BIH) programs or Black Doula networks and associated structural inequities like food, housing, and diaper resources.
- **Follow-Up Care and Continuous Support:** Pediatricians could schedule follow-up visits or check-ins to monitor the family's well-being and the child's development, especially for families experiencing racial trauma and/or social inequities. This continuous support could be crucial in managing the long-term effects of racism.
- **Affinity Groups:** Consider starting racial affinity groups (RAG) in order to foster a supportive and cohesive environment for clinic staff. These gatherings can provide a dedicated space for staff to connect, share experiences, and build a sense of community and solidarity. The RAG sessions can be used to facilitate open dialogue, mentorship, and peer support, addressing the unique challenges faced by staff of color and promoting resilience and professional growth.
- **Cultural Competence and Humility:** The entire clinic can delve deeper into the concepts of cultural competence and cultural humility. This might involve encouraging pediatricians to engage in self-reflection on their own biases and to seek out ongoing education about the cultural contexts of the families they serve. Such an approach can help build trust and ensure that conversations about race are handled with sensitivity and respect.
- **Advocacy and Policy Engagement:** Pediatricians can also play a critical role in advocating for policies that address systemic racism at a broader level. The guidance could encourage pediatricians to engage in advocacy efforts, such as working with schools or community organizations to address disparities that affect their patients.
- **Community Engagement and Partnerships:** The guidance could highlight the importance of pediatricians forming partnerships with local community organizations that focus on racial equity and justice. These partnerships could provide additional

resources and support for families and serve as a bridge between clinical care and community-based services like WIC, food banks, and Black Infant Health (BIH) programs. Also, think about creating advisory boards that consist of local Community-Based Organizations (CBOs) and families with lived experience.

- **Research and Data Collection:** Lastly, the article could encourage pediatricians to participate in or contribute to research efforts that aim to better understand the impacts of racism on child health. Collecting data on how these conversations are received and their long-term effects on children and families could provide valuable insights and help improve future guidance

By incorporating these additional elements, pediatricians can offer more holistic and effective care to families who have experienced racism.

[Read More](#)

Explore More



[Why We Must BLOOM: Racially Concordant Care in Improving Health Outcomes of Black Children and Families](#)

Building on recommendations from Clark et al. for addressing racism in clinical settings, we encourage readers to revisit this Nurture Connection [blog post](#) from Dayna Long, MD who shares her personal connection to the importance of racially concordant care, and how [BLOOM: Black Baby Equity Clinic](#), an initiative of UCSF Benioff Children's Hospitals, is centering the Black family experience in ERH.

Upcoming Webinars

UPCOMING WEBINAR:

One Big Doable Thing!

Elevating Comprehensive Developmental Promotion and Preventive Services With the Family-Engaged Well Visit Planner Approach

Tuesday, September 10, 2024
1:30–3:00 PM EDT



What is Early Relational Health?

[Early Relational Health](#) is the state of emotional well-being that grows from emotional connection between babies and toddlers and their parents and caregivers when they experience strong, positive, and nurturing relationships with each other.

**[One Big Doable Thing!
Elevating Comprehensive Developmental
Promotion and Preventive Services With the
Family-Engaged Well Visit Planner
Approach](#)**

Join the Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center on **Tuesday, September 10, 2024, from 1:30-3 PM EDT** for the webinar “One Big Doable Thing! Elevating Comprehensive Developmental Promotion and Preventive Services With the Family-Engaged Well Visit Planner Approach.”

This webinar is for family leaders, early child health professionals and system leaders, and community-based partners working to foster early relational health and child and family flourishing. Presenters will share how to leverage existing system strengths and implement the Cycle of Engagement Well Visit Planner approach, which is designed to advance “through any door” health promotion and prevention services. Participants will learn about child flourishing and available data to inform and spark state and local partnerships and hear about the practical application of the Well Visit Planner in a community health center setting.

Presenters include:

- Christina Bethell, PhD, MBA, MPH, Director, Child and Adolescent Health Measurement Initiative (CAHMI)
- Barbara Leach, Family Support Specialist, UNC School of Social Work
- Louis Appel, MD, MPH, Director of Pediatrics, People’s Community Clinic

RSVP Here



The graphic features a photograph of a woman holding a baby. To the left of the photo is a stylized logo with orange and teal curved lines. Text on the right reads: **Upcoming Webinar:**
Recognizing the Power of Early Relational Health in the Community-based Doula Movement
Thursday, September 19, 2024
1-2pm EDT

Logos at the bottom include: Nurture Connection, EARLY CHILDHOOD FUNDERS COLLABORATIVE, and HealthConnect One®.

Recognizing the Power of Early Relational Health in the Community-based Doula Movement

Join us Thursday, September 19, 2024 from 1:00-2:00pm EDT for the webinar "Recognizing the Power of Early Relational Health in the Community-based Doula Movement."

Presenters will share their experiences expanding on a community-based doula training curriculum to deepen the foundational impact of early relationships between children and their caregivers. A partnership between HealthConnect One and Nurture

ERH is foundational to children’s healthy growth and development and parents’ and caregivers’ sense of competence, connection, and overall well-being. These strong and enduring relationships also help to protect the family from the harmful effects of stress.

Core ERH Resources

Frameworks Institute. [Building Relationships: Framing Early Relational Health](#). Prepared in collaboration with the Center for the Study of Social Policy. May 2020.

Willis D, Chavez S, Lee J, Hampton P, Fine A. [Early Relational Health National Survey: What We’re Learning from the Field](#). Center for the Study of Social Policy. 2020.

Willis D, Sege R, Johnson K. [Changing the Mindset: Foundational Relationships Counter Adversity with HOPE](#). (Blog) Center for the Study of Social Policy. May 2020.

Perspectives on ERH Video Series. [Perspectives on Early Relational Health Series](#). Center for the Study of Social Policy. 2022.

Center of the Study of Social Policy and Health+ Studio. [How to Communicate Effectively About Early Relational Health: What It Is and Why It Matters](#). 2022.

Find additional resources on our [website](#).

Connection, presenters will highlight the co-design process of creating the content with doulas and share insights into the implementation and impact of Early Relational Health training. Presenters will also share a set of policy recommendations to support the practice of community-based doulas based on learnings from this partnership.

Presenters include:

- Twylla Dillon, President and CEO, HealthConnect One
- Hoda Shawky, MSN, CPNP, PMHS, IBCLC, Noorture, LLC
- Kay Johnson, Johnson Policy Consulting, LLC
- David Willis, MD, Nurture Connection

[RSVP Here](#)

What We're Reading

- "Guidance on Conversations About Race and Racism in Pediatric Clinical Settings." S. Clark, A. Cohen, S. B. Welch, A. Bate, A. T. Anderson, N. Chomilo, et al. *Pediatrics* (2024), Vo. 154, Issue 1, Pages e2023063767. DOI: 10.1542/peds.2023-063767. [Read here.](#)
- "Confronting Racism In Pediatric Care." Danielson, Benjamin. *Health Affairs* (2022), Vol. 41, No. 11, 1681-1685. [Read here.](#)
- "The TREE Program: Promoting Positive Early Childhood Experiences During Well-Child Visits." M. A. Candelaria, K. Tellerman, H. Hutchison, D. Silver, S. Feigelman, K. Endy, et al. *Clinical Pediatrics* (2024). [Read here.](#)
- "Surgeon General: Parents Are at Their Wits' End. We Can Do Better." Murthy, Vivek H., *New York Times*, 28 Aug. 2024. [Read here.](#)
- Parents Under Pressure: The U.S. Surgeon General Advisory on the Mental Health and Well-Being of Parents. (August 2024). [Read here.](#)

If this newsletter was forwarded to you by a colleague and you would like to subscribe, click [here](#).

Contact

info@nurtureconnection.org

[The Center for the Study of Social Policy \(CSSP\)](#), which conceived Nurture Connection, is a national, non-profit policy organization that connects community action, public system reform, and policy change to create a fair and just society in which all children and families thrive. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.





Try email marketing for free today!