

Improving Health Equity for All Children

Top 5 Tips for Addressing Implicit Bias When Interacting with Pediatric Patients

Curated by Terri Major-Kincade, MD



We are all dedicated to providing the very best care for every child. Unfortunately, research shows that minority patients receive a poorer quality of care despite similar disease severity, clinical presentation and medical insurance.¹ With an actionable plan, we can change the narrative.

The process begins by identifying areas of implicit bias in our individual interactions and addressing those biases. Implicit bias is a preexisting attitude or stereotype that influences our understanding, actions and decisions.² Replacing stereotypes with non-stereotyped attitudes is the pivotal first step toward making a conscious effort to better approach patients without bias.¹

1 ACKNOWLEDGE BIAS IN YOURSELF AND YOUR PRACTICE.

Most of us are unaware of our own implicit bias as it relates to attitudes about age, gender, race/ethnicity, weight and appearance.² There are ways to highlight bias awareness in your practice so that it can be addressed. Doing so will improve the quality of care for all patients. Recommendations for creating awareness and addressing bias include:

- Bias practice and training that is reinforced consistently.
- Spending more time countering stereotypes.
- Increasing intergroup contact.
- Promoting education about implicit bias.
- Creating accountability for bias.
- Understanding the viewpoints of others and being more empathetic.

One helpful question for reflection is **“How is bias or inequity operating here?”** as opposed to asking, “Is bias operating here?”

2 BUILD A PARTNERSHIP WITH PARENTS AND FAMILY.

Improving the trust that parents and caregivers have in you as the child’s care provider is an area of opportunity to improve rapport.³ Providing continuity of care for each patient can help to build the trust that pediatricians prefer. Use a partnership-building communication style and active listening, because patients often feel ignored. Be ready and responsive when your office is contacted for help with any part of a treatment plan. This preparedness demonstrates that you have a team that is working to help patients experience positive outcomes. One way to improve trust and build alliances is to advocate for diversity in your practice work force. In addition, ensure that diverse images are represented in your waiting room, examination rooms and office space. One important question to consider is:

“Does my patient feel seen, valued and welcomed here?”

3 CONNECT WITH PARENTS BEFORE THE SCHEDULED FOLLOW-UP APPOINTMENT.

Supporting infants, children, adolescents and young adults beyond your part in their treatment could be the added support a family needs. Contacting patients within a designated period after an appointment can help to address any barriers that parents are encountering when following your recommended treatment plan. It's possible that they are experiencing bias or difficulty with other providers, specialists, medical facilities, pharmacies or their insurance provider. Anything that creates an obstacle for patients to get the care they need can contribute to poor patient outcomes. By working with the patient and family, you can be a trusted resource to help achieve a resolution that's desperately needed.

To help center the encounter on relationship building rather than disease treatment, use opening statements that have been shown to be effective in establishing rapport in initial provider-patient interactions:

“Tell me, what’s most important to your family to allow me to take the best care of you and your child?”

“Who is your child as a person?”

“What would you like me to know about your baby or child as a person?”

4 IDENTIFY ADDITIONAL FACTORS THAT PLAY A PART IN A CHILD’S LIFE.

The unique differences between children and between families can be vast. It's important to identify the social, behavioral and environmental factors that can affect each child's health, development and achievement.⁴ These factors are collectively known as social determinants of health. Screening for social determinants of health and developing action strategies is key to addressing the multifactorial causes of health inequities, which can be compounded by bias.

It's also important to have resources available that can help you and your staff members overcome language barriers to communicate effectively with patients and parents.¹ Encouraging and allowing caregivers to ask as many questions as possible helps to ensure better outcomes. Closing with an open-ended question can encourage discussion about issues that might not otherwise be shared until effective rapport and trust have been established.

“Is there anything you’re concerned about that we didn’t discuss or that you’re worried about today?”

5 BE AN ADVOCATE FOR EFFORTS THAT HELP TO ELIMINATE HEALTH DISPARITIES.

Stewarding a culture of equity individually within your practice and in interacting with your patients is a powerful first step forward. Consider involving Parent Champions who can provide quarterly feedback regarding parent experiences with care, perceptions of bias and opportunities for improvement in your practice. Evaluate and identify targeted interventions in your practice to allow voices often not seen or heard to be amplified to provide equitable care for all. This may require a multi-pronged approach beyond post-visit surveys.

Collectively, as clinicians, we can all work together to speak with a unified voice for child advocacy efforts that ensure affordable, quality health care, child care, education, housing, nutritious food, family supports and guarantees of a living wage.⁵ Be a voice that encourages your medical associations, community organizations and AAP chapters to unite as agents of change, overcoming bias and improving equity.⁵

References: 1. Smedley BD, Stith AY, Nelson AR; Institute of Medicine, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: National Academies Press; 2003. | 2. Schnierle J, Christian-Braithwaite N, Louisias M. Implicit bias: What every pediatrician should know about the effect of bias on health and future directions. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(2):34-44. | 3. Horn IB, Mitchell SJ, Wang J, Joseph JG, Wissow LS. African American parents' trust in their child's primary care provider. *Acad Pediatr*. 2012;12(5):399-404. | 4. American Academy of Pediatrics. AAP Equity Agenda. <https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/aap-equity-agenda/> | 5. Cheng TL, Emmanuel MA, Levy DJ, Jenkins RR. Child health disparities: What can a clinician do? *Pediatrics*. 2015;136(5):961-8.

ABOUT DR. TERRI

As a Black woman physician who's been dedicated to the care of babies and families for more than 20 years, and as a proud mother of two young adults, Dr. Major-Kincade understands the unique challenges of Black motherhood. She's a double board-certified neonatologist and pediatrician and an expert in racial health disparities around birth, known for her authenticity and compassion in discussing challenging topics.

The views expressed in the included resources do not indicate the author's endorsement of P&G and likewise, do not indicate P&G's endorsement of the views of the authors.

©2025 P&G



Ohio Chapter
INCORPORATED IN OHIO

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN