



AAP issues first policy on racism's impact on child health and how to address it

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The AAP has consistently taken a stand on issues that make some children and adolescents more vulnerable than others. Policy statements and other reports have addressed many of the social determinants of health from poverty to trauma as potentially adverse childhood experiences that shape longitudinal health outcomes as youths move into adulthood.

In a new policy statement, the Academy has taken the next step to incorporate and specifically address racism's impact on child and adolescent health, consistent with the vision outlined in the *AAP Blueprint for Children*.

The policy, *The Impact of Racism on Child and Adolescent Health*, from the Section on Adolescent Health, Council on Community Pediatrics and Committee on Adolescence, is available at <https://pediatrics.aappublications.org/content/early/2019/07/25/peds.2019-1765> and will be published in the August issue of *Pediatrics*.

Racism is defined here as a "system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race') that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources," as described by Camara Phyllis Jones, M.D., Ph.D., M.P.H. (<http://bit.ly/2KBj3Ao>).

The policy provides a historical perspective on the factors that have led to the persistence of racism and how institutional (structural), personally mediated (interpersonal) and internalized (self-directed) racism undermines individual and population health outcomes.

Scope of problem

Pediatricians strive to care for children and adolescents such that they all have an opportunity to reach their full potential. Although we have progressed toward greater racial equity, racism continues to undermine the health of children, adolescents and families. Children and adolescents experience racism through the places they live and learn, by what they have economically and how their rights are protected.

The stress generated by experiences of racism may start through maternal exposures while in utero and continue after birth with the potential to create toxic stress. This transforms how the brain and body respond to stress, resulting in short- and long-term health impacts on achievement and mental and physical health. We see the manifestations of this stress as preterm births and low birthweights in newborns to subsequent development of heart disease, diabetes and depression as children become adults.

Practical approaches

While the notion of addressing racism may seem overwhelming given that it is a construct that has been sewn through the fabric of American society, the policy offers practical strategies. These are grounded in the principles the Academy already is leveraging to address child health in the office, within community practices, health care organizations, community agencies and pediatric training environments, and through effective advocacy and innovative research that incorporates a focus on health disparities.

The backbone of pediatric care delivery occurs in individual practices, school health systems, public health systems, community-based health centers and hospitals nationwide. Pediatricians can implement approaches



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within their practice settings to ensure that patients and families feel welcomed, are treated respectfully, and that patient- and family-centered culturally and linguistically appropriate care is at the heart of the services provided.

This may include signs with statements of inclusivity and the availability of multilingual staff or interpreter services at the organizational level. Pediatricians can show images in the office that reflect the diversity of the communities they serve and ensure that AAP-supported early literacy programs reflect a diverse range of images and perspectives.

During individual visits, providers might ask about recent events in the community that may have had an impact on the patient and family, determine the need for counseling or alternative forms of support such as affinity groups at school, and provide anticipatory guidance on effective communication and strategies to keep children and adolescents safe. Pediatricians can collaborate with local schools, school health systems and justice systems to ensure that all patients meet their developmental and vocational milestones.

Ultimately, the policy asks that pediatricians reflect on their own biases and integrate structural and individual-level strategies that optimize professional practice. By engaging patients and families in clinical care settings and through effective anticipatory guidance, pediatricians can help parents raise children and adolescents who can do the following:

- identify racism when they see (bystander) or experience it (target);
- differentiate racism from other forms of unfair treatment;
- oppose the negative messages or behaviors by others; and
- replace it with something positive or constructive to prevent the observed longitudinal health and developmental consequences associated with internalizing those experiences.

Dr. Trent is a lead author of the policy statement and chair of the AAP Section on Adolescent Health Executive Committee.

Resource

- [AAP Voices blogs](#)
- [Letter from the President: "How you can prevent, mitigate impact of racism on child health"](#)