

## DEFINITIONS

### BIAS

The action of supporting or opposing a person in an unfair way, due to personal opinions and prejudice influencing one's judgment. Implicit Bias refers to attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Explicit Bias refers to attitudes and beliefs we have about a person or group on a conscious level.

### MICROAGGRESSIONS

Small daily insults and indignities perpetuated against marginalized or oppressed people because of their affiliation with that marginalized or oppressed group. Microaggressions can be intentional and unintentional.

### RACISM

The practice of discriminating against people based on their race, nationality, or ethnic background that is considered inferior. Racism involves one group having the power to carry out systemic discrimination through institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

### TRAUMA

Response to a deeply distressing event or experience that has immediate and long-term reactions, with emotional or physical manifestations. Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes [1]. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury [2]. In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy.

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## USING THIS GUIDE

This guide has been designed to support healthcare providers take action towards addressing issues of bias, racism, and trauma in their work and within their organizations. This guide was created by the CAN Access to Care Work Group, a cross-sector group of stakeholders committed to reducing infant mortality in Philadelphia. A person with lived experience was hired to be part of the team who developed the guides.



ADDITIONAL RESOURCES  
AVAILABLE AT  
[WWW.PHILLYCAN.COM](http://WWW.PHILLYCAN.COM)



## EQUITABLE PATIENT CARE IS IN YOUR HANDS

How to address issues of bias, racism, and trauma to ensure a safer and more comfortable environment for your patients.

# TAKE ACTION

LEGEND

APPROACH

EXAMPLE

Below are approaches that providers have shared for addressing these issues. The first step to initiating change is intention followed by action.

1

Images of people from different races and ethnic backgrounds can be a powerful way to reach people who may historically be underrepresented.

- Ensure that clinical space and materials include images of people from different races

2

Intentionally hiring people of color who look like our patients allows us to better understand and provide care for our patients.

- Hire from historically Black institutions or places they are in training
- Diversify branding to reach Black communities
- Promote open conversations between doctors about what it's like to be Black in medicine

3

Addressing microaggressions in our workplace to reduce incidence of racial trauma for BIPOC staff.

- Build training and professional development that reflects the staff and families that you are working with and explores implicit bias
- Host support groups centered on racial trauma

4

Increased awareness of your behaviors may help you act in a way that is more sensitive in approaching people.

- Take online implicit bias assessment at Project Implicit
- Build training and professional development that reflects the staff and families that you are working with and explores implicit bias
- Make educational resources available to staff
- Implement printed emergency cards to create an objective response to an emergency

5

Patients should be supported and incentivized to continue their care.

- Use strength-based language. Avoid using "non-compliant" language and instead look at barriers impacting patients' ability to continue care

6

Providers can be extraordinarily attentive and communicative even when they have limited time to engage with patients.

- Include customer service as a training topic
- Take culture into account when interacting with patient
- If limited on time, offer to have the patient come back to continue the conversation

7

Patients should be actively engaged in a decision-making conversation, not assigned a directive.

- Be clear about what decisions need to be made by the patient
- Provide evidence and research about possible decisions
- Inform patients of their rights and how to express feedback and grievances
- Give patients tools to be actively engaged in their care, such as self-swabs

8

Recognizing an individual's trauma and how it manifests may offer strategies for limiting secondary trauma.

- Take time to ensure a patient feels heard
- Review policies on wait time

9

Building a culture of shared accountability and increasing people's stamina to remain in conversations about race that are uncomfortable.

- Update Mission/Vision statement to include language related to anti-racism
- Ensure protocol for internal reporting (someone reports that they saw an issue with a peer) and have accountability system to ensure it's being reviewed