

Building Patient-Provider Trust to Help Patients Navigate a Biased System

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TAKEAWAYS

- Collaborative relationships between pediatric medical teams, children, and their families can support lifelong health and well-being.¹
- Racial bias — both conscious and unconscious — is deeply embedded in the health care system and causes measurable negative health impacts on both children and adults.
- This tool aims to help providers better understand the impact of their own bias and to better serve patients and families of color. It also includes a handout to be shared with patients and families that provides suggestions for preparing for medical appointments that can support effective engagement with providers.

Collaborative relationships between pediatric medical teams and children and their families can support lifelong health and well-being.² But racial bias, both conscious and unconscious, is deeply embedded in the health care system, medical training, and provider behavior and can hinder the possibility for building trusting relationships. This bias is harmful — even deadly — for patients of color and causes measurable negative health impacts on children and adults alike. For example, most photos in dermatology textbooks and journals show images of only white individuals, which can cause people with more melanin to experience a delay in diagnosis and, often, life-saving treatment.³ Black caregivers are often judged more harshly, leading to a disproportionate number of Black families reported to the child welfare system.⁴ Black children typically experience a significant delay in autism diagnosis compared to white peers.⁵

Race has little to no biologic meaning. It is racism, not race, that causes harm to people of color. For example, racism and other biases in medical settings can wrongly alter perceptions, illustrated by a 2016 study showing that more than half of American medical students surveyed believed that Black and white individuals experienced different levels of pain tolerance.⁶

Within the health care system, good intentions alone will not stave off bias. Simply trying to act without bias is not a sufficient strategy. In fact, building awareness of racial disparities can unintentionally make bias worse by encouraging individuals to associate blame for the disparity with the impacted group.⁷ Bias in health care makes providers less likely to trust patients, and biased behavior, in turn, makes it more difficult for patients of color and their families to trust providers. In working to overcome bias, it is important for providers to practice trustworthiness, be open to examining how bias shows up in their actions, and convey trust in patients.

This tool can help providers better understand the impact of racial bias and better serve patients of color, including children and their families. It includes a handout that can be shared with patients and families to help them engage effectively with their providers.

The Extra Burden: How Black Patients Often Approach Health Care Appointments

White patients typically do not think about their whiteness when entering the doctor's office. Black patients, conversely, are often acutely aware of their Blackness during visits. Black patients, including children, often see acts of self-protection as necessary when engaging with providers to prove they are worthy of respectful, quality care, even though these acts are exhausting and denigrating. This extra burden includes:

- Dressing up for medical appointments
- Sharing credentials to be taken more seriously
- Preparing extensively for the visit
- Adjusting speech and posture to come across as articulate and non-threatening



Building Trust by Becoming a More Trustworthy Provider

The tendency of providers to mistrust patients of color, particularly Black patients, is pervasive.⁸ But there are opportunities to unlearn this tendency and provide better care, requiring a commitment to ongoing self-reflection and adopting numerous strategies to be more present and intentional about day-to-day behavior. This includes prioritizing team wellness and opportunities to support colleagues, particularly colleagues of color.

The following exercises may help a provider to be more present in the moment, remain aware of their impact, and be tuned into their capacity for empathy.

BEFORE A PATIENT VISIT

- Take a breath or a pause to check in with yourself before entering a patient's room, recognizing that we tend to yield to biased ways of thinking when tired and overwhelmed.
- Remind yourself that you are treating a patient who is deeply loved by their family and their community.
- Remember that patients and their families can hear, feel, and see your interactions with other patients and providers. Patients lose trust in providers if they overhear negative statements about other patients.

DURING A PATIENT VISIT

- Ask the patient and their family if there are things that you can do to promote their dignity. For example, "Where do you prefer that I sit?" or "How would you like me to refer to you?"
- Assure the patient and their caregiver that what they feel is important. Make eye contact when appropriate, write information down, and ask follow-up questions.

- Listen for the purpose of understanding and use phrases such as, “This is what I’m taking away, does that sound right?” to convey your desire to understand, to build an authentic relationship, and to co-create priorities and solutions.
- Shift power by naming the parent/caregiver as the expert on the child. Ask the parent/caregiver what their primary concerns are, what solutions they have tried, and what they need from you as a provider.
- Ask caregivers their favorite things about their child or what makes their child unique. Document this information, which will support future providers’ understanding of the patient and family’s strengths.
- Don’t rely on just eye contact or body language to determine whether the parent/caregiver is engaged and participating, as these may look different for diverse populations. Watch and listen for cues for where trust may have been broken and when it may need to be rebuilt. A caregiver who seems nervous or even defensive may be reflecting on past negative experiences.

AFTER A PATIENT VISIT

- Capture the uniqueness of the patient and their family in the electronic health record (EHR), recognizing that EHR notes are a [powerful tool for building relationships](#) and positive feelings toward patients.

Exercise: Reflection for Providers

Many forms of bias can be hard to identify in the moment without diligent attention and openness to the possibility of bias influencing a provider’s behavior. Providers can retrain themselves to be alert to situations where bias may appear. For example, if a provider recognizes an inclination to disbelieve a patient, that acknowledgement provides an important moment to pause and engage in curiosity.

Below are several questions that providers can consider:

- ***Am I feeling an emotion in this moment? What is it, and why is it present?***
- ***What kinds of privilege (educational, class, etc.) make a patient more believable to me?***
- ***What kinds of patients do I have trouble believing?***
- ***How do my doubts affect the patient’s experience?***
- ***How do my doubts influence the care I provide?***

Patient Handout

The next page includes a handout that provider offices can make available to patients and families to demonstrate how they value building relationships. Copies can be placed in waiting and exam rooms. For a stand-alone version of the handout, visit www.chcs.org/tips-for-engaging-with-your-provider.

Preparing for a Medical Appointment: Tips for Engaging with Your Provider

Building a trusting relationship with your health care provider is important to make sure you and your family receive the care you need and deserve. You and your child can use the tips below before, during, and after a visit with your provider to help make sure you receive the best possible care.



BEFORE THE VISIT

- **Spend time preparing for the visit** to make sure that you and your child feel confident before arriving.
 - Write down questions before a visit that you and your child may want to ask the provider.
 - Talk through the reason and goals for the appointment with your child before the visit.
- **Invite another person to come along** and be a “second set of ears.” This person can remind you of things you want to bring up with the care team and take notes during the visit.
- **Take a deep breath to get focused** when the provider comes in, and stay calm and focused on your goals for the visit.

DURING THE VISIT

- **Ask providers for what you want and need**, and do not be ashamed to share big needs like housing, food, and jobs. These areas affect your child’s health, and your child’s provider may be able to connect you to supports in your community. Encourage your child to express their needs to the provider.
- **Be sure your provider knows what is important to you**, like preferred language, health goals for your child, medications your child uses or needs, and any other parts of your child’s life where you need some extra support.
- **Talk in a way that is comfortable for you and your child.** Ask questions and slow the conversation down when you need to. Ask your provider to explain things. There is no such thing as a bad question.
- **Share where your child finds joy** to help providers see your child as an individual. This can help your child and the provider to build a relationship.

AFTER THE VISIT

- **If your trust has been broken**, think about whether it makes sense to work to repair the relationship or find a new provider.
- **Share information about health care visits with a trusted person** after the visit to help you think through any new plans for care and brainstorm what other questions you can ask between visits.
- **If you have access, look over the electronic health record notes** to be sure they match what you heard and understood during the visit. If you have questions about the visit notes, reach out to your provider. If you have questions about how to see and use your electronic medical record, visit: www.wherismymedicalrecord.org and talk to your provider.



ABOUT THIS TOOL

This tool was developed as part of *Accelerating Child Health Transformation*, an initiative led by the Center for Health Care Strategies with support from the Robert Wood Johnson Foundation. For more information, visit www.chcs.org/project/accelerating-child-health-transformation/.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ENDNOTES

¹ Center for the Study of Social Policy. “Pediatrics Supporting Parents.” Available at: <https://cssp.org/our-work/project/pediatrics-supporting-parents/>.

² Ibid.

³ S. Alvarado and H. Feng. “Representation of dark skin images of common dermatologic conditions in educational resources: a cross-sectional analysis.” *Journal of the American Academy of Dermatology*, 84, no. 5 (2021). Available at: [https://www.jaad.org/article/S0190-9622\(20\)31138-5/fulltext](https://www.jaad.org/article/S0190-9622(20)31138-5/fulltext).

⁴ S. Wakeman, A. Jordan, L. Beletsky. *When Reimagining Systems of Safety, Take a Closer Look at the Child Welfare System*. Health Affairs, October 2020. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20201002.72121/full/>.

⁵ J.N. Constantino, A.M. Abbacchi, C. Saulnier, C. Klaiman, D.S. Mandell, Y. Zhang, et al. “Timing of the Diagnosis of Autism in African American Children.” *Pediatrics*, 146, no. 3 (2020). Available at: <https://pubmed.ncbi.nlm.nih.gov/32839243/>.

⁶ K. Hoffman, S. Trawalter, J. Axt, and MN Oliver. “Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites.” *Proceedings of the National Academy of Sciences of the United States of America*, 113, no. 16 (2016). Available at: <https://www.pnas.org/doi/full/10.1073/pnas.1516047113>.

⁷ A.L. Skinner-Dorkenoo, A. Sarmal, K.G. Rogbeer, C.J. André, B. Patel, L. Cha. “Highlighting COVID-19 racial disparities can reduce support for safety precautions among White U.S. residents.” *Social Science and Medicine*, 301 (2022). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8962178/>.

⁸ W.J. Hall, M.V. Chapman, K.M. Lee, Y.M. Merino, T.W. Thomas, B.K. Payne, et al. “Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review.” *American Journal of Public Health*, 105, no. 12 (2015). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/>.