Statement from the Diversity Committee

The NPTC Diversity Committee wants to draw your attention to some areas in which diversity factors may lead to an uneven impact from the COVID-19 pandemic.

We wrote this to reflect on some of the ways in which COVI19 is expected to impact the populations we serve, and some things we can do in response.

**Racially Charged Stigma, Nationalism, Xenophobia**

Racially charged stigma has occurred in response to the coronavirus first taking hold in China. *We see this in the form of increased hate crimes, fear of Asian businesses, and at times distrust of Asian healthcare providers.* Though this is a flashpoint, *these sentiments have been present long before COVID19.*

In these fearful times, there is often an increase in Nationalism and Xenophobia. Many of the interventions in the United States thus far have been focused on borders, beyond what has been recommended by public health experts. Such approaches are both ineffective and harmful. U.S. efforts have also been chaotic and isolationist; for example, *attempting to limit vaccine rights to the U.S.* In the coming weeks and months, we may see recovered COVID19 patients treated with distance and suspicion. While it can be uncomfortable, we *urge you to address this directly when you see it.* Remember political engagement involves more than voting.

Another concern is that of Ageism. COVID19 has led to a resurgence of beliefs that older persons are less valuable and more expendable than younger people, and that discrimination on the basis of age or disability is ok. Isolation (both it’s emotional and practical impacts) can place elders at greater risk of a variety of problems. Ageism can also lead younger populations to behave as if they are invulnerable, not considering the impact on seniors and other high risk individuals. This increases health risk for elders, and the community at large. What elders in the clinic population might need greater outreach at this time? When you are working with patients, make a point of asking how they are coping. Do they have a way to get groceries safely? Are they able to connect with friends and family safely? Do they have the technology and skills needed to use the internet for social contact and care?

**Economic Impacts**

COVID19 has both health and economic impacts that disproportionately impact some communities more than others. As a result of gentrification, many resources are already concentrated in high income areas. Food access and food relief benefits are often easier to access in these areas than in the communities who need them most. Sudden
income loss has a greater impact on lower income individuals because these groups were already living close to the margins. High cost of living exacerbates this problem. Many essential occupations are low income (sanitation, food preparation, grocery). These roles have higher virus exposure risk and are less likely to come with paid sick leave. Undocumented individuals are very likely to be left out of aid programs. Applying for aid is complicated, and can be overwhelming. What you can do is share resources, such as 211 (which can be accessed in multiple languages). Help clients stay motivated, setting attainable goals.

Many in our communities may need critical medical care. It is unclear how much (if any) of this care will be extended to socially vulnerable persons. COVID19 also poses great risk to institutions that serve vulnerable populations (for example: psychiatric hospitals, developmental disability homes, homeless shelters). Social distancing is not possible in prisons and immigration detention centers. Now is the time to speak up. Interpreters and other compensatory resources may become less accessible during this time. Few telehealth resources address this directly. As schools transition to online learning, they face many of the same difficulties. Special Education is likely to be impacted. Inequity in access to public health information could also worsen community response to COVID19. If you have a pediatrician in your clinic, check in with them. They will likely have a sense of which families are struggling during this time. Now is a great time to reach out.

With schools closed, childcare becomes a complicated issue. Cultures that value multigenerational family connections are more likely to rely on elders for childcare during this time. This heightens risk of exposure to vulnerable seniors. Some families may qualify for childcare assistance.

**Resiliency**

It is also important to note that our communities are more resilient than those who are “catastrophe-naive.” Some refugees who have seen wars or epidemics before will adapt well. Traumatic experiences train the brain for these situations. Many family-centered groups that ordinarily rely on family members for care due to economic reasons may have greater flexibility to respond to this crisis. Religious coping can also help with acceptance and flexibility. Incorporate this into your approach whenever possible. Groups may cope in different ways, for example stockpiling bottled water, hoarding cash, etc. Often their response now ties to an experience in the past. Meet your patients with warmth and openness, it is ok to ask about their rationale.
Resources

- How to conference in a phone interpreter
- Applying for unemployment in additional languages: request a call back for a complex issue (can then select an interpreter)
- 211 / United Way
- Seattle Times COVID19 in multiple languages
- City of Seattle COVID19 resources. Updated often. (includes many broader King County resources, and resources for undocumented individuals)
- CDC COVID19 in English, Spanish, Chinese
- COVID19 and Transgender Lives training April 3rd
- APA Calls to Destigmatize Coronavirus
- Internet access resources specific to COVID19
  - Internet Essentials
  - Comcast
- SAMHSA’s Disaster Distress Helpline: Toll-Free: 1-800-985-5990
  - Spanish Call 1-800-985-5990 and press "2"
  - From the 50 States, text Hablanos to 66746
  - From Puerto Rico, text Hablanos to 1-787-339-2663