

CULTURAL HUMILITY CAN'T STOP WITH COVID-19

A QUICK REFERENCE GUIDE AMID THE PANDEMIC

APRIL 2020



WHAT'S INSIDE

Resources specific to culture

Tools for collecting cultural information

Links for more detalled information



Click to access more detailed resources

This is a quick reference guide that includes resources to consider how COVID-19 might be impacting different communities. This tool is not intended to replace experience, education, and/ or cultural humility trainings.



GENERAL CULTURAL TOOLS



<u>Cultural Formulation Interview</u>

(Found inside DSM)

According to the APA, different cultures and communities exhibit or explain symptoms in various ways. Because of this, it is important for clinicians to be aware of relevant contextual information stemming from a patient's culture, race, ethnicity, religion or geographical origin.

The CFI can be used to explore cultural information by any and all service providers.

Consider the following questions found in the CFI:

- How has COVID-19 affected your ability to take part in community and social activities?
- How has the pandemic affected your ability to enjoy everyday life?
- How has [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] helped you cope with the pandemic?
- Have you talked to a leader, teacher or others in your [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] community, about COVID-19? How have you found that helpful?
- Have you found reading or studying [BOOK(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S), (E.G. BIBLE, KORAN)], or listening to programs related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] on TV, radio, the Internet or other media [e.g., DVD, tape] to be helpful? In what way?
- Have you found any practices related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)], like prayer, meditation, rituals, or pilgrimages to be helpful to you in dealing with the pandemic? In what way?

Center for Peace and Conflict Studies COVID
19 Peaceful & Self-Care Strategies

Cultural Factors to Consider

National Standards for Culturally and
Linguistically Appropriate Services (CLAS) in
Health and Health Care

"The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations"







Remember, evidence based practices aren't always effective across cultural groups.

Consider:

View of Mental Illness	holistic health view, attribution, degree of stigma
Social Positioning	discrimination, equality, stereotypes, acculturation, formality
Lifestyle	housing, education, social class, development through life, age, gender, dating, marriage, divorce, sexual activity, sexual orientation
Health	use of drugs and alcohol, specific health problems
Family/Kin Relationships	family constellation, disciplining children, power in relationships, communication
World View	religion, spirituality, concepts of self, control, outlook

LGBTQ+ COMMUNITY CONSIDERATIONS



COVID-19 Considerations

COVID-19 could adversely affect the lives and livelihoods of the LGBTQ community at disproportionate rates.

Consider your LGBTQ individuals Telehealth environment, they may not be out to those they are sheltered with.

Human Rights Campaign has identified the following considerations regarding COVID-19:

- Increased exposure to the virus as many within the LGBTQ community work in highly affected areas
- Economic disparities and barriers to care exist
- Health coverage gaps exist
 - LGBTQ individuals less likely to be covered by health care than non-LGBTQ individuals
- Paid leave is not available to many
 - LGBTQ policies in the work-force are underinclusive at best
- Older individuals within the LGBTQ community and LGBTQ youth face unique challenges

Older Adult LGBTQ

"are 2x as likely to be living alone and 4x less likely to have children, which means that this group are especially at risk to lack care or support from family." Risk of increased loneliness



Youth LGBTQ

"more likely than cisgender and heterosexual youth to experience homelessness, unstable housing, or live in foster care -- often times due to family rejection" **17%**

not have any kind of health insurance coverage

12%

of non-LGBTQ Adults do not have any kind of health insurance coverage

37%

of LGBTQ Adults smoke everyday

27%

of non- LGBTQ Adults smoke everyday Reach out to LGBTQ individuals, they may not reach out to you!

LOCAL RESOURCES

Fresno Economic Opportunities Commission
Sanctuary and Support Services

NOW HOSTING ONLINE SUPPORT
GROUPS WITH ZOOM!

We are here to virtually support you! Please tune in at the below times Monday through Friday, to participate in our online LGBTQ+ support groups!

LGBTQ+ SUPPORT GROUPS
MONDAY THROUGH FRIDAY
John Meeting ID:
200 Meeting ID:
21 to 1 Jun - 18 and older
2 to 3 pm - 17 and under

2 to 3pm - 17 and under the stress of the st

*Zoom ID for this meeting is: 284 131 529 (meeting password: 035167)

The Trevor Project Call 1-866-488-7386 or text START to 678678

A national 24-hour, toll free confidential suicide hotline for LGBTQ youth.

Trans Lifeline Dial 877-565-8860

Trans Lifeline's Hotline is a peer support service run by trans people, for trans and questioning callers.

Black and African American Community

Misinformation has been circulating inaccurately expressing that Black and African American individuals are immune from COVID-19. According to the **US Surgeon General Jerome Adams**, African Americans may be infected and dying of COVID-19 at higher rates.

Within Normal Limits Considerations

- Environmental, economic and political factors have compounded for generations, putting African Americans at higher risk of chronic conditions that leave lungs weak and immune systems vulnerable: asthma, heart disease, hypertension and diabetes.
- Black/African Americans may be triggered by recent government restrictions including racial bias in the medical systems, historical instances of segregation, mass incarceration, and other racial injustices on a systemic level.
- The Tuskagee Effect in which African Americans are reluctant to seek medical attention due to historical distrust of healthcare institutions may prevent AA from getting tested despite exhibiting symptoms of COVID-19
- As participating in faith communities may be a coping skill, members of the community may need to explore virtual resources to stay connected
- Members of the community may need to be reminded selfpreservation is a form of self-care - not self-indulgence
- Black And Hispanic Workers Much Less Likely To Work From Home

African American males report fear of consequences of people's implicit bias wearing masks amid COVID-19

18% 33%

of people testing positive for COVID-19 were Black, African Amerians (CDC, 4/4/2020)

of people hospitalized due to COVID-19 were Black, African Americans (CDC. 4/4/2020)

Preliminary data indicates Black African Americans are dying at higher rates of COVID-19 due to racial health inequities

Other Resources:

- A Word from the Black Mental <u>Health Alliance</u>
- APA Statement on COVID-19 and Health Disparities
- CDC on Health Disparities
- Association of Black <u>Psychologists</u>







Asian and Pacific Islander Community

Although COVID-19 does not discriminate, hate crimes as a result of Xenophobia and Racism have heightened as a result of this pandemic. As a result fear (in addition to the stress, worry, and anxiety due to COVID) may be experienced by members of this community. The individuals we serve can report hate crimes <a href="https://example.com/here-by-new-maps-street-based-serve-street-based-serv

Consider how family dynamics that were already challenging prior to COVID-19 can be impacted due to close, long contact due to sheltering in place. The environment of Telehealth services should also be considered for individuals who may be surrounded by family. In addition, members of the API community may experience reluctance in seeking medical attention despite exhibiting COVID-19 symptoms due to potential discrimination and immigration status.

673

discrimination submitted

between March 19-25, 2020.

67.3%

23.5%

10%

of Reports identify incidents of Verbal Harassmant

of Reports identify incidents of Shunning

of Reports identify Physical Assault

4 Incidents of Coronavirus Discrimination Report



Asian American Psychological Association (AAPA) made the following recommendations in response to COVID-19:

Correct

anyone who mislabels the virus and pandemic and encourage them to instead use the terms COVID-19 or coronavirus.

Educate

our colleagues, students, and others in our networks about the historical and structural factors that have seeded the racism and xenophobia Asian Americans are currently facing; the interconnectedness of current anti-Asian racism with historical and current oppression experienced by other marginalized communities; and the impact of racism and xenophobia on mental health and well-being.

Report

incidents of hate through the Asian American and Pacific Islander Planning Council's online incident report portal (available in English, Chinese (traditional and simplified), Korean, Thai, Japanese, Korean, and Khmer): the STOP AAPI Hate Reporting Center

Resist

attempts to divide Asian American communities from other communities who also face racism and discrimination. This is an opportune time for us to ally with other communities and recognize our shared struggles for liberation.

Engage

in self-care and radical healing

listen to API
clients' fear and
encourage them
to report any
hate incidents

Resources specific to Hmong Community

Hmong Spot Radio on COVID-19
The Fresno Center COVID-19
Message (English)
The Living Well Center Covid 19

<u>Message</u>

Hmong Live | Naimaum Tham Kabmob | Tiv Thaiv Kabmob

California Endowment COVID19 in Hmong Flatten the Curve Video in Hmong



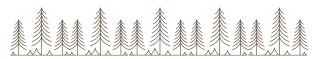






The Impact of COVID-19 on Native American Community

According to the <u>Center for American Indian Health</u>, COVID-19 poses critical concerns to Native American communities. Prior to this pandemic, Native Americans already had higher rates of infectious disease severity and death than any other population in the U.S. Many of the Native peoples we serve live in crowded, multi-generational homes; effective home isolation for those at highest risk will be very difficult. Food and water insecurity already impacts 25-40% in many rural tribal communities. Estimates indicate that more than 80% of children in many communities rely on getting their breakfast and lunch at schools that have been closed. For many families, the COVID-19 pandemic will be devastating, economically and otherwise.



Health disparities including high rates of diabetes, cancer, heart disease and asthma may increase the <u>risk for Native Americans</u>. This combined with elder populations who may be sheltering with exposed individuals increases the chances of suffering. Due to the <u>historical impact of pandemics</u> and a preference for <u>natural community care models</u>, Native Americans may not seek medical attention from doctors or hospitals. The Native American community values caring for elders and many may experience compounded stress for keeping elders and other family members safe.

Resources

Elder Mental Health COVID-19
What Tribal Members need to know about COVID-19
Positive Parenting during COVID-19
Tips for Elders and Their Caregivers
Fresno American Indian Project
Fresno American Indian Project Facebook



Latinx and Hispanic Communities

How COVID-19 Stress may Manifest

<u>National Hispanic and Latino MHTTCN</u> list the following considerations for how Hispanic and Latinx individuals may experience stress:

- In the form of body pains such as backaches, headaches or stomach aches
- May describe symptoms of feeling tired, having changes in their sleeping or eating patterns, feeling nervous and/or restless.
- May believe symptoms are caused by outside environmental, spiritual or personal problems.
- May view medication as addictive and harmful.
- Social isolation and quarantine may exacerbate stress already experienced.
- May increase use of alcohol, tobacco and other substances
- Increased sense of loss
- Loss of normal coping and enjoyable activities

Some Latino cultural groups believe in spiritual causality of emotional and psychological suffering ("why is God punishing me?"). Troubles may be attributed to moral conflicts, guilt and shame over poor judgment, punishment from God for one's ancestors' indiscretions, or simply fatalism. Individuals from the community may seek spiritual or other healers as a first step in seeking help for their symptoms.

Members from the community may be more likely to:

- Visit the doctor when something is wrong and when pain is unbearable.
- See medical (and mental health) professionals as authority figures and are less likely to overtly disagree or express discomfort with a treatment plan.
- Seek help from a medical professional than a psychologist or psychiatrist due to stigma associated with receiving mental health treatment. (Consider the risks of going to the doctor during the pandemic)

Members of Hispanic and Latinx communities may be more worried about the <u>economic impact of COVID-19</u> than other Americans. The pandemic is impacting the <u>Central Valley's Farmworkers</u> as many face the difficult decision to isolate or make money.



Stress Management Recommendations

- Psychoeducation about COVID-19
- Understand cultural factors that influence view of stress
- Acknowledge aspects of diversity within the culture in provision of services
- Assist individuals with a plan to stay connected and supported
- Consider the use of storytelling and pláticas/informal conversations
- Consider the use of Dichos-Sayings/Proverbs
- Normalize and validate feelings of stress, anxiety and fear

Más vale

prevenir que

curar



Resources

COVID-19 Resources for Undocumented Immigrants & Families

Latinx Cultural Humility
Gender Violence among Latinas: Key
Concepts and Cultural
Considerations

ALL DBH Resources are available in English and Spanish