

WAYNE STATE School of Social Work Center for Behavioral Health and Justice

Decreasing Stigmas and Biases to Minimize Health Disparities during the COVID-19 Pandemic

In light of the current COVID-19 crisis, the <u>Center for Behavioral Health and Justice (CBHJ)</u> recognizes that this pandemic may exacerbate existing social, racial, and health disparities. This may be true for justice-involved individuals, especially those who are part of marginalized populations such as; African American/Black, Asian, Arab/Chaldean, Indigenous, Latinx, immigrant and low-income communities; people with disabilities and special health needs; and older adults. As such, the CBHJ is sharing information and recommendations from local, national, and global organizations related to the minimization of stigmas and biases during this crisis.

- Health Disparities and Equity Implications of COVID-19
- Reduction of Stigmas and Biases
- Community Resources

If you have questions, would like more information on diversity, equity and inclusion practices, please contact <u>*Tyler*</u> <u>*Logan,*</u> *Project Coordinator, Center for Behavioral Health and Justice at* <u>*tyler.logan1@wayne.edu.*</u>

Health Disparities and Equity Implications of COVID-19

The National Association for the Advancement of Color People (NAACP) shared <u>10 notable equity implications of the</u> <u>Coronavirus (COVID-19) Outbreak in the United States</u>:

- 1. Racism and stigmatization have increased, particularly towards the Asian and Asian American populations.
- 2. Certain populations are at an added risk of exposure, particularly immigrants, incarcerated people, people over 60 years old, people with disabilities, people with special health needs, and others. This differential exposure has extensive corresponding implications.
- 3. Frontline workers face tough choices between abstaining from work, or risking exposure.
- 4. Census and voting may be jeopardized as public outings continue to dwindle.
- 5. Coronavirus remediation will result in increased exposure to toxic cleaning chemicals.
- 6. Children and college students risk exposure in schools. If schools close, students may experience food or housing insecurities.
- 7. There is a lack of accessibility to testing kits.
- 8. Quarantine policies and practices are unfolding with a risk to human and civil rights.
- 9. The coronavirus has already been used to justify increased militarization and more restrictive immigration policies and practices.
- 10. Denial and misinformation on the crisis can worsen the outbreak.

Marginalized populations, including working class individuals, people of color, and often times those who are incarcerated are at a disproportionate risk for contracting COVID-19. In Michigan, <u>recent public health data and information</u> suggest that communities with larger African American/Black populations (i.e., Wayne, Oakland and Macomb Counties) are disproportionately impacted by COVID-19 and have higher mortality and morbidity rates from the illness. These communities may also face more barriers when responding to COVID-19 because of pre-existing systemic barriers (i.e., access to a primary healthcare provider, health insurance, etc.).



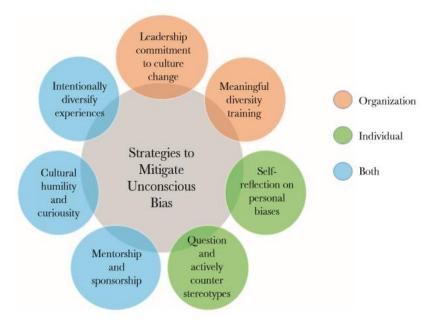
The current crisis may **increase behavioral health needs** and has been attributed **to higher stigma and bias-related incidences**, as <u>shared by the Centers for Disease Control (CDC)</u>. Wayne State University <u>School of Social Work</u>'s resource, <u>managing anxiety during the COVID-19 outbreak</u> also provides strategies that may be utilized in reducing stigma, bias, and anxiety in this way.

Reduction of Stigmas, Biases, and Disparities

As the spread of COVID-19 continues, **minimizing social, and/or racial stigmas and biases is imperative**, both interpersonally and on an institutional or systems level. For example, interpersonal stigmas and biases may include discrimination towards an individual of a specific demographic (i.e. someone of Asian descent), who is assumed to have a particular illness (i.e. COVID-19) due to socially constructed stereotypes and misinformation. On an institutional or systems level, the COVID-19 crisis can be particularly harmful to marginalized communities due to vulnerability and feeling the need to hide symptoms in order to avoid discrimination, which in turn would put them at increased risk. Further, stigmatized groups are more likely to be un- or underinsured.

Mitigating stigmas and biases in criminal/legal institutions and elsewhere helps eradicate health disparities by helping to ensure that justice-involved individuals and other marginalized community members feel comfortable and safe utilizing resources while also providing a larger, more equitable safety net that can be sustained beyond the current crisis. Knowing and sharing accurate facts about COVID-19 can help minimize biases and stigmas.

The American Psychological Association has provided helpful tips in <u>combating bias and stigma related to Covid-19</u>, which include strategies like amplifying the voices of people with lived experience with coronavirus, correcting stereotypes and challenging language that promotes bias. "<u>The Impact of Unconscious Bias in Healthcare</u>" identifies strategies that can be used to mitigate unconscious biases at the individual- and organizational- levels (diagram pictured below).





The <u>Center for Disease Control (CDC)</u> highlighted the following information that can be shared within your organization to help minimize stigmatization and biases caused by misinformation of COVID-19.

- Diseases can make anyone sick regardless of their race or ethnicity.
- For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.
- Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.
- There are simple things you can do to help keep yourself and others healthy (Ex. Wash hands for 20 secs, avoid touching your face, practice social distancing, staying home and only going out to get necessities).
- You can help stop COVID-19 by knowing the signs and symptoms: Fever, cough and shortness of breath.

Additional information on COVID-19:

- <u>Coronavirus Disease (COVID-19) Frequently Asked Questions (FAQs)</u>
- <u>COVID-19 Shareable Facts Sheet</u>

Actions are being taken on a broad scale by some lawmakers to address a crisis within a crisis. <u>Democratic Lawmakers</u> <u>have recently called for racial data in Coronavirus (COVID-19)</u> testing to help ensure that the response is equitable for all individuals and communities, regardless of race and socio-economic status. Alarms are being sounded to help in addressing inequities in COVID-19 responses at the local and federal levels. Organizations like <u>Race Forward</u> provide helpful resources to combat these inequities and are actively addressing these concerns. Importantly, a <u>health justice</u> approach is <u>emerging as a framework</u> for law and policy to address stigmas, biases, and, ultimately, health disparities for <u>justice-involved individuals</u> and other <u>vulnerable communities</u> in the context of COVID-19 and beyond.

Community Resources

To help take steps towards staying informed, the CBHJ has compiled the following information and additional <u>community-</u> <u>specific resources</u>. These resources are available across Michigan, but also include local resources for those in Southeast Michigan where COVID-19 is more prevalent.

Overview of Covid-19 Signs & Symptoms:

These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

When to seek medical attention: It's important to speak with your medical provider for other symptoms that may be present and are severe or concerning.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face



MDHHS has established a COVID-19 Hotline: 888-535-6136. You can find more information at https://www.michigan.gov/coronavirus

COVID-19 Tool: For potential or confirmed COVID-19 diagnosis, this online <u>COVID-19 Symptom and Temperature Log</u> resource, provided by <u>Oakland County</u> can be useful for tracking symptoms. Users are encouraged to record temperature and any COVID-19 symptoms twice per day (morning and night): feeling feverish, coughing, or difficulty breathing. Daily health checks are complete 14 days after exposure, or as indicated by a healthcare provider.



COVID-19 Testing

Drive- up testing in Southeast Michigan

- Beaumont Health in Royal Oak
 - Coronavirus hotline: 800-592-4784 (for people experiencing symptoms)
 - o <u>Covid-19 online risk assessment</u> is available
 - Emergency Center Curbside screening (severe symptoms only; not testing for children 12 and under; curbside does not guarantee testing)
- <u>State Fairgrounds</u> in Detroit: Time: 7am-6pm;
 - In order to be tested, patients need to first get a doctor's order and then either the doctor or the patient can call 313-230-0505 to schedule the Drive Through appointment. Partnerships include the following:

Detroit Medical Center	Wayne County
Henry Ford Health System	Macomb County
Trinity Health Systems	Oakland County
<u>City of Detroit</u>	

(NOTE: Testing information for other counties can be located <u>here</u>.)

Most people with confirmed or suspected COVID-19 can self-treat at home.

- Self-treatment includes lots of fluids, rest and over-the counter medications, like pain relievers.
 Presently, there is no vaccine or prescription medication to prevent or cure the virus.
- ✓ Stay home for 7 days from the beginning of symptoms plus 3 days after symptoms resolve.
- According to the World Health Organization, <u>80% of people who contract COVID-19 recover without requiring</u> <u>hospitalization</u>.



211 is also here to help connect you with community resources (Ex. Housing support and financial assistance) specific to your county. Visit here for more information: https://www.mi211.org/