

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

Virtual Forum

Healthcare Disparities Through the Lens of
Diversity During the COVID-19 Pandemic

June 13, 12:00-2:00pm EDT

Disclosures

	Research Funding	Advisor/ Consultant	Employee	Speakers Bureau	Books, Intellectual Property	In-Kind services (travel)	Stock/ Equity	Honorarium/ expenses
Al-Mateen	None	None	VCU	None	American Psychiatric Press; Springer	N/A	None	N/A
Caraballo	None	None	None	None	None	N/A	None	N/A
Oatis	None	None	None	None	None	N/A	None	N/A
Adam	2018 & 2019 AACAP Advocacy & Collaboration Grant Recipient	None	University of Missouri-Columbia	None	None	N/A	None	Greater St. Louis ROCAP APA

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Cho	None	None	None	None	American Psychiatric Press; Springer	N/A	None	N/A
Li	None	None	None	None	American Psychiatric Press; Springer	N/A	None	N/A
Fortuna	Patient Centered Outcome Research Institute	None	University of California, San Francisco	None	None	N/A	None	N/A

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Hoffman	None	None	None	None	None	N/A	None	N/A
Daily	None	None	None	None	None	N/A	None	N/A
Livingston	None	None	None	None	None	N/A	None	N/A
Cullins	None	None	None	None	None	N/A	None	N/A

Agenda

Time	Topic	Speaker
12:00 noon	Address from President	Gabrielle Carlson
12:05 pm	Introduction/Review of Health Disparities	Cheryl Al-Mateen, Angel Caraballo
	AACAP Caucus/Committee Presentations	Melvin Oatis, Moderator
12:15 pm	Asian Caucus	Jang Cho, Annie Li
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	Black Caucus	Lisa Cullins
1:45 pm	Q&A	Melvin Oatis, Moderator

Gabrielle Carlson, MD

Presidential Comments

Syndemic

two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population.

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Jamal

An 11 year old in the 6th grade, Jamal really likes school. He lives in the South Bronx in New York. He is told that he will be staying home from school for the foreseeable future because of “the pandemic.” He doesn’t really understand what it is. His mother is a nurse’s aide in a hospital; she has only had this job for 3 months and does not have health insurance. She decides Jamal will stay with his grandmother, who lives in the same apartment complex. Grandmother has a television and a smartphone, but low speed internet. He has an ipad from school.

Three weeks later, due to lack of PPE at work, mother becomes ill with presumed COVID-19 and has to stay at home in isolation. She was told that she does not meet criteria for testing. She cannot visit Jamal and her mother, and she won’t let Jamal visit her, because of fear of infecting him and his grandmother who also has increased risk due to diabetes and asthma.

Jamal is the only one who can go and get groceries at the bodega (grocery store); he does not have a mask. He carries cash, and is scared that someone will rob him. He worries about his mom, who is very tired all the time, and is not eating well. He checks in on her a couple of times a day on his smartphone so that he can see her. He helps his grandmother in the apartment and does even more chores than he is used to doing. He helps grandmom with cooking and then takes food to his mom, knocking on the door and leaving it for her. Grandmom is also feeling very tired and he is worried about her too.

He begins having nightmares and feels really sad. He is having trouble completing the schoolwork – he gets tired because the internet is so slow. He is also having difficulty concentrating on his games.

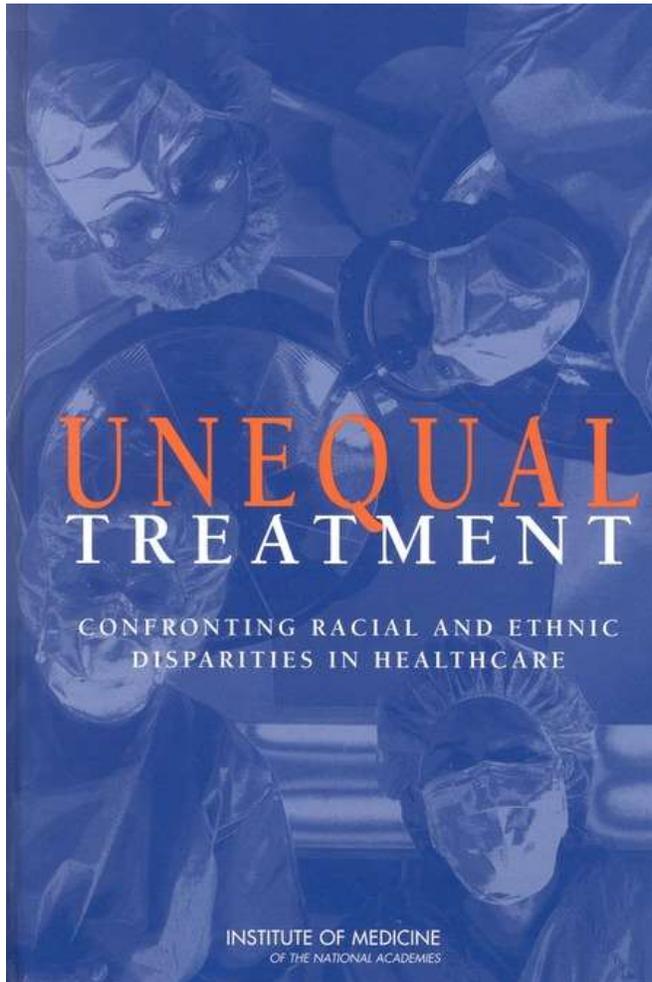
MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Public Health Service

2001

- There are striking disparities for minorities in mental health services
- They are less likely to receive needed care
- When they receive care, it is more likely to be poor in quality
- Racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity



2002

- Promote consistency and equity of care through the use of "evidence-based" guidelines
- Produce more minority health care providers
- Make more interpreters available in clinics and hospitals
- Increase awareness about disparities among the general public, health care providers, insurance companies, and policy-makers.
- Cross Cultural Education of health care providers
 - Knowledge (learning about various cultures)
 - Skills (learning to work with people from different cultures)
 - Attitudes (cultural sensitivity awareness approach to the practice of medicine)

Core terms related to Mental Health Disparities and Health Equity

Health inequality or difference is the “difference in health status or in the distribution of health determinants between different population groups.”

Health disparity is “a particular health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups...who have systematically experienced greater obstacles to health based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

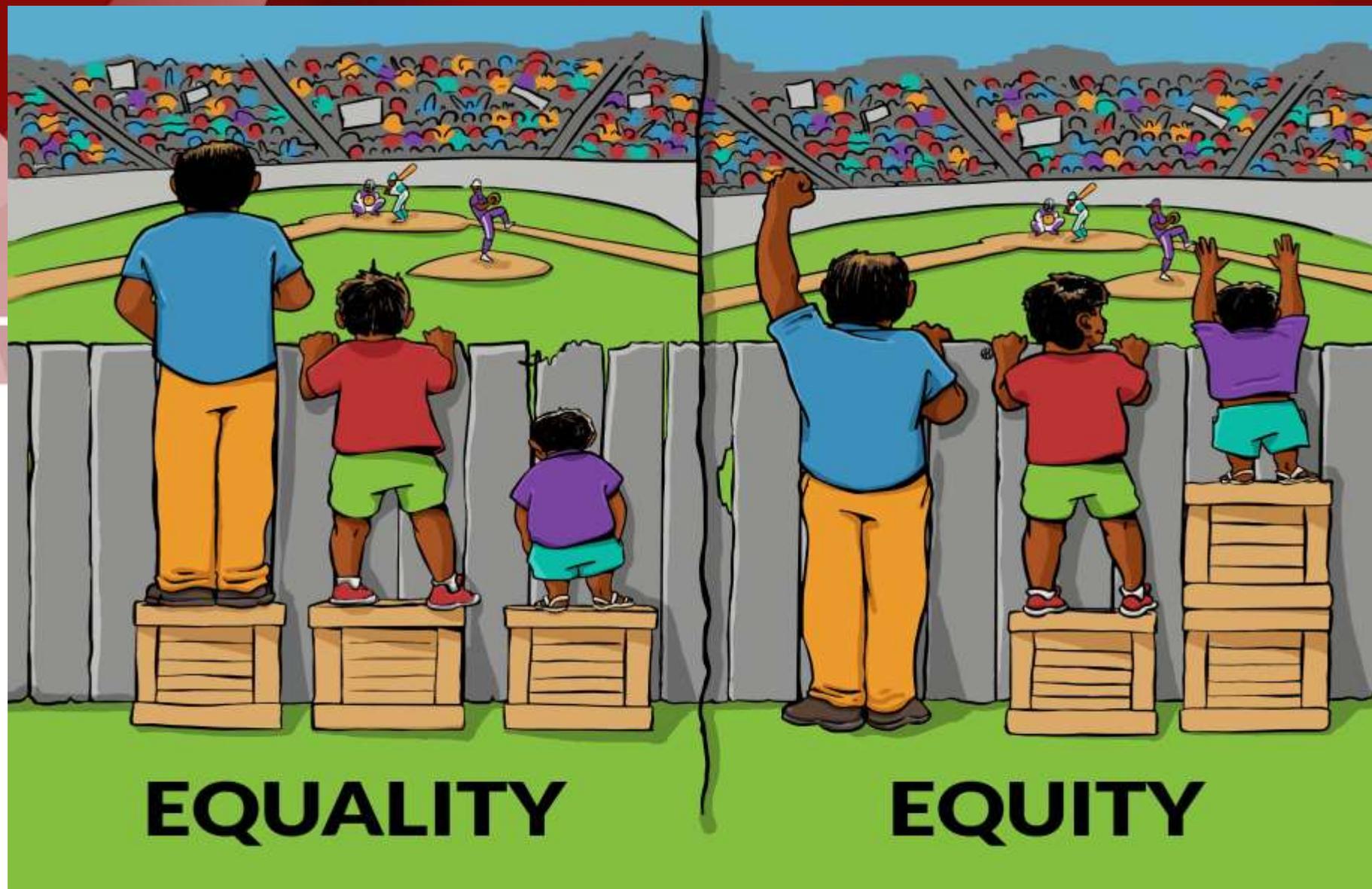
(p. 9 National Stakeholder strategy).

“*Healthcare disparity*” relates to differences in the quality of healthcare that are not due to access, clinical need, patient preferences, or appropriateness of the intervention. “these differences would include the roles of bias, discrimination, and stereotyping at the individual (provider and patient), institutional, and health system levels.”

“*Health equity*” is attaining the highest level of health for all people. It requires “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.” (p.9)

Social determinants of health are “the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”

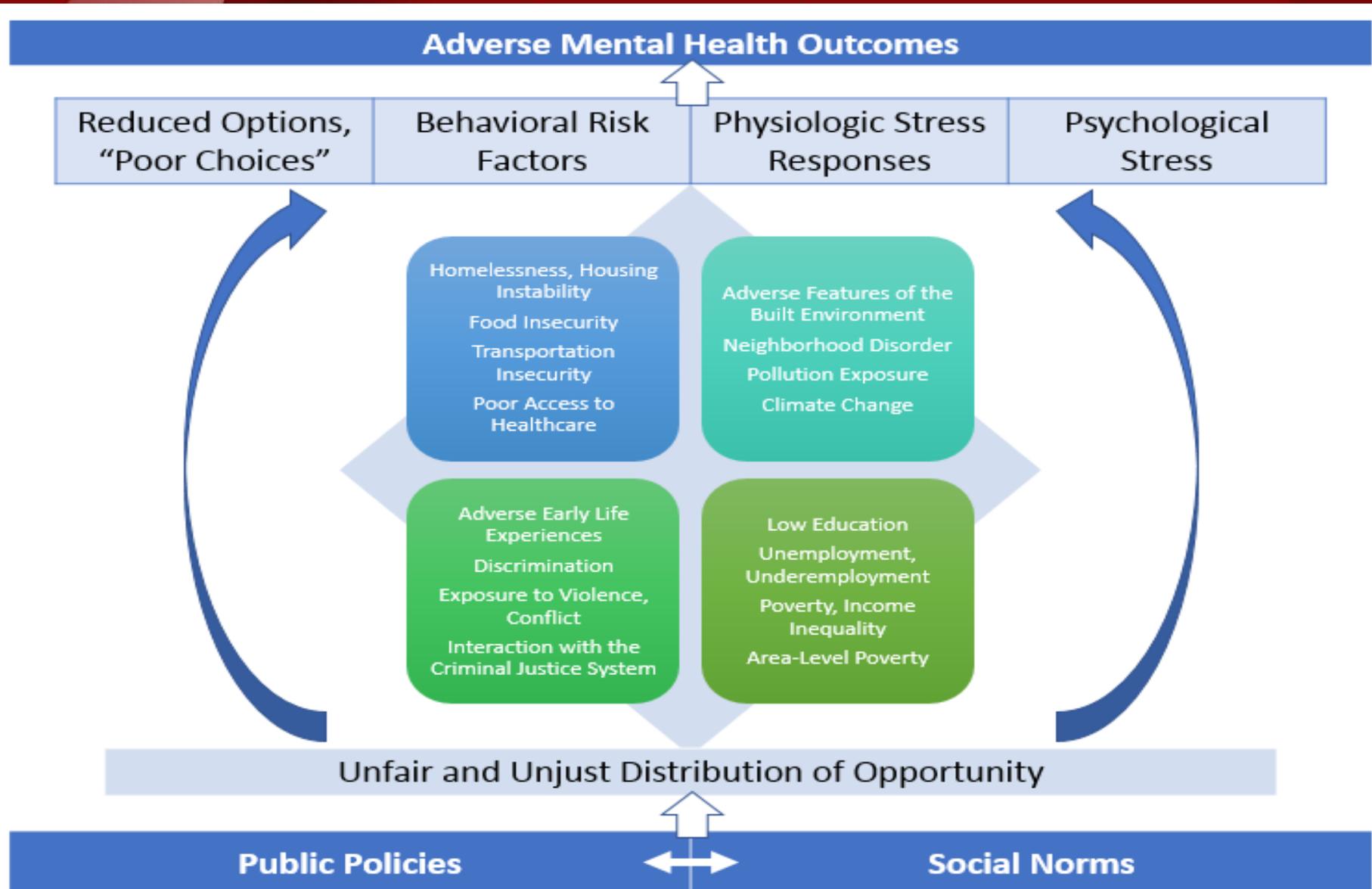
(World Health Organization https://www.who.int/social_determinants/sdh_definition/en/)



EQUALITY

EQUITY

“Interaction Institute for Social Change | Artist: Angus Maguire.”
interactioninstitute.org and madewithangus.com.



Shim RS, Compton MT. The social determinants of mental health: psychiatrists' roles in addressing discrimination and food insecurity. *Focus*. 2020 Jan;18(1):25-30.

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A View in Focus: Impact of COVID 19 on Asian Americans

Jang Cho, MD & Annie Li, MD

June 13, 12:00-2:00pm EDT

STOP AAPI HATE

Has received close to **1,400** reports since March 19th, 2020.



Reported incidents are **nationwide** from **46** states with **42.9%** coming from **California**.

“Despite shelter-in-place policies being implemented across the nation the number of discriminatory incidents remains high.”

AAPI Women



Have reported **2x** more incidents of harassment than men.

AAPI Children/Youth

Are involved in **6.3%** of the incidents.

With shelter-in-place, a **significant number of incidents** are now taking place in:



Grocery Stores



Pharmacies



Big Box Retail

Woman
ght. She
In Her
eed News

Courtesy of Stop AAPI Hate Org.
<https://stopaaphate.org/update-reports-stop-aapi-hate-infographics>

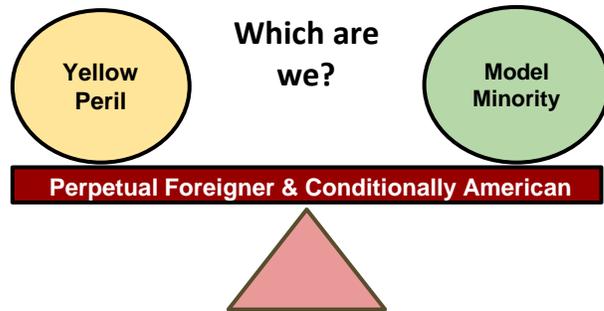
Impact on AAPI Community



- Fear
- Anger
- Sadness
- Frustration
- Confusion
- Shame

COVID-19 Sheds Light on Stereotyping of Asian Americans

- Threat
- Unclean
- Unfit
- Uncivilized
- Taking our jobs



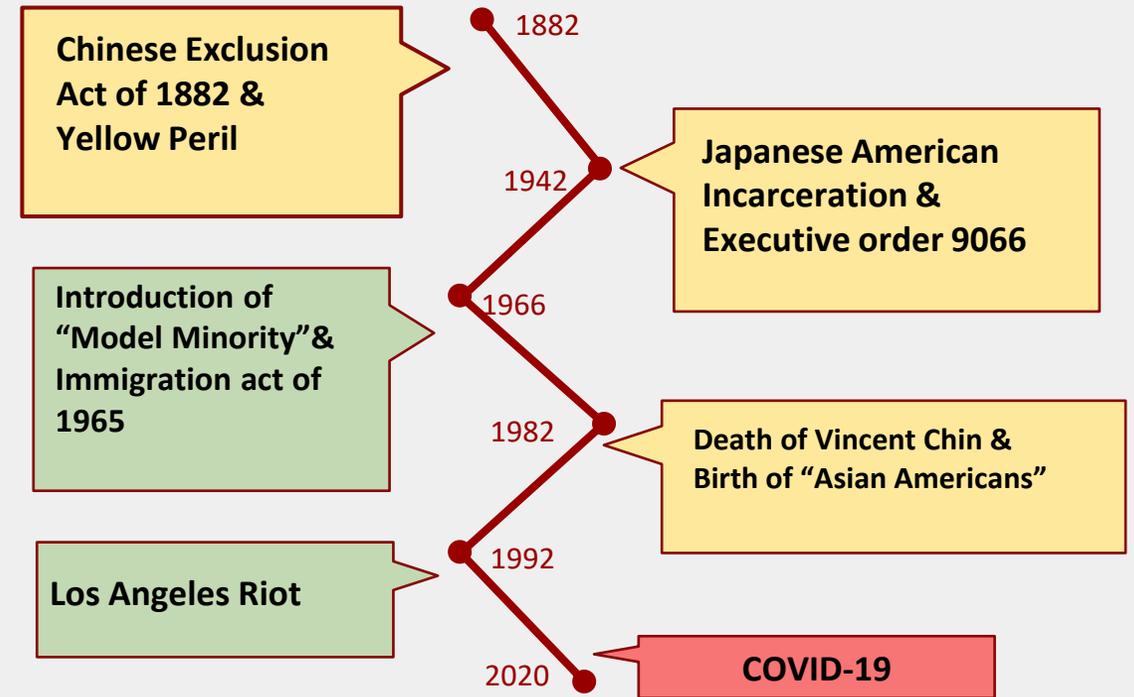
Strong work ethics
 Successful
 Law abiding
 Acclimated

↓

Submissive
 "Good stereotype"
 Colorless
 Not a part of minority

History Repeats Itself

Yellow Peril to Model Minority, back to Yellow Peril



Busting Model Minority Myth - What about in Medicine?

“Like Fame, the ‘model minority’ myth can provide the illusion of ‘raceless-ness.’ Putting select Asians on pedestal silences those who question systemic injustice. Our supposed success is used as proof that system works, - and if it doesn’t work for you, it must be your fault” - John Cho, Op-ED on the Los Angeles Times

Asian American doctors and nurses are fighting racism and the coronavirus

Across the country, Asian Americans have reported a sharp increase in verbal abuse and physical attacks

The Washington Post, May 19th 2020

Story of a Chinese American Anesthesiology resident at MGH

- Commuting home post shift, verbally attacked with racial slurs

“I am risking my own personal health, and then to be vilified just because of what I look like..” Lucy Li, MD.

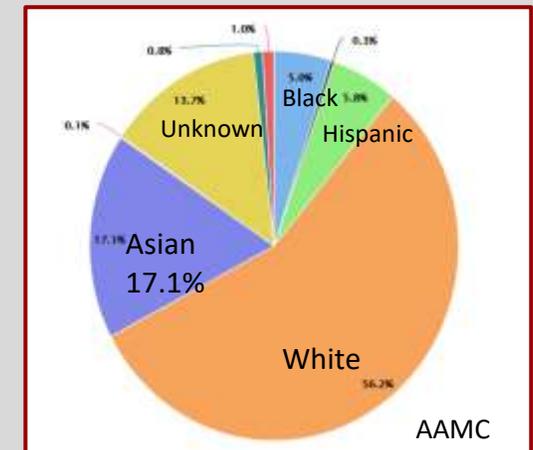
Other AAPI physicians:

- working Fronlines at the COVID-19 Pandemic
- Patient refusing to be treated
- increased harassment leaving the hospital



Asian American Doctors Unite Against COVID-10
Racism: Hate is a Virus.
Courtesy of Dagny Zhu, MD

Percentage of All Active Physicians by Race/Ethnicity, 2018



COVID-19 Brings Light to Persistent Mental Health Disparities in AAPI Community



Courtesy of Mental Health America:
<https://www.mhanational.org/issues/asian-american-pacific-islander-communities-and-mental-health>

Per NIMH (2001):
 ~ 70 AAPI providers are available for every 100,000 AAPIs in the United States, compared to 173 per 100,000 Caucasians

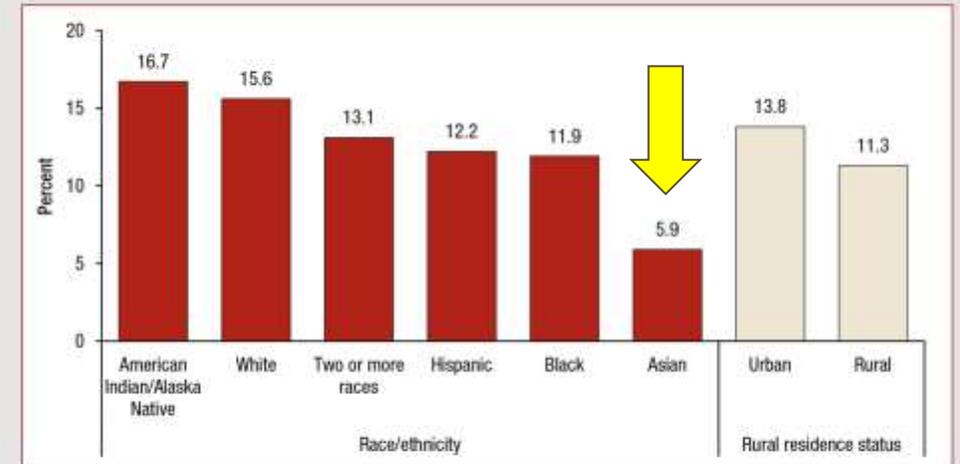
Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Substance Abuse and Mental Health Services Administration (US); 2001 Aug. <https://www.ncbi.nlm.nih.gov/books/NBK44245/>

Per AAMC, in 2018, AAPI Psychiatrists (5,172) make up:

- ~3% of AAPI physician workforce
- ~10% of US psychiatry workforce

AAPI Youths are less likely to utilize mental health service

Figure 2. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014



Note: Data for Native Hawaiians or Other Pacific Islanders are suppressed because of low precision.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

What needs to be done?

Recognize the Barriers in AAPI Mental Health

Stigma	Lack of Cultural-Sensitive Services/Workforce
Model Minority Myth	Language Barrier
Low Mental Health Literacy	Lack of affordable mental health services/insurance
Generational Experiences/Degree of Hardship	Lack of disaggregated AAPI health data



Action Steps

- ASK and LISTEN to AAPI patient experiences
- Bystander Intervention
- Debunk the Model Minority Myth
- Recruit/Retain AAPI CAP Pipeline
- Encourage CENSUS 2020 participation/Research subject recruitment
- Collaborate with AACAP Advocacy Committee → Legislative Level

5 Things You Can Do Tomorrow

1. Check in with your AAPI Colleagues

2. Check in with your AAPI Patient and Families

3. Encourage AAPI patients/families to report acts of bias/hate (Stop AAPI Hate)
<https://stopaapihate.org/>

4. Contact AACAP Advocacy & Local legislators
Ex. H. Res. 908 <https://p2a.co/QPlpnu>

5. Encourage AAPI young adult patients to participate in the census and VOTE.

Stop AAPI Hate

[Report Incident](#) - [Updates](#) [Press Statements](#) [In the News](#) [About](#)

REPORT AN INCIDENT OF HATE

We encourage all who have witnessed or experienced micro-aggressions, bullying, harassment, hate speech, or violence to help us document. The more information we have, the better we can respond and prevent further incidents from occurring.

Click a button below to open the Incident Report Form in that language:

English	中國(傳統)	中文(簡體)	한국어
ไทย	日本人	Tiếng Việt	Tagalog
ગુજરાતી	kwj tj hmoob	ଝିଝି	

Urge Congress to Condemn Anti-Asian Hate related to COVID-19

America has seen a rise in anti-Asian American hate, bias and violence as a result of COVID-19. Since January 2020, hundreds of cases related to xenophobia or discrimination against Asians and Asian Americans have been reported. These incidents include being told to, "Go back to China," getting blamed for "bringing the virus" to the United States, being referred to with racial slurs, even targeted for physical assault.

Congress has the chance to speak up against this rise in hate by passing [H.Res. 908](#), introduced by Representative Grace Meng in the House, and its counterpart in the Senate introduced by Senators Kamala Harris, Tammy Duckworth, and Mazie Hirono, which would condemn all forms of anti-Asian sentiment as related to COVID-19.

Please contact your elected representatives and urge them to support this legislation.



Send an email to your officials with one click!

Title

Full Name

Address

Zip city and state not required

Phone

Email

[Find Legislators →](#)

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Another COVID-19 Complication: IMGs Trying to Treat Patients Now Face New Challenges

Balkozar Adam, M.D.
Clinical Professor of Psychiatry
University of Missouri-Columbia

Objectives

- Understand the factors affecting immigrant communities while facing the COVID-19 pandemic.
- Learn 3 current stressors faced by non-citizen IMGs.
- Discuss implications on the overall shortage of child psychiatrists.
- Address the emotional wellbeing of the IMGs during this pandemic.
- Share what the members of the IMG Caucus have done to address the current situation.
- Present recommendations.



International Communities - Language Barriers

- Translators - software that has built-in interpreters (Amwell)
- Internet Issues:
 - WiFi freezes, Google Translate freezes
 - No data, no WiFi
 - Background Noises
- Use of WhatsApp during clinic visits
- Parents without smartphones; children with school-provided laptops
- Laptops & Smartphones – Connect through Webex, Zoom, FaceTime or other apps or services
- During the visit, the doctor may call a translator on a separate speaker phone to facilitate the session.

International Communities

- Worries about the Public Charge Rule
- Often view struggling with mental illness as a weakness
- Some key cultural activities such as soccer games were canceled
- Collectivist cultures: Increasingly difficult not seeing family or friends as often
- Kids are not in school: Challenge of homeschooling can be overwhelming
- Reduced hours or job loss can increase financial stress
- Concern about how the disease is contracted and transmitted
- Information funneled through WhatsApp, often in their native language and may not be coming from reliable sources





Leticia, the co-founder of Familias Unidas en Accion (far left), talks to volunteers about the work the organization is doing collecting food and supplies for families affected by the COVID-19 pandemic. Fernando Lopez/Familias Unidas

Challenges in the Deep South

Worries about Possible Confrontation with Authorities

10 Years Old, Tearful and Confused After a Sudden Deportation

Since the coronavirus broke out, the Trump administration has deported hundreds of migrant children alone — in some cases, without notifying their families.



Sandra Rodríguez with her son Gerson, 10. via Sandra Rodríguez

Newsweek TRUMP ADMINISTRATION EXPELLED 600 MIGRANT CHILDREN IN APRIL AFTER USING

"Even if we talk about the United States opening up, it's a phased approach," Morgan said. "We're not going to go zero to 60, and it's going to go back to the way it was pre-COVID overnight."



A Customs and Border Protection agent wears a face mask at San Ysidro crossing from Tijuana, Mexico, on April 23, on the U.S.-Mexico border. President Donald Trump partially blocked immigration to the United States "to protect American workers" from the economic shock of the coronavirus, as the United Nations warned the world was facing "a humanitarian catastrophe."

GUILLERMO ARIAS/AFP/GETTY IMAGES

A large percentage of Minnesota COVID-19 patients don't speak English

Outbreaks at meat packing plants, health disparities mean disease is hitting immigrants hard.

By Maya Rao Star Tribune | MAY 26, 2020 — 11:38PM



ELIZABETH FLORES — STAR TRIBUNE

Interpreter Lansa Dawano worked at the M Health Fairview call center to interpret the Oromo and Amharic languages for callers. Wednesday, May 20, 2020 in Minneapolis.

- 22% of people who had lab-confirmed COVID-19 cases required an interpreter
- Only 4% of the state's population had reported to the U.S. Census Bureau that they speak English "less than well"
- Health disparities have come to the surface with COVID-19. "More than ever, language services are crucial to the pandemic"
- Interpreters needed additional training on explaining medical terms to patients.

Immigrants with COVID-19 may hesitate to go to hospitals

Holy Cross nurse has advice for homebound sufferers facing 'a beast nobody can control.'

By Neil Steinberg | May 26, 2020, 1:14pm CDT

f   SHARE



Francisca Garcia, a critical care nurse, heads the COVID unit at Holy Cross Hospital in the Chicago Lawn community. She has a few medical tips to those fighting the illness at home. | Provided

- Fear that a hospital bill will come and they will not be able to pay for it.
- Many are used to “Cash First” system in their native countries.

Struggles of Many IMGs

Professional

- Increased intensity and stress at work
- Visa status
- Plans for the future
- Role changes
- Uncertainty about ability to practice

Family

- April Executive Order halting immigration for 60 days
- Safety and travel Restrictions
- Hostile environment

Financial

- Worries about their financial situation
- Job losses, furlough or pay cuts

Psychiatric Shortage

- IMGs are playing a critical role in healthcare during this pandemic
 - Needed: increased healthcare capacity and looser restrictions
- Shortage of child and adolescent psychiatrists prior to pandemic
- Difficulties faced by new IMGs scheduled to begin residencies on July 1st
- Challenges finding J-1 visa waiver jobs
- Some universities freezing hiring for new faculty members
- Upcoming interviews of trainees will (most likely) be virtual and this may be more challenging
- Travel/Visa restrictions may make employers less likely to hire IMGs for training programs

Visas

- Our healthcare system relies on IMGs, who make up to 30% of practicing psychiatrists and 30+% of psychiatrists in training.
- Immigration policies are adding unneeded limitations to IMG physicians and restricting their ability to help during a critical time
- Many IMGs are impacted by delays of their visa processing
- Some of the J-1 and H-1B visas need to be renewed by the end of the academic year so the IMGs can continue their training or start their practice
- The J-1 visa waiver allows the foreign-born psychiatrist to play a crucial role while serving patients in underserved areas

Impact on Patients

- COVID-19 is putting our patients at a higher risk for anxiety, depression, substance abuse, and suicidal behaviors
- Increasing reports of continued loss of life, financial hardships, and isolation is adding to the stress of children and their families
- Worries about contracting the coronavirus and about their family's health increases the need for mental health interventions.

AACAP Support

AACAP joined other organizations to urge U.S. Citizenship and Immigration Services to temporarily extend IMGs visas automatically for one year, resume the premium processing, and expedite approval of extensions and change of status.

AACAP is reviewing the current two petitions in support of IMGs:

1. **Healthcare Workforce Resilience Act (S.3599)**

<http://cqrcengage.com/psychorg/app/onestep-write-a-letter?0&engagementId=508036>

2. **Protect Healthcare in Medically Underserved Communities (S.948/H.R.2895)**

<http://cqrcengage.com/psychorg/app/onestep-write-a-letter?0&engagementId=507417>

AACAP is providing multiple opportunities to increase awareness of IMGs needs, including this virtual presentation

PETITIONS

**Healthcare Workforce Resilience
Act (S.3599)**



**Protect Healthcare in Medically
Underserved Communities
(S.948/H.R.2895)**



Response of the IMG Caucus

- Reported concerns to the ROCAP and of the local chapter of the American Psychiatric Association.
- Informed faculty and trainees about the challenges faced by IMGs
- Newsletter articles accepted at ROCAP and the local chapter of the APA.
- Planned presentation to the ROCAP members.
- Article submitted to AACAP News
- Presentation at this virtual forum

Steps Taken By the IMG Caucus

- Distributed petitions to psychiatrists requesting support
- Met trainees and faculty to increase awareness of the issues currently faced by IMGs
- Started an IMG support group
- Asked AACAP to consider writing letters of support for the petitions
- Collaborated with the APA IMG and AADPRT IMG Caucus leaders
- Promoted advocacy efforts and collaboration between the AACAP and the APA
- Continued the AACAP IMG caucus meetings

Recommendations: Learn

- We are a community of colleagues. Ask your colleagues how they are doing and if they need help.
- Increase awareness and education of the challenges faced by the immigrant communities and by IMGs.
- Understand the needs of the immigrant and refugee communities
- Long-term needs: collect data on what is happening now to learn what is needed in the future

Recommendations: Communicate

- Write articles and present at local and national conferences
- Circulate the two petitions. Email, text, call, use social media to spread the word and increase awareness
- Communicate with other organizations like the APA, AAP, and AMA to advocate for IMGs so they can continue their vital role in treating our patients
- Collaborate with other sub-specialties to provide a united front. International communities and IMGs are everywhere, not only in psychiatry

Recommendations: Advocate

- Garner support from leaders of psychiatry and other leaders in your community to help with the current struggle.
- Support the two petitions by completing and sending them to your lawmakers to help IMGs continue their care for patients during this critical time.
- Contact your local legislator and work with AACAP's advocacy committee and advocacy liaisons to help establish priorities.

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The COVID-19 Pandemic and Rural Communities

Special thanks to John Diamond, M.D.; Co-chair of the Rural Psychiatry Committee

Special thanks to the members and contributors to the Rural Psychiatry Committee

What is rural?

The United States Census Bureau defines rural as:

Any population, housing, territory NOT in an urban area.

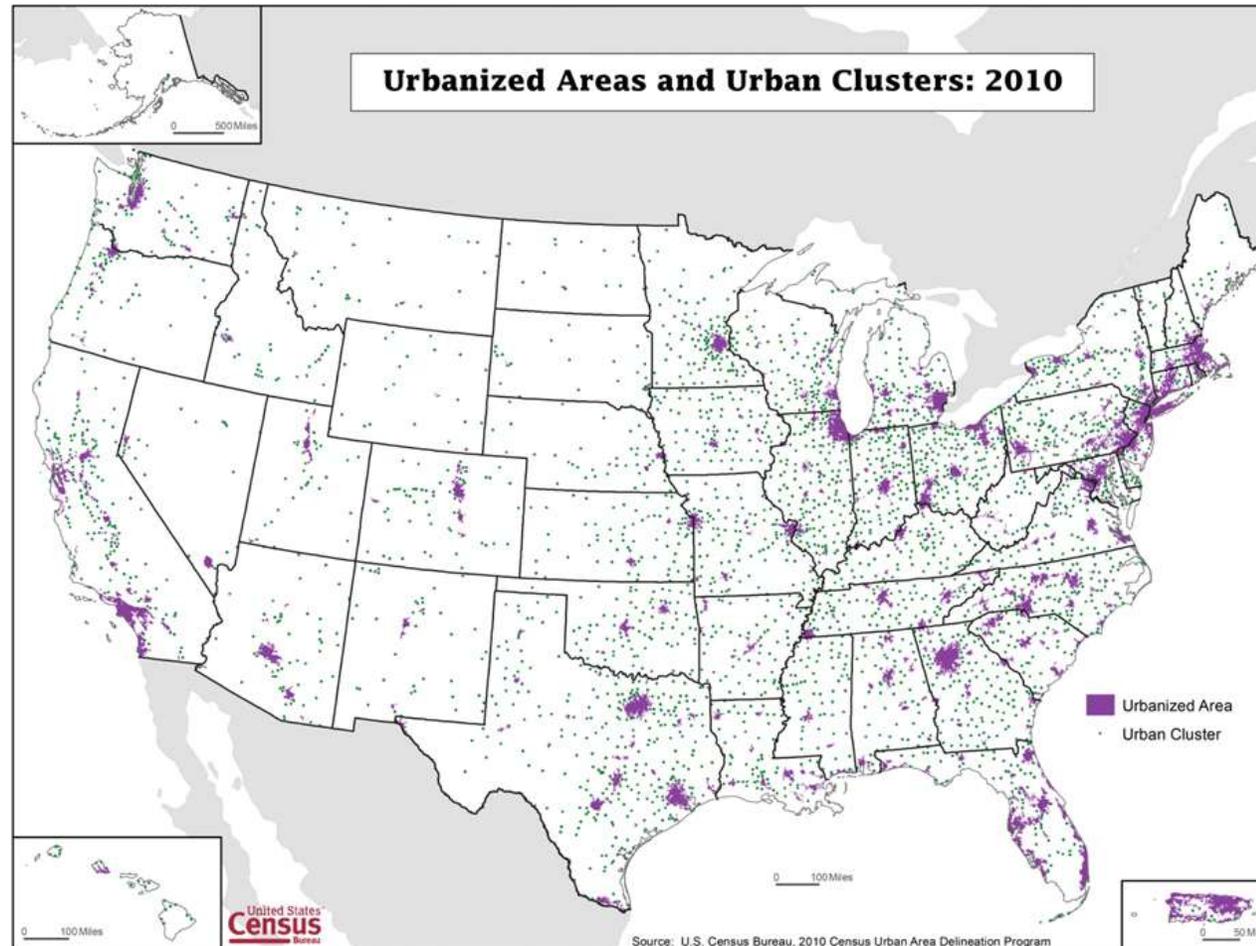


What is Urban?

According to the United States Census Bureau, there are two types of Urban areas:

Urbanized areas: Population of 50,000 or more

Urban Clusters: A population of at least 2,500 and less than 50,000





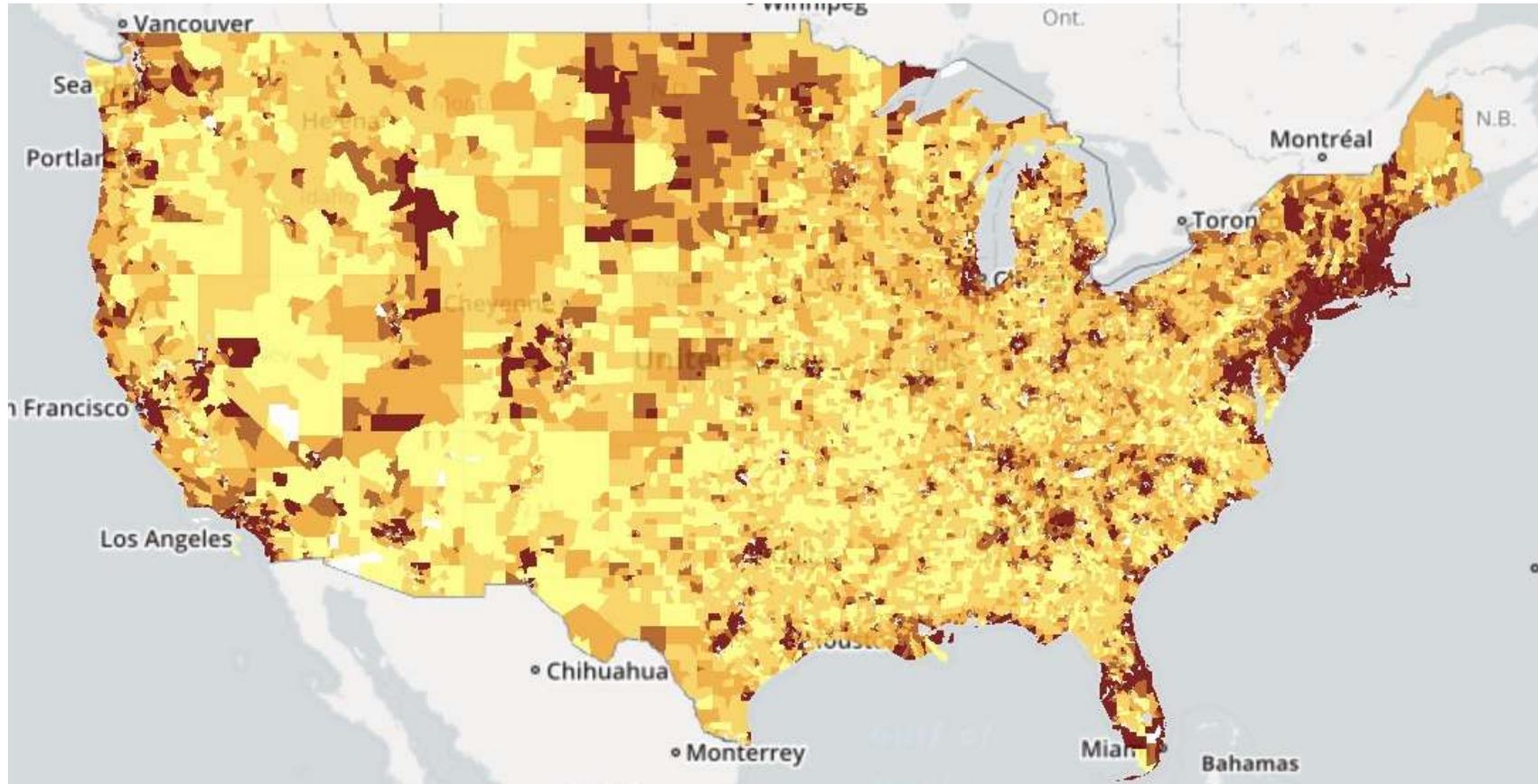
Child Psychiatry Workforce



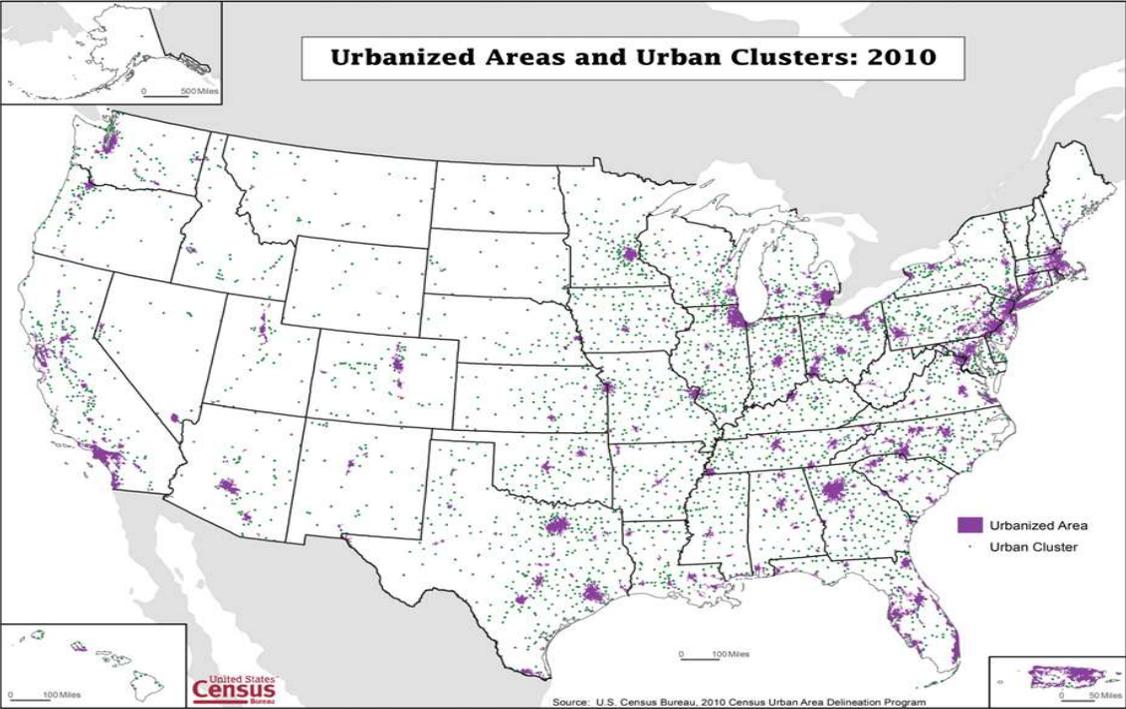
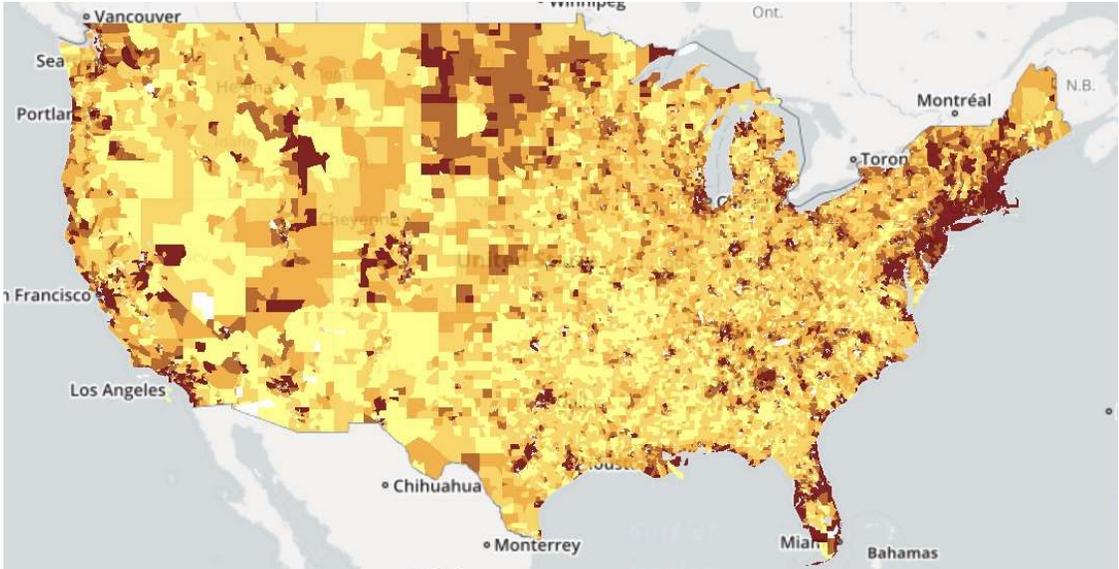
Coronavirus



Telehealth



Telehealth



So now what?



Provision of care

Videoconferencing

Online forums

Smartphone apps

Text-messaging

Email

Phone calls

Infrastructure



Health Care Infrastructure

Lack of hospital beds

Lack of transport systems

Limited access to intensive care units or equipment

Economic Infrastructure

Restrictions on movement

Closing of businesses

Reduced economic activities

Impacts of Coronavirus

Social isolation

Increased abuse at home

Increased anxiety

Decreased access to care virtually or in person

Decreased access to supplies needed to survive



Unintended Consequences

Possible increased access to care

Rural settings and following the rules

Conclusions



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“Pan-Indian Pain”

Rebecca Susan Daily, MD, DLFAPA, DFAACAP
Richard Livingston, MD, DLFAACAP

Disclosures

None

History of Epidemics Among Indigenous Peoples of North America

Epidemics Ravaged American Indians/Alaskan Natives/Hawaiian Natives/Pacific Islanders

Smallpox

Measles

Influenza

Whooping cough

Typhus

Malaria

Yellow Fever

Syphilis

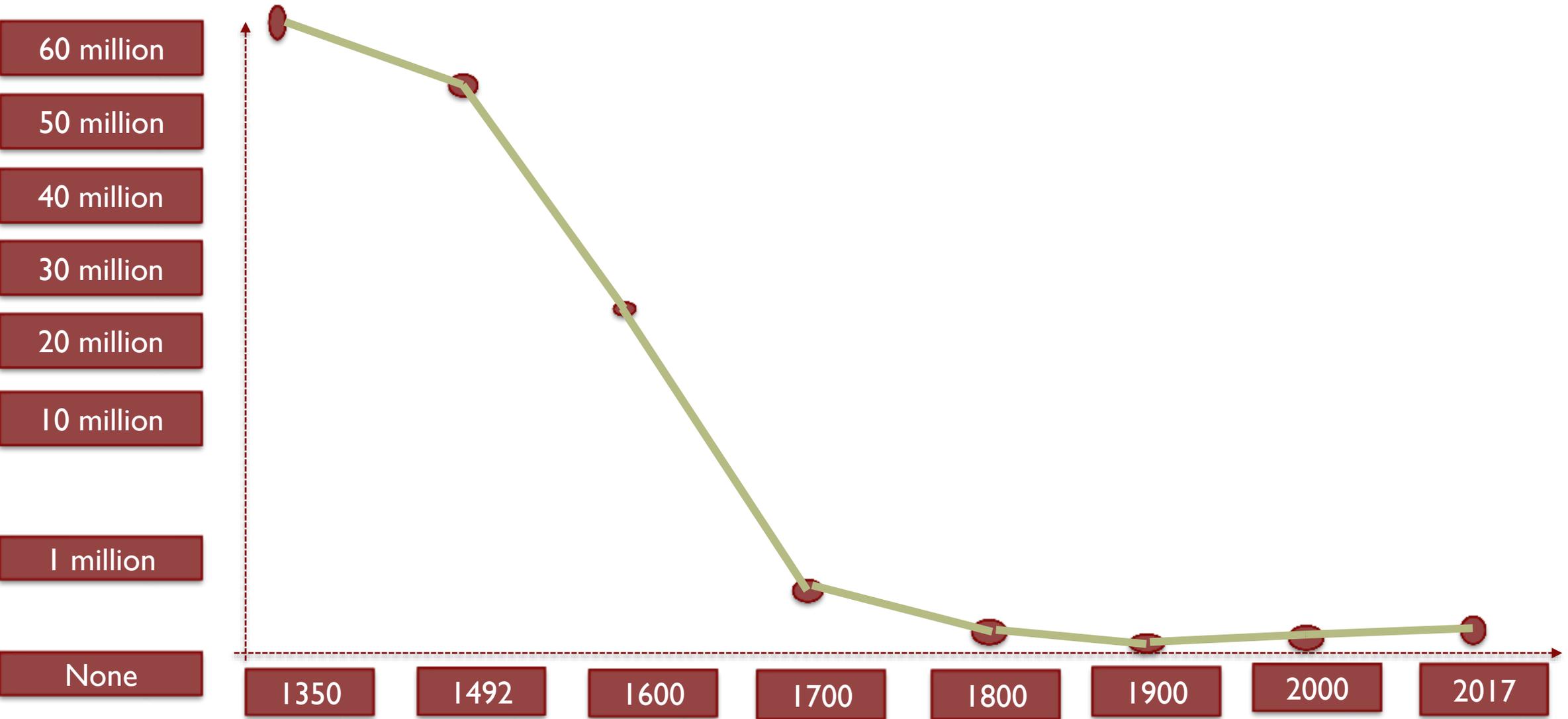
Scarlet Fever

Bubonic Plague

Mumps

Trachoma

Estimated Population of Indigenous People North America 1350-2016 (Any blood percentage)

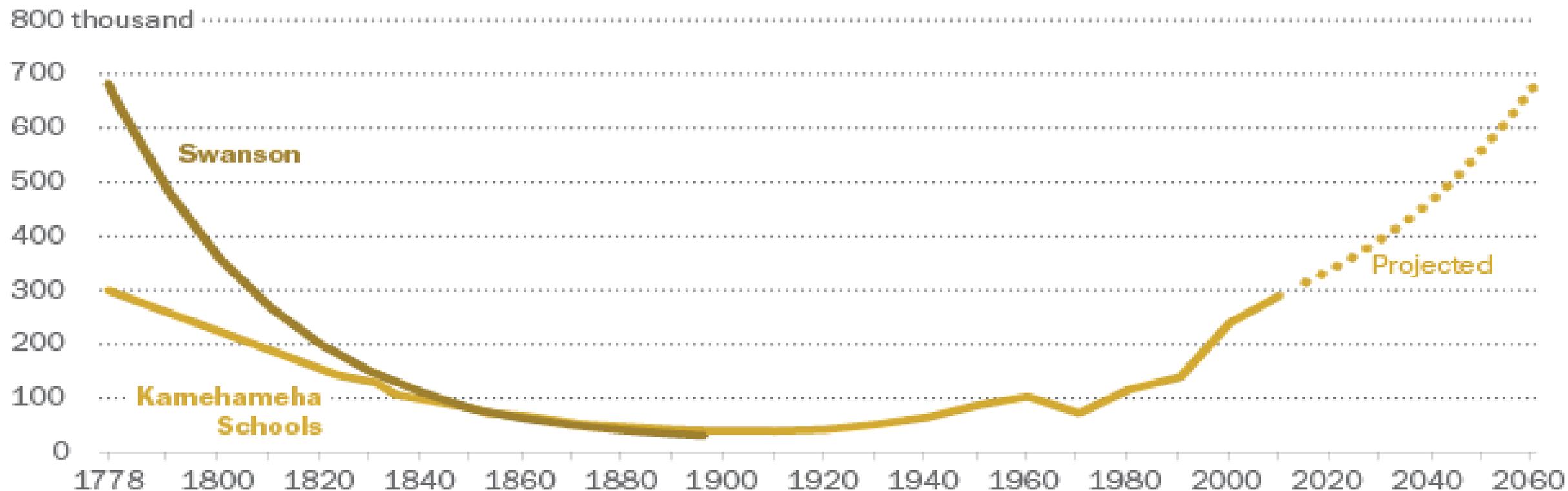


Estimated Mortality Primarily Smallpox

Aztec's	38.5%
Piegan/Huron/Catawba	50%
Cherokee/Iroquois	50%
Omaha/Blackfeet	66%
Mandan	90%
Taino/multiple small tribes	100%
NW Tribes	35-50%
Overall Native population	90%

Native Hawaiian Population Makes a Comeback After Sharp Decline

Estimates of the Native Hawaiian population in Hawaii



Note: Swanson data counts only Native Hawaiian population; Kamehameha Schools includes those who are Native Hawaiian alone and in combination with other races in 2000 and after.

Sources: David Swanson, "A New Estimate of the Hawaiian Population for 1778, the Year of First European Contact"; Kamehameha Schools 2014. Ka Huaka'i: 2014 Native Hawaiian Educational Assessment. Honolulu: Kamehameha Publishing

AI/AN/NH/PI in the United States 2020

574 Federally Recognized Tribes/62 State Recognized Tribes

229 Alaskan Federally Recognized Tribes

One Hawaiian

3 US Pacific Island Territories

3 Freely associated Pacific Island countries

2.6 Million individuals

Healthcare Provision

1778 Beginning of treaties promising “all proper care and protection

1975 Indian Self-Determination & Education Assistance Act – “638” Contracts

1976 Indian Healthcare Improvement Act

Indian Health Service

Tribal “638” Contracts

Urban Indian Health Centers

Federal IHS Allowance per person \$3,943

Federal Bureau of Prisons per person \$8,602

Child & Adolescent Behavioral Health Needs

Highest Shortage area in Indian Health

Suicide - second leading cause of death & rate 3.5x higher than lowest ethnic rates

Substance abuse highest of any ethnic group - all types of substances

Highest lifetime prevalence of major depression among US Adolescents 12-17 years of age

70% greater likelihood identified emotionally disturbed in school

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PSYCHIATRY

W W W . A A C A P . O R G

COVID – 19
“The Cough That Kills”

Rate of Infection among American Indigenous Peoples

Numbers skewed as vast majority of Indigenous people live in cities where they are not separated out from other racial/ethnic groups

So...

Truly unknown

Contagion Risk Factors

Poverty

Underlying illness/health risks

Poor Public Health Infrastructure

Multi-generational households

Traditional gatherings/ceremonies

Substance/Alcohol abuse

Inadequate Health Services

Lack of running water

Malnourishment

Mistrust of government

Intertribal boarding schools

Overcrowded homes

Tribal/Nation Response

Each Nation has different resources to deal with COVID-19

Nations range in size from 100s to almost 400,000 enrolled members

Physical Accessibility very limited on most Reservations

Physical Resources very limited on most Reservations

Elevated AI/AN Adult Death Risk Factors Prior to COVID-19

Age 65 and over	22% of population
Diabetes	23.5%
Serious Heart Conditions	8.6%
Immunocompromised	
Obesity (BMI 30+)	48.1%
Chronic Lung Disease	
Asthma	17%
Chronic Kidney Disease	
Liver Disease	2.5%

Sample Tribal Response

Cheyenne River Sioux

Artic Village Alaska

Fort Yukon Alaska

Red Lake Nation (MN)

Roadblocks disputed by SD Governor

Highly restricted entry + 2 week quarantine

Community lockdown + 2 week quarantine

Curfew, Travel ban, closures

- Stay at home orders
- Closure of official buildings
- Testing/Tracing Contacts

Cleansing stations

Provision of cleaning supplies

Food Banks/Delivery

Navajo Nation

71,000 square kilometre (27,413 square mile) semi-autonomous territory

Parts of three US states - Arizona, New Mexico, Utah

Over 350,000 Navajo people

30 - 40% of homes have no running water

15% live in extreme poverty

Median age: 25

Unemployment rate – approximately 50%

No postal or package delivery over most of the area

Navajo Healthcare Availability

14 separate facilities including clinics and hospitals

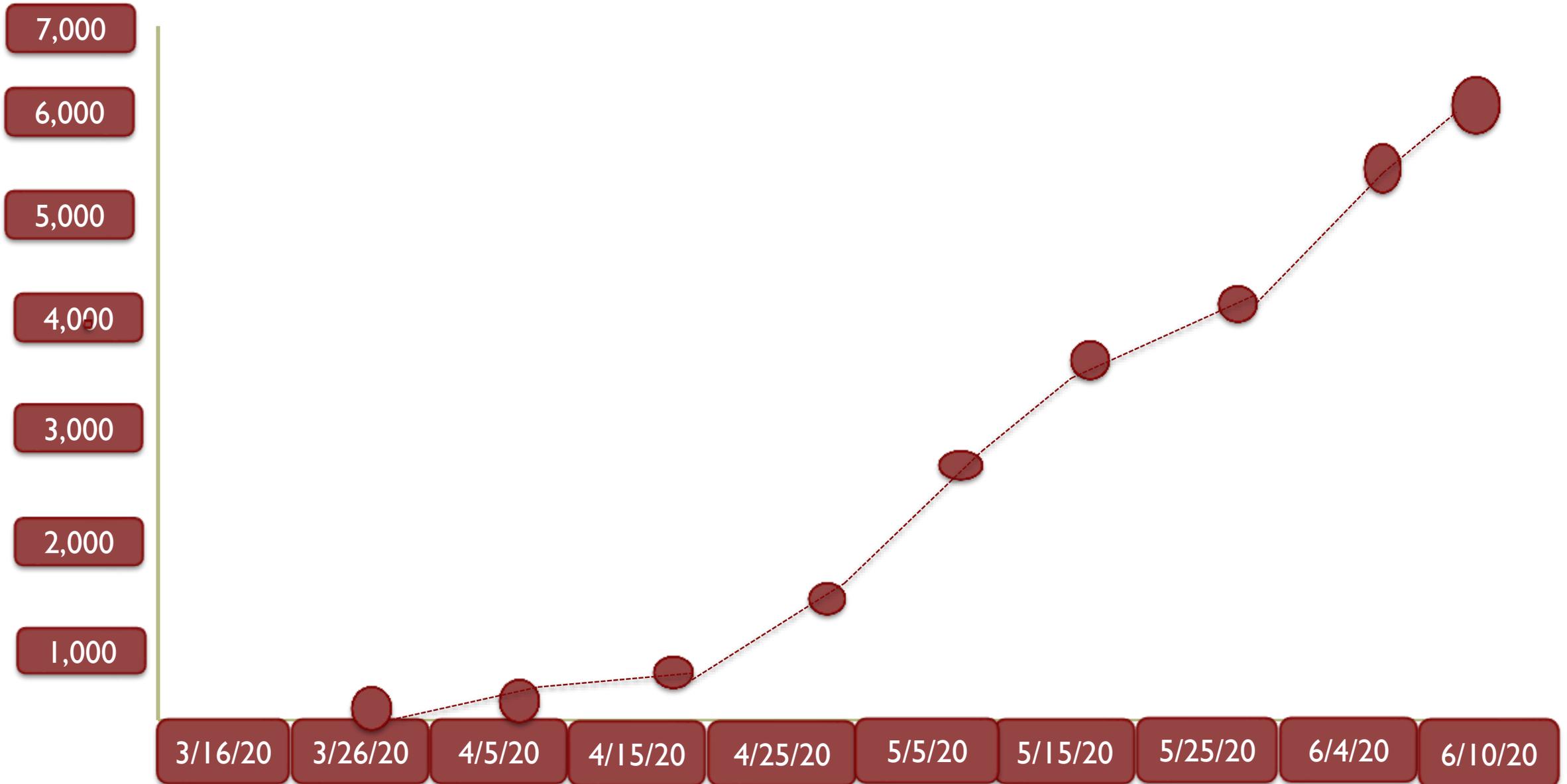
- 12 IHS

- 2 Tribal

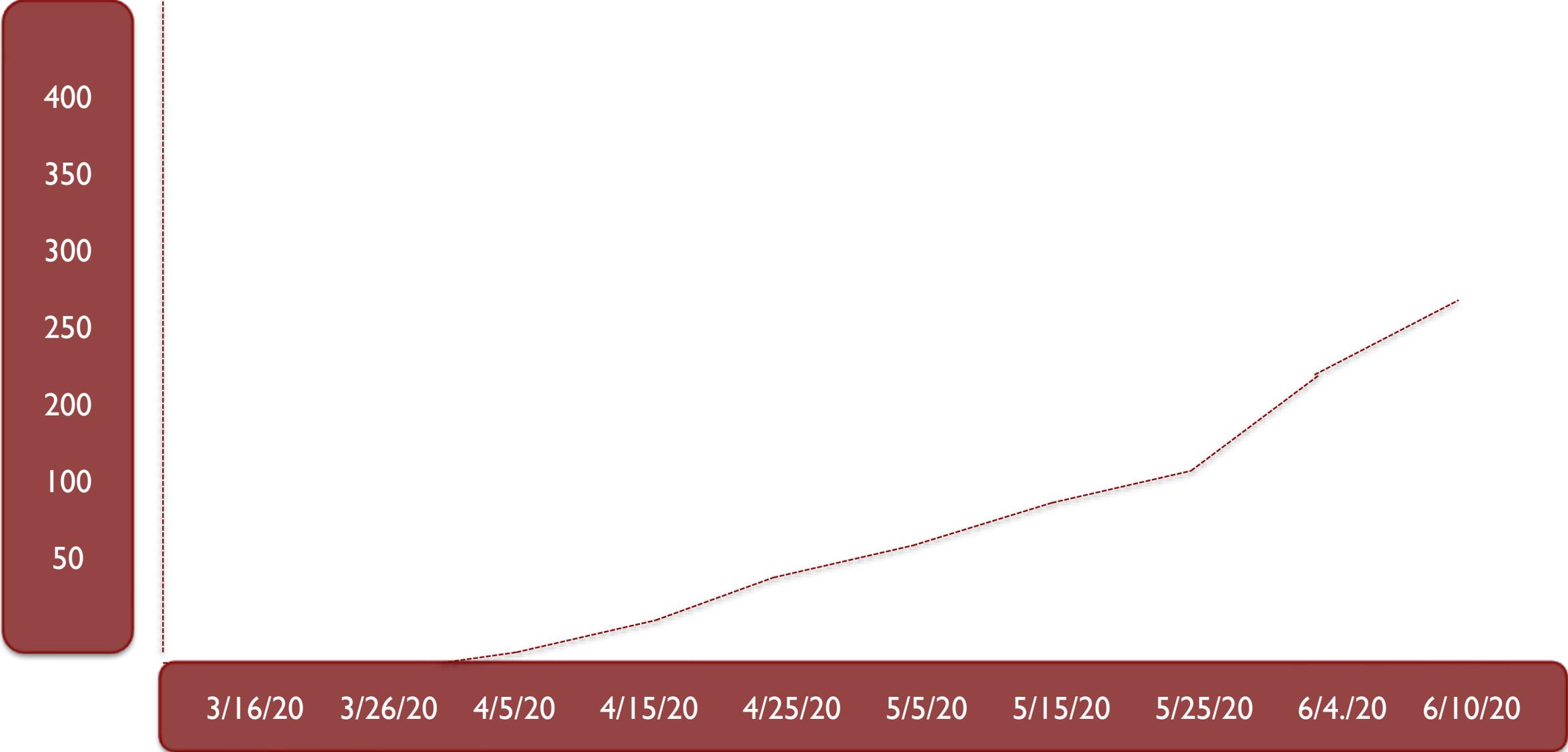
(4 Inpatient hospitals)

2 Child Psychiatrists

COVID-19 Navajo & Hopi Nations



COVID-19 Deaths in Navajo & Hopi



Navajo Nation (June 10)

Tested thus far	39,875
Positive	6,150
Negative	32,108
Recovered	2,029
Deaths	285

5% of AZ population and 20% of AZ deaths from Coronavirus

Doctor's Without Borders sent 2 teams



Who are Navajo Losing to COVID-19?

Elders

- Holders of wisdom and knowledge
- Language speakers

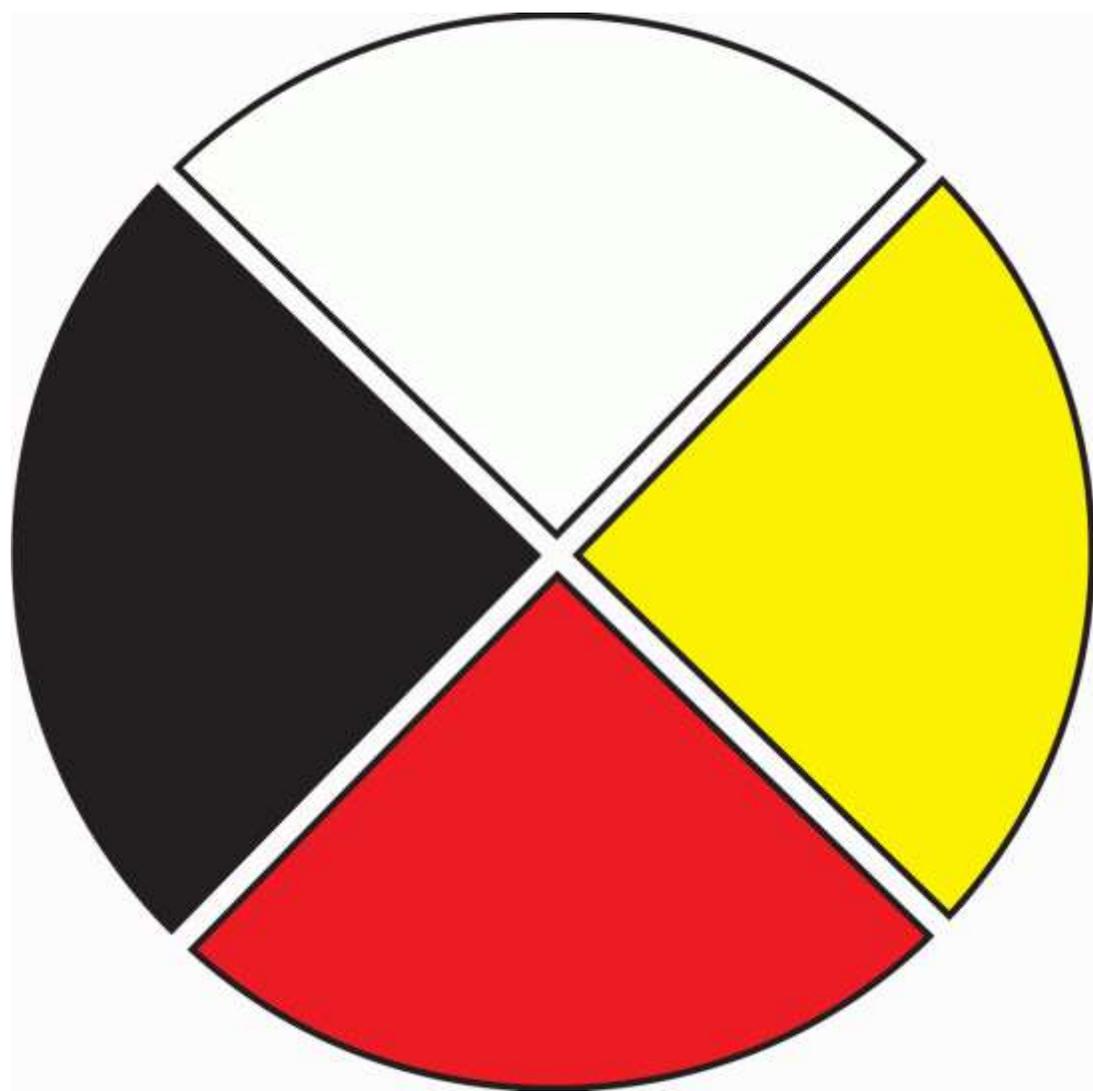
Traditional Medicine Practitioners

- Each practices specific types of medicine
- Only 300 left at start of pandemic

Role Models

Artists

Traditional Dancers



Our Smallest Warriors, Our Strongest Medicine: Overcoming COVID-19

Center for American Indian Health, John Hopkins University



Bibliography

<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OAPProfileAIAN508.pdf>

<https://www.gao.gov/products/GAO-17-379>

https://www.heart.org/-/media/files/about-us/statistics/american-indian-alaska-natives-ucm_505475.pdf?la=en

<https://www.ihs.gov/newsroom/factsheets/disparities/>

<https://navajotimes.com/coronavirus-updates/covid-19-across-the-navajo-nation/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035886/#bib5>

<https://www.ndoh.navajo-nsn.gov/COVID-19>

https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/ai-an-data-handout.pdf

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W W W . A A C A P . O R G

Latinx Community and COVID-19

Lisa R. Fortuna, MD, MPH, M.Div

**Healthcare Disparities Through the Lens of
Diversity During the COVID-19 Pandemic**

June 13, 12:00-2:00pm EDT

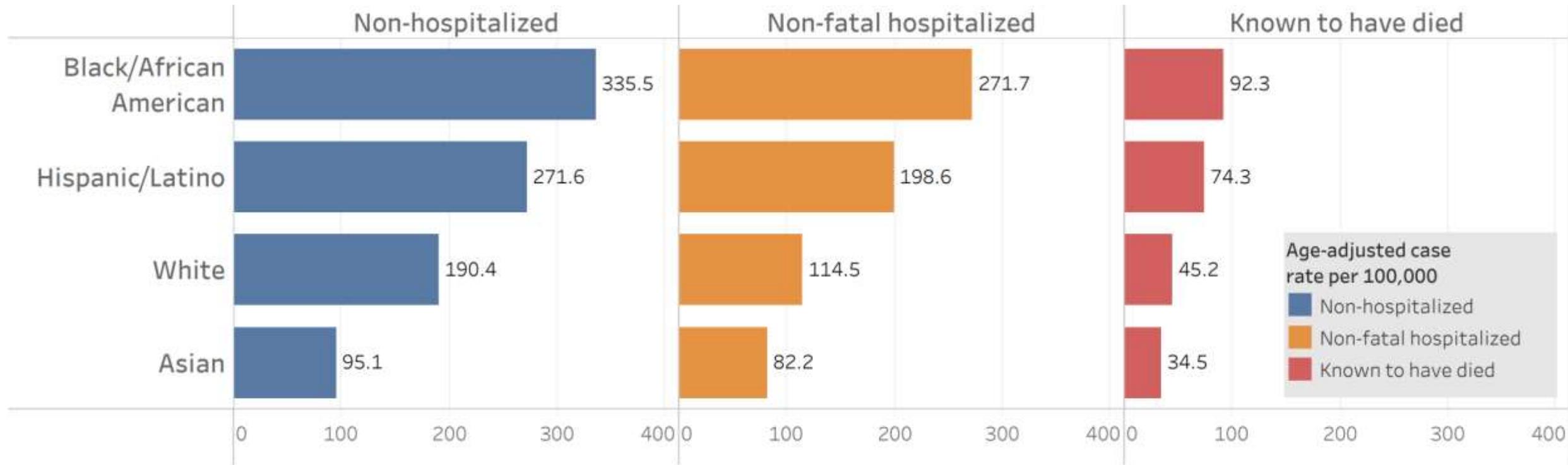


*Dedicated to all
THE 90,000 unaccompanied youth
who will ride the beast in 2014
PESKADOR · AMEND · 67 Sueños & Migrant youth from SFIHS
©2014*

Latinx Communities and Disparities

- Lack of insurance, underinsurance
- Lack of diversity among mental health care providers
- Lack of culturally appropriate care
- Language, educational and socioeconomic barriers
- Immigration policies and fears
- Distrust of health care system / historical trauma/ structural inequities
- Inadequate support for mental health service in safety net settings

Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of April 16, 2020



Latinx and COVID-19 in San Francisco

- The highest concentrations in the Mission and the Bayview.
- Mission District—tested almost 3000 people.
 - 45% of those tested were Latinx;
 - 95% of those testing positive were Latinx
 - Congregate living, multiple housemates
 - Sick contacts who have not been tested.
 - Many not eligible for unemployment benefits nor assistance from the Coronavirus Aid, Relief, and Economic Security Act.

Loss of elders, matriarchs, patriarchs

- **57% percent** of seniors over 60 are people of color
- **70% of deaths** in that age group are persons of color.



Challenges to Schools & Children



- Rapid implementation of telehealth and remote educational programming
- Disparities in technology access
- High levels of teacher and parental stress
- Disproportionate educational disruption
- Elevated trauma exposure
- Compounding of existing trauma and disparities

*Gracias a Dios todavía estamos aquí. Hemos tenido muchas pérdidas.
Ha sido fuerte.*

Dejé de trabajar porque me preocupaba contraer el virus en mi lugar de trabajo y después traerlo a mi casa, a mi familia.

No podía dejar que mi niña se quede sola en la casa todo el día.

Telehealth

CHALLENGES

- Limited video technology access, training, confidence (clinician and patient)
- Need for Infrastructure, guidance and supports for CBOs to:
 - 1) continue mental health and/or substance use treatment for existing patients
 - 2) Enroll new patients with increased need
 - 3) Cross-system data sharing AND care navigation

Telehealth

OPPORTUNITY

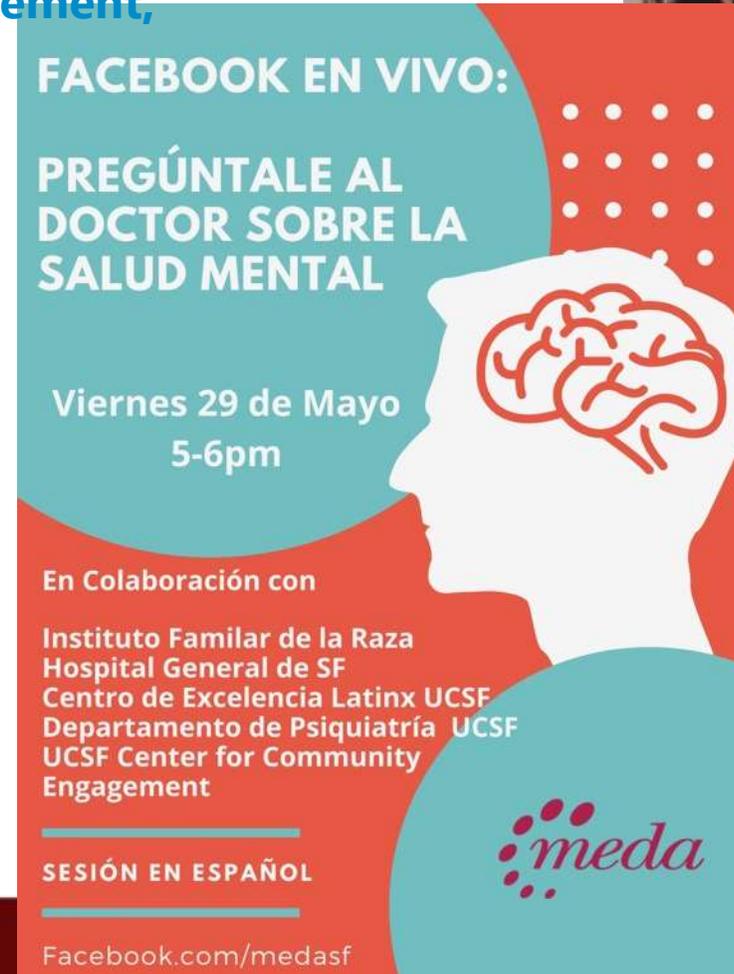
- Building capacity around community academic telehealth partnerships
- Creating a learning systems HUB

(Tolou-Shams et. al)

Recognize the strength of communities

Optimizing Systems Through Community Engagement,
Advocacy, and Public Policy

Cultivate resources with communities to offer accurate, sensitive information on the outbreak, for healing and providing care



FACEBOOK EN VIVO:

PREGÚNTALE AL DOCTOR SOBRE LA SALUD MENTAL

Viernes 29 de Mayo
5-6pm

En Colaboración con

Instituto Familiar de la Raza
Hospital General de SF
Centro de Excelencia Latinx UCSF
Departamento de Psiquiatría UCSF
UCSF Center for Community Engagement

SESIÓN EN ESPAÑOL

Facebook.com/medasf



Optimizing opportunities

Encourage CAP practices and local chapters to:

- Implement and test best practices designed to address disparities and improve patient outcomes
- Engage in advocacy for promoting policies and regulations that can have an impact on disparities.
- Build capacity for providing care to underserved communities

Community Partnerships



- Creating trauma informed environments and relationships in schools, faith-based and other community settings that help adults and children

Trauma informed

Healing

Equitable
organizations

Joyce Dorado, PhD
UCSF Hearts

<https://hearts.ucsf.edu/our-team>

Health care regulations and reimbursement strategies should help structure collaborative care and prevention strategies across sectors—taking advantage of technological advances that can support these cross-sector partnerships;

Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020, June 1). *Psychological Trauma: Theory, Research, Practice, and Policy*.

Unified and Strategic Leadership for Systemic Change

Join with AAP, APA, AMA, Latinx and Black Psychologists/ Psychiatrists Associations to advocate for:

- Child mental health, prevention and intergenerational care especially in underprivileged communities as a national priority.
- Focus on racism and health disparities as a prioritized public health target.
- Innovative policies and cross-sector partnerships designed to improve medical, economic, environmental, housing, judicial, and educational equity
- CAP advocacy individually and with AACAP advocacy committee

Dismantling the structural barriers

- The novel coronavirus may be agnostic, but the health consequences of structural racism are not.
- We need to respond to COVID-19 by committing to the work of eliminating health disparities otherwise the status quo will outlive this pandemic.



Dear God - please bless my family
and friends and the entire global community
as we go through this crisis.
Let no harm come to them. Gracias

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What's Racism Got to Do With It?: COVID19 and Beyond

June 13, 2020

Lisa M. Cullins, MD

Co-chair, AACAP Diversity & Culture Committee

Black Caucus

Overview

- ▶ Racism
- ▶ Amplification of racial inequities and injustices amidst COVID19 pandemic
- ▶ Fostering hope amidst 400 years of historical trauma: What can we do at the provider, community and national level

Embracing Truths

- ▶ As health care providers we must embrace and speak truths if we are to do no harm on our path to heal our patients.
- ▶ George Floyd (shopping while Black), Ahmaud Arbery (jogging while Black), Breonna Taylor (sleeping while Black), and countless others
- ▶ Racism - the perpetuation of the lie that Black people, people of African ancestry are inferior, less than - the dehumanization of Black peoples - and the implicit/explicit lie that White people are superior (Grills 2016)
- ▶ Racism begets social determinants of health, begets adverse childhood events begets persistent pervasive health disparities and inequities.
- ▶ Disparities - differences in health outcomes between groups. (Harris 2020, AACAP Screen side chat)
- ▶ Inequities - Differences in the population regarding health outcomes that are systemic, avoidable, patterned, unjust and actionable. (Harris 2020, AACAP Screen side chat)

Two pandemics.....

- ▶ Pandemic - (an ill) occurring over a wide geographic area and affecting an exceptionally high proportion of the population. (Merriam-Webster)
- ▶ The magnitude of two pandemics co-occurring. Racism and COVID19. (Black Psychiatrists of America, press Release June 2020)
- ▶ Death rate 6 times higher in predominantly non-white areas as compared to predominately white. (Fair 2020)
- ▶ In DC Black residents represent less than 50% of population but comprise nearly 80% of the deaths. (Fair 2020)
- ▶ In Chicago, Black residents represent 30% of population but comprise over 50% of the deaths.
- ▶ In national data collected thus far, AA have fallen victim to COVID19 deaths more than any other racial group. Deaths per 100,00 Blacks ranked highest with 42.8, Latinx 19.1, Asians 18.4 and White 16.6 (APM Research Lab May 2020)

Two pandemics....

- ▶ With 2 pandemics at play: racism and a highly spreadable virus - the risks and the devastating impact are extraordinary.
- ▶ ***“Stay at home, physical distance, only seek care if symptoms are severe”***
- ▶ Risks: African Americans more likely to have -
 - ▶ low incomes,
 - ▶ live in dense crowded multigenerational homes,
 - ▶ disproportionately constitute essential workforce of service jobs with no option of sick leave and telework.
 - ▶ increased prevalence of underlying health condition
 - ▶ under resourced safety net hospitals, poor access and quality of care, decreased utilization and delayed access, uninsured or underinsured (Barkin et al 2020)

The “one size fits all” guidance for one pandemic -COVID19 was ineffective, impractical and unattainable disproportionately in communities of color because of the other pandemic - racism.

Two pandemics.....

▶ Devastating Impact:

- ▶ Amplified food, housing and financial insecurities
- ▶ Nutrition (access to full service grocery stores, not corner and liquor stores), physical activity (green spaces, etc.)
- ▶ Amplified educational inequities
- ▶ Black youth are disproportionately represented in the foster care system and juvenile detention system. Extending time in these systems and further fragmented from familial contacts
- ▶ Religion and spirituality/faith based organizations typically a protective factor. Inability to access fully places of worship and fellowship with community.
- ▶ Mental health and well being: chronic toxic stress amplified

Fostering hope amidst 400 years of historical trauma

- ▶ First, take time to think, pause, turn within and reflect and ask how are you contributing and combating racism at a provider, organizational and institutional level. This is the personal level.
- ▶ Provider level:
 - ▶ We are healers. How can you heal if you don't "see" your patients, if you don't come to know your patient and learn from them
 - ▶ We are listeners. Psychiatrists are inherently trained in this skill set - USE it. Disarm yourself and be open to listen to your patients stories.
 - ▶ Patient centered culturally informed care.
 - ▶ Advocate for our patients, amplify their voices in your voice and your action. Do this/practice this for ALL patients! All patients are unique with different life experiences. Avoid assumptions.

Fostering hope.....

- ▶ Community level:

- ▶ Collaborative care at its best - schools, community stakeholders, faith based organizations, extracurricular/after school activities: arts, athletics, non-profit organizations, funding opportunities

- ▶ National level:

- ▶ Prioritize testing and care to vulnerable communities with the highest disease burden. Resources/testing centers at safety net hospitals
- ▶ Teaching hospitals collect sociodemographic data to better understand COVID19 and health outcomes

Fostering hope.....

▶ National level:

- ▶ Join forces and intellectual brain trust and resources with our partners: APA, AAP, AMA, AAMC, Black Psychiatrists of America, NIH, SAMHSA, HRSA as well as business stakeholders and funders. AACAP Advocacy and Governmental Affairs
- ▶ Workforce - underrepresented minorities faculty positions/leaders, medical student training/public health curriculum, implicit bias training
- ▶ Sustainable, comprehensive efforts to improve access, quality of care at legislative level (reimbursement, loan repayment, primary care)

Conclusions

- ▶ As the disturbing images and media coverage dissipate it is not enough to denounce and condemn racism. You, organizations and institutions must DO something to affect positive change.
- ▶ This is an opportunity for all of us to pause and self reflect and ask ourselves how we can do better to eradicate racial inequities which are lethal in communities of color and African Americans in particular.
- ▶ Stand up. Show up.

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Questions and Panel Discussion

Any questions that could not be addressed during the forum will be reviewed after the forum and the panel will attempt to respond to them as feasible.

Thanks!

- To AACAP and Dr. Carlson for hosting this Virtual Forum
- All AACAP staff who made this possible
- AACAP's Diversity and Culture Committee, Black, Latino, Asian, and International Medical Graduate Caucuses, the Native American Child Committee, and the Rural Health Committee.
- All the participants for your interest and care to improve the lives of our patients, staff, and trainees.