Building A Culturally Responsive **TELEHEALTH TREATMENT** to Combat Health Inequalities Faced During COVID-19

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The level of discrimination against racial and ethnic minorities, coupled with health disparities of the COVID-19 pandemic, have unfortunately magnified existing wounds in minority populations. With the rise of COVID-19 cases in the U.S., individuals from racial and ethnic minority communities are at a greater risk for contracting the virus, especially if access to healthcare is very limited. In areas where health care is provided, the quality is poor and the population is underserved. The Centers for Disease Control and Prevention (2020) reported that Black, Indigenous, and Other People of Color (BIPOC) are experiencing higher hospitalization and death. According to the CDC reports, it is evident that race and ethnicity plays a major role in COVID-19 deaths. Although telehealth services are offered to racial and ethnic minorities to help address these challenging experiences, it may be adding to the health disparities of this population due to issues related to social determinants of health. These included but are not limited to income level, educational opportunities, racial segregation, access to housing, food insecurity and inaccessibility of nutritious food choices, and occupation.

COVID & Health Disparities

In the state of Pennsylvania, race and ethnicity plays a significant factor in COVID-19-related deaths. Blacks contribute to 114.4 per 100,000 COVID-19-related deaths compared to Latinos (47.6 per 100,000) and Whites (55.2 per 100,000) (Egbert et al. 2020). Philadelphia has the highest number of COVID-19-related deaths than any other city. Blacks in Philadelphia constitute 39% of COVID-19 deaths while Whites make up 29% of deaths (Briggs & Feldman, 2020).

Nationally, cases for Black Americans are 2.6 higher than Whites, while Hispanics and Latino Americans have a 2.8 times higher COVID-19 case rate than Whites (CDC, 2020). In predominantly Black counties in the U.S., there were 90% identified cases, and 49% deaths reported in comparison to 81% cases and 28% deaths in all other counties (Millet et al., 2020). As of September 2020, there are 18.2% cases and 20.9% deaths in the Black population, while there are 29.1% cases and 16.5% deaths in the Latino population (CDC, 2020). Adjusting for age, Black, Indigenous, Pacific Islander, and Latino Americans all have three times or more COVID-19- related deaths than White Americans (Egbert et al. 2020). These statistics are alarming, especially since Black Americans have experienced 21.5% of all COVID-19 deaths than any other race but represent only 12.4% of the total U.S. population (Egbert et al. 2020).

Overall, racial and ethnic communities are impacted more by COVID-19 and face increased challenges in comparison to Whites because of ongoing social determinants of health that have yet to be resolved in the U.S. In contrast to Whites, BIPOC are more likely to have a lower SES, less education, underlying health conditions; as well as, more likely to be uninsured, which all negatively shape health outcomes, including COVID-19-related outcomes (Artiga et. al. 2020).

Telehealth Advantages and Disadvantages for Ethnic and Racial Minorities

With the rise of COVID-19 cases in racial and ethnic minority populations, particularly in Black Americans, telehealth would be an ideal solution to increasing healthcare access for these populations. However, telehealth has its drawbacks. According to George, Hamilton, and Baker (2012), even though increased and immediate access to clinicians are endorsed as advantages of telehealth by ethnic and racial minorities in low income urban communities, Black Americans shared more concerns about confidentiality, privacy, and lack of physical interaction with providers. Black Americans generally have low levels of trust in the healthcare system due to historical experiences of marginalization and oppression dating back to slavery. The

footprints left by past abuse by healthcare systems such as the Tuskegee study of untreated syphilis (Alsan & Wanamaker, 2016) might explain the lower level of trust in healthcare innovations compared to their immigrant Latino counterparts who do not share a similar historical background.

Further, it can be difficult to adequately conclude telehealth treatment's effectiveness for Black Americans due to limited literature. However, among the available literature with findings highlighting satisfaction with telehealth, there remains skepticism around receiving care that is culturally competent (Fraser et al., 2017; George et al., 2012). On the other hand, for ethnic and racial minorities, telehealth services reduced transportation barriers related to mental health treatment accessibility. However, services may increase health disparities for racial/ethnic minorities in lower SES due to barriers associated with the absence of technological equipment, reliable internet, and limitation in digital literacy (Mehrotra, 2020; Nouri, Khoong, Lyles, & Karliner, 2020).

Culturally Responsive Telehealth Treatment for Racial and Ethnic Minorities

An overall theme found with telehealth treatment among racial and ethnic minorities is that its effectiveness is contingent on promoting trust and providing culturally competent and safe treatment. Campbell and Khin (2020) noted that it is essential to acknowledge and empathize with the most impacted communities and address the need for culturally sensitive treatment. Recognizing this population's challenges will help develop a telehealth treatment that has a healing dynamic. Culturally responsive treatment would need to address barriers created by telehealth, such as the SES disparity that impacts this populations accessibility to technological connectivity including accessibility to optimal devices for telehealth treatment. Clinicians must engage in a collaborative approach with this specific population. Telehealth treatment outcomes will improve for ethnic and racial minorities when using a community-oriented approach that will help reduce the disparity in mental health services. Understanding each population's specific needs instead of focusing on the implementation of typical interventions will be essential. Treatment would need to be flexible to provide services that may include case management due to this population's present needs. In addition to addressing the diverse needs of racial and ethnic communities that will be served through telehealth, healthcare professionals need to be ethnically and racially diverse. Diversity in all health professions, including psychiatrists, psychologists, physician assistants, medical doctors, nurses, and other allied healthcare professionals, is essential in improving health outcomes for minorities (Ongera, 2019).

Clinicians who work with these populations need to be competent in providing culturally sensitive treatment around grief and loss. They need to address the emotional process and help them find new rituals to honor the numerous people who have died in their family from this disease. Elderly people in the ethnic and racial minority community are an essential part of the family structure. Losses in these families can be incredibly impactful in three-generational families under the same room (Falicov, Nino & D'Urso, 2020).

In this time of COVID-19 and the widespread use of telehealth treatment, bridging the gap in health disparity for ethnic and racial minorities rests on creating culturally sensitive and safe modalities that are technologically accessible and having professionals that are diverse and practice from a multicultural and racially equitable lens.

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