Coalition of Community Health Clinics

Health Clinic Equity Guide to COVID-19 Response: Addressing Racism, Xenophobia, Ableism, Classism, and Other Harm, and Ensuring Access to Care for the Most Vulnerable

1. Accountability
   a. Include your Diversity, Equity and Inclusion (DEI) staff members at the highest level of decision making to help ensure decisions include an equity lens. If you do not have specific DEI staff, designate one person whose sole focus in conversations is to use that lens, ensure the below guidelines are followed as much as possible, and ask hard questions.

2. Telemedicine Access
   a. Ensure the most vulnerable patients, such as those who lack phones or video capability can access care if you close or greatly reduce in-patient services if possible. Consider transferring patients to clinics or working collaboratively that are still open if telemedicine isn’t an option for them.
   b. Think creatively to help ensure that telemedicine is accessible to folks with a wide range of disabilities, including those who are deaf, blind, and have communication related disabilities.
   c. Use interpretation services for telemedicine for any appointment that you would in person.
      =>Creative idea from Outside In: For patients without phones, place patients in clinic rooms with a phone or tablet to communicate with a provider who is in another space or off-site.

3. Testing
   a. Create plans that focus on equal access to testing.
   b. Communicate with all existing patients whenever possible. Reach out to vulnerable communities near clinics to ensure access to testing as staffing allows.
   c. Support patients who test positive with clear, simple trauma-informed information about how to care for themselves. Help patients find a safe place to quarantine while awaiting test results or if the test is positive if possible.
      =>Trauma Informed Oregon has COVID-19 resources and office hours to work through situations: https://traumainformedoregon.org/community-incident-response/

4. Communication
   a. Do not reinforce racist, xenophobic, and other biased responses, such as revefeing to this coronavirus as the “Chinese Virus”, in internal or external communication.
   b. Be trauma-informed in your communications. Use short, clear, non-stigmatizing language. Consider infographics with limited words and other accessible communication.
   c. To reduce trauma and bias in communication, ask clinic Social Workers, Community Health Workers, DEI staff or other in-house experts to review communications if their workload allows.
      =>COVID-19 General Communication Resource: https://tinyurl.com/covidcom

5. Outreach
   a. Uplift the humanity of Native people, Black people and other people of color by considering past harms in service provision and crisis outreach. Additionally, refugee and immigrant communities have unique and diverse needs and their linguistic and cultural considerations should be centered in regards to access and education about the virus. Work to lessen the impact of xenophobia and understand it may impact help-seeking and openness to help of some immigrant and refugee communities. Acknowledge that we as health care providers understand there may
be mistrust among these and many marginalized communities, including LGBTQI+, especially trans communities, and HIV+ people. Communicate that we are working to build trust.

b. Provide materials in as many languages as possible that offer clear options for accessing testing, health care, and other services.

c. Educate immigrant communities that COVID-19 testing and treatment will not count against them under the “Public Charge” rule.

=> Public Charge Rule information: https://www.uscis.gov/greencard/public-charge

d. Use interpreters safely when doing outreach, not asking them to be in close contact.

e. Connect with culturally specific organizations to see what communities need from clinics.

6. **Rationing Care and Disability Rights**
   a. Create a clear statement from leadership that access to care when limited should NEVER be made on the disability status of the patient. Source: https://www.disabilitydemands.org/
   b. Be transparent about how your organization will ration care or prioritize patients if that becomes necessary.

7. **Prescriptions and Pharmacy Service**
   a. If pharmacies move to mail-order only, use creative solutions so that patients who are homeless or displaced due to COVID-19 can access medication and other pharmacy services.
   b. Identify how to support vulnerable patients who may not get the support they need to understand or use their medication properly with a move to mail-order.
   c. Consider how patients can access controlled substances with any pharmacy changes.
   d. Consider mutual aid organizations and other community support to help people get access to prescriptions and meet other needs. CHWs may be able to help coordinate.

8. **Staff Safety and Support**
   a. Create access to enough paid sick leave for staff to care for themselves and loved ones in cases of COVID-19 diagnosis or exposure or other illnesses whenever possible.
   b. Make sure leave and work from home options are equitable throughout the organization.
   c. Assure LGBTQI+ and other staff can access paid leave to care for family and chosen family.
   d. Support child care for vital workers whose schools and childcare centers are closed.
   e. Clearly communicate your policies and support available to ALL staff.
   f. Prioritize the lowest-paid staff when making lay-offs whenever possible.
   g. Whenever possible, use shared decision making and transparency around changing responsibilities and shifting hours. Ask staff frequently if they feel safe with the changes.
   h. Support the care and mental health of your staff through this crisis. Offer in-clinic support and Zoom/online available support for those working at home if possible.

9. **Advocacy**: Center and prioritize the needs of those experiencing greatest health inequities when advocating at the state, national or local level.
   a. Advocate for immediate child care support from the state for your workers.

=>“A Call To Action For Immediate Support for Oregon Families”

10. **Plan for Long-term Equity and Systems Transformation**: Don’t plan for a “return to normal” post-pandemic that shifts away from any accessibility, equity, or inclusion gains made during the crisis. Staff and communities most impacted need hope for positive change amidst the crisis. Outline concretely what actions clinics/leadership will take to promote equity/inclusion, return regularly to see if you are upholding them, and revise accordingly.
Sources and Resources

- COVID-19 Resources for Undocumented Communities
- The National Center for Transgender Equality: The Coronavirus (COVID-19): What Trans People Need to Know
- Disability Rights Oregon can support patients with disabilities who experience discrimination in seeking COVID-19 care.
- Oregon Health Authority Resources in 11 Languages on “Stigma and Discrimination” and “Fact Sheets” for Individuals and Families (under “Resources for the Community”)
- Public Health Awakened and Spirit of 1848 COVID-19 Resources
- The NAACP’s Ten Equity Implications of the Coronavirus COVID-19 Outbreak in the United States: The Imperative for Civil Rights Advocacy, Monitoring, and Enforcement
- Health Equity Initiative’s COVID-19 and Health Equity Resources
- Drexel University’s Diversity Preparedness Links
- National Association of Community Health Centers COVID-19 Resources
- Trauma Informed Oregon Incident Response Resource
- OPB Story: Immigrant Communities In Oregon Struggle To Access Coronavirus Information
- Five Principles
- Care Not Cops
- Jemez Principles

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