
Commentary: Reflections on the COVID-19 Pandemic and Health Disparities in Pediatric Psychology

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Abstract

The COVID-19 (2019 novel coronavirus) pandemic has had a significant economic, social, emotional, and public health impact in the United States. A disturbing trend is that Black, Indigenous, and/or People of Color (BIPOC) are disproportionately contracting coronavirus, as well as dying from COVID-19. **Objective/Methods** The pandemic has the potential to entrench and magnify existing health disparities and families marginalized across multiple demographic intersections such as race/ethnicity, class, immigration status, are especially vulnerable. These inequities have been further underscored by the recent murders of Black Americans by police and a resulting spotlight on racial injustice in the United States. **Results** Efforts to lessen the spread of the virus, have resulted in changes in pediatric primary and subspecialty service delivery which may affect access for BIPOC communities. BIPOC trainees including those with debt or caregiving responsibilities may be faced with new barriers resulting in delays in completion of their training. Further, clinical, community-based, and translational research has been disrupted by heightened safety precautions and social distancing which may affect BIPOC representation in research downstream. **Conclusion** In our roles as clinicians, supervisors, trainees, and researchers in primary and subspecialty care as well as in academia, pediatric psychologists have an ethical responsibility to address the disproportionate burden of this pandemic on vulnerable communities and to allocate our time and resources to ensuring health equity now and in the aftermath of COVID-19.

Key words: clinical; economic disadvantage; race/ethnicity; research; training.

Introduction

The COVID-19 pandemic is affecting all segments of life in the United States (economic, social, emotional, and public health). Every U.S. state and territory has experienced significant numbers of cases and deaths due to COVID-19. A disturbing trend has persisted as states report data on illness, hospitalizations, and

deaths due to COVID-19; Black, Indigenous, and/or People of Color (BIPOC) are disproportionately contracting coronavirus, as well as dying from COVID-19 (Centers for Disease Control and Prevention, 2020). The disparate impact of the coronavirus on BIPOC has been linked to preexisting inequities including poorer access to healthcare, low-wage employment,

increased likelihood of living in crowded spaces, overrepresentation in detention/correction facilities, and more (Fortuna et al., 2020).

As noted by the current president of the [American Psychological Association \(2020\)](#), the COVID-19 pandemic is occurring in the middle of a “racism pandemic,” highlighting the psychological (e.g., anxiety, depression, traumatic stress disorders) and physical health toll of racism. Consequently, BIPOC communities are struggling to manage the effects of COVID-19 as well as the burden of racial injustice in the US, underscored by the recent murders of Black citizens by police and nationwide protests against injustice and police brutality.

The COVID-19 pandemic has led to significant changes in pediatric primary and subspecialty service delivery, including the ability of pediatric psychologists to remain integrated in medical settings. As part of efforts to “flatten the curve,” or halt the spread of infections, pediatric healthcare providers have limited in-office visits, implemented social-distancing measures during visits, and migrated to digital telehealth platforms for many visits that would ordinarily result in a referral or “warm handoff” to psychology.

Although using these platforms to provide patient care holds promise for increasing access to the underserved, there is some evidence of problematic inequity in accessibility and acceptability of such platforms. Vulnerable families may have limited/no access to internet service or compatible devices to support telehealth visits. Families with young children may not have a caregiver present during the day because of their status as low-income “essential employees” (e.g., retail, childcare workers, medical assistants, housekeepers) and have greater exposure risk to coronavirus. Families marginalized across multiple demographic intersections such as race/ethnicity, class, and/or immigration status, are especially vulnerable. Non-English-speaking families face unique barriers, including difficulty accessing instructions to virtual care and limited interpreter services on virtual care platforms. Furthermore, preliminary research on BIPOC perceptions of telehealth services suggests that Black patients may experience less trust in services where the provider is not physically present, and have concerns about privacy and confidentiality when using these services (George et al., 2012).

It has been well established that racial and ethnic minorities are more likely to have chronic medical conditions (diabetes, chronic lung disease, and cardiovascular disease) that exacerbate the effects of COVID-19 (John Hopkins Medicine, 2020) potentially influencing caregivers’ willingness to bring their children to hospitals or clinics for care. Furthermore, marginalized families with high levels of mistrust of the medical system or those experiencing health-

related stigma may be more likely to avoid preventive care (e.g., immunizations). Although the impact of unmet or delayed care is unknown, we anticipate that these inequities may have long-term consequences for disease morbidity, health-related quality of life, and mental health.

Given existing disparities in morbidity and mortality, BIPOC trainees may be more likely to be caring for sick or elderly relatives. Furthermore, first-generation and BIPOC trainees may be more likely to experience delays in training due to debt, limited savings, gaps in childcare, and loss of employment during the pandemic. These inequities are likely to negatively affect the pipeline of underrepresented students now and in the near future.

Clinical, community-based, and translational research have been especially impacted by the pandemic. BIPOC families may be reluctant to participate in research studies requiring clinic or hospital visits due to concerns about their health and safety. In addition, community-based research projects may have been disrupted as community partners have had to shift their focus to service provision. These changes could lead to problematic representation of BIPOC communities in research.

Opportunities for Pediatric Psychologists to Focus on Inequity

The current pandemic has the potential to entrench and magnify existing health disparities. We have focused predominantly on the impact in BIPOC communities and have also noted the importance of marginalized intersections. There are many examples of unique impact to diverse populations that warrant consideration by pediatric psychologists. For example, transgender youth have experienced gender affirmation surgery delays and cancellations during COVID-19, and youth with certain disabilities may be particularly isolated during this time because of their inability to wear facial coverings safely. However, as noted earlier, some of the media attention surrounding recent police murders of Black individuals has especially heightened awareness in the United States regarding significant social injustices for BIPOC. In our roles as clinicians, supervisors, trainees, and researchers, pediatric psychologists have an ethical responsibility (Beneficence, Justice, and Respect for people’s dignity) to address the disproportionate burden of this pandemic on vulnerable communities and to allocate our time and resources to ensuring health equity now and in the aftermath of COVID-19 ([American Psychological Association, 2017](#)). We encourage our colleagues to take the following steps:

- *Advocate.* Capitalizing on our understanding of the social and structural contributors to health, pediatric psychologists should advocate for (a) routine assessment of psychosocial risk factors

(food insecurity and lack of childcare) in healthcare settings, and (b) better social supports (e.g., transportation, internet access, housing assistance, access to medical supplies) as current options often do not meet the needs of BIPOC.

- *Adapt.* Utilize evidence-based interventions that promote resilience and mitigate social determinants (e.g., parent training, peer-based interventions, etc.; Fortuna et al., 2020). Adapt our current interventions to meet the needs of non-English speaking families. Create interventions that address race-based and other forms of identity-based trauma.
- *Research.* Conduct innovative research that examines structural racism (e.g., Index of Race-Related Stress: Utsey & Ponterotto, 1996; police traffic stop data: Baumgartner et al., 2017) as a mediator and/or moderator (Neblett, 2019) and on the impact of bias on health outcomes.
- *Promote.* Pediatric psychologists should promote ongoing efforts to diversify our workforce (including BIPOC, bilingual and bicultural psychologists), and mentor and support BIPOC pediatric psychologists into positions of influence across the field.
- *Train.* Transform the training of the next generation of psychologists by incorporating courses that specifically examine the history of race and the consequences of racism into graduate student training, as well as instruction that emphasizes the role of social justice, anti-racism, or other movements designed to dismantle identity-based oppression and injustice.

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References

- American Psychological Association. (2020). 'We Are Living in a Racism Pandemic,' says APA President. <https://www.apa.org/news/press/releases/2020/05/racism-pandemic>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. American Psychological Association.
- Baumgartner, F. R., Christiani, L., Epp, D. A., Roach, K., & Shoub, K. (2017). Racial disparities in traffic stop outcomes. *Duke Forum for Law & Social Change*, 9, 21.
- Centers for Disease Control and Prevention. (2020). *COVID-19 in Racial and Ethnic Minority Groups*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
- Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12, 443–445.
- George, S., Hamilton, A., & Baker, R. S. (2012). How do low-income urban African Americans and Latinos feel about telemedicine? A diffusion of innovation analysis. *International Journal of Telemedicine and Applications*, 2012, 1–9.
- John Hopkins Medicine. (2020). *Coronavirus in African Americans and other people of color*. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-racial-disparities>
- Neblett, E. W. Jr. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, 25, 12–20.
- Utsey, S. O., & Ponterotto, J. G. (1996). Development and validation of the Index of Race-Related Stress (IRRS). *Journal of Counseling Psychology*, 43, 490–501.